

# The transition from infertility to adoption: Perceptions of lesbian and heterosexual couples

Abbie E. Goldberg, Jordan B. Downing, &  
Hannah B. Richardson

*Clark University, USA*

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ABSTRACT

This study explores how lesbian and heterosexual pre-adoptive couples experience and construct the transition from infertility to adoption as a means to becoming parents. Thirty lesbian couples and 30 heterosexual couples were interviewed about the challenges and benefits they perceived in attempting conception and then later choosing adoption. Although similarities in perspectives emerged between heterosexual and lesbian participants (e.g., regarding the factors that led couples to pursue adoption), lesbians often felt less committed to having a biological child and perceived an easier transition from trying to conceive to adopting. Findings support the notion that, due to their unique relational context, lesbian women may embody more expansive notions about how to create a family that are not predicated on biological relations.

KEY WORDS: adoption • infertility • lesbian • parenthood • qualitative • social constructionist • transition

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National estimates in the US indicate that nearly 4.3 million married heterosexual women or their partners have impaired fecundity (infertility), defined as difficulty in conceiving or carrying a child to term, or infertility lasting

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36 months or longer (Chandra, Martinez, Mosher, Abma, & Jones, 2005). These couples represent about 15% of married couples in which wives are between ages 15–44 (Chandra et al., 2005). Thus, a fairly large number of heterosexual couples encounter difficulties in conceiving. This is reflected in a large literature that has explored the effects of infertility on heterosexual couples' mental health and marital quality (e.g., Anderson, Sharpe, Rattray, & Irvine, 2003; McQuillan, Greil, White, & Jacob, 2003; Steuber & Solomon, 2008). These studies generally find that infertility has negative effects on personal and marital health, although infertility stress may be greater for women (Anderson et al., 2003; McQuillan et al., 2008), which may reflect the socially constructed centrality of motherhood to women's sense of self (Parry, 2005). (Of note is that conceptualizations and definitions of infertility vary widely across studies. In our review, we use the term infertility interchangeably with "frustrated fertility" and "difficulty conceiving".)

Couples who encounter problems with conceiving may ultimately abandon their efforts to have a biological child and may adopt as a means of becoming parents. Indeed, most heterosexual couples who choose to adopt do so because of fertility problems (Cudmore, 2005). Yet despite the fact that most adoptive parents have a history of infertility, little research explores the process whereby couples move from trying to conceive to pursuing adoption. Thus, researchers know very little about couples' experiences of this transitional stage. Further, the literature that exists (e.g., Daly, 1988, 1989) is based only on heterosexual couples' experiences of moving from infertility to adoption. Lesbian couples may also pursue fertility treatments as a means of becoming parents, and, like heterosexual couples, they may be unsuccessful and may ultimately adopt. Women typically become less fertile as they age, increasing the difficulty of becoming pregnant for the over-35 group of lesbians who seem most likely to be trying to conceive (Morningstar, 1999).

Infertility and adoption may be experienced differently for lesbians, who pursue parenthood amid several competing discourses. As women, they are socialized in a context in which motherhood is regarded as central to female identity, and yet as lesbians, they find that motherhood is not expected of them in biological or cultural terms. Further, lesbians are inevitably aware of cultural ideologies that view biological ties as fundamental to kinship relations, and yet they are also exposed to alternative notions of kinship within the gay community that prioritize affective bonds over blood ties (Weston, 1990). Finally, most lesbian couples pursue conception in a context in which only one partner expects to be biologically related to the child, and efforts to conceive are not predicated upon heterosexual sex. Of interest is how lesbians respond to these competing discourses, and how their experience of infertility and their decision to adopt are shaped by their unique social and relational context. By examining both lesbian and heterosexual couples' constructions of infertility and adoption, researchers can gain insight into how the overlapping contexts of gender and sexual orientation shape constructions of (in)fertility, biology, and parenthood.

Thus, this study examines the narratives of both heterosexual and lesbian couples who are currently pursuing adoption (i.e., waiting for an adoptive

placement) in an effort to understand: (i) the conditions under which individuals perceive infertility as stressful (or not); (ii) individuals' perceptions of turning away from infertility and toward adoption, including how they construct the salience of various events in prompting this turning point; and (iii) the conditions under which moving towards adoption is perceived as stressful (or not) in the wake of infertility. A social constructionist framework (Crotty, 1998; Schwandt, 2000) is used to attend to the ways in which lesbian couples' interpretations of infertility and adoption may be uniquely shaped by their social and relational context. The final result of this investigation is a grounded theory of how heterosexual and lesbian couples experience the transition from infertility to adoption.

### **Infertility, psychological well-being, and relationship quality**

Many studies have found that infertility has negative effects on individual and marital health (Anderson et al., 2003; McQuillan et al., 2003; Steuber & Solomon, 2008). Sexual functioning, in particular, is often disturbed by infertility in heterosexual couples (Cudmore, 2005). Having to schedule intercourse, viewing intercourse as a means to an end, and the fact that intercourse itself constitutes a constant reminder of the couple's infertility may cause declines in sexual satisfaction that persist even after couples conceive or abandon infertility treatments (Greil, Leitko, & Porter, 1988). However, the negative impact of infertility may be moderated by several factors. Infertility-related stress is often greatest for heterosexual couples who pursue more extensive fertility treatments, and for individuals who strongly desire a biological child (Schneider & Forthofer, 2005). Being the identified source of the problem (Daniluk, 1997) has also been linked to a more negative response to infertility. Gender may moderate the effect of infertility-related stress such that women are more negatively impacted (Anderson et al., 2003), particularly when they are being treated for the infertility (Daniluk, 2001).

Qualitative studies have also found evidence for the negative impact of infertility on well-being; however, qualitative work also highlights couples who interpret their infertility in positive terms. In one study, when asked how infertility had affected their marriage, half of respondents reported improved communication (Leiblum, Kemmann, & Lane, 1987). In a study of 22 previously infertile couples, Greil et al. (1988) found that in nine couples, spouses felt that sharing the crisis of infertility brought them closer; the remaining couples felt that it had either distanced them or spouses disagreed about its impact. Thus, while couples on average may report impaired marital functioning, some couples actively construct their infertility as having beneficial effects.

Qualitative research permits elucidation of novel and sometimes counter-intuitive findings, and is ideally suited to exploring how lesbians, whose infertility experiences have not been studied, interpret the impact of infertility on their lives and relationships. Thus, a primary question of interest is: how do lesbian couples perceive and construct infertility? It is possible that

their relational context has implications for their interpretations and constructions. Since lesbian couples' conception efforts are not interdependent with sexual intimacy, they may construct infertility in more positive terms and/or be less likely to perceive their sexual lives as negatively impacted. However, in couples that consist of a trying (i.e., the one undergoing insemination) and non-trying partner, the trying partner may report more subjective distress. In turn, lesbians' infertility experiences might mirror the gender differences observed in heterosexual couples.

