

Adoptive parents' experiences of social support and attitudes towards adoption

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Abstract

The internalisation of stigma by adoptive parents has been related to depressive symptoms (Goldberg, Kinkler, and Hines, 2011) and dysfunctional family behaviour (Walsh, 2003). The current study investigated stigma internalisation and perception, and their relationships with social support from family, friends, and the broader community. The goal was to determine the extent to which adoptive parents felt societal attitudes were stigmatising, and how social support influenced stigma. Data were collected using an online survey ($n = 43$) and semi-structured interviews ($n = 7$). Participants reported that the motivation to adopt and the nature of the adoptive family are not understood by non-adopters and that the media portrays parents in an unrealistic manner, as either 'heroes' or 'desperate'. Living area was found to predict stigma perception, with people living in cities perceiving lower stigma than people in towns, suburbs, and rural areas. Social support came from an extended 'family', made up of close friends, other adopters, and often the religious community. The findings point to a need for more extensive education on adoption in school and regular media; for increased support services in less urbanised areas; and for earlier support for parents adopting from outside their local authority.

Keywords: Adoption, adoptive parents, stigma, social support, friends, family

Introduction

In recent decades the profile of children needing adoption in the United Kingdom and Ireland has drastically changed: contemporary adoptees are likely to have experienced abuse or neglect and have specific physical, emotional, developmental, and educational needs (Selwyn, Wijedasa, and Meakings, 2014). The job of social workers is to find a family with the skills and resources to deal with, for example, sibling groups, disabled children, minority ethnic children, or children exposed to drugs or alcohol (Thomas, 2013). Recognising the increasingly challenging aspects of the adoptive parent role, existing literature has highlighted the influence of friends and family support on adoptive parents' well-being (Rosnati, Ranieri and Barni, 2013), while also stressing the importance of taking into account societal attitudes and their impact on mental health and family functioning (Miall, 1996). Yet little is known about the relationship between societal attitudes towards adoption as perceived by adoptive parents and their experiences of social support. The aim of this paper is to explore whether attitudes towards adoption are perceived as stigmatising and how social support relates to these attitudes.

Societal attitudes towards adoption

Society's attitudes towards adoption are salient to the self-perceptions of adoptive parents because such attitudes are likely to have an impact on how parents

speak about adoption and consequently how they perceive themselves. One observed attitude – that which conveys the idea that adoptive parenthood is ‘second best’ to biological parenthood – is a known factor influencing parents’ willingness to share about adoption. Parents may avoid sharing the news for fear they would be seen as ‘failures’ for not being able to biologically conceive, and may fear their child will be seen as ‘different’ (Miall, 1987). Matching children and parents on the basis of their physical appearance increases the likelihood of being seen as the ‘real parent’ and is yet another way to put emphasis on the importance of the biological background (Wegar, 2000), by trying to give the appearance of a shared biology (Herman, 2002).

Another relevant attitude is linked to the necessity of proving that one will be a good parent before being able to adopt (Hartman and Laird, 1990) and parents feeling they should solve problems originating from before the child was placed with them (Grotevant, McRoy, and Jenkins, 1988). Adoptive parents allocate more resources to their children than other family types, which is traditionally attributed to higher income on average and older maternal age (Hamilton, Cheng and Powell, 2007). Other research suggests this might be related to the pressure of adoptive parents to be ‘perfect parents’ (Hartman and Laird, 1990).

Several scholars (e.g. Kirk, 1964; March, 1995; Miall, 1987) have investigated the ways in which society’s attitudes towards adoption might be perceived as stigmatising by adoptive parents. Stigma has been recognised as one of the ‘most

serious and devastating psychosocial issues' (Chronister, Chou, Liao, 2013: 583), and has been related to lower self-esteem, quality of life, and greater depression (Link et al., 2002). Stigma can be understood as two related but distinct processes. Stigma perception is the awareness that people in society have negative beliefs towards adoption; stigma internalisation is the extent to which one feels the stigmatising beliefs apply to oneself and one's family, and has been found to correlate to depressive symptoms. Being aware that others have stigmatising beliefs about one's family does not necessarily mean internalising them (Goldberg, Kinkler, and Hines, 2011). However, stigmatising beliefs can lead adoptive families to feel marginalised and devalued (Kline, Karel, and Chatterjee, 2006).

