

“It’s a big deal, being given a person”  
– a study of the links between  
infertility and adoption.

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<b>Executive Summary</b> .....	<b>3</b>
<b>“It’s a big deal, being given a person”</b> .....	<b>4</b>
<b>Introduction</b> .....	<b>4</b>
<b>Infertility and adoption literature review</b> .....	<b>4</b>
The experience of infertility and the drive to have a birth child .....	5
<i>The experience of men</i> .....	5
Factors affecting the decision to adopt .....	6
Turning points and transitions .....	7
<b>Thematic analysis of infertility interviews</b> .....	<b>8</b>
Themes .....	8
<i>Pregnancy related issues</i> .....	9
<i>IVF process issues</i> .....	10
<i>Adoption issues</i> .....	11
Discussion .....	14
<b>Survey</b> .....	<b>15</b>
Analysis of Survey .....	16
<b>Conclusions</b> .....	<b>18</b>
<b>Bibliography Infertility and Adoption</b> .....	<b>20</b>
<b>Appendix 1</b> .....	<b>22</b>

## Executive Summary

1. *The importance to women of being pregnant and carrying a baby.* This was the over-whelming finding of the literature review, survey and interviews. It is difficult to see how adoption agencies can intervene in this complex biological and social process.
2. *The treadmill of infertility treatment.* Many people report that once their 'childlessness' becomes medicalised it is difficult to stop treatment. It might be helpful for them to have more information about different family-building options prior to starting fertility treatment.
3. *Adoptive parenting is stigmatising.* This is partly because the children are seen as 'damaged' and adoptive parenting makes infertility apparent.
4. *The need for adoptive parenting to be 'normalised'.* This would mitigate against some of the effects of the above point and demonstrate the rewards of adoptive parenting.
5. *The possibility of adoption agencies engaging people earlier, while still involved in fertility treatment.* This does not fit the traditional view of fertility treatment having to be completed before adoption starts, but the new two stage process gives an opportunity to look at this differently.
6. *Positive first hand accounts of adoption are important to enable people to make the transition to a different form of family-building.*
7. *Men are more equal partners in adoption than in fertility treatment.* It might be worth considering how to approach and engage with men in decisions about family-building.

## **“It’s a big deal, being given a person”**

### **Introduction**

This study was commissioned and funded by Family Care and undertaken by Jo Ward and Joe Smeeton, both Principal Lecturers at Nottingham Trent University. It comprises a review of the literature relating to the links between adoption and infertility, a survey of the views of adoption from people who have experienced infertility, and 3 qualitative interviews with people who have experienced infertility but not adopted.

### **Infertility and adoption literature review**

It has been suggested that ‘infertility’ is a medical condition and ‘involuntary childlessness’ is a social experience (Letherby, 2010). More women (and couples) are choosing to remain child free while at the same time the number of people seeking medical intervention for infertility is increasing (Letherby, 2010). 56% of infertile people in the developed world seek medical help, and approximately one quarter receives specialist medical help for infertility (Boivin, 2007).

The narrative of infertility revealed by the literature is one of grief and loss; desperation to have a biological child and the difficulty in making the transition from biological to social parenting. Couples need to have achieved closure in order to move to acceptance and resolution - the “fertility trajectory” (van den Akker 2001). Infertility has been described as one of the worst crises anyone can have in life (Thorn, 2010), devastating and frequently described as like a bereavement (Millar and Paulson - Ellis, 2009). However, rather than a bereavement it can also be seen as a long and very arduous journey, involving

- The endurance of physical pain and discomfort;
- The effort and discipline required to stay the course and give each cycle of treatment its best chance of success; and
- The seesaw of emotion as hopes of success are repeatedly dashed (Millar and Paulson-Ellis, p 19).

Accomplishing the challenge of this journey may give couples an added strength.

Can adoption be part of the infertility journey rather than subsequent to it?

Much of the literature reviewed originates from the US – this has cultural similarities to the UK, and largely comparable adoption systems and beliefs, for example as in the UK many adopted children in the US are from the care system. There are differences, such as the distinction between public and private adoption, which will not be considered here. Much

of the literature relates only to women; some of the research did consider the perspective of couples together.

