

'We were not planning on this, but . . .': Adoptive parents' reactions and adaptations to unmet expectations

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ABSTRACT

This study explored adoptive parents' responses to unexpected characteristics of their children with a lens of family stress theory. Ninety individuals in 45 couples, 30 of whom adopted via child welfare and 15 of whom adopted via private domestic adoption, were interviewed 3 months post-adoptive placement regarding unfulfilled expectations about their child's age, gender, race and special needs. Unmet expectations were especially stressful when parents lacked support and when they perceived themselves as having little power to 'mould' their children. In contrast, perceptions of adequate support and cognitive flexibility appeared to facilitate positive experiences during parents' transition to adoptive parenthood. Implications for professionals are discussed, including suggestions for pre-adoption training and provision of post-adoption support.

INTRODUCTION

Adoptive parents may face many surprises during the transition to parenthood. For example, their children may possess characteristics that were not anticipated or planned for (e.g. their child may be a different age or race than expected). This may be the case especially for parents who adopt via child welfare, in that most children waiting to be adopted from foster care are considered 'special needs' children (US Department of Health and Human Services 2013) – i.e. they are over the age of 2 years, an ethnic minority or have been diagnosed with an emotional, behavioural, developmental or medical condition (Reilly & Platz 2003).

The current qualitative study examines the frequency of adoptive parents' unmet expectations (i.e. pertaining to child age, gender, race and special needs), as well as their reactions and adaptations to these unmet expectations, with the lens of family stress theory (Smith *et al.* 2009). Examining the experience of adopting a child who does not match one's expectations has implications for practice, especially because these unmet expectations may lead to increased stress during the transition to parenthood. The possibility of adopting a child who is different than expected (and the stressors that may accompany

such a situation) as well as potential coping mechanisms may be useful to discuss in pre-adoption training and post-adoption services.

THE TRANSITION TO ADOPTIVE PARENTHOOD

The transition to adoptive parenthood is stressful (Goldberg 2010a). Adoptive parents may struggle with fertility complications (Harris 2013) and with attachment (Nalavany *et al.* 2009). They may experience declines in relationship satisfaction (South *et al.* 2013) and mental health (Goldberg & Smith 2011), all of which may impact their adjustment to parenthood. Additional stressors that adoptive parents may face include navigating relationships with birth parents and legal complications (Goldberg *et al.* 2012; Grotevant *et al.* 2013).

Adoption via child welfare system

Parents who adopt via foster care may be particularly vulnerable to stressors during their transition to parenthood (Reilly & Platz 2003; Goldberg *et al.* 2012). The characteristics of children in foster care are somewhat unique, with children of colour, older ages and

with special needs disproportionately represented (US Department of Health and Human Services 2013). These children often exhibit problem behaviours that may be difficult for adoptive parents to manage (Rosenthal *et al.* 1996; Nalavany *et al.* 2009). In a longitudinal study of adopted youth, Simmel *et al.* (2007) concluded that children adopted via child welfare were more often in the clinical range of internalizing and externalizing behavioural problems than their privately adopted counterparts. Research has shown that parents who adopt children with special needs via child welfare report lower adoption satisfaction, more stress and a greater need for support services compared with other adoptive parents (Rosenthal *et al.* 1996; Nalavany *et al.* 2009). Parents' ability to prepare for, and adapt to, their children's special needs is important in predicting adoption success. Indeed, several researchers (e.g. Unger *et al.* 1988; Reilly & Platz 2003) have examined the effect of foster-to-adoptive parents' ability to cope with their child's special needs on adoption success, although there is no research that focuses on adaptation to unexpected characteristics of children (other than special needs). Successful special needs adoptions most often include parents who have established coping skills, are flexible, prepared for disruptive behaviour and have realistic expectations for their children's behaviour (Schmidt *et al.* 1988; Unger *et al.* 1988; Reilly & Platz 2003). Given the established importance for foster-to-adoptive parents to be prepared for special needs, this study examines other possible characteristics (i.e. child's age, race, and gender) that may be unexpected and may lead to added stress during the transition to parenthood.

