Finding the Freedom to Say “Yes”: Parents Narrate Their Experiences With Infertility, Adoption and Choosing the Race of Their Child

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ABSTRACT

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This study analyzes the narratives of 38 married, heterosexual, infertile adoptive parents. It asks how parents use narrative to reconcile a presumed reluctance to adopt with presumed satisfaction with adoption, and if there are differences in the narratives of men and women.

Qualitative analysis reveals that participants place recollections of suffering within redemptive sequences, reinterpreting difficult experiences as leading to personal growth and transformation, which in turn leads to greater connection with others. A majority of participants find profound retrospective meaning in a belief in fate and describe a greater appreciation for their children and for life itself as a result of their experiences.

Women were identified as the protagonists of the stories in the majority of cases by both husband and wife. When women were the protagonists men tended to worry about their wives, view her suffering and her path to motherhood as central to the story, and to easily give up control of the adoption process. When men were the protagonist or couples viewed themselves as equal protagonists, the process involved both partners.

The only theme that participants had a difficult time interpreting was that of race. Pals’ (2006) transformational processing model was adapted to rate participants’ sense of resolution regarding race. For same-race adopters resolution was associated with placing desire for a same-race child in a broader belief system, while for transracial adopters it was associated with comfort with the community of the child’s birth, a belief that one could grow into dealing with race, and a belief in fate. Unresolved same-race adopters felt judged, experienced identity threat, and were inarticulate about race. One group
of unresolved transracial adopters paid little attention to race at the time of adoption and later struggled with it, while another group had difficulty discussing race at all, minimized its importance, and often contradicted themselves.

The narratives are analyzed in the context of white racial experience in the United States and to discover the personal, cultural and ecological factors that contribute to a person’s ability to engage in autobiographical reasoning (Habermas & Bluck, 2000) and tell a “good story” (McAdams, 2008).
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Chapter 1

Introduction: From Infertility to Adoption, or How Grief and Love Became a Research Agenda

This is a very personal project. In 2001, my husband and I received an infertility diagnosis, which was delivered to me over the phone while I was at work. I immediately opened two windows in my browser: one a list of infertility clinics and one of adoption agencies. In other words, from the very beginning I was quite open to adopting a child. But coupled with that openness was a grief more intense than any I had experienced before. Each time treatment failed, I felt as though my future was closing and all I could see was darkness. The part of my intellect that was still functioning was concerned about the enormity of this grief. The grief made the prospect of adoption scarier to me. If I was this grief-stricken, how would I parent an adopted child? How did people make the switch from loss to love? How did they love through the knowledge of so much loss?

Self-help books covered only part of the territory that plagued me. There were books on getting through infertility, and books on adoption, and experts always advised mourning one’s infertility before moving on to adoption. As a clinical social worker, I understood the wisdom of acknowledging one’s loss, mourning, and readying one’s self to move on to a new stage. But it seemed like only part of the story. Real grief never completely leaves us. It can be transformed, as when the searing loss after a parent’s death shifts slowly, over time, to appreciation of what she gave us and a feeling that she is watching over us. Even then grief can come rushing back at moments expected and unexpected. I wanted to understand how parents told the story of loss to love when they were experiencing the fullness of the love. Where did the grief go? How was it changed? How did people who had once been devastated by the inability to become biological parents experience themselves as adoptive parents? I knew that I could never be a parent if I didn’t begin to transform all this grief. But I didn’t have a clue as to how I was going to do that.
I did it, of course, as we do most things in life, without a roadmap, stumbling through. But I still wished that when I was in the thick of it, I could have heard stories from the other side. My husband and I adopted a son, and I enrolled in graduate school, still wanting to understand how people move from grief to love, how they make both part of their identity, how they fully become parents in spite of, and because of, loss.

Once in graduate school I read everything I could find about infertility and adoption. I discovered that I was not alone in my experiences: research confirms that infertility causes suffering, and that adoption is experienced as a monumental transition after pursuing a biological child. But once people make the transition, adoption seems to be a very successful experience for parents: the few times researchers have asked adoptive parents about their own happiness, they rate themselves as extremely satisfied with their family form – another confirmation of my own experience. Yet most of the research on adoptive parents concerns how they parent, not who they are or how they experience themselves as parents. So I designed a study to answer the question, “How do parents who adopt after infertility reconcile knowledge of grief over infertility and reluctance to adopt with love of their children and satisfaction with their family form?” Because research has shown that men and women react differently to both infertility and parenthood, a secondary goal of the study is to discern differences and similarities in the ways men and women discuss their experiences. By interviewing men and women separately, I was able to analyze whether their answers to the research questions were fundamentally the same or different.

This project is grounded in the life story theory and method. Life story theory posits that stories are the way we build and maintain our identities from adolescence onward, the way we mold disparate roles, motives, and strivings into a unified, coherent whole (J. Bruner, 1986; Habermas & Bluck, 2000; McAdams, 2008). Life story method is one of collecting and analyzing the narratives people tell about their lives. Typical life story interviews ask people to describe their lives as if they were books, plays, or movies, describing high points and low points and particularly memorable scenes. These
interviews often ask people to interpret scenes and events. Life story theory and method are particularly appropriate for this project because I am interested in people’s memories of past events, their interpretations of those events, and how those memories and interpretations are woven into a coherent story.

I spoke to 38 men and women from 19 couples about their experiences with infertility and adoption, interviewing men and women separately. They were a high income, educated group, most of whom began trying to have a child in their thirties. Just as research would predict, they suffered enormously because of infertility. However, they often described the decision to adopt as a relief, and the women in particular described the decision as much easier than one would expect from previous research. They felt they had derived great benefits from their experiences with infertility and adoption. Their experiences with adversity had made them stronger, more sensitive, and provided them with profound insight. Far from feeling lingering grief, they claimed a privileged position as adoptive parents. In retrospect, their experiences had reinforced their belief that there was order in the universe. The only issue, surprisingly, that some expressed lingering doubts over was the confrontation with race that adoption had forced on them as they contemplated parenting different-race children.

To put their stories in context, this chapter provides an overview of previous research on infertility and on the experiences of adults who become adoptive parents. It recaps what we know about infertility’s effects on emotions and identity, and situates infertility as an issue in the developing adult’s life course. It looks at what we know about how adults transition to an adoptive parent identity, and the similarities and differences between adoptive and biological parenting. Finally, it provides an overview of the research to be presented in this dissertation, highlighting how it fits into what is already known about the topic.
Infertility as a life crisis

Infertility is commonly defined as the inability to conceive after one year of unprotected intercourse (six months if the woman is over 35), or the inability to carry a pregnancy to live birth. Infertility affects approximately 2.1 million married American women and their partners. In any given year, about 2% of reproductive-age women have an infertility-related medical appointment, and 12% receive infertility-related services at some point in their lives (Centers for Disease Control, 2002).

We live in an age when women increasingly delay childbirth. Because female fertility is directly tied to age, a result of this delay is the increased use of fertility drugs and assisted reproductive technologies (also known as ART, and defined as those technologies in which both sperm and egg are handled). Between 1990 and 2000 the number of ART deliveries increased from 3,951 to 25,228. Approximately 100,000 ART cycles were performed in the U.S. in 2000. While no statistics are kept on the number of women who use fertility drugs, the number of triplet births, which is closely related to both fertility drugs and ART, quadrupled between 1970 and 2000 in the U.S. (Bernal, Hu, Moriguchi, & Nagypal, 2007). Medical treatment for infertility is becoming increasingly common and widespread.

It has been estimated that half of infertile couples eventually have a biological child and half do not. This estimate was produced in the 1980’s, before the advancement and wide-spread use of modern reproductive technologies such as in vitro fertilization (Collins, Garner, Wilson, Wrixon, & Casper, 1984). There are no up-to-date estimates of the number of people who remain unable to have biological children after an infertility diagnosis. The Centers for Disease Control report national 2006 success rates for assisted reproduction technologies of approximately 30% (Centers for Disease Control, 2006). The CDC does not track births that result from fertility drugs or births that occur naturally after an infertility diagnosis. It is clear, however, that infertility affects a fairly large proportion of the reproductive-aged population, and that of those affected a large proportion will never produce a biological child.
It is also clear that the experience of infertility, whether or not a biological child eventually results, produces a deep sense of crisis for many people, especially women. Indeed, much of the work concerning emotional responses to infertility follows Menning’s characterization of infertility as a life crisis (Menning, 1977, 1980). Infertility is seen as a problem that is currently unsolvable and threatening to major life goals, taxing personal resources and calling up unresolved issues from the past. It may lead to maladjustment or personal growth, but the negative feelings brought on by infertility (such as anger, isolation, denial, guilt and grief) must be worked through to lead to a positive outcome (Menning, 1980).

The losses of infertility are ambiguous according to the criteria laid out by Boss (1999, 2007). For those who are unable to get pregnant, a child is psychologically present but physically absent. For those who suffer repeated miscarriage there are repeated losses with few cultural markers of how to mourn, and little acknowledgement of loss. Couples who are privately focused on having a child but do not produce one have a psychological construction of family – one which includes children – that does not jive with their physical or legal construction. Lack of closure in ambiguous loss complicates the grieving process, and leads to increased stress (Boss, 1999, 2007; Betz & Thorngren, 2006).

The ethnographic and qualitative literature unambiguously shows that infertility brings about a host of negative emotions, particularly for women. Commonly reported emotions are loss of control, isolation, sorrow, depression, and grief (Becker, 1994; Gonzalez, 2000; Lukse & Vacc, 1999; Mahlstedt, MacDuff, & Bernstein, 1987; Menning, 1980; Phipps, 1993; Valentine, 1986; Webb & Daniluk, 1999; Woollett, 1985). Moreover, as the infertile struggle to make sense of their situation, they sometimes experience themselves as damaged and stigmatized (K. Daniels, 1999; Miall, 1986; Woollett, 1985). In a study of 20 pregnant, previously infertile women, only two of the women no longer felt infertile, and in the third trimester of pregnancy 75% were anticipating the possibility the pregnancy might not be successful and planning for the resumption of treatment (Bernstein, Lewis, & Seibel, 1994).
Some women report that infertility may be nature’s way of signaling that they should not be parents (Woollett, 1985).

Quantitative research yields more equivocal results concerning emotions and infertility. Greil’s (1997) review shows that some of the studies using standardized measures of depression show little difference between the infertile and overall norms, whereas other studies show depression levels that are elevated, although not necessarily clinically significant. Likewise, some studies of self-esteem find little difference between the infertile and the fertile, whereas others find that people who are infertile score lower on self-esteem measures. In general, the infertile score as high and sometimes higher than their fertile counterparts on measures of marital satisfaction, despite infertility’s being experienced as a marital stressor (Greil, 1997).

Overall, previous research supports the idea that infertility produces suffering. Changes in identity are more difficult to quantify. Theories of identity generally follow the sociological outline of George Herbert Mead, or the developmental outline of Erik Erikson. Mead describes identity as a social process. The self is reflexive, and what it reflects back is society. A sense of self is built by internalizing the roles of others, and understanding one’s own roles from the view of a generalized other. The individual is not, however, merely a passive recipient of social roles. Rather, Mead characterizes the reflexive self as the “me” and posits another, active and responsive aspect of self, which is the “I.” The “I” is the individual’s response to the attitudes of others, while the “me” is one’s own assumption of a set of organized external attitudes. The “I” is active and somewhat unknowable, while the “me” is one’s known identity – but an identity that is built, first and foremost, on social experiences and structures (Mead, G.H., 1934).

For Erikson (1958, 1959), identity is both a developmental task, taking place in adolescence, and a lifelong effort to integrate one’s past and imagined future with one’s roles and function in society. The previous developmental tasks a person achieves in infancy and childhood set the
stage for identity formation in adolescence. Western societies expect adolescents to begin thinking about their adult roles at this time, and set up opportunities (like going to college) that facilitate identity exploration. Thus, identity is developed through both individual and societal processes. Moreover, while the task of building an identity begins in adolescence, it does not end there. Integrating new roles, experiences, and attitudes into a self that feels continuous and unified is a lifelong task. Narrative theories of identity build on Erikson, arguing that narrative is the way human beings maintain this integration (McAdams, 1987, 1993). Qualitative research on identity’s role in infertility and adoption, which sees identity as a construct actively maintained by the self and as part of a meaning-making enterprise, tends to borrow from Erikson as well.

Indeed, qualitative research indicates that an infertility diagnosis is experienced as an identity threat (K. Daniels, 1999; Gonzalez, 2000) that requires a renegotiation of one’s sense of self (K.J. Daly, 1988; Gonzalez, 2000). That renegotiation of identity can occur as a biological parent (for those who undergo successful treatment or who conceive naturally after a year of trying), as an adoptive parent, or as a person without children. While infertility itself can assault the identity (K. Daniels, 1999; Gonzalez, 2000; Phipps, 1993; Webb & Daniluk, 1999), adoptive parenthood and involuntary childlessness require larger identity transformations than does becoming a biological parent after experiencing infertility. For those who choose to adopt, the renegotiated identity appears to be grounded in letting go of fertility expectations and mourning lost fertility, coupled with imagining and embracing the adoptive parent role (K.J. Daly, 1988). Both adoptive parenthood and childlessness involve coping with a certain amount of social stigma and adjusted role expectations (Fisher, 2003; Miall, 1986), but only involuntary childlessness involves ongoing grief. McQuillian et al. (2003) examined a random sample of 580 women, one third of whom had experienced infertility, and found significant and substantial distress only in those women who were both infertile and childless. This led them to conclude that for the involuntarily childless, motherhood is a “central life identity” that “casts a long shadow on well-being”
(pps. 1015-1016). From the little we know about infertility’s long-term effect on one’s identity and psychological well-being, it appears that people can satisfactorily accommodate themselves to the fact of infertility as long as they are able to have children either biologically or through adoption. Aside from qualitative studies of people in the process of adopting, however, we know nothing about the form that identity transformation takes in adoptive parents or how it is maintained (K.J. Daly, 1988; Daniluk & Hurtig-Mitchell, 2003).

**Infertility, Parenthood and the Life Course**

Life course theory proposes that individual lives are strongly affected by the historical time in which they are lived, cultural expectations about the timing of life’s events, and unavoidable linkage to personal relationships and social institutions (Elder, 1994; Settersten & Mayer, 1997). For our purposes perhaps the most important aspect of life course theory is the notion that individuals in any given culture tend to share a “mental map of the life cycle” (Neugarten & Hägestad, 1976), contributing to a social structuring of time that in turn organizes individual lives (Settersten & Hägestad, 1996). Chronological age is important only insofar as it operates within cultural expectations and social meanings assigned to age (Neugarten & Hägestad, 1976). While empirical studies tend to show that people feel there is a great deal of latitude in reaching the social, professional, and personal deadlines of adulthood (Settersten & Hägestad, 1996; Settersten & Mayer, 1997) cultural expectations make feeling “on time” or “off time” a powerful tool for self-assessment (Neugarten, 1979).

One reason infertility is experienced as a crisis (Menning, 1977, 1980) is that it is a powerful challenge to the individual’s assumptions about his or her own life course and to social expectations about normative adult behavior. Not being able to have children when one wants to produces a profound sense of being out of sync. Not having children when one is expected to because of age and marital status means that others often reinforce that sense of being out of sync through insensitive comments or intrusive questions. Powerful social norms dictate expectations of when we will have
children and with whom, and a child is often necessary to enter certain social networks, such as the PTA or mother’s groups. For highly educated Americans such as the ones interviewed for this study, norms dictate delayed but intensive childrearing, and portray motherhood, in particular, as necessary for personal fulfillment.

For middle and especially upper classes in the United States, parenthood is increasingly delayed and carefully planned (Bianchi & Caspar, 2000; C. P. Cowan & Cowan, 1995; C. P. Cowan, et al., 1985). Poorer American women tend to delay marriage but have children young and out of wedlock, but richer women continue to have children within marriage (Bianchi & Caspar, 2000; Edin & Kefalas, 2005; McLanahan, 2004). Female fertility is strongly associated with age (Navot, et al., 1991), making infertility an obvious potential drawback of this approach. However, there are benefits to planning and delaying parenthood. Women and men who have children later tend to be financially better off (Bianchi & Caspar, 2000). Men who become fathers later in life are less likely to be depressed and are more likely both to be involved with their children and to show positive affect (although involvement and affect are wholly accounted for by the higher incomes of late-life fathers) (Cooney, Pedersen, Indelicato, & Palkovitz, 1993). Late-parenting men are more likely to share responsibilities for housework and child care, feel more secure about finances, and have higher incomes than men who parent early (P. Daniels & Weingarten, 1982). Married adoptive parents have been found to surpass every other family form on a variety of measures of investment in their children. Once age is controlled for, however, two-parent adoptive and biological families perform the same, suggesting the advantage is due to age and marriage rather than adoption per se (Hamilton, Cheng, & Powell, 2007).

In other words, couples who delay childrearing may have very good reasons to do so. There is quite a bit of evidence that male-female gender roles stratify after the birth of their first child, and that men tend to identify more as workers, while women identify more as mothers, leading to marital stress (C. P. Cowan & Cowan, 1995; Rogers & White, 1998). However, couples who plan for a child’s
birth, as most older (and certainly most infertile) couples do, experience far less conflict eighteen months after the child’s arrival than those who disagree on whether or not to have a child (C. P. Cowan & Cowan, 1995).

Couples who have delayed pregnancy are following powerful cultural norms about the appropriate timing of childbirth – they are trying to do things “right” by the dictates of their society. In addition, many sociologists argue that we live in a time when idealized images of motherhood are even more pervasive than in previous eras, when mothers are expected to take on greater burdens in terms of enriching and educating their children, and when motherhood is imagined as a state of ultimate and blissful fulfillment (Douglas & Michaels, 2004; Hays, 1996). According to Hays (1996), the ideology of “intensive mothering” is a strong force in contemporary society. This view dictates that mothers are the ideal caretakers of children and that children are sacred. Intensive mothering is emotionally absorbing, guided by experts, and is both labor and time intensive. It is based on the social construction of white, middle-class, heterosexual couples with children as the ideal family (Thorne, 1993). In other words, despite the obvious advances of women in the work world and the fact that birth control and increased earning power have made motherhood a choice, social pressure to become a mother has not necessarily abated in today’s world, but rather has taken a different form. Indeed, motherhood has become so idealized it may have replaced romantic love as the most anticipated source of female fulfillment (Douglas & Michaels, 2004). In addition to feeling that they have followed the appropriate steps for parenthood, infertile women in particular may feel intense cultural pressure to find fulfillment in mothering.

Thus, while there is widespread acceptance of late-life parenting, there may not be the same social acceptance of no parenting, adding to the sense of crisis the infertile feel. In addition, parenting is conceived of as a key aspect of adult development (Erikson, 1977; Palkovitz, 1996). For Erikson (1977), parenting is the most normative way to achieve the midlife stage of generativity, in which
one works for the betterment of future generations or faces personal stagnation. Generativity has been verified as a psychosocial construct, and generativity has been linked in research with quality of parenting practices, wider social networks, and psychological well-being of adults (McAdams & Logan, 2004). Parental generativity appears to contribute to the personal maturity of fathers, and to greater complexity in their cognitive, emotional, and behavioral repertoire (Snarey, 1993). To the extent that adults feel a drive to generativity, infertility is a crisis of meaning larger than the crisis of having children or not. It is a crisis that implicates the adult’s own ability to further develop, and his or her ability to improve him or herself and leave a positive mark on the world.

Aside from promoting generativity, parenthood appears to benefit adults in a variety of ways. New parents score higher in social integration than non-parents, suggesting that children act as social connectors for their parents to other social systems. Continuously married parents experience a higher degree of personal efficacy than nonparents (Nomaguchi & Milkie, 2003). Childrearing seems to enhance parents’ lives by developing their emotional capacity and problem-solving skills and changing their worldview (P. A. Cowan, 1988; Edin & Kefalas, 2005; Nomaguchi & Milkie, 2003; Silva & Pugh, 2010; Snarey, 1993). Of course, parenthood is not an umitigated boon to the developing adult. Parents may experience lower well-being, more anger and higher distress than nonparents (Barnett & Baruch, 1985; Ross & Van Willigen, 1996), as well as declines in leisure (Claxton & Perry-Jenkins, 2008). However, even here the model of delayed parenthood followed by many couples who experience infertility problems appears to be protective. Parental anger, for example, is correlated with economic hardship (Ross & Van Willigen, 1996), and while married parents experience greater personal efficacy than nonparents, unmarried parents report lower self-efficacy and greater depression than their counterparts without children (Nomaguchi & Milkie, 2003).

Palkovitz (1996) points out that the effects of parenthood on adult development are difficult to measure because parenting is not a dichotomous variable – there is great variety in
involvement, commitment and responsibility among parents. However, he theorizes that the “extent to which one engages in contexts and opportunities initiated by assuming parental roles determines to a significant degree the resulting developmental trajectories” (p. 581). In other words, the more a person throws him or herself into the role of parent, the more likely parenthood is to affect that person’s individual development. There are reasons to believe that people who pursue advanced forms of infertility treatment and adoption are more invested in parenting than others. Studies comparing naturally conceived, adoptive and assisted reproduction families found that adoptive and assisted reproduction mothers scored higher on maternal warmth than biological mothers, and assisted reproduction fathers were more involved than biological fathers in early childhood. Once the children were teenagers, assisted reproduction mothers were more emotionally involved (and sometimes over-involved) than natural conception mothers, and both mothers and fathers via assisted reproduction enjoyed parenthood more than natural parents did (Golombok, et al., 1996; Golombok, et al., 2002). Parents who pursue parenthood despite difficulty achieving it may be more likely to be changed by it.

Levinson (1986) believed that parenting was a primary activity of adulthood, key to a person’s life structure. Life structure, as described by Levinson, is the shape of an individual life at a moment in time: where a person invests energy and time, where he or she derives satisfaction, whether there are relationships with people, events, places or objects that he or she would like to make more meaningful or central or perhaps to deemphasize. A desire to have children is related to an adult’s desire to reshape the structure of his or her life. While most people do not know the research about generativity, or parenthood’s broadening and deepening social connections, they do know that they seek to invest energy in a new life, that they want to shift their life away from partying or career goals or other individual pursuits and towards PTA meetings and Little League. They may have already made life structure-related choices (for example, choice of neighborhood, size of home, type of work) to prepare for
children. The more invested people are in parenthood as a normative adult act, the more empty their life structure may feel when children do not come.

The crisis of infertility, then, is a crisis of adult development. Adults who cannot have children cannot structure their lives around children. For adults entering midlife and Erikson’s stage of generativity v. stagnation, infertility may be experienced as the inability to leave a lasting legacy to the world. Having children or not having children affects nearly every part of an adult’s life, from daily tasks to social networks to sense of purpose. The hold infertility seems to put on the developing adult’s life may be one reason it produces such a monumental sense of loss.

Adoption: A Revised Image of Parenthood

Adoption, of course, is a time-honored way to address the crisis of infertility. Yet questions remain, in both popular and academic discourse, about the extent to which adoption parallels the biological family experience. There are ideological questions about the extent to which adoption continues to be a stigmatized family form. There are questions about how parents realign their identities to embrace adoptive parenting, and the extent to which the life structure of adoptive parents – what they do each day and how they invest their energy – is similar to those of biological parents.

About 80% of non-relative adoptions are motivated by infertility (Fisher, 2003). Although Americans tend to be favorably disposed toward adoption as a general social practice, they often express reluctance to pursue adoption for themselves. Compared to the number of people who seek fertility treatments or say they have considered adoption, very few actually go on to adopt a child. While Americans’ self-reported attitudes about adoption have grown steadily more open, the number of adoptions by nonrelatives in the United States dropped from 90,000 to 60,000 between 1970 and 2000. Further, although four in ten Americans report having considered adoption at some point, only one out of fifty women have ever actually applied to an adoption agency (Fisher, 2003).
This reluctance may stem from the fact that, despite increasing visibility, both infertility and adoption remain stigmatized (K. J. Daly, 1992; Fisher, 2003; Miall, 1986; Wegar, 2000). Miall (1986) interviewed 30 women who were infertile or had infertile husbands and had another 41 complete a written questionnaire identical to the interview. The women engaged in active information management to cope with the perceived stigma of being unable to have biological children. Fisher (2003) asserts that adoption is stigmatized if one defines stigma as a “social identity that is devalued in a particular social context.” He points to the findings of 1997 national survey in which half the participants agreed that adoption was “not quite as good as having your own child.” Finally, Wegar (2000) argues that social work research has perpetuated adoption-related stigma by focusing on potential deficits in adoption, ignoring the social factors that may affect those deficits.

Research concerning identity and life structure of adoptive parents has two major branches. One is a direct offshoot of the infertility research. It examines the transition from infertility to adoptive parenthood and the mental shifts that must take place to embrace this unexpected form of parenting. The other branch seeks to describe and quantify the differences between adoptive and biological parenting. While the first branch is more directly relevant to the topic under study, the second branch is important in that it is the question that dogs the first: if there were no differences between biological and adoptive parenting, there would be no need to make any mental adjustments at all in the switch between the two.

Clinical theory and research from the recent past assumed that adoption after infertility can lead to family dysfunction owing to parents’ inability to mourn the loss of their biological children, purported resentment of adopted children, lack of self-acceptance, and unrealistic expectations (Berry, 1992; DiGiulio, 1988; Schneider & Rimmer, 1984). Others have suggested that the problem may be social: incorporating parenthood into one’s own identity may be complicated to the degree that parents take seriously insinuations that they are not “real” parents or that the lack of a biological connection
impairs their ability to parent (Wegar, 2000). Indeed, in contrast to women who remain involuntarily childless, adoptive mothers in the general population do not continue to experience marked distress once they become parents (McQuillan, Greil, White, & Jacob, 2003).

Nevertheless, even research that does not imply dysfunction suggests that the move from infertility to adoption requires a renegotiation of role and identity. Parents must accept their inability to conceive, let go of the role of biological parent and accept the role of adoptive parent (K.J. Daly, 1988). Kirk was the first to argue that in our society, biological parenthood is viewed as mythically whole, indivisible, and natural. Adoption is seen as a rupture, and adoptive parents must acknowledge and incorporate that rupture into their identities as parents (Kirk, 1964). Kirk was writing in the 1960’s, an era when pre-adoptive mothers were sometimes advised to walk around with a pillow under their stomach to trick their neighbors into thinking the baby was “natural.” His key contribution to both theory and research was the continuum he devised of acknowledgment and rejection of difference in adoptive families. It was his belief that adoptive parents and adoptive families experienced role handicap by their comparison to biological families and by the social expectation that all families follow a biological model. The way to cope with this handicap, he insisted, was to acknowledge the differences inherent in adoptive families – to discuss the child’s biological family, to admit the pain of infertility, to allow open communication between parent and child about the child’s origins. His views continue to exert enormous influence over practice, theory and research today (D.M. Brodzinsky, 2005; K.J. Daly, 1988; K. J. Daly, 1992; H.D. Grotevant & R. G. McRoy, 1998).

Building on Kirk, Daly (1988) argues that a series of critical events cause couples to dismantle their self image as biological parents and construct a new, adoption-based identity. Prospective adoptive parents must learn and relearn aspects of a core identity and actively reconstruct that identity in a manner that has repercussions for all those involved (K.J. Daly, 1988; K. J. Daly, 1992).
Daniluk and Hertig-Mitchell (2003) underscore that the decision to adopt involves a revisioning of the family. Their qualitative interviews examined the emotional process of moving from infertility to adoptive parenting. While not all of their themes pertain to identity shift, some do, including the need to grieve biological progeny, questioning one’s ability to be a good parent, shifting from grief to optimism, and struggling with the legitimacy of adoptive parenting. Together these works underscore the transformation of self and the reinterpretation of parenthood that people go through as they move from infertility to adoption.

Underlying the need for identity transformation is the assumption that there are very real differences between adoptive parenting and biological parenting. As adoption has become less secretive, research increasingly addresses unique aspects of adoptive parenting, such as negotiating relationships with birth parents. Research also examines parenting tasks common to adoptive and biological parents, such as attachment, to see if they are similarly carried out. The performance of adoptive parents—whether they parent as ably as biological parents—has been examined, as has the satisfaction of adoptive parents with their parental role.

The indubitable difference between biological and adoptive parenting is the fact of the adopted child’s alternative, biological kinship network and how that is dealt with within the adoptive family. Kirk (1964) argued for the open acknowledgement of this network within the adoptive family, finding that parents who did so experienced more empathy for and communication with their children. A decade later calls were issued for the practice of open adoption, in which there is contact and communication between adoptive and birth families (Baran, Pannor, & Sorosky, 1976). Open adoption has become increasingly common since the 1970’s (D.M. Brodzinsky, 2005).

Whereas adoptive parents often have misgivings about open adoption when they first hear of it, they are generally satisfied with the arrangement once they participate in it. Advantages cited are having more information about the child, mitigation of the loss experienced by the child, and feeling
in control of the degree of contact with the birthmother (Gross, 1993; H.D. Grotevant & R. G. McRoy, 1998; Siegel, 1993). Even for those who do not have actual contact with birth parents, it is increasingly believed that openly acknowledging the differences inherent in adoptive families and managing a fluid, developmentally appropriate communication system concerning those differences are an important part of adoptive parenting (D.M. Brodzinsky, 2005). The need to manage communication and feelings about an alternate kinship network is both a factual and qualitative difference between biological and adoptive parenting. This difference affects the parent’s lived experience of parenting and, potentially, one’s identity as a parent.

Most research, however, focuses on tasks common to adoptive and biological parents and attempts to discern whether there are quantitative differences in the way adoptive parents carry them out. Generally, few quantitative differences have been found. For example, clinical work has long suggested that adoptive parents are often unable to act with authority and set expectations because they lack a sense of entitlement to their children. This lack of entitlement was believed to be a feeling unique to adoptive parents. However, Cohen, Coyne and Duvall (1996) wrote a questionnaire to operationally define the characteristics associated with entitlement. They administered this questionnaire to 136 two-parent adoptive and nonadoptive families with children averaging 11.5 years of age. Half of these families had requested mental health services, and half were recruited as controls. Factor analysis yielded four factors on which the families were compared, and it was found that entitlement problems are not specific to adoptive families. Instead, issues with parental entitlement were found in those families receiving mental health treatment, regardless of whether or not the child had been adopted (Cohen, Coyne, & Duvall, 1996).

Likewise, there have long been questions about the ability of adopted children to attach to their adoptive mothers and vice versa. As with entitlement, adoption findings on attachment echo those of research in normative populations (Weinfield, Stroufe, Egeland, & Carleson, 1999). Among
biologically intact mother-infant dyads, maternal state of mind regarding attachment, or the way the mother processes her own emotions regarding attachment, has been found to be a strong predictor of infant attachment to the mother (van Ijzendoorn, 1995). Likewise, in a study of foster care infants aged 12 to 24 months, it was the foster mother’s classification on the Adult Attachment Interview (a measure designed to capture adult processing about attachment relationships) that predicted an infant’s attachment status, not the age at which the infant had been placed with her (Dozier, Chase Stovall, Albus, & Bates, 2001). Another study of 43 adoptive mothers and 61 children between the ages of 4 and 8, all of whom had suffered serious maltreatment prior to adoption, found correlations between children’s themes in a story-completion exercise and the adoptive mother’s attachment status. Children with mothers classified as insecure were more likely to incorporate aggressive themes into their stories than those with mothers who were classified as secure, and children with mothers who were classified as unresolved were more likely to incorporate themes of the parent appearing child-like and of being thrown out or thrown away (Steele, Hodges, Kaniuk, Hillman, & Henderson, 2003). Early intervention programs based on attachment theory improved maternal sensitivity, infant-competence, and attachment classifications among 90 Dutch families with internationally adopted infants (Juffer, Hoksbergen, Riksen-Walraven, & Kohnstamm, 1997).

More recently, analysis of a 13,000 household sample from the Early Childhood Longitudinal Study shows that adoptive parents appear to invest slightly more in their children in terms of economic, cultural, interactional, and social capital than other types of families. After controlling for socioeconomic factors, two-parent adoptive families invest similarly to two-parent biological families but significantly more than all other family types. It is possible that because adoptive parents believe that their children face hurdles that other children do not, they compensate by allocating additional resources to their children (Hamilton, et al., 2007). Likewise, the European study of assisted reproduction families found there was little difference in quality of parenting and parent-child relationships among adoptive,
assisted reproduction, and biological parents who conceived without intervention. The exceptions were that adoptive and assisted reproduction mothers scored higher on maternal warmth than biological mothers, and assisted reproduction fathers were more involved than biological fathers in early childhood. Once the children reached adolescence there was little difference between adoptive and biological parents, with assisted reproduction parents scoring higher on some measures (Golombok, et al., 1996; Golombok, et al., 2002).

Finally, despite the challenges they face, adoptive parents describe themselves as very satisfied with their family life (Berry, 1996; Lasker & Borg, 1987). The question for this study is how adults reconcile these divergent aspects of their experience. How do they explain the grief of infertility and their satisfaction with their subsequent adoption? How do they reconcile the knowledge that they were frightened and reluctant when faced with the abstraction of adoption, but satisfied with the experience of parenting an actual adopted child? Do they continue to feel that this experience is somehow second best, or do they employ an alternative interpretation?

**The current study: An overview**

For the participants in this study, the suffering and isolation they felt from infertility, and the uncertainty and hard work of the adoption period, led to positive outcomes beyond the simple adoption of a child. People felt they had experienced enormous personal growth that in turn led to greater connections to others and deepened insight about their own lives, their children, and the nature of the universe. They did not view adoption as second best, or experience difficulty incorporating their difficult road to parenthood into their experiences as parents. Instead, these participants often claimed a privileged position for adoptive parenthood, asserting that their experiences had made them better parents and people, with a deeper connection to their children and a more profound appreciation for life.
The infertility period: Suffering, dashed expectations, isolation, and connection

As predicted by existing research, participants experienced an immense amount of suffering during the infertility period. That suffering was often connected to a profound sense of violated expectations. Participants described life course expectations concerning the timing of children, as well as broader expectations about being able to achieve things that they set their minds to, as causing great pain when they did not come about. They also described the more acute pain of dashed expectations each time pregnancy was hoped for and not achieved, or lost.

Participants also felt isolated during this period. Some of this isolation was due to feeling out of sync with their peers, or to being subjected to insensitive questions from others. Sometimes partners felt isolated from each other, often because the woman was suffering so much more than the man, and so much more impatient for a child. The most common high points during this period were moments of false hope over pregnancy and moments in which participants felt an intense sense of connection with others.

Very little of this is surprising in light of earlier research, which amply documents the suffering the suffering and isolation of infertility (Gonzalez, 2000; Lukse & Vacc, 1999; Mahlstedt, et al., 1987; Menning, 1980; Valentine, 1986; Webb & Daniluk, 1999). It is in the depictions of adoption, and in the interpretations participants make about their experiences, that we learn something new.

Adoption: Agency and connection

The infertility sections of the narratives focused on emotion, nearly all of it negative. In the adoption sections, the tone switches to process – to soul searching, decision-making, and actions taken. There is emotion, too, and, particularly for the subset of domestic adopters who experience a fall-through,* a great deal of suffering. But overall there is a decided switch from suffering to action. Many

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* The term “fall-through” refers to a birth parent arranging to place her child for adoption with a specific adoptive family, and then changing her mind after the birth. There are no statistics on how often fall-throughs occur in domestic adoptions.
participants described the decision to adopt as an unmitigated relief. This is in contrast to research performed while participants are in the process of moving from treatment to adoption, in which feelings are much more tinged with loss, trepidation, and ambivalence (K.J. Daly, 1988; Daniluk & Hurtig-Mitchell, 2003; Sandelowski, Harris, & Holditch-Davis, 1991). This does not mean that the decision is an easy one. Participants had to overcome both internal and external resistance brought on by ideology and life course expectations. Even those who did not describe themselves as believing adoption was risky described processes of risk assessment as they considered the potential effects of alcohol and drugs on a developing fetus, or weighed the benefits of domestic versus international adoption. Participants did a lot of research about adoption and tended to describe the paperwork process in some detail.

All of this is in line with previous research on and advice books for pre-adoptive parents. What is unusual in these sections is the markedly more upbeat tone and the increased sense of agency participants describe feeling as they tackle the adoption process. Narrative theory advises us that memories are selective, and not strictly veridical (McAdams, 2008). Why participants might choose to remember doing as opposed to waiting is further explored in the chapters on the story and its interpretation.

Isolation and connection are themes that recur as participants talk about adoption. People feel isolated as they begin to embrace a family form others view with some suspicion, but they also feel that bringing a child home connects them more closely with family, friends, and community. Indeed, in the majority of cases the high point of the adoption section is bringing home the child, but the scene is often described to emphasize the connection it brings to the community at large.

**Interpretation: Redemption, fate, and personal growth leading to deeper connections**

The way these participants interpreted their experiences was extraordinarily positive. In general, they told their stories using what McAdams (2006) calls “redemptive” sequences. A redemptive scene is one in which a bad event turns out to hold the seed of something good, even if the person did not
know it at the time the scene occurred. Several redemptive themes occurred repeatedly in these narratives.

First, people believed that they had been *fated* to have the experiences they did. Fate provided a reason for their suffering – it was to unite them with the child that was meant to be theirs, or to force them to grow in a way God intended. Second, people felt they had experienced immense *personal growth* as a result of their experiences. This growth took the form of spiritual growth and deeper insight, and of gaining both strength and flexibility. While people were often enormously proud of the *accomplishment* of adoption, they tended to temper the agency inherent in their personal growth by attributing it to fate or by insisting that the growth was important mainly because it led to deeper *connection* with others.

This is the first time adoptive parents have been given the opportunity to reflect on their journey from infertility to adoption for a researcher retrospectively. When they recall details of the journey certain aspects – for example, an emphasis on the suffering caused by infertility, or the components of making the decision to adopt – are similar to research done using samples in the process of transitioning from infertility to adoption. Other aspects, like the sense of agency and markedly more upbeat tone of the adoption sections compared to the infertility sections, contrast with previous research and clinical advice, which has often emphasized feelings of powerlessness or distress (K.J. Daly, 1988; Daniluk & Hurtig-Mitchell, 2003; P. I. Johnston, 1992; Sandelowski, et al., 1991). But the part of this research that is really new is the way parents interpret their family building past. As they look back, parents consistently emphasize the positive outcomes they feel came from their difficult experiences. Far from experiencing adoption as a compromise or second-best, they feel it has brought them great advantages, providing them with both greater personal strength and greater insight about their children and the world.
The other surprising finding of this study is that race is the one issue that continues to dog a large number of participants. Many have a hard time coherently discussing their choices regarding the race of their child, some continue to be haunted by their own limitations regarding race, and some describe a journey of transformation regarding race in their own lives. That race (regardless of whether one is parenting a same or different race child) would be the most difficult issue for parents to resolve is not predicted by previous research. While participants readily appropriate culturally available scripts and metaphors to positively interpret experiences of infertility and adoption, they are much less able to do so with race. The factors that help and hinder parents in considering race, as well as an analysis of why race is such a difficult issue, are addressed in Chapter 8.
Chapter 2
Participants and Method

Overview of Data Collection

The data for this study were collected in 2006-2007. Participants were recruited via notices placed in adoption agency waiting rooms and emailed by local adoption agencies, through listservs catering to families that had adopted from specific countries, through local adoption organizations, and through word of mouth. I did not recruit through the Department of Child and Family Services because the confidentiality concerns of that department makes it notoriously arduous to recruit through them.

As participants signed up interviews were scheduled and conducted, so some interviews overlapped with ongoing recruitment efforts. I interviewed 38 members of 19 married, heterosexual couples who had adopted after experiencing infertility. All interviews were conducted by myself and transcribed by a service. Participants were also asked to complete a demographic survey and a packet of quantitative measures and mail them back to me.

Participants

The sample consisted of 19 heterosexual couples who had adopted after a diagnosis of infertility, with each member of the couple interviewed separately. Adoption after an infertility diagnosis and having adopted within the last ten years were the only restrictions placed on the sample. All the couples lived within a two-hour driving radius of a major Midwestern city. One couple was Chinese American, 17 couples were white, and one husband was Hispanic and his wife was white. The age range of the sample was 27 to 56, mean age 41.9, standard deviation 6.7. Their children ranged in age from four months old to 12 years old. Of the 32 participants who returned demographic information, 28 of them (88%) had children under the age of five in the home. One couple was separated at the time of the interview.
This was a highly educated, wealthy sample. Fifteen of the participants had graduate degrees, twelve more had completed college, and five (all men) had completed “some college.” The vast majority had white-collar jobs, including doctor, teacher, lawyer, consultant, professor, and financial analyst, but there were two firefighters, a bartender, and one social worker in the mix. The income range was $40,000 to over $100,000, with half the sample reporting earnings of over $100,000 a year. Demographically, then, this sample fit the trend of educated, wealthy parents delaying childrearing (Bianchi & Caspar, 2000). Although the sample had a mean age of 41.9, they were in the life stage of parenting very young children. 53% of the women in this sample were stay-at-home mothers, which is markedly larger than in the population at large, where 39.2% of mothers with children under 6 stay home (United States Bureau of the Census, 2003).

Thirteen couples adopted through agencies and six adopted privately, either by advertising or through personal contacts. One couple who had adopted two children privately was in the process of adopting their third daughter (already placed in their home) through the foster care system. Three couples had a biological child in addition to their adopted child; one of these children had been born prior to the infertility diagnosis, one via in vitro prior to adoption, and one after the first child was adopted. One man had three biological children from a previous marriage.

Because it was not relevant to the original research question and because I was unsure how difficult it would be to recruit participants, I did not attempt to balance the sample in terms of domestic versus international or inracial versus transracial adoption. As it happened, the sample was fairly balanced on these counts. Ten of the couples adopted domestically and nine internationally. Nine of the couples adopted only within their own race. Two couples adopted both in-race and transracially. Seven couples adopted only transracially. Demographic characteristics of the couples and their children are summarized in Table 1. Names and certain identifying details about participants have been changed to protect their anonymity.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Race</th>
<th>Occupation</th>
<th>Treatment/ problem**</th>
<th>Race child</th>
<th>Foreign/ domestic</th>
<th>Age of child @ adoption</th>
<th>Age of child @ interview</th>
<th>Biological child? (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dahlia</td>
<td>34</td>
<td>White</td>
<td>teacher</td>
<td>miscarriage</td>
<td>White</td>
<td>Ukraine</td>
<td>16 mo</td>
<td>3</td>
<td>N</td>
</tr>
<tr>
<td>Gordon</td>
<td>50</td>
<td>White</td>
<td>bartender</td>
<td></td>
<td>White</td>
<td>Chinese</td>
<td>1, 9 ½ mo</td>
<td>6,4</td>
<td>N</td>
</tr>
<tr>
<td>Sheila</td>
<td>45</td>
<td>White</td>
<td>Mom (was scientist)</td>
<td>IVF (1)</td>
<td>Chinese</td>
<td>China</td>
<td>13 mo</td>
<td>7</td>
<td>N</td>
</tr>
<tr>
<td>William</td>
<td>48</td>
<td>White</td>
<td>Lawyer</td>
<td></td>
<td>Chinese</td>
<td>Ukraine</td>
<td>11,10,9,7,6</td>
<td>12,11,10,9,7,7</td>
<td>N</td>
</tr>
<tr>
<td>Ruth</td>
<td>38</td>
<td>White</td>
<td>Consultant</td>
<td>IVF (3)</td>
<td>Indian</td>
<td>Nepal</td>
<td>13 mo</td>
<td>7</td>
<td>N</td>
</tr>
<tr>
<td>Alan</td>
<td>40</td>
<td>White</td>
<td>Consultant</td>
<td>Miscarriages</td>
<td>White</td>
<td>Domestic</td>
<td>10 days</td>
<td>7</td>
<td>Y</td>
</tr>
<tr>
<td>Trent</td>
<td>45</td>
<td>White</td>
<td>Church musician (PT)</td>
<td>IUI</td>
<td>White</td>
<td>Ukraine</td>
<td>11,10,9,7,6</td>
<td>12,11,10,9,7,7</td>
<td>N</td>
</tr>
<tr>
<td>Ezra</td>
<td>45</td>
<td>White</td>
<td>Professor</td>
<td></td>
<td>White</td>
<td>Domestic</td>
<td>5,3</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Nick</td>
<td>40</td>
<td>White</td>
<td>Financial analyst</td>
<td>Injections</td>
<td>White</td>
<td>Domestic</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roberta</td>
<td>27</td>
<td>White</td>
<td>Mom (was secretary)</td>
<td>Miscarriages</td>
<td>Hispanic</td>
<td>Domestic</td>
<td>Newborn</td>
<td>4 mos</td>
<td>N</td>
</tr>
<tr>
<td>Norman</td>
<td>27</td>
<td>White</td>
<td>Firefighter</td>
<td>Mom (was consultant)</td>
<td>IVF (multiple)</td>
<td>Chinese</td>
<td>10 mo, 10 mo</td>
<td>7,4</td>
<td>N</td>
</tr>
<tr>
<td>Julie</td>
<td>56</td>
<td>White</td>
<td>Firefighter</td>
<td>Church musician (PT)</td>
<td>IUI</td>
<td>White</td>
<td>Ukraine</td>
<td>Y (27, 25)</td>
<td>N</td>
</tr>
<tr>
<td>Tamara</td>
<td>32</td>
<td>White</td>
<td>Mom (was sports coach)</td>
<td>Chlomid</td>
<td>Black</td>
<td>Domestic</td>
<td>11 mo, newborn</td>
<td>4,1</td>
<td>N</td>
</tr>
<tr>
<td>Peter</td>
<td>36</td>
<td>White</td>
<td>Sales</td>
<td></td>
<td>Black</td>
<td>Domestic</td>
<td>11 mo, newborn</td>
<td>4,1</td>
<td>N</td>
</tr>
<tr>
<td>Laura</td>
<td>48</td>
<td>White</td>
<td>Writer</td>
<td>Miscarriages</td>
<td>White</td>
<td>Russia</td>
<td>14 mo, 16</td>
<td>10,8,4</td>
<td>N</td>
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<tr>
<td>Chris</td>
<td>49</td>
<td>White</td>
<td>IT supervisor</td>
<td></td>
<td>White</td>
<td>Domestic</td>
<td>Newborn, newborn</td>
<td>2,5,18m, 6m</td>
<td>N</td>
</tr>
<tr>
<td>Sally</td>
<td>29</td>
<td>White</td>
<td>Consultant</td>
<td>Mom (was IT)</td>
<td>IVF (multiple)</td>
<td>Black</td>
<td>Domestic</td>
<td>Newborn, newborn</td>
<td>2,5,18m, 6m</td>
</tr>
<tr>
<td>Jessica</td>
<td>38</td>
<td>Chinese</td>
<td>Doctor</td>
<td>Chlomid</td>
<td>Chinese</td>
<td>China</td>
<td>9 mo</td>
<td>3</td>
<td>N</td>
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<tr>
<td>Eric</td>
<td>34</td>
<td>Chinese</td>
<td>Social worker</td>
<td></td>
<td>Black</td>
<td>Domestic</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>46</td>
<td>White</td>
<td>School administrator (PT)</td>
<td>IVF (multiple)</td>
<td>White</td>
<td>Domestic</td>
<td>Newborn, newborn</td>
<td>7,4</td>
<td>N</td>
</tr>
<tr>
<td>Conrad</td>
<td>46</td>
<td>White</td>
<td>Sales</td>
<td></td>
<td>White</td>
<td>Domestic</td>
<td>Newborn, newborn</td>
<td>7,4</td>
<td>N</td>
</tr>
<tr>
<td>Sandra</td>
<td>35</td>
<td>White</td>
<td>Mom (was financial analyst)</td>
<td>IVF (multiple)</td>
<td>White</td>
<td>Russia</td>
<td>8 mo, 8 mo</td>
<td>4,4</td>
<td>N</td>
</tr>
<tr>
<td>Robert</td>
<td>47</td>
<td>White</td>
<td>Banker</td>
<td></td>
<td>White</td>
<td>Hispanic</td>
<td>Domestic</td>
<td>Newborn, newborn</td>
<td>9,6,2</td>
</tr>
<tr>
<td>Jonathan</td>
<td>48</td>
<td>White</td>
<td>Clergy</td>
<td></td>
<td>White</td>
<td>Domestic</td>
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</table>
Participants responded to a flyer advertising a study on infertility and adoption.

