Lesbian, Gay, and Heterosexual Adoptive Parents’ Perceptions of Parental Bonding During Early Parenthood

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Although there is a fairly large body of research on children’s attachment to their parents, less attention has been paid to the experience of and process by which parents, particularly adoptive parents, develop affectional bonds to their children. The current qualitative study examines lesbian, gay, and heterosexual parents’ perceptions of bonding to their adopted children. Forty-five couples (90 adoptive parents) were interviewed 2 years postadoptive placement, allowing parents to reflect on their initial postplacement bonds, changes in bonding over time, and their current parent–child bonds. Findings revealed that more than one-half of participants described a strong and stable bond to their child beginning at the time of placement, which parents attributed to a variety of factors, such as the child’s young age. Other participants described a slow initial bond to their child (e.g., owing to the “shock” of becoming parents overnight), followed by a gradual strengthening of the bond over time. Finally, a few participants described a waning emotional connection to their children over time, which they typically attributed to challenges related to their child’s developmental stage. The majority of participants reported they were currently strongly bonded to their child. These findings highlight the individual nature of the bonding process, and suggest that practitioners can support adoptive parents by promoting awareness of diversity in bonding experiences, as well as engaging in efforts that will enhance parent–child bonding.

Keywords: adoption, attachment, bonding, gay, parenthood

There is a fairly large body of research on children’s attachment to their parents (Brisch et al., 2005; Cicchetti, Toth, & Rogosch, 1999). This research has highlighted key predictors and consequences of having a strong attachment to one’s parents and other primary caregivers. For example, parental depression and nonresponsiveness have been identified as risk factors for poor (i.e., less secure) child–mother attachment (Cicchetti et al., 1999). In turn, children with more secure attachments tend to demonstrate higher social competence, less aggression with peers, and an easier adaptation to school (Cugmas, 1998; Elicker, Englund, & Sroufe, 1992).

Less research has focused on parent–child attachment, or bonding, than child–parent attachment. That is, less attention has been paid to the experience of and process by which parents form affectional bonds to their children (Figueiredo, Costa, Pacheco, & Pais, 2007; Maestripieri, 2001). As Maestripieri (2001) observed, “In 1969, Bowlby . . . laid out the basic principles of a new theory aimed at explaining the nature of the social bond between infants and their caregivers, most notably their mothers. After 30 years of research focused on . . . infants’ bonds with their caregivers, psychologists are now turning their attention to attachment from the caregiver’s perspective” (pp. 79–80). Studying parents’ perceptions of developing affectional bonds to their children is important, as these bonds shape the quality of parents’
caretaking and communicative behaviors, which in turn influence child development (Figueiredo et al., 2007; George & Solomon, 1999).

The current study aims to examine lesbian, gay, and heterosexual parents’ perceptions of bonding to their adopted children. Forty-five couples (90 parents) were interviewed 2 years postadoptive placement, allowing parents to reflect on their initial postplacement bonds, changes in bonding over time, and current parent–child bonds. In some contexts, adoptive parents may experience unique concerns and attitudes related to bonding (in that their children are not biologically related to them), understanding their experiences of bonding is important. Further, in that same-sex couples in the United States are increasingly adopting children (Gates, Badgett, Macomber, & Chambers, 2007), attention to parents’ bonding processes in diverse family contexts is needed. To provide context for this study, we review the research on attachment and bonding in biological and adoptive families, with attention to the role of parent gender and couple context.

Theoretical Framework

As Larkin (2006) observed, “there remains considerable confusion and a general lack of uniformity in definitions of the terms ‘parent–child bonding’ and ‘parent–child attachment’” (p. 42), with many authors using these terms interchangeably (see Eyer, 1992; Niven, Wisniewski, & Alroomi, 1993). Some scholars have defined “bonding” as the extent to which the interests of a child take precedence over the interests of the parent (Larkin, 2006). Components of bonding have been described as including feelings of affection, sacrifice, devotion, and protection (Klaus & Kennell, 1982; Larkin, 2006). Advantages of the term “bonding” over “attachment” to describe the parent’s relationship to the child include the fact that the term “bonding” is more widely known (Klaus & Kennell, 1982), and, as Taylor, Atkins, Kumar, Adams, and Glover (2005) explain, it “describe[s] how the mother feels toward her [child], and is different from attachment, which includes the [child’s] behavior toward the mother” (p. 46). Ainsworth (1991) further notes that the parent–child bond is “not an attachment because a mother does not normally base her security on her relationship with her child, however eager she may be to give care” (p. 40). Thus, in this study, we use the term “bonding” or “affectional bond” to describe parents’ emotional bonds to their children.

The affectional bonds that adoptive parents develop in relation to their children are shaped by their own personal characteristics and attitudes (e.g., about adoption), their social context, and their children’s characteristics, including their children’s attachment to them (Larkin, 2006). According to attachment theory (Bowlby, 1969), infancy/early childhood is a critical period for the development of a “secure attachment.” Infants become attached to adults who are a consistent presence in their lives and who respond in a sensitive manner in social interactions. In turn, these early relationships—whether they are healthy, adaptive, and secure, or unhealthy, maladaptive, and insecure—provide a “blueprint” for later relationships (Bowlby, 1969).

Parents who adopt are aware of the societal discourse that adopted children may have attachment difficulties, either due to the severing of an early attachment relationship (e.g., in an infant), or a history of abuse/neglect (e.g., in an older child; Brodzinsky, Smith, & Brodzinsky, 1998). Adoptive parents are also aware of the discourse surrounding the presumed immediacy of biological parent–child attachment (Sluckin, 1998) and broader discourses regarding the significance of genes and biology to family relationships, which mark biological families as “real” and adoptive families as “not real” (Crabb & Augustinos, 2008). Adoptive parents may, in turn, be highly aware of and sensitive to their own emotional involvement with their child during the early months and years of parenting, possibly comparing their parental bonds to those of biological parent–child pairs, and attributing deficits in their bonding process to aspects of their child’s adoptive status. Alternatively, they may downplay the role of biology in their bonding process, choosing to view their child as “just like” a biological child, a strategy that may serve to minimize anxieties about the nature and depth of adoptive parent–child relationships (Kaye & Warren, 1988; Kirk, 1964). In this study, we attend to how adoptive parents make sense of their own affectional bonds to their children, and how they explain stability and change in their bonds over time.
In addition to drawing on concepts that have their basis in attachment theory, we also draw from family systems theory (Montgomery & Fewer, 1988; Whitchurch & Constantine, 2005). Family systems theory asserts that families are systems of interconnected and interdependent persons, none of whom can be understood in isolation from one another. All members of the family influence and are influenced by the other members of the family, and searching for the causes of one member’s behavioral, emotional, or interactional pattern must consider the interactions among and between all members of the family system (Montgomery & Fewer, 1988). A parent’s feelings and behaviors toward her child, then, are likely influenced by her child’s behaviors and characteristics (e.g., does he reject her?) as well as, perhaps, her partner’s behaviors toward the child and toward her (e.g., is her partner an involved or uninvolved parent?).