Adoption by same-sex couples

Same-sex couples may also be particularly vulnerable to heightened stress during the adoption process due to potential discrimination from various sources (e.g. social workers, adoption agencies, the legal system; Mallon 2004; Matthews & Cramer 2006; Goldberg *et al.* 2007). Same-sex couples may receive the message that they are less desirable as prospective adoptive parents than heterosexual couples; in turn, they have reported feeling pressure to be open to children who are typically less preferred (Goldberg 2010b). Subsequently, they may feel that they must express a willingness to adopt children to whom heterosexual couples are less open in order to increase their chances of having a child placed with them (Mallon 2004; Matthews & Cramer 2006).

ADOPTIVE PARENTS' CHILD PREFERENCES AND EXPECTATIONS

Adoptive parents' child preferences have received little empirical attention. Unlike biological parents, individuals who adopt can theoretically control, or at least specify preferences regarding characteristics of their children (e.g. gender and special needs). In general, prospective adopters tend to prefer children who are of the same race as themselves, under the age of three, and have no significant special needs (Brodzinsky & Pinderhughes 2002; Brooks *et al.* 2002). Such characteristics are quite different from the characteristics of most children in the child welfare system (US Department of Health and Human Services 2013). However, some parents express that their child preferences are flexible because they do not want to prolong their wait for a child and some parents emphasize that their main priority is adopting a healthy child (Zhang & Lee 2011). Thus, for some, the desire to become parents is so paramount that it reduces their need to put limitations on the type of child they prefer.

Research suggests that adoptive parents are not always placed with children who match their pre-adoptive preferences. In her review of literature that examined adoption disruption, Festinger (1990) found that some social workers persuaded parents to be open to 'hard-to-place' children in order to decrease the time they had to wait to finalize their adoptions. Such circumstances may have negative consequences: adopting a child who does not match one's initial expectations has been found to increase stress in the family as well as the risk of adoption disruption (Schmidt *et al.* 1988; Brodzinsky & Pinderhughes 2002).

THE CURRENT STUDY

We examined adoptive parents' unmet expectations. Our research questions were:

1. Are certain types of unmet expectations (about the child's age, gender, race and special needs) viewed by adoptive parents as more stressful than others? How? Why?
2. How do adoptive parents adapt to unmet expectations? What conditions appear to facilitate and hinder parents' perceived ability to adapt?
3. How do adoption type and parent sexual orientation shape parents' experiences of, or reactions to, unexpected child characteristics?

Theoretical framework

This study is informed by family stress theory (Smith *et al.* 2009). This theory is useful inasmuch as the transition to adoptive parenthood has the potential to be stressful (e.g. Goldberg 2010a) and parents who adopt may experience added stress related to a mismatch between the children they expect to adopt and the children available for adoption. According to this theory, family functioning is determined by the interaction of four primary components: a stressor, assessment of the situation, resources and crisis. This study focuses on a stressor (i.e. an unmet expectation), assessment of the situation (i.e. parents' subjective responses to such experiences) and resources (i.e. whether parents have and access sufficient resources to cope with unmet expectations). This framework highlights the potential influence that parents' unmet expectations for their future adoptive children may have on family functioning. Delineating the unique family stressors that adoptive parents endure – and their reactions to such stressors and resources available to them – is useful in understanding their transition to adoptive parenthood.

METHOD

Participants

Participants were 90 individuals (30 gay men, 30 lesbians, 15 heterosexual men and 15 heterosexual women) comprising 45 couples. Data were collected as part of a larger longitudinal study of the transition to adoptive parenthood. In 11 (12%) of the couples, only one partner had an unmet expectation (five couples adopted privately and six couples adopted via child welfare; two gay male, four lesbian and five

heterosexual); in the remaining 34 (88%) couples, both partners expressed at least one unmet expectation. Therefore, 79 individuals in the sample endorsed at least one unmet expectation (Table 1). Participants were 38.18 years old, on average ($SD = 6.09$). Nine (10%) had a high school education; 13 (14%) an associate's degree/some college; 31 (34%) a bachelor's degree; 24 (27%) a master's degree; and 11 (12%) a doctoral degree. Participants' annual median family income was \$120 500 ($SD = \$82\ 100$). Most parents were white ($n = 85$; 94%).