### **Turning from infertility and toward adoption (or childlessness)**

Longitudinal studies suggest that heterosexual couples who pursue fertility treatments tend to experience worsening symptoms (e.g., depression, marital distress) as treatment progresses without success (Daniluk & Tench, 2007). Qualitative research by Daniluk (2001) suggests that infertile heterosexual couples experience difficulties in setting limits about how much time and money to invest in treatment, leading some couples to engage in years of unsuccessful attempts. In Daniluk's (2001) study, as time went on and each treatment option failed, couples found themselves considering, and sometimes pursuing, options they had initially deemed unacceptable (e.g., in vitro fertilization (IVF)). Whether or not to continue treatment was sometimes a source of contention between couples, but most participants eventually realized that their infertility was likely permanent. For some, it was being told that their chances of conceiving were very poor that pushed them to terminate treatment; for others, it was the knowledge that they had tried every possible option.

Of interest in the current study is how both lesbian and heterosexual couples understand their decision to cease conception efforts and to move toward adoption. Given that lesbian couples theoretically possess two viable wombs, of particular interest is how couples manage the growing realization that, for at least one partner, the likelihood of pregnancy is slim. How, and under what conditions, do they decide whether or not to abandon efforts to conceive with one partner and try with the other partner, or move directly to adoption? Research suggests that desire (or lack of desire) to experience pregnancy or childbirth is the most frequently cited reason for choosing one partner to carry over the other (Baetens, Camus, & Devroey, 2002). Couples may also consider each partner's age, health, and career trajectory (Goldberg, 2006). Importantly, Baetens et al. (2002) studied 95 lesbian couples and found that in only 13.7% of couples did both partners wish to become pregnant; in these cases, it was always the elder partner who tried first. These data suggest that "switching wombs" may not necessarily be regarded as optimal or feasible, although for couples that strongly desire a biological child, it may be regarded as worthwhile.

Daniluk's (2001) study focused on how couples decided to terminate treatment, but it did not explore the process whereby couples moved toward childlessness or adoption. Daly (1988, 1989) interviewed 74 infertile heterosexual couples who were at various stages of the adoption process; some had just begun to consider adoption and others had completed the home study (an evaluation that is required of all adoptive parents). Most couples

felt that enduring infertility had reduced their sense of control over their lives, although wives were more likely to indicate this, which Daly (1989) interpreted as related to the greater salience of the parenthood role for women. Some couples therefore chose adoption as a way of regaining control over their parenting choices, helping them to feel that they were making progress instead of going nowhere.

Of interest is whether lesbian and heterosexual couples construct the move from pursuing biological parenthood to considering adoption in meaningfully different ways. Pregnancy primarily involves the impregnated woman, whereas the adoption process requires relatively equal involvement by both partners. This aspect of adoption may be particularly attractive to lesbian couples, who tend to strongly value egalitarianism in their relationships (Patterson, 1995). In turn, some couples may come to frame adoption as offering a unique advantage over insemination, in that it will eliminate the asymmetry in their roles and allow both partners to start out on “equal footing.” Alternatively, some lesbians may be hesitant to pursue adoption because they worry about being discriminated against by adoption agencies and being rejected by potential birth mothers (Goldberg, Downing, & Sauck, 2007). Finally, some lesbians may be reluctant to pursue adoption because, despite the many ways in which they theoretically resist and challenge the idealized nuclear family, they nevertheless personally value and desire biological parenthood.

The studies by Daniluk (2001) and Daly (1988, 1989) illuminate some key aspects of how couples co-construct infertility and relinquish their goal of biological parenthood. Notably, both authors conducted conjoint interviews (i.e., with husbands and wives together). Although there are advantages to this approach, such as obtaining couples’ shared construction of a process, it may stifle exploration of partners’ interpretations of that process and limit partners’ willingness to share certain perceptions with the interviewer. Men in particular may be less likely to express negative feelings about infertility in the context of joint interviews, perhaps because they believe it will only add to their wives’ psychological burden (Wirtberg, 1999). Individual interviews may illuminate more fully how partners differ in their perceptions of infertility and the process of turning to adoption.

Further, given that the current study focuses only on couples who are waiting to be placed with a child (in contrast to Daly’s research, where couples were in various stages of the adoption process), we are able to examine how infertility is constructed at a time when becoming a parent has yet to be realized. This allows us to examine perceptions of infertility in the context of present childlessness, which is important since, as Daly (1988) notes, research on the decision to adopt has mainly focused on retrospective accounts. Thus, our participants elucidate the immediacy of the kinds of stressors and benefits they perceive as they turn from trying to conceive to adoption.

### **Theoretical framework**

A social constructionist approach frames this study (Crotty, 1998; Schwandt, 2000). A social constructionist framework emphasizes the construction and

creation of knowledge, placing emphasis on participants' meanings and constructions of their experiences. As Schwandt posits, "we invent concepts, models, and schemes to make sense of experience, and we continually test and modify these constructions in the light of new experiences" (p. 197). Our constructions and interpretations, then, are necessarily shaped by our everyday interactions and immediate social context, as well as broader historical, cultural, and ideological contexts, and the meanings and ideologies that are dominant within these contexts (Crotty, 1998; Schwandt, 2000). Thus, in understanding how heterosexual men and women and lesbian women make sense out of and construct infertility and adoption, scholars must consider the dominant (and possibly conflicting) ideologies and institutions that shape their experience. North American ideologies of kinship prioritize biogenetic connections, and ties between parents and children are presumed to emerge from the "natural facts" of procreation. Further, motherhood is socially constructed as central to American narratives of womanhood (Hayden, 1995). Heterosexual women, in turn, must engage with societal norms that equate children with pregnancy and blood ties, associate marriage with children, and correlate motherhood with womanhood (Ulrich & Weatherall, 2000). Heterosexual couples who encounter infertility, then, do so amid widespread cultural values that couples "should" have children, these children "should" be biologically related to them, and biological motherhood is superior to social motherhood (Letherby, 1999).

Lesbians are also exposed to these ideologies. However, because they do not necessarily embody the socially constructed role of "wife" and do not engage in heterosexual sex, they are released from the expectation of motherhood (Hayden, 1995). Further, lesbians are often positioned outside of "the family" by virtue of their sexual orientation. Rejection by society and often their own biological families may lead them to construct "families of choice" that are based more on affective ties than biological ties (Weston, 1990). In this context, they may be less likely than heterosexual women to construct "family" in ways that emphasize the presence of children and that assume the existence of blood ties between parent and child (Parry, 2005). Their existence outside the family and gender praxis, their presence within communities that emphasize relational over biological bonds, and the social accessibility of adoption (in the form of increasingly visible gay adoptive communities Gates, Badgett, Macomber, & Chambers, 2007) may lead lesbians to construct the meaning and necessity of biological parenthood differently than heterosexuals. Thus, although heterosexual couples who experience infertility may move toward expansive notions of family (Parry, 2005), lesbians may begin their pursuit of parenthood with broad notions of parenthood. For lesbians, adoption may be less of a leap of necessity than a positive change of course.

The literature, the paucity of research on lesbians' constructions of infertility and adoption, and a social constructionist framework led us to formulate the following research questions. First, how do lesbian and heterosexual participants construct their experiences of infertility? Specifically, how and under what conditions is infertility perceived as stressful, non-stressful, or even beneficial, to the relationship? Our second question is how do lesbian

and heterosexual participants interpret the process of turning to adoption? This question comes in two parts. First, what meaning-making processes do participants invoke as they describe ending conception efforts and pursuing adoption? Finally, how, if at all, is the process of turning away from infertility and toward adoption constructed differently for heterosexual and lesbian couples?