### **The experience of infertility and the drive to have a birth child**

The drive to have a birth child is very strong in both men and women. The cultural narrative of procreation expects this; fertility and procreation are natural parts of a woman's life (Lockerbie, 2014). Women live their lives against a backdrop of expectations that they both want to be and will be mothers (Letherby, 1994, in Letherby 2010). This 'pronatalist' ideology (Park and Wonch – Hill, 2014) provides an extremely strong drive to experience pregnancy, and to join the 'club' of pregnancy, marked by physiological and societal rituals such as; the appearance of pregnancy, ante natal appointments and the 'baby shower', (increasingly common in the UK). Such rites of passage are rare in adoption.

“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” (Park and Wonch-Hill, p 604).

Most of the literature identifies that prior to adoption couples felt they had to have done everything they could to have their own child, in case they had any regrets later (Daniluk and Hurtig – Mitchell, 2003; Lockerbie, 2014); the availability of more treatment options increases the pressure to continue, and the hope that it might succeed (Daniluk and Hurtig-Mitchell, 2003; Park and Wonch – Hill, 2014). Because of normative expectations, even couples who identified themselves as being inclined towards adoption, went through fertility treatment first (Jennings et al, 2014).

Infertility was experienced as creating interpersonal tension, conflict and negatively impacted on relationships. Different levels of commitment to having a biological child increased stress levels. Men described a continued yearning to have a biological child, to continue the bloodline and who looked like them; women experienced the need to be pregnant. Heterosexual couples interpreted their inability to conceive as failure (Goldberg, 2009).

### **The experience of men**

Most of the literature focusses on women, though couples were involved in some interviews. Fertility has traditionally been seen as “women's business” (Letherby, 2010), but men have to be strong for their wives. There is very little written about men's experience of adoption (Herrera, 2013).

Men as well as women can feel that their sense of identity is compromised by inability to conceive (Letherby, 2010). Jennings et al (2014) report that men experienced a continued yearning to have a biological child, to continue the bloodline and have children who looked like them. In contrast Herrera, in research carried out in Chile, described how in assisted reproduction the female of the couple was experienced as dominant, and the men felt inactive and uninvolved, while women experience the painful medical procedures, they could only stand by and watch, showing traditional male values of stoicism and self-reliance, and being supportive. Adoption was seen as a much more equal and involving process (Herrera, 2013). One of Herrera's respondents makes the following interesting observation, that "men always adopt":

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 newborn baby. (Herrera, 2013, p 1074)

### Factors affecting the decision to adopt

Park and Wonch- Hill report that in the US although adoption is viewed positively in the general population and most adoptive parents report a positive experience, the number of people adopting is decreasing (Park and Wonch – Hill, 2014). The reasons for this might be:

- The increasing availability of new reproductive technologies (Park and Wonch- Hill, 2014);
- Fewer "preferred" children available to adopt (i.e. younger children); couples have concerns about adopting children with behavioural, developmental and emotional problems – this may particularly be the case in the UK as only 2% of all adoptions were of children under 1 (Park and Wonch- Hill, 2014, Jennings et al, 2014) ;
- The stigma attached to adoption, as adoption is seen as "second best" (Park and Wonch- Hill, 2014). Potential adoptive parents have to contend with two different types of stigma – the stigma of infertility, and the stigma of the child being expected to have emotional and behavioural problems. Couples received many comments about the child not being their "own child", and whether the "real mother" or "natural father" would reclaim the child. Because of this couples had difficulty developing a sense of entitlement to this form of parenting (Daniluk and Hurtig Mitchell, 2003)
- The barrier to adoption was its unfamiliarity (the medical option was much more familiar), its perceived difficulty and the length of time it would take (Philips et al, 2014).

Park and Wonch-Hill (2014) suggest that making adoption more of an option might reduce the distress caused by giving up hope of having a child.

Adoption agencies are reported to take an uncompromising stance:

“Adoption agencies will not accept enquiries from those still undertaking infertility treatment because experience shows that potential adopters are likely to withdraw their adoption application should they conceive” (Bingley Miller, 2005).

In addition, “...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, p.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, p.87) and to embrace adoption or fostering as an active rather than a second best choice (Balen, 2013).