Thirty couples adopted via foster care and 15 couples adopted privately. All of the children who were adopted privately were newborns. The children adopted via foster care had a median age of 4 years ($M = 5.3$ years; $SD = 5.4$ years), with a range of newborn to 15 years. Twenty-eight (57%) of the children were white, 13 (27%) were multi-racial, four (8%) were Latino and three (6%) were African-American. Twenty-nine (59%) of the children were boys and 20 (41%) were girls.

Procedure

Participants were recruited through adoption agencies and prominent gay organizations across the USA. Participants were interviewed via telephone separately from their partners, 3–4 months after their child's placement. Questions included: What problems or surprises did you encounter with the adoption process? How prepared did you feel for the adoption? Explain; What is the [age, gender, race/ethnicity, special needs] of your child? Is this different from what you expected? If so, different in a negative, positive, mixed or neutral way? Explain; Has the process of attaching/bonding to your child been different from what you expected? How? Are there any particular

Table 1 Unmet demographic expectations by adoption type and parents' sexual orientation

Child demographic	Adoption type		Sexual orientation		
	Public ($n = 60$)	Private ($n = 30$)	Lesbian ($n = 30$)	Gay ($n = 30$)	Heterosexual ($n = 30$)
Age	30 (50%)	1 (3%)	8 (27%)	13 (43%)	10 (33%)
Gender	8 (13%)	17 (57%)	11 (37%)	9 (30%)	5 (17%)
Race/Ethnicity	18 (30%)	9 (30%)	10 (33%)	11 (37%)	6 (20%)
Special needs	21 (35%)	3 (10%)	9 (30%)	7 (23%)	8 (27%)
Number of individuals who endorsed at least one unmet expectation	54 (90%)	25 (83%)	26 (87%)	28 (93%)	25 (83%)

Note: Some participants endorsed multiple unmet expectations; some percentages do not sum to 100.

strengths you think you might bring to parenting, as an adoptive parent?

Data analysis

Thematic analysis, informed by family stress theory, was utilized to address our research questions (Braun & Clarke 2006). We conceptualized an unfulfilled expectation as a potential stressor (Smith *et al.* 2009) and evaluated the potential stressor and the parents' assessment of their situations and resources through careful examination of the participants' own words. The two authors (a faculty member and advanced doctoral student, both of whom are white and have extensive professional experience with adoption, as well as personal exposure to adoption and foster care) coded the data.

Firstly, the coders conducted line-by-line analyses of verbatim transcriptions to formulate initial categories and organize the data. During this stage of analysis, broad themes relating to our research questions emerged. For example, we observed that stress varied across the sample, with some participants describing considerable stress (when a parent described the unmet expectation as having interfered considerably with their attachment to their child or to their overall stress level during the transition to parenthood; '[Child] would end up getting to the point where we actually had to call the police one night'), others describing a manageable level of stress (when a participant explained that the stress was not so overwhelming that it impaired their ability to bond with their child or that it made the transition to parenthood considerably more challenging; e.g. 'It's hard, but we're hoping that he'll [Child] grow out of it [behavior problems]'). Neutral reactions came from the parents who stated, 'It's not a problem' in reference to their child's unanticipated characteristics. Finally, 'pleasant surprise' was coded for those parents who explained that the unanticipated characteristic made the transition easier (e.g. the child's ethnicity matched their own, which was unexpected). In addition to the amount of stress experienced, we also observed that participants described accessed a variety of resources to adapt to the aforementioned stress. We closely examined the broad themes (e.g. stress and adaptations) across a variety of participant characteristics (e.g. sexual orientation, adoption type) and observed nuanced patterns within the data. For example, one pattern (or theme) that emerged was that stress varied by adoption type: many parents who adopted privately were not experiencing as much stress related to unmet expectations as parents

who adopted via the child welfare system. We discussed agreements and disagreements throughout the coding process and continued to code for all research questions until 100% agreement was reached. The final coding scheme was applied to the data twice to ensure that all relevant responses were coded accurately.

