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Intimate Relationship Challenges in Early Parenthood Among Lesbian, Gay, and Heterosexual Couples Adopting via the Child Welfare System

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Little research has examined the transition to parenthood among couples who adopt through the child welfare system. The current qualitative study of 84 individuals within 42 couples (17 lesbian, 13 gay, and 12 heterosexual), who were placed with a child via foster care 3 months earlier, examined perceived changes in their intimate relationship. Findings indicated that, like heterosexual biological-parent couples, some adoptive parents perceived the loss of their partner's undivided attention as stressful to the relationship. Adoption-specific stressors were also identified, including the need to find state-approved child care to facilitate "couple time" and the legal insecurity of foster-to-adopt placements. Although our findings were similar for heterosexual, lesbian, and gay adoptive parents, same-sex couples cited some additional stressors related to their sexual minority status. Findings have implications for individual, couple, and family practitioners who work with lesbian, gay, and heterosexual adoptive parents, particularly during their transition to parenthood.

Keywords: adoption, child welfare, foster care, gay, lesbian, relationship quality

It is well-established that when couples become parents, their relationship changes and sometimes undergoes stress (Cowan & Cowan, 2000). Little research has examined relationship quality among couples who adopt their children, and, in particular, couples who adopt through child welfare. Such work is important, in that these couples may be under added stress (e.g., because of the characteristics of their adopted children, or the process of adopting via child welfare), which may negatively impact their relationships. This exploratory study aims to address this research gap by examining the individual narratives within 17 lesbian couples, 13 gay couples, and 12 heterosexual couples who had been placed with a child via child welfare 3 months earlier, whom they intended to adopt. We focus on their reflections about how the transition to parenthood has influenced their relationship, and we explore the degree to which these elements are adoption-specific or reflect the general stresses of new parenthood. Also of interest is whether lesbian and gay parents describe additional challenges (e.g., difficulty accessing gay-inclusive support services), and whether such challenges create stress in couples' relationships. We next review the relevant literature, including research on the transition to parenthood and parents' relationship quality and the few studies that have examined this transition in adoptive couples.

The Transition to Parenthood

According to family systems theories (Brown, 1999; Whitchurch & Constantine, 2005), families are systems of interconnected and interdependent persons, none of whom can be completely understood in isolation from one another. Thus, any change in the family situation, such as the transition to parenthood, requires readjustment of the total system, and creates new challenges for all members (Cowan & Cowan, 2012; Whitchurch & Constantine, 2005). Indeed, the birth or adoption of a child into the family may introduce fluctuating periods of disorganization and stability as members (re)establish their relationships with one another and create a "new normal" (Timm, Mooradian, & Hock, 2011). For example, the addition of a child into the parental dyad may result in a disruption of intimacy and communication (Claxton & Perry-Jenkins, 2008; Nyström & Ohrling, 2004), whereby couples expe-

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rience a loss of a sense of romance and more of a sense of "partnership" (Ward, 1998). The transition to parenthood may also activate dyadic imbalances within the family, such as enhanced closeness between two members (e.g., one parent and the child) at the exclusion of a third member (e.g., the other parent), which may cause relational conflict (Goldberg, Downing, & Sauck, 2008; Robin & Foster, 2002).

Given the varied shifts in couple and family dynamics that may occur when a child is introduced into the parental dyad (Cowan & Cowan, 2012; Lawrence, Nylen, & Cobb, 2007), it is perhaps not surprising that relationship quality tends to decline, on average, across the transition to biological parenthood (Cowan & Cowan, 2000; Doss, Rhoades, Stanley, & Markman, 2009). However, of note is that when asked, new parents in some studies mention positive benefits to their relationship, including having a common focus or goal (Cowan & Cowan, 2012; Nyström & Ohrling, 2004). Thus, when partners in a couple turn toward each other with a shared goal, and support each other through a stressful transition, their relationship may thrive (Gottman, 1999).

The Transition to Adoptive Parenthood

Limited work has examined the transition to parenthood among couples who adopt, despite the fact that adoptive parents' journey to parenthood differs from that of biological parents in key ways, which may have implications for their personal and relational adjustment. Adoptive parents face an undefined waiting period for a child (e.g., they may be placed with a child in 2 weeks or 2 years); thus, the timing of the transition to parenthood is unpredictable, which may cause stress. Also, prospective adopters must interface with social service agencies, which are in the position of determining if they are "fit" to parent, potentially causing strain (Goldberg, 2010).

Parents who adopt via child welfare (and, specifically, parents who foster their children before adopting them; also called foster-to-adopt parents[1]) may encounter unique challenges that add stress to the transition to parenthood (Goldberg, Moyer, Kinkler, & Richardson, 2012). Children adopted via child welfare tend to be older than children adopted via private domestic or international adoption (Howard, Smith, & Ryan, 2004). These children are typically available for adoption because of their parents' inability to care for them (e.g., due to poverty or mental illness) or because of parental abuse or neglect (U.S. Department of Health & Human Services, 2012), and thus their early lives have often been marked by instability and adversity. Such experiences help to explain why these children often manifest behavioral and attachment issues (Nalavany, Glidden, & Ryan, 2009). The placement of children who have difficult histories can place strain on family boundaries and add stress to the family unit (Howard & Berzin, 2011), as they may "bring . . . unhealthy patterns of interaction from their pasts with them" (Ward, 1998, p. 67). Consistent with this, an older age at placement, an abuse history, and attachment/behavioral difficulties have all been linked to less parenting satisfaction and a higher chance of adoption disruption (Howard & Berzin, 2011). Parents who adopt via child welfare may also deal with challenges related to legal insecurity and the social service system, which can create stress. Namely, lack of certainty related to legalization (among parents who foster their children before adopting them) and difficulties communicating with social workers have been cited as stressors by parents adopting via child welfare (Goldberg et al., 2012).