Participants were enrolled in the study in the order in which they contacted the researcher. One participant was interviewed in his office and five were interviewed in a university conference room. The rest were interviewed in their homes. While the interview was the primary mode of data collection, home-based interviews often led to the interviewer’s meeting the participants’ children or seeing pictures of them, as well as giving a richer picture of aspects of the participants’ lives, such as religious iconography on the walls or an obviously diverse neighborhood.

All participants were interviewed by the author. I am myself an adoptive parent. Most of the participants asked at some point why I am interested in the subject, and I told them that I too had adopted children. This seemed to put participants at ease and give me “insider” status. Participants were asked to refrain from discussing the interview with their spouse until both spouses had been interviewed.

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** Procedure and Descriptive statistics **

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Interview lengths ranged from 50 minutes to three hours, with most lasting one and a half to two hours. After completing the interview participants were given a packet of quantitative measures to
complete at home. The measures took approximately one hour to complete. When they were returned participants were mailed $75 for their participation.

All interviews were recorded and transcribed by a service. Transcriptions were checked and corrected by the author. Transcripts ranged in length from 17 to 86 pages, and averaged 40 pages.

Quantitative measures were used in the larger project to allow the author to potentially explore correlations between narrative themes and personality, generativity status, and family functioning.

The quantitative measures completed by the participants were:

1) A demographic questionnaire that included marital status, occupation, education level, income, race, religion, number of adopted and biological children, country from which children were adopted, adopted child ethnicity, and adopted child’s age at adoption

2) The BFI 44, a 44-item version of the Big Five inventory: personality traits were assessed using the Big Five inventory, a well-validated and reliable measure in which participants rate on a 5-point scale the degree to which each of 44 items describes one’s own personality. The prompt reads, “I see myself as someone who...” Sample descriptions include “can be tense,” “is outgoing, sociable,” and “is curious about many different things.” Items converge on five traits: Neuroticism, Extraversion, Openness to Experience, Conscientiousness, and Agreeableness (John & Srivastava, 1999). The Big Five was chosen to help describe the sample and to potentially explore correlations between personality traits and narrative themes.

3) The Loyola Generativity Scale (LGS), which measures the extent to which adults show generative concern with a 20 item scale in which respondents rate items on a 4-point continuum from the statement never applies to you (0) to statement always applies to you (3). Examples of statements include “I try to pass along knowledge I have gained through my experiences,” “I have a responsibility to improve the neighborhood in which I live,” and “If I were unable to have children of my own, I would like to adopt children.” The LGS shows high internal consistency (α around .83), moderately high test-retest reliability, and good construct validity (McAdams, Hart, & Maruna, 1998). Parenting is the signature generative act, and this scale was chosen to see whether or not a sample of people who go to great lengths to parent would be higher than average in generativity.

4) Modified version of the Kirk Acknowledgement of Difference Scale. Kirk’s questionnaire (Kirk, 1981) is based in his theory that the adoptive parents’ ability to acknowledge the differences between adoptive and biological family types is a cornerstone of empathy and communication within the adoptive family (Kirk, 1964, 1981). This measure assesses acknowledgment of difference, empathy for the child’s experience, and communication as it pertains to adoption on the part of adoptive parents. Questions are answered in yes or no format. Samples include
“Since the adoption became legalized, have you: Recalled that at one time the child legally belonged to someone else? Tried to imagine how the child feels (or will feel) about being adopted?” The original questionnaire was slightly modified to reflect changing cultural norms and the extremely young age of the children of some of the study’s participants. Hence, a question about whether adoptive parents planned to tell the child whether or not his/her birth parents were married was removed, since illegitimacy no longer retains the social stigma it did at the time Kirk was writing. Likewise, a question was removed about whether or not the child had asked about why the biological parents had not kept him/her, given that it was anticipated that a significant portion of the sample would have fairly young children. Other researchers have found positive correlations between open adoption and parents’ feelings of entitlement to parent, belief in the permanence of their relationship to their child, and reduced fear that a birth parent will reclaim a child (McRoy, Grotevant, & White, 1988). The Kirk scale was chosen to potentially facilitate exploration between attitudes of openness about adoption and narrative themes.

The McMaster Family Assessment Device (FAD), a 60-item Likert-type questionnaire that assesses family functioning along seven dimensions: (1) problem-solving, (2) communication, (3) roles, (4) affective purposiveness, (5) affective involvement, (6) behavior control, and (7) general functioning. Participants rate the extent to which statements describe their family functioning on a four-point scale strongly agree, agree, disagree, strongly disagree. Sample items include: (1) “Planning family activities is difficult because we misunderstand each other,” (2) “You can’t tell how a person is feeling from what they are saying,” and (3) “Some of us just don’t respond emotionally.” The FAD is internally consistent, reliable over short periods of time (the only periods tested), and successfully discriminates between clinical and nonclinical groups (Grotevant & Carlson, 1989; Touliatos, Perlmutter, & Straus, 1990). The Minnesota-Texas Adoption Project used the FAD in their longitudinal study of openness in adoption, making it a familiar instrument for adoption researchers (see, for example, (Kohler, Grotevant, & McRoy, 2002). This measure was chosen to place the sample descriptively in terms of family functioning, and to potentially explore correlations between narrative themes and family functioning.

Thirty-two participants returned the quantitative measures. In the end, the bulk of the data analysis was strictly qualitative. Descriptive statistics for each measure and correlations among them, however, are provided in Appendices A-C, and summaries of findings are reported below.

Loyola Generativity Scale

The mean score on the Loyola Generativity Scale was 44.3, with a standard deviation of 7.3 and a range of 32 to 57. These scores are similar to or higher than those reported for highly generative adults in several other studies (Bellizi, 2004; Himsel, Hart, Diamond & McAdams, 1997;
McAdams & de St. Aubin, 1992; McAdams, de St. Aubin, & Logan, 1993; McAdams, Diamond & de St. Aubin, 1997), and are several points lower than the scores reported in only one other study (McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). Thus, this sample appears to have generativity scores that are somewhat higher than those of the population at large, as judged by previously reported means.

*Kirk Acknowledgement of Difference Scale*

The mean score for the Kirk Acknowledgement of Difference Scale was 9.25, with a standard deviation of 1.92 and a range of 4 to 11 (out of a possible 11 points). In a sample of volunteers for a study on adoption, it is perhaps not surprising that participants score high, indicating that they think about often about their families’ adoptive status. Current theories of adoptive family communication, which tend to stress open communication content and style around the subject of adoption, are rooted in Kirk’s theories about acknowledgement and rejection of difference (D.M. Brodzinsky, 2005; Wrobel, Kohler, Grotevant, & McRoy, 2003).

Although previous theory (D.M. Brodzinsky, 2005; Kirk, 1964; Wrobel, et al., 2003) suggests that ready acknowledgement of difference may be positively correlated to open communication styles, there was not a significant correlation between communication, as measured by the FAD, and acknowledgement of difference, as measured by Kirk, in this sample (see Appendix C).

*BFI 44*

Means for Big Five outcomes for this sample are reported in Appendix A. Big Five scores have been shown to be valid, reliable, and replicable across cultures. Studies have linked Big Five traits to a wide variety of variables, including health status, academic and work outcomes, psychopathology, and familial, peer, and professional relationships (John & Srivastava, 1999). Big Five outcomes are significantly correlated to several of the other measures taken in this study (see Appendix C), but in ways that are somewhat confusing theoretically. Agreeableness, for example, was negatively correlated with several dimensions of the FAD, including Roles, Affective Involvement, Affective
Responsiveness, and General Functioning. Because people high in Agreeableness are more emotionally
responsive and more likely to use constructive tactics when dealing with others, these findings are
somewhat surprising (Jensen-Campbell & Graziano, 2001; Tobin, Graziano, Vanman, & Tassinary,
2000).

*McMaster Family Assessment Device*

Means on the McMaster Family Assessment Device (FAD) are reported in Appendix B. The FAD measures six domains of family functioning: problem solving, communication, affective
responsiveness, affective involvement, behavior control, and general functioning. It utilizes a 4 point
Likert scale in which lower scores indicate higher functioning. While it is impossible to know whether the
differences are significant, this sample’s means for most dimensions were lower than those of previously
published studies, potentially indicating better functioning (Epstein, Baldwin, & Bishop, 1983; Miller,
Bishop, Epstein, & Keitner, 1990).

The overall picture painted by the demographic and quantitative measures is of a wealthy,
educated group of professionals. They are above average in generativity, and live in well-functioning
families. They are very open to adoption-related differences. However, the real story about these
participants lies in the stories they tell about their own lives, and how they describe the circumstances and
struggles that make them who they are today.

*What is a life story?*

In this study, I collect the stories people tell about infertility and adoption and analyze
their content. Listening to and analyzing the stories people tell about their lives is an increasingly vibrant
trend in psychological research (McAdams, 2008; Singer, 2004). This trend is driven by a desire to
understand how people use narratives to maintain a sense of personal unity in the face of diverse
experiences, roles, and situational demands across the life span (McAdams, 1996, 2008, 1987; McAdams
Life stories are not thought to be strictly veridical (McAdams, 2008). Rather, it is their functional quality in maintaining identity that is of interest.

Integration is a key function of the life story. Stories are part of every human culture, and are the way we “convey how (and why) a human agent, endowed with consciousness and motivated by intention, enacts desires and strives for goals over time” (McAdams, 2008, p. 244). Life stories are the manner in which people synthesize roles and experiences into a whole, as well as how people arrive at causal explanations for who they are (Habermas & Bluck, 2000; McAdams, 1996, 2008). It is through life stories that we integrate our lives’ disparities of affect, roles, and levels of consciousness (J. Bruner, 1986; McAdams, 2008). This integration can explain how an individual who appears complex and contradictory experiences life as a more-or-less united whole, as well as how he or she explains personal change over time (McAdams, 2008). We affect this integration by employing autobiographical reasoning, what Habermas and Bluck (2000) term the “process of self-reflective thinking or talking about the personal past that involves forming links between elements of one’s life and the self in an attempt to relate one’s personal past and present” (p. 749).

Life stories serve not only to integrate diverse roles and events, but to provide meaning and explanations for past and present experiences. Autobiographical memories are both “selective and strategic,” reflecting not just a way of organizing past events but also incorporating the memory of those events into current strivings and future goals (McAdams, 2008, p. 244). Thus, the organizing quality of life stories allows people to both explain the past and anticipate the future.

Indeed, although told in the present, “life stories are always about both the reconstructed past and the imagined future” (McAdams, 2008). The moment of telling exerts a powerful effect on consciousness. Bruner (1986) asserts that stories are composed of two “landscapes.” One is the landscape of action and intention. The other is the landscape of consciousness, involving what those involved know, think or feel and what they don’t know, think or feel. “The two landscapes are essential
and distinct: it is the difference between Oedipus sharing Jocasta’s bed before and after he learns from the messenger that she is his mother” (J. Bruner, 1986). Before learning that Jocasta is his mother, Oedipus is a young man who has married a widowed queen and become her king. To share her bed is his right; he desires her and acts upon it. After learning the truth about his parents, this act, formerly seen as natural, is polluted by his new consciousness.

Bruner’s work brings up two points that are key to why the life story method is appropriate here. One way of describing what I seek to discover is how individuals incorporate the knowledge of thwarted intention into their stories. Quantitative research with large, non-clinical samples appears to contradict previous clinical work asserting that unresolved frustration and loss impedes the infertile in parenting their adopted children (Berry, 1992; DiGiulio, 1988; Golombok, et al., 1996; Golombok, et al., 2002; Hamilton, et al., 2007). How, then, is that previous frustration and loss incorporated into the parenting narrative, the parenting identity? Likewise, how are previous negative events reinterpreted in light of current positive events? It is easy to imagine that prior grief over infertility and reluctance to adopt would be difficult to incorporate into a positive parenting identity – that the consciousness of it would be, for adoptive parents, similar to the problem of Oedipus and the messenger. In other words, knowledge of one’s own past reluctance to adopt might affect one’s ability to act as a parent in the present. Adoptive parents must incorporate not just their own previous grief and reluctance but many uncomfortable choices made on the road to adoption. Possessing knowledge one once lacked is a common human condition, but one that is particularly poignant for the loving adoptive parent. Narrative is an effective way to examine how varying levels of consciousness over time are incorporated into the unitary whole.

The study of life stories

Life stories have been studied in a variety of ways, both quantitative and qualitative. Quantitative researchers have designed objective coding systems to test hypotheses about aspects of the
life story and the people who tell them. Of particular relevance to this project are efforts to describe themes in the life narratives of highly generative adults (McAdams, 2006; McAdams & Bowman, 2001; McAdams, et al., 1997), to examine themes of agency and communion in the narratives of highly generative people (Frimer, et al., 2011; McAdams, Hoffman, Day, & Mansfield, 2006), and to examine the relationship between “possible selves,” ego development, and subjective well-being (King & Raspin, 2004; King, Scollon, Ramsey, & Williams, 2000; King & Smith, 2004).

Generativity is important to this study because the infertile experience a crisis of generativity which they attempt to resolve through adoption. Additionally, there is some evidence to suggest that adoptive parents may be more generative than other parents (Snarey, Son, Kuehne, Hauser, & Vaillant, 1987). McAdams (2006) collected life stories from adults who scored very high and very low on self-reported generativity scales. Among other themes, he found that the stories of highly generative adults contained many scenes of redemption, in which a potentially negative event turns out to have a positive, growth-inducing and redeeming quality. In contrast, the stories of less generative adults often contained contamination sequences, in which a good scene is followed by a bad one, which spoils or contaminates the good previously experienced (McAdams, 2006; McAdams & Bowman, 2001; McAdams, et al., 1997).

King and colleagues (King & Raspin, 2004; King, et al., 2000; King & Smith, 2004) have done a variety of studies correlating subjective well-being (SWB) and ego development (ED) scores to aspects of personal narratives. 107 gay men and lesbians were asked to write descriptions of their best possible future gay and straight selves and to rate the salience of the narrative, manifesting the clarity and ease with which they imagined the possible self. Independent coders coded for extent of elaboration. Straight self elaboration was associated with ED both concurrently and two years later – in other words, the ability to imagine the road not taken in a rich, detailed way correlated with a person’s maturity and complexity of thought. The salience of the gay possible self was positively associated with both SWB
and being out, and the salience of the straight possible self was negatively associated with both SWB and being out (King & Smith, 2004). In a similar study of divorced women, the women described their best possible future selves before the divorce (lost possible self) and after the divorce (found possible self) and rated the salience of each self. Salience of the lost possible self was negatively associated with SWB and salience of the found possible self was positively associated with SWB. Elaboration of the found possible self was associated with ED both concurrently and two years later (King & Raspin, 2004).

If a good life is construed as a combination of happiness and wisdom, King’s work (2000, 2004) tells us something about what constitutes a good story. The ability to imagine an alternate story and the ability to describe a change within the self are indicators of maturity. However, calling up that alternate story too easily, or having it be too important, may indicate impeded happiness, while being able to easily imagine one’s best possible future self in the life one is living correlates to well-being, as does the ability to find happy endings in difficult events. King’s work is about the different ways we imagine what might have been, an issue I believe to be of potential importance in the stories of adoptive parents.

These quantitative studies examine themes in narratives (i.e., redemption, agency and communion) and tie them to measured aspects of the personality, or look at ways of telling a story (i.e., elaborate detail, happy endings, positive resolution) and how they relate to measures of well-being, resilience or maturity. These studies assert that what we say about our lives (themes) and how we say it (elaboration) matter to who we are. Although this study is strictly qualitative in nature, it is also concerned with narrative themes and modes of telling, which themes “work” and which do not. I am concerned with how parents solve Bruner’s (1986) problem of consciousness, and what facilitates and impedes resolution.

Most life story studies have been of a quantitative, hypothesis-testing design (McAdams, 2008). However, qualitative studies of life narratives such as this one have been used to examine
individual complexity and to generate theories and methods for future research. Often these works are idiographic in approach, meaning they are concerned with the totality of a single person and that which makes his or her experience different from the experiences of others. This is in opposition to a nomothetic approach, which compares individuals based on traits and attributes common to all human beings.

Noting the great variety of narrative methods scholars use to advance “the study of human lives,” Lieblich says the common denominator is the desire “to uncover, describe, and interpret the meaning of experience” (Lieblich, 1997, p.x-xi). Josselson notes the difficulty in providing guidelines for idiographic narrative research and defines narrative research “as a process of inquiry that embraces paradox and cannot therefore be defined in linear terms” (Josselson, 1999, p. xi). Qualitative narrative study, or “the narrative study of lives” (Josselson, 1993) is increasingly used on its own to provide rich, detailed understanding of meanings that may be universal or idiosyncratic, and in conjunction with quantitative research as a way to more completely understand the social world (Haavio-Mannila & Roos, 1999).

Qualitative narrative studies often examine identity shifts (Mason-Schrock, 1996), or the need to forge an identity by both appropriating and working against culturally dominant ideals (Mason-Schrock, 1996; May, 2004; Modell, 1992; Throsby, 2002, 2004), or the interface between cultural scripts and personal meaning making (Mason-Schrock, 1996; May, 2004; Modell, 1992; Throsby, 2002, 2004), all of which are relevant to adoptive parents’ constructing a family-building narrative. Mason-Schrock (1996) documents an even more dramatic identity shift than the one required of adoptive parents: that of pre-operative transsexuals learning to live as the other gender. Schrock begins with the idea that stories provide evidence of a “true self” that is immutable over time. No matter how a person changes, there is an imagined thread of a “true,” consistent self. By examining how transsexuals learned to tell different stories about themselves, he purports to show how they at once learned to become different people while
maintaining the thread of the true self. Through interviews and observing support groups, Mason Schrock identified themes of childhood cross-dressing, physical ineptitude (for born males) or aptitude (for born females), and former denial of self in the narratives. These narratives were bolstered in support groups by community modeling, guiding, affirming and “tactful blindness” to inconsistencies in the story. In this case the community provides both overt and implied guidance in how to maintain a narrative that emphasizes personal continuity.

Mason Schrock (1996) emphasizes the way a subculture, in this case a support groups of other transsexuals, can help an individual create a narrative of unity and continuity while going against a culturally dominant ideal (that of gender normative behavior). Narratives of single mothers, birth mothers, and women who have experienced failed IVF examine individuals’ attempts to subvert and appropriate culturally dominant scripts. Analysis of the life narratives of four Finnish single mothers found their accounts of motherhood to be in dialogue with cultural narratives of motherhood, independence, and family. The women avoided culturally dominant narratives linking single motherhood with poverty and deviance, but still felt the need to account for certain cultural narratives that were “so strong as to be almost unavoidable” (May, 2004 p. 184). Thus, they employed a variety of narrative strategies to account for their status as being both single and a mother, for the incongruence between their self-concept and the identities they were assigned culturally. In doing so they rewrote cultural scripts to focus on single motherhood as a time of personal growth and increased control (May, 2004).

A sample of birth mothers culled from the activist group Concerned United Birthparents told stories that emphasized coercion as a central metaphor around giving up a child. No matter what the circumstances were surrounding relinquishment, women told stories of felt coercion, implying that only coercion “could explain the paradox by which the ordinarily valued and presumably unforgettable biological and social event of having a child became the basis for denying parental status” (Modell, 1992, p. 91). Because the women appropriate the cultural belief that blood and birth are the basis of parental
love and attachment, they must turn to coercion to explain why, in their case, birth led to surrendering the child to another.

In a study of 13 couples and 15 women for whom IVF failed, Throsby (2002, 2004) examines the way narrative is used in discourse with larger cultural ideas about technology and motherhood. She draws on previous work that describes two conventional IVF stories: the happy and the helpless. When IVF works the technology is viewed as being a “helping hand,” subservient to nature (Franklin, 1990). Because the dominant cultural IVF story is one of success (despite the fact that about 70% of IVF attempts actually fail), when IVF does fail it is seen as the failure of the woman, rather than the technology. Biomedical discourse encourages this view with terms like “hostile mucous” and “incompetent cervix.”

Throsby’s participants naturalized IVF using “helping hand”-type analogies, and turned the dominant story on its head by offering failure as proof that IVF was natural – just like nature, it had failed. They at once stressed the importance of doing everything within reason they could to get pregnant, while insisting that they themselves had never gone to desperate measures. In this way, Throsby argues, they reject a cultural stereotype of the desperate infertile woman. Finally, Throsby argues that normative femininity requires motherhood, and that her participants reclaim femininity by claiming certain aspects of motherhood. They go out of the way to describe themselves as benevolent, having a special relationship to children, and as being both creative and nurturing. By laying claim to and reworking certain cultural stereotypes about technology and motherhood, these women are able to assert themselves as still-feminine and reject a cultural label of failure.

What is similar in these studies, both qualitative and quantitative, and what distinguishes them from other kinds of qualitative research, is that some aspect of the individual’s life story is the construct being studied. One can imagine many ways to study, for example, the relationship of gay identity to well being (King & Smith, 2004), the lives of generative Americans (McAdams, 2006), single
motherhood (May, 2004), or IVF failure (Throsby, 2002, 2004). These researchers, however, choose to study these topics through the life story, often because they are interested in identity expression, the interplay of self and society, or what makes a “good” story.

**Life stories and culture**

The notion of a “good” story brings us to a key advantage of life story study: stories are the sites where individuals and culture interact. People are situated in cultures, and culture exerts its greatest influence on personality through life story. Culture can be seen as providing a menu of story types about how to live, with each person choosing from that menu and adapting the stories to fit the way she sees her life (McAdams, 2006). Culture provides the themes, images and plots for the construction of a narrative identity (McAdams & Pals, 2006). Indeed, before a person can tell his own life story, he or she must first become acquainted with what culture expects from such a story (Habermas & Bluck, 2000). Culture dictates what is tellable and what is not (McAdams, 2008), and we would expect that the gaps in the narratives, as well as their similarities in terms of themes, will be reflections of the culture in which they are told. We cannot tell a good story without culture providing the outlines of what a good story is.

In his (2006) book on the life stories of highly generative adults, McAdams notes that their stories of redemption capture particularly American cultural motifs. The personal exceptionalism these highly generative adults feel is reminiscent of various creeds of American exceptionalism, including manifest destiny. American texts from Puritan writings to *People* magazine are saturated in redemptive imagery. Likewise, quintessential American success stories like those told by Horatio Alger and Benjamin Franklin emphasize positivity in the face of negative events, as do the life narratives of highly generative adults. Although the stories they tell are highly personal, the generative adults in his study seem to pull much of their plot, structure, and imagery from readily available cultural scripts (McAdams, 2006).
In contrast, Throsby (2002, 2004), Mason Schronk (1996), Modell (1992) and May (2004) all examine the ways people select aspects of culturally dominant scripts in order to create narratives that work against those scripts in one way or another. May’s (2004) single mothers rewrite cultural scripts about struggle and loneliness to focus on personal growth and increased control. Mason Schronk’s (1996) transsexuals used cultural stereotypes about athletic ability and inability in men and women to make the case that they are a gender different from their sex. Throsby’s women (2002, 2004) must counter both a medical narrative that defines IVF failure as being the failure of the woman’s body and widespread cultural beliefs linking womanhood with culture. They do so by appropriating aspects of the culturally dominant narrative, such as seeing IVF as akin to nature, or seeing women as naturally nurturing, and tweak them to fit the realities of their lives and the imperatives of their personal meaning-making. Modell’s birthmothers (1992) appropriate a script in which blood and birth dictate attachment, and insist that in their case only social coercion could sunder that tie. It is difficult, if not impossible, to tell a completely original story; we are always editing and revising what has come before, using existing narratives in clichéd or novel ways to express what may feel to the individual to be wholly new.

While many aspects of the life story can be legitimately studied without reference to culture, culture’s influence on the current project is expected to be of some interest. Culture, whether it is manifested through the expectations of different societies or of the same society at different points in time, exerts an enormous influence on expectations of adoption and adoption practice (Carp, 2004; Melosh, 2002; Patton, 2000), not to mention childbearing and parenthood in general. Furthermore, analysis of the racial sections of my data suggests that part of what is difficult about describing the experience of choosing the race of one’s child is the lack of a cultural script. Sociologists and psychologists have written extensively on what is “sayable” about race in America and what is not (Apfelbaum, Sommers, & Norton, 2008; Bonilla-Silva, 2006; Omi & Winant, 1986; Richeson & Nussbaum, 2004), but the ability or inability to tell a story about race has not come up, at least to my
knowledge, in studies of the life story and personal identity. It has certainly not been studied in the stories of adoptive parents.

Life story research is uniquely situated, then, to address many of the concerns of the current work. The life story is how we present our identities and turn our disparate experiences of the world into a coherent whole (McAdams, 2008). Life story studies are particularly concerned with meaning making and personal interpretation of events (Josselson, 1999). The telling of events offers the possibility of transforming them into positive vehicles for growth (King & Raspin, 2004; King, et al., 2000). Finally, life stories are the nexus through which culture exerts itself on selfhood (McAdams & Pals, 2006). Thus, the life story is a promising vehicle through which to study the way people go through the unexpected, difficult, and culturally charged experience of discovering they are unable to produce biological children and making the decision to adopt instead.

**The Life Story Interview**

Participants in this study were given a version of the Life Story Interview developed by McAdams ([www.sesp.northwestern.edu/foley/instruments/interview/](http://www.sesp.northwestern.edu/foley/instruments/interview/)). These interviews were developed in accordance with McAdams’ theory that human identity expresses itself through story, and that these stories are both products of and reactions to the culture in which the individual is situated (D. P. McAdams, 1985, 1987, 1996). The typical Life Story Interview covers the entire life. It asks people to think of their life as a book or novel, and to briefly describe what the chapters of the life are. Participants are then asked to describe particular key scenes in their lives, including high points, low points, and turning points. They describe significant scenes from childhood, adolescence, and adulthood, life challenges, and positive and negative characters from their lives. They are also asked to imagine what the future chapters of their life story might be, and whether or not there is a theme that runs through their life story.
The central question of the current project is how participants move from presumed reluctance to adopt to satisfaction with their adoption and how they retrospectively incorporate a presumed reluctance to adopt into their identities as people and parents. Thus, the Life Story Interview was modified to focus solely on the part of the participants’ lives in which they dealt with infertility and adoption. The interview was specifically designed to focus on the process of becoming a parent, as opposed to the process of being a parent. It was expected that feelings about parenting would make their way into the responses to some extent, but the structure of the interview was designed to elicit how the path to parenthood affected the self.

In the first part of the interview, I asked participants to think about the part of their life from the moment they decided they wanted a child up to the moment they decided to adopt (in other words, the part of their life when they pursued having a biological child via intercourse and/or infertility treatments). Participants described that part of their life as if it were a book, a play, or a movie, containing chapters, scenes, main characters, a setting, etc. They described key scenes or chapters from the infertility period, giving context and background information, naming who was involved in the scene, and describing what they were thinking and feeling during the scene. In addition, participants were asked how each scene affected them at the time and what effect each scene had on the person they are today. Participants also described the high points and low points of this period in the same way they had described the various scenes, and evaluated where they fell in the context of other high and low points in that person’s life.

Participants then described the period between making the decision to adopt and bringing their child home in the same way, with key scenes, high points and low points. Participants who had adopted more than one child were asked to describe subsequent adoptions to the extent that they changed the participants’ understanding of the adoption process.
In the next section, participants talked about the people in the story, delineating main characters, the protagonist, and whether there were heroes or villains. They discussed any social attitudes that affected the story, and if so how those attitudes were communicated and how they made the participant feel. They were also asked whether the story had a message, and if so what it was. Then they were asked to imagine that the story had never happened, but that instead they had had as many biological children as they wanted with no trouble. They described what, if anything, would be different about them as a person and as a family and what would be the same. This type of counterfactual question has yielded rich data in previous life story studies (King & Raspin, 2004; King & Smith, 2004; McAdams & Albaugh, 2008).

Finally, participants were asked specifically to describe their experiences with their fertility treatment provider and adoption agency/facilitator, as well as to describe experiences with any other social institutions that helped or hindered them as they pursued fertility treatment and adoption.

**Narrative analysis**

*Joining life story theory and grounded theory*

Method and analysis in this project were guided by both McAdams’ theories concerning the place of narrative in human identity (McAdams, 1985, 1996, 1987; McAdams & Pals, 2006) and the grounded theory method of collecting and analyzing data first put forth by Glaser and Strauss (1967). McAdams’ ideas about life story and identity are both theoretical and methodological. At the theoretical level, a person’s life story at any given moment in time is a kind of snapshot of identity. It is the manner in which the individual provides causal connections for events in his or her life, integrates differing roles and affects, and orders personal change over time (McAdams, 1985, 1995, 1987; McAdams & Pals, 2006).

In this case, theory dictates method. Structuring interviews around the culturally accessible story model gives the interviewee familiarity (all of us are familiar with the basic structure of a
book or a movie) and, at the same time, freedom of content. The structure allows the interviewer to build easily comparable units (i.e. high points or a story message) while allowing the interviewee considerable latitude to choose themes, scenes, tone and topic. Analysis is further shaped by the fact that the life story is itself a construct under study, and not just another narrative method. In other words, the presentation of the story is of interest in this study, not just the content of what is said.

In analyzing life stories, we are analyzing the way an individual presents his or her life in response to a structured interview. The response itself, including inconsistencies, vague statements, and narrative gaps, is of interest to us. A practitioner of the life story method is always interested in the way a particular topic intersects with the telling of the story. Some stories integrate material better than others, and some individuals are better able to make narrative connections than others (McAdams, 2008). If our model is that of the life story as the shape of the identity an individual puts forth to the self and the world, then gaps and what is left unsaid are important.

The question guiding this project – how parents reconcile the consciousness of previous reluctance to adopt into current identities as loving and satisfied parents – is a narrative one (J. Bruner, 1986). Moreover, the assumptions that identity coheres in the individual through narrative and that narrative is used to integrate disparate aspects of individual life, guide this project and place the analysis firmly within a narrative tradition (J. Bruner, 1986; McAdams, 1993, 1987; McAdams & Pals, 2006; Singer, 2004). Much of narrative research uses a hypothesis-testing design (King & Raspin, 2004; King, et al., 2000; King & Smith, 2004; McAdams, et al., 1997; McAdams, et al., 2006; Pals, 2006a, 2006b). This project was exploratory, however, and benefited from many aspects of grounded theory to guide data analysis.

Grounded theory method situates itself in the field of sociology, although it has been used by psychologists, particularly those working with narrative (Adler & McAdams, 2007a, 2007b). It is a systematic method of data analysis designed to allow theory to emerge from data (Charmaz, 2006; Glaser,
1965; Glaser & Strauss, 1967). The most commonly appropriated aspects of grounded theory are those of constructing codes from data, rather than from preconceived hypotheses, and the constant comparative method in which comparisons of codes and categories are made at each stage of the analysis process (Price, 1999). Both constructing codes from data and constant comparison were guiding principles throughout the narrative analysis in this project. In addition, in accordance with grounded theory, the literature review was largely conducted after analysis, in order to keep the theory-building focus on the data itself. Knowledge of both the adoption and narrative literature provided a rationale for the study, helped construct the question, and guided the writing of the interview and selection of quantitative measures. However, because this study was exploratory and not hypothesis-testing, it was not entirely clear which aspects of the broad infertility, adoption and narrative literature would be most relevant until after the stories were read.

Certain elements of grounded theory were deliberately discarded. They were (1) simultaneous involvement in data collection and analysis, (2) theory development during each step of data collection and analysis, and (3) sampling aimed toward theory construction (Charmaz, 2006). These three elements are closely related, and stem from the grounded theorist’s desire to construct theory out of those categories that present themselves in the data and to be able to deepen theory-building by adjusting data collection to respond to themes found in the data. In this project, a “pre-sample” of six interviews was analyzed to adjust the interview for redundancies, poorly understood questions, and questions that seemed not to resonate with subjects. Preliminary analysis was done with these six interviews. However, the rest of the interviews were conducted on a very tight schedule that did not allow for simultaneous analysis and theory development or the purposive sampling that would follow from these practices.

Certain advantages would have accrued had time allowed for simultaneous collection of data and analysis and purposive sampling. For example, when race emerged as a major issue for participants, purposive sampling would have allowed me to seek out participants for one category in
which responses were so varied no unifying theme was detected. However, it is unlikely that interviews would have been modified to accommodate theory-building, as they often are in grounded theory analysis. Life-story interviews are often used in hypothesis-testing work, and hence cannot be changed over the course of the project, as this would destroy the ability to compare narrative units in a quantitative manner. Although data analysis for this project ended up being almost entirely qualitative, a structured interview that lent itself to hypothesis-testing was preserved in case it appeared that the best way to approach the data was through more quantitative use of the narrative and the quantitative measures.

Grounded theory was originally formulated to get away from the practice of using quantitative methods to verify hypotheses that themselves were devised using logic, rather than empirical grounding (Glaser & Strauss, 1967). As such, it is particularly well-suited to research topics such as this one, in which there has been little previous study. The topic of the final chapter, race-based choosing, is itself a testament to the usefulness of both the grounded theory and the life story approaches. Although no questions were asked about race in the interview, race quickly emerged as a broad theme discussed by nearly every participant. Because participants brought up race-based choice spontaneously in the context of telling their life story, it seems clear that the topic of race was important to them and not artificially imposed by a topical interview structure.

The analysis process

Analysis of this data was guided by two principles. The first was the life story method’s emphasis on finding broad themes that contribute to plot or character development. Because my research question asked how participants reconciled the pain of infertility with the satisfaction of adoption, I was most interested in themes that helped answer that question. I began by coding extremely broadly, and then winnowed codes down based on whether they were mentioned by a sizeable number of participants and whether they helped answer the research question.
The second principle was grounded theory’s insistence that the data, not a preconceived hypothesis, dictate how the themes presented in each particular narrative fit into a larger story presented by all 38 narratives. Once I had used an inductive process to analyze individual narratives, I continued with a much messier inductive process to discern how the narratives fit together. This process involved taking the information provided by the analysis of individual narratives and viewing it through a variety of prisms, to see which provided the most accurate view. It was almost as if I had pieces for a puzzle that could be solved in a variety of ways, and I was trying to put them together in a way that produced the fewest blank spaces or ragged edges.

Going in I was completely agnostic about how the overall story would be told. It seemed possible that narratives might be compared against each other – in other words, certain narratives might be high in certain themes and other narratives in others, and that my work as an interpreter would be to delineate what made the groups different. It was also possible that narrative themes would in some way relate back to quantitative measures, so that people who were particularly high in a quantitative dimension might also emphasize certain themes. In that case my interpretive job would have been to approach the qualitative data in a way that would make it more easily relatable to qualitative scores. Numerous other possibilities were entertained as I delved into the data. Once I had identified basic themes, a large part of my work was testing possible ways to approach those themes so that I was best able to use them to accurately describe what was going on in the narratives as a whole. Often, many aspects of analysis were going on concurrently. The steps are described in detail below, and also in abbreviated form in Table 2.

My first step was that of coding and analyzing individual narratives. Narratives were read in sequence and coded for themes. The initial reading was guided by the question, “What do people talk about when they discuss the journey from infertility to adoption?” This was deliberately broader than the research question, which focused on how people reconcile and interpret experience. In the initial round of coding I cast a wide net. I felt it was easier to discard or reclassify themes that proved less
important than to include things that had been previously missed. It was also impossible to know at the outset which codes would prove important to multiple narratives, and which codes would prove to be those on which the narrative was built. My first round of coding 38 manuscripts yielded 78 codes. In the final analysis, some of these codes were dropped, and many others folded into each other and re-categorized until 17 codes were left.*

After coding by hand in the margins of the narratives, I generated lists of broad themes generated for each participant with short quotes, summaries of larger or more complex passages, and page numbers of where different themes were discussed. These lists allowed the narratives to be compared more easily. As lists of themes were generated, notes were also taken on juxtapositions or aspects of the narratives that might not be captured in the themes list, but might serve to aid later analysis. For example, the following is noted about the first participant: “An interesting thing about this narrative is the vividness of the infertility low point, in which she describes her second miscarriage and trying to deal with it in the kids’ bathroom of her school, and the abstraction of the infertility high point, which is about “growing up” and becoming more sensitive to others.” This note was taken early in the coding process, and as coding continued it became clear that because they did not really feel there had been a high point in the infertility section, participants tended to begin the interpretive work of the narrative when asked about such a high point. Later notes on this subject built on the experience of the first participant, so that it became clear that this question was often answered by referencing either personal growth, increased empathy for others, or heightened connection with their spouse – all major themes in the overall narrative picture.

Once I had generated a list of themes for the first narrative I turned to the second. In reading the second narrative, I looked for the themes brought up by the first subject and noted how they were expressed in the second narrative, as well as adding new themes. This process was repeated with

* This number does not include codes concerning race, or gender-specific codes, which were approached in their own ways.
Table 2. Analysis Process

<table>
<thead>
<tr>
<th>Step 1: Focus on individual narratives and creating meaningful codes both for individuals and overall</th>
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<tbody>
<tr>
<td><strong>Main process</strong></td>
</tr>
<tr>
<td>• Hand code in margins of narratives</td>
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<tr>
<td>• Generate themes lists for each narrative</td>
</tr>
<tr>
<td>• Generate aggregated themes lists directly comparing themes for 6-8 participants (4 such lists total)</td>
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<tr>
<td>• Compare all four aggregated themes lists with careful attention to notes and questions concerning possible re-categorizations of codes</td>
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<tr>
<th>Step 2: Focus on how to best use the thematic data to accurately the story of the journey from infertility to adoption</th>
</tr>
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<tbody>
<tr>
<td>• Write an outline of the general themes in the narratives. This outline is one possible way to present the data</td>
</tr>
<tr>
<td>• Test alternative ways to present the data, including linking quantitative to qualitative data, comparing men and women, contrasting answers to different questions, etc.</td>
</tr>
<tr>
<td>• Example of how this testing worked is comparing participants high in personal growth and high in communication and connection</td>
</tr>
<tr>
<td>• Categorize participants</td>
</tr>
<tr>
<td>• Return to memo summarizing interpretive responses and compare responses according to how one is categorized on personal growth/communication and connection</td>
</tr>
<tr>
<td>• Search narratives for connections between communication and connection and find they are abundant</td>
</tr>
<tr>
<td>• Reading re: agency and communion and examining how those constructs map onto my constructs</td>
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Testing of multiple alternative hypotheses refines codes and convinces me that the best way to present the data is that of a general story told by many people, as outlined in the memo written at the beginning of Step.
each new subject. The constant comparative method, in which themes are constantly compared to what has come before, was used, so that sometimes coding for a previous subject might be changed when a later subject shed light on the code. Initially, for example, communication (actively discussing issues) and connection (feeling connected) were coded separately. Constant comparison caused them to be aggregated into one code because it became clear that they served the same function for all the subjects – that of feeling connected and “heard” by others. Likewise, by the time I had coded all 38 subjects the theme of “attitude control,” which had appeared in the first participant’s narrative, had been discarded because it applied to so few participants.

I was not using a software program for coding, so I compared narratives by aggregating broad themes lists for six to eight participants at a time. These lists contained code titles followed by lists of participants whose narratives included that code with a summary of the text that got the code. They also contain notes on the way the different codes manifest in different narratives. The comparison method led to many codes being re-categorized. For example, many participants made comparisons between parenting adopted and biological children, and I started out with a code titled “Adoption/bio comparison.” A page from one of the aggregated themes lists on this code looks like this:

**Adoption/bio comparison**

**Subject 13, Norman**

p.4 His bio son is very bright, outgoing, social, and he was concerned that would he be able to love an adopted child as much, and would an adopted child be negatively compared to his bio son.

p.7 He remains concerned about whether he will love an adopted child as much as a bio child, so he talks to people who have one of each and gets counseling at his church, which helps.

p.8 While his wife was concerned that they wouldn’t be able to adopt, he was concerned he wouldn’t be fair to both kids – in retrospect this was a silly concern.

His main fear about adoption is that he won’t love an adopted child as much as his cherished son.

**Subject 16, Roberta**

**Adoption/bio comparison**

p.7-8 In wondering whether she will love an adopted child as much as her bio kid, she remembers hearing bio moms fear they would not love a second child as much their first. “So I thought these are people who have given – or talking about another biological child and they are
wondering. So this is normal, natural, and now, like looking good.” Here the adoption-biological comparison normalizes adoption for her and makes it possible.
p. 8 She talks about how different she and her two siblings are, and says she thinks it was easier for her to come to the conclusion that she could love an adopted kid because she was already used to difference within a family, while her husband, who feels very similar to his sister, needed more convincing.
p.9 After discussing the above ways in which adoption is equivalent to having bio kids, she talks about an adoptive mother who told her that the great thing about adopted children is that you have no preconceived notions about them – “you just discover them.” She says that has been true with her adopted son – “he has such varied interests that he is just so fun and you, like, drink it up. You just drink it up, like “This is great.” You cannot take any credit for it. And it is really great. It is such a side benefit I had not heard of until I talked to this person.” To the extent that adoption is different, then it has advantages, not disadvantages, which have played out in her life. The emotion here with the metaphor of “you drink it up” is quite vivid, more so than most of what this subject employs.

**Comparison, Norman and Roberta**

They spend more time than most overtly comparing adoption and bio, which makes sense since they have a biological child. Roberta feels it is easier for her to look at adoption because she and her siblings are so different. Both feel adoption has added lack of preconception, which is a good thing.

**Subject 14, Dolores**

Adoption bio comparison

p.6 They feel “it is not about a child that looks like us or a child that is part of our DNA” – in other words, biology is unimportant.

p.36 “With the adoption, I would not say there were many negative attitudes but there certainly was the misperceptions, the fears, “Oh, they are going to take your baby away.” We addressed the whole your-child-would-not-look-like-you thing because that is a concern for people, “But your child would not look like you and everybody will say” -- and we addressed that by saying, “Great. We do not want the children to look like us; we want their character to look like Christ.”

And that was how we explained it to people. Like, “We are not interested in children that look like us physical. We are interested in who they will become as a person. How they will act and their values, their belief, their strength and not whether they got it from us or not physically.”

**Comparison, Norman and Roberta and Dolores**

Dolores is much more open to adoption from the beginning than Norman and Roberta. While for Norman and Roberta the issue of not loving an adopted kid as much as a bio kid is one they must confront internally, Dolores views it as external, as something she must explain to others.

After adding Mark and Julie, further comparisons are added:

**Comparison, Mark and Julie**

As a bio and adoptive parent, Mark emphasizes the advantages of adoption: it causes him to appreciate life and the privileges of parenting more. Julie emphasizes that she is like a bio parent.

**Comparison, Norman, Roberta, Dolores, Mark and Julie**

The adoption-bio comparison is implicit in the entire interview – why would we be doing this interview if there were not some perceived difference? Norman and Roberta experience the
comparison internally, worrying about whether they will love an adopted child as much. Dolores and Julie both see it as an interaction with the larger world, with Dolores insisting that she does not care about biology and Julie insisting she is the same as a bio parent. Mark views the issue through a positive interpretive lens, saying that adoption makes him appreciate the privilege of parenthood more. So, is this better relegated to other codes or does it make sense as it is?

Examining the codes in this manner allowed me to do several things. First, Norman and Roberta are married, as are Mark and Julie. Dolores’s husband, David, does not make any overt comparisons between adoptive and biological parenting. The first thing I did was to compare within couples and between genders. In this group, I see that Norman and Roberta frame potential issues of adoptive parenting similarly, as one of an internal ability to love, but that Roberta resolves the issue with more ease than Norman (and in a way that normalizes the concern by comparing it to that of biological mothers with a second child). Mark, who has biological children from a previous marriage, emphasizes the miraculous nature of adoption and the great gratitude it has instilled in him, while his wife Julie puts adoption on an equal footing with producing biological children. In this group there is no pattern of similarity or difference either within couples or genders. When I compare this group with other groups no consistent similarities are detected either, so these avenues are abandoned with regard to this code.

More importantly, I note that while all of these participants appear to be doing something similar – comparing the experience of adoptive and biological parenting – the meaning they draw from this comparison is quite different. I speculate that perhaps there is a better, more meaningful way of describing these passages that the comparison between two kinds of parenting. Once I have generated aggregated themes lists for all the participants I can compare these passages to those of other participants. I find that certain participants, like Roberta and Norman, must overcome an internal fear they will not love an adopted child enough. Jonathan, for example, mentions extensive research to convince himself that “I will consider this child to be my own as much as I would consider a child born to me biologically to be my own.” Other passages are coded “internal resistance,” so I consider the possibility that these passages are better described that way. Like Mark, Eleanor has an adopted and biological child and
insists that adoption is a greater miracle than biological parenting. Several other participants – particularly those who also have biological children – appear to place adoption and biological parenting on an equal footing. Trent, for example, says that raising a biological and adopted child “is an equal privilege to witness.” Amy says that giving birth and adopting are “different kinds of miracles.” This seems to point to the idea that perhaps these passages are better described as “appreciation.” Thus, I marked these passages to note that they might be better described in a different way, and I turn to summaries of the individual narratives to better understand how the adoption-bio comparison code might fit into the narrative’s main points.