RESULTS

Affective reactions to unmet expectations

Parents reported varying frequencies of unmet expectations (see Table 1 for breakdown by adoption type and parent sexual orientation; percentages refer to the proportion of the total sample). Parents who adopted via child welfare were more likely to describe unmet expectations related to age and special needs status, whereas those who adopted privately were more likely to describe unmet expectations related to gender. Lesbian and gay parents were more likely to describe unmet expectations related to child gender, as well as race, compared with heterosexual parents.

Parents expressed a range of reactions to their unmet expectations, including considerable stress, manageable stress, neutral reactions/no stress and 'pleasant surprise' (see Table 2 for details). All parents who reported unexpected special needs reported experiencing considerable or manageable stress. Conversely, no parents who experienced unfulfilled expectations regarding race or gender reported considerable stress, although some noted that they had experienced manageable stress. Further, when a child's age was unexpected, parents reported a wide range of reactions, from considerable stress to a 'pleasant surprise'.

Adaptations to unmet expectations

Given the range of reactions to unmet expectations, we explored factors that parents invoked in explaining their adaptations to unmet expectations. We first describe the experiences of parents that reported considerable stress. We then describe the experiences of parents that reported a less stressful adaptation to their children's unexpected characteristics. Percentages refer to the proportion of the sample of those who reported an unmet expectation ($n = 79$).

Conditions contributing to stress: 'You can't do it unless you're Mother Teresa'

Parents described two conditions – lack of support and lack of perceived influence on their child's early development – as exacerbating stress.

Table 2 Parents' affective reactions to unmet expectations

Child demographic	Reaction			
	Considerable stress	Manageable stress	Minimal or no stress; neutral reaction	No stress; pleasant surprise
Age (<i>n</i> = 31)	8 (26%)	4 (13%)	14 (45%)	5 (16%)
Expected younger	8	4	10	–
Expected older	–	–	4	5
Gender (<i>n</i> = 25)	–	12 (48%)	13 (52%)	–
Expected female	–	10	8	–
Expected male	–	2	5	–
Race/Ethnicity (<i>n</i> = 27)	–	6 (22%)	4 (15%)	17 (63%)
Expected a minority race	–	–	–	17
Expected a different minority race	–	6	4	–
Special needs (<i>n</i> = 24)	11 (46%)	13 (54%)	–	–
Behavioural	11	1	–	–
Cognitive	–	6	–	–
Physical	–	6	–	–
Total	19	35	31	22

Note: Percentages correspond to the proportion of the parents who expressed each reaction by child demographic.

Lack of formal support. Nine participants (11%; three lesbians – one couple, three gay men – one couple, two heterosexual women, and one heterosexual man – one couple) explained that although they received some professional support, it was insufficient. All of these parents had adopted via child welfare system; seven experienced unexpected behavioural needs and two adopted children older than expected. For example, Jane, a lesbian mother who adopted a child with unexpected behavioural needs, explained:

I can't tell you how many workshops and lectures, and classes, and anything you can think of . . . we've talked to you know, a bazillion therapists who deal with this. We get it, why she does what she does. What I keep going back to is, it's different living with it. And I think a lot of people in this profession don't get that, they haven't lived with them. And when, on a regular basis, they're punching you in the stomach, they're kicking you, they're biting you . . . [trails off]

Jane, like other participants, was at 'the end of her rope' with her child's behaviours. She describes her stress as initially elevated because she did not expect such severe special needs. In turn, she responded to her stress by reaching out for support, only to find that the available resources were insufficient. These circumstances eventually brought Jane's family to a crisis and highlight the impact that an unmet expectation can have on parents during their transition to parenthood (Smith *et al.* 2009). In addition, Alex, a gay father explained: 'He definitely has ADHD and it was untreated . . . We had to go to so many therapy sessions before they [the doctors] would consider any

medication. So we met those obligations, and then the doctor was on vacation for three weeks . . .' In summary, these parents expressed that although they attempted to access services to address their children's unexpected needs, the resources were inadequate, thereby increasing their level of familial stress (Smith *et al.* 2009).