## **Method**

### **Participants**

Data from 120 individuals (60 women in 30 lesbian couples; 30 women and 30 men in heterosexual couples) were analyzed for the current study. All couples had tried to conceive (in lesbian couples, at least one partner had tried to conceive) before pursuing adoption. The sample was largely (91%) Caucasian. Heterosexual couples' average relationship length was longer than lesbians' (10.34 years versus 8.00 years). Lesbians were older than heterosexual women and men, with mean ages being 39.43 years, 36.50 years, and 36.82 years, respectively. With regard to education, 9% of the full sample had a high school degree, 15% had an associate's degree/some college, 37% had a bachelor's degree, 29% had a master's degree, and 10% had a PhD/JD/MD. Lesbian and heterosexual couples had similar mean family incomes of \$129,466 ( $SD = \$106,839$ ) and \$124,758 ( $SD = \$63,112$ ), respectively.

In 27 of the lesbian couples, one of the partners had tried to conceive; in three of the lesbian couples, both women had tried to conceive. Heterosexual couples were somewhat more likely to have used fertility medications (e.g., Clomid) (21 heterosexual versus 17 lesbian couples). They were also somewhat more likely to have pursued IVF (11 heterosexual versus five lesbian couples). Couples were pursuing private domestic open adoptions (19 lesbian, 18 heterosexual), public domestic adoptions (five lesbian, one heterosexual), and international adoptions (six lesbian, 11 heterosexual). Heterosexual couples had been waiting longer for a child placement than lesbian couples, 10.07 months ( $SD = 10.19$ ) versus 7.00 months ( $SD = 6.52$ ).

### **Recruitment and procedures**

Inclusion criteria were: (i) couples must be adopting their first child; and (ii) both partners must be becoming parents for the first time. Adoption agencies throughout the US were asked to provide study information to clients who had not yet adopted. Census data were utilized to identify states with a high percentage of lesbians (Gates & Ost, 2004) and effort was made to contact agencies in those states. Over 30 agencies provided information to their clients, and interested clients were asked to contact the principal investigator for more information about the study. Both heterosexual and lesbian couples were targeted through these agencies to facilitate similarity on geographical location and income. Because some lesbian couples may not be "out" to agencies about their sexual orientation, national gay/lesbian organizations also assisted with recruitment.

Participation entailed completion of a questionnaire packet and participation in a telephone interview before couples were placed with a child. Couples were mailed two packets, two consent forms, and two stamped envelopes, and were asked to return the consent form with the packet. Participants then completed individual semi-structured interviews, separately from their partners. They were asked to be available at a time and place that would ensure that their conversations were private. On average, interviews (which covered a range of topics, including but not limited to those discussed in the present study) lasted 1–1.5 hours.

### **Open-ended questions**

Participants were interviewed by the principal investigator and graduate student research assistants. Interviews were later transcribed, and pseudonyms were assigned to protect confidentiality. The data in the current study are derived from these open-ended questions: Did you attempt to have a biological child? *If no*, why not? Tell me about your experiences trying to have a child biologically (*Sample probes*: How long did you attempt to conceive? At what point did you decide to adopt?) How did you decide to adopt? (*Sample probes*: Tell me the process by which you came to adopt. Were you both on the same page about wanting to adopt?) How did the process of trying to conceive affect your relationship with your partner? (*Sample probe*: Were there periods that were more difficult than others?) How has the adoption process affected your relationship with your partner? (How) was your sexual intimacy affected by infertility and by the adoption process? How has the adoption process been for you? Which aspects have been challenging?

### **Data analysis**

This study uses a constructivist framework (Charmaz, 2006), which implies awareness of the mutual creation of knowledge by the participants and the researcher(s). From this perspective, qualitative data analysis is necessarily subjective, in that not all analysts will utilize the same interpretive lens and see the same categories in the data. We recognize that our theoretical perspective and methodological approach inform our research questions and our interpretations. Working from within our theoretical framework, we engaged in careful analysis of participant narratives, generating categories that best describe the data and whose relevance transcend this study. Similarities and differences in responses across type of couples (lesbian/heterosexual) received particular attention. We also attended to the role of participants' ideologies, as well as their broader societal context (e.g., cultural notions of motherhood), in shaping their constructions.

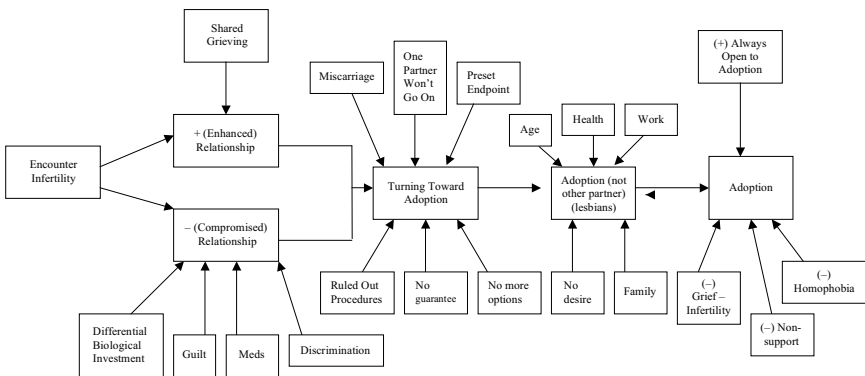
**Coding.** Grounded theory was used in the analysis (Glaser & Strauss, 1967). All authors coded the data. We engaged in a process of analytic triangulation, which involves having multiple persons independently analyze the same data and compare their findings. This ensures that multiple interpretations are considered and lends itself to verification of the soundness of the emerging descriptive scheme (Patton, 2002). First, we engaged in line-by-line



analysis to generate initial theoretical categories and to suggest relationships among key categories (Glaser & Strauss, 1967). Special attention was paid to the words participants used in describing the infertility and adoption process. This initial coding led us to identify several *in vivo* concepts (e.g., “a long painful path to nowhere”; “we came out the other side a stronger couple”) that further stimulated our analysis. We then began to develop the properties of these categories: For example, positive consequences of enduring infertility (“we came out the other side a stronger couple”) were characterized by perceptions of enhanced closeness and communication. We continued our analysis process by refining these initial categories, identifying new categories, and further specifying our categories by developing subcategories, which denote information about participants’ interpretations of how, when, and why a process (e.g., turning to adoption) occurs. Throughout this process we compared concepts and properties across gender and sexual orientation, which led us to identify similarities and differences in the data and to establish analytic distinctions. In this way, we began to establish relational links among categories and to develop an explanatory framework. Diagramming the relationships among categories led us to further refine our scheme (Patton, 2002) until we were satisfied that our explanatory framework provided an authentic fit with the data (Figure 1).