Little research has examined the ways in which adopting a child may impact the couple relationship during the transition to parenthood. Goldberg and colleagues (2010) studied lesbian, gay, and heterosexual couples who had become parents via both child welfare and private adoption. They found that regardless of couple type or adoption type, parents who were more satisfied with their adoption agencies reported better relationship quality postplacement. This highlights the important role of agency services in supporting new parents' relationship health. In a study of child welfare adopters, Timm, Mooradian, and Hock (2011) interviewed women who had adopted within the past 3 years and found that 61% of mothers described unmet expectations as a strain on their relationships. Dealing with disappointment with respect to their children and their roles as parents were particularly wearing on their relationships with their husbands. However, all of the mothers who reported such challenges also expressed that working through them eventually strengthened their marital relationships, suggesting that the mere existence of challenges does not necessarily lead to relationship breakdown.

More research that addresses the transition to adoptive parenthood for couples adopting through the child welfare system, with particular emphasis on the factors that appear to impact intimate relationships, is needed. Further, given that same-sex couples are increasingly adopting (Gates, Badgett, Macomber, & Chambers, 2007), research on their experiences during this transition is particularly important. Same-sex couples who adopt via child welfare may experience unique stresses, such as encountering inadequate support services, which may place strain on their relationship, thus threatening the stability of the adoptive placement and the family system as a whole.

Thus, the current study examines perceived relationship functioning during the transition to parenthood among couples who are adopting through the child welfare system. In addition to exploring parents' perceptions of changes in their intimate relationships, we also examine the degree to which they employed sources of support (e.g., therapy, support groups) during the postplacement period, and their perceived utility. Our primary research questions were as follows:

(a) How do participants perceive the transition to adoptive parenthood as impacting their relationships? What relational challenges and strengths do they describe?

(b) To what extent do participants' relational experiences appear to reflect normative stresses associated with the transition to parenthood, versus stresses specific to adoption, child welfare adoption, and/or lesbian/gay parenting?

(c) What sources of support do participants draw on to ease their transition to parenthood? To what extent do themes related to relational experiences and support-seeking vary by parent sexual orientation, child age, or number of children placed?

[1] Foster-to-adopt programs place children with prospective adoptive parents, on a foster care basis, before the children are legally free to adopt. Thus, individuals and couples who seek to adopt via the child welfare system, and who are caring for children whom they express an intention to ultimately adopt, are called foster-to-adopt parents.

Method

Data from 84 individuals (34 women in 17 lesbian couples; 26 men in 13 gay male couples; 12 women and 12 men in 12 heterosexual couples) were analyzed. This sample was selected from a larger study of couples who had recently adopted via child welfare, domestic private, or international adoption. The goal of this larger study was to explore various aspects of the transition to parenthood in a diverse group of adoptive couples (Goldberg et al., 2010, 2012). Approximately one quarter of the larger sample had been placed with children via child welfare whom they intended to adopt. Thus, we used data from these couples (n = 42) in the current study.

Recruitment and Procedures

Inclusion criteria were (a) couples must be adopting their first child and (b) both partners must be becoming parents for the first time. We recruited participants during the preadoptive period by asking adoption agencies throughout the United States to provide study information to clients who had not yet adopted. We utilized U.S. census data to identify states with a high percentage of same-sex couples (Gates & Ost, 2004), and we made an effort 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 details regarding participation. Both heterosexual and same-sex couples were targeted through these agencies to facilitate similarity on geographical location and income. Because some same-sex couples may not be "out" to agencies about their sexual orientation, several national gay/lesbian organizations also assisted with recruitment.

Participation entailed a semistructured telephone interview 3–4 months after participants were placed with a child. Interview questions focused on various aspects of the transition to parenthood, such as relationship functioning and well-being. Participants were interviewed separately from their partners and encouraged to discuss their personal perspectives on their relationships. We interviewed partners separately because we believed that individual interviews might prompt them to share experiences and views that they would be uncomfortable voicing in the presence of their partners. Interviews lasted 1–1.5 hours.

Description of the Sample

Demographic data, by family type, are in Table 1. Participants were 37.55 years old, on average, and had been in their relationships for a mean of 7.88 years. Eighty-six percent of the sample was White; 14% were of color. Participants' mean annual salary was $53,595 (*Mdn* = $52,000), and couples' mean family income was $107,220 (*Mdn* = $96,750). Participants waited an average of 16.82 months (*Mdn* = 12) for a placement. Three months postplacement, all but two were parenting children whose adoptions had not been legally finalized.