Lack of informal support. Three participants (4%; three lesbians) emphasized needing more support from informal sources (e.g. family and friends). These parents were all struggling with their child's special needs (i.e. behavioural problems). Cheryl, a lesbian, explained that she had hoped to be able to rely on her partner's mother for support once a child was placed with them, but that did not work as planned and turned out to be especially difficult because her child had significant needs: 'Susan's mom was someone that we were actually pretty much counting on to be a huge source of support for us, and unfortunately . . . she's not quite as able to be there as we had hoped.' Thus, similar to parents who desired additional formal support, Cheryl and others perceived their set of informal support resources as inadequate (Smith *et al.* 2009). Further, although none of the parents specifically mentioned their same-sex relationship as impacting their level of support, three times as many same-sex parents discussed lack of support compared with heterosexual parents, indicating a possibility that they experienced differential treatment post-adoption.

Inability to 'mould' the child. Five participants (6%; two gay men, two heterosexual women, one heterosexual man) discussed that they had children placed (all via child welfare) with them that were older than they had initially preferred and this created feelings of stress and disappointment because they were not able to have as much of an influence on their children's development and early memories as they would have liked. Alan, a heterosexual man, who had siblings placed with him that were older than he had been prepared for, stated:

Well, I'd say that's [the attachment process] been harder, you know. Based on their memories of certain things. Ideally, I wish we had given them that memory . . . You know, with a younger child, it may have been easier, or it wouldn't really be coming up.

For these parents, raising children that were older than what they initially preferred impacted their adjustment to parenthood and seems to have created an experience similar to that of a missed opportunity. Marcus, a gay father noted, 'I was really hoping for a younger child in order to affect their personality.' These parents were faced with disappointment created by the incongruence between what they imagined would be their parenting experience and their actual experiences (Smith *et al.* 2009).

Conditions contributing to adjustment: 'It's not like we're totally out in the woods'

Some parents were able to successfully manage and cope with their unmet expectations. These parents described reaching out for and receiving support, as well their own cognitive flexibility (i.e. shifting their beliefs about what was best for their family), as conditions that facilitated adjustment to their children's unexpected characteristics.

Sufficient formal support. Ten participants (13%; two lesbians – one couple, three gay men – one couple, two heterosexual women, three heterosexual men – one couple), all of whom adopted children with unanticipated special needs ($n = 6$ cognitive needs; $n = 3$ physical needs; $n = 1$ behavioural needs), noted that they received formal support that helped with their transition to parenthood. Their ability to access quality services helped them avoid some of the stress that other parents of children with unanticipated special needs mentioned (i.e. those with inadequate support services). For example, a gay couple (Stuart and Tyler) explained their interactions with professionals as useful in enabling them to understand and

'get through' the tough times with their son, who had significant, unexpected physical and cognitive needs. Stuart recounted:

The neurologist that we took him to at the hospital – that was a particularly hard visit . . . It was the first time that I actually [heard] a medical professional saying this is the result of the drugs and let me show you what it's doing to his body. I mean, I just, I lost it.

Thus, Stuart's encounter with this neurologist served to validate the challenges that he and Tyler were up against in parenting. Stuart also mentioned that they were involved with a resource centre and an occupational therapist, in addition to the neurologist.

Other parents discussed the significance of receiving similar support from their school systems and therapists in coping with their children's unanticipated educational, emotional and social needs. These types of support services provided parents with the resources they needed to cope with stress related to their children's unexpected special needs (Smith *et al.* 2009).

Sufficient informal support. Many parents ($n = 18$; 16%; eight lesbians – two couples, five gay men – two couples, one heterosexual woman) received informal support (e.g. family and friends) to help them adjust. Half of these parents' unmet expectations were regarding gender (all were in same-sex relationships). They described challenges related to being in a same-sex relationship because their child was unexpectedly a different gender from both themselves and their partners. Thus, they reached out to members of their child's gender for support. Alice, a lesbian mother who had adopted privately, noted:

Well, you know, us being lesbians, I really don't know anything about a penis, so that's . . . like potty-training and just, males going through puberty, I mean those are going to be kind of the challenging things, I think, but nothing we can't get through . . . any questions he has, we'll just tell him, 'This is what you do, and this is how you do it – if you're uncomfortable talking to us, you can talk to any of your uncles.'

