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Smeeton, J. [orcid.org/0000-0002-9177-2625](https://orcid.org/0000-0002-9177-2625) and Ward, J. (2017) 'It's a big deal, being given a person': why people who experience infertility may choose not to adopt. *Adoption & Fostering*, 41 (3). pp. 215-227. ISSN 0308-5759

<https://doi.org/10.1177/0308575917705819>

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Smeeton, J. and Ward, J., 'It's a big deal, being given a person': why people who experience infertility may choose not to adopt, *Adoption & Fostering*, Volume: 41 issue: 3, page(s): 215-227. Copyright © 2017 The Authors. DOI: 10.1177/0308575917705819

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**[Article]**

[Title]

**‘It’s a big deal, being given a person’: why people who experience infertility may choose not to adopt**

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**Abstract**

This article explores why individuals and couples who experience infertility and undergo treatment through new technologies do not subsequently go on to become parents via adoption. It does this in three ways: a review of the literature; interviews with those affected; and an online survey of views on adoption among people who have experienced infertility. It was found that couples do consider adoption alongside infertility treatment but it is usually a fallback choice. If adoption is to be perceived as an equal option, agencies need to offer support and advice at an earlier stage than is usual. Couples who are emotionally exhausted by medical interventions for their childlessness can then be helped off the infertility treadmill in order to become parents.

**Keywords**

Adoption, infertility, family-building, parenthood

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## [H1] Introduction

This study was commissioned by Family Care, an independent English adoption agency based in the East Midlands, following growing awareness that many individuals and couples who experience infertility and for whom assisted conception treatment is unsuccessful do not go on to seek parenthood through adoption. It explores why this is so and the rationale behind the decisions made.

There is a dearth of research on this topic and much that is available relates only to women, with few articles considering the perspectives of couples. In addition, most studies are from the US where the child welfare system has similarities to the UK in that many adopted children come from the care system, but also some differences, such as the distinction between public and private adoption.

Because of these limitations, this study is exploratory. Nevertheless, to obtain as much information as possible, three sources were tapped: literature relating to the links between adoption and infertility; interviews with couples who had experienced infertility but chosen not to adopt; and a survey charting the views on adoption among people facing conception difficulties. New reproductive technologies and surrogacy are emerging practices in an increasingly international arena (Cheney, 2016; Scherman, et al., 2016) and to make the project manageable, we decided to concentrate on why some heterosexual couples experiencing infertility choose not to adopt and reasons for their decisions.

## [H1] Background literature

Infertility is commonly defined as the failure to conceive after 12 months of unprotected intercourse (Griel, Slauson-Blevins and McQuillan, 2010). It has been suggested by researchers such as Letherby (2010) that it has both a medical and social dimension. The medicalisation of the problem began with the development of fertility drugs in the 1950s and has gathered pace since with the increase in assisted reproductive technologies (ART). However, the word 'infertility' is often linked to pejorative adjectives such as 'barren' or 'sterile' which convey a sense of inadequacy. Ulrich and Weatherall (2000: 323) argue that these wider implications reflect the importance of motherhood for women. The social expectation of having babies and 'providing an heir to the throne' is seen as a successful stage in a relationship. But it also

produces a huge sense of failure if it cannot be achieved. Indeed, people do not define themselves as infertile unless they want to fulfil the social role of parenthood.

More women (and couples) in western societies are choosing to remain child free while the numbers of people seeking medical interventions for infertility are growing (Letherby, 2010). However, new reproductive technologies reinforce a view of motherhood as a biological relationship and militate against alternative discourses. As Ulrich and Weatherall (2000: 328) explain:

[QUOTATION]

The discursive construction of motherhood as biological destiny is problematic in a number of ways. It denies women agency by construing them as being governed by forces beyond their conscious control. By normalizing motherhood, discursive construction of motherhood as biological destiny limits the identities available to women and valorizes the biological links between mother and child.