Fifty-two percent of couples were placed with a boy, 41% with a girl, and 7% with a boy-girl sibling set. Children's mean age at placement was 55.57 months (4.63 years; *Mdn* = 30 months; range: 1 day to 16 years old). Twenty couples (eight lesbian, six gay, six heterosexual) adopted infants/toddlers; 17 couples (six lesbian, seven gay, four heterosexual) adopted school-age children (age 4–12); and five couples (three lesbian, two heterosexual) adopted teenagers. Fifty percent of the children were White, 30% were multiracial, 10% were Latino, and 10% were African American. The racial breakdown of parents versus children in this sample is similar to other studies of lesbian, gay, and heterosexual adoptive families (see, e.g., Farr & Patterson, 2013), and similar to patterns for adoptions via child welfare in the U.S. population overall (Gates et al., 2007). That is, about half of all child welfare adoptions are transracial adoptions in which children of color are placed with White parents (Gates et al., 2007). Participants cited the following reasons for why the child was placed in state custody (most named multiple reasons): birth parents' drug use (40%), abuse/neglect (35%), poverty (25%), birth parents' mental illness (14%), domestic violence (13%), homelessness (10%), and birth parents' incarceration (10%). Forty percent of children had one prior placement; 35% had two to four prior placements; 10% had five to 10 prior placements; 10% had 11 to 30 prior placements; and 5% had none. Three of the 42 placements (two lesbian couples, one gay couple) eventually disrupted. Four couples (three lesbian, one heterosexual) eventually dissolved their relationships.

Open-Ended Interview Questions

Participant interviews were conducted and transcribed by the principal investigator and trained graduate student research assis-

Table 1
Demographic Data, by Family Type

	Lesbian couples (*M*, *SD*, or % of n = 34)	Gay couples (*M*, *SD*, or % of n = 26)	Heterosexual couples (*M*, *SD*, or % of n = 24)	Total sample (*M*, *SD*, or % of n = 84)
Age (yr)	36.00 (6.19)	38.00 (5.08)	39.25 (6.91)	37.55 (6.17)
Relationship length (yr)	7.13 (3.78)	8.27 (4.06)	8.50 (3.49)	7.88 (3.80)
Personal income	$38,854 ($22,771)	$ 65,423 ($36,801)	$ 61,667 ($30,692)	$ 53,595 ($32,044)
Family income	$77,704 ($19,926)	$130,865 ($50,127)	$123,417 ($49,624)	$107,220 ($46,957)
Wait time for child (mo)	12.48 (8.80)	13.47 (8.42)	25.71 (25.30)	16.82 (16.6)
Age of child at placement (mo)	53.09 (63.14)	45.77 (44.41)	69.71 (64.87)	55.57 (58.61)
Children's prior placements	5.47 (9.02)	2.92 (2.52)	4.52 (5.97)	4.40 (6.70)
White (adults)	88%	77%	92%	86%
White (children)	24%	62%	75%	50%
Boys	35%	77%	50%	52%
Girls	47%	23%	50%	41%
Siblings	18%	0%	8%	7%

tants. 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 pertaining to their experiences as foster-to-adopt parents, their transition to parenthood, and changes in their intimate relationships: (a) How is parenthood? (*Prompts: Is there anything that has surprised you?*), (b) How has your relationship changed since becoming a parent? (*Prompt: What issues have come up?*), (c) What has it been like for you, trying to balance work with parenthood and your relationship with your partner? (d) How do you see your parenting role/style—how you "are" as a parent—as different from your partner's parental role? (e) How is your relationship with your child different from your partner's relationship with your child? (f) Has your experience attaching to your child been different from your partner's? (g) Have you and your partner had any differences of opinion about child rearing issues? (h) Have there been changes in whom you are spending time with and relying on for support?

Data Analysis

Interviews were transcribed and analyzed using a thematic analysis (Bogdan & Biklen, 2003) of the data by focusing on participants' descriptions of their experiences as foster-to-adopt parents. A social constructionist lens, as well as our knowledge of the empirical literature on the transition to parenthood and adoption, focused our analysis. According to a social constructionist perspective, individuals' beliefs and experiences are not static, but take shape over time and according to social context (Schwandt, 2000). Thus, we attended to how participants constructed narratives about their (changing) intimate relationships across the transition to parenthood, and how the placement of a child initiated perceived shifts in relationship dynamics (Cowan & Cowan, 2000). We also examined the degree to which partners within couples described similar versus divergent themes. That is, when applicable, we took note of whether partners within couples constructed convergent narratives for each theme that emerged. We also attended to whether themes varied by parent sexual orientation and number and age of children.

To develop themes, we used a process of analytic triangulation, by which each of the four authors independently coded the data. This process of analytic triangulation ensures that multiple interpretations are considered, thus enhancing the credibility of the analysis (Patton, 2002). Indeed, the four coders constitute a diverse group of individuals (e.g., with regard to sexual orientation and parenting statuses), which ensured that multiple perspectives were represented. We discussed our social positioning and the possible influence of our own biases throughout the coding process. We engaged in an iterative process of coding that involved a continual back and forth between the data and our emerging analysis. 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. We discussed the emerging codes and our differences in interpretation at regular coding meetings, verifying the most substantiated codes as the scheme emerged. Once we had developed clearly articulated codes, we applied focused coding, using the most significant codes to sort the data. The focused codes, which can be understood as being more conceptual and selective (Charmaz, 2006), became the basis for what we refer to as "themes." The final scheme was established once we had verified agreement among all of the independently coded data (see Table 2). We do not discuss themes that applied to fewer than three participants.