### Turning points and transitions

Thorn (2010) suggests that when the path of infertility treatment has been decided upon, it may be difficult to stop, because of the emotional and financial investment. When treatment has failed or the couple decide to stop, they may be physically and emotionally exhausted and not in a fit state to consider or embark upon alternatives such as adoption. She suggests that couples should be allowed the time and opportunity to consider all the possible options before embarking on one.

According to Lohrman (1995), the process of successfully coping with infertility begins with the woman’s recognition that they are no longer willing to continue with their past efforts to become a mother, and undergoes a cognitive and affective paradigm shift experienced as a turning point. However Philips et al (2013) suggest that couples are able to keep several options in mind at the same time, although not acting upon them, so they may be able to consider other means of family building alongside infertility treatment.

Adoption for heterosexual couples was either a last resort option once they had exhausted alternatives, or a welcome option that would end the stress of trying to conceive. (Jennings et al, 2014; Daniluk and Hurtig – Mitchell, 2003; and Goldberg 2009). Those who regarded themselves as always open to adoption had tried alternative routes to parenthood because they considered them easier (Jennings et al, 2014).

Jennings et al (2014) identified the following turning points that moved couples towards adoption:

- One partner refused to go on with medical treatment

- They reached the parameters established at the beginning and stuck to them – this enabled them to retain control and resist the pressure to have more treatment
- As the process went on they gradually ruled out certain procedures
- They hadn't exhausted all the options but couldn't continue with 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 came to de-emphasise the relative importance of a biological child; but for some, adoption was experienced emotionally as second best, and this was reinforced by the lukewarm response of other people. But for others, moving towards adoption had a positive and healing impact – it offered a welcome alternative to the unending pursuit of biological parenthood. Committing to adoption allowed them to get off the roller coaster of infertility and they gained a sense of renewed hope. (Jennings et al, 2014).

Letherby (2010, p.41) suggests that:

“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”

## Thematic analysis of infertility interviews

Three interviews were carried out with 4 respondents who had undergone fertility treatment rather than adopt:

- A heterosexual couple, one child conceived by donor egg [respondents 1 and 2]
- Female respondent in a heterosexual relationship, one child conceived by donor egg [respondent 3]
- Female respondent in a heterosexual relationship, one child conceived by IVF [respondent 4]

In these interviews we were exploring whether people had considered adoption, at what stage and what influenced the path they took to parenthood. Transcripts of all 3 interviews were read by both researchers and themes identified.

### Themes

1. The importance of being pregnant
2. Having a child for the male partner
3. Genetic link
4. Treadmill of treatment, roller coaster



5. Perception that couldn't consider adoption though did think about it early
6. IVF exhausting emotional journey
7. Have to complete it – when to stop
8. Medicalisation
9. More barriers to adopting a second child – practical and psychological – effect on existing child
10. Damaged children

These can be divided into three main groups:

1. Pregnancy related issues
2. IVF process issues
3. Adoption issues

### Pregnancy related issues

The desire to experience pregnancy came across very strongly. There was also a strongly linked thread of the woman wanting to give birth to a child for her partner.

*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)*

*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 me it was more about having a baby but also being pregnant, that experience and also having that baby from you ..... (Respondent 1, female)*

For one of the women the desire to be pregnant was expressed particularly strongly:

*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 (Respondent 1)*

*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 (Respondent 2, male)*

*People are nice to you when you're pregnant; it's like membership of a really exclusive club (Respondent 1)*

Explaining why the couple went for a donor egg rather than adoption:

*The bloodline was important to him..... (Respondent 3)*

## IVF process issues

Respondents described an inexorable process – this was partly external (a “treadmill”) and partly internal (a “rollercoaster”).

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

*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 went along: respondents 1 and 3 had considered adoption

*But then at the same time I looked at egg donation (Respondent 1)*

It was very difficult to know when to stop, to know when the treatment was completed. There was a sense of exhaustion – both having exhausted the process and feeling exhausted.