Family systems theory posits that a change in the family situation, such as the transition to parenthood, requires readjustment of the total system, and creates new challenges for all members (Katz, 1977; Whitchurch & Constantine, 2005). Bell et al. (2007), for example, describe the early stages of parent–child bonding as “messy processes” that include fluctuations between disorganization and stability as family members (re)establish their relationships to one another, a process that may take months or even years. The transition to parenthood for adoptive parents is marked by additional complexity, which may have implications for early bonding. As stated, recent research has begun to focus not only on child–parent attachment, but on attachment, or bonding, from the parents’ perspective (Maestripieri, 2001). Recent studies have examined maternal bonding during the prenatal (van Bussel, Spitz, & Demyttenaere, 2006) and postnatal (Maestripieri, 2001; Niven et al., 1993) periods. Such studies are often concerned with whether maternal bonding changes across pregnancy in relation to hormonal changes, and whether the first several days or weeks postpartum are a sensitive period for these feelings (Maestripieri, 2001). Fewer studies examine paternal bonding (but see Habib & Lancaster, 2005).

Other scholars have focused on aspects of the parent and child that are associated with poor parent–child bonding. For example, maternal depression is linked to poor bonding to children during infancy (Mason, Briggs, & Silver, 2011; Moehler, Brunner, Wiebel, Reck, & Resch, 2006). Parenting stress may also inhibit bonding (Larkin, 2006). Indeed, parents of premature and low birth weight children (Brisch et al., 2005; Niven et al., 1993) and parents of children with developmental problems (Capuzzi, 1989; Ylmaz, Kavlak, Isler, Liman, & van Sell, 2011) are at risk for parental detachment, likely in part due to the high levels of stress that they experience.

**Parental Bonding in Adoptive Families**

Although empirical research has rarely examined adoptive parents’ experiences of bonding to their children (Timm, Mooradian, & Hock, 2011), research does suggest that children who are adopted in infancy (i.e., under a year) tend to encounter fewer attachment-related challenges than children adopted at older ages, which may facilitate easier parent–child bonding (van den Dries, Juffer, van IJzendoorn, & Bakermans-Kranenburg, 2009). In contrast, children placed at older ages have more often had negative early experiences (such as abuse, neglect, and prior placements) that may impact their ability to form a trusting relationship with their adoptive parents, and thus their parents’ ability to bond to them (Nickman et al., 2005; Niemann & Weiss, 2012). Indeed, bonding is a bidirectional process, whereby parents’ caregiving motivation and behaviors are shaped by children’s security-seeking behaviors, temperament, and other characteristics (Larkin, 2006).

Examining parent–child bonding in adoptive families is important, in that adoptive parents may approach parenting with a heightened awareness of the bonding process or concerns about their ability to bond to an adopted child.
Especially important is understanding adoptive parents’ perceptions of how the bonding process has unfolded over time, as the initial adjustment period may be challenging but may give way to a stronger bond. It is reasonable to expect that bonding may not occur automatically for adoptive parents (Goldberg, 2010), in that they did not give birth to their children, and, in some cases, become parents to children with difficult histories (Nickman et al., 2005). Further, adoptive parents often endure a long and uncertain wait time before they are placed with a child, and thus the arrival of an adopted child may feel sudden (Goldberg, 2010).

Related to the suddenness of the transition, some adoptive parents may struggle with entitlement early on (i.e., whether they have a “right” to the child, either legally or emotionally; Cohen, Coyne, & Duvall, 1996; Timm et al., 2011), which can undermine parental bonding. For parents who adopt via the child welfare system—who must frequently foster their children before legally adopting them—the absence of legal recognition may create a fear of becoming attached to their children, only to have them leave (Edelstein, Burge, & Waterman, 2002). But regardless of adoption type, it may take adoptive parents weeks or months to fully claim their right to, and identity as, parent, and to embrace the child as “theirs” (Sykes, 2001; Timm et al., 2011). Indeed, Timm et al. (2011) studied 104 adoptive mothers and found that one third of the sample endorsed challenges related to entitlement. In their brief discussion of these challenges, the authors noted that some mothers observed that building a “complete sense of claiming” took time (p. 277). Based on this finding, it appears important to further probe adoptive parents’ perceptions of change or stability in their bonds to their children.

Of course, challenges related to entitlement and bonding may also befall biological parents (Cohen et al., 1996; Edhborg, Matthisen, Lundh, & Widstrom, 2005). Parents, regardless of their biological relatedness to their child, may take time to build a sense of identity as a parent and to fully claim their child as their own. Factors related to the child (e.g., prematurity; developmental challenges; Brisch et al., 2005; Ylmaz et al., 2011), as well as the parent (e.g., depression; Mason et al., 2011), may be associated with poor parent–child bonding in any family type.

The Role of Parent Gender and Couple Context in Bonding

Research on adoptive parents has paid little attention to the role of parents’ gender in their experiences of adoption (see Sykes, 2001). Research would benefit from attention to how parents’ gender may shape their perceptions of bonding to their children. Given the emphasis on mothers as the primary attachment figures, and the related expectation that mothers should bond immediately (Bowlby, 1969), women, particularly in heterosexual couples, might tend to describe their parent–child bond as stronger and more immediate than men. Alternatively, adoptive mothers and fathers may describe similar patterns of bonding, given that they start out on a relatively equal plane with regards to the bonding of their child, insomuch as neither partner is biologically related to the child and the mother has not carried the child for 9 months (Goldberg, 2010).

Research would also benefit from greater attention to the role of sexual orientation, or couple context, in parents’ perceptions of their bonds to their adopted children. In that same-sex couples are increasingly adopting (Gates et al., 2007), it is important to consider whether and how members of heterosexual, lesbian, and gay couples describe different patterns of or concerns about bonding. For example, couples made up of a man and a woman might describe more divergent experiences of bonding to their child, whereas couples made up of two women or men might describe more similar experiences of bonding. Thus, we include lesbian, gay, and heterosexual adoptive parents in the current study, in an effort to understand whether bonding patterns vary by gender or sexual orientation.

The Current Study

Data from 90 parents (30 women in 15 lesbian couples; 30 men in 15 gay couples; 15 women, 15 men in 15 heterosexual couples) were analyzed in this qualitative study. We explore adoptive parents’ perceptions of change or stability in their bond, from the point when their child was placed in their home (2 years prior) to the current time. We also examine how parents account for the quality and stability of their bond to their child. Finally, we address whether
and how parental gender and sexual orientation shape patterns or processes of parental bonding.