All three authors engaged in this process of inductive analysis by independently coding, and then discussing, the narratives. Throughout our analysis process, we wrote memos to capture our ideas about the emerging categories. Sharing these memos enabled us to develop a shared understanding of the data and facilitated our analysis. 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, two authors coded all major categories. Disagreements were discussed and often led us to refine our scheme. Although early intercoder agreement ranged from 72 to 80%, agreement on our final scheme ranged from 90% to 94%, indicating good reliability of our inductive analysis.

**FIGURE 1**  
**Turning away from infertility and toward adoption**



## Findings/Discussion

We begin by discussing participants who perceived infertility as negatively impacting their relationships, followed by those who interpreted their infertility experiences in positive terms. How individuals understood their decision to cease conception efforts and move to adoption is then discussed. Finally, we explore the reasons participants offer as to what precipitated this change of course and how they understood this turning process. Similarities and differences in men's and women's perspectives (regardless of sexual orientation), as well as how lesbian and heterosexual participants differentially interpret aspects of infertility and the decision to adopt, are addressed. We use the following abbreviations to indicate the source of the quotes presented in the results: HW = heterosexual woman; HM = heterosexual man; LT = lesbian tryer; and LN = lesbian non-tryer.

### **"A long painful path to nowhere": Conception/infertility as stressful**

Consistent with prior research (Anderson et al., 2003), for many couples, infertility was perceived as creating interpersonal tension and conflict, in some cases "testing what a relationship can actually endure." Heterosexual men and women, as well as both lesbian trying and non-trying partners, felt that infertility had negatively impacted their relationships. Specifically, they described compromised emotional intimacy, a decreased sense of togetherness, and feelings of alienation (see Table 1 for exact counts of heterosexual and lesbian participants). Such feelings were often perceived as resulting from one or both partners' depressed mood and hopelessness surrounding infertility. As one heterosexual woman said, "It's hard on a marriage; both people are going through their own grieving" (HW5). Lesbians in particular often noted that it was painful to have to take on different "roles" during the insemination process, whereby one partner was more physically involved in conception efforts; indeed, such role inequality is inconsistent with many lesbians' desire for egalitarianism in their relationships (Patterson, 1995). This scenario was perceived as creating distance between partners, which was sometimes difficult to overcome.

Many heterosexual and lesbian participants perceived negative effects of infertility on their *sexual intimacy* specifically. Among heterosexual couples, sexual intimacy was often hindered by their perception that "when you're having sex on demand, it's a little funky. It's hard to forget about that and go back to the way you were before" (HW11). Thus, for some couples, sexual intimacy had been transformed from a "fun act" to one that was "filled with anxiety" because of the "high stakes" involved. Both men and women discussed concerns over the impact of infertility on sexual functioning, suggesting (contrary to common assumptions) that sexual intimacy may be as important to women's perceptions of the partner relationship as it is to men's (Leiblum, 2002).

Since conception and sex are not necessarily connected for lesbian couples, they do not have to struggle with the frustration of continually trying to conceive a child in a way that directly involves their sexual relations. Yet,

**TABLE 1**  
**Frequencies of themes for lesbian and heterosexual participants**

	Hetero women	Hetero men	Couples	Lesbian Tryers	Lesbian Non-Tryers	Couples
Infertility as Negative	15	11	7	18	7	6
Sexual Functioning	6	4	2	12	5	2
Differential Biological Investment	4	6	0	7	0	0
Fertility Treatments	4	6	2	3	2	1
Guilt	2	3	1	2	2	0
Discrimination				4	0	0
Infertility as Positive	12	9	5	10	5	4
Shared Grief as Facilitative	9	8	4	5	4	3
Turning Points						
One Partner Won't Go On	3	4	2	3	2	1
Preset Endpoint	4	3	2	4	1	1
Gradual Ruling Out	7	3	2	2	1	0
Lack of Guarantee	5	5	1	12	2	0
Exhausted All Options	9	6	4	8	3	4
Why Adoption (vs. Other Partner)						
Lack of Desire					10	
Health					8	
Age					5	
Work/Career					2	
Extended Family					1	
Turning Toward Adoption – Easier						
Always Considered It	17	8	8	12	16	9
Turning Toward Adoption – Harder						
Unresolved Feelings – Infertility	2	3	1	4	4	0
Lukewarm Response	2	0	0	3	5	0
Unique Hurdles – Sexual Orientation				22	17	15
Perceived Benefits – Turning to Adoption						
Enhanced Communication/Relief	9	8	2	11	7	5
Equal Role in Process				5	2	1

some lesbians did perceive infertility as negatively impacting their sexual functioning, although they viewed the impact as resulting more from the stress associated with infertility and miscarriage than from the experience of “sex on demand.” As Vera said, “I am less able to relax into my sexual self when stressed” (LT8). Thus, even though lesbians’ conception efforts were functionally separated from their sexual intimacy, the stress of being unable to conceive ultimately carried over into the bedroom: “It was strained while trying to get pregnant due to the heartache we felt each month when she was not pregnant” (LN27).

Participants invoked several aspects of the conception process as exacerbating the strain of infertility on their relationships. *Different levels of investment in having a biological child* (and in continuing treatment) were often viewed as intensifying the stress of infertility. Men who described their greater desire to have a biological child were disappointed and conflicted when their wives refused to continue trying to conceive. They described their continued yearning for a biological child as related to their desire to have a child who looked like them or to continue the “bloodline,” suggesting that men were influenced by patrilineal notions of fatherhood, whereby family membership is determined via the father’s bloodline (Dudgeon, 2003), and by idealized notions of the nuclear family. Some heterosexual women and lesbian trying partners also described their greater need to have a biological child as having strained their relationships. Often, this desire was connected to a “need” to be pregnant, reflecting societal constructions of pregnancy as intimately connected with motherhood (Ulrich & Weatherall, 2000). Their partners – both men and women – struggled to understand this yearning. Beth, a lesbian, described how infertility was much harder for her partner: “I was sad to see Jenny struggling, because she was the one trying to get pregnant. She felt really bad about not being pregnant. I think that that was harder for her and I felt sad for her. She was desperate to have a child” (LN11). Thus, for Beth and other non-trying partners, their physical distance from the conception process somewhat released them from feelings of grief and responsibility. Yet, they also reported sadness and helplessness related to their partners’ greater investment in having a biological child. Importantly, different perceptions between partners in a couple may not necessarily reflect disagreement between partners, but may, rather, reflect how each partner subjectively constructs the perceived salience of having a biological child.

Participants also highlighted the *effect of fertility medications and treatments* as intensifying the painfulness of the infertility process. Medications were perceived as negatively impacting the woman trying to conceive, which added tension and stress to their relationships. Heterosexual and lesbian women typically described themselves as having a “bad response to the medication” and “becoming depressed.” Such responses are consistent with research suggesting that infertility treatments may cause negative physical and emotional side effects (Daniluk, 2001).

Perhaps owing to their socialization as women, and lesbians’ tendency to prioritize emotional intimacy and sharing (Kurdek, 1998), lesbians who

perceived treatments as negatively affecting their mood tended to express disappointment with their partners' level of involvement and understanding. For example, Amy acknowledged that the fertility medications that she took turned her into a "hormonal mess" but nevertheless wished her partner "could have been there for me" (LT6). Thus, Amy expected, or at least hoped, that her partner would demonstrate greater empathy and understanding, despite being less directly engaged with the insemination process.