In their Brazilian study, do Amaral Costa and Rossetti-Ferreira (2009) expand this by emphasising the gender differences associated with ‘medically mediated motherhood’ (p. 62), arguing that because it involves the woman’s body it is a more painful process, physically and emotionally, than it is for men and it is the woman who usually gets the blame for failing to conceive.

The narrative of infertility revealed in the literature is mostly one of grief and loss, desperation to have a biological child and the difficulty in making the transition from biological to social parenting. Infertility has been described as one of the worst crises anyone can have (Thorn, 2010), devastating to relationships and self-esteem and much like a bereavement in its effects (Millar and Paulson-Ellis, 2009). Several researchers suggest that couples need to have achieved closure in order to move on; they have to accept their problem and commit themselves to a resolution – namely the ‘fertility trajectory’ (van den Akker, 2001). Throsby (2004) describes the complexity of this process and the significance of the state of ‘in-betweenness’ where fertility treatment has failed but couples still have an unfulfilled desire for a child. As treatment can often involve a long and arduous journey, it seems reasonable to assume that accomplishing this challenge would give couples added strength to pursue a different option – namely adoption – but the fact that many couples struggling with IVF do not make this change is the focus of this study.

[H2] The experience of infertility and the drive to have a birth child

Many studies argue that the drive to have a birth child is very strong in both men and women. The cultural narrative anticipates this as fertility and procreation are expected to be desired and perceived as natural parts of a woman's life (Letherby, 2010). Choi and colleagues (2005: 177) found that women's expectations were strongly influenced by the 'myth of motherhood' and the lack of alternative mothering discourses produces discrepancy between ideal and reality, giving rise to conflict and frustration. This 'pronatalist' ideology (Park and Wonch-Hill, 2014) provides a strong drive to experience pregnancy and join the 'club', marked by such rites of passage as the growing bump, ante-natal appointments and the 'baby shower'. The transition points are less salient in adoption (Park and Wonch-Hill, 2014: 604):

[QUOTATION]

The cultural emphasis placed on the pregnancy process and the importance of these interactional rituals may lead some women to view adoption as second best to having a child via pregnancy, especially if they have never experienced pregnancy before.

Smith's (1999) work explains that pregnancy acts as psychological preparation for mothering by providing an opportunity for the woman to invoke her future mother self and adapt to the parenting role. This transition is not only obviously missing in adoption but the process is also more complex and multi-dimensional because there are more options and decisions to be made (do Amaral Costa and Rosetti-Ferreira, 2009). Studies show that prior to adoption many couples felt they had to have tried everything possible to have a baby in case they had later regrets (Lockerbie, 2014) and the plethora of available treatments increases the pressure to continue, hoping that one of them will succeed (Daniluk and Hurtig-Mitchell, 2003; Park and Wonch-Hill, 2014).

[H2] The experience of men

Fertility traditionally has been seen as 'women's business' (Letherby, 2010) and it is thought that women experience higher levels of infertility related stress than men (Griel, Slauson-Blevins and McQuillan, 2010). However, men can also feel that their sense of identity is compromised by their partner's inability to conceive (Letherby, 2010). Jennings and colleagues (2014) report that they experience a yearning to have a biological child, want to continue their bloodline and have children who look like them but feel passive and uninvolved

in the process of assisted reproduction. While women experience the painful medical procedures, men can only stand by and watch, showing traditional male values of stoicism, self-reliance and sympathy. Adoption, in contrast, is seen as a more equal and involving process as one of Herrera's (2013: 1074) respondents explains:

[QUOTATION]

She wasn't in my tummy, I don't know her and I'm going to meet her when she is born and then I'm going to start loving her . . . When I first see her she will be a baby just like any other. You see? In this sense I think that as a father, let's say that one always adopts a new born baby.