Method

Recruitment and Procedures

Inclusion criteria were as follows: (a) couples must be adopting their first child; and (b) both partners must be becoming parents for the first time. We recruited couples during the preadoption period by asking adoption agencies throughout the United States to provide study information to clients who had not yet adopted. We used U.S. census data to identify states with a high percentage of same-sex couples, and made an effort to contact agencies in those states. More than 30 agencies provided study information to their clients, who were asked to contact the principal investigator for participation details. Heterosexual and same-sex couples were targeted through agencies to facilitate similarity on geographical location and income. Because some same-sex couples may not be out to agencies about their sexual orientation, national gay/lesbian organizations also assisted with recruitment.

We first interviewed parents before they had been placed with a child, and then again 3 months after they were placed with a child. We also interviewed parents 2 years after the initial placement. These semistructured telephone interviews lasted 1 to 1.5 h, and partners were interviewed separately from one another. Participants were encouraged to schedule the interviews in a place and at a time would allow them to speak privately. The data we draw on here come from the 2 year postplacement interview.

Description of the Sample

Participants were 41.83 years old, on average (SD = 4.97), and had been in their relationships for 10.47 years, on average (SD = 3.58), 2 years postadoptive placement. Most participants were White (86%; n = 77); the remainder were Latino (n = 6), African American (n = 4), Asian (n = 1), and multiracial (n = 2). Participants’ mean annual salary was $79,866 (SD = $64,594), and couples’ mean combined income was $159,753 (SD = $82,123). Most couples lived in the Northeast (35.5%); 33.4% lived in the West, 17.7% in the South, 8.9% in the Midwest, and 4.5% in Canada.

Forty-two percent of couples were placed with a boy, 49% with a girl, and 9% with a boy–girl sibling set. The mean age of the children at placement was 13.16 months (Mdn = 0 months, newborn; SD = 28.84 months; range: 0–12 years). Twenty-seven couples (9 lesbian, 10 gay, 8 heterosexual) adopted newborns; nine couples (2 lesbian, 1 gay, and 6 heterosexual) adopted infants under a year old; three couples (2 lesbian, 1 gay) adopted toddlers (aged 1–3); and six couples (2 lesbian, 3 gay, 1 heterosexual) adopted school-age children (aged 4–12). Thirty couples (11 lesbian, 9 gay, 10 heterosexual) adopted via private domestic adoption; seven couples (2 lesbian, 4 gay, 1 heterosexual) adopted via public domestic adoption; and eight couples (2 lesbian, 2 gay, 4 heterosexual) adopted from abroad. Thirty-four percent of children were White, 29% were African American, 18% were Latino, 11% were Asian, and 8% were multiracial. At the 2-year follow-up, 16% of parents had adopted a second child, all of whom were younger than the target child.

Open-Ended Interview Questions

Participants were interviewed by the principal investigator and trained graduate student research assistants. Interviews were transcribed, identifying details were removed, and pseudonyms were assigned. Data for the study are derived from several open-ended questions, which were designed to probe participants’ perceptions of bonding to their child:

1. Has your attachment, or bond, to your child changed or progressed over time? How? (Think back to our last interview, 3 months after your child was placed with you. What was your attachment or bond to your childlike then? What is it like now?)
2. Why do you think that your attachment or bond to your child has changed/not changed?
3. Do you feel that you and your partner are equally bonded or attached to your child, currently? Explain.

Data Analysis

Interviews were transcribed and analyzed using a thematic analysis of the data (Bogdan & Biklen, 2003) by focusing on participants’ descriptions of their experiences of bonding to
their children. We examined what parent- and child-related factors might be related to different patterns of bonding and paid special attention to how themes might vary by participant gender and couple type. We approached our analysis through our integrative framework, drawing from attachment and family system theories. We attended to the nature and meaning of “bonding” for parents, and if and how parents invoked societal discourses surrounding adoption, biology, and attachment in describing their process of bonding. We also attended to how adoptive parents constructed their own bonds as being influenced by other members of the family system, and, in general, how the adoption of a child prompted perceived shifts in family processes and dynamics.

To develop themes from the data, we used a process of analytic triangulation, by which each author independently coded the data and compared findings throughout the coding process to identify similarities and differences in the data. In an effort to continually reevaluate the coding scheme, we cross-checked our codes by returning to the narratives, expanding and collapsing codes where appropriate, and creating new codes based on emerging theoretical constructs. This iterative process of coding involved a continual back and forth between the data and our emerging analysis. Once we had formed clearly articulated codes, we applied focused coding, using the most significant codes to sort the data. These focused codes, which can be understood as being more conceptual and selective (Charmaz, 2006), became the basis for what we refer to as the “themes” developed in our analysis. At this stage, we examined whether any themes were more or less salient for men versus women, or for members of sexual minority versus heterosexual couples.

We engaged in check coding (Miles & Huberman, 1994) throughout the analysis process to help us clarify our categories and definitions and to provide a reliability check. That is, all authors analyzed the data. Coding disagreements were discussed and often led us to refine our scheme and to clarify our coding categories. Early on, intercoder agreement ranged from 85% to 90% (number of agreements/number of agreements + disagreements). Intercoder agreement using our final scheme ranged from 89% to 100%, indicating good reliability of our inductive scheme. The final scheme was established once we had verified agreement among all the independently coded data.

Results

First, we briefly describe perceived patterns in parental bonding at the dyadic level. That is, we address differences and similarities within couples in their descriptions of their bonds with their children, in that parents’ bonding experiences are necessarily connected to their partners’ bonding experiences (Montgomery & Fewer, 1988). Then, we explore patterns at the individual level. We elaborate on participants’ accounts of each pattern, and explore parents’ explanations for how and why they bonded as they did. Of note is that some parents invoked multiple reasons in explaining their bonding process. Finally, we discuss themes related to parents’ perceptions of their current bond to their child, and the (dis)similarity of partners’ perceptions.

Parent–Child Bonding Over Time: Couple

In 15 couples (five heterosexual, five lesbian, and five gay couples; 33% of the sample), both partners described themselves as strongly and continuously bonded to their child: they had immediately bonded to their child at placement and the strength of this bond had not changed. In nine couples (three heterosexual, three lesbian, and three gay couples; 20% of the sample), both partners described initial challenges in bonding, followed by a gradual strengthening in the bond over time. Thus, in >50% of couples, partners described the same pattern of bonding.