To illustrate our process of moving from initial coding to focused coding, we provide an example. In initial coding meetings,

Table 2
Themes and Formal Support Endorsed by Participants, by Family Type

	Lesbian (n; % of n = 34)	Gay (n; % of n = 26)	Hetero men (n; % of n = 12)	Hetero women (n; % of n = 12)	Total sample (n; % of n = 84)
Placement has created shifts in time, energy, and space					
No "couple" time	8 (24%)	11 (42%)	3 (25%)	4 (33%)	26 (30%)
Child is focus of our attention	2 (6%)	6 (23%)	0 (0%)	2 (17%)	10 (12%)
Child is main subject of conversation	3 (9%)	0 (0%)	0 (0%)	1 (8%)	4 (5%)
Placement of child has created shifts in family roles					
Differences in parental roles	4 (12%)	1 (4%)	2 (17%)	3 (25%)	9 (11%)
Differences in willingness to bond	2 (6%)	1 (4%)	0 (0%)	1 (8%)	4 (5%)
Differences in desire to parent/disrupt the placement	3 (9%)	1 (4%)	0 (0%)	0 (0%)	4 (5%)
Child's behavior has created stress					
Child more attached to/prefers one parent	8 (24%)	6 (23%)	2 (17%)	2 (17%)	18 (21%)
Child is "splitting" us	2 (6%)	1 (4%)	3 (25%)	2 (17%)	8 (9%)
Navigating the transition brought us closer	4 (12%)	3 (12%)	1 (8%)	4 (33%)	11 (13%)
	Lesbian couples (n; % of n = 17)	Gay couples (n; % of n = 13)	Hetero couples (n; % of n = 12)		Total couples (n; % of n = 42)
Types of support					
Child therapy	6 (35%)	6 (46%)	2 (17%)		15 (36%)
Family therapy	4 (24%)	5 (38%)	2 (17%)		11 (26%)
Individual therapy	4 (24%)	2 (15%)	0 (0%)		6 (14%)
Couples therapy	1 (6%)	0 (0%)	1 (8%)		2 (5%)
Support group	5 (29%)	2 (15%)	3 (25%)		12 (29%)

Note. Hetero = heterosexual.

all authors discussed thoughts about passages of text, such as this response from a woman named Esther about how her child's disruptive behaviors had interfered with her relationship with her husband: "We can't get respite care because of Connie's behaviors. Because it's too risky to put her in another home—[said] our worker . . . we pretty much had this whole nightly routine that's been totally destroyed." Our coding of this passage yielded the initial codes of "can't get babysitter," "inability to plan," "less time together," and "disrupted schedule." These initial codes were short and precise, the goal being to stay close to the data and to capture parents' perceptions. After completing several rounds of coding, we discussed which codes should be integrated, and the process of focused coding began as all authors returned to the data, applying the most significant, frequent codes (Charmaz, 2006). The codes that we initially applied to Esther's narrative were abstracted under larger codes (e.g., "challenges securing couple time" [major code], "due to difficulty obtaining babysitters" [subcode]). At this stage, we attended to connections among codes according to age and number of children and couple type.

Because partners within a couple often described unique interpretations of their experiences, we indicate how many individuals endorsed each theme as well as how many of them were part of a couple in which both partners endorsed the same theme. This allowed us to analyze individual perceptions while simultaneously highlighting congruent perceptions within couples.

Results

As Ward (1998) notes, "the transition to parenthood, regardless of the route, has common features arising from the addition of a new dependent member to a family system" (p. 58). In turn, because this new member has needs that require adjustments in individual and group interactions, "the preexisting steady state of the family (including the nature of marital interaction) can no longer be maintained" (p. 60). We thus address both general stressors and adoption-specific stressors associated with the transition that were invoked as causing strain to the union.

Placement of Child Has Created Shifts in Couples' Use of Time and Energy

The arrival of their children required that parents renegotiate time and energy allocations (see Table 2 for themes). Participants noted that they had less time to spend with their partners, and their energy was spent focusing on the child, which caused stress to the relationship. Such stress was perceived regardless of parent sexual orientation and the number/age of children.

No "couple time." Twenty-six participants (eight lesbians, including two couples; 11 gay men, including two couples; one heterosexual women; and two heterosexual couples) lamented the lack of "couple time" that they now had (given that they were "always working or taking care of [child]") and pointed to ways in which this had impacted their relationships. All of these parents been placed with a single child, whose age ranged widely (eight infants, five toddlers, seven school-age children, and six teens); thus, this theme was prominent across children of varied ages.

These parents noted that, whereas they "used to spend a lot of time together," they had "lost our independence as a couple." In turn, they had less time to communicate with their partners and to enjoy their company. Trina, a lesbian who was placed with an infant boy, exclaimed, "Everything we do now, we take him with us. We don't spend the same kind of quality time together. We'll be like, 'I miss you.'" In the few cases where both partners in a couple endorsed this theme, both partners tend to describe their efforts to discuss this issue with their partner. That both partners discussed their lack of couple time reflects their mutual awareness of, and communication about, this issue. Evan, a gay man who was placed with an infant, stated, "We have been talking a lot about creating more time to spend together, how we should go out 1 day a week. I'm looking forward to some getaways that we have planned and time together not with the baby." His partner, Bob, shared a similar perspective: "He and I are aware of [the lack of time together], and have been discussing it and trying to find a solution." Notably, in those instances where only one partner within a couple endorsed this theme, the problem was described as one that the couple experienced *together*.

Many of these participants asserted that they were looking forward to getting out for "date nights." Yet eight of them noted that, given that they were still technically "foster parents" to the children in their care whom they hoped to adopt, they were required to abide by state regulations regarding who could care for their child. That is, prospective babysitters of children in state care must meet certain criteria, depending on their state of residence (e.g., in Massachusetts, child care providers of children in state care must be at least 16 years old). These state regulations created a barrier to securing child-free time and seemed to create stress for couples. Josie, a lesbian who was placed with an infant boy, explained, "It's very difficult for us because we can only have him watched by certain people as per the DCS [Department of Child Services] regulations. You have to be CORI [Criminal Offender Record Information] checked and yada yada. So we don't have many options for babysitters; it takes time to coordinate."