A third issue that participants perceived as making the infertility process particularly difficult was one partner's *feelings of inadequacy and guilt* regarding his or her inability to have a child biologically. These men and women described how one partner's continued guilt had challenged their relationships. Importantly, guilt was experienced by individuals who had not received a definitive diagnosis as to the source of the infertility as well as by those who were the identified cause of the infertility. As Sasha, a heterosexual woman who had a clear diagnosis, stated, "Because the infertility was me, I felt like a failure. It took a lot for him to deal with that, and to be supportive of me, and to make me feel better. It was hard for me to see that it's not just my fault, it's just the way it is, there is nothing we can do, and there's nothing I did wrong" (HW17). Marisela, a trying lesbian partner, similarly described:

Maybe if we'd started when I wanted, we wouldn't have this problem. I think Teresa did feel a little guilty, like, "I screwed up." We did end up waiting longer than I thought. Maybe I could've gotten pregnant if we'd tried earlier. I think she felt some guilt around that. But it's the process that we had to go through and I can't really blame her. (LT30)

Here, Marisela acknowledges that there may be some justification for Teresa's guilt, but demonstrates her desire to forgive her partner for delaying their conception efforts, recognizing it as the "process that we had to go through."

Although both heterosexual and lesbian participants experienced guilt related to infertility, the content and nature of their guilt was different. Heterosexual couples, who are aware of cultural pressures that couples "should" have biological children (Daly, 1988), interpreted their inability to conceive as a "failure," and articulated feelings of guilt for being less than "complete" men and women: The ability to procreate is a symbol of masculinity, whereas the state of being pregnant is a hallmark of femininity (Letherby, 1999). Lesbians' narratives indicate that their guilt was less rooted in a sense of being deficient females and more embedded in their perception that their attitudes ("being negative") and decisions (waiting too long to be ready to parent) had negatively affected their partners. Lesbians' status outside the heterosexual nuclear family may render them less vulnerable to cultural discourses of femininity, while their presence within lesbian social networks may sensitize them to discourses of mutual caring and responsibility (Aronson, 1998).

Several lesbians also described *discrimination in the medical setting* as aggravating the stressfulness of infertility. In pursuing insemination and fertility treatments, lesbians challenge the fundamental interconnectedness

of reproduction, marriage, and family, and, thus, some faced insensitive and unfair treatment by hospitals and fertility clinics. As Ellie stated:

I don't think that they fully understood who we were as a couple, and what I mean by that is, and I explained this to them, like, "We're using you as the vessel to get the sperm to the egg"; like, we're not a heterosexual couple that's been trying for a year and is coming to you now for fertility issues. It is really hard for them to get out of that mindset. (LT8)

Thus, Ellie's frustration arose out of what she perceived to be a misunderstanding of the nature of her relationship, which exists outside of the heterosexual nuclear family ideal, as well as out of a misunderstanding of the "problem": in other words, she and her partner were seeking treatment for a "social problem," not a medical problem (Bourg, 2007). Further, several lesbians noted that health care professionals tended to treat the trying partner as the only prospective parent, thereby rendering the non-trying partner invisible. Such failures to acknowledge both partners served to challenge lesbians' shared commitment to parenthood, and led them to debate the practical and relational consequences of continuing to pursue medically assisted conception.

### **"We came out the other side a stronger couple": Perceived benefits of infertility**

Not all participants constructed infertility as inherently stressful. Consistent with several studies (Greil et al., 1988; Leiblum et al., 1987), some participants – both heterosexual and lesbian – described ways in which the infertility process had solidified and enhanced their relationships. Enduring infertility was perceived as strengthening their relationships, enabling them to "grow closer as a unit" and communicate more effectively. As Tom stated:

The whole process itself has definitely improved our relationship because we've really had to face our issues, really get in and talk about things that matter to us. It's opened up the door of communication because we can't just let stuff slide. We have to talk about it. We have to deal with it. So it's definitely helped me be a better communicator. (HM26)

Thus, Tom constructs infertility as stimulating both personal and relational growth by requiring that he and his wife directly address their "issues."

One theme that consistently emerged as helping men and women to grow from the perceived stress of enduring infertility was the degree to which they perceived a *shared grieving process*, which buffered them from feeling alienated and alone in their sadness. This shared sense of loss was not always immediate, but when partners came together to grieve and relinquish feelings of blame, they perceived themselves as creating closer bonds that served to strengthen their relationship and to alleviate the stress of infertility. As Sasha said, "It was hard not to blame myself and just accept that this is just the way it is. He helped me see that this was our loss, and he was obviously devastated too. So we've gotten closer through the whole thing" (HW17). Similarly, Melissa, a lesbian, stated:

We bonded more because when I was feeling really vulnerable and weak, she, like, climbed in my soul and helped me out. And then when she lost the baby and was feeling that she had let everyone in the whole world down, I would crawl in her heart and pull her out. So I think we've experienced some losses together that have bonded us for life. (LT5)

Thus, relationship growth was at times described as actually predicated on having endured infertility, assuming that partners were able to turn toward one another in their feelings of loss.

### **Turning points: Moving away from infertility**

Regardless of how positively or negatively participants perceived infertility, and how invested they initially felt in becoming biological parents, all couples decided to adopt. A diverse, nuanced range of subjective interpretations emerged with regard to how and why men and women decided to cease their conception efforts and move deliberately toward adoption. These "turning points" were sometimes described as discrete and specific events, but were more often perceived as interpersonal and intrapersonal processes that moved them toward adoption.

Some participants explained that the process of trying to conceive had culminated in *one partner's refusal to go on*, which led the couple to pursue adoption. Such refusal was typically prompted by at least one partner's perception that the couple's (unsuccessful) conception efforts were causing undue stress to their mental health and relationships. Indeed, all of the couples in this category were among those who perceived negative relational consequences of infertility. As Kat, a heterosexual woman, said, "The medications were causing me intense PMS-type symptoms. One day I was having a meltdown and Brad just looked at me and was like, 'You know what? We're done. We don't have to do this again and we're not.' So we just made the decision to go ahead and adopt" (HW13). In this way, Kat viewed Brad as "putting on the brakes" with regard to their conception efforts – a decision that was motivated by concern for her and their relationship, and an act that ultimately relieved her from the pressures of trying to conceive.

Many men and women had established parameters, prior to beginning treatment, for what they would and would not do (e.g., donor eggs, IVF) to conceive. Mirroring Daniluk's (2001) findings, for some these parameters were renegotiated when these endpoints were reached. However, others held firmly to their initial parameters, and once they had reached some *preset endpoint*, they moved on to adoption, rather than considering options that they initially rejected. As Sharon, a heterosexual woman, said:

I went to see a fertility specialist and he immediately started me on Clomid. It didn't work. I went right to IUI [intrauterine insemination] and did 4 inseminations and none worked and then they said I should start IVF, and I said no. Going into it I had told Greg I would not do IVF. It just wasn't for me. We'd already talked about adoption, but that was when we really decided. (HW25)

Sharon describes herself as resisting pressures to continue with treatments, and as having made the choice to stick to her own preset endpoint. This allows her to view herself as maintaining control over the process. Importantly, none of these individuals discussed the negative relational impact of infertility, indicating that they may have avoided relational stress by resisting continued treatment.