In the remainder of couples, each partner described a different pattern of bonding. In 17 couples (six heterosexual, six lesbian, and five gay couples; 38% of the sample), one partner described themselves as stably bonded to their child, and one partner described some initial challenges in bonding, followed by a gradually strengthened bond over time (in the heterosexual couples, in five cases the mother described herself as stably bonded and the father described himself as increasingly bonded; in one case the father described himself as stably bonded and the mother described herself as increasingly bonded). In four couples (one heterosexual, one lesbian, and two gay couples; 9%
of the sample), one partner described themselves as stably bonded and one partner described a declining bond. Thus, patterns in bonding were similar across couple types: similar numbers of lesbian, gay, and heterosexual couples were represented in each of the patterns.

**Parent–Child Bonding Over Time:**

**Individual**

More than half of participants (55% of the sample; 17 heterosexuals: nine women, eight men; 16 lesbians; 16 gay men) described a strong and stable bond to their child from the time of placement to the present time. More than one third of participants (40%; 12 heterosexuals: five women, seven men; 13 lesbians; 11 gay men) described the parent–child bond as increasing over the past 2 years, having experienced an initially slow or challenging bonding process. Four participants (5%; one heterosexual woman, one lesbian, two gay men) described a weakening bond over time. Again, very similar numbers of lesbians, gay men, and heterosexual men and women endorsed each of the described patterns. Men and women also described very similar patterns.

**Strong initial bond to child; stable over time.** As stated, more than half of participants (17 heterosexuals: nine women, eight men; 16 lesbians; 16 gay men) described a strong and stable bond to their child from the time of placement up until the present time. Three-quarters of these participants had adopted newborns via private domestic adoption, and the remainder had adopted their children via public domestic or international adoption. These participants emphasized an “immediate and intense” bond to their child. About the newborn twins that she had adopted, Sharla, a lesbian, exclaimed, “The moment I laid eyes on them, I would die for them. It was just instant falling in love forever.” Mandy, a lesbian who had adopted a newborn son, recalled, “The moment that he was put into our arms, he was our son . . . It was this instant ‘We are a family.’” Although these parents had no biological connection to their children, they described an immediate sense of affection and devotion toward them, paralleling Bowlby’s (1969) description of biological parents’ attachments to their children.

Four female participants (two heterosexual, two lesbian) explicitly noted that they felt as though their child was biologically related to them. They marveled at the immediate closeness they felt to their child, noting that it was “just like” they had given birth to them. Helen, a lesbian who had adopted a newborn boy, said: “I was surprised at how easily we attached to him. I sometimes, honest to God, forget that I didn’t give birth to him.” Ann, a heterosexual woman who had adopted a newborn, exclaimed that her daughter Emma “always just felt like ours, as if I gave birth to her.” She was reluctant to acknowledge, even to herself, that she had not actually given birth to Emma: “I’m very attached—very attached. Sometimes I wonder whether I want to tell her she’s adopted or not. We still plan to . . . but it’s like, ‘We’ll tell her when she’s able to understand.’ But sometimes . . . I don’t know if I really want her to know.” These women’s narratives reflect their awareness of societal ideologies that emphasize pregnancy and biological ties as facilitating parent–child bonds—and the primacy of biological ties over social ties in defining family (Crabb & Augustinos, 2008).

In three cases (one lesbian, two gay men), participants described something akin to divine intervention in describing their bond to their child. Upon meeting their child for the first time, they felt as though it were “meant to be” and “we just knew he was ours.” Oliver, a gay man who had adopted a toddler girl via foster care, shared, “It’s almost like this was predestined. I’m her dad and this is my child. It couldn’t be any more if she was my [biological] child.” These parents drew on notions of spirituality and destiny to make meaning out of and assign purpose to the seemingly random nature of their child’s placement (Jennings, 2010). Their (re)analysis of the placement as “meant to be” was adaptive, in that they claimed their children immediately and without hesitation.

Participants generally had a difficult time explaining their strong and immediate bond to their child, other than to emphasize that it “seemed meant to be.” Some participants, however, did provide nuanced insights into potential contributors to their positive bonding process.

**Child-related factors.** Most parents who described their own bonding process as “strong and stable” (all but two) also described a parallel process in their children. That is, they per-
ceived their children’s attachment to them as immediate, strong, and stable, thus facilitating and mirroring their own: “We were both surprised at how easily we attached to him, and we think him to us.” They therefore suggested the ease of the initial parent–child bond may have been encouraged by their child’s immediate attachment, highlighting how parents’ affectional bonds are influenced by their interactions with other family members, particularly the child (Montgomery & Fewer, 1988).

In five cases (two heterosexual women, one heterosexual man, two lesbians), participants specifically invoked the young age of their child at placement to explain why their child had attached to them so quickly and unproblematically. As Molly, a heterosexual woman who adopted a 6-month-old infant girl via foster care, exclaimed, “She was so young when we got her home; she just bonded and attached to us . . . I’d say it was no different than being in a biological family situation [in] the attachment.” These parents minimized the significance of their child’s adoption in their bonding process, noting that because their children were so young, they bonded “just like” biological children, which facilitated their own reciprocal bond (Larkin, 2006).

Related to the young age of their child, four participants (two lesbians, two gay men) described their presence at the hospital during prenatal visits, the birth, or the early postpartum period as facilitating their early bond with their child. Helen, a lesbian, shared, “We were there in the hospital until he was discharged. That really helped the bond.” Her presence in their child’s life “from the very beginning,” then, was seen as cementing her bond to her child. Both members of a gay couple described the experience of seeing their child’s face on the birth mother’s sonogram at a prenatal visit as encouraging their early bond to their child. This finding is consistent with some scholars’ conception of bonding as a process that begins prior to birth (Clift-Matthews, 2010).

Parent-related factors. Six participants (three heterosexual men, one lesbian, two gay men) emphasized their own personal characteristics in explaining their immediate and strong bond to their children. For example, they emphasized that they had a “nurturing personality” and could “attach to anything, anyone” (five participants) or were the type of person that “just commits to something” (one participant). These participants therefore invoked their own personal “attachment style” in explaining why they were predisposed to bond so easily to their child (Newton, 2008).

Weak/slow initial bond to child; strengthening over time. More than one third of participants (12 heterosexuals: five women, seven men; 13 lesbians; 11 gay men) described their bond to their child as “growing” or “strengthening” over the past 2 years since the initial placement, having experienced a “slow” or “challenging” initial bonding process. Just under two thirds of these parents had adopted newborns via private domestic adoption; by extension, just over one third had adopted children via public domestic or international adoption. Therefore, a somewhat higher proportion of participants in this group had adopted noninfant children as compared with those who described a strong and stable bond, suggesting that, echoing Bowlby’s (1969) emphasis on an early “critical period” for attachment, the parent–child bonding process may be more difficult when children are older at the time of placement.