Three of these participants, all parents of teenagers or older children, also identified the severity of their children's behavioral issues as an impediment to securing a babysitter. These participants were concerned about the capabilities of "an average babysitter" to handle their children's emotional and behavioral instability: "We can't get respite care because of [child's] behaviors . . . it's too risky," said Esther, a heterosexual woman who had been placed with an older school-age girl and whose marriage ended 2 years later, reportedly because her husband found the situation to be too overwhelming. Thus, Esther felt that even if they found a babysitter who met the state requirements, they would not feel comfortable leaving their child in their care.

The lack of time alone as a couple that these participants emphasized is consistent with research on the transition to biological parenthood (Claxton & Perry-Jenkins, 2008; Cowan & Cowan, 2012), but is uniquely shaped by their status as foster-to-adopters, whereby they faced additional system- and child-related impediments to procuring valued time alone.

Child is the focus of attention. Ten parents (two lesbian women; six gay men, including one couple; and two heterosexual women) articulated that the arrival of their child had shifted the family dynamic in that their attention was on the child, not the relationship, which caused stress. These parents had adopted children who varied in age (two infants, two toddlers, two toddler sibling groups, four school-age children). Like participants who complained of "no couple time," participants who described a shift

in the focus of attention often felt that the presence of the child had fundamentally shifted the family dynamic, such that they felt increasingly alienated from their partners (Whitchurch & Constantine, 2005). Rusty, a gay man who had been placed with a school-age boy, stated, "I definitely think we're probably not as close as we were, because so much of the focus is on Joey." Thus, Rusty explains this issue by naming Joey as the object of focus, and indicates this shift in focus is a problem for the couple ("we") rather than affecting Rusty only.

In four cases (one gay couple, one lesbian, and one heterosexual woman), the imbalance between partners in the amount of attention paid to the child, or the child's expectation of attention from one partner over another, was described as causing conflict. Rebecca, who was placed with an infant girl, said, "It got to the point where Lynda said, 'I feel our relationship is falling apart.' I felt shocked. She said, 'I need you to pay attention to me.' Right now Emmy is just a baby, so I understand this is how it is just right now. Lynda doesn't trust that." Interestingly, Rebecca's partner, Lynda, did not mention this conflict.

Placement of Child Has Created Shifts in Family Roles

In addition to creating shifts in the allocation of time and energy, the transition to parenthood introduced shifts in the family dynamic. The arrival of a child prompted partners to establish their roles as parents and to negotiate the division of parenting tasks, which sometimes introduced conflicts regarding these roles and their respective relationships to their children.

Differences in parental roles. For nine participants (four lesbians; one gay man; three heterosexual women and two heterosexual men, including one couple), all of whom had been placed with school-age children or teens, parenthood had introduced conflicts related to parental roles. These participants noted that one partner had taken on the role of the primary parent and the other partner had taken on a secondary role (i.e., they were "the fun one"). This perceived role shift occurred roughly as often for same-sex and different-sex couples, suggesting that differing roles may occur in both family types. All of these participants, with the exception of the two heterosexual men, were upset because they felt that *they* were operating as the primary parent. They resented the fact that they had assumed the burden of responsibility for the more laborious and challenging aspects of parenting. Callie, a lesbian who was placed with a school-age girl, stated, "I feel like the burden of responsibility falls often to me [in terms of] chores and taking care of [daughter]." To the extent that the "fun" partner seemed to facilitate such unequal roles, or did not understand the stress of being the "heavy," the primary parent felt frustrated or resentful. Daphne, a heterosexual woman who was placed with a teenage girl, said, "I'm more the disciplinarian and he's more the soft touch . . .. He just doesn't understand how exhausting [it is]."

The fact that these participants had suddenly become parents to older children—who enter the family with their own expectations about roles and dynamics—may have caused them to assume more polarized roles than if they had adopted infants, who arguably have a somewhat more uniform and predicable set of needs to be negotiated and attended to (Groza & Rosenberg, 2001). Notably, the partners of the participants who noted an imbalance of parental roles did not describe such an imbalance in their own interviews.

Differences in willingness to bond (without legal security). Four participants—two lesbians who were placed with infants, one gay man who was placed with a school-age child, and one heterosexual woman who was placed with a teen—described perceived relationship tension stemming from the fact that one partner was more willing and able to bond with the child, whereas one partner was perceived as "holding back," for fear that the placement would not be permanent. Jorge, who had been placed with a school-age boy, explained,

> The only sort of conflict that we had was . . . Rusty was way more cautious than I was. He would warn me; he would say, "Jorge, you are getting too invested into it, you're putting too much into it. You're not protecting yourself in any way." And that would make me sort of angry. I was like, "We have to put ourselves into it, we have to connect to Joey."

Thus, although Jorge understood the legal risk involved in the foster-to-adopt process, he felt it was best to allow himself to fully bond to Joey. Daphne, on the other hand, a heterosexual woman who had been placed with a teenage girl, felt it was best to stay "standoffish" and resented her husband for allowing himself to bond despite the legal insecurity. Thus, differences in approach to or level of bonding created frustration for these parents, which caused perceived relationship stress—although notably, none of these four participants' partners also noted differences in bonding as a source of stress, suggesting that the perceived salience of this issue, and its role in relational stress, may be subjective and vary within couples (Schwandt, 2000).