[H2] Factors affecting the decision to adopt

In the UK, recent governments have encouraged adoption but, as in the US, although people view it favourably and most adoptive parents report good experiences, the number of adoptions is decreasing. The reasons for this include:

- the increasing availability of new reproductive technologies;
- fewer 'preferred' (i.e. younger) children available to adopt and concerns that they might have behavioural, developmental and emotional problems;
- the stigma attached to adoption and its status as 'second best', with adoptive parents having to contend the stigma of infertility and the expectation that their child might have emotional and behavioural difficulties;
- the unfamiliarity of adoption (the medical option is much more familiar), its perceived difficulty and the length of time it takes.

It is often suggested that making adoption easier might mitigate this, but this would require adoption agencies to take a less uncompromising stance. Many adoption agencies will not accept enquiries from those still undertaking infertility treatment. Practice wisdom suggests that 'ongoing involvement in treatment indicates that a couple have not yet accepted their inability to have their own biological child and are not therefore usually ready to fully consider parenting a child born to somebody else' (Bingley Miller, 2005: 6). 'Those contemplating adoption need to have processed their reactions to their infertility sufficiently to recognise and harness the strengths coming out of adversity' (Crawshaw, 2010: 87) and to embrace adoption or fostering as an active rather than a second-best choice (Balen, 2013).

## [H2] Turning points and transitions

Thorn (2010) suggests that when the path of infertility treatment has been followed, it may be difficult to stop because of the emotional and financial investment. When treatment has failed or the couple have had enough, they may be physically and emotionally exhausted and not in a fit state to consider or embark upon alternatives. The key point is that couples should be allowed the time and opportunity to consider all the possible options before embarking on any particular one.

Lohrmann (1995) develops this idea by showing that the process of successfully coping with infertility begins with the woman's recognition that she is no longer willing to continue with efforts to become a mother, thus undergoing a cognitive and affective paradigm shift. However, Philips and colleagues (2013) are critical of this linear analysis and suggest that couples are perfectly capable of keeping several options in mind while not necessarily acting upon any one of them; they are usually able to consider other means of family-building alongside infertility treatment. For heterosexual couples, adoption can be either a last resort once they have exhausted alternatives or a welcome option that ends the stress of trying to conceive. Those who regard themselves as always open to adoption try alternative routes to parenthood because they consider them easier. Jennings and colleagues (2014) identify the following turning points that move couples towards adoption:

- One partner refused to go on with medical treatment.
- They reached the parameters established at the beginning and stuck to them, enabling them to retain control and resist the pressure to have more treatment.
- As the process went on, they gradually ruled out certain procedures.
- They had not exhausted all the options but could not tolerate the lack of guarantees.
- They had exhausted all the possible fertility options.
- They felt the smartest choice was to change course and invest in adoption.

Couples moving to adoption come to put less emphasis on the importance of having a biological child but for some, adoption is still experienced emotionally as second best, a view often reinforced by the lukewarm response of family and friends. For others, in contrast, moving towards adoption has a positive and healing impact; it offers a welcome alternative to the



unending pursuit of biological parenthood. Committing to adoption allows couples to get off the rollercoaster of infertility and gain a sense of renewed hope (Jennings, et al., 2014).

Letherby (2010: 41) suggests that:

[QUOTATION]

Legislative changes, shifting cultural norms and increased multi-culturalism have led in recent years to a wide variety of family forms in the UK, with the so called ‘normal’ nuclear family becoming increasingly less dominant. This suggests that although there remains some stigma attached to ‘non-parenthood’ and those who parent following assistance (whether medical or social), the ‘stranger status’ of such individuals is less than it once was and is likely to lessen further still.

## **[H1] The study**

### [H2] Methodology

The research employed to investigate these issues was small-scale and used an interpretative phenomenological approach (Smith, Flowers and Larkin, 2009). Once Nottingham Trent University had given ethical approval, three interviews were carried out in May 2015 with four respondents in heterosexual relationships, who had chosen to undergo fertility treatment rather than adopt. They comprised a heterosexual couple who had one child conceived using donor eggs (Respondents 1 and 2), a woman in a heterosexual relationship who had one child conceived using donor eggs (Respondent 3) and a woman in a heterosexual relationship who had one child conceived using IVF (Respondent 4).