These summaries were generated because I felt I needed a way to help me discern which codes were the most important for each narrative, in order to help me make decisions about when to re-categorize passages. Because I had cast a broad net, I now needed help with winnowing and sharpening. The summaries focused on what participants recalled thinking and feeling; what conflicts they faced, and what lessons, messages, or interpretations were most important for them. The summaries were generated to avoid a trap I perceived in relying on lists of quotes pulled out of context, which was the possibility that it might be difficult to perceive what was most important to each individual participant. The summaries helped me see when people were describing and when they were interpreting experiences, and I ended up dividing my themes into those two broad categories. The relationship between description of life events and interpretation of them, and the way the two interact to create a coherent story of self, are at the heart of Habermas and Bluck’s (2000) concept of autobiographical reasoning.

These summaries helped me make decisions about my “adoption/bio comparison” code. When looking at the larger context in which participants make these comparisons, it becomes clear they tend to be embedded in descriptions of resistance or statements of appreciation. Looking at the quotes from a variety of angles answered my question about whether the quotes were more appropriately relegated to other codes. They were. For participants like Norman, Roberta, Jonathan and Dolores,
considering the similarities and differences between adoptive and biological parenting was part of the process of deciding to adopt, and specifically, encountering certain kinds of resistance in making that decision. For Norman, Roberta and Jonathan, the quotes were re-categorized under internal resistance, while for Dolores they were put under external resistance. For Dean, Amy, and Eleanor the quotes occurred in the context of reflecting on adoption and the deep gratitude it had produced in them, and the larger quotes were re-categorized under appreciation. This process, of re-categorizing, broadening, and connecting was repeated with all the identified themes until I was confident that the themes I was left with accurately reflected the meaning of the narratives.

At this point the first large step, of identifying themes that accurately described the meaning of individual experience, was done. Each participant now had a summary of their narrative that emphasized their individual themes and narrative patterns, and a list of broad themes that were (1) important to the individual’s narrative, (2) repeated in other participants’ narratives, and (3) contributed to answering the research question. In addition, I had my aggregated lists comparing individual themes to each other, which had helped me produce themes that were meaningful and consistent across narratives. Once I felt confident that the identified themes both accurately represented the various individual narratives and connected across narratives, I had to decide how they worked together as a whole. I began by writing the following outline, which captured what I felt was the *gestalt* of the narratives as a whole:

Two overall types of themes are identified: experiential and interpretive. The experiential themes describe what was happening and how people felt at different parts of the narrative, and tend to emerge in response to the questions that asked them to recount their experiences chapter by chapter. The interpretive themes are how the participants explain their experiences, and tend to emerge from questions that probed for interpretation, such as the question that asked whether there was a message to the story.

The experiential themes identified were the following:
1) Narratives tend to contain a statement in the beginning that implies that time is orderly and that childbearing can be planned.

2) In both the infertility and adoption parts of the story, time takes on a different quality, often more malevolent quality, than it has in these initial confident statements.
3) For almost all women and most men, the infertility period is marked by emotions of grief, loss, and depression (the word “devastated” is used over and over again by participants).

4) While participants themselves rarely use the word isolation, one thing that seems to plague people during the infertility and, to a slightly lesser extent, the adoption period, is a sense of isolation.

5) Just as isolation is a persistent negative theme, connection is a persistent positive theme.

6) Participants must make the decision to adopt, and for many participants that decision or some aspect of it is cited as the high point of the infertility period. While a minority feel adoption is a no-brainer, many must engage in a certain amount of soul searching and overcome either internal resistance to the notion of adoption, spousal resistance, perceived resistance on the part of society, or all three. Even those participants who have no personal hesitation about adoption report grappling with these attitudes on the part of others. Furthermore, the decision to adopt involves a series of sub-decisions about the type of child one is willing to adopt. While parents do not generally soul-search too much over their desire for a healthy baby, decisions about race cause some form of crisis for a large part of the sample.

7) Research. Participants do an immense amount of research in the adoption phase, far more than they do to choose a fertility doctor. This may reflect a more consumer model in the adoption world (finding a baby is like shopping for a puppy, as one participant put it) or it may reflect the perceived risk. Research sections are very process-oriented – lists of seminars attended, books read, etc.

8) As part of making the decision to adopt, participants must accept a child very different from the child they wanted. For some this acceptance is simply that they do not have a biological child, while for a large minority it involves race, and choosing to parent a child of another race.

9) Participants experience extreme joy upon meeting their child or bringing him/her home. Almost all participants describe some aspect of the adoption such as meeting their child for the first time, bringing the child home, seeing the child smile for the first time, as one of the happiest moments of their life.

Interpretive themes were the following:

1) Time, formerly malevolent, is interpreted in retrospect as being friendly. People comment that because they are older parents they have more patience, wisdom, etc. than they would have if they had conceived immediately. Some people say time allowed them to work on marital differences or be a couple longer. For a few people the effects of time remain negative, mostly in the form of saying that a pregnancy would have given them time to prepare better for parenthood than the vicissitudes of adoption did. Others, however, express that while they were impatient during the infertility/adoption process, they know that it is only because it took as long as it did that they have the particular children they have, and say something like “in retrospect, it took exactly as long as it needed to for us to get the children we were supposed to have.”

2) The experience provided them with an opportunity for personal growth.

3) The experience afforded them opportunities for broader or deeper connectedness.
4) They were fated to have the experiences they had in order to (1) get the child they were “supposed” to have, (2) grow personally.

5) There is something better about adoptive parenting, whether it is that one becomes a better parent or that one appreciates one’s child’s more.

Finally, preliminary narrative analysis revealed three themes for men that did not show up for women. Many men worry about their wives’ physical and emotional health during the infertility process, and some men become increasingly invested in the idea of family as the narrative unfolds. The vast majority of men and women described the wives as the protagonists of the story, sometimes going out of their way to describe the relative passivity of the men.

Race was noteworthy as something that came up in both the experiential (e.g., making the decision to adopt) and interpretive (e.g., fated to have this particular child) sections of the narrative. In other words, it was significant in both the day-to-day experience and something that the participant felt he or she needed to explain. Race is worthy of its own exploration.

The coding, summarizing, and comparisons of the narratives had already entailed that I read each narrative through at least three times. Thus, I was fairly familiar with the data and my subjective impression was that the story laid out in this memo was a good fit – that it accurately represented the basic pattern of the individual narratives. I now went through a process of testing alternative modes of describing the data to see if there was a better approach. (At this stage references to race were pulled out and analyzed separately, a process described in Chapter 8). I compared participants’ answers to each interpretive question (i.e., “How did infertility affect you at the time?” and “What is the message of your story?”) by generating a list of responses to each question. I then looked to see if certain questions generated certain kinds of responses, and if participants differed systematically in levels of response. I ran correlations and t-tests on my quantitative measures but found few significant differences (see Appendix C), and so did not attempt to connect them to qualitative themes. I refined my understanding of how themes describing problems and conflicts related to interpretive passages by creating short, bullet-pointed descriptions of the relationship for each participant. Thus, if isolation was particularly difficult for a participant in the beginning of the story, I looked to see whether later interpretive passages addressed the issue of isolation, and if so, how.
The most important alternative way of looking at the data that I explored was that of comparing participants high in personal growth with those high in communication and connection. As themes were aggregated and re-categorized, it became clear that these were two of the most important themes to participants. Events were perpetually interpreted as leading to personal growth or intensified connection with others. Certain participants seemed to favor interpretations involving growth and others interpretations involving connection. It seemed likely that if they differed on growth and connection, they might systematically differ on aspects of describing and interpreting their experiences.

To explore this idea, I began ranking participants as being high in either growth or communication and connection. I did this by counting how often each code occurred for each participant, and then by looking at how richly the theme was elaborated. A participant might, for example, mention connection five times, but four of those mentions could be strictly descriptive and have nothing to do with interpreting his experience. If the same participant mentioned growth two or three times, but each growth passage was rich, multi-layered, and essential to interpreting his experience, he would be coded as high in growth. I soon found, however, that while some participants seemed to favor growth or connection interpretations, there was a large body that was high in both.

I began to examine potential systematic differences by returning to the memo I had generated in stage one, which listed responses to all the interpretive questions so they could be easily compared. I arranged those responses into three categories: “Personal Growth Narratives,” “Communication and Connection Narratives,” and “High in Both Narratives.” As I did so, I noticed something about the participants I had categorized as “High in Both.” When I read the actual passages, I found that themes of personal growth and connection were often intertwined, with growth portrayed as a precursor to increased intimacy or connection with others.

Concurrently, I was reading on the constructs of agency and communion, which seemed similar to my personal growth and communication and connection codes (described more thoroughly in
Chapter 6). Reading how McAdams (2002) operationalized codes for agency and communion, I realized that my personal growth and connection codes were subsets of his – agency and communion encompassed what I had described as personal growth and communication and connection. (See Table 3 for the way my coding system and his map onto each other). McAdams also caused me to see that certain other codes of mine, like appreciation, could be seen as a subset of personal growth. When participants claimed to appreciate their children more than they would have had they been biologically related, they usually felt they appreciated them more because they were so hard to get, or because the participant had to work so hard for a family. This notion of appreciation out of difficult times is a form of growth: the difficulty in having a child causes one to change and be capable of greater appreciation than otherwise.

This quote from Roberta illustrates how my thinking deepened on this subject:

As far as the message, I think it was a very good thing for me to go through this struggle and to do something different…. [I]t has really opened my eyes up to a whole other world of dedicated parents and I think that is so cool to, like me, all these other parents who had to work so hard to get there. So they are just this special group. I would not have met all these people otherwise. I would not have it in that world. I would not be open to families that struggle. And you know, I grew up well off like my whole life and then, here is this pretty young woman whose got two kids and a third on the way and cannot even pay the heat bill. I cannot comprehend that at all. So, it is good to bring you back to some reality of what people have to deal with. So appreciate what you have kind of thing.

Initially, lines two to six were coded as connection, because the emphasis is her joy over connecting with these people. Lines six to ten were coded as appreciation, since they point to her greater appreciation of what she has because of exposure to the struggles her birth mother faced. However, once I conceptualized growth and connection as related, I saw the passage in a different way. Going through the struggle and “doing something different” is what leads her to this group of parents she feels so wonderfully connected with. Likewise, exposure to her birth mother’s struggles leads her to increased empathy (she is “open to families that struggle”). In other words, she grows, but in a way that leads to both concrete, instrumental connection (her friendships with adoptive families) and enhanced ability to connect emotionally (her increased openness).
### Table 3. Comparison of Klevan codes for personal growth and connection with McAdams codes for agency and communion.

<table>
<thead>
<tr>
<th>Criteria for Klevan codes</th>
<th>Criteria for McAdams’ agency/communion codes</th>
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<tbody>
<tr>
<td><strong>Personal growth</strong>: describe becoming better at something as a result of their experiences (e.g., going through the pain of infertility made them a better spouse, or learning to tolerate frustration made them a better parent)</td>
<td><strong>Agency</strong>: Self mastery, in which an individual feels an enhanced sense of control after an important event, or in which a person feels strengthened or more powerful as a result of such an event</td>
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<td><strong>Personal growth</strong>: Describe themselves as having learned something or gained a valued personal characteristic (e.g., learned to be more sensitive to others or having become stronger as a result of their experiences)</td>
<td><strong>Agency</strong>: Self-mastery</td>
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<td><strong>Appreciation</strong> for children and life was so prominent in these narratives that it was given its own code, although it can be seen as an aspect of personal growth (learning to appreciate what they have)</td>
<td>Appreciation for McAdams is an example of agency, specifically self mastery through insight. He gives the example of the man who pledges to slow down and enjoy his family more after a near-death experience</td>
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<td><strong>No preconceptions</strong> is an insight that participants often cite as a result of adoption. Participants say that one of the advantages of adoption is that they have no preconceptions about their children, but delight in discovering them.</td>
<td>This relates to two McAdams codes. As an insight, it is a form of self-mastery, but the form the insight takes leads to <strong>Communion</strong>: caring/help, in which people discover empathy for others</td>
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<td><strong>Fate</strong>: participants often feel they were fated to have the experiences they had or attribute their suffering and eventual happiness to God or to an ordered universe</td>
<td><strong>Agency</strong>: empowerment, in which a subject is enlarged or empowered through association with “someone or something more powerful than the self”</td>
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<tr>
<td><strong>Accomplishment</strong>: taking pride in having adopted despite hurdles</td>
<td><strong>Agency</strong>: achievement/responsibility, in which subjects report achieving goals or assuming responsibilities</td>
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<tr>
<td><strong>Connection</strong>: A feeling of being better connected to one’s spouse, child, people or the</td>
<td><strong>Communion</strong>: love/friendship describes the connection spouses feel for each other in these</td>
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universe. In the interpretive sections this is almost always cast as the result of some kind of personal growth. manuscripts; unity/togetherness describes the more general sense of solidarity people feel for others; caring/help describes the assistance participants often feel they can give to others in their situation

I then returned to all the narratives, looking for connections between personal growth and communication and connection. With the exception of a few outliers, I found that most of the participants, even those I had listed as high in one construct or the other, made connections between the two. Participants might emphasize agency or connection more, but no matter which they emphasized, they included passages that cast growth as a precursor to enhanced personal connectedness.

I now felt satisfied with my basic themes, and was satisfied that the most appropriate way to describe them was as part of a basic story told over and over by participants. Over the course of analysis and re-categorization, “time” had been changed to “dashed expectations.” Thus, the emotional problems I saw to be solved involved dashed expectations, suffering, and isolation, as well as the need to overcome resistance to adoption. Participants also had difficulty with the racial issues they needed to confront as a part of their adoption journey. They solved these problems by a belief in fate, and a belief that suffering led to growth, which in turn led to increased connectedness with others.

A secondary goal of this study was to reveal differences between the way men and women narrate stories of infertility and adoption. Each theme was counted by the number of subjects who brought it up. Men and women largely interpreted their experiences in similar ways, and breakdowns on major interpretive themes did not differ much by gender. However, counting did reveal that certain descriptions of experience broke down by gender. The vast majority of men and women described the wives as the protagonists of the story, sometimes going out of their way to describe the relative passivity of themselves. Only two men were described by both themselves and their spouses as being the protagonists. Many men worry about their wives’ physical and emotional health during the
infertility process, and some men become increasingly invested in the idea of family as the narrative unfolds. Analysis of other male-female differences in the narratives (for example, men often described feeling sympathetic towards their spouses, while women never did) focused on whether differences were indeed based on gender or on differential commitment to infertility treatment and adoption.

One of the benefits of an exploratory study is that questions, and to a certain extent the methods used to examine them, arise from the data. Prior to reading the stories I did not know whether themes and ability to link interpretation to experience would be similar or dissimilar across participants. Had participants told thematically dissimilar stories, or had a substantial number of participants struggled with coherence, it might have made sense to quantify codes and correlate themes to quantitative measures in the manner of King and colleagues (2000, 2004, 2005) or McAdams and colleagues (1996, 1997, 2001, 2008). Because participants utilized similar interpretations of their experiences, however, a more in-depth, qualitative approach seemed warranted. This approach yielded a blueprint of commonly recalled experiences and emotions and commonly used interpretive strategies to bridge the gap between past and present. It is my hope that these stories and my method of analyzing them will provide a window through which those beginning their journey with infertility and adoption can view a future that is less frustrating and more joyful than the present.

Limitations

There are several limitations to this study. Two of the limitations are inherent in the sampling method. Because participants volunteered for the study, it is likely that they are not representative of adoptive families as a group. This sample was unusually wealthy and well-educated. Because there are no national statistics on parents who adopt from private agencies, it is impossible to know whether or not this sample is demographically representative of the general population. In addition, parents knew they were volunteering for a study titled “Infertility, Adoption, and the Life Story.” It is possible that they are parents who particularly enjoy telling stories in general or stories about their
adoption in particular. Indeed, several participants mentioned volunteering at agencies to share aspects of their stories with prospective parents. Two mothers, when calling to sign up for the study, told me that their families were “advertisements for adoption.” Hence, it seems possible that this sample was invested in telling positive adoption stories to correct perceived stereotypes.

As described in the Methods section, the sample was signed up as they contacted the author. The narratives for one group (the same-race adopters who showed high resolution regarding child choice but low resolution in a generalized race narrative) were so diverse that they were left out of the final presentation of the data. Had time allowed a more classic grounded theory approach, in which data collection and analysis are simultaneous, it would have been possible to purposively sample same-race adopters in order to reach a saturation point with that data such that theory building was possible.

Aside from the same-race adopters who showed high resolution regarding child choice but low resolution in a generalized race narrative, the sample was large enough to meet the demands of qualitative analysis. However, only 32 of the participants returned quantitative data forms. This limited the power of the quantitative analyses enough that they should be considered merely suggestive.

I was the only coder of the data. Single coders are far more common in idiographic as opposed to nomothetic approaches. This study had aspects of both. Narrative analysis was strictly qualitative, and a premium was put on understanding the meaning of each individual’s overall narrative. Grounded theory is conducive to a single coder because it occurs in the context of discovery rather than hypothesis-testing. While constant comparison can certainly be done with two or more people working closely together, that kind of process would require resources beyond those at my disposal. Another coder would have provided validity that is currently lacking in the study.

In the race section, there is a limitation regarding the construct of resolution. For many participants, race is an ongoing and salient issue in their lives. Thus, there is a very different quality in the different-race adopters between the group that was rated unresolved only on a generalized race
narrative and those who were rated unresolved on both child choice and a generalized race narrative. For those who were rated unresolved on both there was a cut-off quality in the narratives concerning race, while for those who were unresolved only on race in general there was a searching quality. In other words, it seemed possible – indeed, likely – that the second group might achieve resolution in the years to come. Likewise, the group that was unresolved on both counts might become “searchers” as their children get older and start asking more questions about race, or as other circumstances force them to confront race more fully. Only a longitudinal study could answer this question, which is an important one for ecological models of family development.
Chapter 3

The Case of Alan and Ruth: Torture and Transformation

By and large, what was striking about these 38 narratives was their similarities. The details of the stories were different, but the broad strokes of emotion and interpretation were not. The following chapters lay out the major themes, using examples from whatever narrative best exemplifies that particular theme. To introduce the themes as well as give a sense of how they work in the overall stories of husband and wife, this chapter provides a case study of a single couple, Alan and Ruth.

Alan and Ruth* were chosen because their stories exemplify the narratives in many ways. They are extremely articulate about their pain, the strange decision-making they find themselves doing as part of the adoption process, and their struggles concerning race. Alan is a management consultant; Ruth was a palliative care doctor prior to adopting, and now stays home with their daughter. Alan is 48 and Ruth 45, and at the time of the interview they are parenting a seven year-old daughter whom they adopted from Nepal when she was 13 months old. They are both thoughtful and introspective. Ruth presents as more passionate and more prone to second-guessing and regret, while Alan seems unruffled and more analytical. Ruth is intense; Alan is wry. Both are quite funny. The picture of their marriage that emerges from the interviews is of a high degree of communication. Alan describes talking long walks with their dog and discussing all their treatment and adoption options. Both remember an impassioned argument about the ethics of discarding embryos. Alan is intensely aware of Ruth’s suffering and desire to be a mother; Ruth refers several times to Alan helping her emotionally and to their complementary strengths. Their mutual love, respect and reliance on each other shone through their separate interviews.

This case study is presented in a similar manner to the later analyses. For the purpose of analysis and presentation, narratives were broken up into three sections. The infertility section describes what the participants recall doing, thinking and feeling at the time they were experiencing infertility. The

* Throughout the manuscript names and certain identifying details have been changed.
adoption section describes what participants recall doing, thinking and feeling while they were pursuing adoption. Finally, the interpretation section describes the ways participants make meaning of these experiences, the lessons they draw from them and the ways they incorporate the experiences into their identities. In the narratives themselves, of course, interpretations are often offered spontaneously as experiences are being described. They are separated here because there is a difference between recalling an event and interpreting it. Some events are recalled but not worthy of interpretation, others, as McAdams (2008, p. 253), “demand an interpretation”. As we shall see in the contrast between the way Alan and Ruth discuss race, some people are able to achieve more resolution in their interpretation of events than others. Often in these narratives certain modes of interpretation apply to multiple events. For all of these reasons, it seemed wise to treat interpretation as a separate category than experience.

Infertility

Like many participants, Alan and Ruth center their infertility stories on the themes of violated expectations, suffering, and, to a somewhat lesser degree, isolation.

Violated expectations

Both Alan and Ruth set up their narratives with certain expectations that are then violated over the course of the story. Alan says of having children: “I was really ready to start by the time I turned 30. I'm your typical management executive type, get married at 28, you are having your baby at 31.” Ruth begins her narrative like this:

For my 30th birthday Alan surprised me and brought my parents in. We were living in Charlottesville and there was something really sweet about that gesture and I just said, “This time we will have a baby,” not just because he brought my parents in but we had been married like maybe six years or something at that time, and my mother was in her 30s when she had children which for her generation was awfully late. And I’m sure there is that sort of generational thing
where people kind of look at their lives in terms of what their parents did. So then we started trying to have a baby when I was 30.

Alan sets up his expectations by describing himself as a certain type of person, while Ruth describes a “generational” expectation that certain events will be timed the way they were for one’s parents. Alan furthers the sense of expectation by saying that while Chapter 1 of his story was about deciding to have children,

Chapter two was, I would say, about arrogance, the arrogance for the couple. The kind of chapter that, “All right, we are going to have a baby. So here is what we do.” We start to go off the contraception and three months later, this bit should be done. . . . It did not happen that way.

Both Alan and Ruth have a strong sense, shared by many other participants, about the timing of childbearing in their lives and the ease with which they expect to accomplish it. They frame their stories with expectation, and the arc of the story becomes the violation of that expectation and the struggle to accomplish parenthood in a different way.

It takes Ruth and Alan a long time to realize they are having a problem conceiving. “Part of it,” Alan says, “was I was traveling a lot…. About 150 nights a year. So when you [try to make a baby] you have to be in the same time zone…. ” When he takes a job with less travel they realize they may have a problem, do infertility testing, and end up doing three IVF cycles. Both describe this experience as a “rollercoaster,” by which they seem to refer not only to emotional highs and lows but to the misery of dashed hope each time a cycle fails. Ruth hints at the disappointment of this by describing the monitoring of her egg production:* “They would see six eggs, and then you would go back the next day…. They do another ultrasound and then there will only be two eggs and you are like, ‘Whoa, whoa, whoa.’”

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* Drugs are used to artificially stimulate a woman’s egg production so that in a single cycle, rather than ovulating one egg, she will produce egg counts in the teens and twenties. Like Ruth, however, some women produce smaller numbers of eggs.
Alan expounds eloquently on the pain of dashed expectations and the disappointment of violated hope that come with treatment failure:

I remember I took a picture of my wife lying in bed after the implantation had happened. She was all wrapped in a hospital blankie thing. It was cold; I was cold in the hospitals. I remember taking this picture because we knew this was the last chance, and we felt so happy that this was going to work. I took this picture like this is the moment when she became pregnant. This was the day like the next hour after the implant… within half an hour, maybe, of the implantation. So there she was, carrying this new life. And that was sort of the highlight.…. But I remember later when we had that picture developed, but before my wife saw it, taking it out of the thing, because by then we were… I remember taking it out and taking out the negative and destroying it, so that she would not remember that. It was a high point, and then a week later it was a low point, one of the lowest points in my life. It really was. It was just a total and utter defeat that all of this time and pain and emotion and money and just all this investment that we put in this thing.

The theme of dashed expectations is linked to that of suffering. The intense hope of implantation is followed by a feeling of “utter defeat.” The disappointment is one of the lowest points of Alan’s life; a wasted investment not just of money, but of emotion. Larger dashed expectations about timing and ease of childbearing are reified by moments of intense hope and disappointment each time a pregnancy does not occur.

Suffering

Both Alan and Ruth are graphic about the suffering infertility causes. Alan describes their last IVF failure as “devastating” and says, “It was real mourning, it really was. It was a grieving period.” They go on a cruise after the final failure, but Alan recalls both of them being “emotionally exhausted”
during the trip, not wanting to talk about what happened. Ruth remembers the pain of infertility as being a chronic sadness, not a “hit-you-in-the-gut kind of thing” like having her father fall ill with cancer.

There is just this frustration and you try this process, put these hormones in your body and I did go up a bra size… but for the amount of money we paid I could have done it in a lot more efficient manner. I do remember that after we had done the three cycles and I was kind of depressed and moping and feeling sorry for myself kind of thing, and Alan is the one who was like, ‘Well, then, let us move on. It is time to make this next thing happen.’

Both Alan’s response of grief and Ruth’s of depression are typical, and sometimes the same participant describes both responses. While some men describe themselves as having personality characteristics (like being calm or easy-going) that allow them to escape the intense pain their wives feel, no one describes an infertility journey that is free of suffering.

**Isolation**

Because Alan and Ruth have such a communicative, supportive marriage isolation is a less devastating theme for them than for couples who withdraw from each other during the infertility process. They do, however, experience a certain degree of isolation from the outside world. Alan emphasizes his need for privacy during the infertility process, contrasting his approach with that of his wife’s: “This is not something I talk with a lot of people [about]…. For her, it was a community event. To me, it was a personal, private thing.”

Friendly, talkative Ruth, who turns fertility decision-making into a “community event” suffers more from her sense of isolation than her husband does. She finds treatment itself impersonal, and says that when she used the pager number her doctor had given her he refused to answer her question because she had called him out of a meeting. (Because she herself is a doctor, she finds this behavior both personally and professionally unacceptable.) Sometimes Ruth’s feeling of isolation comes from a very concrete sense of being misunderstood. She references her mother’s inability to understand what she is
going through several times, at one point speculating that because her mother’s generation often felt they had no choice but to have children it is difficult for them to understand the suffering that entails when one wants to have kids but cannot. But Ruth, in common with many of the women in this sample, also suffers from the sense that others simply do not understand what she is going through. In describing the pain of treatment failure she says:

I know other women who had miscarriages and things and I know that is a different kind of grief and I cannot know what that grief is, but it is like I had nothing to show for it. There was just this thing that I wanted that I did not have and I could not figure out how to get. And not that I needed other people’s sympathy and I know this sounds really crass but at least if you had a miscarriage, people could say you had a loss.

Ruth’s suffering is compounded by the fact that she has “nothing to show for it,” by which she means she has no tangible loss that others can sympathize with. Others “do not understand the loss of infertility if you do not have something to show.” The ambiguity of her loss isolates her in her suffering, making it difficult for her to get the support she needs.

*Connection*

The overarching pain of isolation means that moments of connection with others are the enduring high points of the infertility period for many participants. (The most common high point is false hope over conception or carrying a pregnancy to term, always followed, in this sample, with crushing disappointment.) Ruth is typical in this regard. She recalls asking her husband to accompany her to a test at the last minute, and later discovers that he had to cancel an all-day staff meeting to do it. “But he did not mention it; he just came and sat in the waiting room while [she had] the test.” Alan’s delicacy in accompanying her without discussing his personal inconvenience is something she still remembers with love.
A moment that combines both isolation and connection for Ruth is when she discusses her treatment options with her parents:

I can remember one phone call I had with my parents and I was explaining all of the intricacies of the eggs and the donor, da-da-da. And my mother, who loves me dearly, she sometimes can say just the wrong things… ‘Oh, you do not want donor sperm and then if the kid is rotten you do not know if it is yours.’ I mean, she just would have – everything I said she just says a politically incorrect response. And then Dad got on the phone and he was like, ‘Honey, whatever you decide to do, we will support you.’ It was just like he did not need to understand what I was agonizing. It was just like it was okay, and he just said the right thing.

Ruth highlights other moments of connection as well. Two different colleagues at her workplace offer her comfort. One prays with her after Ruth confides in her, crying, and Ruth remembers that as being “really comforting and very Christian.” After Ruth gets a potentially infectious needle stick during the weekend she is ovulating a nurse reassures her that if God wants her to have a baby He will keep it safe. These moments are important to Ruth because the isolation of infertility is so difficult. They are singular bright spots in an otherwise bleak landscape. For Alan, as for several male participants, themes of isolation and connection become more prominent in the adoption sections of the narrative.

Alan and Ruth both approach baby-making with strong expectations about time and a certain confidence (or, to use Alan’s term, “arrogance”). These expectations are violated. As they begin trying to have a baby in earnest, and especially when they undergo treatment, these overarching violated expectations are intensified by the disappointments of treatment failure. This period is marked by grief and depression, which for Ruth is complicated by isolation – her feeling that others do not understand her loss. The bright spots of this period for her are the moments of connection when people understand or support her. However, for both Alan and Ruth this is a dark period in their lives – as Alan says, “one of the worst experiences I have ever been through.”
Adoption: Focus on process

For the great majority of participants, the tone shifts enormously when they begin talking about adoption. While the infertility period is characterized by strong negative affect and failure, these retrospective discussions of adoption are more upbeat. A great deal of the discussion deals with aspects of the exercise of agency. Participants talk about making the decision to adopt, assessing potential risk, confronting resistance, and doing large amounts of research and paperwork. For some participants, a sense of isolation continues as they become emotionally invested in an often-misunderstood family form. For many, connection continues to be important, although now it often takes the form of connecting with adoptive parents who help them understand adoption.

Ruth and Alan are somewhat unusual in that they belong to a minority of participants (n=10) who experience significant setbacks during the adoption period. Four of the five couples in the group pursue domestic adoption and experience fall-throughs or come close to a fall-through, and one couple has their adoption temporarily halted by a Russian judge. These participants show a much less dramatic change in affect than the others as they discuss their adoption process. For them adoption, like infertility, is rife with disappointment and suffering. Nonetheless, they share with the others a focus on agency, isolation, and connection.

When Alan and Ruth discuss adoption, the tone of their stories shifts from dismal to practical. Neither Ruth nor Alan spends much time describing the decision to adopt, but both spend a lot of energy discussing the decision-making they make around the kind of adoption they want. So Alan shifts from describing the final treatment failure as “devastating,” “one of the lowest points in my life;” and “nothing but pain,” to saying of adoption:

Chapter one was the rules, the acceptable scenario, the perfect story. I’m sure other couples went through this. It is a fairly natural approach. You say, well, we want to have a child that looks like us, so that is a decision about race. It is a decision about physical dimensions. We talked a
lot about what disabilities we would accept and we would not accept…. You can rationalize anything…. We really do not want to take on a special needs child, or even a little heart murmur is okay. Seriously, we could deal with that. Blind, no…. Deaf, no…. Clubfoot, probably not. Mental disorder, definitely no.

Alan is somewhat unique in the way he sets up his adoption section as a parallel to the infertility section, with expectations that are later violated in the course of the narrative, and with the arrogance of someone who thinks he will get the type of baby he wants, the way he wants it. (He and Ruth go from pursuing an open adoption of a healthy white newborn to adopting a Nepalese toddler about whom they have no health information. Their daughter turns out to have a heart murmur, giardia, and neuro-sensory issues.) Even with this parallel, however, Alan goes from “utter defeat” to feeling in control of his own destiny again. In his case, this turns out to be illusory, as he and his wife suffer multiple disappointments in their search for a baby. In contrast to infertility treatment, however, in which his defeat is final, he and Ruth are able to make new decisions and adjust their expectations in order to achieve parenthood. Like other participants, the more positive affect evinced in this section is due to an increased sense of agency.

Adoption in the United States follows a very different business model from infertility. Infertility treatment follows a medical model, in which a doctor makes recommendations and patients follow or reject them. Patients may change clinics and seek second opinions, but they are not usually shopping among radically different treatment options. As Alan’s quote about seeking the “perfect story” shows, adoption is quite different. There are a wide range of choices in how one wants to adopt. While everyone has to complete legalities of a home study and paperwork to make a child legally theirs, parents can choose between domestic and foreign (and within foreign, what country they want), and open and closed adoption. They can specify what races and disabilities they are willing to accept. They can choose to manage most of the process themselves, using only a lawyer or facilitator, or seek an agency that will manage the process for them. Some of the increased agency seen in these stories occurs simply because
participants are back in a consumer marketplace, making decisions about what they want and how to obtain it.

Like others, Alan and Ruth research adoption in a variety of ways. Research is vital to assess risk and facilitate decision-making: Ruth recalls learning that fetal drug exposure is less dangerous than fetal alcohol exposure. Alan remembers moments of *connection* as helping them make the adoption decision:

The more we got involved in this and the more we traversed this territory ourselves, both the IVF and then moving as we thought toward adoption, we learned that the more you talked to people, the more stories we heard not only of successful IVF but successful adoptions and the more we became open and ready to receive these stories, because everyone had stories. But when we started to look around everybody had a positive adoption story.

Talking to others helps Alan overcome resistance he and Ruth are getting, particularly from Ruth’s mother, about adoption. But this passage also shows a kind of agency very typical in the adoption sections. He and Ruth are actively seeking out people to talk to, finding people who can help them. They have undergone an internal change in order to do this, becoming “open and ready to receive these stories.” Alan’s story is, as we shall see, very focused on transformation. Here he hints that a transformation has to occur simply to begin thinking about adoption.

For both Alan and Ruth, the most consuming aspect of the adoption decision is specifying which races and disabilities they are willing to take on. (For some participants, it is the decision itself—whether or not to adopt—that is the biggest hurdle.) Also in common with many participants, grappling with race is one of the major themes of the adoption section. For both of them, but particularly Ruth, it is around race, rather than adoption *per se* where she encounters the most internal resistance. As she says, part of her feels: “Just give me all those babies. Okay, fine, whatever, I will take them all, give me those African babies.” But immediately after she recalls growing up in a town where
there was “a lot of racial tension…. A lot of black-white stuff in the town I grew up in.” The internal resistance around adopting a black child (and the anticipated external resistance, as she is not sure her family would be welcoming) is too much, and Ruth cannot overcome it.

Ruth finds the need to make decisions around race emotionally trying, a sentiment echoed by many participants:

We had discussions about how do we feel about different races and that was a really difficult process because when you have a baby you take what you get and you might not like it or you might, or maybe you have a really – a child with challenges but you do not select them or unselect things. I think I’m a good Christian woman and then they [the agency] would call and say, ‘Well, we have a Vietnamese male and a Caucasian female, but she is bipolar, but she is controlled on medications. Can we show them your book?’ So you are always making these judgments, and it was really kind of uncomfortable.

Ruth experiences the need to make these decisions as an identity threat. She thinks of herself as a “good Christian woman.” A devout Catholic, she had refused to destroy embryos while undergoing infertility treatment. Selecting and unselecting on the basis of race and disability goes against deeply held principles for her.

Both Alan and Ruth say that adoption was a process that made them confront their prejudices. For Ruth, however, this decision is more emotionally fraught than for Alan. Because they make an unusual decision for the time – 1997 – of initially seeking to adopt through a web site that they manage themselves, Ruth is on the front lines dealing with potential birth mothers. One of the most painful experiences she has involves a call from a single mother in Trinidad who knows that another baby will completely derail her plans to complete her education. Ruth describes having a wonderful conversation with the woman, who was “really lovely… and really funny.”
And then she told me that she was black, and I said, “Well, I would have to talk to my husband. And we had talked about that and we decided not to do that and that was really hard to sort of face your own prejudices. And I have come to this place where I have decided that it would not be – the kind thing would not be to take on a child that you were not comfortable with because you want to be this liberal, politically correct Christian person, either. You’ve got to figure out what works for you…. But that was really painful. I remember calling her back and telling her that we would not do that…. [Sobs] That was a really hard thing to say, like you offered me your baby but I’m sorry, it is not the right color…. [Sobs] She was very sweet about it. So anyway, you start facing your own prejudices.

Ruth’s narrative is fraught with pain, but the only time she cries is when she is discussing race. She grew up in a part of the country rife with racial tension, and fears that her family might not support her if she adopts a black child. Yet her inability to go through with such an adoption seems to torture her and go against her self-image.

After this, Ruth emotionally supports a pregnant white college student via email for several months, only to discover that the girl’s mother will not allow her to place the child for adoption. Alan and Ruth finally decide to use an adoption agency. They “languish” on the agency’s books for 18 months, but are then connected to a white woman who has just given birth. They rush to the hospital, meet the woman, hold the baby. It is everything they dreamed of. The social worker tells them to make preparations; the baby will be released from the hospital in two days. Alan says:

I take the next day off, we went to Babies R Us, bought $1,000 worth of toys and little baby booties… five cartloads…. We loaded up the car, came home that night, washed all the clothes. We were up until 3:00 in the morning, washing all the little clothes, putting all the little clothes together. Next morning, we are literally packed and ready to go pick up the baby. And they
called and said she had decided to withdraw. That was quite a loss…. That was brutal, that was brutal.

This loss is commensurate to the IVF failures: Alan estimates it takes them a year to recover emotionally.

Nine months after the fall-through (while they are still in Alan’s mourning period), their agency calls and says that two girls are available from an orphanage in Nepal. Despite the fact that Alan and Ruth have never shown an interest in international adoption, much less Nepal, the agency wanted to make the opportunity available to them. As is typical of adoption stories, after years of fruitless waiting Alan and Ruth must make a decision in less than 24 hours. Both use similar language to describe the decision.

Alan: “This was the opposite of everything we had talked about for three years… all along, we had the perfect little baby in mind that looked like us and was healthy. So this was about as opposite as you could think of…. Not only did we say, ‘Well, maybe this is what God intended. This is the right child for us. Well then, which one?’ [referring to which of the two available girls]

Ruth: So then we went home and we were like, well, this is not what we thought and so we talked and talked and talked and we decided, Maybe this is what God has in mind, then. Maybe I had to agonize over this little black baby in order to open up my heart to a little brown baby, you know what I mean?

Alan and Ruth both discuss their decision to adopt a girl who was “the opposite of everything we had talked about” in terms of destiny. In retrospect, they imagine that God intended them to adopt their daughter. This metaphor puts a powerful spin on both their suffering and their change of heart about the type of child they will adopt. The suffering suddenly has meaning. As Ruth says, “Maybe I had to agonize over this little black baby in order to open my heart to a little brown baby.” Her suffering causes a personal transformation that allows her to adopt the child who is meant for her.
Once Alan and Ruth make the decision to adopt their daughter, their narratives become more similar to the majority of the narratives in the study. They become very focused on the process of adoption, on what needs to be done to get this child “home” (in popular adoption language, a child is “home” once they are united with their adoptive parents). They are scheduled to take a trip to Hong Kong two days after they receive the call about their daughter, and as Alan says:

Then we need to get this paperwork in before we left. So we madly ran around and did all the paperwork that you have to do for an international adoption in two days. So where do you find the documents? We had to get it all notarized. We had to take pictures of our car, our house, all the stuff that is required by Nepal’s law, enormous paperwork.

They were told by the agency that it would take three to six months for them to be able to get their daughter, and as Alan says, “that means three months for me.” However, he continues, “the process took freaking forever.” The waiting is extremely frustrating, and they do everything they can to expedite the process. As Ruth says:

[I]t is like no surprise to me that terrorists live in our country and take flying lessons because if you have ever tried to talk to someone at the INS -- I mean, our agency was telling us that they had a baby in Korea, that it was a military family who wanted to adopt this child and the child, every time he ate he would turn blue because he could not really breathe and eat at the same time, needed a heart operation.

But the INS, like, it was sort of in order. They receive a request and then process them. And you call and you say, “Well, did you get that? I faxed it to you.” “Ma’am, the fax machine is on the third floor.” “Can I buy you a fax machine? They are like $55. You know how long I have been waiting for this kid?” And, of course, we were in the greater Washington area so you just call your Senator and your Congressman because you can, what the heck, they are right there, the fax! So I do not know if that moved anything along.
Then it turned out that this particular facility that she was in, the children being escorted over, their paperwork was magically moving along faster. And…. we decided that if that was what made the paperwork move faster, we would pay for someone to bring our baby over.

Ruth and Alan wait much longer for a child than most of the sample. But this passage illustrates something interesting about memories of waiting: because very little happens when one is waiting, in retelling moments of action compete with and are often shaper than moments of waiting, simply because there is more to remember and describe. Even Ruth’s description of waiting focuses on moments of action – calling the INS, calling her congressman, making a decision about how to expedite the process. And even though she experiences waiting as extremely frustrating, her memory highlights doing what she can do to change her situation.

When asked the high point of the adoption period, Ruth emphasizes the ability to take action:

I guess probably making a decision on that individual baby, knowing that this is our baby… having a picture and knowing that this is the one and it is kind of -- I tend to in general collect future volumes of information and then struggle with the actual decision-making. I’m a good doctor. I’m good one-on-one. These are my patients. I take care of them for eight hours. I do what I need to do. If you give me, like, how do you solve the healthcare problem in America, I would just be floundering and overwhelmed. So knowing that there are all these countries, there are always different options, it was better to know, “This is my baby girl. What do I need to do to get her over here?”

Ruth’s sense of relief comes later than it does for many participants, who often express a similar sense of relief at making the decision to stop treatment and adopt. What she has in common with others in the sample is the sense that this decision takes her out of a period of waiting without control, and into a period where she can act to positively affect her future.
Finally, like other participants, Ruth and Alan express overwhelming joy as they describe the experience of parenting their daughter. “The best thing I have ever done in my life was adopt Lucy. There is no question at all, absolutely the best thing that has ever happened to me,” Alan says. When Ruth is asked how the high point of their decision to adopt Lucy fits in with other high points in her life, she replies:

I think the happiest moments come after you have the child… [T]hey just challenge you in such a way that when you rise to the occasion and you are able to affect a positive change in their life or whatever -- I mean, that other stuff is great. I enjoyed my work. I loved my hospice work. It was fun to travel. We had some great trips, but it is not the same as seeing Lucy overcome her fear being in the swimming pool and knowing that, okay, we passed that hurdle.

Alan and Ruth describe a journey in which they first wanted and pursued a biological child and failed. They then pursue what they think of as the “perfect” adoption – a healthy white newborn, born to a mother they would know and communicate with. They end up with the “opposite” of all this – a Nepalese toddler, born thousands of miles away to parents they will never know, with a heart murmur and neurosensory issues. And it is the best thing that has ever happened to them. The most interesting part of their story, to me, is not the actual steps they took to make that happen, but the way they describe the mental and emotional transformation that took place that enabled them to experience the joy of the event.

**Interpretation: Fate, transformation and purpose**

Narrative theorists are very interested in both why and how we link, make connections between, and interpret events. Why not simply rely on veridical, matter-of-fact tales of the events in our lives? This will be discussed more in Chapter 5, but two ideas are so key that they must be mentioned here. First of all, we use interpretation to make sense of the bad things that happen to us in life (E. Bruner, 1986; McAdams, 2008; Pals, 2006a). Second, we use interpretation to weave the many aspects of ourselves into a unified, cohesive sense of self (Habermas & Bluck, 2000; McAdams, 2008). Alan and
Ruth must interpret their experiences to make sense of their own suffering, and also to incorporate the joy they feel as parents with the knowledge that their child is the “opposite” of what they wanted and pursued for so long.

We have already seen a hint of one way Ruth and Alan make sense of their family building experiences, which is a reliance on the concept of fate. Both described the process of deciding to adopt their daughter as involving the speculation that she could be what God had intended for them all along. Ruth’s belief in fate is closely tied with her religious faith and trust in God. Once they decided on adoption, she says, “my prayer would be that God would bring us the child or children that we were meant to parent.” Recalling the painful fall-through, she says she was comforted by hearing the following:

[O]ne guy who spoke talked about living in faith or living in hope; and if you live in hope and every time it does not happen you are in despair - hope and despair, hope and despair. Whereas when you live in faith, it does not mean you are not sad that a particular event does not turn out but you have this sort of perspective that when it is God’s time and when it is meant to be that this will happen for you. So I struggled to maintain that. I do not always get there but that would kind of be an outlet that I would try.

Not only is Ruth’s belief in fate tied to her belief in God, it has a submissive quality to it. Ruth struggles to remember that God’s perspective is much different from her human perspective, and believes she must have faith that eventually what God wants for her will be revealed. Alan, in contrast, emphasizes the way he must work and change in order to uncover his own fate. The belief that certain things are preordained (like the relationship between parent and a particular child) coexists with the belief that individuals must act to achieve the “right” fated outcome. The conviction that one must act to bring about a desired fate is held by many of these parents. After recalling the pain of the fall-through, and the speculation that perhaps God meant for them to adopt their daughter from Nepal, Alan says:
In retrospect, we have come to believe, and I do believe that we had to go through all of that in order to get to a place where we could accept the idea of adopting Lucy. As mystical as it sounds, and I’m not overly a mystical kind of guy, but had we not gone through all those highs and lows and all those bitter experiences, had you said to us, “We want you to adopt this little girl from an orphanage in Nepal and you will never know anything about her parents or background or health,” there was no way in hell we would have done that. We had never had a conversation that said, “Gee, if somebody presented you this baby that was totally contrary to everything that you wanted, what would you do?” Not! We would not do that, in fact.

And so for some reason, we think that we had to go through all of this to get to a place that allowed us the freedom and the openness in our own lives to say “yes” to the child that was there for us. That may be complete rationalization; that may be the way we now write our own history, but I would have believed the story, and this is my own journey because there was no way that I would have been open to that kind of a concept or ready to accept it. Ultimately it was all for good.

For Alan, the belief in an ordered universe gives meaning to his suffering – he “had to go through all of that” in order to adopt the child he was meant to have. But it gives meaning to his suffering because his suffering transforms him – he learns to accept, to become free and open enough to “say yes to the child that was there for [him].” Alan cooperates with his own fate. He is meant to adopt Lucy, but in order to do so he must grow and change. A large number of the participants in this study share Alan’s view of fate. Rather than submit to it, as Ruth does, they actively work with it. By growing, gaining insight, becoming stronger, they enable themselves to experience the outcome they are meant to have.

Personal growth is a way of fulfilling one’s fate, but it is also held up as a positive outcome of the pain of the infertility process and the decision-making of the adoption process. Often this personal growth has as its outcome a closer connection to others: the adopted child, a spouse, or even
whole communities of people. Ruth feels that she and Alan “grew together” through the experience of infertility. A support group they attended helped her not just to understand Alan better, but men in general:

I need to verbally process my thoughts. So I looked for an infertility support group…. Now Alan does not need to verbally process, but he went with me and it was a very interesting experience because there were six couples and they just helped me to understand how differently men and women look at things. It is not just that he was being a jerk or that he did not want to examine his feelings; he was a guy and they are wired differently.