Differences in desire to parent/disrupt the placement. Four participants (three lesbians, including one couple; one gay man) disclosed that a key source of tension was a difference in motivation to parent between themselves and their partners, which had revealed itself once they were actually placed with a child. Avery, who had been placed with a teenage girl (whose placement later disrupted), explained, "Lindsay has discovered how badly she wants to be a mom. I have discovered how badly I don't want to be a mom. So right now we're going, 'How are we going to deal with this?'" Lindsay shared, "I'd say that Avery probably feels regret that we [were placed with child] . . .. While I'm still hopeful about finalizing the adoption, I'm not pushing it."

In addition to disrupting the placement, Lindsay and Avery broke up a year later. The other two participants in this category did not disrupt their placements, although one did dissolve her relationship with her partner 3 years later. Thus, in three cases, disagreement about whether to move ahead with parenting represented a fatal threat to the preservation of the placement and/or the intimate relationship.

Child's Behavior Has Created Stress

In addition to introducing challenges related to time, energy, and parental roles, the parental transition introduced difficulties related to managing children's behaviors, which, in some cases, threatened the equilibrium of the family unit (Timm et al., 2011). Many of the children in the sample were older, and some expressed a strong preference for one parent over the other, which sometimes created difficult dynamics in the parents' relationship.

Child is more attached to or prefers one parent. Eighteen participants (eight lesbians, including three couples; six gay men,

including one couple; two heterosexual couples) described their children's preference for or greater attachment to one partner over the other as causing interpersonal tension. Nine of them were parenting school-age children, six were parenting teens, and three were parenting toddlers; thus, this issue was heightened for parents of older children.

Children's preference for one parent created a dynamic in which one parent felt overburdened and guilty, and one parent felt rejected and sad. Chandler, who was a different race from his partner and the child they adopted, said, "She definitely bonded with Al more quickly than she did with me. It may have been to a certain extent the color of our skin." Al elaborated, "It was hard because it hurt Chandler's feelings. Every now and again, she would say [to him], 'I don't like you.' It hurt me because it hurt him." The high degree of correspondence between partners for this theme, whereby both partners reported relational stress related to children's differing attachments, likely reflects the fact that these couples had engaged in many discussions about this issue. Indeed, most of these participants noted that discussions about these preferences typically involved the preferred parent seeking to reassure the nonpreferred parent, saying that "even if we had a child naturally . . . the child would go back and forth." The nonpreferred parent, in turn, had a hard time accepting this, in that "it just feels like rejection."

Child is "splitting" us. Eight participants (one lesbian couple, one gay man, one heterosexual man, and two heterosexual couples) identified a slightly different and more extreme version of parental preferences as causing relational conflict. They felt that their children (all of whom were older school-age or teen-age) were purposefully "splitting" them (Henley, 2005), or trying to divide them against their partners, which had often worked, causing an eruption between partners. Again, the high degree of correspondence between partners' reports of this theme indicates that their child's reported "splitting" was a salient and unavoidable source of stress for both partners. Walter, a heterosexual man who was placed with a teenage girl, said, "Jenny knows I'm all permissive, so sometimes she comes to me with something she knows Daphne wouldn't allow her to do . . .. That is one of the big shockers, that she was splitting us." Daphne, notably, described Walter's actions as exacerbating their daughter's splitting behavior: "She'd come to me and I would say no. Then he'd give in to her and then I'd get angry." Esther, a heterosexual woman who was placed with an older school-age girl, and whose marriage ultimately ended, said, "We've had some pretty nasty arguments. And then one of us will say, 'Wait a minute, she's doing this splitting thing quite well. Let's take a breather and talk about it later.'"

Two of the couples (one lesbian, one heterosexual) who reported that they were being "split" by their children ultimately ended their relationships, highlighting the significance of each family member's behavior on relational and family outcomes (Whitchurch & Constantine, 2005). While these parents voiced an awareness of their susceptibility to splitting behaviors, and had engaged in efforts to "[take] a breather," perhaps the mental effort involved in combating this issue became too exhausting and their frustrations fell to each other, permanently damaging the couple relationship.

Navigating the Transition Brought Couples Closer

Eleven participants (four lesbians, including one couple; three gay men, including one couple; four heterosexual women and one heterosexual man, including one couple) emphasized that, far from causing relational stress, the experience of parenting had enhanced their relationship and brought them closer. "Working toward a common goal" and "having a shared project" helped them to feel like an "amazing team." Ellie, a lesbian who had been placed with an infant boy, explained, "I have felt a lot closer to her. You always feel good when you complete a project together, you know? I'm really proud of us." These parents had been placed with children of varying ages (two infants, two toddlers, three school-age children, four teens); thus, there was no evidence that parents of infants only, for example, perceived positive growth in their relationship.

Four of these participants noted that becoming parents had improved their communication with their partners. Cora, a heterosexual woman who had been placed with a toddler boy, stated, "We communicate better because of him . . .. If we didn't, we would have stressed out easily. When he first started to bite, we started to communicate. We do a lot of troubleshooting." Three of these participants were parents of infants or toddlers, suggesting that it may be easier for new adoptive parents to work together when their child enters the family with fewer traumatic experiences or prior placements, a finding that is consistent with prior work (Howard & Berzin, 2011).

Getting Help: Use and Benefits of Support Services in the Postplacement Period

Some parents reported engaging in therapy or support groups to cope with the challenges associated with the transition to parenthood (see Table 2). Namely, 36% of couples stated that their child was in therapy, 26% stated that they were in family therapy, and 5% endorsed being in couples therapy. In 14% of couples, at least one partner said they were in individual therapy, and 29% of couples reported involvement in adoption- and/or LGBT-parent support groups.