*You say when we get to three 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)*

*It's a bit of a roller coaster, it's hard to get off the roundabout (Respondent 1)*

*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)*

There was always a chance 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)*

Both of the couple had to agree:

*If I'm honest I think he would have stopped earlier than me .... He felt that enough is enough (Respondent 4).*

Thinking of the future, one of the couples (Respondent 4) had resolved to settle for one child

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

For the others the future was more open. Both said they would consider adoption, though one was very ambivalent; for the other couple

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

### Adoption issues

It should be remembered that these respondents were chosen because they had decided **not** to adopt, at least at this point. Attitudes to adoption were complex, but can probably be grouped into:

- Process issues (real and perceived)
- Personal issues about themselves as possible adopters, and as an adoptive family
- Issues about the child

#### 1. Process issues

In terms of information about adoption, it was perceived as long and complex, even when there was some evidence to contradict this. It is 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)*

*I asked for an information pack and straight away the questions were coming ... Respondent 4)*

Some friends of one couple went to an adoption information evening and

*They said it weren't as bad as what we thought (Respondent 1)*

But

*It's quite complex and difficult (Respondent 1)*

Through the husband of this couple pointed out

*It can't be more difficult than IVF; and also remarked:*

*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)*

A very positive conversation with friends who had adopted:-

*...allayed my fears ....(but) ..... what stopped us pursuing it was wanting to get off the treadmill (Respondent 4)*

This respondent 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 (Respondent 4)*

Respondents were worried about how intrusive the process would be:

*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)*

*I remember actually one of the things that made me understand the seriousness ...and the different sort of parenting was about things like getting in a bath and nudity around the house ....I mentioned it to one of the social workers at the information evening and she was very "Well there's no question of that" and was very very anti ...It made me sort of think "Oh right this comes with a pre – existing set of expectations that are different to my expectations" (Respondent 3)*

## 2. Personal issues

Respondents thought very hard in the interviews about their motivation to adopt or not. Firstly, they had to finish fertility treatment: this was a process issue (a rule imposed by agencies) but also true for themselves. There may be an opportunity here for adoption agencies to step in to help the couples 'off the treadmill'.

*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 6 months (Respondent 2)*

Both the couple had to be committed to adoption

*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)*

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

All these interviewees had one child and had considered adoption to provide a sibling. However, the presence of a child already complicated the dynamics. Even Respondent 4, who had a friend with a very positive experience of adopting a second child after a first birth child, worried about the dynamic between the two children.

*When you've got another child involved then it's another consideration isn't it?  
(Respondent 4)*

There was also concern about the effect of the adoption process 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)*

And the practicalities of looking after another child influenced one couple where the husband was away a lot.

### 3. Issues to do with the adopted child

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

*You do see what is produced in our family...there is a risk 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 some special needs, but also that these children needed families. Respondents who had looked at publications such as Be My Parent were 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 respondent was reluctant to express what she was feeling:

*I don't want to use words that are sort of pejorative but ....damaged (Respondent 3)*

One couple went to 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)*

*There were a lot of children with special needs which to be honest I don't think I could deal with .....the younger children ..there might have been issues with foetal alcohol and drug abuse ... you think well there are no guarantees (Respondent 1).*

This respondent also wasn't sure about 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 (Respondent 1)*

Respondents were also clear that a "different sort of parenting" was involved, and weren't sure this was something they could undertake.

## Discussion

The drive for women to experience pregnancy is very strong. There was an element of "joining the club", being normal, experiencing what all (or most) women experience. Although the issue of men wanting to carry on the genetic line was present, there was an unexpected desire of women wanting to carry a child for the husband because they knew (or thought) the genetic line was important to him. 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.

The fact that IVF is long, intrusive painful and expensive does not really enter into people's consciousness at the start; knowing the fertility story of these couples, in terms of process, adoption is not more lengthy or more complex, particularly under the new system. There may be a place for more education and information here.

Fertility treatment is a treadmill, a roller coaster. People want to be able to get off, but only if they've succeeded. There is always another try, another chance. As one respondent said, "You're looking for the hope". This was a significant factor for considering adoption after fertility treatment – from this evidence, people who have undergone fertility treatment and successfully had a child, don't want to subsequently start another long process after that. The issue of the genetic "own" child is a complex one as outlined above but may not be as fixed as it appears – it wasn't necessary for these women to have a genetic child for themselves. There may be the opportunity for adoption agencies to create a bridge here between fertility treatment and adoption, to allow couples to step off the bandwagon sooner and become parents in a different way. While respondents themselves accepted that it wasn't possible to undertake both pathways at the same time, in peoples' thinking there is clearly a parallel process going on, even if one element, adoption, is temporarily 'parked'

while the fertility path is followed. They thought about it then couldn't think about it, as IVF is an exhausting and emotional journey. There may need to be more acceptance of the messiness of human existence, particularly in this most sensitive and emotive area, and more flexibility of approach. It is difficult to see how this could be done within the present timescales culture, but all the respondents had approached adoption agencies and felt put off.