In explaining her initially challenging bonding process, and how her bond to her daughter had strengthened over time, Angela, a lesbian who adopted a newborn girl, disclosed, “The first couple of months were hard for me. I didn’t feel like her mother. Probably 3 or 4 months in was when I really kind of, ‘this is my child.’ And today, it’s as if I gave birth to her, and she is, you know, my daughter.” Sonja, a lesbian who had adopted an 18-month-old girl from abroad, contrasted her current bond with her initial bond: “We’re definitely a unit; a family unit. It’s hard to even remember how hard it used to be, because it doesn’t feel hard now. But it took about 6 months before I really felt like I was her mother. In the beginning . . . it wasn’t what I thought it was going to be. She didn’t feel familiar . . . It kind of freaked me out.” Possibly worried about the long-term viability of the placement (Reitz & Watson, 1992), Sonja and others were initially concerned by a lack of emotional closeness to their child, yet were pleased to note an eventual strengthening in their affectional bond to their children. Participants invoked a range of reasons for their initial bonding challenges, and how and why their bond ultimately shifted over time.

PARENTAL BONDING

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In explaining her initially challenging bonding process, and how her bond to her daughter had strengthened over time, Angela, a lesbian who adopted a newborn girl, disclosed, “The first couple of months were hard for me. I didn’t feel like her mother. Probably 3 or 4 months in was when I really kind of, ‘this is my child.’ And today, it’s as if I gave birth to her, and she is, you know, my daughter.” Sonja, a lesbian who had adopted an 18-month-old girl from abroad, contrasted her current bond with her initial bond: “We’re definitely a unit; a family unit. It’s hard to even remember how hard it used to be, because it doesn’t feel hard now. But it took about 6 months before I really felt like I was her mother. In the beginning . . . it wasn’t what I thought it was going to be. She didn’t feel familiar . . . It kind of freaked me out.” Possibly worried about the long-term viability of the placement (Reitz & Watson, 1992), Sonja and others were initially concerned by a lack of emotional closeness to their child, yet were pleased to note an eventual strengthening in their affectional bond to their children. Participants invoked a range of reasons for their initial bonding challenges, and how and why their bond ultimately shifted over time.
**Child-related factors.** Eight participants (two heterosexual women, four lesbians, and two gay men) attributed their early difficulties in bonding to child difficulties in adjustment or attachment, which had improved or become more manageable over time, thus facilitating a stronger parent–child bond. It is critical to note that none of them had adopted newborns: three parents had adopted 1-year-old infants from abroad, and five parents had adopted school-age children via foster care. They described their children’s preadoptive histories (which were often characterized by abuse/neglect) as interfering with their children’s ability to bond. Their children’s rejection of them made it difficult for them, in turn, to attach in kind (Reitz & Watson, 1992).

Johanna, for instance, a lesbian who had adopted a 5-year-old girl via foster care, recalled that initially, “Myra was like a little animal. That was tough. Then in the second year, she wasn’t aggressive anymore, but she was extremely defiant, and she lied a lot . . . Then—she was just a lot easier to manage, and she relaxed into allowing love. She would let us hold her, and she would look at us in the face. That was a turning point for me.” These parents felt that their sense of emotional connectedness followed that of their children: as their children began to settle in, open up, and adjust, they felt their own hearts open to receive their child. Their narratives highlights the reciprocal nature of the bonding process (Larkin, 2006) and the powerful ways in which family members’ feelings and relationships are interconnected (Whitchurch & Constantine, 2005).

In explaining their initially weak parent–child bond, and why the bond had gradually strengthened over time, many parents pointed to developmental factors. That is, 15 participants (six heterosexual men, three lesbians, six gay men) attributed their initial lag in bonding to the nonreciprocal nature of the infant–caregiver relationship, and highlighted developmental changes in their child as stimulating their own increased emotional involvement. Nathan, a gay man, stated, “Sarah was a lump when we first brought her home. She ate and pooped and that was pretty much it. We were showing all the affection.” As Sarah grew into a “little person” who “interacted and played games,” Nathan came to enjoy and feel closer to her. Indeed, Nathan and others voiced delight with the fact that their children, at 2 years old or older, were now “verbal, fun, interactive, and relational.”

Vincent, a heterosexual man who adopted a 6-month-old infant girl via foster care, elaborated: “The first month or two, she was just a screaming baby (laugh). And now that she’s gotten older, she’s become obviously more verbal and it’s gotten much deeper, just because now we can communicate.” The fact that most of the parents who named developmental factors as salient in their own bonding process were men is consistent with findings that men sometimes experience infancy as a more challenging developmental stage than women (Ehnborg et al., 2005), and are often drawn toward roles such as playmate and teacher, which are difficult to embody during infancy (Bretherton, 2010). Perhaps, too, essentialistic views about gender may prompt men to view infancy as the realm of women, and “not for them” (Eagly & Wood, 1999).

**Parent-related factors.** Related to the above theme, three men (two heterosexual, one gay) attributed an initial lag in bonding, followed by growth in the bond over time, to their gender. They voiced the belief that, as Chris, a heterosexual man, articulated, “Men tend to bond a little later, even in a biological situation. Because we didn’t carry the baby . . . So I think a lot of attachment for most men comes afterward, once the baby is born.” These men, then, seemed to have internalized the ideology that women are more equipped to bond with infants than men (Bell et al., 2007).

Three women (two heterosexual, one lesbian) highlighted their own mental health difficulties in explaining early challenges in bonding. They saw their own depression (two women) and abuse history (one woman) as interfering with their initial ability to bond to their child, echoing prior empirical work highlighting the significance of parent well-being in parent–child bonding (Moehler et al., 2006). Johanna, a lesbian who had adopted 5-year-old Myra via foster care, explained, “My dad, he did hit us quite a bit. So I had a lot more fear around my ability to parent . . . And Myra was really aggressive for quite a long time.” Johanna went on to describe how “working through” her own abuse history and anxieties about parenting facilitated her ability to develop greater “ease and closeness” with her child; this ease was also en-
hanced by a decline in Myra’s aggressive behavior.

Two women (one heterosexual, one lesbian) attributed their early bonding difficulties to work/time-related issues. Both women said that they were working many hours when their children were first placed with them, and were left with little energy to bond with them. Changes in their work schedule facilitated their growing bond to their child. Claire, a heterosexual woman who had adopted a 1-year-old girl internationally, felt that her preoccupation with work had left her feeling emotionally detached: “I was working a ridiculous amount and I was taxed all the time.” Working with a therapist led Claire to realize, “No more emailing at night and all that crap. When I’m home, I’m home, and that’s it.” She reported that since making these changes, “We’ve repaired it . . . we’ve grown the relationship.” By making changes in their work schedules and commitment, these two women carved out more mental space for their work schedule facilitated their growing bond to their children, which facilitated a more intense bond over time.