Other men and women had not, at the outset, established fixed parameters for how far they would pursue treatment. Rather, some explained that the stress of trying to conceive *gradually led them to rule out certain procedures*. After a period of trying to conceive, they simply “got to a point where that was it.” As one woman said, “I just didn’t want to take drugs or give myself shots in order to get pregnant” (HW28). For some, trying to conceive started to feel “ridiculous” in that they “just wanted to be parents,” a feeling that led them to start seriously exploring adoption.

Some participants, particularly lesbian tryers, indicated that their decision to move to adoption was grounded in their sense that they could no longer take the *lack of guarantee* associated with trying to conceive. Like the previous group, these individuals did not perceive themselves as having necessarily exhausted all of their options, but explained that they had simply reached a point where they felt that they could no longer invest time and financial resources into a fruitless endeavor. They felt that the smartest choice would be to change course and invest in adoption, which increasingly seemed to be “more of a sure thing.” As Anya, a lesbian, noted:

For the same amount you end up paying for insemination and all of that, you can adopt. We just felt like adoption filled many more purposes than becoming pregnant. And it got to the point where I needed to see an end result. With adoption, there was a light at the end of the tunnel. There’s a baby there. With trying to get pregnant it didn’t seem sure. (LT25)

The lack of perceived payoff led Anya and others to regard infertility as a “losing” game and to gradually construct adoption as a promising alternative. The fact that lesbians who were trying to conceive were particularly likely to be frustrated by the lack of guarantee in trying to conceive may be a function of their social context. To lesbians, the notion of adoption may be more readily accessible, and they may thus be more likely than heterosexual women to routinely weigh the costs and benefits of pursuing biological parenthood against those associated with adoption.

Finally, similar to some of the participants in Daniluk’s (2001) study, some participants perceived themselves as having *exhausted all possible fertility options*, and they turned to adoption because there was simply no other road to take – that is, they regarded adoption as the alternative to permanent childlessness (Pavao, 1998). As Jeffrey said, “Our last IVF try had a 2% chance. We said, ‘Let’s go for it.’ We did, and we failed” (HM23). For Jeffrey, and others, the decision to cease conception efforts was not framed as a choice; rather, their efforts were involuntarily terminated when all options had been exhausted. This exhaustive pursuit of biological parenthood appears to have taken its toll on couples’ relationships. Most of these



participants were among those who cited the negative impact of infertility on their relationships.

For lesbians, the decision for one partner to stop trying to conceive did not necessarily imply (i) resignation to childlessness, or (ii) consideration of adoption. In theory, lesbian couples can decide to have *both* partners try to conceive. Remarkably, however, in only three out of 30 couples did both partners try to conceive.

Couples in which both partners attempted to conceive were distinctive in that they were comprised of two partners who very much wanted the experience of being pregnant and giving birth. In two of these couples, one woman tried for many months before experiencing a miscarriage, a painful event that marked the end of their efforts to conceive. After several months, both women (and their partners) made the decision for their partners to try. In describing why she and her partner had both tried to conceive despite always having being “open to adoption,” Terry mused:

I'm not sure that the biological versus adoption thing plays a huge role. I mean, it must in some sense – I mean you have to be honest there. But I just think that the ultimate goal was to have a baby in the house. And it just so happened that [trying] was the freeway that we were on at the time. Then we kind of ran into a dead end and just picked an alternate route. It would have been great. It would have been fantastic. But it didn't work out. (LT5)

Thus, Terry understands the fact that they did not switch to adoption sooner as being related to the fact that they were on one “freeway” that needed to run its course. Contrary to research suggesting that adoption may be more readily pursued by lesbians in that they experience less social pressure to conceive (Hayden, 1995), Terry and her partner went through a long process of trying to conceive a biological child. Further, even if Terry and her partner do not discuss the importance of biological motherhood, their behaviors suggest that they prioritized biological motherhood over social motherhood (Letherby, 1999). Only in retrospect did Terry re-examine her relationship to biology, as she highlights her perception of the relative unimportance of biology.

In most couples, women chose only one partner to attempt conception. In 10 couples, women emphasized that the non-trying partner had *no desire to be pregnant*. As Patty stated, “We were always completely interested in adoption. But Fran always had a desire to carry a child. I really want to be a parent, but I've never felt that need. That didn't change after she stopped trying” (LN4). Thus, for many lesbians, giving birth to their children was seen as unimportant and even undesirable. For them, social motherhood took precedence over biological motherhood.

In eight couples, women explained that the non-trying partner had *pre-existing health issues* (e.g., hysterectomy, ovarian cancer), which prevented her from trying to become pregnant, or she was on medications that would make conception difficult. In five couples, one partner's *age* was regarded as a barrier to successful conception. In two cases, non-trying partners empha-

sized that they had *demanding careers or work schedules* that they were reluctant to compromise. In one case, Caroline was reluctant to have her partner, Shea, become the biological parent out of concerns that Shea's family of origin would fight her for custody if anything happened to Shea: "My fear was, if she had a baby and something happened between us, and she died, her parents would fight me. Her family has considerable wealth, which I wouldn't be able to compete against. Once I told her my fears, it made sense to her that I'd be the one to try and get pregnant" (LT14).

### **A change of course: Turning toward adoption**

Thus, the prior section describes a variety of reasons that lesbian women gave for not "switching wombs," preferring to turn to adoption instead. Many lesbian women also noted that while they and their partners had started with alternative insemination as the route to parenthood, they had never been highly invested in biological parenthood; indeed, they emphasized that they had always been interested in adoption. Many heterosexual women and men also deemphasized the relative importance of a biological link to their child. However, this attitude was not present until later on in the fertility process, as will be discussed.

Some lesbians explained their choice to pursue alternative insemination initially as related to their perception of this as an easier, less expensive route to parenthood than adoption. As Gina explained, "We tried insemination six times, and it was really painful and uncomfortable, and I didn't like it. I've never really felt a need for a biological tie to feel like it was my child. This was just the easiest option, it seemed, at the time" (LT12). Many non-trying partners also noted that it was their partners' drive to be pregnant that led them to pursue biological parenthood; adoption had always appealed to them personally both "philosophically and politically." In describing adoption as their personal preference, these women resist the dominant discourse of the biologically related nuclear family. A few women conceptualized their openness to adoption in terms of the values of the lesbian, gay, bisexual, transgender (LGBT) community. As Carrie stated:

Some relationships are strong just based on social factors, not necessarily who you're born to. That idea is not outrageous from an LGBT standpoint, that you can find people who are significantly more familial based on common interests and experiences, but feel like total strangers in your biological family. So the idea of adoption isn't hard to me. (LN23)

Thus, Carrie understands her attraction to adoption in terms of the kinship norms of the LGBT community, whereby relational/affective ties are prioritized over biological ties. Within this context, adoption is perceived as socially accessible and acceptable (Gates et al., 2007).