I mean, there was another guy there who talked about -- his was like the card theory; it is like you are handed so many cards and you do not know if this one does not work, so you trade up for a different card. And that is how guys think. They are very problem-solution oriented and women are like -- there is one woman in the group who had an abortion as a young girl and she had all this sort of like I do not know that it was guilt; all these feelings about -- women just start having all these feelings that they are always processing. And men are just like “Okay, so this is not going to happen this way, we can do this, do this, do this and do this.” So it is probably a good balance but it was really interesting to hear.

Ruth reflects that the difference between men and women is “probably a good balance.” At other points in the narrative she expresses gratitude that Alan is able to make certain decisions that she herself would agonize over. For Ruth, gaining insight into the way men think helps her appreciate her husband more.

Alan also feels that infertility caused him and Ruth to grow together:

There are some residual effects, positive effects of the infertility experience. My wife and I got very much closer together. It gave a much stronger bond. It is a life-changing experience from that standpoint. Whenever we have an argument, I can put that in context and say, “We went through that together. We got battlefield experience,” that kind of a thing. We have gone
through a lot. A lot of marriages have fallen apart on less stress than we experienced from that process.

Alan is proud of the way his wife and he weathered the storm of infertility. That their marriage was strengthened and not weakened gives him a sense of accomplishment. He also describes infertility as life-changing in a very positive sense of having made the bond between him and Ruth so much stronger.

Both Alan and Ruth feel that the growth they experienced during the infertility period brought them closer together.

Ruth feels a major lesson she took from the low points of the adoption process was to not let her difficulties define her, but instead to realize that while there may be disappointment and difficulty in one area of one’s life there can be happiness in other areas. When asked what the message of her story is, she replies:

Hopefully my values are the same, but I think you broaden as you age. It may be softened a little, become a little less judgmental, hopefully a little kinder to yourself. Values, again, I tried to live in faith and to understand what my purpose is and what God’s will for my life… So to me, again, I tend to look to my faith to say there must be reasons for these things in my life and what can I learn and how can I integrate that and move on, rather than always point to -- "Oh, this is an awful time," and I’m just a victim and a sad woman and I have these scars on my life.

She has opened up our lives in a lot of different ways. We did not even know Nepal had international adoption. Who the hell knew that? They just called me one day and said “I have got a video of this little -- well, you see this little baby?” “Of course, give me that one. I will take her.” I mean, it is interesting how one child impacts a whole family system. I mean, my mother is like watching specials on Nepal….
So hopefully my core values would stay the same and I have learned, I guess, how to best adapt and how to trust that there is larger plan. Rather than viewing herself as a victim, Ruth seeks to integrate the lessons of the bad times and move on, a strong message of personal growth. She feels her daughter has opened up the lives of many in her family, pointing to the connection the child’s grandmother now feels to the country of Nepal.

In general, Alan and Ruth both feel they grow in the adoption process primarily through the difficult decision-making they must do around race. As noted earlier, Ruth speculates that perhaps agonizing over adopting a black child was what enabled her to later adopt a brown one. She also mentions that her daughter has “opened” their lives. It is Alan, however, who really expounds on the way adoption decision-making made him grow. Adoption was a “transformative experience,” partly because in the nine years of trying to have a child they had different jobs and different experiences, but also because they grew from the pain of IVF and the decision to adopt interracially. That decision required “a change in our own mental status, in our own world view.” He discusses an African American colleague who came to talk to him about how he would deal with racism when she discovered he was adopting a brown-skinned child. “That kind of conversation,” he says, “really makes you examine not only your own life, but what you are willing to do and what you are willing to put up with.”

Alan feels broadened by his experiences:

Who knows, maybe my attitudes about acceptance and openness and race and that sort of thing might not have progressed to where they are, not that they are perfect or whatever, but I have actually talked about my adoption story in the context of the idea of being open and ready for new things.

I believe that my adoption journey prepared me to see things in a different way, to be open to different possibilities, to consider different things and I can only say that because I was closed to it for so long. But somewhere in that whole journey, I learned, I became open, or I was
beaten into submission, or whatever it was, somewhere in that journey, on a subconscious level I started to say, “Well, maybe your concept of yourself is not necessarily tied into the concept of a child that looks just like you.” Maybe your concept of yourself is broader than that, different from that. You need to unlearn 35 years of learning or 40 years of learning. So I do not know if I’m better but I’m certainly different.

Alan feels profoundly changed by this process: more open, more accepting, but most importantly, someone whose self-concept is freed from a mistaken preconception. He has learned a certain kind of flexibility that he formerly lacked, another commonly cited benefit of the adoption process.

Alan and Ruth both offer redemptive narratives – those in which bad life events are presented as turning into good ones, or leading to good ones (McAdams, 2006). They both describe a process of personal growth that was integral to positively transforming the suffering of infertility into the joy of adoption. This growth leads to a stronger connection to each other, and for Alan, in particular, it is what enables him to accept the child he believes he was fated to adopt. Alan and Ruth differ, however, in their ability to present a fully redemptive narrative of race. In this they are typical of the sample as a whole. The theme of race was unusual in these narratives because so many people continued to struggle with the impact race-based decision-making had on their lives. This included participants who had adopted children of a different race, but also participants who had adopted same-race children. Alan, as we have seen, has few doubts about the decision he made to adopt a non-white child or about his ability to parent that child and deal with racial issues. While he notes that he is still not “perfect” in his attitudes about race, he feels profoundly transformed and “open” to cope with the issues that arise. He notes that his daughter’s racial experience is profoundly different from his own, saying that he does not think it is an accident that her best friend is a dark-skinned child adopted from Cambodia, and recounting a story in which his daughter happily noticed that the skin of an African-American girl at a swimming pool (until that moment occupied entirely by whites) was even darker than her own. He expresses no fear or doubt...
about his ability to handle these issues as they come up, however, nor does he feel any generalized
trepidation about race.

Ruth, however, is different. She has made her peace with the fact that she adopted a
nonwhite child: she believes that her earlier agonizing over a black child led to personal growth that
opened her to adopting a brown child. She also believes God meant for this child to be hers. However,
she is still unsettled as she considers the racial issues that adoption has caused her to confront in a
profoundly personal way. In a narrative filled with suffering and disappointment, the only time Ruth
cries is when she recounts having to tell the woman from Trinidad that she will not adopt a black child. It
seems that this is so painful because it continues to negatively impact her view of herself. She has come
to the conclusion that “the kind thing would not be to take on a child that you were not comfortable with
just because you were this liberal, politically correct Christian.” Nonetheless, a cherished identity (liberal
Christian) has been impaired by the decision to avoid black children, and it continues to pain Ruth. Had
she been able to have children biologically, she might have been able to hold onto the self image of
someone who had very liberal views about race. But adoption has forced her to confront the issue in a
very personal way. She may feel comfortable with the fact that she adopted a brown-skinned child from
Nepal, but she remains unsettled about black-white relations in the U.S. and what her own decisions have
told her about herself. In this she is not unusual. As we shall see, a large minority of participants have a
difficult time integrating their decisions about race coherently into their narrative, far more than any other
theme that comes up.

The stories of Ruth and Alan begin with profoundly dashed expectations, suffering, and
(for Ruth) a sense of isolation. They experience more pain as they unsuccessfully pursue their dream
adoption, but when they make the decision to adopt from Nepal their tone switches from emotion-laden to
process-oriented. They express great joy that they have adopted their daughter. They connect the
suffering and joy primarily through two mechanisms: a belief in fate and an assertion that they have
undergone tremendous personal growth, which both lent meaning to their suffering and enabled them to move to adoption. Ruth, however, feels ongoing unease about the racial issues that adoption has forced her to confront.
Chapter 4

Working their way from suffering to joy: Participants’ recollections of the infertility and adoption process

This chapter focuses on what people recall experiencing during the infertility and adoption periods. Most of what is reported here is told in the “chapter” sections of the narratives, in which participants were encouraged to report what they were thinking, feeling, and doing during key scenes in this period of their lives. While these stories probably roughly describe what was “really” happening at the time, our assumption in reading them is that these memories are selective. People remember not only what was most important in the past, but what is important in maintaining current identity, especially current and future goals (McAdams, 2008). As people tell stories, they arrive at causal explanations for who they are (Habermas & Bluck, 2000). Thus, these recollections of what happened are presumed to be somewhat selective, based on a person’s current goals and notion of self. That selectivity also provides the building blocks for the interpretations described in Chapters 5 and 6.

Events as they were experienced: infertility period

When people recall the period of their lives marked by infertility, four broad themes emerge. As we saw with Alan and Ruth, participants recall two types of violated expectations. There are very broad expectations of life, which have to do with the expectations that having children will be easy and occur within a certain time frame, as well as the expectation that desired outcomes are easily achieved. Then there are the very discrete hopes and expectations that occur with each pregnancy or treatment cycle, expectations which are always dashed for this sample. The emotionally intense cycle of hope and disappointment leads to extreme suffering for the vast majority of the sample. The suffering is compounded by the isolation participants feel from spouses, friends, and the community at large.
Moments of happiness tend to center around connection, those rare times when a participant feels particularly understood and in sync with spouse, family or friends.

*Violated expectations*

Participants often frame their narratives by contrasting their inability to have children through the lens of what they are expected to be doing at their age or stage of life \((n=23; 61\%\) of the sample). In other words, they describe the sociological experience of being off-time – of going through a particular life stage at a different age (in this case, a later age) than expected by social norms. About a quarter of the sample does this by beginning their story with an expectation of an orderly progression of events, of which having children is part, and then launching into a narrative in which this orderly progression is extremely disrupted. Sheila says that after getting married she and William “wanted some time to ourselves, and then several years into it, we tried to get pregnant.” Dahlia says: “We had been married about two years. I am a calendar planner and just expected it. This was a good time. We had traveled and gone to some really neat places so this would probably be a good time to start having a child.”

Many people begin with an assumption that childbirth can be planned in the same way that other aspects of life are carefully planned. Georgia employs some foreshadowing in noting that she and her husband were older when they got married, but notes, “So we got married and we kind of said, ‘We will give it a year and then we will start.’ It seemed to be a reasonable kind of timing.” Georgia’s use of the word “reasonable” is telling. Participants begin their family-building journey expecting the universe to be orderly, manageable, reasonable, and discover that it is anything but that.

Peter begins to touch on how painful this discovery can be:

We built this house in 1999. It would have been two-and-a-half years after we got married. After moving in -- we built the house with the theory of children. That is why we built the house. We designed the house. We built the house ourselves…. Big yard, kids can play, you know,
openness, space, bedrooms, the whole shot. It was catered towards having kids. And after moving into the house maybe a year, a year-and-a-half later, we came to the decision. Okay, at this point in our life, maybe we should stop trying not to have kids…. And that is all well and good. We just figured, you know, when the time is, the time is, and we will be blessed with children when it happens. And nothing, nothing, nothing, nothing, nothing.

One can imagine the young couple carefully planning their house, imagining their future, and then “nothing, nothing, nothing.”

David is even more blunt about his dashed expectations, saying that he had heard so much about people getting pregnant when they didn’t want to that he assumed it would happen right away:

So it was safe for me to assume that it [pregnancy] is going to happen instantly and it did not; and I think that was a big letdown for me and Dolores…. I do not know, we thought we will stop focusing so much and let's -- you know, quickening our hopes up that naturally, that I'm sure everybody gets their hopes up every month. I think it was after the third month that she did get pregnant and then naturally we would think: Well, of course, now she is pregnant and in nine months we are going to have a baby, because that is just what happens. I have never even thought of miscarriage, never even entered my mind, and that is what has happened.

Women, more than men, describe being off-time by talking about friends having children while they cannot. Dahlia, in the midst of saying that she and her husband had traveled to lots of “neat” places and felt that they were ready to have children, says wistfully: “All of my girlfriends were already starting to have kids, and we were the couple at parties that didn’t have kids.” Trudy discusses how emotional she became while taking fertility drugs, and notes “You are kind of just in that limbo mode and then I think you are also in that mode where my friends are having children.” These passages also
suggest the isolation that comes with feeling off-time: Dahlia and her husband are the “only” people who don’t have kids, while Trudy is in “limbo” watching the rest of the world move on.

Older participants describe a sense of urgency around their chronological age in both the infertility and adoption sections of the narratives. While suffering multiple miscarriages, Eleanor feels increasing urgency over her desire to be a mother. Her husband is unwilling to begin adoption proceedings and wants to continue trying to have children biologically. They attend a wedding and every mom at the table started pulling up pictures of their kids and passing them around the table. And I was just sitting there with tears welling up in my eyes, just feeling like – and so, really, honestly, angry at him at that point because I felt like this is wrong. I knew it was my time to become a parent. It is the strangest thing. I just knew it was my time to become a parent and I was not willing to wait. I just felt it so strongly. We were in the car on the way home and I remember looking at him and this felt really harsh because this is really how I felt. I said, “I’m going to tell you something. I’m going to start adoption proceedings and I’m either going to do it with you or without you because I am going to adopt a child, and I’m ready.” He just looked at me in shock.

Mark, who adopts with his second wife, says that they got married when he was 45, “so probably I was… 47 or 48 when we got serious about thinking about adoption. So I felt a little sense of urgency there.” Margaret describes her devastation when she discovers that her adoption agency discourages parents who have a combined age above a certain number from adopting domestically: They said, ‘We tell our older parents to go international because most of our girls are younger and you will be the age of their grandparents. And we find that the girls do not want to place their children with you,’ and I was like, right in the gut. I can remember exactly, ‘We tell our older parents.’ I was so devastated. I was like, what? We did not know anything about this combined age bullshit. We had never heard of that and I can even remember getting the phone call. I was
sitting at my desk at work and I’m just like, I was stunned. I just was stunned. I did not know what to do.

The relationship of chronological age and time to expectations is complicated, then. Participants experience pain because of social expectations – thinking birth can be easily planned, feeling out of sync with peers – but also because age has serious ramifications. Maternal age impacts fertility and age also impacts the adoption process. The unhappiness participants feel over being off-time is not only a result of reality not matching expectations. There are very real biological and social constraints around parental, particularly maternal, age.

Often participants experience dashed expectations because this is the first time in their lives that they have really wanted something and been unable to achieve it. Prior to experiencing infertility, Chris says he was “probably slightly arrogant and slightly cocky because I would always assume that if I wanted to do something or I wanted something to happen, it would just happen. I would just go to this. What is going to stop me? There were no hardships in my life.” The pain of repeated miscarriages over a ten-year period is so great it causes Chris to withdraw from the world, becoming “not a pleasant person,” “rude,” and “abrupt.”

Sandra describes her approach to infertility treatment as follows: “I’m a very focused person, so when I have a goal it is very, you know, obvious, whatever it takes. Boom! Boom! Boom! Let’s go.” It is crushing when this approach, which has always served her well in the past, does not work:

[T]he emotional toll was just horrible. It was exactly a low point in my life, I think. For most of my life, when I want something, I make it happen one way or the other; whether it is going to school, or doing what I need to do, taking the steps to make the outcome what I want it to be, and this was the one thing that I could not force. I could not make it happen, no matter what I did and I was faithful with taking the drugs like they said, and there was not one corner that I cut because this was so important to me. And it just did not work out.
For the first time, Sandra cannot control the outcome of her life. Formerly successful strategies of faithfulness and diligence no longer get her what she wants, and the emotional toll is “horrible.”

Of course, dashed expectations are played out in monthly disappointments when pregnancies are not achieved or achieved and lost. Several women describe the intense focus on their menstrual cycle and despair over a period. After experiencing one miscarriage, every period is a loss to Dolores:

So then we started trying again, I think probably February and at that point is when my infertility mindset starts really early just because we lost the baby; every month you are not getting pregnant is like another loss. So every month we would be trying and calculating and ovulation and all those kind of things. Every time it did not happen it was just so devastating.

Jim describes the pain of treatment failure using different language:

It stunk, the whole thing stunk. Besides the fact that we were fraught with failure almost every month, well, you had breaks in between. So, let’s say every other month or every third month, you failed. So for two to three years, you did nothing but fail in a goal that you were trying to really set very high in your life. So, it stunk.

The dashed expectations and disappointments participants experience during infertility are, for most of them, among the most profound of their lives, and intimately tied up with the suffering most remember as the dominant emotion of the period.

Suffering

For these participants, infertility is a major negative life event. 17 participants say that the infertility period was the worst time in their lives, with two noting that in addition to infertility they were coping with the death of parents. Ten describe the period as very bad, but not as bad as certain other life events. (See Table 4.) Notably, nearly half the sample says at the time infertility was the worst experience of their lives, with six saying that since that time they have lost a parent or grandparent, and
that only that was equivalent or worse. Overall, for those who lived through something worse than infertility, the most common answer was the death of a parent or grandparent (n=13).

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<thead>
<tr>
<th>Table 4. Rankings of suffering caused by infertility</th>
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<tr>
<td>Ranking of infertility as a negative life event</td>
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<tr>
<td>Infertility was the worst thing that ever happened to them at the time: (even the six who lost a parent stress infertility as one of the worst events of their lives)</td>
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<tr>
<td>Infertility is very bad, but other events were worse:</td>
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<tr>
<td>Stressed marriage or divorce:</td>
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<tr>
<td>Death of parent, grandparent, and/or dog:</td>
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<td>Parents’ divorce:</td>
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<td>Abusive parents:</td>
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<tr>
<td>Infertility not bad or not nearly as bad as other events:</td>
</tr>
<tr>
<td>Not as bad as parental disability:</td>
</tr>
<tr>
<td>Not as bad as parents’ divorce or dog’s death:</td>
</tr>
<tr>
<td>Basic optimism kept them from feeling too low:</td>
</tr>
<tr>
<td>Not bad because of lack of stigma:</td>
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</tbody>
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* numbers do not add up because some participants do not answer the question and others give multiple alternate events

34% of the sample uses a version of the word “devastated” to describe some aspect of the infertility experience. “It was devastating... It was like the whole world stopped.” “… extreme, crushing devastation.” “probably the most emotionally devastating thing I have been through.” “[Reading about adoption] made me cry happy tears instead of those devastated tears.” “I was just devastated, just absolutely devastated because that was when we found out that we did not have an option to do anything else.”
Just as many participants compare the pain of infertility to the death of a parent, Dolores describes her miscarriages in terms of intense grief and mourning:

[Q]uef is like this process and this journey, it is like you get better and then you get worse and then you get better than you were before but you get worse, it keeps going back and forth…. I guess that first Mother’s Day was very hard because I really did not want to go to church because there is this fear that someone is going to acknowledge me, and it is going to break my heart or there is this fear that nobody will acknowledge me, and it will break my heart….

I had a lot of nightmares during that time which were -- I could still describe them so vividly. Nightmares like that all my babies were always going to die. I would be pushing empty strollers and it was just a very, very rough nightmare. And so I had all these different breakdowns from time to time but like I said you get better and then you get worse so there were many of those times….

I guess the worst day is the first day you hear there is no heartbeat. Those words are just so -- that day I can tell you exactly what I wore and what we did. It was a bad, bad day…. What was so interesting to me is that, the day we came home and they said there was no heartbeat we were just broken to pieces and crying so hard, my body physically wanted to suck my thumb. I’m a 25-year-old at that time [and] here my body is thinking this is the only thing that is going to help. I just thought that was very interesting that I actually felt that urge to suck my thumb. In fact, I think it is very sad, but I think it kind of explains that that was such a horrible day.

Dolores connects her grief to a sense of isolation, fearing that others will not acknowledge that she is a mother who has lost a child. Her pain is so great she remembers every detail of the day she was told there was no heartbeat, including the regressive urge to suck her thumb. Her husband echoes her pain, saying he was “crushed” and “blindsided” by the miscarriage. Two men say
that their own innate optimism kept them from feeling the pain of infertility too much, but note that their wives suffered immensely. All other participants describe suffering as a result of the inability to conceive.

Isolation

Participants feel isolated from others as they go through infertility treatment and often during the adoption process as well. Thirty-five participants touch on the theme of isolation in one way or another in either the infertility or adoption sections of the narratives. They describe the infertility process as impersonal \((n=8)\), experience insensitive remarks about pregnancy or adoption \((n=15)\), have moments when they and their spouse are experiencing things quite differently \((n=11)\), and simply describe themselves as being alone or cut off from the world in one way or another \((n=23)\). Moments of overt spousal disagreement, described by twelve participants, are sometimes described in language that implies the disagreement is isolating, as when a lack of coming together is emphasized, and sometimes described as heated but connected, as when a couple is involved in intense debate over the morality of IVF. Some participants mention a sense of isolation in passing, while for others the deep sense of isolation they feel, particularly when infertility or adoption negatively impacts their marriage, becomes one of the major themes of the narrative. Grief over infertility is often compounded by feeling cut off from a spouse or the rest of the world.

Infertility treatment is described as impersonal and alienating. Gordon describes his infertility clinic as “McDonalds, it was like people drove through, and later says that his feeling that it was a “puppy mill” was one thing that drove him to adoption. His wife recounts feeling like a number. Trudy describes her clinic as a “factory” and recounts a scene in which she is in stirrups on the table being examined by her primary doctor, and he asks who her primary doctor is.

Trudy and Dahlia find the insensitivity of friends particularly painful during this period. Trudy ends a friendship because the friend, who knows of Trudy’s situation, cannot stop talking about her
own pregnancy. Dahlia names two low points during the infertility period: her miscarriage and others telling her it was “not meant to be,” and that she was thinking about it (pregnancy) too much. That was the “cruelest” thing they could say. “It’s so mean to say that,” she complains. “Have you gone through this? How can you not think about it?” She experiences infertility as consuming, while her friends and family believe it is something that can be mentally turned on or off.

Many people feel that their infertility or adoption experiences cut them off in some way from others. Most painful is when those experiences cut them off from a spouse. Laura and Chris experience immense isolation from each other during years of repeated miscarriage. When asked about the high points of her infertility experience, Laura answers like this:

There was mostly low points, mostly low points until the adoption, which probably is typical. But I think the high points were when I think I was able to tell Chris that I was pregnant and then he was there for me and we were a couple again. It was exciting for the few weeks that it lasted and so -- until I figured out that this was not going to work for us.

So he was just so proud and happy and he was just running around buying things for me and he would not let me do anything for myself and it was really cute. So that, I think, was a high point for me, but then, of course, the low points were really after things did not work out. And just repeatedly I had to tell him that things did not work out. It was just very hard and I think we sort of retreated to our own places after that. We could not really depend on each other even in those tough times. We had to kind of just be alone for a while and just process all this horrible grief.

When she is pregnant her husband is there for her and they are “a couple again.” But each time she miscarries they retreat, alone, unable to depend on each other. Her feeling of isolation from him is the low point of the infertility process, and their different approach to adoption is difficult as well. Chris was more wedded to the idea of a biological child than she was and less willing to stop treatment.
When he finally agrees to adoption, “that was a huge thing because one of the things that I dreaded was that we would be together but we would be child-free because if I could not talk him into adoption, then I would be very lonely because I had always dreamed of having kids.” Here we get a sense of how complete Laura’s sense of isolation is. She and her husband cannot support each other in their grief. When she imagines the future, she imagines loneliness if she cannot have children. She toys with the idea of leaving him if he will not adopt, but “cannot imagine having to start over with someone else.” Not only is she alone in her experience of infertility, she is alone in both futures she imagines – that of being childless with her beloved husband, and that of leaving him to be able to adopt.

While Laura emphasizes the isolation she feels from her husband, he emphasizes his own isolation from the world. “I can report without fear of contradiction,” he says, “that I was not a pleasant person during those times. It had a very negative effect on my personality… I was just angry all the time.” He found other people “clueless about how infertile couples feel, always talking to you about what little Joey did today. And I was like, I do not care about little Joey.” As a result, he would “find ways to put barriers up between them and you and also find ways to not let people know more about you.” For both Laura and Chris, the isolation they experience as a result of infertility is as debilitating as infertility itself.

Sandra describes the pain of treatment failure vividly, connecting it with feelings of isolation and dashed expectations.

And like I said, I would watch these people go, the other people go through IVF and get pregnant and there would be baby showers and all these. The first couple of times you keep thinking, “Yay, it is going to be me next. It is okay, it is okay.” And by the third time or so, then, it strikes like a dagger to your heart. And it really -- I do not know how to describe it all other than it just really ruined my whole outlook. There is just so much negativity and there was so much -- I mean, it is physically painful to go through some of these things, and which I can
handle that if the end-result gave me what I wanted. But I kept suffering through this to get nothing. And after a while it really beats you down.

Sandra’s devastation is increased by her repeatedly dashed expectations and the sense of isolation she feels watching IVF work for others when it does not work for her.

Sandra does become pregnant in her second-to-last cycle. When she goes for her first check-up after the pregnancy test, her husband surprises her at the doctor’s office. This, it turns out, was fortuitous, for they learn that the pregnancy is ectopic and will have to be terminated.

… that was easily the worst thing I have ever heard in my life. . . . So in my mind, I’m thinking, this is like an abortion and for somebody who struggled so long, getting a shot that will stop the growth of an embryo was just unbelievable to me. I kept thinking how can this even be? How can you be asking me to do this? Anyway the doctor explained it was not so much asking me to do it, they have to do it.

My mind was whirling and thinking, how can I -- there has to be a way. How can you -- can you move it? This is my first experience with this. So I’m asking all these questions and I’m sobbing and crying and -- thank goodness, Robert had been there. I would have been going through this alone but by just the grace of God he showed up to be with me for that happy moment, and as he has being with me for the worst moment, but I was so grateful that he was there. And so, the doctor was explaining all this and, you know, I’m just sobbing and just hysterical, just that -- that they have to do this. How can you go from being, “Yes, I’m pregnant too” -- he is going to give me a shot, I’m not going to be? You know, just like that.

Because her husband surprised her at the doctor’s office, they drive home in separate cars. Alone after the news, she considers driving her car off an embankment, the only time in her life she has considered suicide. There is a small bright spot in this devastating experience, however, which is the presence of her husband at the doctor’s office. Just as the isolation of watching others succeed with IVF
exacerbated her pain, so the connection she feels to her husband is noteworthy in a moment of extreme pain. Despite being comforted by his presence, however, Sandra essentially feels that this is an experience she is going through alone. Despite her husband’s presence at the doctor’s office, the entire experience is described in the singular. She does not describe any conversation with her husband, and views the pregnancy termination as something that is happening to her and not to them.

This isolation also shows up in Margaret’s description of her ectopic pregnancy:

I would definitely say that the low point was having to terminate that pregnancy. It absolutely was the lowest point. It was horrible. It was depressing. I can actually remember the walk over there. I can remember passing people that were pregnant. I can remember feeling like -- I felt like dead man walking, for no other way to put it. I really did. I felt like a dead man walking, going over and having that done.

Margaret describes the entire experience of pregnancy termination without mentioning her husband. The term “dead man walking,” referencing the image of a condemned man on his way to execution, is evocative of a state of extreme isolation, as the condemned are unaccompanied by any loved ones. Indeed, it is not until one reads the words of Margaret’s husband Milt that one realizes he was with her:

So basically we went to the cancer ward, and they gave her some kind of chemotherapy drug to end it and that was really hard for her. I mean I was disappointed too, but being a little more -- from the guy who is being a little bit more reserved and not being personally involved with it, you are not having something growing inside, I was able to roll with the punches a little better, but she was really upset with that.

Margaret is wrapped up in her own grief and her own body. Milt feels sympathy for her and describes himself as not personally involved. While this may simply be his way of acknowledging his lesser
physical and emotional commitment to the pregnancy, there is also the possibility that he needs to repress his own feelings of disappointment and grief in order to better take care of his wife.

Robert, Sandra’s husband, echoes Milt’s feelings about his wife’s centrality in the process but gives voice to his own frustration as well:

So we walked into that place in a complete high and we walked out and the doctor saying essentially, “Take this medication which is essentially chemo to kill your child.” And so she just walked out completely broken-hearted… Her mom came straight over in tears, you know, and that was the hardest moment. That was the hardest moment to be staying in the outside and my wife is crying inside and I just felt I could hold her but I felt so useless and feeling mad…

The tense progression emphasizes Robert’s feeling of isolation. Initially, he uses “we” to describe their happiness and to hear the bad news about the ectopic. But he immediately switches to “she,” describing his wife’s emotions. As he remembers this moment, the hardest thing is not losing the pregnancy but being “outside” and “useless,” a bystander while his mother-in-law comforts his wife. When asked the low point of the infertility period, he lists three things: discovering that the pregnancy was ectopic, witnessing the physical suffering his wife endured, and the isolation he feels from his wife.

Robert and Milt also describe an inescapable fact about nearly all infertility treatment: no matter what the problem is, the site of intervention is the woman’s body. As Milt points out, it is easier to remain calm when you are not “personally involved” with “something growing inside.” This will be explored more in the chapter on male and female experiences. In thinking about the isolation so many participants feel, however, it is important to note that the very different levels of physical involvement in treatment and pregnancy can lead to isolation simply by virtue of the experiential gulf they create.

Connection

Just as isolation is a persistent negative theme, connection is a persistent positive theme in both the infertility and adoption sections of the narratives. To be coded as connection, a scene had to
contain one or more of the following elements: an interaction with another person in which the fact of interacting, or the process of discussion, was the most important facet of the scene; interaction with another person led to a sense of being understood or appreciated, or of understanding and appreciating another person; a description of communal help; a scene in which communicating with another helps one’s understanding of one’s own situation or changes one’s perspective; or a general description of the value of connecting and communicating with others. Thirty-two participants describe at least one such scene.

A few types of connection themes are remembered as being particularly helpful during these difficult times. Talking with other people who have experienced infertility provides support and lessens isolation. Dahlia says the support of family, girlfriends and colleagues was “critical” during this period. Contact with others who had experienced infertility was what got her through it. Peter and his wife had an “internal infertility support group” with their next door neighbors. That friendship is particularly valuable because

the rest of our friends and people our own age really did not understand that much because they did not -- either they did not go through it or when, you know, the day after they started trying to have kids, they had kids which -- or, you know, six years before they wanted to try to have kids, they had kids.

Despite having moved away, the next door neighbors are lifelong friends.

Moments of feeling known, loved, and appreciated are also highlighted in these narratives, and are often high points in difficult periods. Roberta desperately wanted a second child but her husband, Norman, besotted with his biological son, was worried he would not love an adopted child as much. A turning point for her is when the couple receives pastoral counseling at their church:

Like it is a big church and they have different counselors. I said, “You know, we need to talk to someone because we are not sure we are on the same page about whether or not we want to
adopt,” because I felt like I cannot do this. I knew he would support me but I felt with my worrying, I needed him to be totally committed to this and not worrying about him. So we went and, really, that was totally the truth. Like because off and on, he did -- well, first of all, he prayed with us this beautiful prayer. I do not remember but I just remember thinking -- he was talking about how cool it was that we cared enough about each other, that we wanted to be -- because Norman was saying, “I do not want her to keep hurting. I obviously see she is suffering and she wants another child.” And then I was worrying about I needed him to partner with me but I wanted him to be in on it, not just doing it for me.

So the minister was like, “This is great. This is a wonderful thing for a couple to be working so hard to be together.” So and then, what he did is he gave us some names of people in the church who had adopted domestically.

Before this, she and her husband were experiencing things differently. She felt strongly that their family was incomplete without a second child, and she was focused on that lack of completion. He was reluctant because he was focused on his fears about adoptive parenting. But at this moment she is able to hear her husband’s empathy for her, and express hers for him. The minister helps them see their struggles through the lens of working together. In addition, he provides them with instrumental help by connecting them to others who have adopted.

Georgia notes wistfully that she feels infertility may have had a lasting negative impact on her marriage: “intimacy” was never completely regained, and they missed the honeymoon period of just being a couple together because they immediately became wrapped up in the pursuit of pregnancy. However, the high point of Georgia’s infertility period is one of intense connection, when she and her husband systematically consider the pros and cons of adoption and come to the decision to adopt:

I want to go back to that scene in the coffee shop because we were really in sync as a couple as we kind of went there. I mean, we were really -- and there was great peace and joy and you just
feel like you are really coming to the decision together, that you are worrying more about each other, that you are -- I think those are the pieces that really -- because everything else was a step in the process. I remember vividly just sitting there for we must have been there for two hours just kind of walking through that whole thing. And that was terrific, that was just terrific. It was a time in our relationship that we really came together and really kind of talked through and figured out what we wanted to do together, what was important to both of us and how we wanted to -- in a very affirmative and a very collaborative way.

These moments of connection are important enough to be remembered and commented on in part because infertility is so often experienced as something that happens to “me” rather than something happening to “us.” Couples must wrestle with infertility and the decision to adopt individually and together. The narratives diverge quite a bit in how this wrestling happens. But for this sample of committed couples, having a baby has to be a joint decision. This is probably why feeling isolated from one’s spouse is so threatening, and moments of sharing and cooperation are so fondly recalled.

**Events as they were experienced: the adoption period**

The tone of the adoption sections is quite different from that of infertility sections. Infertility sections are characterized by defeat, suffering, and dashed expectations. They tend to be very high in negative emotional affect. With the exception of couples who adopt domestically and experience fall-throughs, deeply negative emotions are not as prominent in the adoption sections. They are replaced by a focus on process – a recital of decisions made and actions taken to move the process along. The components of this process are deciding to adopt, (which often includes a sense of relief), confronting internal and external resistance, risk assessment, and research and paperwork. In this period participants return to the themes of isolation, as they become committed to a non-normative process of building a family, and connection, as they reconnect with family, friends and community by becoming parents. Participants who adopt domestically must deal with the emotional instability of dealing directly with birth
parents and possibly experiencing fall-throughs. Finally, participants universally express great joy at meeting or bringing home their children.

Decision to adopt

Eleven participants (29%) say that some aspect of the decision to adopt was the high point of the infertility period. For some it was simply making the decision, for others it was what they saw as the certainty of adoption as opposed to the uncertainty of treatment, while for others it is realizing they are financially able to adopt. Peter, Mark, Laura and Roberta are all comforted by the certainty of adoption, while Jessica recalls arguing with her insurance company over reimbursement for Chlomid. In the midst of the argument she thinks, “You know what? We are adopting,” and feels an immense sense of relief as she hangs up on the agent. When Marla’s husband Jim comes around to the idea of adoption after their second IVF doesn’t work it “was a high point because he was still going to find a family for me.” For Marla, the decision to adopt is connected to a feeling of being loved and protected by her husband.

Despite the relief and joy many participants feel when they make the decision to adopt, the decision is a complex one. While a minority feel adoption is a no-brainer, many must engage in a certain amount of soul-searching and overcome either internal resistance to the notion of adoption, spousal resistance, perceived resistance on the part of society, or all three. Norman structures his entire narrative around his soul-searching over his ability to love a biological child as much as an adopted child. He begins his narrative saying that his wife got pregnant quickly the first time:

And the whole process is really incredible. For me it had been more once he was born, once I saw him and touched him and held him. I gave him his first meal. His first nap was on my shoulder. So that was kind of special. That was like the defining moment to me about bonding with Duane, my first son.
As Norman continues, he dwells on how special his biological son is: “His Sunday school teachers, his preschool teachers, our friends, they are all talking about -- wow. He is good looking. He is outgoing, social; clearly, he is bright. I mean, for example, he multiplied in kindergarten.” Because his son is so extraordinary, he says, it is very possible that an adopted child won’t keep up. While interviewing him I recall being nervous: could this man love an adopted child as much as this son? Would an adopted child play second fiddle in this family?

Church members who are themselves adoptive parents convince Norman that he and his wife will not view an adopted child as “Cinderella.” He and his wife are at the hospital when the baby is born, and his wife stays with the birth mother while the nurse brings him the child:

They bring the baby in, healthy boy, six pounds, six ounces? I forget. And then I get to hold him and gave him his first meal. He fell asleep on my shoulders, so his first nap was on my shoulder just like Duane, and so that was pretty special. And then all my concerns - will I be able to love this baby - vanished [snaps finger] just like that.

“Knowing that we could care for another baby as much as the first time was very cool,” he says, and notes of his second son: “Jeremy is a wonderful part of our family. He is absolutely an awesome kid. Everybody loves him. He has a terrific personality….There is not going to be any trauma with Duane overshadowing him.”

Norman is unusual in that he structures his entire narrative around a very particular type of internal resistance – that of fearing he would not love an adopted child as much as his biological child. As will be discussed more in the chapter on male/female experiences, women often have to overcome reluctance on the part of their husbands. That resistance is, like Norman’s, usually based on reluctance to let go of that biological link.

Participants also often mention media “horror stories” that make them nervous about adoption and lead to extensive research prior to embarking on adoption. Roberta recalls, “I started out
with, I think, this society’s experience that adoption is fraught with danger… [Y]ou hear the anecdotes of ‘I knew a person who was on drugs and they were adopted.’ I think you hear that everywhere and I have no context to combat that.” Many participants recall confronting negative or misinformed attitudes about adoption. Some of those stories are recounted in the “Isolation section below. As part of dealing with these attitudes, participants touch on the mental shift that must take place to be a candidate for adoption. As Trudy says, some people will only consider parenthood if it produces an image of themselves. In choosing to adopt, she decided that what was important to her was being a family.

Risk assessment

Making the decision that the experience of family is more important than a genetic tie does not mean that participants view adoption as simple or without danger. Indeed, risk assessment is a large part of the decision to adopt. Participants vary widely as to how much risk they perceive in adoption. Several women mention previous experiences that make them perceive adoption as normative, which makes the decision easier. Eleanor, an only child herself, remembers hearing her parents talk about adopting a child to give her a sibling. Laura babysat for an adoptive family and saw that they were like everyone else. Both Amy and Jessica had altruistic fantasies about adoption when they were young. Prior to getting married Dolores and David had decided they would adopt after having biological children. After two miscarriages, it was relatively easy to accelerate their adoption plan while still trying for a biological child. These previous considerations or experiences make the reality of moving to adoption more manageable.

In contrast, some participants view adoption as extremely risky. Roberta says that when infertility treatment did not work the words “adoption is not for me,” flew out of her mouth. All she knew of adoption were “horror stories” in the media. There were adopted children on her block growing up and she remembers that the whole family was considered “wacky” – every time the children did something wrong the community blamed it on adoption. Compounding this is her self-description as
being extremely risk-averse in all areas of life. Her drive to motherhood, however, leads her to research adoption extensively to get comfortable with it. Like her husband Norman, she is concerned about potential differences between their biological son and an adopted child. She realizes that despite being biologically related, she and her siblings are completely dissimilar, which helps her consider adoption. At the end of her story she notes that she is a changed person because she “took a big risk. That was uncharacteristic.”

Different participants assess risk very differently – what is seen as unacceptably risky by one couple may be seen quite manageable by another. Peter and Tamara first consider adopting through the foster care system, because her sister had done so. However, one beloved foster child had been returned to her biological parent, and Peter says they realized they were too emotionally fragile to go through that. They end up adopting two African-American children, a decision other participants reject as entailing too much social risk. But because of Peter and Tamara’s extensive involvement in the African-American community, they are aware of potential challenges without necessarily feeling they entail great risk. Ruth, in contrast, ends up adopting a Neplaese toddler, but is tortured by her felt inability to adopt a black child. Having grown up outside Detroit during a period of racial strife, she views white-black adoption as unacceptably risky, despite her “liberal Christian” self-image.

But the biggest difference in risk assessment is the decision to adopt domestically or internationally. Risk discussions among domestic adopters often include investigating the possibility that a birth parent might be able to take back a child, and becoming convinced that the laws have been re-written in such a way that this is no longer possible. Those who adopt internationally often come to the opposite conclusion, judging the United States to be a place where too much weight is given to the rights of birth parents. International adopters also give weight to the emotional risk they perceive in domestic adoption. They realize, as Chris says, that domestically they will be competing against a large pool of
prospective adopters, while in China or Russia there are more waiting children than prospective parents.\footnote{While this was true in the period that these participants were adopting, the dramatic fall in numbers of children available for adoption from China and Russia means that today’s prospective parents face a very different landscape. International adoptions have fallen from a peak of 22,991 in 2004 to 9,319 in 2011 (http://adoption.state.gov/about_us/statistics.php), making international adoption much less certain than it was for this sample.} They worry about the emotional effects of having to market themselves to birth parents after the failures of infertility, and they worry about the prospect of becoming invested in a child only to have a birth mother change her mind.

\textit{Research}

As part of the risk assessment process, participants do an immense amount of research about adoption. (While women are almost always the drivers of this process, as will be described in the next chapter, men participate in seminars, networking events, etc.) They research the pros and cons of domestic versus international, differences in adoption procedure in different countries, the effects of maternal drug abuse compared to maternal alcoholism. They attend workshops on being part of multiracial families. They network to meet a variety of adoptive families. In describing infertility, two participants report research into natural means of aiding pregnancy, like wearing boxers instead of briefs, and one woman who switches doctors reports extensive research into the methods and success rates of different clinics. It is striking, however, how little research is reported in the infertility as opposed to the adoption sections of the story. It is possible that because infertility treatment follows a medical model, patients are more likely to follow the recommendation of their doctor. Infertility treatment also does not differ drastically from clinic to clinic, while there are many options in the world of adoption. However, these narratives indicate two other explanations. Adoption is researched because it is perceived as risky and unknown, and adoption is researched because participants find it to be an emotionally corrective way of exercising agency after the relative passivity of infertility treatments. (This is particularly true of the women, although the difference tends to be more of degree than kind.) Sandra, for example, describes
going through the adoption paperwork with relish, saying, “I had total control.” Judith, a social worker, says that researching adoption feels like “a familiar project.” Joan describes the adoption process as:

an onion, that you make one decision and peel that off and then there is yet another, another, and another and the decisions are endless. And then when you get into the actual process of doing the paperwork, yet another onion and it has hundreds and hundreds of layers. And if you think about the whole thing you are overwhelmed, so you just work on whatever is next.

The ability to “peel the onion” is in stark contrast to the earlier sections of Joan’s narrative, in which she seems to freeze under the judgment of medical professionals and to be paralyzed by the combined demands of infertility and writing her dissertation, a project which lasts for ten years.

Networking with adoptive parents is an emotionally vital part of the research parents do. Nearly all the participants mention meeting adoptive families and noticing that the children are cute and that the family interacts like any other. In addition, adoptive parents provide concrete guidance about the way adoption works. Amy, for example, meets a man at a playground whose children are adopted from Russia. She “picks his brain” and ends up using the same agency as he did. Norman notes the relief that comes from guidance:

But as far as relieved about the anxiety about how are we going to be able to do this…. There are very experienced people who will make this comfortable. Whatever version of adoption people want to pursue, there is somebody that will be experienced and knows how to do it and help you do it.

During infertility treatments participants put their trust in doctors and there are few decisions to make. Adoption is quite different: it is an entirely unknown process, and one that the participant must direct. That is why there is such relief in finding others who can act as guides.

Sandra is a good example of the overall contrast between the attitude to fertility and adoption. She is a “careful, methodical person” and when she decides to get pregnant consults her
gynecologist and, after nothing happens for a year, reads “a ton of books… all that crazy stuff.” She does research about general fertility – her husband mentions being surprised by her suddenly putting her legs in the air after sex – but when it comes to treatment her language is quite different. She describes trying Chlomid on her doctor’s recommendation, and that “they thought” a tube might be blocked after she has a hysterosalpingogram, and that they saw a particular specialist “because that is who my gynecologist recommended.” Of different procedures and treatments she says, “It was hideous,” and “It was ugly.” She has very painful reactions to drugs and suffers an ectopic pregnancy which threatens her life because the drugs she is given to terminate the pregnancy don’t work, but she never mentions researching clinics or treatment methods. In contrast, when she begins thinking about adoption she says:

… so after I read all the books about fertility and how that did not work, then I started on the books about adoption. And I had done my internet research, which is a wonderful thing. You can find out kinds of things about what you can find out there. So, I had done a lot of research there, too. Because it is in my experience and it is best to approach Robert with fact. He is not necessarily a guy who makes decisions based on emotions. So, he likes that. So, I have done my research and I have mentioned this to him, and he agreed that this was a good avenue for us to explore, and I just felt like this huge weight was just lifted off my shoulders.

Treatment outcomes she describes by saying “they [the doctors] thought.” Her own experiences she describes with the distancing syntax “it was ugly.” But when she researches adoption she is back in the active voice, and indeed, she describes bringing the idea of adoption to her husband almost as if she is a CEO meeting with her board.

Choosing international adoption is easy for her and her husband: “We have laid out the facts, these are the plusses and the minuses of both, we went with international.” When it comes time to choose an agency, “We went to several different seminars for different agencies, and I laid them all on a spreadsheet … of all the different agencies and the costs, and this, and this; and of these things and trying
to compare them off so I could make the right decision.” Sandra sums up what seems to be the feelings of many participants, even those in domestic adoptions, when she says:

But the piece that we really liked about international adoptions is that if you follow the protocol, at the end, the result will be what you wanted it to be. And after so much of that icky infertility, you never know if it is going to work, is it not going to work, this, I knew at the end, there it would be.

In other words, the reason she is able to approach the research and the paperwork with such gusto is she knows her actions will achieve results. In addition, she is the one doing the work, as opposed to having the work done to her. The adoption process restores agency to participants after the passivity and failure of treatment.

Isolation

Isolation continues to plague participants during the adoption period. In contrast to the infertility period, it is not usually isolation from a spouse. Instead, people are wounded by general insensitivity or lack of knowledge about a process they have suddenly become extremely invested in. More infrequently, they experience extreme isolation from family members who disapprove of their choices.

Participants who have met their birth mothers are wounded by comments that imply birth mothers are bad or irresponsible or that they will take the child back. Margaret is particularly hurt by a comment made by her sister-in-law:

I was pretty pissed at Milt’s sister for a while for her statement. She made a statement to me -- Milt was one of eighth or seventh? “What if my Mom and Dad just decided by the time Jonah came along that they – Milt’s younger brother - that they were just too tired and that they did not want to take care of him anymore?” It was very frustrating for me and very upsetting for me that
people would feel that way and not understand how difficult a decision this is and not realize that birth moms do not look at this as this kid is disposable.

Margaret feels loyalty to her child’s birth mother, whom she respects and likes, and may feel some concern about how judgments about her may trickle down to her children. She implies that this attitude is not confined to her sister-in-law: “people” do not understand the plight of birth mothers. Margaret is adopting an attitude outside the mainstream of social thought, which leaves her open to frustration and hurt feelings.