Adoption-related factors. Other parents attributed the slow nature of the early bonding process to the suddenness of the transition; they felt that as “the shock gradually wore off,” they developed a stronger bond. Namely, five women (one heterosexual, four lesbian) described the lack of preparation (e.g., through pregnancy), and the sudden transition from childlessness to parenthood, as factors that inhibited their ability to “glom on” to their children. In turn, it took months—and in a few cases, more than a year—for them to adapt to the parental role and to fully bond to their child, echoing Timm et al.’s (2011) research on heterosexual adoptive mothers. Miranda, a lesbian who had adopted a newborn boy, reflected, “I think it took me 9 months to get out of shock. I think that makes sense, having adopted. There’s a reason for the 9 months of pregnancy.” Rowena, a lesbian who had adopted a newborn girl, explained, “I didn’t go through a pregnancy . . . So one week you’re not a parent, and the next week you are. Now I can’t even imagine loving a child any more than I do.” These parents’ narratives echo societal discourses about the presumed immediacy of the mother–child bond, which is facilitated by pregnancy (Bowlby, 1969). Indeed, pregnancy can be conceptualized as an anticipatory phase of maternal role attainment, and the stage during which mothers, even more than fathers, begin to bond to their children (Mercer & Ferketich, 1995).

Related to the suddenness of the transition, four participants (two heterosexual women, one lesbian, one gay man) attributed their inhibited early bonding to challenges related to perceived entitlement. Kristin, a heterosexual woman who adopted a newborn girl, shared: “It used to be, I’m an imposter, I’m not a real mom. Now I’m her mom. What’s changed is my comfort and not feeling like I’m faking it or somebody’s going to come and be like, ‘You’re not a real mother.’” Compounding Kristin’s difficulties with parental entitlement seems to be an awareness of the reality that adoptive parents in society are still not universally viewed as “real” parents (Goldberg, 2010). For these parents, feeling entitled to parent, and claiming the identity of parent, took a while. Beatrice, a heterosexual woman who had adopted a newborn girl, Faith, asserted, “I am a mom. But that feeling didn’t come for a year. I would never leave her on a doorstep . . . but I didn’t feel like she owned me like she does now.” Beatrice observed that her own growing closeness to Faith had facilitated Faith’s attachment to her: “I became more open to her and so she felt safer with me.” Her description highlights the reciprocal nature of parent–child relationships, and the ways in which family members shape each other’s behaviors and reactions (Montgomery & Fewer, 1988).

Concerns related to the legal security of the placement were named by five participants (one heterosexual woman, one lesbian, three gay men) as interfering with their initial bonding process. In turn, achieving legal permanency in their children’s placements was seen as facilitating their bond to their children. In four of these cases, participants had completed private domestic adoptions of newborns; in one case, the participant had been placed with three children via public adoption. Those participants who had been placed with newborns described particularly heightened anxiety about the legal permanence of the placement during the period of time when their child’s birth mother had the legal right to change her mind (after waiving her legal parental rights). Stephen, a gay man, noted: “I put up a wall at first, during the first 30 days, because anything can happen.” For Elise, a lesbian who had been placed with three sib-
lings via foster care, her initial fears about the legal instability of the placement were based in the reality that the birth parents had not yet waived their parental rights. She felt that her ability to bond was “strengthened” after the adoption was finalized, which occurred 1 year postplacement. Elise’s predicament highlights the implications of the legal context for parents’ ability to claim their child (Edelstein et al., 2002).

**Strong initial bond to child; weakening over time.** Four individuals (one heterosexual woman, one lesbian, two gay men) described a pattern of waning emotional connectedness to their child, whereby they had actually been more bonded to their child in the past than they were currently. Ron, a gay man who had adopted a newborn son, mused, “I would say over the past couple of months, the bond might have lessened.” They invoked several factors to explain this decline in emotional connectedness.

**Child-related factors.** Three participants attributed their weakened emotional connection to developmental factors (i.e., their child’s age). Corinne, a heterosexual woman who had adopted a boy and a girl, aged 7 and 10, from abroad, noted that her bond to them had lessened over the past 2 years. She attributed her growing detachment to their older ages, and their lack of interest in her. Corinne said, about her daughter, “She somewhat liked us when she got here. I mean, it’s getting worse, but she got here when she was 10 . . . and she was already feeling a little preteenish and she wanted to speak English and the first thing she learned was, ‘Whatever.’ I’m kidding, but . . . And I’m not a mother type . . . I’m not a kid person.” Corinne suggests that that her daughter’s developmental stage was a factor in her disinterest, which in turn prompted her own detachment. Notably, Corinne does not comment upon how challenges related to transitioning to a new culture or family may have contributed to her daughter’s detachment (Brodzinsky et al., 1998).

Ron, a gay man, observed that his bond with and overall positive regard for his son had begun to wane a bit as his son grew older (i.e., entered the “terrible twos”). Joey, a gay man who had adopted a toddler-aged boy via public adoption, also attributed his weakened bond to his son as related to his age, and the “battles about control” that they seemed to always be waging.

**Parent-related factors.** One participant—Noreen, a lesbian—noted that initially she had been too enmeshed and “hypervigilant” in relation to her son, whom she had adopted as a newborn, whereas now, “I feel like I’m not as attached and I can do some more healthy—I can more easily let go of a few things.” As she returned to work, and her partner became increasingly bonded to their son, Noreen “loosened up” to the point where she was “just vigilant.” Consistent with family systems theory (Montgomery & Fewer, 1988), Noreen’s partner’s relationship with their son had an impact on her own connection to him, aiding in the development of a healthier parent–child relationship. In contrast to the other parents who described a waning sense of connection, Noreen articulated what she saw as a healthy decline in the intensity of her bond to her child, which was still “strong.” She recognized the balance between needing to care for her son and engaging in behaviors aimed at preserving her own well-being (George & Solomon, 1999).

**Current Parent–Child Bond, 2 Years Postplacement**

When asked whether they believed that they and their partner were equally bonded to their child at the current time, most participants (80%) answered affirmatively. As Louanne, a lesbian who had adopted a newborn boy, asserted, “Just watching how we interact with him and how natural it is, I can’t imagine she doesn’t feel as tight with him as I do.”