Therapy. Participants described a variety of ways in which they perceived therapy to be helpful to their families. Most prominently, 13 participants (six lesbians, including two couples; five gay men, including one couple; one heterosexual man; and one heterosexual woman) felt that therapy helped them and their partners to better understand the effects of their children's past history (e.g., physical or sexual abuse) on their current attachment/behavioral issues. As Walter, a heterosexual man who had been placed with a teenage girl, explained, "[Therapy taught us] that we have to be very careful, given her [abuse] history, about signs of affection, or physical touching." For Walter, and others, therapy fostered an understanding of key issues specific to his child's past that may have gone uncommunicated and led to increased conflict within the family.

Several sexual minority parents (one lesbian, and two gay men in one couple) felt that therapy was helpful in that it supported their child's emerging understanding of what it meant to be placed with a same-sex couple. In one case, the therapist was able to correct their child's flawed understanding of what it meant to have two dads. Marcos, who had been placed with a school-age boy,

stated, "The counselor asked him what he thought about . . . two dads, and his comment was that two dads meant two belts. So he was a little fearful." Obtaining this information helped Marcos and his partner to reassure their child during the postplacement period.

Notably, although many couples described utilizing child and family therapy, very few (one lesbian couple, one heterosexual couple) reported seeking out couples therapy. This is consistent with our finding that, during the postplacement period, the focus of the family tends to shift to the child, and the relationship between parents may suffer.

Support groups. Of those couples who sought support through support groups ($n = 12$), many (three lesbian couples, and three heterosexual couples) noted that these were helpful in that they facilitated connections to other parents going through similar experiences, thus normalizing a difficult period. Among the lesbian participants who endorsed attending support groups, in some cases these "similar experiences" were gay-specific ("it's for lesbian parents who have adopted, and it's great") whereas in other cases, they were not ("we are the only lesbian couple, but we all have autistic children, so we talk about . . . occupational therapy, physical therapy . . . it's nice"). Meeting other couples who were parenting children with similar diagnostic presentations, who were foster-to-adopt parents, and who had adopted transracially were all highlighted as key points of similarity for participants who described attending support groups, who appreciated the opportunity to share their stories and to hear from others as well. As Karin, a lesbian mother of an 8-year-old girl put it, "They get us. They've experienced the same things that we've experienced."

Several sexual minorities (one lesbian, two gay men) were interested in joining support groups with other lesbian/gay couples but found that "none were available." These participants, then, voiced desire to connect with other *sexual minority* adopters, specifically, perhaps to gain support around the sexual minority-specific aspects of their adoption experience.

Discussion

This is the first study to examine relationship stress during the transition to parenthood among lesbian, gay, and heterosexual couples who were placed with children via child welfare. Consistent with prior longitudinal research on biological parents (e.g., Doss et al., 2009), many parents in our study indicated at least some decline in relationship satisfaction during their transition to adoptive parenthood. Our findings revealed key ways in which couple and family dynamics shifted as a function of the addition of a child into the parental dyad (Cowan & Cowan, 2012), which have implications for practical intervention. Notably, there were few differences in themes by parent sexual orientation. Thus, parents who adopt via child welfare, regardless of sexual orientation, may encounter a variety of challenges to their relational health. In turn, practitioners wishing to support diverse couples during the transition to parenthood should perhaps focus more on couples' route to family building, as opposed to their sexual orientation, in executing supportive interventions.

Adding a child to the home creates shifts in the boundaries surrounding time and space, such that what was couple time is now family time, and what were private spaces become shared spaces (Ward, 1998). Participants often highlighted their lack of time alone with their partners as a source of perceived relationship stress, consistent with prior work on heterosexual biological parents (Claxton & Perry-Jenkins, 2008). This lack of time was complicated by their status as foster parents, whereby they had to abide by certain regulations regarding who could and could not babysit. In this way, dealing with the "red tape" of the social service system was experienced as stressful, consistent with prior research (Goldberg et al., 2012). Parents also discussed how not being the focus of their partners' attention had shifted the family dynamic, creating an increasing sense of disconnection from their partners.

As prior studies have observed (e.g., Nalavany, Glidden, & Ryan, 2009), the adoption of older children often increases familial and parental stress connected to the child's behavioral or attachment challenges. In the current study, some participants, particularly those with older children, perceived differences in parental roles as stressful to the relationship. When one partner was experienced as the primary parent, and one partner was experienced as the "fun" parent, this imbalance sometimes caused strain. Unmet expectations regarding parental roles were cited as a relationship stressor by the adoptive mothers in Timm et al.'s (2011) study, suggesting that the parental roles that participants described may have been very different from the roles they imagined for themselves (e.g., as a function of their children's older age, difficult histories, and behavioral/attachment issues), which caused stress.

All types of couples reported differences in parenting roles as stressful (although gay men were the least likely to identify this as a stressor). Of interest is whether and how the meaning of divergent parental roles may differ in same-sex couples, who do not draw upon sex (difference) as a guide for how to establish parental roles (Goldberg et al., 2008). Indeed, same-sex couples often attribute their parental roles to differences in time with the child and personality factors (Goldberg et al., 2008). Future work might explore how interpretations of parental roles, and their implications for relationship quality, vary across gay, lesbian, and heterosexual couples.

Parents who adopted older children sometimes described their children's parental preferences as a source of tension. The parental preferences of older children may be more pronounced than those of young children (Goldberg et al., 2008), highlighting another way in which being placed with older children may create relationship strain. Some parents who identified their children's preferences as a stressor further emphasized their children's efforts to "split" them from their partners. This was particularly common among parents of older children, who were perhaps more adept at manipulating the couple by dividing them, which often resulted in conflict between the parents (Henley, 2005). Therapists who work with parents who are adopting older children should be mindful of the unique challenges faced by these families.