Five parents who described sufficient informal support had placements with children with special needs that were unexpected ($n = 4$ behavioural needs; $n = 1$ physical needs). Their family members and friends provided valued respite care, allowing parents a break, as well as emotional support when parents needed to 'vent'.

The remaining two parents who relied on informal supports had not anticipated the ethnicity of their child and described value in talking to friends of the

same ethnic background as their children to familiarize themselves with their child's heritage. These participants felt that they had friends and family who 'really stepped up to the plate' and became valuable resources for them as they adjusted (Smith *et al.* 2009).

A shift in perspective. Twenty-five participants (32%; six lesbians – three couples, 10 gay men – three couples, five heterosexual women, four heterosexual men – two couples) discussed how, upon encountering an initial unfulfilled expectation, they had subsequently 'realized' that their children's characteristics were more positive than expected. These parents faced an unfulfilled expectation regarding their child's age ($n = 18$; 15 placed with children older than expected) or gender ($n = 7$; all were placed with boys but were expecting girls). None were struggling with special needs or had adopted a child of a different race than they anticipated. It may be easier to engage cognitive flexibility, and reduce distress associated with cognitive dissonance (Festinger 1957), when adapting to the unanticipated age or gender of a child as opposed to special needs and race.

Regarding age, some parents expressed disappointment that they would not get to experience a child's 'cradle years' as they had originally desired – yet they also came to see the benefits of an older child (e.g. no diapers, child is verbal), or became aware of previously unknown personal strengths in parenting. John, a heterosexual father of a toddler adopted via child welfare, had preferred an infant, but subsequently realized that he and his wife had the parenting skills necessary for an older child: 'Based on my experience, from two to three on up, you're just dealing with a lot of things that I just didn't think we were ready or willing to take on. But, you know, experience has proved me wrong.' John seems to have reduced any discomfort or stress he may have felt by the mismatch between his expectations and reality by framing the unfulfilled expectation as a learning experience rather than a stressor (Festinger 1957).

Other parents positively reframed the situation to emphasize that the age of their child actually fits better with their family than anticipated. For instance, Kyle, a gay father of a 7-year-old said, 'Now I can't imagine having a two-year-old. That just would not have been for us. I think we got, we definitely got the right kid for us. This is the perfect kid. Plus, we just weren't seeing a lot of [young] kids.' Kyle's response also reflects the reality of children awaiting adoption in the child welfare system (US Department of Health and

Human Services 2013).

Parents also demonstrated cognitive flexibility when highlighting their adjustment to the gender of their children. Kelly, a lesbian mother, recalled her thought process when she realized that a boy would be placed with her, rather than a girl:

I always envisioned myself having a girl . . . Then at one point I was really excited and glad that it was going to be a boy, especially when my cousin had a baby . . . at her birthday party, she was dressed up in all pink. There was pink everywhere, and I was like, I would totally do that. I'd be the mom that has the pink everywhere. And then I was like, no, I'm glad I have a boy because I'm not going to want to turn him into a princess.

Conditions contributing to neutral reactions to unfulfilled expectations: 'I'm happy either way'

Some participants expressed that they did not encounter strong reactions to their unfulfilled expectations when their children were placed with them. They explained that they had had adequate pre-adoptive training or that their preferences were not as important as their overall goal of becoming parents; thus, when unmet, these preferences did not appear to serve as a stressor (Smith *et al.* 2009).