Gordon is annoyed by intrusive and insensitive questions from people who do not understand the uncertainty of the adoption process. Eric cultivates an attitude that allows him to deal with intrusion and insensitivity:

… you have to have a tough skin to go through this process. People are going to ask you questions that are uncomfortable, but like anything else you just have to be a strong person and give them a straight enough answer. You always have to be proud of yourself, a self-esteem that is bulletproof.

While Eric uses positive language to describe his stance, the need for self-esteem that is “bulletproof” speaks to just how uncomfortable the questions of others are. He uses his pride and self-esteem as a protective barrier between himself and the world.

Many participants report fearing the reactions of extended family members, or report insensitive comments from family. Two couples, however, find themselves quite isolated from family members. Julie’s mother stops speaking to her when she learns Julie and Mark are adopting from China. Julie feels that for her mother the news was a “double-whammy.” She was angry with Julie for marrying a man who could not give her biological children, and she had lingering feelings of prejudice as a result of World War II.
Daniel feels isolated from his extended family when he tells them he and his wife are adopting an African American son. Their negative response makes him say, “Here you are experiencing this joy of finding out you are going to be a parent, and then it is kind of tempered with, ‘Oh, okay.’” His wife Sally reports that her beloved grandparents stopped speaking to her entirely because she had adopted an African American child. Sally and Daniel are alone in their joy: family that would have been happy and excited about a biological child do not feel that transracial adoption is anything to celebrate.

**Suffering and uncertainty**

Half of this sample adopted domestically and half internationally. Many of those who adopted internationally cited the certainty of the process and the perceived risk of dealing with birth parents in a U.S. adoption. The narratives suggest that in this, their risk assessment was quite accurate. Of the nine couples who adopted domestically plus Alan and Ruth, who ended up adopting internationally after pursuing domestic adoption, four experienced fall-throughs, one experienced a near fall-through, and three experienced gaps in communication with the birth parent that led to great anxiety for at least one member of the couple. For nearly all the international adopters, the actual process of adopting is relatively smooth. People complain of waiting, but do not experience great highs and lows as they do in the infertility section. Emotionally, domestic adoption is far more complicated. Just as the uncontrollable menstrual cycle was a source of great anxiety and suffering in the infertility section, so is the uncontrollable nature of communication with birth mothers a source of anxiety and suffering in the adoption section.

Losing communication and having birth mothers waver is an emotionally difficult reality of domestic adoption in the U.S. Several participants describe terror when a birth mother becomes unavailable for a period of time. When the agency tells Trudy that her birth mother’s phone has been cut off, she was “a mess for like twenty-four hours” (until contact is restored). A records mix-up shortly
before the birth caused Roberta and her husband to believe that their birth mother was scamming them and had never been pregnant. This occurred right before Thanksgiving, which was horrible…. The following Monday was my birthday…. We did not get the baby…. It is the saddest, depressed -- and then we get the call. They called. She explained that she had not been to a doctor. She really was pregnant. She had just been the day before. We have the record. It was like a birthday present.

When Eleanor’s birth mother checks herself out of the hospital but leaves the baby there before any papers are signed, Eleanor panics, convinced that the birth mom may decide to keep the baby: Monday night I was really hysterical. Tuesday we had not heard from her. So that morning I woke up and I thought, “I have got to get it together and I have to get a grip on this. Whatever is going to happen is going to happen.” But, you know, Monday night I was like, “Why would God do this to me the week of Christmas? After everything we have been through, why would this baby come to us only to be taken away?” I just felt like, “How can this be happening?”

After two keenly-mourned miscarriages, Dolores and Danny are ready to pick up their son at the hospital when the agency calls to say that the birth mother is wavering. To protect the emotions of everyone, they are going to place the child in a short-term foster home while she makes up her mind. Dolores recalls:

This is the worst thing that has ever happened and we are the people who do not bring the babies home and if she changes her mind, that is it. I’m done. I do not want to wake up on Sunday morning, for what?” Because I had no purpose and I had nothing to be motivating me to do that. It was definitely, probably the worst day of our life I would say because now it was one loss and another loss, probably another loss is what we were thinking.

These scenes are evocative of both the lack of control and the extreme sense of loss people feel in the infertility sections. Dolores captures the hair-trigger emotionality of this situation when
she says, “it was one loss and now another loss.” Lacking emotional reserves, participants struggle to, as Eleanor says, “get a grip.”

The emotional devastation is even worse when it is an actual fall-through, in which participants have held or even parented a child briefly before learning the birth mother has changed her mind. Peter says that when their son’s birthmother reclaims him after they have parented him for ten days “it was heart-wrenching beyond my wildest dreams.” He calls his boss “bawling,” advising him that he needs to “disappear” for a while to deal with his grief. Georgia says that her fall-through was “heartbreaking… It was just like the whole world stopped. I think I was numb. I think we were both numb for a period.” The fall-through was one of the worst moments of her life, worse than a previous miscarriage because “it was a baby.”

International adoption is largely devoid of these heart-stopping moments. There are two exceptions: Dean and Amy’s adoption is temporarily stopped by a Russian judge because Amy had a marijuana arrest as a teenager, an experience Dean finds “paralyzing.” Ezra and Joan try to adopt a sibling set of five from the Ukraine. One adoption falls through while they are there when the oldest sibling refuses to be adopted, an experience Joan compares to a miscarriage. However, they are quickly able to regroup and adopt another set of siblings on the same trip. For the rest international adoption is largely a function of filling out paperwork and waiting for a child to be assigned to them. As William says in describing the decision to adopt from China, it is a “clean” process, one in which action and waiting will eventually bring about the desired result.

Becoming a family and greater connections

29 participants name learning of their child, seeing their child, bringing their child home or realizing that they are a family as the high point of the adoption period. Twelve participants (32% of the sample) either tie the high point of getting their child with other connections, or name other kinds of connection as their high. Several participants describe introducing the child to other family members or
telling family about the child as the high point. When Nick describes calling his parents to tell them that his son is born, this “even-keeled” man begins to sob. Asked why he is crying, he says because the moment was so high. Georgia initially names the moment in the hospital when she is given her daughter as her high point, but then adds that her daughter’s baptism was “an incredibly fulfilling experience” because it was a public celebration of her being part of both their and God’s family.

Gordon brings his son home from the Ukraine to discover that family and friends have decorated their home for their return: “I guess the high point is when we came home. My buddy Chris picked us up. We got home and there were balloons all over the place. My neighbor had pictures of him on the outside of the door that we had emailed. The whole neighborhood embraced it.” The culmination of the adoption period is often experienced as being one of intensified connection with others, a theme that is elaborated on in the more interpretive sections.

There is an overall pattern, then, to how participants narrate their experiences of events at the time they occurred. Narratives begin with certain expectations of the way life will go, often expressed through the medium of time. Infertility violates those expectations. Grief and suffering ensue, and participants feel isolated as they struggle with their violated expectations. The decision to adopt, while sometimes difficult, is a relief and signifies moving out of a helpless stage into a stage of action and agency. Nevertheless, participants often continue to feel isolated as they become invested in a process that is often misunderstood or stigmatized. Some participants continue to experience extreme suffering when they meet and sometimes parent a baby, only to have birth mothers change their mind. Finally meeting a child and becoming a family is experienced as a culmination and a joy. As we shall see in the following chapters, the suffering, isolation, and disappointment of both infertility and adoption are consistently interpreted through the lens of personal growth, increased connection with others, and the need to cooperate with one’s own fate. The only issue that participants continue to struggle with is the decisions adoption forces them to make around race.
Infertility and adoption narratives in context

If memories are selective and strategic (McAdams, 2008), what do these memories add to our understanding of infertility and adoption? The memories of suffering, isolation and violated expectations as couples struggle with infertility and treatment are clearly in line with previous research (Becker, 1994; Gonzalez, 2000; Lukse & Vacc, 1999; Mahlstedt, et al., 1987; Menning, 1980; Phipps, 1993; Valentine, 1986; Webb & Daniluk, 1999; Woollett, 1985). What is different from previous research, particularly qualitative or clinical research performed on subjects in the process of adoption, is the marked change in emotional tone when participants describe adoption, and the way they move (with the exception of domestic adopters experiencing fall-throughs) from an inward focus on their own feelings and suffering to an outward focus on process and personal agency.

Indeed, in these narratives adoption appears to be something of a corrective for the out-of-control feeling of infertility. Participants describe attacking paperwork with relish and doing large amounts of research to discern the best option for them. The idea that adoption restores a sense of agency is in contrast to both popular advice literature for prospective parents and academic literature on adoption. In the popular advice book Adopting After Infertility, Patricia Irwin Johnston warns prospective parents that they will “give up even more control” than they did in the infertility process (P. I. Johnston, 1992, p.23), and lists a variety of events that contribute to a sense of powerlessness on the part of preadoptive parents. Academic literature echoes her concerns. Janus describes long wait lists, onerous paperwork, birth mothers changing their minds, and changes in the adoption laws of other countries as some of the “long and grueling” process of adoption (Janus, 1997, p. 269). Daniluk and Hurtig-Mitchell (2003) interviewed 39 couples about the experience of adopting after infertility. Among the subthemes identified for the process of adoption are “sense of powerlessness and vulnerability” and “perceived lack of rights.” An entire 1991 article is devoted to the strategies pre-adoptive couples employ to cope with waiting periods that seem interminable (Sandelowski, et al., 1991).
What explains the disparity in my findings and that of others? First, the experience of these parents may have been different than that of parents studied previously. A variety of factors may have made adoption an easier experience for this sample than for samples in previous time periods or locales. First of all, this sample all adopted between the years of 1997 and 2007. Fewer women took steps to adopt in 2002 than 1995 (J. Jones, 2008), possibly as a result of more successful fertility interventions. Moreover, while the percentage of infants placed for adoption domestically remained steady between 1995 and 2002 (the last year for which numbers are available), the number of children adopted internationally in the United States and worldwide peaked in 2004 (http://adoption.state.gov/about_us/statistics.php, Selman, 2009). The number of children adopted in the U.S. from other countries rose by 45% between 1998 and 2004 (Selman, 2009). Because it was a period of slightly decreased demand coupled with increased supply, it is likely that wait times, and the sense of powerlessness that comes with long waits, were lessened for this sample. Daniluk and Hurtig-Mitchell (2003), for example, report an average adoption waiting period in their sample of four years. No one in this sample waited four years. There were no questions about wait times per se, but the narratives suggest that no couples waited longer than three years from beginning the process to getting their child, and many waited much less.

In addition, this sample was drawn from the state of Illinois, a state with some of the most liberal adoption laws in the United States (Fedders, 2010), itself a country with one of the most free-wheeling adoption systems in the world (Selman, 2009). Prospective adopters in Illinois have a full menu of methods to choose from. In addition to traditional agency adoptions, legal in all states, Illinois is the only state that allows birth parents to advertise for adoptive parents and one of two states that allow adoptive parents to advertise for birth parents without the use of an intermediary (Fedders, 2010). While previous research focused on traditional agency adoptions, in which parents were placed on a list and waited for the agency to match them with a child, parents in this sample had a variety of options.
addition to choosing between domestic and international adoption, domestic adopters could then choose to use an agency, a private facilitator, or handle large parts of the process themselves. Even couples who used agencies to adopt their children domestically reported engaging in a wide range of proactive practices. They included their desire to adopt in their Christmas letters. They made up business cards stating that they were seeking to adopt that included an 800 number, which they would then leave at doctors’ offices, on restaurant tables, on community bulletin boards. They advertised in newspapers and on the Internet. The ability to legally pursue a variety of avenues may have helped ameliorate some of the difficulty of waiting, if only because it allowed people to feel active.

International adopters benefited not only from increased supply, but less stringent regulation than samples drawn from other countries. Adoption from to the U.S. from Guatemala, for example, rose from 257 adoptions in 1990 to 4,135 in 2006, despite State Department warnings about corruption and the fact that most European countries banned Guatemalan adoption during this time period (Selman, 2009). Full implementation of the Hague Adoption Convention in 2008 led to a suspension of all Guatemalan adoptions to the U.S., as well as suspensions and slow downs in other countries. Some agencies did restrict adoption from suspect countries prior to the U.S. becoming party to the Hague Adoption Convention. Indeed, Gordon mentions that he and his wife were considering Guatemalan adoption when their agency advised them they were ending their Guatemala program in anticipation of Hague implementation. Nonetheless, the time period in which this sample adopted was one in which there were both unusually high numbers of children being sent to the United States by foreign countries, and in which regulation was fairly lax. Thus, this sample enjoyed a range of options that other samples, through virtue of time period or geography, were unlikely to experience.

However, there is another key difference between this study and others that might explain the discrepancy in findings related to agency in the adoption process. Life story interviews are not designed to elicit accurate procedural accounts of an event like adoption, but rather the way events are
absorbed into an organizing narrative that provides life with unity and purpose (McAdams, 2008). In asking people to organize their lives into chapters and scenes, high points and low points and characters and messages, we ask them about the aspects of experience that have *stayed with them and have meaning to them as they move forward with their lives*. I believe it is quite likely that many of this study’s participants experienced feelings of powerlessness as they jumped through agency hoops and exhaustion as they waited for their children. Indeed, Sheila could have been one Sandelowski’s (1991) participants as she describes her expectation that she would be able to pick up her daughter from China by a certain date, and the great difficulty that came with waiting beyond that date. And many participants, as they offer redemptive messages of hope and good coming from bad, acknowledge how difficult it would have been for them to perceive those messages while they were still waiting for a child.

Waiting and powerlessness are not central to these narratives, however, as they are in previous qualitative studies that sought to get inside the experience of the adoption process as it was lived at the time. Instead, participants remember getting things done, making choices, doing research. Ultimately, this is quite hopeful for preadoptive parents and anyone experiencing temporary helplessness. In this sample, at least, it appears that feelings of powerlessness and lack of agency that participants probably did feel at some point in the adoption process were transient, and not incorporated into their identities or used as an organizing narrative principle. Marla illustrates this most clearly when she says she has learned that “good things do come out of difficult things; you just do not know it at the time…. It impossible to have faith when it is not coming through and it is not coming through and you are not getting picked and you are watching the days slip by, and you are just wondering, ‘Am I ever going to get selected,’ and realizing that again it might not happen.” In retrospect, although she remembers the pain and uncertainty of waiting, the message of her story is one of redemption. Like other participants, she acknowledges the lack of power and frustration of waiting, but places that sensation firmly in the past. In doing so, she and others engage in transformational processing (Pals, 2006a), acknowledging past
feelings of powerlessness but placing them in a larger context of agency and a belief in an ultimately benevolent universe. As we will see in the next two chapters, these strategies are widely employed by participants as they seek to make sense of their family-building experiences.
Chapter 5
Making Meaning: Fate and Redemption

When participants in this study are given opportunities to interpret their experiences, they tell redemptive stories in which bad experiences lead to good ones, much like some of McAdams’ (2006) highly generative adults. Negative events are consistently interpreted as leading to positive circumstance, growth, or insight. In other words, for these participants infertility did not bring about contamination in their narrative understandings of family building, as earlier clinical work on parenting adopted children might have led us to expect (Berry, 1992; DiGiulio, 1988; Schneider & Rimmer, 1984). It is probably not surprising that a volunteer sample responding to flyers asking for people to participate in a study on “Infertility, Adoption, and the Life Story” had coherent, positive and upbeat stories to tell. By no means do I want to suggest that adoptive parents never experience conflict, despair, or narrative contamination as a result of their experiences. But the relative uniformity of themes in these stories, and the strength of their redemptive nature, suggests that they provide a good blueprint for how American adoptive parents commonly achieve a sense of narrative resolution about their family building experiences.

A strong belief that the universe has an order underlies these narratives, and that previously experienced suffering was due, in part, to a misunderstanding of what one’s place in the order was. Suffering and dashed expectations are alleviated by a simple belief that issues that once were extremely painful, such as feeling off-time, turn out to have silver linings. Experiences that felt so out of control at the time are often reinterpreted as an aspect of the narrator’s destiny – an interpretation that explicitly restores order to the universe. Participants assert that their suffering was due to not understanding or struggling against their own destiny, and that once they work with their destiny they are able to achieve happiness. Indeed, even as they espouse a belief in destiny participants tell stories of intense exercise of agency. Not only do they work hard to adopt their children, they find themselves
transformed by the experience. They feel they have become stronger, more flexible, and more insightful about the nature of the universe. Moreover, they believe their personal growth has led to deeper connections with others.

This chapter focuses on redemption and fate, and Chapter 6 on personal growth and agency. These stories appear to be highly personally adaptive, in that they enable the narrator to imbue his or her suffering with purpose and restore a sense of the world as safe and benevolent (King & Raspin, 2004; King, et al., 2000). However, as we shall see, there are potential cultural problems with over-reliance on the fate metaphor on the part of adoptive parents, complicating our notion of what constitutes a “good” story.

**Narrating problems and the “good” life story**

How we narrate problems and what constitutes a “good” life story are themes that echo throughout life story research (King & Noelle, 2005; King, et al., 2000; McAdams, 2006, 2008; Pals, 2006a, 2006b; Singer, 2004). Telling stories is a major way people process bad events and arrive at positive resolutions. Negative events must be explored in depth, and this exploration leads to positive resolution. People can author “second chances” by keeping themselves connected to their negative emotional experiences and using that connection as a narrative catalyst for positive self-transformation in the present (Pals, 2006a). This would seem to be an aid to parenting an adopted child, especially in light of clinical research suggesting that the inability to resolve the negative event of infertility has ongoing parenting effects (D. M. Brodzinsky, 1987; DiGiulio, 1988; Schneider & Rimmer, 1984). Pals (2006b) also writes that when events in life do not go according to plan, it is a challenge to narrative identity. The question of how adoptive parents incorporate the unforeseen events of infertility and adoption into their personal identities would be expected to impact their personal development and their capacity to parent.

Much of King’s work addresses how people cope with life’s challenges, usually through the notion of the “possible self.” These are constructions of self that are future-oriented and can be “lost”
because of life change (King & Raspin, 2004; King, et al., 2000; King & Smith, 2004). As described in Chapter 2, salience of the lost possible self (the straight possible self in the case of gays and lesbians, and the still-married self in the case of divorced women) negatively correlates with subjective well-being. Elaboration of the lost straight possible self correlates to ego development for gays and lesbians, while elaboration of the found divorced self correlates to ego development for divorced women (King & Raspin, 2004; King & Smith, 2004).

The way the self-as-adoptive-parent interacts with the “lost possible self” of biological parent may also impact infertility resolution and subsequent parenting identity. Because investing in goals means the possibility of disappointment, looking back longingly on those goals and the “self” they represent can be a source of misery (King & Raspin, 2004). This is the view espoused by some of the clinical literature on infertility and adoptive parenting. Conversely, people can cope with potentially devastating experiences by telling stories in which they positively reinterpret life events, reassert beliefs that the world is safe and predictable, and assert that they have been changed or transformed by the experience (King & Raspin, 2004; King, et al., 2000). Participants in this study utilize all of these strategies to cope with the lost possible biological parent self.

Pals takes a somewhat similar approach in her use of a transformational processing axis. She rates narratives of the difficult life experiences of midlife women on both coherent positive resolution, which she refers to as a pathway to well-being, and exploratory processing, which is her pathway to maturity. Women high in positive resolution but low in exploratory processing engage in self-distancing processing, in which they fully elaborate their happiness but push aside their previous pain. Women high in both engage in transformational processing, in which both pain and the growth that has resulted from it are fully acknowledged, with the sense that much good has resulted from the pain. Women high in processing but low in positive resolution engage in a kind of circular, “stuck” processing around the bad event, while women low in both engage in limited processing, unable to go beyond fairly
simple attributions for their problems and current state (Pals, 2006a). I use an adaptation of Pals’ scale in Chapter 8 to describe how participants resolve the issue of race in their narratives. I do not formally use her scale to analyze the use of fate and growth interpretations, as the use of such a scale to analyze 38 manuscripts averaging 40+ pages would have required resources beyond those available to me. However, the quotes below should make it clear that participants achieve a high degree of positive resolution, with most of them engaging in a process of transformational processing in which their pain is depicted as leading to a greater good.

Finally, in his study of highly generative adults, McAdams (2006) takes a somewhat different approach to what constitutes the good life. He is interested in the stories of people who are unusually generative – that is, who give back to the world beyond what is done by the average adult. He identifies six key themes in the life stories of such people. They (1) experience early advantage in childhood, through being a favorite child, having a special gift, or the like, but they are also (2) attuned early to the suffering of others. They (3) make a moral commitment fairly early in their lives and stick with that commitment. They (4) experience bad events as redemptive – that is, something good comes out of the bad to redeem the narrator. They (5) struggle between desires for power and love. Finally, (6) when they envision the future, they envision growth. These narratives give highly generative adults their rationale for helping others, as well as reasons to overcome failure (McAdams, 2006). As such, they are “good” stories – providing powerful motivations for both doing good and doing well. Because my interviews were limited in scope to a certain time period, most elements of McAdams’ model did not come up. Redemptive sequences, however, suffuse the narratives. They generally take the form of suffering leading to growth or insight, which itself often leads to intensified connections with others. Sometimes redemption is related to a participant’s discovering their own destiny when they are able to put aside the dream of a biological child and accept the child they are fated to have.
**Turning bad to good**

Participants repeatedly interpret their bad experiences in a positive light, echoing the redemptive sequences of McAdams’ (2006) generative adults. To some extent this is natural – after all, the arc of these stories begins with pain and ends with happiness. But they do not simply feel that it all turned out okay in the end because they became parents. Instead, they insist that their bad experiences produced intensified strength, joy, maturity or insight. As they experienced infertility participants stressed that the world was not working out the way they had expected. They did not have children when they expected or in the way they expected. The simple fact of drawing positive lessons or generalized outcomes from their suffering and dashed expectations puts order back in their world by infusing their suffering with meaning.

Dolores, who suffered so much each time her period came, now says, “I appreciate that period of desert time where this long painful journey of… suffering really, that time was painful and certainly makes you experience the joy I think all the more.” Both William and Robert feel that years spent on infertility treatment matured them so they are better parents than they would have been otherwise. Sandra says good insurance and years of infertility treatment made her and Robert financially stable enough that she can stay home with her sons. In addition, age has given her more patience. The slow pace of family building, which was so difficult when it was experienced, is now seen as reaping benefits.

Participants also draw more general positive lessons. Daniel says:

I think I'm more hopeful now than I was in the past. It is because you hope for something so badly, you think it will never happen for you in terms of having children. And then unexpectedly it does, and so you realize that good things can happen to good people. And so that has, I think, made me generally more positive than I ever thought I would have ever been.
Daniel has gained a long-term insight that “good things can happen to good people” that he lacked prior to adopting his children. Eleanor says simply: “that is the moral of the story, just that unbelievable joy can come from places of pain.” Trudy echoes this when she says that although infertility was the lowest point of her life, she has learned that things can work out in the end. Roberta traces a series of unhappy events to her current joy. If her former husband had never had an affair, she would never have met her wonderful current husband. If they had never experienced infertility, they never would have adopted their son, who is an “amazing kid,” and she never would have become part of the wonderful network of adoptive families who now comprise much of her social circle. “What a fantastic world I’m in,” she concludes. In specifically connecting the two worst events of her life – her former husband’s affair and infertility – with her current joy, she manages to give order to her universe and re-draw the world as a benevolent place (King & Raspin, 2004; King, et al., 2000). Indeed, all of the interpretive stances that participants employ – personal growth, increased connection, a belief in fate – are redemptive in nature. All insist that something good came from something bad, and that the world, which often seems chaotic, can be kind as long as one finds the inner strength to cope. A belief in fate, however, seems to give structure to much of the discussion of personal growth and agency discussed in Chapter 6.

It is to fate that we turn now.

*Interpreting suffering and dashed expectations: Fate and an ordered universe*

Twenty-six participants reference some form of fate or belief in an organized universe in the course of the narrative. The notion of an ordered universe retrospectively alleviates the pain of dashed expectations and intense disappointment. Fate also seems to solve a problem that is inherently raised in the interview structure. Parents spend the first part of the interview recalling their experiences with infertility, during which most of them pursued biological children with a high degree of emotional intensity, feeling “devastated” when treatments failed. The second half of the interview ends with them bringing home their adopted child. Hence, the interview asks them to consider the pain of infertility and
the joy of adoption together, as a linked experience. Fate solves a potential problem of juxtaposition—that is, it explains how a parent can suffer so badly from the inability to have a biological child, and still feel wholehearted love for an adopted child.

As we saw in Chapter 3, Alan addresses this issue the perhaps the most bluntly of all the participants, saying that his daughter was the “opposite” of everything he and his wife had wanted for years. When the agency calls to tell Alan and Ruth that a Nepalese toddler is available, they speculate that “this is what God intended. This is the right child for us.”

The only way Alan and Ruth can understand the sudden turnabout in their own attitudes is that it must be what God intended. There is a loving power to this explanation, especially when one considers the more practical, down-to-earth alternatives. Alan could have said, “It was becoming clear to us that we might never get a white baby, so we decided to go for Nepal.” He could have said, “When this opportunity fell in our lap we decided better to get a sickly brown baby now than continue to pursue the dream baby we might never get.” Indeed, it is possible that when Alan and his wife talked about this adoption—and by his account they stayed up all night discussing it—they did say these things. But the way he chooses to frame it now is through divine will, a God that knew, even when he and his wife were in the darkness, that this was the “right” child for them.

Alan uses fate as a way to justify or give greater meaning to a practical decision he and his wife made, that of choosing to abandon the pursuit of a white, U.S.-born baby in favor of a Nepalese toddler. He is far from alone in this. Fourteen of the 26 participants that reference fate clearly refer to human action bringing about a fated outcome, or the necessity of experiencing personal growth and transformation in order to engineer a fated outcome, or use fate as a rationale for practical decision-making. (This includes the majority of the more elaborated references to fate; it is possible that if other participants had more fully described their view of fate they, too, would have fallen in this category.) I call this view agentic fate. The first dictionary definition for fate is “something that unavoidably befalls a
person; fortune; lot.” The participants referencing agentic fate would reject that definition: for them fate is intertwined with human agency and growth. Fated outcomes do not “unavoidably” occur, but are brought about by human action. These participants do, however, subscribe to the second definition of fate: “the universal principle or ultimate agency by which the order of things is presumably prescribed; the decreed cause of events; time.” Believers in agentic fate tend to believe that the universe is ordered, but requires human agency for the “right” fated outcomes to come about.

Those narratives that reference fate without agency tend to stress the relief of ceding control, or use fate in an off-hand way. Recall Ruth discussing the speaker who gave her strength as she began the adoption process:

[He] talked about living in faith or living in hope; and if you live in hope and every time it does not happen you are in despair … hope and despair, hope and despair. Whereas when you live in faith, it does not mean you are not sad that a particular event does not turn out but you have this sort of perspective that when it is God’s time and when it is meant to be that this will happen for you.

As we saw in Chapter 3, Ruth and Alan minutely managed their adoption process, wanting a very particular type of baby (white newborn) and a very particular type of adoption (open, primarily so they would have medical records). Yet Ruth takes her comfort from the idea of “God’s time,” perhaps because her own carefully laid plans are not turning out as hoped.

Three men express feeling that if they cannot have children biologically, perhaps they are not meant to be parents. Jim recalls the doctor telling them anything beside surrogacy or adoption would be “futile,” and that his “emphatic” reaction was to say, “Why we are doing this? I mean, Why bother? Why do we not just — let’s move on. Let’s be done with this. This has taken up five years of our life and oodles of money and it is not meant to be. So, let’s – let it be that way.” Jim is not elaborating a system of thought that depends on an ordered universe, but using the phrase “meant to be” as a kind of off-hand
rationale for giving up. The idea that not getting pregnant means one is not meant to be a parent is the purest form of submission to fate to be found in these narratives – but it is hypothetical. Jim and his wife do not, in fact, “let it be that way.”

In contrast, many participants lay out a highly elaborated belief in fate in which they are required to work with their own destiny. In describing the decision to adopt, Gordon says:

I’m not a very faithful person, but I believe God puts you here for a reason. He gives you the tools and what you need, but it’s your job to make it work. He’s not going to bail you out every time. You can’t go hey, I did this, and then go to church or then go to synagogue. It doesn’t work like that. You do the best you can with the hand you’re dealt. This is our thing. We can try and do this. Let’s try and go adopt.

Gordon clearly ties the purpose God has for us on earth with our own need to discover and work towards that purpose. Fate does not mean ceding control, but discovering the proper way to exercise one’s agency.

Peter melds several aspects of agentic fate as he describes his and his wife’s reaction to the extremely painful experience of parenting a son for ten days, only to have the birthmother reclaim him.

It was tough. It was like losing a child... And again, it made us question everything. Should we not be greedy and ask God for a second child or should we – it made you go through all of those emotions again. But we got through it. A couple of months later, we said, “You know what? We are okay.” We still have the nursery shut. We were not going in there, but we are okay. We understand that God has a plan. We believe that everything happens for a reason. No matter how difficult it is to get through, it does happen for a reason.
….Again, the answer to the question I know you are going to ask, I think it helped make us stronger …. [O]ur faith is really a lot of who we are. And understanding that we had to go through that for a reason. We do not why. We do now. We did not know why at the time.

I: Now, what do you know that you did not know then?

R: Ishmael.

I: So Ishmael, you had to go through that maybe to get Ishmael.

R: Exactly. He was meant to be our son. How else can you – I have no doubt in my mind that he was destined to be our son before any of us were born. It was just a matter of we had to go through certain things in our life. We had to get through certain hurdles. And again, life is a bunch of valleys and mountains. Right? If all you had was mountains, you would not appreciate anything. So, going through that valley, we really appreciated this baby.

A devout Christian, Peter believes that God’s plan for him is laid out “before any of us were born.” Part of that plan is to make Peter and his wife stronger before they have their children – in other parts of the narrative, Peter discusses the ways he believes his suffering has made him a better parent. God’s plan is dependent on Peter and his wife having “to go through certain things in our life,” and getting “through certain hurdles.” In other words, they must successfully navigate certain painful experiences for God’s plan to be fulfilled. Peter and his wife do not accept fate so much as cooperate with it. They shut the nursery door and mourn, and then they try again.

Several participants use the phrase “meant to be” in an offhand manner to justify human action or decision-making. Dahlia and Gordon adopt from the Ukraine, where couples visit with their prospective child for several days or weeks at the orphanage before bringing the child home. She falls in love with the toddler they meet, but the child rejects Gordon so completely that it causes severe marital strain. As they are arguing about whether to take the child home or not, she receives a belated email from the doctor they employed to review video and health records to look for potential physical or mental
health problems. The doctor says to “grab the kid and run,” and she tells her husband it is “meant to be.” Fate becomes a tool in her argument with her husband, for she is terrified at the thought of returning home without a child.

In a somewhat similar story, Judith must railroad her husband into their second adoption. Because of his very public position as the clergyman of an all-white congregation, they had agreed they would only adopt a white child. But when her own father delivers a Hispanic baby in the same hospital where she was born, she feels the connection is too strong to ignore. She cannot recall how she convinced her husband, saying, “it wasn’t healthy” but feels it was okay in the end because the daughter “is totally meant to be in our family.” For Judith and Dahlia, fate is a rationale for action they were determined to take.

As will be discussed more fully in the chapter on race, parents who adopt transracially after pursuing a white child often invoke fate to justify their change in course. After suffering a painful fall-through in which the birth mother changed her mind after Georgia and Conrad spent days with her and the baby in the hospital, Georgia said they wondered, “Are we making it harder for God to give us the child we were meant to have?” and they chose to expand their racial specifications from white-only to white or biracial, eventually adopting a biracial daughter. Rather like Peter, she says:

The only redeeming thing about that fall-through is that without that fall-through we would not have had Eva. And it is like, “Okay God if that is what it took. You know it is like, “You have this baby. You just needed to open up our hearts and our minds and that application form in a way.” And without that we would not have.

While Peter feels he needed to become stronger, Georgia needed to open herself to the possibility of a non-white child. Alan also incorporates pain over a fall-through and deciding to adopt a nonwhite baby by invoking fate: “And so for some reason, we think that we had to go through all of this to get to a place
that allowed us the freedom and the openness in our own lives to say “yes” to the child that was there for us.”

Fate is a powerful explanation for the events that otherwise feel so random – both the suffering of infertility and the circumstance of adoption. Many of the people who expand on the idea of fate experienced fall-throughs or other circumstances that served to remind them that the child they are parenting could easily have gone to someone else. Fate explanations retrospectively insist that this is not so; this child always “belonged” in this family, even if it took them years to get there. The formation of one’s family is not a random accident, but an essential part of a divinely organized universe. In this way, fate addresses the pain of dashed expectations. Events may have felt disordered and out of control when they occurred, but only because the sufferer was unaware of the true order of the universe.

**Fate in a larger context**

**Fate as a personal belief**

Fate, as used by these participants, tames both individual agency and the sense of chaos infertile couples often feel by putting suffering and agency in the context of an organized universe. If there is a plan to the universe, suffering has meaning. If there is a plan to the universe, individual agency must fit into that plan to gain traction. Bakan, in his (1966) discussion of science and religion, said that Newtonian physics left a psychological void, in the sense that there was no God who looked on from moment to moment on the affairs of mankind and who provided for them. This vacuum of ‘management’ is central to man’s development since the Reformation, since it has allowed and demanded that man exert his agency as a fulfillment of the total plan which God had presumably established for the conduct of the world (p.27).
When parents say their experiences were “meant to be” they are echoing Bakan, in that they are at once implying that God is actively managing their lives, and also explaining their own agency by describing it as fulfillment of a divine plan.

Why is this important to adoptive parents? That is, why would they prefer to describe a child as fated for them rather than taking full credit for considerable effort and hard work? Psychologists studying adoption have long pointed to entitlement to parent as a developmental task salient to adoptive parenthood (H.D. Grotevant & R.G. McRoy, 1998). Entitlement is important because it is part of the commitment parents make to their children: without entitlement, for example, parents will be unable to discipline unruly children or demand that they conform to societal and family norms. Yet adoptive parents are believed to labor under a “role handicap” (K. J. Daly, 1992; Kirk, 1981) because most of us are socialized into the role of biological, not adoptive, parenthood. We are socialized into believing in unqualified parental love, but during the adoption process prospective parents make numerous choices that are implicitly qualifying, such as specifying which races or which types of medical incapacity they are willing to accept. Adoptive parents are forced to treat children as commodities as they compare fees and costs at different agencies and for different methods of adoption. Fate places those choices under an umbrella of unqualified obligation by recasting the choices as being part of the universe’s plan to unite a particular parent with a particular child.

In addition, fate works against potential alternate explanations that adoptive parents encounter in society, such as the legal hoops adoptive parents (but not biological parents) must jump through to become parents, or the casual comments of others equating biological mothers with “real” mothers. Howell (2006) reported that nearly all of the Norwegian adoptive parents she spoke to believed their children were destined to be in their family. She theorizes that in Norway, where nearly everyone is white and bloodline is extremely important, parents use the idea of destiny as a way of turning their internationally adopted, non-white children into blood-equivalent kin.
Fate, then, offers an organizing lens through which agentic acts of qualification and commoditization that could be viewed as negating the parental role are instead seen as necessary parental acts – necessary because they unite fated parents with fated child. By bolstering entitlement and incorporating both prior suffering and current love, fate appears to be an adaptive personal explanation for family formation.

*Fate as a cultural explanation for adoption*

While personal narratives, interpretations, and explanations are often derived from a cultural “menu” of narrative possibilities (McAdams, 2006; McAdams & Pals, 2006), personal stories can rise to prominence and change the cultural conversation about certain life experiences. Adoption, once viewed as shameful, has become much more visible in recent years, fate explanations for adoption have become ubiquitous in both adoption-specific and popular media in recent years. A 2006 *Sesame Street* episode features Gina, the single veterinarian, traveling to Guatemala to adopt a baby and explaining to Elmo and the gang that she was “meant to be” the baby’s mother. NPR host Scott Simon’s 2010 adoption memoir is titled *Baby, We Were Meant for Each Other*. The June 2007 “Share Your Story” segment of *Adoptive Families Today* featured responses to the question, “Do you believe your child was destined for your family? Or does fate have nothing to do with it?”

While fate appears to be a psychologically adaptive personal explanation for adoption, it is problematic as a cultural storyline. Public adoption discourse is notoriously lopsided, dominated by adoptive parents and contributed to by adult adoptees. The viewpoint of birth parents (for whom adoption is still usually experienced as shameful and often kept secret) is nearly absent. And while mainstream media increasingly embraces destiny explanations for adoption, most birth parents accounts explicitly reject the notion of destiny. Published birth mother accounts, often collected from women who placed children for adoption prior to the passage of Roe v. Wade, describe direct and indirect coercion and lifelong mourning as a result of placing a child (Fessler, 2006; M. B. Jones, 2000; Modell, 1992).
Lorraine Dusky makes clear her rejection of fate in “A Message for My Daughter,” the last chapter of her 1979 memoir *Birthmark*:

. . . . *Of course, I love you, but I didn’t give you away because I loved you; I gave you away because I couldn’t keep you. I try to tell myself that it was meant to be this way, that you came out of me and him and that you were supposed to grow up with those people, whoever they are, and there are times when I can accept that quite calmly.*

*Not very often.* (Dusky, 1979, p. 187)

More recently, Dusky has criticized Scott Simon’s memoir on her blog (Dusky, 2011), saying that his emphasis on adoption as a work of “divine agency” ignores that it is a catastrophe in the life of another person. Indeed, while adoptive parents use the notion of fate to alleviate guilt over difficult choices, birth parents emphasize the lack of choice in their decision, either because of outright coercion or the impossibility of true choice when one is constrained by poverty or lack of social support.

Adoption in the United States is increasingly open, with birth and adoptive parents often having some contact, and with parents discussing adoption with their children more openly than in the past. Participants in this study described becoming both more appreciative and more compassionate, often specifically describing increased empathy for birth parents. They are poorly served by a cultural dialogue that appropriates fate without also incorporating the more painful explanations birth parents offer for why their children came to be parented by someone else. Adoptive parents are capable of exercising agency in large part because of systemic factors like socioeconomic status, age and social support. Birth parents tend to be constrained by these same factors.

Adoptive parents both borrow from and bolster a larger cultural dialogue when they use metaphors like fate to explain their adoptions. The question here is whether such metaphors can be personally adaptive and yet maladaptive in society at large. These narratives certainly suggest that the metaphor of fate allows adoptive parents to solve a host of interpretive problems. As a public trope,
however, it is a result of and contributes to the unequal abilities of birth and adoptive parents to exercise agency. Culture dictates what we can say and not say, and both birth and adoptive parents must write stories in which they contend with the core cultural belief that motherhood and fatherhood are singular and unified – that is, a child has one mother and one father who both conceive and raise the child. Both fate and coercion are metaphors that seek to explain the bifurcated experience of birth and adoptive parenthood. There is always more than one mother and father, and biological and social parenting are cleaved in two. While the notion of fate solves several narrative problems for adoptive parents – of suffering and chaos, of overweening agency, and of painful decision-making – it is socially insufficient to explain the cleavage between biological and social parenting. In a world in which adoptive parents are increasingly encouraged to view birth parents as an integral part of their children’s psychological lives, and often their day-to-day lives as well, we need to search for adoption explanations that take into account the roles of all those involved. Interpretations involving both fate and coercion imply that there is always one “true” mother and father – that what appears to be a cleavage is not. There are now a multitude of family forms that introduce multiple parent figures – step-parents, gay and lesbian families, families formed via surrogacy, donor egg, and donor sperm, as well as informal parenting arrangements involving grandparents and other kin. Hopefully, these different forms will begin to borrow from each other to create new explanations for multiple parents parenting in a variety of ways, and create multiple ways to see parents as complete, even if they do not fulfill every aspect of the traditional heterosexual, biological parenting role.
Chapter 6

Making meaning: Growth and agency to connection and communion

This chapter lays out the many kinds of personal growth participants describe, and the ways they connect these themes to connection and communion. Personal growth is the most-used interpretation in these narratives \((n=34)\). Narratives were coded for personal growth when participants described becoming better at something as a result of their experiences (e.g., going through the pain of infertility made them a better spouse, or learning to tolerate frustration and difficulty made them a better parent) or when participants described themselves as having learned something or gained a valued personal characteristic (e.g., learned to appreciate life or having become stronger as a result of their experiences). Participants’ discussions of fate often include an aspect of personal growth in that they describe gaining an important insight as a result of their experiences – the realization that a power greater than themselves was controlling the universe.

Themes of personal growth resolve several issues that manifest in the chapter portions of the narratives. When asked how they were affected by their experiences of infertility and adoption, participants are more likely to answer by saying they grew in some way than citing any other theme. Growth is a way of acknowledging their own suffering, but imbuing it with meaning and purpose. Growth that is of a spiritual nature, or involves accepting one’s fate, or becoming more flexible addresses dashed expectations by linking those expectations to ignorance of important aspects of the world. Finally, participants persistently link their growth to an increased sense of connection with others. For them, growth helps resolve the intense sense of isolation found in earlier portions of the narrative. Participants describe growing spiritually, becoming stronger, and becoming more flexible as a result of their experiences.
Agency and communion – here conceptualized as personal growth and connection – have been traditionally conceived as fundamental, but opposing, human modes of action (Bakan, 1966). Agency manifests itself in the urge to master, and the individual’s concern with the self, while communion manifests as cooperation and a striving for togetherness with others. McAdams has argued that generativity draws heavily on themes of agency and communion, as the desire to leave a legacy for future generations requires both communal urges and agentic work (McAdams, 1993), and has developed codes for the themes of agency and communion (McAdams, Hoffman, Mansfield, & Day, 1996). He found that the sum of agency and communion (as coded from the Thematic Apperception Test) was a statistically significant predictor of generative themes in life story narratives of midlife adults (McAdams, Ruetzel, & Foley, 1986). Building on McAdams, Frimer et al. (Frimer, et al., 2011) examined agency, communion, and life narratives for twenty-five “moral exemplars,” all of whom had won a national award for extraordinary volunteerism, and twenty-five demographically matched controls. Lists of personal strivings were coded for agency and communion, and life narratives were coded for the relationship between agency and communion. Exemplars not only scored higher for both agency and communion in their life strivings, but integrated the themes more in their narratives.

Scores on the LGS indicate that this sample is in the relatively high range in generativity. More importantly, however, no matter what the individual participant’s generativity score, in telling a story of pursuing childrearing the participant is telling a story with generative implications. Using a purely qualitative methodology quite different from that of McAdams or Frimer, I found that agency and communion were linked for this sample. The most prominent interpretive themes were personal growth, connection to others, fate, appreciation, a belief that participants benefited from having no preconceived notions about their children, and accomplishment. After delineating them using grounded theory, I realized that many seemed to combine personal growth and connection. Appreciation, for example, tends
to involve people growing into an ability to appreciate others. Having no preconceptions about one’s children implies gaining an important insight (growth) that allows one to see people more realistically and with more empathy (connection). Often participants linked personal growth with connection in very specific ways, as when people cited a stronger spousal relationship as a result of infertility. Intrigued, I looked at the way my codes related to McAdams’s codes for agency and communion. While my language is different, our codes map onto each other fairly well, as seen in Table 3, pg. 65. As with Frimer (2011) and McAdams, Reutzel and Foley (1986), agency and communion are not in opposition in these narratives. Rather, agency is used to lead to communion as personal growth leads to greater connection to others. Participants describe a wide variety of types of growth that relate to agency – spiritual growth and insight, insight into the self and others, increased mastery of difficult situations – and explicitly or implicitly link them to connection with spouse, child, community, or even the world at large.

**Spiritual growth and insight**

Many participants cite spiritual growth and a renewed connection to God as a result of infertility and adoption. Eleanor says that her adoption restored her faith in humanity and a Higher Power. Her daughter was born Christmas week. When their daughter’s birth mother ceases to return the adoption agency’s phone calls in the days immediately following the child’s birth, Eleanor feels extreme panic and grief. She encounters a homeless man selling the newspaper *Street Wise*. She buys and reads the lead article, which she says is “this beautifully written piece about do not ever lose faith and you need to have hope and good things are going to happen to you.” Touched, she buys the man sweaters, a hat, a muffler and gloves. They embrace, and when she returns to her car the adoption agency calls her to tell her that the adoption is still on. Eleanor borrows freely from Christianity as she describes these experiences. The homeless man is her guardian angel: “it was like some kind of a Christmas story and this guy was there to give me -- and when he handed me that piece of paper it was what made me think I have to get a grip on myself and I have to have faith that whatever is happening is happening for the right
reason.” The doctor who arranges the adoption is an archangel. Her daughter is the Christ child, who is at the center of the story and who comes to heal Eleanor’s wounds. As with other participants, Eleanor attributes her ability for agency and self-control (as in getting a grip on herself) to a divinely-directed order in the universe.

Six participants mention the power of faith or the need to have trust in God as the message of their story. Like Ruth in Chapter 3, Georgia connects her faith with her purpose in life and her ability to weather life’s storms. Georgia describes her message like this:

I think, for me, if there is anything that I take away from our journey to become parents, it is two-fold. One is that I think that aspirations and dreams, you cannot give up too easily sometimes. I think it is easy to give up. Our aspiration was to be parents, to have a family, and there is a certain amount of pride in knowing that we weathered some really tough things to be able to -- you know, the resiliency of the human spirit. And I think also in many respects the journey strengthened my smile in the face in that it probably -- in that I have seen countless times in my life that -- and maybe I would sell myself short. This is just the way I believe in that things that I do not think any human being should have to be able to bear, I have been able to bear. And I think that is because of my faith, because of a trust that I might not know why or I might not know the reason, and I hate the term “the will of God,” or whatever that means, but there is something else out there that gives us strength, that gives us hope, that gives us the power and desire to make our lives better. And to make them more fulfilling and more filled with those things that are good in the sight of God. I think it has truly strengthened that in many respects.

Both Ruth and Georgia stress that their values have not changed as a result of their experiences. Ruth recalls trying to understand God’s purpose for her as she went through her infertility and adoption experiences. That value has remained, but the enactment is different, as she tries to get her daughter to talk to and listen to God. Georgia echoes this, and additionally stresses the strength her faith has given
her, linking her own aspiration to become a parent with a larger human aspiration to make life better and more fulfilling. Parenting itself is touched by the divine for these women. Faith helped them get through their difficult experiences, but also was strengthened by those experiences.