In terms of the children, there seem to be mixed messages in popular culture – the need for adoptive parents for older children was well understood, but there was also some mistrust of this message. These respondents understood the different style of parenting required for adopted children, but perhaps agencies could put more emphasis on what is the same? Seeing your child progress, being a family, your child passing various milestones, taking part in activities – these are common to all parenting.

## Survey

In order to reach a wider sample of the population an online survey was conducted using the Bristol Online Survey tool and the full survey results are attached at appendix 1. There is also an excel spreadsheet available containing the raw data. The link to the survey was posted on two infertility support forums, Fertility Friends and Infertility Network. The survey was available for 1 calendar month closing on the 9<sup>th</sup> July. 94 people accessed the survey and 38 respondents, all of whom were female aged 25 to 45, completed it. 35 were in heterosexual relationships, 2 were single and one was in a same sex relationship.

9 respondents had children and didn't want more; 15 had children but would like more; and 14 did not have children but would like to have them.

When asked which options they had considered in order to become parents: 32/38 had considered adoption; 31/38 had considered fertility treatment; 31/38 had considered IVF. When asked how they had ranked their options the majority ranked fertility treatment as their 1<sup>st</sup> option, IVF as their second option and adoption as their 3<sup>rd</sup>. There was little ranking preference for sperm/egg donation and Surrogacy was ranked as the least preferable option for the majority of respondents.

When asked at what point they had considered adoption as an option to having children, 79% first considered adoption prior to or during infertility treatment. Only 13.2% first considered it after completing fertility treatment and 1 person had never considered it.

When asked to describe their views about adoption 76.3% viewed adoption positively or very positively.

The majority of people found it easy to get general information about adoption but people found it more difficult to get information about the needs of children being placed for adoption. 29.7% of respondents found it either difficult or very difficult to get information about the needs of children being placed for adoption.

When respondents approached adoption agencies 80% found the response to be either encouraging or very encouraging.

## Analysis of Survey

What we found to be of particular note was that the same numbers of people consider adoption, fertility treatment and IVF and that a high number of people consider adoption prior to or during fertility treatment. This might lead us to conclude that people could be keeping all three options in mind at the same time.

Considering the respondents who ranked adoption as their 4<sup>th</sup> or 5<sup>th</sup> option the main qualitative themes that emerged were that they wanted to experience pregnancy; wanted to be genetically related to the child; or they were worried about the challenges of adoption:

- We wanted a pregnancy and to experience having a child from birth. We are anxious about some of the specific challenges of adoption.
- 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.
- It is something we had always thought we would do if we couldn't have birth children
- I wanted to try for my own baby before adoption.
- Wanted to be biologically related
- We were successful on our first IVF using sperm donor but subsequent attempts failed. We couldn't afford to try again but would like to extend our family.
- Desire for pregnancy
- Adoption is something I'd look into for a sibling but I wanted where ever possible a child of my own
- Adoption is in our future plan
- Wanted to grow our own baby even if using donated gametes for our first child and adoption was always a plan for #2 or #3

We looked specifically at respondents who wouldn't consider adoption in the future which seemed primarily to be that their families were completed mainly through adoption although one person was hoping for success with fertility treatment.



- Despite being referred to as an 'easy to place child' our wee man has many challenging behaviours that we feel we couldn't meet if we adopted again.
- Adoption has been the best decision we ever made, I would positively encourage anyone making initial enquiries to go for it. However after adopting we had a miracle birth child and so with our two wonderful children we have now completed our family.
- We adopted the two children that we now have after unsuccessful ivf so wouldn't adopt again. Viewed adoption very negatively before ivf, viewed it very positively after ivf.
- Hope fertility treatment will work again.
- We did adopt, disruption with eldest 3 years ago, now have one son at home and foster as we learnt so much!