We asked whether they had ever considered adoption, at which stage and what had influenced the decision. Transcripts were analysed independently by both researchers and themes identified. An online survey of issues they highlighted was then undertaken to canvass the place of adoption in the decisions made by a larger group of people who had experienced fertility problems. Thirty-eight individuals participated.

### [H2] Thematic analysis of the interviews

The following eight themes emerged from the interviews:

1. the importance of being pregnant;
2. the need of the woman to have a child for her male partner;
3. the importance of a genetic link;
4. a description of the medicalised ‘treadmill’ of treatment that had to be completed;
5. IVF as an exhausting emotional ‘rollercoaster’ that was difficult to end;
6. a perception that they could no longer consider adoption although they had thought about it in the early stages;
7. the increased practical and psychological barriers to adopting a second child now that they were already parents and the perceived effects on existing children;
8. the perception of adopted children as damaged.

These can be sub-divided into three main areas: pregnancy related issues, IVF process issues and adoption issues.

#### [H2] Pregnancy related issues

The desire to experience pregnancy came across in every interview. There was a thread of the woman wanting to give birth to a child for her partner:

#### [QUOTATION]

I remember thinking, ‘Well, if I get pregnant, if we have a child, great but I can’t imagine having IVF,’ but then I got pregnant and it felt amazing and that’s when I knew I wanted this to happen more than anything [the respondent lost that baby prior to starting the IVF process]. (Respondent 3)

#### [QUOTATION]

I think I wanted to experience pregnancy. And I wanted [husband’s] child more than I wanted my own child if that makes sense. (Respondent 4)

For one respondent (1), this desire was expressed particularly strongly in an interchange with her partner:

#### [QUOTATIONS x 3 – LINE SPACES IN BETWEEN]

I just wanted to be . . . I wanted to experience it all, I really wanted to be pregnant, carry a baby and all that. It were a big drive for me.

You wanted to be pregnant, and I can see now, being pregnant you loved it didn't you?  
Being a man I wouldn't have understood how you could enjoy it, being pregnant.

People are nice to you when you're pregnant; it's like membership of a really exclusive club.

Another woman (Respondent 3) explained why they as a couple opted for treatment using a donor egg rather than adoption: 'The bloodline was important to him . . .'

[H2] IVF process issues

Respondents described the IVF process as inexorable – this was partly external (a 'treadmill') and partly internal (a 'rollercoaster'):

[QUOTATION]

Once you're on that treatment pathway, you kind of just carry on with it really.  
(Respondent 1)

[QUOTATION]

We started IVF because it just seems the natural step, you know, you go and see the doctor and they refer you. It's quite medicalised isn't it? (Respondent 1)

Different options became apparent as they continued, with two respondents (1 and 3) considering adoption: 'But then at the same time I looked at egg donation' (Respondent 1).

Some found it difficult to know when to stop treatment or realise when it was completed. There was a sense of exhaustion, both having to exhaust the process and of feeling exhausted:

You say when we get to three [cycles of IVF] we'll stop but when I got to that third go I weren't ready to stop. (Respondent 1)

When you're doing IVF it's all . . . you go to the doctor and then you get another appointment and another appointment. (Respondent 2)

I didn't want to do it again [IVF] because it's hard doing IVF and it weren't the physical side, the injections, it's like the emotional and psychological effects, it's really, really hard. (Respondent 1)

On the other hand, there was always a chance that it might work:

You set out on something to succeed and it could always be the next go . . . You're playing these mind games, really just thinking, 'Just one more go, just one more go, it might work then.' Knowing when to stop is one of the hardest decisions. (Respondent 4)

Thinking of the future, one of the couples had resolved to settle for one child:

[QUOTATION]

We'd been on this journey for 10 years, an emotional rollercoaster, being miserable for a lot of it if I'm honest. We've got our baby, let's just enjoy life. (Respondent 4)

But for the others the future was more open. Both said they would consider adoption.