Marla’s message is that God provides, even as she acknowledges how hard it is to believe that when one is suffering:

I guess one of the lessons that I keep coming back to is God will provide…And what came out of it was the sadness that we had to go through of not being able to conceive a child. If I had been able to conceive, I would not have Chris and Kimberly, and I cannot imagine my world without them. I cannot imagine not having them as my children. And so, I’m now almost glad that I could not conceive. Because if I had been able to conceive, I would not have them… So that lesson, I think, is just that good things do come out of difficult things; you just do not know it at the time…. [I]t is a lot easier, I would say, to look back on it when I have two children and had gone through two successful adoptions where birth mothers did not change their minds… It impossible to have faith when it is not coming through and you are not getting picked and you are watching the days slip by, and you are just wondering, “Am I ever going to get selected,” and realizing that again it might not happen.

The notion that God will provide, and that good things come out of bad, allows Marla to acknowledge the depth of her former fear and uncertainty, recognize that she was extraordinarily fortunate, and fully enjoy the “rightness” she feels as the mother of her two children.

Judith says that one message of her story is that it is easy to love a child who is not biologically yours. Another is the existence of God:

Other lessons -- there is a God, the big one. I mean, there is just some higher being that controls how things are going on. I mean, it is too much, too many coincidences that are so big and so meaningful and so perfect in one person. You know, my life in just a few years – I cannot believe
it is just random. I cannot. And when you look at the three kids together and you — just as I
review it all on my mind, it cannot be random. There is something out there that helps make this
the life that we are all living together. I absolutely believe that now. I did not have any particular
feelings about the subject 10 years ago, but I do now. And that my personality and my strength
has made adoption, and my particular adoption, a natural for me so that I have not lost anything
by not having kids the way I expected I would have kids. If that is not a lesson, I do not know
what is.

For Judith, as for Marla, Sandra, Georgia, and others, the intense love she feels for her children is
connected to feeling God’s presence in the universe. Her family life, which feels so right to her, makes
her believe in an ordered universe. Like Peter and others, Judith connects her own agency with a belief in
an ordered universe. Judith, a former social worker, advertised for birth mothers and screened their phone
calls herself; because of her work experiences this was something she said “felt like a familiar project.” It
was a relief to her to take an active role after infertility treatment. But acknowledging the role her own
personality and strength have in her having the particular types of adoptions she has does not lead her to
the conclusion that she is the prime organizer of her life. Instead, it is part of the proof that “it cannot be
random.” She was meant for adoption; it is a “natural” for her, and hence must have been part of a
greater plan. When participants talk about fate and renewed connections to God, they stress that their
own actions fit into a larger plan, even if they did not know it at the time.

Gaining strength

Participants often feel they became stronger as a result of their suffering. Peter believes
that experiencing infertility made him “distracted.” Repeated failures to conceive undermined his
confidence. “Little voices” whispered to him that he would not be a good dad, but as a man of faith he
believes that was “the enemy trying to discourage me and trying to get me from being who I have been
destined to be.” Today, however, he is stronger because having children did not come easily. Peter’s
adoptions were also fraught with challenges. His daughter’s birth mother concealed that the baby had a serious, although medically controllable, health condition. She wavered about signing away parental rights, sending him and his wife into despair, and they then suffered an extremely painful fall-through prior to adopting their son. This adversity, Peter believes, made them stronger and specifically made them better parents. He says of the daughter’s birth mother wavering:

This was something where we were, after bringing a child into our home and having her here for two, three months, we were set with the thought and had the thought in our heads that we could be losing her as if she had died, and learning how to cope with some of those things. God forbid anything ever happens to our kid. We do not want to believe anything could happen or ever will happen, but at the same time we know we have struggled through and made it through those big challenges.

Peter’s struggle has strengthened him and given him confidence that he can meet even extreme parenting challenges. He has conquered the “little voices” because he now knows he can live and love through great pain, something he might not have learned had his challenges been of a lesser nature.

Dean and his wife Amy also faced challenges in their international adoption. A Russian judge, upon hearing that as a teenager Amy had been convicted on a charge of possessing marijuana, declared they would not be able to adopt the son the agency had promised them. The couple collected affidavits from priests, American judges, and state and national governmental officials attesting to their character, and the Russian judge reversed himself and agreed to the adoption. Despite the frenzy of activity the Russian judgment produced on the part of Dean and his wife, emotionally he remembers that period as being one of paralysis. He could not concentrate at work, he became immersed in prayer, and he found himself sleeping on Russian time because he was so focused on what might be happening there.

So that period was very paralyzing, very difficult to deal with. But it was so joyous. I still had my [biological] son; I’m still blessed. What I have learned from it is to be a little stronger and
believe in myself more and to be more positive and to realize how blessed I really am. It is just, like I said earlier, there are couples that give up, and I did not want to give up.

Dean finds very positive lessons of strength, self-regard, and blessedness by meeting his challenges despite his sense of paralysis.

Dean’s wife Amy echoes his message, saying of the adoption period:

I think it may have reinforced my strength, I think, knowing that you just have to remain focused and positive. If there is a will, there is a way. And just knowing that we were told the judge just changed his mind…I think my perseverance; I think that just reinforcing, it made me stronger as a person, I think. I know I feel I’m very blessed.

Immediately after stating that her difficulties reinforced her strength and perseverance, Amy states that she feels blessed. Dean also, through proximity, links personal challenges with strength and blessedness. This type of linkage is found over and over in these narratives. Having met the challenges of infertility and adoption successfully leads to a sense of well-being that is quite profound. Personal strength and the successful exercise of agency is linked with an acknowledgement of good fortune. The word “blessed” implies connection to the Divine, and many participants make this connection explicitly as well.

Participants find their own strength and perseverance extremely empowering. Connecting their own agency to God’s will is both empowering and humbling. They gain power by their linkage to the Divine, but they reject notions of themselves as being defined by their own agency and power. Instead their agency works in subordination to and in communion with a force greater than themselves.

**Gaining flexibility**

As we have seen, participants who describe things in religious terms often espouse a complicated vision of fate and agency. In their view, one must grow to understand one’s fate and then exercise agency to bring the fated outcome about. In order to do this, one must learn to give up a bit of control to God or to the universe. Participants who are less inclined to religious explanations often
describe this process as learning flexibility. Laura and her husband Chris spent years trying to have a biological child, experiencing so many miscarriages she could not recall the exact number. Laura had to overcome quite a bit of resistance on her husband’s part in order to adopt. He was, she says, “much more wedded to the idea of a biological child” than she was. When asked how adoption affected her, she answered:

Well, at the time I think I was just trying to keep everything on an even keel, and I think now I have learned coping skills…. [W]hereas before you tend to think that you can control a lot of things that happen to you, and a lot of times you cannot. I think I have done better at dealing with those kinds of things that happen in my life. So for example, with work, when I would not have work I would not really let it get to me because I would know that another project will come along. Whereas before I would be just so worried that there is no one who would ever hire me again or something like that. So I think it does help you in other areas of your life.

Although the language they use is different, Laura’s message is very similar to Sandra’s spiritual awakening. Sandra returns to the Catholic Church after her adoptions because they make her realize she cannot “force” things. As she anticipates adopting a daughter, she says, “I do trust that God will bring me the right child at the right time and it is not this intensity like I have to have this right now or I might just freak out.” While Laura draws a lesson about work and Sandra draws a lesson about an anticipated adoption, both women feel that they have learned how to operate in situations that are beyond their control.

Chris, Laura’s husband, is the only participant who outright rejects the idea of an ordered universe. In recalling the pain of multiple miscarriages, he says:

It was like what the hell was going on around here? So yes, I can say that, the first time was like, “All right, we did it. We are okay. We are doing great.” And then you think to yourself, “Who did I anger? Which god have I decided to make mad at me? And why is it happening to you?”
And then I also think that in terms of getting back to how has it changed me, I have become, I think, far more impressed or aware of the total randomization of life. There was no reason I got picked for this and there is no reason you got picked or anybody got picked. Shit happens. It just happens. It is not like you did not go to church enough when you were a kid or you did not pass on a chain letter, it just happens. And to every life, a little rain must fall. You just have to start dealing with that and become more, I would say, more fatalistic and less assured that these assumptions are going to work out.

Chris draws the opposite conclusion of Peter about his suffering. While Peter feels his suffering was foreordained to bring him his fated child, Chris sees a universe that is completely random. And yet they draw somewhat similar messages. Peter feels that life is a series of valleys and mountains, while Chris believes that “to every life, a little rain must fall.” In other words, suffering is a part of life. The important thing is how you deal with suffering. Both Peter and Chris feel they have learned to deal with uncertainty as a result of their experiences. Peter says facing the possibility of losing his daughter made them better parents and made them stronger people. Chris says, “Another message is life is random…. So you have to be willing to adjust and not let the randomness of events knock you out.” Chris rejects the overtly redemptive language other participants employ, yet a lesson of strength is implicit in his refusal to be “knocked out.”

**Accomplishment**

Having gained in both strength and flexibility, participants take great pride in the accomplishment of having adopted. Themes of accomplishment are where participants pat themselves on the back and recognize their own achievement and agency in having pursued a family through great difficulty. Nine participants use some form of the idea, “you can do it” as the message of their adoption story. A few of the ways people express this idea are as follows:
William: I think the message is that people can do it…. Everybody just has to do it their own way and figure it out for themselves… At some point, you have to see clearly enough to make the choices to be able to do it, whatever “it” is.

Trudy: [I]f you want to be a parent, it can happen…. It does not matter how it happens and [just try] to find anybody to spend any time with our family and tell us that we are not a family.

Ezra: I guess the lesson or the moral there is that you just need to listen to your deepest callings and really listen to yourself and listen to what you need to do before you die, and do it. It just does not matter how impossible it is or people think it would be or something like that. Because it has to do with -- because it defines you so and it has to -- and unless you do it you feel like you are not doing what you should be doing.

These three participants struggled with different issues. William and his wife went through an extremely rocky time in their marriage, in which adoption was postponed while they worked on their relationship, and William himself became quite depressed. He saw his story as one of reaching the personal clarity necessary to beat inner fears, work on his marriage and build a family. Trudy underwent a protracted treatment period, as she and her husband attempted to exhaust all biological options before turning to adoption. Ezra had a vision of himself parenting a sibling group of five, and felt a calling to do so. He first had to overcome the reluctance of his wife, and then that of private adoption agencies, most of whom had never placed more than two siblings in one home at once and felt it was unwise to do so. These differences are reflected in the ways they couch their message, but the core message is the same: you can do it.

Ezra ties together several themes. The idea that one needs to listen to one’s deepest callings and that there are things a person “should” be doing, and that it is up to that person to discover what those things are, echo other participants’ use of fate. That parenting is something that people feel they “should” be doing in a very deep, spiritual way underlies much of the pain and dashed
expectations of the infertility sections of the narratives. If the felt need to parent were not so great, the pain would not be so great either. The notion that it is important to listen to one’s deepest self even if it seems extreme to others is what gives participants strength to persevere in the face of obstacles and misconceptions.

The accomplishment people feel is a deep one, related to persevering through difficult times and discovering one’s purpose in life. As Dahlia says, “I am a changed person because I didn’t quit.” Georgia expresses the idea of purpose like this:

I just felt not only did I want to be a parent because of all the things that you want to be a parent for, I guess, but I just felt it was important to really focus on something else in my life besides my job and make a pretty house, and that seemed to be a much more lasting and enduring legacy even if you screwed it up, than the stuff that I was doing. And that was important to me, that there was something that was enduring and lasting that I could help leave. Because this is -- I mean, you move out of this house and it is no longer your house. A job is a job at the end of the day. Much pride as I take in it, as much pride as I have in my accomplishments, it is a job. And it is not what is important.

The pride participants take in their adoptions is related to the sense that it was not easy: as Dean says, “There are couples that give up, and I did not want to give up.” It is also related to the idea that the stakes are high: as Georgia points out, family is not a job, but a legacy. Both the pain and the pride are related to the centrality these people assign to family in their lives.

Reinterpreting isolation and suffering through connection

Besides various aspects of agency and personal growth, the other major theme for participants is what I coded as communication and connection, which closely aligns with what Bakan (1966), McAdams et al. (1996) and others refer to as communion. Connection occurred as both an experiential and interpretive code. As noted previously, feelings of connection were often high points
in people’s narratives. Scenes in which they collaborated closely with a spouse or felt particularly loved, felt part of their community, or connected in an instrumental way with adoptive parents who were able to model adoptive family life and give them practical advice were common high points.

However, connection is also a major interpretive device. Sometimes people simply offer connection as a message or a lasting effect of their experiences, but more often they describe the way growth and agency led them to greater connectedness with others.

Sheila is unusual in her emphasis on the need for communication and her lack of emphasis on personal growth. She and her husband, William, went through a difficult period in their marriage prior to adopting, and both of them focus on the need to address their marital discord prior to adopting children. William casts this almost entirely as a journey of personal growth. Connection, in terms of renewed intimacy and cooperation with his wife and his joy at being a father, is a prize, the end result of the growth process. In contrast, Sheila focuses entirely on the need for connection, and very little on what needed to happen to get there. Her infertility high point is the decision to adopt, because the decision is emblematic of reaching a point in their relationship where they could come to consensus. Their couples’ therapist is a main character in her story, because she got the two of them talking again. (In contrast, William speaks of his personal therapist, who helped him reach clarity and conquer fear.) The message of Sheila’s story is, “Keep the lines of communication open with your spouse.”

Participants like Sheila who experienced high degrees of isolation from, conflict with, or negotiation with their spouse tend to stress the simple fact of connection as an effect of their experiences. (Her husband William is an extreme outlier in his relentless focus on personal growth as a means to connection.) Joan’s husband, Ezra, desperately wanted children while she was nervous about childbirth. It took her ten years to finish her dissertation, during which time they put family-building on hold. She also suffered from endometriosis, which complicated their family building
efforts. In his narrative, Ezra complains that it was difficult for him to celebrate the completion of her dissertation because his own desires for a family had been put on hold for so long. They do artificial insemination but Joan refuses to participate in *in vitro*, which is contrary to her religious beliefs.

When asked how she was affected by infertility, she said that the decision to adopt “just showed me how much he loved me. I never felt like it was my fault because I’m ill, that we would not have kids. He is very patient… and he loves me for who I am.” While other participants often describe a change in their mental or emotional status as a result of their experiences, Joan describes recognizing the depth of her husband’s love for her, a theme that recurs throughout her narrative. Similarly, Amy comments that IVF brought her and her husband closer together. The experience of suffering alone made them closer, not an internal change or growth process.

*Personal growth leading to connection and communion*

For most participants, however, connection is cast as a result of growth when they are describing the effect or meaning of their experiences. As described earlier, Laura and Chris had a hard time supporting each other as she experienced multiple miscarriages over many years. When asked how she was affected by infertility, Laura stresses how much she and Chris both wanted children, and says it was the first time in her life she really wanted something and couldn’t get it. Infertility, she says, was an “incredible strain on our marriage, and I thought we had a really strong marriage.” The conflict, however, forced them “to come up with some problem-solving skills and learn how to talk to each other again.” In this example, a very concrete kind of growth – learning to problem-solve with her husband – yields a concrete kind of connection – renewed marital accord. But Laura also believes that her adoption experiences have “profoundly changed” her: “I think, certainly, more empathy for other people. I have become more flexible. I have become, I think, a little more willing to help other people -- -- whether with adoption or just in general.” In other words, the growth Laura has experienced
as a result of her experiences has led her to feel deeper connections to many kinds of people, through
increased empathy and willingness to offer help.

The personal growth participants describe often has renewed or intensified connection
to others as its result. Like Laura, many participants describe increased sensitivity to others and
increased empathy as a result of their experiences. Often this increased sensitivity is directed towards
two specific groups – the infertile and birth mothers. People feel they can help other infertile people
as a result of their experiences, and that their eyes have been opened to the plight of birth mothers.
Dolores reflects that her perspective on birth mothers has completely shifted as a result of her
experiences. Rather than thinking, “she gave her baby away, she does not want her baby,” she realizes
that her child’s birth mother “love[d] this baby so much”, and was trying to do the best thing for both
the baby and the child she was already parenting. Educating people about birth parents has become
part of her and her husband’s “ministry.” They have become “more compassionate, more
understanding, just looking at other people’s perspective as opposed to just from our side.”

Some participants feel they have matured into a greater ability to parent and connect with
others. Robert’s own father was often absent, and Robert postponed trying to have children out of fear
that he himself would be a bad father. When he and Sandra began infertility treatment he was “was
still a bit selfish, a bit — now I can get together with the guys or I can do poker night.” However, years
of treatment gave him time “to mature, to go from 30 to 34 and just in that time to realize what was
important and what I wanted to be, and how long I have lived my life and I did not want to live alone and
I did not want to live it without children.” He gains an important insight into the importance of
generativity in his own life.

Laura’s husband Chris is the participant who most eloquently describes a generalized
growth process that leads to connection. He recalls how he angrily cut himself off from the world during
their ten years of miscarriages, and then recalls the kindness people showed them when they brought their first child home from Russia:

That spirit of generosity was alien to me. I mean I'm just, “Wow, why are these people doing this?” And I thought to myself, maybe they are not doing this for me because I clearly do not deserve this kind of treatment…. [T]hey are doing it for the baby and a celebration for this. So that is the thing that struck me and I was like, “Wow, people really can be nice.” And again, it is not me that deserves this. So that was an interesting thought. And that probably led me to get -- to come back to the human race and to not be so antagonistic or unfriendly. Because I had put myself out there because I was not part of a group. But now, I'm ready to come back in and do that. So, in the immediate thing, it helped me return to a person you would want to hang around with. And now, the way I think this affected me now is that I do -- I will find myself repeating that phrase that the spirit of generosity. Do you know what I mean? You should help other folks who just need something. Do you know what I mean? Like if your neighbor needs something or whatever because people have been very nice to you despite the fact you never deserved it. So, it will be extremely hypocritical of you to not extend that same generosity to other folks, whether or not they deserve it.

Chris traces a maturing growth process that leads him to re-embrace humanity from a more compassionate stance. He goes from a cocky young man who has never suffered to someone who pushes the whole world away because of his pain. Because he recognizes how antagonistic he has become, he is doubly touched by the generosity he encounters when he brings his daughter home. Not only does he “return to the human race,” he is willing to be generous to others without making judgments about deservingness, showing compassion and connection he had previously lacked.

Finally, participants often cite a lack of preconceptions about their children and an intensified appreciation of their children and life as privileged insights adoption has bestowed upon
them. These insights are really aspects of personal growth that concern greater connection to others. McAdams (2002) codes “self-insight” as a subset of agency. “Self-insight” entails having an insight that makes one feel wiser or more self-actualized, and often involves a transformation in the way one lives one’s life or sees the world and the self. The participants in this study often credit their infertility and adoption experiences with giving them a greater insight into themselves and the world around them. But while McAdams’ self-insight can involve a variety of types, insight here almost always leads to greater connectedness with others.

Eight participants, or 21% of the sample, name a lack of preconceptions about their children as a benefit of adoption. Norman, who so feared that he would not love an adopted child as much as his biological son, and Roberta, who felt adoption was an enormous risk, both feel that the lack of preconceptions to be an enormous benefit of adoption. Roberta says “you just discover” an adopted child, adding, “he has such varied interests that he is just so fun and you, like, drink it up. You just drink it up, like “This is great.” You cannot take any credit for it. And it is really great.” Norman and William both feel they have an advantage over friends who only have biological children. Both feel that these friends lack what William calls “a healthy distance” from their children, falling into the trap of expecting certain characteristics because their children are biologically theirs. Joan imagines that she might have expected biological children to be musical like her and Ezra, and is amazed as she watches her adopted kids do things like gymnastics that she could never dream of doing. Chris says that the lack of preconceptions can be “frustrating” but also “liberating,” and his wife notes that she signs her children up for a wide range of activities, searching for their talents and enthusiasms. Parents who once so feared the lack of genetic connection and perceived adoption as unknown and risky here turn that lack and that unknown into something immensely positive. They are more connected to their children than biological parents because they have gained the insight and wisdom to observe and react to their children, rather than expecting to see themselves reflected in
their child’s likes and dislikes. They have also gained a joy they might not have known with biological children: as Jessica says, “if you don’t adopt, there is missing the joy of discovering [your] kid’s talents.” The lack of preconception privileges both parents and children: it allows children to be themselves, and parents, as Roberta says, “to drink them up.” In claiming the difference of adoption as a privilege, these parents cope with Kirk’s (1981) role handicap in an extraordinarily positive way.

But an even more common insight is that of appreciation. Twenty participants (53%) describe an intensified appreciation of their children and family life as a result of their experiences. Mark is the participant who most stresses appreciation and gratitude as a result of his experiences; he brings up his intensified appreciation of life and family four separate times in the interview. Mark had two children with his first wife and then had a vasectomy. When the children were teenagers, he and his wife divorced. His second wife, Julie, desperately wanted children, and he did too. Efforts to reverse the vasectomy failed, as did artificial insemination and in vitro with donor sperm. Mark and Julie adopted two daughters from China, a process which he considers even more miraculous than giving birth.

Early on in his narrative Mark highlights the privileged position he feels he occupies as a biological and adoptive father:

But the fact that I have had adopted children plus biological children and I see that there is no difference, I just feel -- I do not know, maybe a little bit more privileged to be a parent. I think sometimes with biological kids you just kind of feel like, “Well, okay, let's have a family.” But having gone through the adoption process and not only having children from a different culture but through an entirely different process and yet the basic end-result is the same -- you are a family. So I think that has kind of given me a new perspective on being a parent.

Here Mark highlights that biological and adoptive families are not different, and that he feels privileged to be able to see that. Later, however, he says, “The privilege of being a parent, I think, feels a little bit stronger having adopted.” The experience of having struggled and suffered for his children made him
appreciate them even more than he did with his biological family. He feels that the joy of meeting his adoptive daughter was even greater than that of witnessing the birth of his biological children:

Maybe even a little bit higher and I think it is because of the process, because to get to that point, we had to go through so much. My first children, I mean, for my first wife having children was really easy and as soon as we decided to have kids, we had them. Everything went as planned. We did not have any miscarriages or anything. I mean, it was just like, you expected it. And so, I think, maybe because of that, it was even -- the joy was just even higher because of such a miraculous process.

For Mark, the effect of adoption was to make him appreciate his family and “the little things” much more:

I think it has made me so much more appreciative of little things. The first time that I went through having a family, I worked a lot, and I was not around for a lot of things. I think one of the things that adopting Elise and Aurora just made me so appreciative of the miracle of what makes a family, just the little things, being around. I think I’m so much more appreciative of little things in life and not taking anything for granted. I think it has helped me put work in perspective. I jealously protect my time that I have at home… [T]o me, that makes me a better person.

The experience of struggling and working to have children was transformative to Mark. He changed both the way he parented, working less and protecting his time at home more, and his perspective on parenting, making it something to savor.

When asked the message of his story, Mark reiterates that he does not take life for granted but “savor[s] each moment.” He also stresses a kind of global connectedness he feels:

I think it has made me much more open to other people. I think it has made me realize since our daughters came from half a world away that people are just people and the things that make us
feel separate are the things that people have built up – languages, geography or different cultural things that they identify with. All those things tend to make people feel that they are separate, but basically, just all people who want to live and be loved. So I think it has helped my world view, made me much more sympathetic, I guess, to places where people do not have all the lifestyle opportunities that we do here in this country…. It has probably made me a more compassionate person.

While appreciation of family is Mark’s main insight, he has also come to a greater appreciation of the oneness of humanity, seeing people as artificially separated by language and culture. This has transformed him into a more compassionate person who is more sympathetic to people with fewer opportunities.

Mark’s feelings of appreciation for his children and parenthood are echoed over and over again by others. Trudy believes that she would have appreciated biological children less than the ones she has: “I think I would appreciate being a parent but I think this experience really makes me appreciate being a parent and really makes me savor the moments. I do not think I would -- I think I would have been in tune with it but I do not think I would have been as in tune with it.” Marla believes that had she gotten pregnant, she might not have had such a “deep affection for my children and I am just so cognizant of what a gift it is.” She lists the annoying things kids can do and says the positive aspect is … they are pissing me off but that is my daughter that pisses me off. So, I think it – I do not know how I would weather the hard times with the child who was biologically mine. Because I – maybe they do not, but I guess I would kind of think that parents can kind of take that for granted – you know, having children – because it just happened. It is like taking out the trash; it is just what you do.

Marla’s comment that parenting is “like taking out the trash” for biological parents is an emotion echoed by many participants, who tend to see biological parents as careless and ungrateful. Perhaps as a response
to a society they feel is unsympathetic about adoption, or perhaps in response to the former self who was so reluctant to adopt, they cast themselves as the privileged parent, and the biological parent as someone who is unappreciative and out of tune. Again, this is an interpretation that allows them to acknowledge the depth of their suffering but cast it in an ultimately positive light: they suffered because they did not understand what a gift adoption is. Lacking an intimate knowledge of adoption, they thought it was lesser than biological parenting. Now, having experienced it, they understand that it has given them the gift of appreciation. Amy sums up this feeling: “I think when people just have children and just come about so easily they take it for granted. I certainly do not. So maybe not that I love my children more, but I’m just really grateful that they are here.”

These stories can almost be seen as battlefield experiences, where the war is being fought to achieve connection. The reason the participants enter the fight is their desire for a child and the connection they expect to achieve through parenting. The fighting and winning of that war, however, transforms them. The connection they earn goes far beyond the one they dreamed of. Not only are they parents, but their marriages are stronger, their appreciation for their children and life is deeper, their empathy for others is enhanced. They have worked hard to get to this place, and while they acknowledge that they also underplay it, for part of their transformation is a sense of being touched by the divine.

**Agency and communion: The larger context**

These are stories of enormous hard work and agency. While many participants acknowledge what they have done with pride, these stories are emphatically not concerned with self-celebration or celebrations of power. Instead, participants often seem to tame their own agency by linking it so firmly with communion and notions of an ordered universe and the Divine. There is something of a tradition in the psychological literature of viewing unbridled agency with suspicion, beginning with Bakan (1966), who coined the terms and stated that “the villain is unmitigated agency” (p. 14) and “the psychological problem of the Satanic image is agency unmitigated by communion” (p. 40). Bakan cast
agency and communion as being in opposition, with agency, to some extent, trying to repress and overthrow communion. Hogan (1982) described agency as being motivated to get ahead and communion as being motivated to get along. Schwartz (1997) posited that the acceptance of others and concern for their welfare necessary for communion interferes with the pursuit of one’s own success and dominance that are motivators of agency. Most recently, Frimer (Frimer, Walker, Lee, Riches, & Dunlop, 2012) asked social scientists to evaluate the moral qualities of a list of influential public figures from Time magazine. The top fifteen, characterized as moral exemplars, were compared with the bottom fifteen, who were nonetheless similarly influential. Speeches and interviews of the subjects were coded for agency and communion. The moral exemplars were found to integrate agency and communion and treat agency as a means to communion, while the bottom fifteen treated agency as a means to an end and an end in itself.

The participants in this study also seem to sense a danger in unmitigated agency. They take pride in their accomplishments, but temper that pride by linking it to connection with others and pointing out that the accomplishment is only meaningful because of its connection to a generative legacy. Like Frimer’s moral exemplars (2011, 2012) and McAdams’ highly generative adults (1986), these parents weave agency and communion together, presenting agency as being in the service of communion.

The themes of fate and gratitude also serve to temper potential themes of unbridled agency by connecting participants to a sense of the divine and placing their actions within a larger perceived pattern in the universe. Gratitude for these participants is a broadening emotion (Fredrickson, 2004), deepening their appreciation not just for their children but the universe as a whole. Positive emotions appear to build enduring personal resources, and gratitude appears to broaden modes of thinking, encouraging those who feel it to consider a wide array of actions that might benefit others (Fredrickson, 2004). Certainly several participants directly link their gratitude for their children to their becoming more compassionate or more helpful people.
However, gratitude for these participants transcends human interchange, and it is that transcendence that puts agency in its place, as it were. Gratitude typically indicates a transaction in which “a benefactor contributes to a beneficiary’s perceived well-being through some tangible or intangible benefit” (McCullough & Tsang, 2004)p. 125. Degrees of gratitude are affected by the perception of how valuable the benefit conferred is, how much effort and/or cost have been expended on one’s behalf, the intentionality of the effort expended, and whether or not the effort expended was gratuitous (i.e., not related to a role-based relationship between benefactor and recipient) (McCullough & Tsang, 2004). Of course, this definition of gratitude does not work for these participants. It is clear that they feel their children are a particularly valuable benefit. But they themselves are the ones who have expended high effort and cost to get them, and they themselves are the ones who have been intentional. McCullough and Tsang (2004) note that people sometimes feel gratitude in response to events that are not the result of the action of other human beings, and note that when benefits are received as the result of one’s own efforts, God, or chance, people often attribute intentionality to nonhuman agents. We do not have a word for “feeling gratitude to one’s self,” and the words that might approximate that emotion have a negative tone: conceit, pride. They are also words that implicitly place others at a distance. It may be emotionally impossible to feel grateful to one’s self for an event as enormous as adopting a child after years of hope and struggle. These narratives suggest that only directing gratitude outwards, to some kind of divine being, is emotionally large enough to capture the greatness of the benefit these participants feel they have received. Indeed, Steindl-Rast (Steindl-Rast, 2004) proposes that gratitude is a “celebration of undeserved kindness” or an “undeserved admittance into a state of mutual belonging” (p. 284). This “transpersonal” gratitude (in contrast to the personal gratitude experienced in the social realm) is more akin to what these participants feel than definitions that rest on a benefactor-recipient relationship.

There is a complicated relationship in these narratives, then, between agency, communion, personal narrative strategy, temporal effects and cultural dialogue. It is possible that
fortuitous circumstances (being in the right place at the right time) aided these participants in the exercise of agency – that is, in the exercise of personal power in the quest to adopt a child. Even so, it seems certain that participants employ autobiographical reasoning (Habermas & Bluck, 2000) and selective memory (McAdams, 2008) in order to use life stories to support identities as agentic beings, not powerless ones. At the same time, narratives of generative pursuit consistently employ interpretations in which agency is in the service of communion (Frimmer, et al., 2011). Participants seem to view unbridled agency with some suspicion in this circumstance; perhaps it is considered unseemly to pursue a child with unchecked power. Ironically, as we explored in the previous chapter, this is exactly what birth parents often charge adoptive parents with: the ability to exercise unchecked agency, while the birth parent’s own agency is suppressed in some way.

Personal stories make use of menu items provided by culture (McAdams, 2008; McAdams & Pals, 2006). Our experiences and stories are at once uniquely our own and similar to many other human stories and experiences. Within the constraints of culture and the reworking of what others have felt before, these stories are indubitably “good.” Events are positively reinterpreted, and the world is recast once again as safe, predictable, and orderly. Rather than push away or deny their pain, participants tend to transform it into a new understanding of self and the world (King & Raspin, 2004; King & Smith, 2004; McAdams, 2006; Pals, 2006a).

When looked at in concert with some of the literature on potential pitfalls in adoptive parenting, these narratives are suggestive of interpretations that may aid participants in the parenting role. They are, of course, not conclusive: this study concerned itself with adoptive parent identity, and not the entire family system. While the FAD scores suggest that these are well-functioning families, we know little about the dynamics between parent and child. Nonetheless, these interpretations seem to answer certain issues brought up in previous literature. Schneider and Rimmer (Schneider & Rimmer, 1984) posit that an adoptive child is seen as a reminder of the failure to produce children biologically, leading to
parental anger toward the child. They also suggest that adoptive parents may harbor frustration that the child does not fully represent them. Brodzinsky (1987), in his Eriksonian model of adoptive family adjustment, suggests several factors regarding the adoptive parent that may impede an adopted infant’s ability to reach the basic stage of trust. These factors include continued mourning or conflict over infertility, the uncertain timing of adoption, a lack of role models for adoptive parenting, and stigma regarding adoption that leads to a lack of social support. Wegar (2000) argues that adoptive parents experience role strain not because of internal factors because of society’s insinuation that they are not “real” parents. Literature on the complications of adoptive parenting, then, explores both internal and social factors that may negatively affect a parent’s ability to cope.

These narratives show that it is entirely possible for parents to transform feelings of failure and mourning into wholehearted love and commitment by asserting a sense of accomplishment, enhanced feelings of appreciation, a belief in fate, and personal growth. Any difficulty parents may have felt because their child is dissimilar to them, or because they are receiving stigmatizing societal messages, are dealt with interpretively in these narratives. Participants assert that because they lack preconceptions about their children, they are better parents who enjoy their children’s true selves. Indeed, they claim a privileged position as parents, insisting that they see their children more clearly and appreciate them more than biological parents do.

Parents who adopt after infertility do seem able to transform their experiences into a new, positive parenting identity. Once they are out of the throes of infertility treatment and the waiting of the adoption process, participants recast their stories as ones in which the exercise of agency and personal growth brings them into alignment with their own fate and an expanded experience of the Divine. Far from being stunted or haunted by their difficult family-building experiences, participants turn them into strength and privilege, feeling, as Roberta states, that they have come out on the other end into a “fantastic world.”
Chapter 7

Riding the bus and driving the bus: the difference between men and women

The primary question driving this study was how participants incorporate a presumed reluctance to adopt with presumed happiness over the eventual outcome. As was described in the previous chapter, men and women tend to use the same strategies to resolve their narratives overall. They both feel strengthened by their difficult experiences, take pride in the accomplishment of adoption, believe that their struggles and the lessons they have learned have led to deeper connections to others and a deeper sense of appreciation for their children.

A secondary question was whether the narratives of men and women differ concerning infertility and adoption experiences or interpretations. This question was driven largely by previous research finding that women seem to be more adversely affected by infertility than men. Compared to infertile men, infertile women have lower self esteem scores, are more depressed, report lower life satisfaction, and are more likely to blame themselves for their infertility (for a review see Greil, 1997). Indeed, between 48% and 57% of women, but only 12% of men say that infertility was the worst thing they had faced in life (Freeman, Boxer, Rickels, Tureck, & Mastroianni, 1985; Keye, Deneris, Wilson, & Sullivan, 1981). Nor is unhappiness over infertility confined to the treatment phase: women who want children and do not have them, either biologically or through adoption, report substantial long-term psychological problems (McQuillan, et al., 2003).

The differential findings on men and women may be partially due to the overrepresentation of women in infertility studies (Jordan & Revenson, 1999), lesser sensitivity of instruments used to male manifestations of distress (Webb & Daniluk, 1999), or the fact that because most infertility tests and treatments involve the woman’s body, her life is more impacted by treatment (Abbey, Andrews, & Halman, 1992). Women in the general population tend to experience more depression than men (Rosenfield, 1980), and the infertility findings may partly be an artifact of that.
However, another explanation for why infertility causes distress in both men and women, but seems to cause more distress for women, is infertility’s relationship to identity. Daly (1988) and McQuillian et. al. (2003) use the concept of identity hierarchy (Stryker, 1964, 1968, 1980) to explain reactions to involuntary childlessness. Parenthood, but particularly motherhood, is hypothesized to be a highly salient identity to most Americans, and the negative impact of infertility to be related to the pronatalism of western society (Miall, 1986). In this formulation the stress of infertility results from the inability to achieve or maintain a valued identity (McQuillan, et al., 2003). When people receive an infertility diagnosis, it is experienced as an identity threat (K. Daniels, 1999; Gonzalez, 2000) that requires a renegotiation of one’s sense of self (K.J. Daly, 1988; Gonzalez, 2000). For sociologists, then, the salience of the role is what theoretically predicts differences in the experiences of men and women.

Evolutionary psychologists, in contrast, theorize that the environment of evolutionary adaptedness caused men and women to have very different parenting goals. If we are evolutionarily wired to perpetuate ourselves genetically, men, who can have an almost unlimited number of children, are programmed to have sex with as many women as possible and spread their seed far and wide. Women, who are limited in the number of children they can have by the facts of pregnancy and lactation, are more likely to seek “quality” partners who will provide protection for them and their children. They are also more likely than men to place a high premium on the nurture of children, to ensure that the (relatively) few children they produce make it to adulthood (Pinker, 1997). In modern terms, men may see parenthood as more related to the production of children, while women see it as more a matter of nurturance.

In this study, men and women do not differ on general meaning-making strategies. They do, however, differ in the emotions they attach to infertility treatment and adoption and the sense of urgency and level of commitment they bring to parenthood. For the majority of couples, infertility and adoption are experiences that are driven by the wife’s feelings, both in terms of her drive to have children
and her feelings of sadness or distress. Over half the men sampled describe awareness of and sympathy for their wives’ emotional distress; none of the women express similar sympathy for their husbands. Men tend to be more cautious about adoption and much less likely to exert control over the adoption process. Finally, they describe a more complicated process of investing in their children. The only quantitative difference between men and women in this sample is that the women, as predicted by studies of personality differences between genders, are somewhat more neurotic than the men (Schmitt, Realo, Voracek, & Allik, 2008). (See Appendix D.)

**Women: The driving force**

Women are normally, but not always, the initiators of the adoption process and the member of the couple more committed to having children. In the section about characters, participants were asked who was the protagonist (defined as “the person who pushed the story along”). Not everyone answered that part of the question directly, but all the narratives did address who the protagonist was at some point in the narrative. (For example, several men describe themselves as being “along for the ride” – a clear indication that they feel their wives are the protagonists.)

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<tr>
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<th>Self</th>
<th>Spouse</th>
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<tbody>
<tr>
<td>Woman</td>
<td>14</td>
<td>3 (Sheila*, Ruth, Joan**)</td>
<td>2 (Amy***, Tamara****)</td>
</tr>
<tr>
<td>Man</td>
<td>3 (William*, Ezra**, Dean***)</td>
<td>14</td>
<td>2 (Jonathan, Peter****)</td>
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* Couples are matched by number of stars

In Table 5 we see that there is a fair amount of agreement among couples about who the protagonist is. Sheila and William agree that he is the protagonist, as do Joan and Ezra. Dean says his wife Amy is the “hero” for going through *in vitro* four times but that he is the protagonist because he pushed for a sibling for their biological son. He then amends that to say that she pushed, too. Amy
simply says they were both protagonists. Tamara and Peter do not answer the question directly but each names self and spouse as main characters, and their overall narratives show a high degree of cooperation and equality of commitment. Alan focuses on the pain of infertility treatment and names his wife as the protagonist; she focuses on adoption decision-making and names him. Their narratives also show a high degree of cooperation and commitment from both throughout the process. Only Judith and Jonathan, separated at the time of the interview, have substantial disagreement on this issue. Jonathan recalls himself and his wife as being “equal partners” in the adoption process. Judith, however, describes Jonathan as being “auxiliary” in the process, adding that once the babies are there, he is their father.

Women, then, are overwhelmingly described as the driving forces behind the infertility and adoption experience. The two couples who agree that the man is the protagonist can help in theorizing whether the differences uncovered are related to gender roles, or have more to do with unequal commitments to and drives towards parenthood.

Driving the bus and riding the bus

There is quite a differential in the relative willingness of men and women to give up control of the adoption process. In all the couples in which the woman is described as the protagonist by both members, she is also described as being the one who takes control of making the adoption happen. Five couples describe a more egalitarian process in which both members are involved. They are Ruth and Alan, who name each other as protagonists, Peter and Tamara, who avoid the question, Amy (who says they are joint protagonists) and Dean (who says he is the protagonist), and William and Sheila and Ezra and Joan, who agree that the man is the protagonist.

The men who view their wife as the protagonist often use somewhat extreme language to describe her control of the process. Thus, Jim says, “Marla was the driver in most of this.” Nick says, “Then we started actively going forth again. And when I say actively, actively. I was kind of – I took the bus ride. She did. She was very, very driven to have a family. Obviously I wanted to have a family but I
was not as driven as she was.” Daniel describes the process of his and Sally’s somewhat sudden adoptions like this:

The protagonist is definitely Sally. She is the one driving the bus. With both [girls], the first thing I would say is, “Are you sure you can handle this? Are you sure this is what you want? Are you sure this is the right thing?” And both times, absolutely yes. And the other thing is, too, is you get a call from her at work: “Daniel, you are not going to believe this.” And it just -- she is just jumping through the phone, she was so excited. So there is no way you can say, “I do not know,” or “No way,” because she is definitely the one in charge there, the one that is -- the main driver of what is going on, I guess.

It is striking how comfortable these men feel acknowledging their wives as the driving force in the process. Even men who describe themselves as extremely committed to adoption use similar language. Mark, who desperately wanted children with Julie, describes her as the “leading character” who “dealt with every challenge we had. . . . the driving force.” Once they decided to adopt from China, he says proudly that Julie was “a ball of fire” who got everything going. Julie says that she is the “dragger” and that Mark is the “draggee,” but acknowledges that she does not have to drag him “too much.”

For the two men who are protagonists, the process is not reversed. Rather then describe the man as being in control, these couples describe a joint, shared process. William goes out of his way to describe deciding that he would rather be married to Sheila and childless than have children. Their narratives agree that it is only when she decides she is ready to adopt that they begin the process. William describes the actual process of adoption somewhat briefly, but makes it sound like a cooperative, shared procedure, noting that at one point Sheila is annoyed with him for not getting a piece of paperwork done quickly enough. Ezra and Joan each minutely describe the process of making adoption decisions and tackling paperwork. They go on a weekend retreat in order to interrogate themselves and each other
about their willingness to consider a whole array of family sizes, countries of origin, and racial
differences. They appear to split up aspects of the process, with Joan tackling paperwork and Ezra
dealing with the adoption agency. The narratives of couples who describe themselves as shared
protagonists are similar: no one is dragged in these couples, and no one is along for the ride.

When the women are the protagonists they tend to take on both the burden and the
control of the adoption process. When men are the protagonists, or when couples see themselves as
sharing the lead, men and women take on responsibilities and decision-making more equally. Men never
completely take control of the process of family-building, even when they are the ones pushing for a
family. Women never completely cede control, even when they are clear that their husband drove the
process.

**Imagining childlessness**

Another difference between men and women is the ability of some men (n=8) to imagine
a life without children. The few times women describe thinking about childlessness it is described as
wholly negative, or something they push out of their minds immediately. When men imagine
childlessness, however, they are often explicit about the benefits of such a life. At one point Laura is
afraid she might have to choose between being childless with Chris or leaving him to adopt; both options
are unimaginable. Chris, on the other hand, still seems to enjoy imagining a life without children:

**Chris:** I was perfectly content to live child-free. There are tremendous advantages,
financial among them. You can pretty much go anywhere you want because at the time we would
have been — because Laura was working, I was working. There would have been a ton of
money. We could pretty much travel whenever we wanted.…. Kids are wonderful, but they do
need shoes…. And there is also — now that they are in school, there is a school calendar thing. I
just cannot jump off and say, “Hey, you know what? The Bahamas is having a sale this week.”
It is in the middle of school. No can do. So, obviously, there is that problem with that, and being
child-free would have been ideal. But despite all that, we still wanted to have children and one of the --

Interviewer: Wait, you just said you were perfectly content to be child-free but now you just said you wanted to have children --.

Chris: I would have accepted the decision to live child-free. Do you know what I mean?

Interviewer: So if Laura had said, “I do not — it is not so important to me,” you would have said okay?

Chris: Yes, I would.

Chris is able to imagine a materially rich, exciting life without children, despite having wanted them very much. He talks about this in the context of stopping treatment after ten years of miscarriages, so the willingness to live without children may also be tied to his desire for biological children, while his wife had already come to the conclusion that she was more invested in the act of parenting. He also paints the decision to adopt as being his wife’s; he would have “accepted the decision to live child-free.”

Marla and Jim both describe having had conversations about what their lives would be like without children and the material advantages they would have. As it becomes increasingly clear that IVF is not going to work, Marla says: “So I was mentally at the same time preparing myself for being childless and the benefits that would come along with that and just kind of readying myself for that. At that point, adoption, I do not think it really entered my mind much.” Jim, in contrast, says, “I was okay with kids but at that point, I did not really care too much one way or the other if it did or did not happen. I think I wanted it more than not, but it was not something that I’m going to fall down and die if I cannot have a child.” Marla must “ready” herself for the idea of not having a child. Apparently she is unable to ready herself successfully, for once their last cycle fails she pushes the idea of adoption to her husband.
He, on the other hand, is emphatic throughout the narrative that he would have been fine without children – while also emphasizing how happy he is that he has them.

This willingness to imagine life without children appears to be male, divorced from the issue of whether one is the protagonist or not. William recalls that after their first and only IVF cycle failed, they decided to “let the whole thing drop…. I think at that point in time I was thinking that if this isn’t going to work, maybe we just weren’t meant to have kids. I think she was in the same position, although she might have said differently looking back.” He and Sheila go through a long period of alienation from one another, and it is during this period that he decides he would like to adopt. However, as part of their reconciliation process, he explicitly decides that he would rather be with her than adopt a child, and leaves the ultimate decision on her shoulders. William is able to entertain the idea that they are not “meant” to have children, and he is comfortable putting his relationship with his wife before parenthood. He also hints at a problem of interpretation with these narratives. He thinks that at the time his wife was “in the same position” (i.e., willing to accept a life without children), but notes that “she might have said differently looking back.” In other words, although he and Sheila agree that he drove the adoption process, he suspects that her current situation might color her recollection of how willing she was to live without children.

Ezra, the other male protagonist, also makes it clear that he is able to imagine a life without children. He and Joan discussed having a family prior to getting married:

I wanted a big family and she wanted a small family and there was not any way of resolving that. And I decided to get married anyway and work that out later at risk of not having a family or whatever. I just decided that -- I made the decision that I did not need to have a family and, therefore, we can get married because the other would not threaten that status. And that was a big decision, to decide that I did not need to have a family when I always pictured myself having a big family made a big difference.”
Although Ezra does not clarify why he feels the choice is between a big family or no family, it is clearly important to him because he repeats the idea: “And so a year or so later, it was 2003, we decided that summer we should decide whether to continue infertility or adopt. For her, it was between those two. For mine, it was or not have a family, because I did not need to have a family.” Like William, Ezra is quite specific that he has made the decision that he loves Joan with or without children. Despite a strong drive towards children, he paints himself as being willing to live without them.