Differences in desire to parent represented a threat to the relationship (in two cases) and to the stability of the placement (in one case). This finding suggests that practitioners who work with prospective adopters may encourage both partners to collaboratively explore their respective commitment to parenthood, as well as their perceptions of how the addition of a child will present challenges to the stability, integrity, and growth of the family unit (Cowan & Cowan, 2012). Indeed, relationship dissolution/divorce is a major disruption in the family life cycle that ultimately destabilizes the entire family unit, and may have a particularly negative effect on the development of the foster-to-adopt child,

whose early life experiences may already be marked by instability and loss (Goldberg, 2010; Howard & Berzin, 2011).

Positive aspects of the transition (e.g., increased closeness and communication) were emphasized by some participants, which is consistent with prior research on the transition to parenthood. In particular, having a shared goal was emphasized as drawing partners closer together (Nyström & Ohrling, 2004). In this sense, the family unit benefited from the positive interaction between parents to accomplish the task of caring for the child, echoing prior work indicating that greater marital quality and communication promotes more effective coparenting among adoptive heterosexual couples (Freeark, Rosenblum, Hus, & Root, 2008; Gottman, 1999).

Although not a major focus of our analysis, therapy was sometimes highlighted as being useful insomuch as it aided parents in understanding their children's behaviors and helped to prepare children for being placed with same-sex couples. The latter task may be particularly important when same-sex couples adopt older children, who may have already internalized negative ideas about homosexuality. Support groups were identified as useful for connecting with other parents who were dealing with similar issues. Lesbian/gay participants appreciated such groups for providing them with both sexual minority-specific and adoption-specific forms of support, and those who were not able access such groups voiced a longing for such connection. Although we did not examine how support via these routes may have alleviated relationship strain, we suspect that by providing parents with opportunities for sharing and reflection, such supports helped to decrease their stress, which may have effects on the relationship (Goldberg, 2010).

Limitations, Conclusions, and Implications

The current study investigated the immediate postplacement period only. Longer-term follow-ups are needed to determine how couples who are placed with children via foster care fare over time. Prior research has established that the initial transition to adoptive parenthood often represents a time of acute stress; however, parents' functioning often improves as family members adjust (Goldberg et al., 2012). Second, we studied mostly White, affluent parents. More work is needed to explore how different axes of privilege and difference affect the transition to parenthood for foster-to-adopters. Third, we did not explicitly ask about the use of therapy and support groups; thus, our counts of parents endorsing therapies/support groups are likely underestimates. Future research should specifically ask about the use of family therapy, couples therapy, and child-focused therapy, as well as support groups, and should query parents' perceptions of the relative benefits of each in facilitating an easier transition to parenthood. Fourth, some of our interview questions specifically aimed to assess participants' perceptions of differences from their partners (e.g., in terms of parental roles and attachments). Different findings might have been obtained had we queried participants in a more open-ended way, or asked about similarities between partners. Fifth, we did not investigate how parents' preplacement experiences (e.g., reasons for pursuing adoption; reasons for pursuing child welfare adoptions specifically) may have shaped their parenthood experiences and challenges. Indeed, heterosexual couples are more likely to pursue adoption because of infertility, and all types of couples tend to cite financial constraints as a reason for pursuing adoption via the child welfare system specifically (Goldberg, 2010). These issues may have in turn impacted couples' expectations for parenthood, as well as the types of relationship stressors they experienced; future work can explore this. Finally, we conducted individual as opposed to conjoint interviews. This is a strength in that we were able to gain insight into participants' subjective appraisal of how the transition had impacted their relationship. Further, participants who may have been reticent to voice areas of perceived strain if they had been interviewed with their partners may have been more comfortable in individual interviews. Yet, it is a limitation in that we did not gain access to direct interactions between partners through joint interviews.

Our findings elucidate the common relationship stressors experienced by parents who adopt via the child welfare system; indeed, we found few differences between the perceptions of same-sex and heterosexual couples. Thus, the implications of our study can be applied to adopters of diverse sexual orientations. First, practitioners who work with couples who are seeking to become parents via child welfare should be aware of the unique nature of the foster-to-adopt process. The transition to parenthood, already a complex life transition for couple and family dynamics, is complicated when couples lack security in their placements or are placed with children who are older or have behavioral problems. Second, adoption agencies should facilitate access to services (e.g., therapy, support groups) that support the couples' relationship, as such support may facilitate positive outcomes for families. Our findings indicate that therapy of all types (child, couples, and family) may be helpful, especially during the postplacement period, when the (re)adjustment process can create difficulties for family members. The participants in our sample largely utilized therapy for their children, rather than couples therapy or family therapy, and several parents expressed that their child's therapy improved their ability to understand their child's behaviors and to communicate with their partners about how to meet their child's needs. In general, therapy may help bring to light the ways in which each family member's life experiences (e.g., losses) and expectations (e.g., about family roles) influence other members' experiences and behaviors, thereby fostering growth and integrity of the family as a whole.

In sum, while the transition to parenthood is often a stressor for parents in general, parents who adopt via child welfare may encounter additional stressors, which may affect relationship functioning. Although our findings were similar for same-sex and heterosexual parents, same-sex couples did cite some added stressors. Practitioners who work with same-sex and heterosexual couples who are adopting via child welfare should be aware of the unique nature of the foster-to-adopt process and facilitate support resources that address these adopters' unique needs.

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