[QUOTATION]

We've got two embryos in the freezer and I think we'd probably go for that before adoption. (Respondent 3)

### **[H1] Adoption issues**

It should be remembered that the respondents were chosen because they had decided not to adopt, at least at this point. Their attitudes to adoption were complex but can be grouped into: process issues (real and perceived); personal issues about themselves as possible adopters and as an adoptive family; and issues about the child

#### [H2] Process issues

In terms of available information, adoption was perceived as long and complex even when there was some evidence to contradict this. It seemed difficult for agencies to get the pace right:

I applied for an information pack and they did follow it up with a phone call...I didn't expect a phone call ...Whoa, just a minute! (Respondent 1)

Friends of one couple went to an adoption information evening and 'they said it weren't as bad as what we thought' but 'it's quite complex and difficult' (Respondent 1), although as the husband pointed out:

It can't be more difficult than IVF and it is a lengthy process but you've got to expect that. It's a big deal being given a person, you've got to expect that. (Respondent 2)

Another respondent's thinking about adoption was influenced by the 'what next' section of an infertility website – 'I used to look. To try and build up a picture of what the journey was like. And it looks quite hard work' – but was worried about how intrusive the process would be:

[QUOTATION]

Can we face our relationship being interrogated?... you've got to be very strongly motivated to go through that, let alone the actual parenting. (Respondent 4)

[H2] Personal issues

All those interviewed discussed the reasons for deciding whether or not to adopt. Firstly, they had to finish fertility treatment: this was a process issue (a rule imposed by agencies) but also true for them:

I needed to exhaust the birth child route first. (Respondent 4)

IVF takes so much emotional energy and physical energy. I can't imagine being able to look at both. (Respondent 4)

They wanted you to stop treatment and wait six months. (Respondent 2)

Second, both partners had to be committed to adoption:

[QUOTATION]

I wanted to be a mum so much I would have adopted ...but he was unsure about what sort of parent he could be. (Respondent 3)

Third was the issue of age. The women interviewed were all over 40 and felt they might be too old, either because they had had enough of trying to have a child or because agencies had a rule about it.

Coincidentally, all the interviewees had one child and had considered adoption to provide a sibling. There was therefore an additional concern about how the arrival of a new child would affect the dynamics of family life. 'When you've got another child involved then it's another consideration isn't it?' (Respondent 4) and the effect on the existing child: [Child] isn't old enough for us to go down that road because it takes so much of your time up (Respondent 1).

In one case, the practicalities of looking after another child influenced the decision by a couple where the husband was away a lot.

## [H2] Issues to do with the adopted child

The responses in this area were again varied. First, there was the issue of the genetic family, nature versus nurture and the child being different. In a large and close extended family:

### [QUOTATION]

You do see what is produced in our family...there is a risk [of the child being obviously different] because of what the child might have been through (Respondent 4)

Secondly, there was an understanding that most children needing adoption were older and may have special needs, but an accompanying recognition that they needed families. Those who had looked at publications such as former BAAF family-finding newspaper, *Be My Parent*, felt overwhelmed by the needs of the children: 'I wanted to take all the children home' (Respondent 3); 'You should really give them kids a chance as well because even at that age they are so adoptable' (Respondent 1).

One person (Respondent 3) was reluctant to express what she was feeling: 'I don't want to use words that are sort of pejorative but ... damaged.'

She had attended an adoption information evening:

I thought, it's not just my life I'm dealing with here, it's the lives of the child or children you'd be adopting, so you'd have to be pretty sure that it's what you want before going for it (Respondent 3)

Respondent 1 wanted to help but was confused by the message that there were no babies to adopt: 'They'll tell you there's no babies out there but I'll tell you there is.'

All of those interviewed were absolutely clear that a 'different sort of parenting' is involved and were not always sure this was something they could take on.