Several lesbians explained their relative lack of attachment to biological parenthood in terms of their realization that any child that they or their partners conceived would not be biologically related to both of them. As Julia explained, "From the beginning it was only going to be biologically mine, and not Becca's. There was some disappointment in that it would

never be a perfect blend of both of us. So adoption wasn't an issue at all. We were really just firm in that we just want to be parents" (LT17). Awareness of the "biological impossibility" of a child born of their union, then, allowed Julia and others to construct adoption as a favorable alternative. At the same time, however, in wishing that her child could be a "perfect blend" of her and her partner, Julia reifies the discourse that prioritizes biological connections.

Thus, for many lesbian women, the move to adoption was not so much a leap, but a change in course. Their relative lack of investment in biological parenthood, coupled with openness to adoption, made the transition from trying to conceive to adoption relatively easy. In contrast, while many heterosexual participants eventually came to downplay the importance of biological connectedness, this attitude was not present until further in the fertility process. Yet, although their initial decision to pursue biological parenthood was less self-conscious than lesbians' (no one referred to this as a "decision" at all), when faced with the possibility that they could not conceive, these heterosexual participants did not reportedly experience the idea of adoption as second-best. Rather, they described it as simply "another way to start our family." Further, some individuals recalled discussing the possibility of adopting with their spouses many years before they tried to conceive. As Emma noted, "We'd always kind of talked on and off about, maybe we'd have a couple of kids, and maybe we'd also adopt one. So it wasn't this huge alien idea for either of us" (HW10). In several cases, openness to adoption was related to prior health concerns (e.g., ovarian cancer, having a T-shaped uterus), which had sensitized heterosexual couples to the possibility that they might be unable to conceive.

Although it is important to highlight heterosexual couples' constructions of adoption as a "welcome" alternative, it is also notable that, in contrast to lesbian couples, they did not ever consider *not* trying to conceive. Heterosexual couples (particularly women) are socialized within sociocultural frameworks that do not similarly govern their lesbian counterparts. Thus, they may more fully experience the tension of engaging with such normative discourses and social norms, leading them to internalize the expectation that they should have children and the notion that biological ties make a "real" family (Letherby, 1999). Importantly, several heterosexual women who viewed themselves as always having been open to adoption were among the women who perceived themselves as having exhausted all possible options with fertility treatments. This inconsistency suggests some ambivalence about adoption. At the same time that they espouse a long-standing openness to adoption, these women admit to extensively pursuing biological parenthood, which speaks to the significance of the dominant discourse that prioritizes biological ties as fundamental to kin relations. Given that participants were interviewed when they had already begun the adoption process, their current enthusiasm for adoption may have altered how they reconstructed their past perceptions of the salience of biology. Somewhat consistent with this interpretation, Parry (2005) observed that heterosexual women who conceived after enduring infertility seemed even more commit-

ted to the importance of biological parenthood than they would have been if they had conceived without difficulty. Indeed, lesbians were similarly reconstructing their past perceptions from the present time-point of pursuing adoption, yet their narratives suggest that their beliefs about the non-importance of biological parenthood led them to consider adoption sooner and with less stress. In that lesbians are shaped by different sociocultural frameworks, they may have begun their parenthood pursuits with more flexible notions of family.

**Perceived stressors in turning toward adoption.** Some participants, then, did not construct adoption as second-best. Others, though, struggled in turning toward adoption. Members of couples in which one partner had *unresolved feelings about infertility* articulated difficulties in this transitional stage. They found it challenging to “totally let go of” trying to conceive, such that they “still think about it and wonder if we’ll try again.” In this context, adoption was experienced emotionally as second-best, even when participants expressed that intellectually they did not perceive adoption as a less valid way to create a family. Some participants were surprised by their difficulty “letting go.” As Lana, a lesbian, stated:

I always felt drawn to adoption. I didn’t so much have the desire to give birth myself, but Mimi really wanted to get pregnant. It took me a while to come over to that, to be like, OK, I can support that, I’d be totally willing to do that. So then I got really invested in that, and it was difficult for me to return to back to where I was, to move back to being okay with adopting. I was really sad she couldn’t get pregnant. (LN16)

Thus, Lana describes a journey whereby she came to (re)construct her vision of parenthood, only to have that vision challenged, thus requiring her to (re)imagine parenthood once again.

For some individuals, unresolved feelings about infertility continued to persist, or surface occasionally, many months into the adoption process. As Kevin, a heterosexual man, remarked:

I still grieve the loss of the dream of doing it quote unquote normally. That’s lasted longer for me than Marla. Her decision was more complete. She grieved the loss of the biological link and moved on. For me, when we were in the beginning stages of adoption, I’d get feelings of anger and resentment that we couldn’t do it normally. I felt kind of cheated about that stuff, which was a barrier to me totally investing in adoption early on. (HM4)

Similar to Lana, Kevin clings to an idealized (biological) notion of parenthood. However, unlike Lana, he feels entitled to biological parenthood, perhaps owing to his status as a heterosexual male.

For some female participants, it was the “*lukewarm response*” they received when they shared their plans to adopt with friends and family that made the transition to adoption stressful. Some women encountered a negative or less-than-enthusiastic reception that communicated the prevailing ideology that adoption is “not quite as good as having your own.”

As Riva, a heterosexual woman, said, “There are some people on my husband’s side that really were against it at first and didn’t understand why we wouldn’t pursue fertility treatments. He has a rich aunt who offered to pay for every part of the infertility. We thought it was kind of funny that there were no offers to help pay for adoption” (HW8). In other cases, participants described being met not so much by pressures to continue trying, but by general concerns about adoption, such as worries about the birth-mother “stealing” back her child. Such reactions discouraged couples from sharing their plans with others, and in a few cases, led them to second-guess their decision to adopt.

Finally, many lesbians described encountering *unique hurdles related to their sexual orientation* when they made the transition from trying to conceive to actively pursuing adoption. They faced practical barriers, such as locating a gay-friendly adoption agency, getting their home study approved and deciding how “out” to be in order to do so, obtaining legal recognition of both parents (an impossibility in US states that do not allow same-sex couples to adopt), and being chosen by birth parents. The prospect of such challenges had deterred some couples from pursuing adoption initially, and such concerns were often realized. For example, several lesbians described homophobic encounters with adoption workers that frustrated and “depressed” them:

We had a horrible experience with one agency that was kind of homophobic, but they said that they weren’t. They said that you have to be done with trying to conceive before you start adopting, we want you to be 100% behind adoption. Which was just absurd, because we felt like, straight couples can sleep together and get pregnant by accident. (LN22)

### **“I can finally feel optimistic again”: Perceived benefits of pursuing adoption**

Although the processes of mourning infertility and deciding to pursue adoption were regarded as difficult by many participants, others felt that moving toward adoption had a positive and healing impact, in that it offered a welcome alternative to the unending pursuit of biological parenthood. Notably, participants who emphasized the negative relational impact of infertility were particularly likely to remark upon the ways in which pursuing adoption had benefited their relationships and sense of self. Committing to adoption allowed them to “get off the roller coaster” of infertility and to gain a sense of renewed hope for a family. Even while it was “slow and uncertain,” adoption offered relief from the disappointment of infertility, allowing couples to “look forward, not back.” As Joanne, a heterosexual woman, mused:

In some ways, after having gone through all the infertility stuff, this is almost easier. You know, being really fearful that you are going to have yet another miscarriage ... and you are aware that it is all totally out of your control. [The adoption process] is a different experience. ... It’s uncertain, but there’s not as much fear. (HW11)

Thus, although conceiving a child was initially Joanne's preference, once she made the shift to adoption, she came to construct adoption as a positive choice that allowed relief from the stress of infertility. This mirrors previous findings that suggest that adoption can provide infertile couples with a sense of renewed hope and direction (Daly, 1988; Daniluk & Hurtig-Mitchell, 2003).