Seven respondents reported that they may consider adoption in the future but there is a lot of ambivalence in their responses:

- Since our adopted child started school he has found this very difficult. We underestimated the effect on him and the stress on our lives. We now realize that adoption can be very stressful.
- I would like to try fertility treatment again.
- Needs to be a joint decision
- We have adopted and would only consider a birth sibling if the situation arose.
- For us, a baby is key. The impact of poor parenting, long term fostering, invasiveness of process and support to families influence our decision.
- I have got pregnant through IVF. I have carried a baby. Felt that baby kick. Laboured that baby. She was still born at 38 weeks. I need to feel a baby kick inside me again. I need to give birth to a baby again.
- There is still a chance I can have another biological child. I am put off by the stressful process to go through to adopt.

While there is a mix of responses between people who wouldn't or may consider adoption the emerging themes that would prevent them are:

- 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 either positively or very positively seem to have been strongly influenced by people they knew or family and friends. It seems therefore that the use of first hand accounts is an important way to convey positive messages about adoption.

## Conclusions

It is interesting to note that in 2010, the percentage of IVF treatments that resulted in a live birth was:

- 32.2% for women under 35
- 27.7% for women aged 35-37
- 20.8% for women aged 38-39
- 13.6% for women aged 40-42
- 5% for women aged 43-44
- 1.9% for women aged over 44

(NHS direct, accessed 20.7.15 <http://www.nhs.uk/Conditions/IVF/Pages/Introduction.aspx>)

However, the overriding issue that emerges from the literature review, survey and qualitative interviews is the importance to women of carrying a baby and performing femininity through the biological and social processes of pregnancy, despite the very low odds and high emotional costs of IVF. The medical journey that seeks to 'cure' their childlessness is a path, once embarked upon, that is travelled until they are physically, emotionally and financially exhausted before considering a road to adoption. This journey sometimes leaves people so drained that they don't have the strength to start again. Medical treatment is sometimes referred to as a treadmill, which seems appropriate because the person on it is putting in all the effort and performing the same actions of walking or running but is ultimately not moving forward. However, this takes time and energy and potentially depletes emotional resources and future potential to adopt. Adoption agencies currently seem to take the stance that people should exhaust themselves on the treadmill and then get their breath back before starting their adoption journey. Evidence from some of our respondents might suggest that some people at least are open to listening to advice that might encourage them to get off the treadmill before they are completely exhausted.

One of the discourses that came through is that adoptive parenting is strange, difficult and stigmatising. There, therefore, needs to be a way to 'normalise' adoptive parenting through a narrative that children's development goes through the regular milestones of learning to walk, having their first day at school, birthdays and other significant social rites. Also, 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 adoptive families as for birth families. This narrative is beginning to be told in TV programmes but the more this message can be conveyed the more people are likely to see adoption as a valid way of parenting.

From our own work, there is evidence that adoption agencies seem to be warm and approachable, in some cases too keen. We wonder however, if there might be space for

prospective adopters to enter stage 1 of approval while still undergoing or pausing from fertility treatment. There is evidence that people can keep more than one option in mind at a time and allowing them to enter the adoption process earlier would both give them information about adoption and allow them to make a more informed decision about which pathway to parenthood they wanted to take.

While we are working with a very small sample in this study, there does seem to be some sense that men may not be so pre-occupied with having their own biological children as previous research might indicate. Women are concerned to have a child for their partner but its not completely clear that this is as important for the man as it is for the woman. Some of the literature indicates that, for men, adoption allows the partnership to have a more balanced approach to decision-making about family-building. Indeed, developing a narrative about family-building rather than sticking with the ideas fixed around 'parenthood' might allow more space for adoption. Different family forms such as gay parenting, re-constituted families, extended families are becoming more prominent in society so there is perhaps more social recognition that different forms of family building are acceptable. Adoption needs to stake its claim.

The literature and our own work seems to suggest that the people who felt most positively about adoption were those who had some direct experience of it, having heard first hand accounts from family and friends. Adoption can be a healing and life-affirming experience.

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**Appendix 1**