## [H1] The online survey

In order to reach a wider population, an online survey was undertaken to elaborate the themes emerging from the interviews. It was conducted using the Bristol Online Survey tool and the link was posted on two infertility support forums: Fertility Friends and Infertility Network. It

was available for one calendar month, closing on 9 July 2015; 94 people accessed the survey and 38 responded, all of whom were female aged 25 to 45. Of these, 35 were in heterosexual relationships, two were single and one was in a same-sex relationship; nine had children and did not want more; 15 had children and wanted more and 14 did not have children but would like to have them.

The majority of respondents found it easy to get information about adoption but 30% said it had been difficult to find details about the needs of the children. When asked to describe their perception of adoption, 76% viewed it positively and 80% said they had received encouraging responses from adoption agencies.

We asked which options they had considered in order to become a parent. The categories were: adoption; fertility treatment; IVF; sperm/egg donation; and surrogacy.

The choices of the first three were roughly equal: 32/38 had considered adoption, 31/38 fertility treatment and 31/38 IVF. When asked at what point they had considered adoption, 79% first considered it prior to or during infertility treatment and only 13% after completion. Only one person claimed to have never entertained the idea. Of particular note is the finding that similar proportions had considered adoption, fertility treatment and IVF and that many people had done so prior to or during the treatment. The majority kept all three possibilities in mind simultaneously.

They were then asked to rate the five options in order of preference. This revealed that the majority gave fertility treatment as their first choice, with IVF second and adoption third. There was little preference for sperm/egg donation or surrogacy. When the views of those who ranked adoption as their fourth or fifth choice were scrutinised, the main reason was the same as that found in the interviews: they wanted to experience pregnancy, wanted to be genetically related to the child and were worried about the challenges of adoption:

[QUOTATION]

We wanted a pregnancy and to experience having a child from birth. We are anxious about some of the specific challenges of adoption.

[QUOTATION]

I want a child that is genetically related to me and the experience of being pregnant and giving birth. I actually want to adopt as well as having a genetically related child but I think I am not allowed to adopt until I have stopped having fertility treatment.

[QUOTATION]

It is something we had always thought we would do if we couldn't have birth children

[QUOTATION]

We were successful on our first IVF using a sperm donor but subsequent attempts failed. We couldn't afford to try again but would like to extend our family.

[QUOTATION]

Adoption is something I'd look into for a sibling but I wanted wherever possible a child of my own

We also looked at the replies of those who said they would not consider adoption in the future and found that the main reason was that their families were already completed, interestingly often through past adoptions.

However, there was also considerable ambivalence among some of those who said they might consider adoption in the future:

[QUOTATION]

For us, a baby is key. The impact of poor parenting, long-term fostering, the invasiveness of the process and support to families influence our decision.

[QUOTATION]

There is still a chance I can have another biological child. I am put off by the stressful process to go through to adopt.

The significant factors producing this mixture of responses were: the difficulties of adoption from experience; the need to, or chance to, have another biological child; and the desire for a baby.



People who viewed adoption positively seem to have been strongly influenced by people they knew or family and friends. The use of first-hand accounts is clearly an important way to convey positive messages. In addition, a description of parenthood and family-building as a social activity could help normalise adoption and enable choices to move beyond seeing parenting as a biological phenomenon.

### **[H1] Discussion and implications for practice**

Fertility treatment and IVF are often unsuccessful. In the second quarter of 2014, the percentage of IVF treatments that resulted in a live birth for women under 35 was 34%, with the figure decreasing to just over 1% for those aged over 44 (HFEA, 2014). However, the overriding issue that emerges from this study is the importance to women of carrying a baby and performing maternity through the biological and social processes of pregnancy, despite the low odds and high emotional costs of IVF. There is an element of 'joining the club', being normal, experiencing what all (or most) women are expected to undergo. The fact that IVF can be long, intrusive, painful and expensive does not feature in the respondents' accounts. As the process of adoption is quicker and simpler, particularly under the new system, more education and better information on adoption may help those seeking to have children.