Aspects of the adoption process (such as the paperwork and counseling involved in the home study) were sometimes viewed as helpful in healing the distance that had grown between partners during the infertility process. By requiring couples to reflect upon the road that had led them to adoption, as well as their shared future, the home study was perceived as fostering sharing and communication: "It makes you take a close look at your relationship, ask a lot of questions of yourself and each other. It's made us a lot closer in terms of knowing what we want" (HW10).

Finally, some lesbians observed that one of the benefits of moving to adoption was that it eliminated the role differentiation that they had endured while one partner tried to conceive. By encouraging both partners to become equally engaged in the process, adoption facilitated the kind of egalitarianism that is important to many lesbians (Patterson, 1995). As Peggy, who had tried to conceive, stated: "I think of all the ways to have a child, this is the best case scenario for us. I think that even though the adoption process is really difficult, there will be pros to it, and that is that neither of us will be the biological mother. And so that'll help with the power balance" (LT2).

## Conclusion

Examination of lesbian and heterosexual preadoptive parents' constructions of adoption in the wake of infertility points to the ways in which individuals (re)construct the significance of biological ties through their encounters with infertility. Our findings suggest that in confronting infertility, both lesbian and heterosexual participants come to construct infertility, adoption, and parenthood in ways that both reflect and subvert dominant understandings of motherhood and parenthood. All couples that strove to conceive prior to adopting were at least symbolically affirming the significance of biological parenthood, but participants came to challenge or question this significance to varying degrees (i.e., lesbians more often than heterosexuals). By displacing biology as the defining feature of family, participants challenged the "exclusive correlation that is assumed between heterosexual procreation and the production of kin ties" (Hayden, 1995, p. 45). Indeed, our findings suggest that encountering infertility requires that men and women reconstruct their conceptualizations of parenthood and family. Couples thereby reevaluate and ultimately shift their parenting trajectories as they move toward adoption as a viable means to become parents (Parry, 2005).

While all participants ultimately chose to pursue adoptive parenthood, thereby theoretically embracing ideas about family that are not predicated on biological ties, our findings suggest that biological parenthood is

nevertheless more salient to heterosexual men and women than lesbians. Clearly, some lesbians *were* highly motivated to have a biological child, as indicated by the fact that they all pursued biological parenthood prior to adoption. Yet, many lesbians, particularly non-trying partners, were highly invested in the possibility of adoption from the beginning of their parenthood pursuits, and had only pursued biological parenthood initially because they perceived it as easier or because their partners wished to be pregnant. Adoption may be appealing to lesbians precisely because it allows a family dynamic wherein there is not a primary attachment figure predicated on the biological relatedness of one mother. Lesbians' openness to adoption contrasts with research on heterosexual couples, for whom the reason for pursuing adoption is almost always infertility (Cudmore, 2005). Although lesbians are inevitably exposed to cultural ideals regarding the significance of biological ties to kin relationships, they are also somewhat insulated from the pressures that go along with these ideals. As members of the LGBT community, they are exposed to alternative notions of family (Weston, 1990). Further, as women in relationships with women, biological parenthood is neither assumed nor expected (Parry, 2005), thus enabling them to develop broader notions of family.

Lesbians' unique relational status also appears to influence how they negotiate infertility. For example, whereas some men pushed their wives to continue their conception efforts, non-trying partners did not describe engaging in a similar dynamic. Rather, they often focused on supporting their partners' efforts to conceive and then supporting (if not eliciting) the decision to turn to adoption. As a result, the decision to cease conception efforts and pursue adoption did not seem to cause the same relational conflict as it did for some heterosexual men and women. This may in part reflect the fact that non-trying partners are not genetic stakeholders. Alternatively, the lack of conflict may reflect lesbians' shared sense of involvement in the process as two women. Research suggests that women's desire for children is often rooted in an existential desire to nurture life and create a family, whereas men's desire for children may be more rooted in the perceived importance of "genetic continuity" and a sense of "dynastic duty" (Wirtberg, 1999). Thus, it appears that the meaning and relational impact of infertility are shaped by the relational context of the individuals who are experiencing it, and by the genetic investment of each partner.

Thus, lesbian couples' unique relational context, as well as their membership in communities that promote more expansive notions of family (Weston, 1990), may be viewed as protective with regard to their experience and construction of infertility and adoption. However, lesbians also experience unique vulnerabilities. For example, women in this study perceived discrimination in their efforts to obtain infertility and adoption services, which functioned as obstacles to achieving parenthood (Goldberg et al., 2007). Such pragmatic barriers are merely one representation of the broader social stigma that lesbians encounter in their quest to parent.

There are several limitations of the current study. Firstly, our analysis largely focused on individuals' subjective constructions of infertility and

adoption, and did not explicitly examine the meaning or implications of shared or non-shared perspectives within couples. Focused analysis of the relative congruence between partners' perspectives is certainly important, but was beyond the scope of our study. Future research should attend more deeply to this dynamic. We also did not examine how gay men decide to move from trying to have one partner have a biological child via surrogacy to adoption. Future research should examine gay men's perceptions of the salience of biological versus social parenting. It is possible that the financially prohibitive nature of surrogacy for gay male couples (in contrast to the less expensive option of alternative insemination for lesbian couples) leads most gay male couples to rule out biological parenthood earlier on in their parenthood pursuits. In turn, many gay men may come to perceive social parenthood (i.e., via adoption) as the only viable route to parenthood, and may therefore be motivated to view it as the ideal route to parenthood. In addition, our study analyzed participants' prospective accounts of the adoption process, but their retrospective accounts of the infertility process. Future research should follow couples prospectively as they undergo infertility treatment and then decide whether, and when, to adopt. Finally, given that our study included couples who had not yet adopted, future work might explore the perceptions of lesbians who have already adopted.

Despite these limitations, this study furthers our understanding of how lesbian and heterosexual individuals construct the process of moving from infertility to adoption. Our findings indicate that lesbians may develop similar perceptions of infertility and adoption compared to heterosexual men and women, but their responses indicate that they may be less committed to biological ties in creating their families. Further, although the process of turning to adoption was perceived as stressful for some lesbians due to heterosexist legal policies and social norms, women generally described feeling less invested in biological parenthood and more open to adoption, which may have long-term effects on their personal, relational, and familial well-being. For example, lesbian women may be less likely to experience long-term feelings of sadness or loss related to not having experienced pregnancy. Our findings have significance for physicians, nurses, and other medical workers who previously may not have understood the unique position of lesbian couples who are trying to conceive. They also carry implications for adoption professionals, in that they point to both the challenges and strengths of heterosexual and lesbian couples who seek to adopt after infertility.

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