In four couples (two lesbian, two gay), one partner believed that they were more bonded than their partners, and their partners disagreed. For example, Sophia—who described herself as stably and strongly bonded to her child, as did her partner—said she believed her partner, Esther, was “attached to Gabby in her own way, which is different, but I’m probably more intensely attached.” Esther, on the other hand, emphasized that she felt that she and Sophia were equally bonded to Gabby, but noted that “Sophia probably believes that she is more bonded; that’s just the mama in her.” Thus, both partners seemed to be aware of Sophia’s belief that she had a unique or special bond with Gabby. They both agreed that Gabby herself
was more attached to Sophia than to Esther, which may have influenced how Sophia conceptualized her own bond to Gabby.

In two heterosexual couples, both partners perceived differences in the current strength of their bond to their child—and both partners agreed that the husband was in fact the more bonded parent. In the first case, Claire (who described her bond as initially weak, but having grown stronger) and Donald (who described himself as stably bonded to their child) had adopted Tara, a 1 year old, from China. Describing his and his wife’s current respective bonds to Tara, Donald asserted, “For me, it’s like, you’re in or you’re out. And I’m definitely in. And now Claire’s in, but she has different levels of that in.” Claire agreed that her husband “bonded to her more quickly than I did,” and continued to be the more nurturant and emotionally available parent.

In the second case, Corinne and Jamie had adopted two children from abroad. Both agreed that Jamie was more bonded to them, which they attributed to his greater interest in parenting and his more nurturant parenting style. Corinne asserted, “He’s more bonded. I think it worries him. He’s like, ‘Well, what am I supposed to do? I’ve got this family, but I’ve got a wife who’s not that into it, so what am I going to do for the next 10 years?’” Corinne highlights how the difference in their bond to their children was a source of stress, and could possibly drive even more of a wedge between them in the future. This situation shows how a major transition in the family—such as the adoption of a child—has the potential to create stress and destabilization in partners’ roles and relationships to one another, as each partner forms a unique relationship to the child (Katz, 1977).

In four couples (two heterosexual, two gay), both partners agreed that they were equally bonded, but “in different ways,” since one partner (the wife, in both heterosexual couples) was staying home and the other partner was working. These couples seemed hesitant to name the at-home parent as having a stronger bond to the child, preferring to just name their bond to the child as “different.” Will, a gay man, stated, “I’d say we are equally attached but differently . . . because Ron has to work. I think that being a stay-at-home parent is different, the bond is different.”

Discussion

The current study examined parental bonding in a group that has received little attention: lesbian, gay, and heterosexual adoptive parents. Perhaps one of the most notable findings is that bonding patterns did not vary much based on gender and sexual orientation; similar numbers of men and women, and sexual minority and heterosexual parents, perceived their bonds as strong and stable, and as initially weak but growing stronger over time (the number of parents in the “weakening” category was too small to draw firm conclusions).

More than half of participants described an immediate and strong bond to their child, which remained continuous over time. Their descriptions of their bonding process were powerful; they sometimes described their first meeting with their child as “love at first sight” and their child’s placement with them as akin to “divine intervention” (Jennings, 2010); or, they minimized the role of the adoption altogether, emphasizing how it was “just like” they had given birth to their child (Kirk, 1964). Women in particular were likely to state that they felt as though they had given birth to their children, reflecting the significance of pregnancy in societal constructions of motherhood (Figueiredo et al., 2007) and for adoptive mothers specifically (Reitz & Watson, 1992).

To explain their immediate and strong bond to their child, participants often invoked characteristics of their children—namely, their child’s strong attachment to them, and could possibly drive even more of a wedge between them in the future. This situation shows how a major transition in the family—such as the adoption of a child—has the potential to create stress and destabilization in partners’ roles and relationships to one another, as each partner forms a unique relationship to the child (Katz, 1977).

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directly, by exploring the relationship between children’s age at adoptive placement and adoptive parents’ anxieties related to bonding.

For a few parents, being present at doctor’s visits and during the early postpartum period was perceived as facilitating their strong initial bond, presumably because such early contacts helped them to prepare for the child (Portello, 1993), and to guard against the feeling of “instant parenthood” that was described by other parents. A practical implication of this finding is that, to the extent that it is possible, and viewed as desirable by birth parents and adoptive parents, having adoptive parents present for prenatal visit(s) may facilitate stronger initial parent–child bonds. Future quantitative research might examine whether adoptive parents who attend prenatal visits describe stronger initial bonds to their children as compared with adoptive parents who do not.

Several parents invoked their own personal qualities (e.g., a nurturant personality style) in explaining their immediate bond to their child. It is notable that attachment research often acknowledges an adult “attachment style” that is learned in one’s childhood, and which eventually manifests in both intimate (Feeney & Thrush, 2010) and parent–child (Newton, 2008) relationships. Thus, it is no surprise that some parents acknowledged their own propensity to attach easily as a factor in their strong bond to their children. This ability to bond was perhaps shaped by their experiences within their own family systems as children (Whitchurch & Constantine, 2005).

Another large proportion of participants (40%) described a slow or inhibited early bonding process, followed by a gradual strengthening of the bond over time. Parents in this group were somewhat more likely to have adopted older (not newborn) children than the continuously bonded group. In turn, they tended to describe their child’s attachment difficulties as contributing to their own early bonding difficulties. This finding provides nuance, depth, and support for the “common knowledge” that children’s attachment to their parents affects their parents’ attachment to them (Larkin, 2006). Yet, as we saw, these parents typically described their children as becoming more trusting and attached over time, thereby enhancing their parents’ ability to bond to them. This finding suggests that adoptive parents, especially those with older children, should be prepared for a possibly lengthy, but promising, period of trust-building, followed by an intensifying mutual bond.

Many participants, particularly men, attributed their growing bond to the developmental changes that they observed in their children. They felt that their initial lag in bonding was related to the fact that infants are highly demanding creatures, echoing prior work showing that infancy can be a challenging developmental stage for parents, with fathers sometimes reporting more difficulties with bonding in the infancy period than mothers (Edhborg et al., 2005). In fact, fathers are more often characterized as the “playful” parent (Bretherton, 2010; Tamis-LeMonda, 2004) and are especially likely to enjoy and engage in behaviors that support their children’s cognitive and language development (Shannon, Tamis-LeMonda, London, & Cabrera, 2002). Heterosexual fathers also tend to hold the belief that the mother–infant relationship is more “intense” than the father–infant relationship, and to believe that as their child becomes more capable of stimulation and play, the father–child relationship will intensify (Bell et al., 2007). Thus, as children become more independent, their fathers may find them easier to engage with (Tamis-LeMonda, 2004).