Adequate pre-adoptive training. Eighteen participants (23%; 10 lesbians – three couples, four gay men, three heterosexual women, one heterosexual man) described being 'unfazed' by their unmet expectations, including 13 who adopted children who were either Caucasian (or physically appeared Caucasian according to their parents), and six who adopted children who were younger than expected. These parents, most of whom had adopted via child welfare ($n = 16$), expressed that they knew what to 'realistically' expect, according to the training they received. Further, because their training had emphasized that the child placed with them would likely be an older child or a child of color, some of them were 'shocked' and felt that they had won the 'adoption lottery' when their child did not possess these characteristics. This was especially true for lesbians and gay men, who may have overly prepared themselves being matched with a child different from their initial preferences (Goldberg 2010b). Tina, a lesbian mother, reflected on her expectations regarding the age of her child:

I expected older, not that I wanted older, but I thought we would get a call for older. I was actually shocked when they called us with a three week old . . . Usually they say, 'There are no babies, so don't ask for them.'

Thus, pre-adoption preparation seemed to reduce the potential for disappointment or stress connected to unmet expectations (Smith *et al.* 2009). Further, it allowed them to be 'pleasantly surprised' when the children they ultimately adopted deviated somewhat from the 'average' child welfare adoption (US Department of Health and Human Services 2013).

Our priority was becoming parents. Twenty parents (25%; seven lesbians – two couples, nine gay men – two couples, three heterosexual women, one heterosexual man – one couple) expressed that they were simply happy to have a child placed in their home. They emphasized that their preferences and expectations for the type of child were not as important as becoming parents; many expressed that their greatest concern was adopting a healthy child. Most of these parents had unmet expectations regarding gender ($n = 12$), others mentioned race ($n = 6$) and one parent each mentioned age and special needs. Mandy, a lesbian mother who adopted an infant girl privately, said, 'You know, that [our initial gender preference] was so secondary to having a baby.' Charlie, a gay father who adopted via the child welfare system noted, 'I was hoping for a little girl . . . but, whatever, we're certainly happy.' Same-sex couples' sentiment that their priority was to become parents, and that their specific preferences were less important, may reflect their belief that they should minimize the strength of their preferences because it may have been more difficult to become parents if they had been more selective (Mallon 2004).

DISCUSSION

This study examined new adoptive parents' responses to unmet expectations about their children through the lens of family stress theory (Smith *et al.* 2009). This study adds to the literature on the transition to parenthood and specifically the literature on adoptive families. Historically, there has been limited focus on both same-sex couples and couples adopting through child welfare, despite the fact that they are growing in number (Goldberg 2010a).

Similar to prior research (Reilly & Platz 2004), many participants explained that they did not have adequate support post-adoption. Further, and unique to this study, children's unanticipated characteristics seemed to exacerbate their need for support, especially when their children had unexpected behavioural needs. These findings highlight that post-adoption support is a resource that has the potential to enhance parents' ability to cope with stress, especially when

their children's characteristics do not meet their initial expectations (Smith *et al.* 2009).

Echoing prior research (Reilly & Platz 2003), pre-adoptive trainings appeared to be a valuable resource relied upon by child welfare adopters. Parents expressed that because of their pre-adoptive training and preparation, they were aware that children available for adoption through the child welfare system were not likely to meet their ideal preferences (Gailey 2010; US Department of Health and Human Services 2013), and they were therefore able to modify their expectations prior to their adoptions. This finding has implications for adoption professionals preparing families for adoption via child welfare. Parents appear to benefit from education about the likelihood that their children may be different from their initial preferences and expectations.

Further, some parents were flexible in the face of unmet expectations especially when the child was a different age or gender than their initial expectations. This cognitive flexibility tended to serve as a resource to help reduce stress (Smith *et al.* 2009). On the contrary, a small group of parents also expressed considerable distress related to their child's older age, especially when they perceived an inability to influence their children's early development. Parents' potential for cognitive flexibility, and the strengths of their preferences and expectations, should be explored by adoption professionals and clinicians during their transition to parenthood to decrease the likelihood that parents are overwhelmed during this already stressful time (Smith *et al.* 2009; Goldberg 2010a). It may be beneficial for clinicians to specifically focus on helping parents increase their cognitive flexibility (e.g. through cognitive behavioural therapy). Through pre-adoptive trainings, it would be helpful to address parents' thoughts and level of preparedness for adopting children that may be different from what they expect. This may be an optimal time to introduce coping skills to ease their transition to parenthood.