The medical journey that seeks to 'cure' childlessness is one that, once embarked upon, is travelled until couples are physically and emotionally exhausted; for them, the idea of adoption comes at a late stage. Some observers refer to this as a treadmill, an image that seems appropriate as those so placed put all their effort into performing repeated actions with only a small chance of moving forward. Many adoption agencies take the stance that people should exhaust themselves in this way and regain their breath before starting their adoption journey. But the evidence in this study suggests that many of them are open to advice but caught up in a process from which the only exit is success. This was a significant factor for considering adoption after fertility treatment.

The situation seems to be, therefore, that couples are fully aware of the options available to start a family but once they sign up for fertility treatment, find that it is not practically possible to follow two pathways at the same time, and that one of them, in this case adoption, is temporarily 'parked' while the other is followed. Respondents claimed to have considered adoption but said they could not think about it once the IVF treatment began. They may need to acknowledge the messiness of human life – particularly in this most sensitive and emotive

area – and to adopt a more flexible approach, but present thinking about timescales makes this difficult. In this context, it is important to note that those interviewed said they had approached adoption agencies and although initially welcomed, felt put off by the rules and waiting time. This seems blatantly unfair. Couples feel hurt when the apparent ‘choice’ of when to have a baby is taken away from them by infertility; considering adoption reinstates that choice.

Attention might also well be paid to the public perception of adoption. One of the themes emerging from the study is that adoptive parenting is strange, difficult and stigmatising. While the special features of adoption should be acknowledged, there also needs to be a way of ‘normalising’ adoptive parenting through a narrative that shows how the development of all children passes the milestones of learning to walk, having their first day at school, birthdays and other significant social rites. The factors that make parenting enjoyable – taking part in activities, playing games, sharing experiences and space together, showing and feeling love – are the same for all families. It would help if agencies could put more emphasis on these elements, especially since because of their early experiences, adopted children are in particular need of nurturing and this is one quality that a couple who have experienced infertility may be able to give.

The more this narrative can be conveyed, the more people are likely to see adoption as a valid way of parenting rather than as a second best option. Bruner (1990) argues that the construction of meanings concerning parenthood is a collective and interactive enterprise in which individuals make sense of the phenomena they encounter. do Amaral Costa and Rossetti-Ferreira (2009: 60) also describe the experience of parenthood as relational and situated in a social-historical matrix. Thus, the move away from medical discourses of ‘infertility’ to one that emphasises opportunities to parent in an active sense provides those facing fertility problems with an alternative approach to becoming parents. Jeremiah (2006) achieves this by defining the word ‘mother’ as a verb rather than a noun implying a status, and shows that understanding mothering as something one does releases the idea of maternal agency.

Although this study is too small and selective to be authoritative, another optimistic finding is that men may not be so preoccupied with having their own biological children as previous research has indicated. The issue of the genetic ‘own’ child is undoubtedly complex but may not be fixed – it wasn’t necessary for the women to have a genetic child for themselves. Those interviewed were concerned to have a child for their partner but it was not clear whether this is as important for him as it is for her. In addition, although the issue of men wanting to carry on

the genetic line was salient and some women wanted to carry a child for the sake of their partner, for the two women who had conceived successfully through a donor egg the fact that this child was not genetically related to them did not seem to be an issue.

All of this suggests that mothering and fathering are what Butler (2007) views as 'performative' aspects of gender. Some couples who choose not to adopt clearly see this decision as a confirmation of a failure to perform their gender in a socially recognised form. But equally, for many couples, the decision making process is shared and their thinking is more concerned with family-building than parenthood, a narrative that allows more space for adoption. Family structures are very varied these days and adoption needs to stake its claim as an option for those wishing to have children; as respondent 2 pointed out, 'It's a big deal being given a person'.

### **Acknowledgements**

We would like to acknowledge the contribution of Claire De Motte, Research Assistant at Nottingham Trent University, to the literature search.

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