Some parents acknowledged that personal factors had interfered with their ability to fully bond with their child. For example, a few women highlighted their own mental health challenges, consistent with research showing a link between depression and bonding difficulties in biological mother–child pairs (Mason et al., 2011). A few women reported devoting too much emotional energy to work during the transition, and blamed work stress for their early challenges in bonding. Of note is that some research has found that parents with less supportive work conditions report greater detachment in parenting (Goodman, Crouter, Lanza, Cox, & Vemon-Feagans, 2011). A few women reported devoting too much emotional energy to work during the transition, and blamed work stress for their early challenges in bonding. Of note is that some research has found that parents with less supportive work conditions report greater detachment in parenting (Goodman, Crouter, Lanza, Cox, & Vemon-Feagans, 2011). This highlights the potential role for workplaces to support healthy parent–child relationships—particularly for adoptive parents, who may not be eligible for the same types of leave policies as biological parents (Wisenale, 1994). Future research might examine whether adoptive parents who report more supportive workplace condi-
tions describe stronger bonds to their children than those in less supportive workplaces.

Some participants—women specifically—attributed their initial lag in bonding to the suddenness of the transition. In some cases, they specifically noted that they hadn’t had 9 months of pregnancy to bond with their child, and thus found that it took “until the shock wore off” to fully bond. That this theme was highlighted by only female participants is interesting, and highlights the role of pregnancy as a culturally expected and accepted component of the bonding process, for women (Figueiredo et al., 2007). Yet it also speaks to the ways in which these female adoptive parents have internalized societal myths about bonding as being immediate in biological mother–child pairs. In fact, some biological mothers report delayed bonding to their child (15%–40%, by some estimates; see Edhborg et al., 2005), and some studies have found that maternal bonding develops progressively over the initial months or even years of parenthood (Taylor et al., 2005). Theories of bonding in adoptive parents should perhaps incorporate some consideration of the differing salience and meaning of pregnancy for men and women, and, in turn, how pregnancy-related beliefs and meaning-making may shape early bonding for men and women.

Related to the suddenness of the transition, some parents struggled with feeling entitled to and “claiming” their child early on, which interfered with their ability to bond. Such insecurities gradually wore off, however, as parents became more comfortable with the parental role. This finding points to a key role for professionals in supporting new adoptive parents. For example, practitioners can make an effort to use “entitling language” early in the adoption process, referring to the child as “your child.” They can also encourage adoptive parents to “claim” the child as theirs (e.g., by choosing a name that ties the child to the family; Reitz & Watson, 1992).

Finally, a few participants described their bond to their child as waning over time. Of note is that some developmental shifts in bonding are expected and normal (Larkin, 2006). For example, prior research measuring biological mothers’ attachment to their infants during the first year postpartum has found mild to moderate fluctuations in attachment feelings (Mercer & Ferketich, 1994), perhaps in part because, as Mercer and Ferketich (1994) note, “mothers may find children more loveable at certain ages than at others” (p. 351). Indeed, participants who described a weakening bond typically attributed it to the developmental status of their child, indicating the need for both research and theory to more fully consider how developmental factors may shape parents’ perceptions of affectional bonds—not to mention cultural factors, as was illustrated in the case of Corinne.

Most couples agreed that they and their partners were currently equally bonded to their children. But, in a few same-sex couples, partners disagreed about their bond, with one parent describing being more bonded than the other parent, who reported that they were equally bonded. Same-sex couples may encounter more tension or disagreement than heterosexual couples when one partner wishes to see his or her parental role as primary or unique, because they cannot rely on discourses of gender difference to differentiate parental roles (Goldberg, Downing, & Sauck, 2008). Interestingly, in the two heterosexual couples where one partner reported having a stronger bond to the child, both partners agreed that it was the husband who had the stronger bond. While this might seem surprising, it is notable that in both cases, the wives disclosed a fairly challenging early bonding process, which, although much improved, had not fully been resolved. Thus, both partners had likely processed the fact that the husband was the more bonded parent, in part because it was such a striking deviation from the stereotype of women as the primary parent (Radin, 1994).

**Clinical Implications**

Difficulties with the bonding process can create feelings of isolation for parents (Sluckin, 1998). Practitioners should support adoptive parents in recognizing that bonding is an individual process that progresses at different rates for different parents, and may be impacted by personal, child-related, and contextual factors (Larkin, 2006). Promoting awareness of diversity in bonding experiences may encourage adoptive parents to more easily accept their own bonding process.

At the same time, because difficulties with bonding can have implications not only for the parent–child relationship but for the permanence of the placement (Dance, Rushton,
It is important to promote efforts that will increase parent–child bonding. Being prepared for the adoption, and holding realistic expectations about the adopted child, promote better mental health and parenting outcomes and thus may be important to bonding (Reitz & Watson, 1992). Practitioners should support adoptive parents by helping them to articulate their expectations pretransition, and working to temper unrealistic expectations, while also providing them with support (e.g., via visits and phone calls) during the initial postplacement period (Reitz & Watson, 1992).

Finally, our findings suggest that practitioners should be mindful that the bonding process for same-sex couples to their adopted children appears to be more similar to than different from that of heterosexual parents. Parent gender may perhaps more influential: fathers more often than mothers explained that their bond was made stronger after their children grew older and developed “personalities” and only mothers expressed that the transition to adoptive parenthood was “sudden” and difficult to adjust to. Thus, practitioners should be aware of the possibility that adoptive parents may experience a slow process of bonding to their children, and the perceived reasons for this lag may differ based on parents’ gender.

Limitations

The current study was not longitudinal; rather, participants were reflecting on changes in their bondedness from the immediate postplacement period to the current time. Thus, their perceptions are based on their current emotional and contextual state, and may not accurately reflect past events or feelings. Similarly, we base our interpretations on data collected at only one point in time, and can only speak to parents’ experiences of the bonding process during the first 2 years of parenthood. In addition, our sample was primarily White and well-educated, and may not capture the experiences of all adoptive parents. Issues of race and social class, for example, may add complexities to the bonding process which we were unable to explore here.

Conclusions

The current study highlights the diversity in perceived trajectories of bonding during the transition to adoptive parenthood, as well as adoptive parents’ perceptions of the factors that contribute to their experience of bonding. We found that by and large, patterns of bonding were quite similar for partners within couples, perhaps because adopting partners start out on a relatively equal plane with regards to the bonding of their child, in that neither partner is biologically related to the child and both partners tend to be highly motivated for parenthood (Goldberg, 2010). We did find some gender differences in parents’ explanations regarding the nature and speed of their bonding process. Our findings point to the need to understand parental bonding as a process that unfolds over time, is influenced by a myriad of familial, child, and contextual factors, and which, in adoptive families, is shaped by societal ideologies related to biology, adoption, and attachment. Further, our findings suggest that theories of attachment and bonding should account for both the bidirectional and potentially fluid nature of parent–child bonds, thereby addressing both parents’ and children’s perspectives over time.

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