This is something that none of the women in the sample do. In contrast, they experience enormous conflict when faced with reluctance on the part of their husbands, feeling they are facing an impossible choice. Laura is miserable imagining life without Chris or without children. As described earlier, Roberta works hard to get Norman on board with adoption, feeling she cannot go ahead without his full support. Like Roberta, Marla desperately wants more than one child, while Jim does not. He feels their life has been too consumed by infertility treatments and the adoption process. When they have a difficult time connecting with birth parents the second time they adopt, they agree to a time limit: if they have not arranged an adoption in a year, they will cease to pursue it. As the end of the year draws near without a child, Marla becomes frantic. When a friend tells her whatever happens is God’s will she recalls thinking: “[W]hat if it is His will that we do not [find a birth mother]? I do not want that to be God’s will. What if -- how can I just turn this over to God and say, ‘Okay, then whatever you have planned for me will be, okay?’ Because what if His plans and my plans -- do not match?” Marla seems incapable of imagining re-negotiating with Jim, instead painting the situation as one of God’s will. The thought of being at odds with God is an image far more final and desolate than simply being at odds with one’s husband. Luckily for Marla, they are able to adopt a child before Jim’s deadline passes.

Only one man – Trent – specifically entertains the idea of childlessness to reject it, saying, “I could not imagine that.” Many men do not specifically discuss the notion of childlessness, but their commitment to becoming parents is clear from their narratives. 42% of the men, however, discuss
imaging childlessness in a favorable or at least neutral way, including the two clear protagonists. In contrast, very few women include considerations of life without children in their narratives. Those who do – even Roberta and Marla, who consider life without more than one child – feel extreme distress imagining that they might not get the family they want. It seems important for the identity of certain males to include the possibility of life without children, but devastating for the female identity.

**Witnessing wives’ pain**

In the previous chapter we discussed the experience of Robert and Milt, both of whom described watching their wives’ suffering over ectopic pregnancies and feeling like outsiders in the experience. Eleven men (58% of the men in the sample) describe witnessing their wives’ pain over infertility. They also often express sympathy, a knowledge of how invested their wives are in motherhood, and an increasing investment of their own in seeing their wives become mothers. Alan says his wife is the hero of his story “for obvious reasons – the whole infertility thing really focused on her, and took a hell of a toll on her physically, let alone emotionally.” Gordon recalls that at the time he did not realize how connected his wife was to their miscarried children, and that he did not know how to comfort her. This is an assessment she agrees with – Dahlia recalls that the miscarriages were “not real” to her husband and that she turned to friends for comfort rather than to him. Nick recalls that his wife Trudy had highs and “very deep lows” during their years of IVF, and ended up taking Zoloft for depression.

I think she was writing journals at the time, writing journals to herself, describing her feelings and stuff and that I am supporting. I could not quite understand…. Trudy is going through absolute lows at that time. I'm just going along my merry way, not happy about things. I was actually more concerned about her than me, how it was affecting her. It was a tough period of her life, our life together; not very happy but not terrible.
Trudy does not mention Nick’s feelings at all, but says of herself that she had “a feeling probably just like utter hopelessness.”

Six men – Jim, Trent, Nick, Jonathan, Gordon and Milt – specifically describe personality attributes that they feel help keep them on an even keel while their wives are experiencing so many ups and downs. Jonathan says he takes things “in stride.” Nick is a “steady player” and an “optimist” who recalls that he kept telling his wife things were going to work. Milt recalls that during their second adoption process:

And it just does not seem to go on anywhere and after five, six, seven months of this, she was getting frantic. She said, “So okay we are never going to find another kid, we are never going to find another kid!” And I am just trying to maintain a low -- trying to not get stressed out about it. That is my personality of being kind of [able to] roll with things.

For women, the pain of infertility is described as being wholly outside the personality’s ability to cope. Sandra, for example, states, “I have always been a very happy, positive person, and this was the first time in my life that I ever just felt horrible.” Trudy says that she is “emotional anyway” and that infertility just “heightened that.” Eleanor hastens to adoption after several miscarriages because she finds them to be “agony” and says that continuing to try to have a biological child would be “more than [she] could endure.”

Witnessing a wife’s pain is correlated to perceiving the wife as protagonist. 10 of the 11 men who describe witnessing their wife’s pain also describe her as the protagonist, while one (Jonathan) feels they are joint protagonists. Neither William, Ezra nor the men who share the role of protagonist with their wives describes witnessing their wives’ pain. When the wife is at the center of the story, her emotions are also center stage.

Men who witness and sympathize with their wives’ pain often describe a growing investment in her as a mother. Alan notes that as treatment went on, “I really became emotionally
invested in the concept, in particular, [of] my wife being a mother. I just felt that is going to be so important for her, and for me as a father, but I wanted her to have an experience more than anything else.” Likewise, Gordon wonders why his wife had to go through all that she went through when she “should have been a mom.” Daniel says:

I really felt bad for Sally because she just -- it took so much of her and she kind of view -- I think she defines herself as a woman in that perspective, being a mother and being able to have children and things like that. So it was very difficult for her and so that was hard for me to see as her spouse, obviously.

None of the women describe similar feelings of investment in their husbands becoming fathers. When women are the protagonists, both they and their husbands privilege the role of motherhood, while for couples where investment is more equal or where the men are the protagonists, the issue simply does not come up.

**Desire to parent versus mourning a genetic link**

Men feel free to describe more conflict about the lack of genetic connection in adoption and to paint a more nuanced investment in parenthood than women do. Some women never discuss why they chose to become adoptive mothers, treating it as a logical, obvious step to parenthood. The women who do discuss their thought process, however, almost all seem to read from the same playbook. It is the act of parenting that is important, not a biological connection, and the drive to parent is so strong it cannot be denied. Eleanor says, “to me, it just never mattered where the child came from.” She believes that men have a harder time visualizing feeling the same way about an adopted child as they do about biological children. “I just never felt that way,” she states, “and I felt like [Trent] did not understand how hard it was for me.” Dolores recalls explaining to people that “We do not want the children to look like us; we want their character to look like Christ…. We are interested in who they will become as a person.
How they will act and their values, their belief, their strength and not whether they got it from us or not physically.”

Even Roberta, who is open about the risks she perceives in adoption, says that while Norman struggled with whether he would love an adopted child as much as a biological child, she was able to lay that fear to rest quickly. She recalls hearing other mothers fearing they would not love a second biological child as much as their first. “So I thought these are people who have are talking about another biological child and they are wondering. So this is normal, natural.” Even though her first reaction to adoption is to recall horror stories, her drive to mother is too great to listen to them: “I’m thinking I’m not done. I’m just not done with my family… Maybe that must have been the turning point to… adopt because I just knew that I had to keep going.”

Georgia and Sally are the only women to explicitly mourn a biological connection. Georgia says, “And while I think both of us had certainly had at that time a real desire to genetically procreate, whatever, if that – you know, the second most compelling thing in all this list was we wanted to be parents. We just wanted to be parents.” Georgia acknowledges her longing for a genetic connection, but points out that it is trumped by the desire to be parents.

Sally says that she still mourns her inability to carry a pregnancy, and feels guilty about this mourning because she has three beautiful children. At the same time, she paints herself as always having been open to adoption and “just want[ing] kids:”

I have to say first of all that our decision to adopt and our decision to have a child were somewhat hand in hand, I guess. Part of me always felt that I was not going to be able to have kids naturally and we have always wanted to have a big family, like six kids. So I always felt that even if we were able to have kids naturally, I would not be able to have all six on my own.

Sally tells a more complex story of maternal desire than the other women. She still longs to carry a pregnancy, but says that as an adopted mother she bonds with her children as much as any other mother.
At the time of the interview Sally was thirty years old, her infertility was unexplained, and she and Daniel still had a cache of frozen embryos at the clinic. She and Daniel adopted their first child when she was twenty-seven because of the extreme urgency she felt to become a mother and to start building the large family she wanted. Hence, she may have included a longing for biological children in her narrative because of her awareness that pregnancy was still a possibility for her.  

There were no couples in which the man wanted to adopt and the woman objected to adoption because she was reluctant to give up a biological link (at one point Sheila felt the marriage was not on steady enough grounds to adopt, and Dean felt more strongly than Amy about finding a sibling for their biological child). While husbands often talk about their wives’ suffering, they never tie it specifically to genes – it is the status of motherhood their wives desire. In contrast, there are nine couples in which either the men talk themselves about having a hard time letting go of a genetic link, or whose wives discuss their husband’s mourning and/or reluctance to adopt. Eleanor threatens to leave Trent if he does not agree to adopt. He in turn, acknowledges that he was not on board right away, positing that men have a “deep-rooted faith in our brain about us wanting to foster or procreate our own duplicates of ourselves.” Jessica describes Eric as believing that with adoption you “don’t know what you will get,” and she steels herself to wait for his support before beginning the process. Norman worries about his ability to love an adopted child. Milt mentions that four of his siblings have children and “they all get to see what their kids are going to look like… we grieved that one for a while.”

Joan recalls telling Ezra that her ethics will not allow her to do IVF, which leads them to adoption:

And he had told that even though he could, he respected… one reason he had married me was because of my strong feelings of right and wrong, that he respected that and he will not make me

2 I happened to bump into Daniel several years after the interviews, and he told me that Sally had just delivered their second biological child.
go against that. That was a very loving thing for him to do. Because it was hard for him to give up having a biological child, harder for him than me. And that was a real gift.

Despite her agreement that Ezra drove the adoption process, Joan still lays claim to initiating it and caring less about the genetic link. Men and women seem to agree that it is easier for women to let go of a genetic connection to their children.

**Total investment and growing or nuanced investment**

Women often cast their desire for motherhood as *the* most salient aspect of their personhood. Julie begins her narrative by saying, “I have always wanted to have children so I guess that started when I was little…. And really, I think that, for me, was always more important than a career or anything else.” Sally says, “I have always wanted to be a mom. I have always… I always wanted to be a mom and to have a lot of kids.” Even Sheila, who takes great pride in “the wonderful, productive” career she had prior to becoming a stay-at-home mother, says, “Now I don’t have to compromise being a mom because I came to completion on my career.” For Sheila, both motherhood and career are so encompassing that one would compromise the other. (Indeed, although both agree that William drives the adoption process, it is Sheila who gives up her career to mother their two daughters.)

In contrast, men describe more nuanced investments in parenthood. As discussed earlier, even male protagonists emphasize their willingness to live *without* children, while women reject that possibility altogether. Several men describe fears that they might not be good fathers. Robert’s father was largely absent and he fears he will be the same way. Eric’s dad was abusive and he is fearful about, and then enormously proud of, his own ability to parent. Peter recalls hearing “little voices” telling him the reason they were infertile was that he would not be a good father, voices he now identifies as coming from Satan. Not a single woman expresses a similar fear. Women talk about motherhood in terms of desire, drive, and all-encompassing identity. It is almost as if the intensity of their desire crowds out room that might be occupied by doubt.
In female narratives, investment in motherhood is described as complete and unwavering from the beginning of the story. Some women describe the mental shift necessary to move from pursuing a biological child to adoption, but that shift, in retrospect, tends to be seen as relatively easy to accommodate. Men often tell stories in which their investment in parenthood grows over the course of the story. As previously discussed, many men describe the experience of infertility as increasing their investment in seeing their wives become mothers. They also become more invested in the idea of parenthood for themselves. Robert admits that he was initially “selfish” and reluctant to have children, but says that the four years of infertility treatment made him more mature and convinced him he did want to be a father. He also insists that his investment in his sons was gradual, but is now complete. Sandra was angry with him when they brought their sons home from Russia and Robert would not say he loved them. But several months later, when he does say he loves them, he really means it, and now cannot imagine life without them. Gordon describes pursuing parenthood for his wife’s sake. However, after the painful experience of having their son reject him almost completely during the weeks they spend in the Ukraine with him, he has an enormous fight with Dahlia about whether or not they should actually bring the child home. As he is packing his bags to leave for the U.S. alone, he realizes, “you’re now in it for the long haul. You’re Dad, she’s Mom, and that’s your son. This is the family unit.” Alan recalls his growing investment in his own fatherhood as well as his wife’s motherhood as the infertility process goes on.

Both William and Sheila agree that she cannot invest in the idea of parenthood until she feels their marriage is on steady ground. Once she does invest, however, she is described as wholly committed. Ezra chafes at a perceived lack of investment from Joan, however. They specifically rule out adopting from Latin America in part because he is fluent in Spanish and she is not, and they fear that he will become the primary parent in such a situation. But he feels she does not invest herself enough in learning Ukrainian:
The language training had a lot of tension because I am easier with languages than she is and I still had in mind that the reason we are doing it, great, one of the reasons was because we would both be at the same level linguistically and she – we had heard that women – the adoption will not become a reality to the woman until she sees the child, or something like that. And for me, it was as good as done already years ahead.

This is quite contrary to what several other participants posit: that is, that women have a naturally greater connection to children, deriving from the fact of pregnancy but continuing into the adoption process. But Ezra feels that adoption is not yet a reality to Joan, while for him it “was as good as done already years ahead.” Male protagonists are, by definition, quite invested in the process of adoption. Like female protagonists, they may have to work to get their spouse on board (William) or feel impatient with their spouse’s level of commitment (Ezra).

Certain themes, then, seem tied to gender and other to protagonist status. Men are far less likely to be the protagonist to begin with. Men who describe their wives as protagonists also describe witnessing and feeling sympathy for her pain during the infertility process. They cede control of the infertility and adoption process to their wives, and often grow in their desire for children as the narrative continues. Regardless of their protagonist status, men are far more likely to see remaining childless as an acceptable option than women are. Male protagonists are similar to female protagonists in that they may need to convince a spouse to adopt or feel impatient at their lower level of commitment to the process. However, in couples with male protagonists and couples with more equal commitments, men and women appear to share the work of adoption, rather than one person “riding the bus.”

Cultural pressures on male-female narratives

Perhaps the most striking difference between men and women in these narratives is the far greater likelihood of women being protagonists of the couple’s infertility and adoption experience. Over and over women describe being driven to motherhood, while men describe a process of investment
in becoming parents and an ability to imagine life without children. Previous research has shown that infertility causes more distress for women than for men (Freeman, et al., 1985; Keye, et al., 1981). These narratives seem to bear out the idea that much of the stress of infertility is related to its impact on identity, and that one reason infertility is so distressing is that women place such a high value on motherhood as a “master status” identity (McQuillan, et al., 2003; Stryker, 1964, 1968, 1980).

Both the women and the men in this sample privilege motherhood as an identity-shaping status. The men can imagine compensation for the loss of father status in the form of wealth and free time, or feel comfortable putting love for their wives above the desire for children, but when women imagine childlessness they only imagine loss. As Ehrensaft (1987) put it, men perceive fathering as something they do, while women perceive mothering as something they are. Women are protagonists because they are so anxious to obtain the status of mother, and men are willing to cede control because the identity of father is less salient (McQuillan, et al., 2003; Stryker, 1964, 1968, 1980). Previous research has also shown that parenthood is a more salient identity for women than for men (Katz-Wise, Priess, & Hyde, 2010), and that mothers identify themselves as mothers more often then by occupational or marital status, while fathers identify themselves by occupational or marital status more than as fathers (Rogers & White, 1998). There is some reason to believe that identity may be an even stronger motivator for infertile women than for the general population. A comparison of 31 mothers who had conceived via IVF with mothers who conceived naturally found that identity and the expectation that motherhood will bring life-long fulfillment were significantly stronger parenthood motivators for the IVF moms (Colpin, De Munter, & Vandemeulebroecke, 1998).

Why do women insist so forcefully that they always valued the act of mothering above all else, while men recall a more complicated process of mourning lost biological ties? One cannot discount the possibility that these differences simply reflect lived experience as dictated by millennia of evolution and biological difference. Pregnancy and gestation mean that women who bear children are in no doubt
about who is the mother, while paternity, as James Joyce famously said, “is a legal fiction.” Women may evolve to value the act of mothering over a genetic tie because that tie is assumed, while men, always somewhat anxious about their paternity, may value genetics more. Certainly the men in this study had a harder time giving up a biological tie than the women did.

Another possibility is that women are rewriting the script of their memories to keep them in line with their current identities as adoptive mothers. If being a mother is at the top of one’s identity hierarchy, it is likely that one will employ a definition of motherhood that conforms to one’s lived experience. William hints at this when he says that it is possible that his wife, now a stay-at-home mom, will not remember that at one point they seriously considered not having children. Her current identity is so important, she must alter her memories to keep them in line with her present-day value system. Indeed, previous research does not note a difference in the need for men and women to mourn biological ties, simply noting that letting go of a genetic link is part of the process of moving from infertility to adoption (K. J. Daly, 1992; Daniluk & Hurtig-Mitchell, 2003). The women who insist that biology was never that important to them may be strategically altering their stories to bring memories in line with current situational demands (McAdams, 2008; McAdams & Pals, 2006; Singer, 2004).

Choosing strategically, however, does not mean lying or covering up, and there is some evidence that these women may be choosing to emphasize a value (privileging the act of mothering) over a remembered emotion (mourning a genetic tie). It is entirely possible that both the value and the emotion coexisted and continue to coexist in the same person. Indeed, a survey of 706 male and female Canadians showed that 51% of them believed that mothering was instinctive, and that 77% believed that women would have the same feelings for an adoptive child as a biological one. In qualitative interviews, however, subsamples of men and women offered different rationales for their answers. Women believed mothering behavior was instinctive and had a positive impact on self-worth, while men described motherhood as biologically inherent in women (Miall & March, 2003). All of the parents in this sample
had children in elementary school or younger, and the majority had preschoolers or infants in the home. The mothers were the primary caregivers in the vast majority of the couples. They may have been so caught up in mothering behavior that memories of mourning biological acts like pregnancy and lactation became dim and unimportant.

Men may have offered more veridical (or at least more nuanced or ambivalent) memories because of less salient parenthood identities and greater cultural latitude offered to fathers than to mothers. Cultural scripts about motherhood are more pervasive and politicized in our society than cultural scripts about fathers (Douglas & Michaels, 2004). A cultural ideal of intensive mothering (Hays, 1996) presents mothers as the ideal caretakers of children, and of mothering as emotionally absorbing, guided by experts, and labor and time intensive. Popular media presents motherhood as semi-professional, the ultimate fulfillment, and the most important thing a woman can do with her life (Douglas & Michaels, 2004), while the fatherhood role, although changing, is still seen primarily as being that of provider (Katz-Wise, et al., 2010; Rogers & White, 1998). Cultural pressures may make it more difficult for mothers than fathers to admit to ambivalence about parenthood. Those pressures may be even stronger for adoptive mothers, who encounter threats to legitimacy through a host of means, from the legal processes they must go through to become parents to casual questions like, “What do you know about her real mother?”

In short, the differences between male and female narratives may be attributed to differences in identity salience, a differential need to strategically select memories to bolster current reality, and very different cultural demands and expectations for mothers and fathers. The role of culture in what we are “allowed” to express becomes even more significant in the next chapter, on how parents describe choosing the race of their child.
Chapter 8

Resolving race

The most surprising outcome of this study was the difficulty a large minority of participants had discussing race. People who were able to weave great personal suffering and difficult decision-making regarding infertility and adoption into a coherent and uplifting story often stumbled when they brought up race. As noted earlier, narrative theorists have delineated a variety of characteristics that make up a “good” story. There is the ability to engage in autobiographical reasoning, linking past elements of experiences and selfhood with the present self and life, as well as the ability to arrive at causal explanations for who one is (Habermas & Bluck, 2000). The ability to use negative life experiences as a catalyst for positive self-transformation involves exploring negative experiences and staying connected to them emotionally while being able to resolve them in a positive manner in the present (Pals, 2006a). People can discuss extremely difficult events in a context in which they positively reinterpret events, reassert the belief that the world is safe and predictable, and assert transformation or change (King & Raspin, 2004; King, et al., 2000). Finally, asserting that good specifically comes out of bad experiences and feeling redeemed by the experience is part of a pattern of narration by highly generative adults, in which the stories they tell provide a rationale for overcoming failure and helping others (McAdams, 2006). When it came to narrating their infertility and adoption stories writ large, participants did all of these things. Race was the only theme for which there was a large range of stories, with some participants telling “good” stories and others having difficulty making causal connections or finding transformation or redemption.

In this chapter I examine the context of racial choice in American adoption, as well as the existing research on transracial adoption. I describe the analytic strategy used to compare the way different participants describe race. I then move to an in-depth description and analysis of participant’s stories about race, delineating the elements of “good” and “bad” stories both for those who adopted
children of the same and different races as themselves. Finally, I discuss why stories concerning race are so hard to tell, and explain how these findings might inform a social work practice and policy context.

**Race and adoption**

Adoption as it is practiced in the U.S. commonly involves prospective parents choosing the race of their child. Although this study was not designed with race in mind, issues of race were found to be an ongoing identity issue for about half the participants, regardless of whether they had adopted a same or different-race child.

Nearly all transracial adoption in the United States involves white parents adopting children of color. There is very little research into how these parents make race-based choices in the adoption process. However, there is a growing body of work concerning the experiences of transracial adoptees, and a somewhat smaller body of work concerning the experiences of transracial adoptive parents. Research into the experiences of transracial adoptees seems to suggest that they fare best in integrated settings with parents who acknowledge racial difference and communicate readily about it. Research into attitudes of adoptive parents, however, indicates that while some readily acknowledge the differential effect of race, others still fall back on an approach emphasizing color-blindness and common humanity. However, the body of research on the racial experiences of transracial adoptees and their adoptive parents is still somewhat cursory.

There is increasing interest in developing empirically based ecological models of adoptive family development (Frasch & Brooks, 2003; Palacios, 2009). Palacios (2009) notes the over-reliance on outcome measures for adopted children based on “social address” variables like ethnicity and class. He calls for a Bronfenbrenner (2005) inspired approach, in which the processes by which adoptive family members interact and develop would be firmly placed in context. The contexts affecting development include the *microsystem*, or the contexts immediately surrounding the person (for the adoptive child, for example, family, peers, and work), *mesosystem* or the relations between settings (for
the adopted child, the transition between an institution and a home, or for an adoptive parent, the transition between an infertility clinic and adoption agency), *exosystem*, or a setting that indirectly influences the processes that immediately affect the developing person (for example, the influence of grandparents or adoption professionals), and the *macrosystem*, or the overarching social and cultural practices in which the developing person operates. Frasch and Brooks (2003) identify a need for an empirically based model specifically of transracial adoptive family development, with an emphasis on the family as a whole rather than just the child or the parent. They specify that the model should have a life span developmental focus, and be both ecological and stage-oriented in order to acknowledge the influence of multiple identities and influences on families. In addition, Banks (1999) proposes that transracial adoptive parents should have the “necessary ‘attitude/mind’ set,” and suggests that this attitude may not be a training issue, but a preexisting condition. Any ecological model of transracial adoptive family development would have to take into account parents’ experience of and attitudes towards communities different from their own, as well as how those attitudes played out during the adoption process.

The need to understand how parents deal with race has been underscored by a wave of scholarship and criticism, mostly by and/or about African American or Korean adoptees and usually methodologically qualitative. These researchers acknowledge that transracial adoptees tend to score similarly to inracial adoptees and nonadoptees on measures of behavior, psychological adjustment, and academic achievement. Their research highlights the fact that general adjustment scores may not reflect the struggles that transracial adoptees experience around issues of race. In Patton’s narratives of adult, mostly biracial adoptees, participants describe difficulties developing the survival skills necessary to deal with prejudice, and a sense of struggle over racial identity that some relate to difficulties their white parents had communicating about race, and that some experience as entirely separate from the stability of their family structure (Patton, 2000). Samuels (2009, p. 85) identified three themes in the narratives of
adult black and biracial adoptees: “(1) the centrality yet absence of racial resemblance, (2) navigating discordant parent-child experiences with race and racism, and (3) managing societal perceptions of multiraciality and transracial adoption.” The case studies in the anthology Outiders Within: Writing on Transracial Adoption (Trenka, 2006) testify, in various ways, to the felt isolation and loss of transracial and particularly, of transnational adoptees. However, when adoptees felt their white parents were helpful and joined them in a multiracial journey, this experience “reduced participants’ felt disconnection even into adulthood” (Samuels, 2009).

To date, however, research concerning transracial adoption (TRA) has largely focused on outcome measures for adoptees. To the extent that the outcomes focus on race, they offer support for the concerns raised in the qualitative work cited above. General adjustment and educational outcome measures are similar between transracial and inracial adoptees (Andujo, 1988; Bagley, 1993; Benson, Sharma, & Roehlkepartain, 1994; Bimmel, Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2003; Courtney, 1997; Samuels, 2009; Versluis-den Bieman & Verhulst, 1995). However, there is also evidence that transracial adoptees experience difficulties in forging a solid racial identity. Both Samuels’ (2009) and Patton’s (2000) narratives, discussed above, of transracially adopted black and biracial adults speak about the challenges of forging such an identity. Andujo’s study of 30 Mexican American teenagers adopted by white parents and 30 Mexican American teenagers adopted by Mexican Americans found that those adopted by whites were more likely to use color to describe themselves (i.e., “I am dark”) and were more likely to describe themselves as “American” and downplay their ethnic heritage. It should be noted that teenagers in wealthier Hispanic families also downplayed ethnic identity, suggesting that for this sample acculturation may be partly an artifact of wealth (Andujo, 1988).

In a study of self-esteem and racial identity in 30 transracial and 30 inracial black and biracial adoptees with a mean age of 13.5, no difference was found in self-esteem. However, if the parents of a transracially adopted child stressed that the child was “biracial” as opposed to “black,” the
child tended to downplay racial identity and describe themselves as “part-white” or “mixed.”

Transracially adopted children who had little contact with other blacks characterized blacks as “poor,” “militant,” and speaking “bad English.” However, those who lived in integrated neighborhoods had a more positive sense of themselves as black (McRoy, 1982). Case studies of foster children found that when mixed-race children live in homes in which their “white” side is emphasized, they experience disgust at their nonwhite side and difficulty fitting into and distaste for communities of color (Folaron & Hess, 1993). Finally, there is some evidence that difficulty in coping with race is correlated with poorer adjustment scores (DeBerry, Scarr, & Weinberg, 1996; Feigelman, 2000).

Some research has focused on what parents can do to help children build solid racial identities. Adoption researchers have taken their cue from research into the experiences of minority families, where there is evidence that parental efforts to help children cope with prejudice is associated with how children actually do cope. Adolescents whose parents have prepared them for bias show more effective coping strategies than others. Cultural socialization that emphasizes positive aspects of one’s race and/or ethnicity (as opposed to mere preparation for discrimination) appears to be protective against a variety of internalizing and externalizing behaviors (Hughes, et al., 2006). Building on the research on minority families, adoption researchers have identified two main avenues that white parents use to help nonwhite children build racial identity: socialization into/appreciation of the culture of the child’s birth, and preparation for racial bias. While Johnston (2007) uses the term “socialization into culture of birth,” (Rojewski, 2005) makes a useful distinction between “culture” and “heritage” – culture is a lived way a group interprets and negotiates the world, while heritage is a sense of legacy or inheritance that can be learned by observing cultural artifacts. Using this definition, it is likely that most adoptive parents can educate about heritage, but not inculcate culture. Indeed, one of the main criticisms of white-black transracial adoption is the inability of whites to socialize children into African-American culture,
particularly those aspects of the culture that provide strategies for dealing with racial prejudice (McRoy & Grape, 1999; McRoy & Zurcher, 1983; Patton, 2000; Samuels, 2009).

Indeed, sociological research concerning what Jacobson calls “culture keeping” on the part of parents for their adopted children emphasizes its forced nature (Dorow, 2006; Jacobson, 2008). This research, usually concerned with children adopted from abroad, notes that parents often engage with an idealized, outdated and static vision of their child’s birth culture, exemplified by dressing Chinese or Korean children in traditional garb rarely worn in their home countries. This vision is often reified by the industry that has sprung up around international adoption (Dorow, 2006; Jacobson, 2008). Parents struggle with the authenticity of their culture-keeping efforts, unsure how to balance their children’s “American-ness” with their birth heritage. However, they rarely engage in friendships with Americans of the same heritage as their children, often seeing these hyphenated Americans as lacking cultural authenticity (Jacobson, 2008).

Only a few works attempt to measure the impact parental cultural socialization practices have on their adopted children. White parents’ efforts at cultural socialization in the birth culture of transracially adopted Asians is correlated to fewer externalizing behaviors (K. E. Johnston, Swim, Saltsman, Deater-Deckard, & Petrill, 2007). In addition, in families where white parents actively encouraged their Korean children’s ethnic cultures, the children had more positive racial/ethnic identities and more positive psychological adjustment, even while controlling for general family functioning (Yoon, 2000).

Finally, living in a racially integrated community can be seen as a cultural socialization practice. There is some evidence that living in a racially mixed community is protective for transracially adopted children (Feigelman, 2000; McRoy & Grape, 1999). This finding may reflect the positive effect of transracially adopted children having access to same-race role models and peers. It also may echo the assertion about the need for a certain “mindset” on the part of adoptive parents (Banks, 1999), as it seems
likely that parents who live in integrated communities may be more open to difference and more aware of the effects of discrimination.

The extent to which parents prepare children for bias is less clear. McRoy and Zurcher (1983) found little difference between trans and inracially adoptive parents except with concern to race: transracially adoptive parents were less likely than inracial to instruct about black heritage, more likely to emphasize common humanity, more often called upon to explain the presence of child in family, and more concerned the child would someday reject them because of race. Transracially adopted adolescents were less likely to share racial issues with parents, a topic which is explored in great detail in qualitative work relying on interviews with transracially adopted African American adults (Patton, 2000; Samuels, 2009). Simon and Altstein (1987) point out that far fewer parents in their study adopted a color blind approach than in that of McRoy and Zurcher (a maximum of 30% compared to 80%). Nevertheless, only 54% of transracial adoptees in their sample reported discussing race with their parents. Of the small number of children who told parents about a negative racial incident they had experienced, most said their parents comforted them but downplayed the incident (Simon & Altstein, 1987).

Parents often seem to deal with bias by downplaying racist comments, avoiding discussions of race, emphasizing common humanity or making derogatory comments about racists (Andujo, 1988; Friedlander, et al., 2000; K. E. Johnston, et al., 2007). Johnston (2007) found that mothers’ sense of connection to Asian Americans, but not White identity, predicted cultural socialization/pluralism and preparation for bias. This seems to indicate that a sense of connection to the child’s birth community affects the abilities and/or willingness of parents to engage culturally and in preparing for bias.

In the only study that directly examines racial choice, McRoy and Grape (1999) find that some white parents, considering adopting black/biracial children, prefer children who are “part-white.” These parents feel that some “whiteness” will give them a sense of racial solidarity with their children and
allow the children to better blend into their families and communities. This is particularly striking in light of their study’s additional findings that children tended to devalue their race when their parents deemphasized it.

The existing literature on race and adoption sends a variety of messages. Literature that focuses on the adoptees’ experiences indicates a need for parents who are willing to discuss race, live in integrated communities, and feel a sense of connection to the child’s culture of birth. Literature that focuses on parental experience suggests increasing efforts at cultural socialization. It is noteworthy, however, that the literature on cultural socialization is almost entirely concerned with children adopted from China and Korea, not African American children. There are several possible reasons for this.

Parents could view African Americans as American, and hence of the same culture as the parents. White adopters could be unwilling to engage in black culture due to lingering prejudice or fear. Researchers could cast the socialization of African American adoptees in a different light than that of Asian adoptees. There is also a more abundant literature on cultural socialization than preparation for bias. When parents are called upon to cope with racial bias, they often do it by emphasizing common humanity and downplaying racism – the very strategies that research into adult adoptees’ experience suggest do not work.

**White adults’ experience of race**

While research on how adoptive parents cope with race is scant, there is ample research on how white Americans deal with race. From this perspective the crisis of racial choosing appears to come from an attempt to exist in an ideologically colorblind world while being bombarded by racial messages. Omi and Winant (1986) propose that race is a fundamental organizing principle of our social relationships, affecting everything from individual identity to social, political and cultural institutions, and that family is the terrain of racial socialization. Moreover, they assert that widely disparate racial identities and institutions are formed and reformed over time through the political contestation of racial
meanings, and that such contestation can even take place within the individual whose identities and racial beliefs are “necessarily” contradictory.

Race-based choosing thrusts the political and personal contestation over racial meanings temporarily (or for some, permanently) to the fore. Prospective parents who thought that all they wanted was a baby find themselves having to sort out the relative importance of race in their own lives and their perceptions of the importance of race in American society as a whole.

At the macrosystem level, American ideology has become increasingly colorblind since the 1980’s (Omi & Winant, 1986). In the Reagan era the government and the courts began to end legal protections for minorities, arguing that equal protection under the law meant colorblindness (Omi & Winant, 1986). Whites, immersed in a racial structure in which the totality of social relations and practices reinforce white privilege, ascribe to colorblindness as an ideology that reflects their own lived experience and defends the status quo (Bonilla-Silva, 2006). Surveys conducted in 2001 found that seven of ten whites said that blacks were treated the same as whites, and that 71% believe African Americans have the same or more opportunities as whites (Kaiser Family Foundation, 2001; Gallup Organization, 2001). Over the course of the 20th century, white endorsement of explicit prejudice measures like job discrimination, biological inferiority of blacks, and enforced legal separation dropped sharply (Quillian, 2006).

At the same time, there is continuing evidence of racial discrimination and prejudice in our society. Audit surveys and large-scale neighborhood studies show continuing job and residential discrimination, intermarriage rates are far below what they would be in a truly colorblind society (Fu, 2001), and whites continue to show negative views of minorities on stereotype scales (Bobo & Zubrinski, 1995; Charles, 2000, 2003; Quillian, 2006), suggesting “genuine support for the principle of equal treatment with continuing, but less categorical, negative views of racial minorities” (Quillian, 2006).
That people persistently see and make judgments based on race even while subscribing to a colorblind ideology has been explored by both sociologists and social psychologists (Apfelbaum, et al., 2008; Quillian, 2006; Richeson & Nussbaum, 2004; Sommers, Warp, & Mahoney, 2008). Whites become anxious in interracial settings and this anxiety is compounded by discussions of race (Trawalter & Richeson, 2008). Whites avoid talking about race or acknowledging racial difference in order to avoid the appearance of prejudice. This can lead to negative nonverbal behavior and decreased inhibitory control (Apfelbaum, et al., 2008). While whites are adept at categorizing by race they understate their ability to do so, and they avoid using race as a descriptor when paired with black partners (Norton, Sommers, Apfelbaum, Pura, & Ariely, 2006). Finally, exposing white students to colorblind ideology as opposed to multicultural ideology resulted in increased racial bias (Richeson & Nussbaum, 2004). These findings help explain why race-based choosing is so painful for some participants and so difficult to coherently discuss for others. Conflicting messages wrapped in a colorblind package at a social, legal, and cultural level leads to intense inner anxiety for white people when they are confronted directly with race.

Racial attitudes on the part of prospective adopters have not been studied, nor has the way preexisting attitudes play out in parenting. Nor has research been done on the effect of moving to a multiracial from a monoracial family structure on the personal development of transracially adoptive parents. This chapter begins to fill in those gaps. It examines the way parents retrospectively describe the process of race-based choice, their interpretations of the importance of race, and how choosing the race of their child affected them.

**Analytic strategy used for race sections**

Race was noteworthy as something that came up in both the descriptive (e.g., making the decision to adopt) and interpretive (e.g., fated to have this particular child) sections of the narrative. In other words, it was significant in both the day-to-day experience and something that the participant felt he
or she needed to explain. In addition, it was the only thematic element in the descriptive sections that participants repeatedly had a hard time interpreting. It was easier for participants to retrospectively interpret things like suffering, mourning a genetic link to their child, and isolation than it was for them to interpret the decisions they made around race. Thus, race was examined in more depth than any of the other themes.

As with other themes, race was examined using the constant comparative method. Sections of the narrative in which race was discussed were coded in-depth and then the codes were compared with preceding subjects. Each successive narrative was compared thematically to the previous narratives, and codes were altered to reflect deeper understanding brought by each new subject. Memos compared content and function of the codes as expressed in different narratives. A chart was kept to see whether certain social address or process variables, such as race of the parent or child, or the parent’s initial openness to transracial adoption versus settling for transracial adoption after being unable to adopt within race, correlated with various themes.

As the comparative process went on, it became clear that certain codes attached themselves to same-race and different race adoptions (for example, same-race adopters inevitably discussed the importance of racial blending). However, it also became clear that themes alone did not fully describe the relative centrality of race in the narratives. Describing the narratives on a purely thematic basis did not capture the fact that some participants seemed to be quite bothered by their encounter with race, or to find it difficult to discuss, whereas others were very comfortable with both process and decision. A purely thematic description also failed to capture the salience of race: for some participants, race warranted a sentence, while for others it was the most dominant theme of the entire narrative.

“Discomfort,” “contradiction,” and “confidence” were identified in the coding and memo-writing process. I looked at the narratives as a whole and tried to categorize them according to
these dominant emotions. However, this did not satisfactorily tell the story. For example, “discomfort” and “confidence” often coexisted in the same narrative, as parents described extreme discomfort with the necessity of race-based choosing but ultimate confidence in their ability to racially socialize their child.

At this point I turned to Pals’ theory of transformational processing (Pals, 2006a, 2006b). In two studies of midlife women’s narration of difficult life experiences, Pals described continuums of what she termed “coherent positive resolution” and “exploratory processing,” which together formed an axis. As the name suggests, “coherent positive resolution” is the extent to which women were able to experience closure of their difficult experiences in a coherent and positive way. “Exploratory processing” is the extent to which women acknowledged, reflected, and analyzed the emotional impact of the difficult experience, and how open they were to learning from the experience and allowing it to change them. While grounded theory is primarily an inductive process, it is unrealistic to expect the researcher to lay aside all previous knowledge (Strauss & Corbin, 1994). I felt that adapting and applying Pals’ ideas about transformational processing, and showing how they interacted with coded themes, would be an effective way of fully capturing what was happening in the data.

There were several challenges to adapting Pals’ work to this data. Pals’ subjects were responding specifically to questions about a difficult event, so their answers were fairly complete. My participants brought up race on their own, and some discussed it in a single sentence. Pals’ subjects were describing an event that was in the past, while my participants were describing both an event that had passed (choosing a child based on race) and, for some of them, an ongoing challenge (parenting a different-race child). In addition, race has an overtly political and sociological dimension in our society that personal difficulties do not. While it is possible to conceive of a bad time in one’s life as a purely personal challenge, it is difficult to discuss race without consciously responding in some way to a perceived cultural narrative.
Nevertheless, examination of the data convinced me that it could be effectively examined using this scheme. Even a one sentence reference to race, such as “We wanted a child who looked like us, so we chose a white child” could be easily categorized as resolved (the narrator shows no doubt about his choice and seems comfortable with it) and low exploration (the narrator is not at all open to change as a result of race-based choosing and barely reflects on the experience).

Exploratory processing was rated using criteria to tap depth and complexity of thoughts about race. Narratives were examined for a strong focus on the internal thoughts and feelings associated with race-based choosing and/or transracial parenting, including acknowledgment of the emotional impact of the experience. I looked at the complexity of the narrative form to see the extent to which participants considered other possibilities or juxtaposed different ideas, and the extent to which the participant considered race from multiple points of view (i.e., self, child, family, society). I considered the extent to which participants described active exploration, such as talking to others and doing research, the extent to which the person acknowledged feelings of uncertainty, explicit efforts to articulate how the participant was changed by considering race as part of the adoption process, and the extent to which race is described as being an issue completely in the past versus triggering an exploration that continues in the present day.

In addition, exploratory processing ratings were lowered by efforts to minimize the significance of race, difficulty finishing thoughts that touch on race, or distancing the parent or child self from race. Ratings were also lowered by the extent to which there are unexamined and unexplained contradictions in the narrative, or the extent to which the logic of the narrative depends on conflating two separate constructs (e.g., black children = unhealthy children).

Resolution was broken into two categories: resolution regarding choosing the race of the adopted child, and resolution of a more generalized narrative about race, to the extent one was presented. This decision came out of examination of the data, and the realization that while some participants discussed race only to the extent that it related to choosing their child, others used the experience to
reflect on race in a more general way. Because some participants seemed to have achieved positive resolution regarding choosing the race of their child, but lack of resolution regarding race in general, it seemed important to separate the two concepts.

Resolution regarding choosing the race of the child was considered according to the extent to which the participant appeared satisfied with his or her stated reasons for choosing a particular race, or excluding particular races. To be rated as unresolved, participants may evince doubts about the choice or difficulty coming to terms with or embracing the implications of their decision. They may express ongoing negative feelings or may have difficulty coherently describing the process by which the choice was made. To be rated as resolved, participants must have a sense of “case closed” regarding the choice they made, and must describe a process or rationale for choosing that is satisfactory to them.

Generalized race narratives were examined for the extent to which they demonstrated clarity and coping with regards to race. In unresolved narratives, the narrator describes ongoing doubts about or difficulty coming to terms with the racial issues brought up by adoption. Often there are unresolved contradictions in the narrative. The narrator may have a difficult time finishing sentences about race or “naming” race as an issue. A tone of worry may be evident. In contrast, in resolved narratives a process of resolution may be described in some way, or the narrator may describe a philosophy about race that is satisfactory to him or her, or show clarity and confidence in approaching racial issues. To the extent that parents describe ongoing issues with race concerning their children, there is a sense that they feel confident they can deal with those issues.

Because there were no questions specifically about race, not all 34 parents who discussed race presented a child choice and generalized narrative. One parent discussed race extensively, but did not discuss how she chose the race of her child. Eleven parents discussed race in the context of choosing their child, but did not bring race into a larger context.
Once participants were rated in terms of exploratory processing and resolution I analyzed which themes were associated with each continuum. Unsurprisingly, I found that while certain themes were associated with resolution or its lack, exploratory processing was associated with the use of multiple themes. Additionally, it was clear that different themes were associated with resolution for same and different race adopters.

<table>
<thead>
<tr>
<th>Table 6: Major themes associated with resolution and its lack</th>
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<tbody>
<tr>
<td><strong>Resolved on choice of child and race in general</strong></td>
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<tr>
<td>Same-race adopters</td>
</tr>
<tr>
<td>• <em>n=9</em></td>
</tr>
<tr>
<td>• Emphasize the importance of racial similarity for ease of family or child functioning</td>
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<tr>
<td>• Often relate desire for racial similarity to larger life themes</td>
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<tr>
<td>• <em>n=3</em></td>
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<tr>
<td>• a white child will make it easier for biological child, but wants other races to be taken care of (1)</td>
</tr>
<tr>
<td>• blending makes life easier, but insistence that prejudice over TRA does not exist (1)</td>
</tr>
<tr>
<td>• wants to protect her child from effects of racism but feels her inability to cope is a “cop out” (1)</td>
</tr>
<tr>
<td>Transracial adopters</td>
</tr>
<tr>
<td>• <em>n=9</em></td>
</tr>
<tr>
<td>• Feel comfortable with the community of their child’s birth</td>
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<tr>
<td>• Very aware of race as an issue at the time of adoption but feel they have time to grow into the transracial parenting role</td>
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<tr>
<td>• Often believe they and their child are fated for each other</td>
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<tr>
<td>• <em>n=5</em></td>
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<tr>
<td>• Did not pay much attention to race at the time of adoption</td>
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<tr>
<td>• Now struggle to cope with issues of racial prejudice and difference</td>
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<tr>
<td>• <em>n=4</em></td>
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<tr>
<td>• Have difficulty discussing race</td>
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<tr>
<td>• Minimize child’s racial difference</td>
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<tr>
<td>• Often base their discussion of race on unexamined contradictions</td>
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Roughly half of the narratives evinced low resolution about race to some degree, and several participants with high resolution nevertheless expressed intense discomfort with having had to confront race in this way. Among both the same-race and different-race adopters, there were the same number of high resolution narratives ($n=9$ in each group). In the same-race group, seven participants showed some degree of low resolution, and in the different-race group nine participants were unresolved in one way or another.

As described in Appendix E, T-tests were performed to discern whether there were significant differences between same race and different race adopters and those high in resolution and low in resolution (because of the small sample size it was impossible to separate high and low resolution by same or different-race status). Same race adopters in this sample were significantly less agreeable as measured by the BFI 44 than transracial adopters. They were more extraverted and more open to experience than transracial adopters, with scores approaching significance (p values of .06 and .09 respectively).

Participants who were rated as low on racial resolution scored significantly higher on FAD measures of affective involvement and communication and lower in behavioral control than those higher in resolution. Again, it is difficult to know how to interpret these findings. Several participants who scored low on resolution did so precisely because they were still actively struggling to understand the experience and were very open about their struggles. The willingness to engage in that kind of struggle may be meaningfully related to a family atmosphere in which people communicate and respond to each other’s emotions. Because this is a small, nonrandom sample it is impossible to generalize from these findings. It is also difficult to discern whether personality or family factors are meaningfully correlated to decisions or resolution around race, or are more related to chance.
High-resolution narratives, same-race adopters

Of the nine same-race adopters rated as high in resolution, only one, Jessica, tells a generalized story about race. Jessica is a Chinese American woman who describes how her participation in the adoption group Families with Children from China expanded her understanding of white America. For the white participants, however, focusing solely on the issue of child choice and avoiding race as a social issue seems to aid same-race adopters in resolution. In contrast, same-race adopters who are low in resolution all tell a generalized story about race.

High-resolution participants emphasize a belief that families should blend together physically and culturally, often justifying this belief through statements of concern for their future child, or through statements of self knowledge:

At the time of our adoption, we felt like we wanted to have a Caucasian baby. So that it was the child’s choice that they wanted to talk about their adoption and that kind of a thing. We talked a lot about that, and, you know, blending in to the way our family looked and all of that. (Eleanor)

Eleanor’s overall narrative places an extremely high value on personal agency. In most cases it is her own agency she is concerned with, but here she casts physical blending as a way of preserving her future child’s agency (“so that it was the child’s choice” to discuss adoption).

Jim emphasizes his own conservatism in discussing racial choice, explaining that he and his wife wanted a child who looked like them because they do not want to “get over a whole bunch of other issues societally of having someone who does not look like your family. And that probably is the conservative side of all of us.” In another part of the narrative, Jim describes the process of being picked by the birth parents. He and the birth father got along well because the birth father did not want a “yuppified city boy,” but someone who could hunt and fish. Jim’s “conservative” side (in a non-political sense) is part of what caused him to be chosen by his son’s birth parents. This lifestyle conservatism is a
powerful way to buttress his desire for a same-race child, since it is this very conservatism that made him
the father of his son.

Eleanor and Jim were both rated as low in exploration. Dahlia is an example of high
resolution and high exploration. To understand her narrative, it is important to know that Dahlia’s
husband, Gordon, was himself adopted, that Dahlia and Gordon briefly considered adopting an African
American child, and were about to adopt from Guatemala when Guatemalan adoptions were closed due to
the restrictions resulting from the Hague convention.