We found that child welfare adopters encountered unmet expectations more often than private adopters, which is consistent with the frequent mismatch between pre-adoptive parents' preferences and children available for adoption via foster care (Brooks *et al.* 2002; US Department of Health and Human Services 2013). This, coupled with a lack of sufficient support resources, seemed to exacerbate stress for some parents (Smith *et al.* 2009). As prior research suggests (e.g. Rosenthal *et al.* 1996; Goldberg *et al.* 2012), adoption from the child welfare system is stressful. Professionals should be mindful that parents

who adopt via child welfare are vulnerable to unmet expectations, which can create increased stress in the presence of inadequate support resources. Attention should be paid to expanding the type and range of post-adoption support services that child welfare adopters receive.

We also explored the possible role of sexual orientation in parents' unmet expectations and in their reactions after their child's placement. Participants in same-sex relationships often emphasized that although some of their expectations were unfulfilled, they were grateful to have a child placed in their family. Perhaps these parents felt that to ensure that they would be able to adopt, they would need to be flexible in their stated preferences for their children (Mallon 2004). Same-sex couples may have felt pressure to move forward with any placements that were offered because they were aware that they are sometimes considered 'less desirable' prospective parents than heterosexual couples (Goldberg *et al.* 2007; Sullivan & Harrington 2009). Practitioners should be mindful of this, given our finding that some unfulfilled expectations have the potential to create stress during the transition to parenthood.

Limitations and conclusions

A limitation of this exploratory study is the sample (small in size, economically advantaged and all were parenting with a partner); thus, no firm conclusions about generalizability can be drawn. In addition, although we mention when partners within a couple endorsed the same theme, a within-couple comparison was not made and the data are non-independent. With a larger, more diverse sample, future research can more definitively demonstrate the impact of adoptive parents' unmet expectations on family functioning as well as differences in experiences based on adoption type, sexual orientation and within couples. Additionally, although we captured parents' perceptions early in their transition to parenthood, they may have described different levels of stress and responses to their unmet expectations if we had interviewed them later. Furthermore, the existing data do not examine other potential sources of stress for this sample. Differences in stress and adaptation may exist between parents depending on their motivations for adoption (e.g. infertility vs. more altruistic motives); this was not assessed for this study. Future research should examine the long-term consequences of adoptive parents' unmet expectations regarding the age, gender, race and special needs of their children.

Despite these limitations, this study makes several contributions to the adoption and child welfare professions as well as the scholarly literature. Firstly, we learned that when some adoptive parents' expectations are not met, they experience elevated stress, especially when they perceive a lack of formal and informal supports as well as disappointment about their limited ability to 'mould' their children (e.g. given their children's older age). Secondly, this study revealed that parents' ability to engage in a flexible mindset regarding their unmet expectations may be a protective factor during their transition to parenthood.

Further, we found that some adoptive parents, especially those adopting via child welfare, described feeling adequately prepared for 'realistic' adoptions through pre-placement trainings and ultimately benefited from such information inasmuch as they were 'pleasantly surprised' by their placements. Our results indicated that unfulfilled expectations regarding gender and race seemed less likely than other unfulfilled expectations – namely, special needs and age – to evoke strong reactions from parents in our sample. Inasmuch as gender and race are less connected to behavioural challenges than are special needs and age, adaptations to such unfulfilled expectations may therefore be less difficult for parents.

Finally, despite the few differences between same-sex and heterosexual couples in their experiences of and adaptations to unmet preferences, adoption professionals should address the possibility that same-sex couples may feel pressure to adopt children who do not meet their expectations or who are 'more difficult' than they prefer. Future research should continue to include parents of diverse sexual orientations in order to expand the scholarly literature and support these parents as they navigate their transition to adoptive parenthood. Overall, our findings highlight the importance for child welfare and social work professionals to take into account adoptive parents' pre-adoptive expectations not only before but also *after* the placement of their children.

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