They thought we should come to a meeting on the Ukraine. It’s a newer program. We went
and met a couple there with their child. The child just blended so well. It was very odd
because it formed another layer on the page. Gordon said he really liked it when no one ever
asked if he was adopted. He learned things in the process. We didn’t know anything about
the Ukraine, but with Guatemalans, there is obviously a distinction. For me, it was really nice.
His parents told him at a very young age that he was adopted, but at the grocery store no one
knew. I thought that was a really good point. I don’t care though. I don’t care if the child is
African American and everybody asks me. He said he thought he did care. I’m doing all this
work and I really wanted to honor the few times he would speak up. I said, okay, fine. I will
love the child no matter what. . . . During the process, Gordon said, “What if we move back to
where you’re from in Tennessee? At least our child will blend with us.” If we adopted a child
who is African American, that might not have worked. We got into great discussions about it.
I thought he was right. What would have been our families’ viewpoint? They would have
loved our child, but. . . . I think we were really welcomed. I think for the most part, it’s easy
for adoption in the city.

Dahlia casts her desire for a white child as being an offshoot of the theme of nurture that knits together
her overall narrative. Here she presents the idea of adopting a white child as being both protective for the
future child, who will not get looks or questions in the grocery store, and as being an important way to honor her husband’s wishes. In contrast to low exploration participants, however, Dahlia describes a process of thinking about the effect of racial difference on her future child and her extended family. She mentions two different discussions with her husband about race, and says seeing adoptees from the Ukraine formed “another layer on the page” – in other words, it deepened her thinking. Finally, she expresses satisfaction with her decision, saying that her husband was right in his concerns about race and that they felt welcomed in their neighborhood as an adoptive family.

**Low-resolution narratives, same-race adopters**

Three of the seven low-resolution same-race adopters were rated as resolved on the issue of child choice but not about race in general. They are excluded from this discussion because the themes in their narratives were so diverse. One resolved his decision to adopt a same race child by his desire to protect his biological child from having to fight racism, but has lingering doubts about that decision and hopes society will take care of all races. Another feels her own personality would have changed negatively if she had to cope with racism on a daily basis, but blames herself for personally copping out on this issue. Another states that racial similarity made her adoption easier, while saying later that she would be “shocked” if she adopted a child from China and encountered any prejudice. The first, then, casts the issue as being one of his own responsibility to an existing son and of society’s responsibility to all children. The second sees it purely as a personal responsibility, and while she resolves with self-knowledge she feels guilty about her own inability to grow. The last seems to resolve through contradiction – recognizing that adopting a white child made her own situation easier while insisting that has nothing to do with racism writ large.

The remaining four were all rated as unresolved on child choice and, if discussed, race in general. They describe feelings of judgment by self or others, identity threat, and difficulty expressing the relative importance of race. Gordon, Dahlia’s husband, scores high on exploration but low on
resolution for both child choice and race in general. Gordon’s racial narrative is both complex and contradictory.

I didn’t know much about the Ukraine. Saw some of the kids, they were nice-looking kids who looked like us. We kind of wanted someone who would fit into the mix. Funny thing was, when I was adopted, my parents were, my mother was enormous and my father was a pretty big guy too and I was very thin. Every time we went out, people would ask how the thin blonde kid fits into the Jewish family, the thin blonde Irish-looking kid. Not that you have to look alike to fit in or anything, but we decided to try the Ukraine.

With the example of his own family Gordon seems to be suggesting that being the same race as one’s parents does not automatically make an adoptee fit into a family physically. He also seems ambivalent about the importance of physical similarities in families, saying both that he wanted someone who would “fit into the mix” and later “not that you have to look alike to fit in or anything.” In the next section he complicates his comment about not looking like his family growing up by contrasting his own experience to that of an African American classmate adopted by white parents.

We stepped into the domestic program. I [wasn’t] sure if I wanted to take on an African American kid. That’s kind of what they were pushing on us.

I’m not prejudiced, but I would like to get a kid that would maybe look like me. I’m not trying to be rude or mean or anything. I went to high school with a kid who came over from another high school. He was a very intelligent African American kid. The reason he came to our school is because he couldn’t go through a day of public high school without getting into a fight. He was an African American kid adopted by white parents. The kids would abuse him, calling him from Oreo to everything else. He spent a lot of time lifting weights to stay strong. He was a nice guy.
Now he is a minister or something. I just felt so bad for the guy. The only difference between him and I was the color of his skin. What happens if that is my kid? This was back in the mid-1980s, but you still get a lot of people with closed minds. I tell some people about the adoption and they say it’s great that we found “a good white baby.” It’s not about that; it’s about getting a healthy kid.

With the story about his classmate, Gordon is acknowledging that racial difference further complicates the adoptee’s experience of not physically resembling his parents. Like his wife, Dahlia, he casts his concern over transracial adoption as an issue of nurturance and wanting to protect his child from emotional harm. Unlike Dahlia, however, he seems concerned about what his choice implies about prejudice. Despite explaining his reasons for wanting a white child, he objects to others congratulating him on getting a white baby, protesting that “it’s about getting a healthy kid.”

I almost left. The woman who was first dealing with us kind of put us off because we didn’t want to jump in and grab an African American kid. It was almost like she felt like we were prejudiced. I don’t think she understood where we were coming from. I would love the kid to the end, but I don’t want the kid to have to go through that on a daily basis. It was just one of those things. That’s when I kind of grew up a little bit. Let’s try the Ukraine.

... I think attitudes have changed, but there are still some people who are very closed minded. At the restaurant, people are often very nice about the whole thing. Some couples say we went there so we could get a white baby. In essence, they are saying that we didn’t want the African American baby. You don’t want to say that. A baby is a baby. Kids are kids. They’re meant to be molded. They need someone with them. Just because one is black, Hispanic, Asian, or white, it doesn’t make them any different. They all have their needs and wants. They’re all beautiful and they’re all God’s children. I think the only reason I didn’t do the African American thing was the story I had about that. Plus, I didn’t like the woman who was hounding us on it. I
was put off by that. No one will know he is adopted. I don’t think we have that social stigma that a lot of people have, where you see the couple with the Asian babies. You know those kids are adopted.

The perceived judgment of the social worker made a strong impression on Gordon, who seems haunted by her disapproval despite being able to explain his concerns about adopting a black child. The phrase “That’s when I grew up a little bit” seems to suggest that at some point in dealing with her, he came to a realization of what he wanted and was able to move forward to adopting from the Ukraine. He still, however, seems dogged by the way choosing to adopt a white child affects the social persona he puts forth to the world. “You don’t want to say” that it is good to get a white child, he frets.

Finally, in talking about how all babies are the same in God’s eyes Gordon seems to be incompletely grappling with what it means to have rejected a class of children based on race. Gordon’s narrative is unresolved in part because he is able to see the question of transracial adoption from a variety of angles, but unable to choose one definitive theme that overrides the others. His identity is also under threat. He does not like being perceived, or perceiving himself, as someone who chose a white child. The prejudice he perceives when people congratulate him on finding a white baby seems to undermine the reasons he gives – protecting the child against social ostracization – for choosing a white child. Gordon offers a wealth of rationales and personal examples that support his decision to adopt a white child, but he is unable to pull them all together and close the circle in a way that leaves him fully comfortable and confident in his choice.

Trent presents an example of an attempt at identity preservation in a low-resolution, low-exploration same-race adopter. An affable but unreflective man who adopts because his wife, Eleanor, insists, he is nonetheless very pleased with the outcome. Here he is explaining why he and his wife Eleanor decided to adopt from Russia.
In terms of that and just some other factors like adopting a child in terms of race, I think that was something that, while we were completely open to, I think, we did want to adopt a baby that looked like us. That is not to say that we would not have adopted an African American baby, a Chinese baby.

In leading up to saying that they wanted a baby who looked like them, Trent wants to say that they were “completely open” to another kind of baby, and finishes by asserting that they would have adopted an African American or Chinese baby. These contradictions appear to be a way of preserving an identity as someone who would have adopted a different race child, even though he and his wife decided not to do so. In contrast to Eleanor, who is able to resolve their choice through her desire to preserve their child’s agency, Trent offers no underlying rationale that would help him resolve the desire for a white child.

Dean and his wife, Amy, had such a debilitating experience with the judgment of a social worker that Dean would only discuss it with the tape recorder turned off. (He did, however, give permission for the off-tape story to be used in the data analysis.) Originally Dean and Amy were open to adopting any race, but after attending a transracial adoption seminar and considering it further decided they only wanted a white child. In Dean’s telling off-tape, when he went to discuss this with the social worker she implied that he had destroyed trust and that the agency refused to work with them further. In response to the question about how social attitudes affected his experiences with infertility and adoption, Dean replies:

I think the race issue played a part definitely, of course. How is it communicated to me is hard to say. I mean I would like to think of myself as a pretty open and giving person who it does not matter what somebody looks like, but I’m affected by it. And it is really hard to say why, alright? I grew up in an all-white area. And there were a couple of adopted black children in the neighborhood but that was very, very minor. To me, they grew up in a bubble. But walking around here I do not feel uncomfortable. I have black friends, not a lot but a couple. They are
not good friends but people I would be comfortable with. Or even with Hispanic too, I have got Hispanic friends; to each his own. But when it came to my family, I do not know if it is a preconceived idea of where you grew up with the nuclear family: 2.3 kids, a dog, and a station wagon. Maybe that was communicated in everything, in a lot of things -- books, textbooks probably, cartoons. As a whole, did it -- it may help -- was it part of my decision process? All that stuff, I guess it was. . . . Like I said, I would think of myself as being open and friendly with whomever. They are persons just like me, have dreams, wishes, desires just like me, and I try to think of that when I meet somebody if I have an issue, you know.

Dean’s identity threat is expressed in his repetition of thinking of himself as an “open and friendly” person. He does not want to think of himself as affected by racism, but even the way he describes his minority friends emphasizes a sense of distance: he has got “not a lot but a couple” of black friends who are not good friends, and of his Hispanic friends he says “to each his own,” as if implying that there is something about Hispanics that requires great tolerance. He needs to remind himself that “they are persons just like me.” Dean wants to think of himself as tolerant, but what is expressed is a great sense of distance from those different from himself. Choosing to adopt a white child made him confront this disjunction in himself, if only for a moment.

**High-resolution narratives, different-race adopters**

High-resolution different-race adopters \((n=9)\) tend to tell stories that emphasize comfort with and competence in the community and culture of their child’s birth, an intense awareness of race at the time of adoption but a belief that it is an issue that can be tackled slowly over time, and the belief that the child they eventually adopted was fated to be theirs. Participants who are high in both resolution and exploration tell stories that weave together several different themes and in which the difference in the child’s and parent’s experience of race is highlighted in some way.
Four parents cite comfort with the child’s birth culture as affecting their decision. William and Sheila barely mention race, but in discussing their decision to adopt from China both cite the fact that Sheila’s best friend is Chinese and, as Sheila put it, “We just feel drawn to China.” In contrast, both Tamara and Peter discuss race at great length. Self-described “conservative Christians” who have known each other all their lives, both cite their immersion in a majority African American church and their comfort with African American people and culture as part of the reason they adopt their black children. Tamara and Peter each separately discuss their daughter’s hair as a way of showing their competence in the black world. Peter says:

After you take it out and wash it, it is two hours of braiding. So we actually take her -- for probably six months we had a young lady Tamara met at Wal-Mart. She was checking out at Wal-Mart, had the baby, and had Jenna. And the young girl goes, “You know, I braid hair.” And Tamara was like “Oh, would you come to our house?” She said “Sure, where do you live?” “Right here in Brookfield. Come on by.” And she was charging us $25 for two hours of braiding, and we take her to a salon now and the young lady there is just wonderful.

Tamara says:

I do have an acquaintance who has two black children who asked me if I got a lot of negative comments, and I said “No, not really.” . . . She said, “I get them all the time.” But she did not take care of her kids’ hair. And hair is a huge cultural thing in the black community. . . . I think if you got a white child, you would not send her out with nappy, uncombed hair if she cried because you brushed her hair. You would not, not brush your kids’ teeth because she cried. But she does not want to comb her kids’ hair because she cried.

The story Peter tells is striking in its deep cultural competence: how many white people know that it is common practice in the African American community to hire someone to come to your house and braid your daughter’s hair? Tamara’s commentary indicates the extent to which she has
adopted the black community’s attitudes about hair: leaving hair nappy is akin to not brushing teeth. For both Peter and Tamara and Sheila and William, deep personal relationships in the community of their child’s birth preceded their adoption.

Most of the high resolution transracial adopters report an intense awareness of race during the adoption process. This awareness is coupled with a belief that although race is a large issue, it is one that can be approached over time as the situation warrants, like other issues parents might face. For example, Peter answers the question about how social attitudes affected his infertility and adoption story by saying:

I think the racism counts a lot. From early on until today, if you will, racism is something that we had to think about before the process ever started, and we have to think about today explaining to our children why and how. . . . I think it was more of something that you are going to address with an older child. It was something that we could almost put off for a period of time. We could grow into the role. We could grow into the questions that come up.

Despite Peter and Tamara’s integration in the black world, they still felt comforted by the thought that they could grow into dealing with issues of race as parents.

In contrast, Georgia’s deep connection to and pride in her own ancestry and that of her husband complicated the move from infertility to adoption, particularly when she contemplated transracial adoption. Although she lives in a diverse neighborhood and her husband teaches at a public school with a large minority population, Georgia was initially so overwhelmed by the thought of dealing with racial issues that she elected to try for a white child:

We started off by being very open to race, and then we attended a — no, we really tried to be educated. We attended a transracial adoption seminar. I got scared, terribly scared, and so we went back to Caucasian only. . . . I think the idea of how to immerse and bring in that other culture into the child’s life and all those kind of things, it became overwhelming; it really did.
After the painful experience of supporting a white birth mother and holding and caring for her baby in the hospital only to have the birth mother elect to keep the child, Georgia and her husband Conrad decide to loosen their racial specifications to include biracial children. As she described parenting her daughter, I asked her about her earlier fears of being overwhelmed. She replied, “I think it [race] is part of incorporating just in parenting. It is not this huge thing sitting over there. It is something you have got to pull out and intertwine like that in your day-to-day accounting.”

Despite very different initial approaches to and comfort levels with transracial parenting, both Georgia and Peter are comforted by the feeling that they do not need all the answers immediately, but can grow and incorporate race into day-to-day life.

Finally, high-resolution different-race adopters often incorporate the notion that they were fated to have the child they have. While not exclusive to those who initially wanted to adopt a white child, the notion of fate seems more connected to issues of race in this group. When Georgia describes loosening their racial specifications she says they did it because they were afraid they were “making it harder for God to give us the child that we are supposed to have.” Similarly, Judith describes seeking a white child and receiving a phone call from her father saying he personally knew a pregnant woman seeking to place her child for adoption, but that the child would be Latino: “So, lots of things in my head immediately shifted to this new reality that somehow this baby was meant to be outr.” As we saw previously, Alan elaborates on the notion of fate, using it to explain both his past suffering and how he and his wife came to adopt an older infant from Nepal when they had originally sought a domestic white newborn:

In retrospect, we have come to believe, and I do believe that we had to go through all of that in order to get to a place where we could accept the idea of adopting Lucy. As mystical as it sounds, and I’m not overly a mystical kind of guy, but had we not gone through all those highs and lows and all those bitter experiences, had you said to us, “We want you to adopt this little girl
from an orphanage in Nepal and you will never know anything about her parents or background or health,” there was no way in hell we would have done that. We had never had a conversation that said, “Gee, if somebody presented you this baby that was totally contrary to everything that you wanted, what would you do?” Not! We would not do that, in fact.

And so for some reason, we think that we had to go through all of this to get to a place that allowed us the freedom and the openness in our own lives to say “yes” to the child that was there for us.

Fate is a particularly powerful metaphor for all of these participants because it helps explain the parents’ reluctance in a positive manner, one which ultimately binds the child strongly to the family via mystical forces. It also casts what could have been described as “settling” as instead being growth on the parents’ part that brings them to their beloved and fated child.

Low-resolution narratives, different-race adopters

Low-resolution different-race adopters are nearly evenly split between those who are resolved regarding child choice but unresolved regarding race (n=5), and those who are unresolved on both counts (n=4). The two groups are strikingly different from each other, but both contrast starkly with the high-resolution group.

Those who were resolved regarding their child but unresolved regarding race talked at length about race in a tone of worry or distress. In contrast to the high-resolution adopters, four of the participants (members of two couples) appear not to have considered race much at the time of adoption. They all expressed a feeling of shock over the prejudice or discrimination they or their children were encountering, and a lack of comfort or competence with the culture of their children’s birth. Like the low-resolution same-race adopters, two participants expressed a sense of identity threat tied to their encounter with race.
Like the high-resolution adopters Peter and Tamara, Sally and Daniel are parenting African American children. Unlike Peter and Tamara, however, they live in a predominantly white suburb and their social network seems to be entirely white. Sally in particular has a difficult time fully articulating her thoughts about race:

Sally: You know . . . first people [in her extended family] to adopt, and our children are black. So that was like -- I think everybody was so shocked. Like here we call them and we say, “We are getting a baby boy. And, oh, by the way, he is black . . .”

Interviewer: Was it something that you and Daniel had to talk about?

Sally: No, because [indiscernible] find a kid. God, I do not care. It was like, “God I just want kids.” So it was -- of course, we had had that discussion. Do we care? And our answer was no.

Sally does not describe any discussion around race until I question her about it. Her answer is definitive, but lacks detail: while she seems to have strong feelings about the unimportance of race, she does not seem able to fully discuss those feelings. This is also seen in her description of telling her family by saying, “Oh, by the way, he is black.” This casualness is especially striking in light of the reaction of her family, which for several members is quite negative. A beloved set of grandparents stop speaking to her completely. Sally shares the sense of racial justice evinced by Peter and Tamara, but has not fully considered the ramifications of race for herself, her family, and her child.

Like Peter, Sally describes an encounter with a black woman while she is checking out at Costco:

And so this one lady, I can remember she said to me, “Did you fix her hair like that?” You know, did you fix her hair like that? And I was like, yes. And she was like, “Well, you are trying.” The black lady. “Okay, I’m not doing a good job.”
Sally does not know how to talk to the black woman about hair, but leaves the encounter simply feeling criticized. She and Daniel experience prejudice from both the black and white communities, and there is a sense of profound racial isolation in both their narratives.

Mark and Julie are quite similar to Sally and Daniel in their confusion over race. Julie simply does not discuss their reasons for adopting from China, while Mark recounts hearing about the one-child policy and feeling sympathy for the abandoned girls. Race does not seem to enter their calculations pre-adoption at all. However, talking about current confrontations with race nearly overwhelms the adoption portion of Julie’s narrative. Like Sally and Daniel, Mark and Julie live in a nearly all-white suburb and have little diversity in their social network. Julie talks about her older daughter being teased because she is not white and has a flat nose, and her search for resources to help her daughter. She takes her to W.I.S.E-Up workshops, which teach adopted children how to handle questions about their adoption. Julie emphasizes both her search for outside resources for her daughter and her own lack of personal experience:

I do not know what I'm going to do when she comes home and somebody says that they had called her a “Chink” or something like that. What am I going to say to her? I do not know how to deal with that because I have never had to deal with it myself. So I'm worried about that.

Because the interview does not deal with race or current parenting issues at all, Julie’s persistence in bringing up the topic suggests that it is particularly pressing for her.

Like low-resolution same-race adopters, Daniel experiences his confrontation with race as a profound identity threat. When asked the low point in his adoption narrative, Daniel answers:

... I think the low point was probably during the call when the nurse said to us, “African-American, is that an issue for you,” or whatever. I just stopped and I paused and I questioned as to whether or not it was an issue. And I still feel guilty about that as to whether or
not -- I was still thinking whether or not that was the right thing, whether or not I can be comfortable with that.

So there was a lot of kind of guilt around that and a lot of frustration, I guess, to myself for ever wondering, “Why did you think that? Why did you pause? Why were you at all uncertain.” And so, it is funny. Within a matter of -- and being one of the most joyful moments in my life, it is also probably one of the lower points because you question -- I questioned myself as a person and how strong I was or not strong in that situation to really even think for a split second whether or not that was the right thing to do.

Daniel’s narrative is rich in exploration, although unresolved regarding race. Because he does tend to explore deeply, it makes most sense to compare this passage to high resolution adopters who are also high in exploration. Daniel’s reaction contrasts with this group in two ways. First, he frames adopting a black child from a single perspective: whether or not he has the strength to do the right thing. Peter, Tamara, Alan, and Georgia, the group that is high in both exploration and resolution, all describe adopting a different-race child from a variety of perspectives. These include comfort with the community, ability to socialize the child and prepare the child for racism, personal strength (Alan mentions one’s willingness to “take on the world”), personal history and relative integration of current neighborhood, and fate. This group also refuses to see transracial adoption solely as an issue of right or wrong, but allows for the notion that there are personally valid reasons to adopt within one’s race. (Peter approvingly describes the situation of a colleague who adopted a white child because he was concerned his extended family would not accept a child of color.) Daniel, in contrast, is unable to allow himself even a moment of doubt.

The group that is high in resolution on child choice but low in resolution regarding race is distinguished by present-day efforts to grapple with race, both personally and as a way to help their children. These participants may be low in resolution regarding race precisely because they are in the
process of being changed by it. They may not feel comfortable handling racial difference, or may not have worked out what the relative importance of race is in their own lives or those of their children. However, the worry evident in their narratives is there precisely because they are making an effort to grapple with racial problems not previously foreseen.

The different-race adopters who were low in resolution on both child choice and race ($n=4$) are quite different. All of them also score low in exploration. All live in white neighborhoods. The four participants were part of two couples, and all would have preferred a white child but adopted children of color because of the difficulty in getting white children. While the previous group is painfully aware of their child’s race, this group is unsure about what weight to assign race in their lives and the lives of their children. They have a hard time talking about race coherently, and their narratives often rest on unexamined contradictions.

The idea that African American children are in a category separate from the other races is seen in many narratives, regardless of resolution status or whether the participant eventually adopts within or out of their own race. When Gordon and Dahlia describe the difficulties they imagine with transracial adoption, for example, they repeatedly talk about black children, despite having also considered adopting from Guatemala. Trudy, talks about her willingness to accept some drugs in a child’s system but her unwillingness to accept a black child because “We just did not feel like we could culturally do a good job with parenting.” Margaret describes in detail what others only allude to:

And I was talking to one of the guys at my office after we filled this paperwork out. Frankly, it was very – to me, it was kind of disturbing because you feel, “Oh my gosh, I should feel great if I should want any kid in the world” and here I have got to say, yes, no. And I was telling my friend who is -- he is rather dark-skinned, he is actually Bolivian and I was telling him about this and he was like, he goes “What do you guys have, like a freaking color wheel? And you twist the color wheel and say we will take them from this end of the color wheel and not from
that end of the color wheel spectrum, is that what you are doing there?” And I'm like, “I felt like such a jackass and I'm sitting there thinking, “My God, that is what it kind of looks like. It is like, okay, we will take kids that are not any darker than this but if they are darker than that we do not want them.” And I felt so awful, totally awful about that.

But the reality was we knew that we were not the right parents to parent, let’s say, an African American child or at that point a child of a Pakistani or an Indian or whatever, one of those countries. And it was just was awful self-realization that I would feel that way. It was just awful because if it was our – as some adoptive parents say, if it was your own child, you would never say, “No, I do not want that child because they have got a cleft lip or cleft palate or whatever,” but here you get to choose and you kind of feel like, I do not know, it just makes you feel really -- it is not something that is a very pleasant thing to have to go through to have to do that, the wheel of kids. It is definitely not something very pleasant.

Margaret places race in the category of a disability (comparing it to a cleft palate), and she is not the only participant to do so. To some extent this is an attitude encouraged by adoption agencies, which tend to ask parents to check acceptable races and acceptable disabilities on the same form. Margaret’s color wheel seems to rest on the notion that whites and blacks are on opposite ends of the wheel, with children considered closer to white more acceptable and those farther away less acceptable.

Milt, Margaret’s husband, expresses this in a different way:

Well, the first thing that comes to mind is when we first started to look in the adoption process, it was like okay we want -- our ideal is Caucasian just like us. And in the adoption paperwork they ask you, okay, somewhere in there they ask you. . . okay, what nationalities would you consider? So Caucasians are okay, mixed Caucasian and Latino that would be okay; basically, the light skin that kind of looked like us. China would be okay, Korea would be okay, kind of the accepted
places where kids come from. We do not want no part of Caucasian-African-American blended not just because the kid would naturally be really dark and the whole Caucasian people have -- we just [had a problem] dealing with that. . . . So that was very important to us the first time. So with Ella, she is Vietnamese American. That is okay; the rest is Irish so that is the kind of like us, not very, very different like Caucasian-African-American where their skin will be really, really dark.

Milt appears to be saying that the Irish in his daughter makes her like them, and makes it acceptable to adopt her. This, of course, resonates with McRoy and Grape’s (1999) finding that parents seek biracial children to maintain a sense of racial solidarity with them.

Milt also bases his story on a glaring contradiction, which is to imply that his daughters, one of whom is Vietnamese American and one of whom is Indian American, are “naturally” lighter skinned than African Americans. In fact, both of his daughters are surprisingly dark skinned. It is possible that “dark skin” here is a code word for African features. Milt may be incapable of seeing the darkness of his daughter’s skin, because he loves them and their darkness is unacceptable to him. He may need to hold on to that little bit of Irish to feel connected. Whatever the explanation, this contradiction again contrasts with the high-resolution narratives, in which the child’s racial difference is explored and the parent indicates awareness and acceptance that the child has a different racial experience from the parent.

Finally, Milt makes relatively explicit something that many participants imply, which is that conspicuousness does not rest on merely looking alike or not but has a political and cultural element as well. Some races are more acceptable for adoption than others, with the adoption of African Americans by whites being the least acceptable. This assessment is probably realistic. In the U.S., if we see two white adults holding the hand of an Asian girl, we are much more likely to intuit that they are a family unit than if we see the same adults holding the hands of a black child. In addition, the adoption of
black children by white parents has been far more vocally debated in this country than the adoption of other minorities.

The members of this group minimize their child’s racial difference by emphasizing the part of the child that is white or the child’s relative lightness. It is instructive to compare this emphasis to high resolution themes, particularly that of fate. As a metaphor, fate bonds the child to the family completely, implying that biology is a small consideration next to the order of the universe, which dictates that this child belongs with this family no matter how dissimilar they and their parents appear. The part-white emphasis feels like settling, and elevates biology through a continued focus on the particular racial mix of their children.

Had this last group been able to adopt white children, they might have been rated as resolved. In other words, adoption has forced them into a confrontation with race that they seem currently unequipped to deal with. All the members of this group are parenting children under the age of five. As the children age and have more independent encounters with the world, it is possible these parents will be forced to confront the effects of race more directly. Likewise, the group that is resolved on their child choice but unresolved related to race may be moving, through their worried feeling exploration, to a point of greater resolution.

In summary, five distinct groups were found. Resolved same-race adopters tended to emphasize the importance of racial similarity for ease of family or child functioning and often related the desire for racial similarity to larger life themes. Unresolved same-race adopters felt judged by self or others, experienced identity threat as a result of their racial choice, and had difficulty expressing the relative importance of race in their lives.

Resolved different-race adopters felt comfortable with the community of their child’s birth, were intensely aware of race as an issue at the time of adoption but felt they could grow into a transracial parenting role, and often felt that they and their child were fated for each other. There were
two types of unresolved different-race adopters. The first felt resolved about the choice they had made but unresolved about the larger issue of race in their lives. They had not paid much attention to race at the time of adoption and were now struggling to cope with issues of racial prejudice and difference. The other group was unresolved about both their choice and race in general. They had difficulty discussing race, minimized their child’s racial difference, and often based their discussion of race on unexamined contradictions.

**Helping parents cope with racial decisions**

Any ecological consideration of all adoptive families, but especially transracial ones, must incorporate the process of racial choice. Not only do parents come to adoption with great variety in their “attitude/mind set” (Banks, 1999) regarding race, but the levels of analysis they employ to consider race, and the structures and professional help they encounter while making their choice vary greatly. Likewise, multiracial families are just that: multiracial families. To date, research into multiracial adoptive families has focused almost exclusively on outcomes and experiences of children of color adopted by white parents and on the parenting strategies employed by those parents. But not only do those parents take on an extra set of parenting tasks concerning racism, this data suggests that, for some, self concept is altered through parenting a nonwhite child. Additionally, this data suggests that the self-concept of some same-race adopters is uncomfortably altered by their decision to adopt within their race.

Several issues recur throughout these narratives as parents describe their encounters with race through the adoption process. The first is the *racial decision-making process*. Do parents identify challenges beforehand? Are they able to assess their own abilities to meet these challenges without outside judgment or inner guilt? These narratives suggest that *awareness of potential challenges from the beginning* may be a factor that helps both same and different-race adopters build a coherent narrative concerning their choice. Also key is *access to tools and resources*. Some transracial families come pre-equipped with an integrated lifestyle, while others struggle to find tools to cope with race when their
children are older. Finally, there is parental renegotiation of self. Racial choice can assault one’s identity, and the self-knowledge gained must be successfully integrated into one’s sense of self. For parents who adopt transracially after longing for a biological child, raising a child who is obviously different requires some kind of change in self-image and letting go of a cherished possible self (King & Raspin, 2004; King & Smith, 2004). White parents who decide they can only adopt a white child may struggle with feelings of guilt, inadequacy, or loss of a cherished identity.

Participants consider very different variables in the racial decision-making process. High-resolution same-race adopters discuss social issues as reasons they want to stay within their own race. The persistent themes of the importance of blending and social issues are reminiscent of two of the three narrative themes Samuels (2009) identified in her research of transracially adopted adults, namely the centrality of racial resemblance and managing social perceptions related to transracial adoption and multiraciality. In other words, the high-resolution same-race adopters in this sample seem to have accurately identified certain challenges inherent in transracial adoption and to have judged themselves not capable or not interested in meeting these challenges.

High-resolution different-race adopters, however, tend to place a different value on racial resemblance and managing social perceptions. They do not view racial resemblance as being central to their family’s existence, and in recounting their decision-making process spend relatively little time on the fact that family members will be obviously dissimilar. They focus more on what they bring to the table in terms of helping their child manage social perceptions and the resources they have within their child’s birth community.

A key part of resolving the question of race, for both same and different-race adopters, seems to be considering its implications during the decision-making process. (The exception is those low-resolution same-race adopters who consider race extensively, but still cannot integrate their decision into a narrative. They will be discussed below.) In the different-race group, not thinking much about race
during the decision-making process is correlated with being resolved about their child, but not about race in general. At the time of adoption, these participants seem to have thoroughly absorbed the philosophy of color-blindness, in which even thinking about the ramifications of race makes one a racist (Bonilla-Silva, 2006; Omi & Winant, 1986). After adoption, these parents engage in a painful catch-up process as they struggle to cope with the reality of race in their children’s lives and their own.

“Color-wheel” processing, to borrow Margaret’s term, seems linked to low resolution for both child choice and race. Parents who were low on both kinds of resolution seemed to look at their child’s skin color in terms of how far away from white it was, in an extension of McRoy and Grape’s (1999) finding that parents considering adopting biracial children emphasize their “whiteness.” While the group of different-race adopters who are resolved about their child but unresolved about race seem engaged in an active struggle to understand the place of race in their and their children’s lives, this group considers race in a more muted way. Because of their own difficulties in naming and discussing race, they seem least likely to join their children on the multiracial journey that Samuels (2009) found reduced transracial adoptees’ sense of disconnection.

All the high-resolution different-race adopters, including those who adopted different-race children only after being unable to adopt white children, lived in relatively integrated neighborhoods and several mentioned this as an advantage. The benefits of integrated neighborhoods for transracially adopted children is a relatively clear aspect of existing research (Feigelman, 2000; McRoy & Grape, 1999). These narratives suggest that in addition to giving children role models, such neighborhoods provide aid and comfort to parents as well.

Diversity of neighborhood and access to the child’s birth community through pre-existing friendships seem to be important resources for adoptive parents. However, more institutionalized resources around race recur in the various narratives. Several participants mention attending workshops...
regarding transracial adoption during the adoption process, and one (Julie) describes turning to W.I.S.E-Up workshops to help her daughter deal with race and adoption.

Some, but not all, of the parents in this study are forced into a kind of racial renegotiation of self (K.J. Daly, 1988; Gonzalez, 2000) as a result of racial choice. For those parents who give race very little thought, no matter what race they adopt, there is little change in their self-concept. But there are participants (high resolution) who describe large transformations in sense of self, and others (low resolution) who hint at truncated or distasteful transformations. Peter, Georgia, and Alan all tell stories of personal growth around race. For Georgia and Peter, part of what makes them comfortable with transracial adoption is the sense that race is an issue they can grow into: it does not need to be dealt with all at once. Despite Peter’s comfort in the black community, he still needs to grow into his role as the father of two black children.

In contrast, Alan and Georgia also need to grow to be comfortable with transracial adoption. The metaphor of fate gives meaning to the painful growth process they endure. Georgia must renegotiate a core aspect of her identity when she gives up her dream of passing on her genetic heritage (K.J. Daly, 1988; K. J. Daly, 1992). She then must give up on the dream of a child who will racially resemble herself. She negotiates this change in identity through the metaphor of fate – she was always supposed to parent a nonwhite child, but she needed to grow in order to accept her destiny. Alan makes this explicit when he says that he and his wife had to suffer through all their painful experiences in order to “accept the child that was there for us.” These are stories of transformational processing (Pals, 2006a), in which connections to pain or discomfort serve as a narrative catalyst to positive growth and change.

Some parents tell stories in which this renegotiation seems truncated or incomplete. Low-resolution same-race adopters in particular seem to struggle with that part of themselves that rejects transracial adoption. While their high-resolution counterparts relate their same-race choice to other life themes, these participants tell stories that are circular, disconnected, or unfinished. Different-race
adopts who are low in resolution regarding a generalized race narrative indicate that the process of racial choosing was an assault to their identity, exemplified by Daniel’s guilt over his momentary doubts about transracial adoption. Although their struggle with identity renegotiation is more direct than that of the same race adopters, they are still unable to fully incorporate the painful self-knowledge they have gained as part of the adoption process.

Certain recommendations for policy and practice emerge from this narrative picture of parental renegotiation of self. These interviews suggest that interpreting racial training as “delay” under MEPA is a misguided practice (Smith, McRoy, Freundlich, & Kroll, 2008). Several participants mentioned institutional racial training as being key in helping them identify potential challenges in parenting transracially adopted children. Some felt capable of meeting those challenges and others narrowed their criteria to same-race only as a result of the reflection the trainings engendered. None of the participants in either the mixed resolution or low resolution different-race groups mentioned any kind of race training pre-adoption. It is possible that training around race pre-adoption could have saved the mixed resolution group from the shock and struggle over prejudice they feel post-adoption, and that it could have given the low-resolution group some tools through which to become comfortable with acknowledging their children’s racial difference.

Indeed, the issues that emerge in these interviews – racial decision-making, awareness of potential challenges, and access to tools and resources – map closely onto Vonk’s (2001) cultural competence scale for adoptive parents, which is based on three components. Racial awareness is being aware of the effect race has in one’s own life and the lives of others. Multicultural planning is centered around finding opportunities for children to learn about and participate in the culture of their birth. Survival strategies is parents’ ability to teach their children to deal with prejudice. A training based on this scale has increased prospective parents’ racial awareness (Vonk, 2001; Vonk & Angaran, 2001). These interviews additionally suggest, however, that parental renegotiation of self is a large part of the
process of making a race-based choice. Acknowledging this is a potentially powerful tool for social workers to engage and empower their clients.

As Palacios (2009) points out, use of the term “triad” to describe the adoptive parent-child-birth parent relationship obscures the immense influence of adoption professionals, particularly during the stage of family formation. The ongoing identity threat experienced by same-race adopters who felt judged by their social workers is a testament to the importance of interactions with these members of Palacios’s “quadrangle” (p.82). Social workers, of course, operate in the same racial environment as their clients. A truly ecological model of adoptive family development must take into account not just the attitudes of prospective parents but the workers and agencies facilitating their adoptions. Agencies should lay out their own beliefs and mission regarding transracial adoption, communicate this clearly to workers, and provide social workers with the skills and resources they need to facilitate an open and honest consideration of race during the adoption process. Adoption professionals must continue to request clarifications of MEPA that will explicitly allow, if not encourage, race training at federally funded agencies, as there is mounting evidence attesting to the helpfulness of such training.
Chapter 9

Good stories: The willingness to be transformed

This research was prompted by my deeply personal desire to understand how infertility and adoption looked “from the other side” – how the experiences appeared to those who had gone through them and were now parenting children. What I did not consciously realize (but perhaps subconsciously intuited) was how important the very notion of the “other side” would be to my participants – in other words, how much they would emphasize the transformative nature of infertility and adoption in their lives.

Transformation, of course, is one way of describing development. Infertility and adoption present both a life challenge and a narrative challenge to the developing adult. Having children is a normative, highly anticipated part of adulthood, one conceived to be key to aspects of adult development (Erikson, 1977) and life structure (Levinson, 1986). While adoption appears to ease the pain of involuntary childlessness for women (McQuillan, et al., 2003), it continues to be a non-normative mode of family-building (D. Brodzinsky & Huffman, 1988; Fisher, 2003; Kirk, 1981). Life’s challenges are the stuff of narrative:

The fabula of story -- its timeless underlying theme -- seems to be a unity that incorporates at least three constituents. It contains a plight into which characters have fallen as a result of intentions that have gone awry either because of circumstances, of the "character of characters," or most likely of the interaction between the two. And it requires an uneven distribution of underlying consciousness among the characters with respect to the plight. What gives the story its unity is the manner in which plight, characters and consciousness interact to yield a structure that has a start, a development, and a 'sense of ending.' (J. Bruner, 1986, p. 21)

It is the need to deal with a plight (in this case infertility and adoption) and incorporate that plight into one’s sense of self as a unified whole that motivates much of story-telling (J. Bruner, 1986; McAdams,
1985, 1987; McAdams & Pals, 2006; Singer, 2004). The interpretive themes identified here tell us about narrative strategies people use to reconcile the “uneven distribution of consciousness” not among different characters but among the narrator’s differing awareness and beliefs at the time of events and the time the story is being told.

Indeed, in these stories uneven distribution of consciousness is the mode of making meaning. In the end, these are narratives of coming out of the darkness into the light. By using tropes such as redemption, fate, transformation, and growth of personal strength and character, participants cast their suffering as occurring, at least in part, because they were ignorant of the true nature of the world. Whether their personal blindness occurred because they did not understand or sufficiently believe that the universe is ordered and ultimately benign, or because they insufficiently trusted that good could come of bad or that they themselves were capable of transforming and adapting to an unknown situation, all of the participants implicate a lack of deep understanding on their own part in their suffering. Once that understanding is attained, they emerge from their situation better than before – redeemed, wiser, stronger, and more deeply appreciative of all the world has to offer.

This metaphor, of coming from darkness into light, is deeply Christian, and many participants employ explicitly Christian language and imagery to explain their journeys. However, other participants borrow from other religions or use quite secular language to express the same or similar ideas. William, a practicing Jew steeped in Buddhist philosophy, uses a Chinese parable to describe the way a low point in his marriage led to his going into therapy, working on his marriage, and ultimately adopting his daughters:

I look back and they’re all maybe moments. It’s like the story of the Chinese farmer. The wild horses come into the farm and they get one. The neighbors come by and say, “Oh, it’s great that you got a horse that you didn’t have before. It can help you and such.” The Chinese farmer goes, “Maybe.” Then the Chinese farmer’s son, who tends the farm with him,
gets on the horse and rides it. He has an accident. He falls off the horse and breaks his leg. All of the neighbors come out and say, “Oh, it’s awful that your son broke his leg. He won’t be able to help you on the farm.” The Chinese farmer says, “Maybe.”

Then the next day, the army comes through and there’s a big war being geared up for and they are recruiting people. The army can’t recruit his son because his leg is broken. All of the people come by and say, “Oh, it’s great that your son had his leg broken so he won’t have to go with the army.” And the farmer says, “Maybe.” Every moment, whether it’s great or not, is a maybe moment. The worst moment when it bottomed out, in retrospect, whether it’s a great moment or not or how you define that, it was a moment that wasn’t necessarily the worst moment. One could look at it another way and say that was the best moment.

And now I look at that whole process and I look at all the events that led to it and all the events that seemed terrible at the time as being holy moments. Everything became clear. Every single moment was so needed and so precious. Those were great moments in my life. They were not moments where I wouldn’t have given up any moment. And in fact, I couldn’t have given up any moment, in retrospect.

William’s belief that his “maybe moments” are also “holy moments” echoes the deep appreciation for life Mark has attained through adoption and Roberta’s tracing of her ex-husband’s cheating leading to her wonderful current marriage and their infertility leading to her being ensconced in a “fantastic” adoptive community. These are all redemptive moments, much like those documented in McAdams’ The Redemptive Self. Ultimately, the way these participants reconcile their own uneven distribution of consciousness is to insist on the redemptive nature of suffering.

The ubiquity of these themes surprised me. I expected, based on both academic research and pop culture chatter, to hear more lingering doubt, more concern about the potential negative effects of adoption on child or family. That I did not hear more varied stories may be an artifact (and limitation) of
the all-volunteer sample of people highly motivated to share their adoption stories. Nevertheless, even if
this sample is an unusually content lot, they still provide a blueprint for researchers and prospective
adoptive parents of successful ways parents narrate infertility and adoption “from the other side.”

It is possible that had I advertised for a study on “Race, Adoption, and the Life Story” I
would have attracted a crowd with more practiced and more resolved stories about race than I did.
Nonetheless, the variability in the stories about race, and the difficulty many participants had discussing
it, was striking when compared with participants’ ability to positively interpret other difficult life events.

Discussions of race fit uncomfortably with the interpretations that participants use to
solve other problems of life and narrative, notably agency and the belief that the world is ultimately
benevolent and ordered. For example, unresolved adopters often emphasize a certain lack of agency in
their narratives. Those who adopted same-race children recall feeling judged and being helpless to
adequately defend themselves from that judgment. Different-race adopters rated as resolved on child
choice but unresolved on race in general talk about not knowing what to do about race, as when Julie
worries that she will not know what to do when someone calls her daughter “Chink” and Daniel
contemplates neighbors not letting their white daughters date his black son. In a group in which the
exercise of personal agency is quite important, a significant number of participants feel that they simply
don’t know what to do about race.

The relationship between a sense of agency and autobiographical reasoning may account
for why race was so much more difficult for participants to grapple with than any other theme. Whites in
the United States are socialized that to notice or think about racial difference is at best, impolite and at
worst, racist (Apfelbaum, et al., 2008; Bonilla-Silva, 2006; Omi & Winant, 1986). Although this sample
researched and networked extensively around adoption, only a few did so around race. For those who did
so and found the experience important enough to include in their narratives this research and/or
networking was often part of a transformative process. Conscious attempts to problem-solve around the
issue of race led both same and different-race adopters to important insights about themselves and American society, and what they perceived their roles as parents in that society to be. Other participants, though, never found a way to satisfactorily problem-solve around that which is culturally unsayable. Race became the one uninterpretable issue for these participants.

That says quite a bit about the place of race in our society. If, as Bonilla-Silva (2006) argues and a body of psychological studies seem to support (Apfelbaum, et al., 2008; Richeson & Nussbaum, 2004; Richeson & Shelton, 2003, 2007; Richeson & Trawalter, 2005; Sommers, Warp, & Mahoney, 2008; Trawalter & Richeson, 2008), white privilege rests, in part, on whites not seeing or acknowledging the consequences of racial difference in American society, the need to analyze the potential effects of racial difference as a pre-adoptive or adoptive parent are potentially quite psychologically taxing. The analysis is difficult in part because it forces those who have been comfortable viewing the world as racially benign to imagine that it might not be. And as was seen with the many interpretations that rested on fate and divine will, for this sample it was extremely important to believe that ultimately the universe was both ordered and benevolent. Some same-race adopters resolved the issue of race by accepting a lack of benevolence in the world and also accepting that they themselves did not want to take on the issue. Different-race adopters resolved the issue in part by feeling that they had the tools to, in Alan’s words, “take on” the world. But both same and different-race adopters who were unresolved indicated awareness of lack of benevolence but lacked an agentic plan to take the world on. Interpretive stances that worked so well with suffering, dashed expectations and isolation simply didn’t make the grade when it came to incorporating an understanding of race into their lives and narratives.

So what does all this mean for pre-adoptive parents, struggling with grief and wondering what it will look like from the other side? As these narratives make clear, grief over infertility need not be crippling to the adoptive parent – indeed, most of these participants cite suffering as leading to positive
parental outcomes. But what seems key to these narratives is a willingness in some way to be transformed. For some this transformation took place through enhanced appreciation, for some a renewed belief in an ordered universe, for some through a feeling of greater personal strength, flexibility, and ability to cope. The unresolved narratives on race all involved, in some way, a kind of truncated transformation – a difficulty in looking at one’s self or society fully, a difficulty in naming and accepting a belief, reality or attitude.

Alan is the participant who most directly outlines the need for change after change to his own desires and belief systems, from pursuing a biological child to adopting a healthy white baby who would look like them to bringing home a brown-skinned toddler from Nepal with a variety of health issues. He sums up the message that many participants seem to feel about their difficult experiences, their own growth, and their sense of an ordered universe:

And so for some reason, we think that we had to go through all of this to get to a place that allowed us the freedom and openness to say “yes” to the child that was there for us. That may be a complete rationalization: that may be the way we now write our own history, but I would have believed that story, and this is my own journey because there was no way that I would have been open to that kind of a concept or ready to accept it. Ultimately it was all for the good.
Appendix A: BFI 44 Measures of 5 Personality Dimensions (N=32)

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<tr>
<td>Conscientious</td>
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<td>Extraversion</td>
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<td>Neurotic</td>
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<td>Openness</td>
<td>3.43</td>
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## Appendix B: McMaster Family Assessment Device (N=32)

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<th>Dimension</th>
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<td>Communication</td>
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<td>Roles</td>
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Appendix C: Correlations among quantitative tests

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## Appendix D: Male/Female Quantitative Score Differences

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Appendix E: Quantitative Differences Among High Resolution and Low Resolution and Same and Different Race Adopters

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List of References


Sandelowski, M., Harris, B. G., & Holditch-Davis, D. (1991). The clock has been ticking, the calendar pages turning, and we are still waiting: Infertile couples' encounter with time in the adoption waiting period. *Qualitative Sociology, 14*(2), 147-173.