Stigma arises when an individual or a group threaten the norms of the majority (Goffman, 1968), which in the case of the family are fertility and kinship. The stigma originates from the childless status of the adoptive couple: the fertility norm is that couples should reproduce and want to reproduce and childlessness, voluntary or not, is seen as a form of deviant behaviour, leading mothers to perceive infertility as a 'failure' (Miall, 1987). Society places great value on reproduction and rewards the image of parenthood, contributing to women perceiving infertility as a deficiency or abnormal condition (Whiteford and Gonzalez, 1995)

Adoption also contradicts the kinship norms prevalent in Western societies (March, 1995) according to which bonds should be based on blood relations. Adoptive

mothers have mentioned that people see adoption as the ‘second best’ option; that adopted children are seen as ‘second rate’ because of their unknown genetic past; and that society gives them the message that they are not ‘real parents’ (Miall, 1987). In the media, adoption does not appear often and when it does, popular culture continues to fuel the stigmatised status of adoption with, for example, shows on adoptees looking for their biological parents (Wegar, 1997).

Stigmatising beliefs and social support

The failure to recognise that adoption can potentially be stigmatising lies behind the fact that there are no post-adoption services specifically targeted around the need to help adoptive families with community stigma (Wegar, 2000). In terms of formalised services, adoption support groups can provide meaningful emotional assistance for parents to discuss personal matters in a safe environment and exchange information (Bryan, Flaherty, and Saunders, 2010). The availability of support services may vary geographically in the UK with adoption agencies offering services responding to the variety of needs of adoptive parents more available in large cities (Rushton and Dance, 2002). The mismatch between support needed and support received is due not only to parents not knowing which services they are entitled to, but also their reluctance to ask for more post-adoption services because of fear that admitting they need help would be attributed to some fault of their own (Rushton, 2003; Sturgess and Selwyn, 2007), which links back with the impact of widespread attitudes on parental behaviours.

Outside of formal services social stigma can be countered by a strong social support network. Social support is a function operated by one's social network and has a great influence on well-being (Osofsky and Thompson, 2000). The knowledge one will receive support if needed, rather than the actual support received in the past, is identified in the literature as 'perceived support' and has been found to be predictive of well-being (Bristol, 1984) and to be a buffer against stressful life events (Wills and Shinar, 2000). Social support is an important protective factor 'in facing challenging transitions such as that of adoption' (Rosnati, Ranieri, and Barni, 2013:12). The specific relationship between stigma and social support has been investigated with encouraging findings in studies in the general population. Social support encourages people to share how they feel stigmatised and how to react (Dudley, 2000) and it has been negatively related to internalised stigma (Adewuya et al., 2010).

As for adoptive parents, family and friends are two groups closest to them in terms of the support they can offer. Research has shown that the relative importance of these two sources of support can differ according to the parent's characteristics. Mothers tend to count on a broader and more supportive network of friends and relatives than fathers do (Cigoli and Scabini, 2006). Kindle and Erich (2005) found that heterosexual couples relied more on family for support than same-sex couples and they hypothesised that same-sex parents made their own definition of 'family', which may also include close friends.

In some cases, however, support from family and friends is not forthcoming. Whereas this may be due to stigma, in some cases individuals in the parent's network might struggle to understand the motivations behind adoption, as discussed in Selwyn's et al. (2014) comprehensive study on adoption disruption and the factors associated with it. Additionally, they might stop helping because of the difficulty of coping with the demands related to having an adopted child (Sturgess and Selwyn, 2007). Whatever the reason, adopters can become isolated and be deprived of the buffer against the potentially stressful exposure to people not understanding or stigmatising their choice to adopt. In these circumstances, next to formal adoption services, support from the community could assume a pivotal role. Some adoptive parents find support from their religious community in the form of a 'family surrogate' (Glock, Ringer, and Babbie (1967). In line with Kindle and Erich's (2005) findings, it appears that the definition of family often becomes personalised when the traditional family structure is altered, such as in the case of adoption.

Aims of the study

In the light of this literature, the current study has the aim of providing a holistic picture of adoptive parents' support networks, and how social support relates to negative and potentially stigmatising attitudes towards adoption in the UK and Ireland. The overarching research questions used to guide the collection and analysis of the data were:

- How much support from family or friends do adoptive parents perceive, and how much importance do they attribute to these sources of support? What are the factors influencing the source and importance of support?
- Who do adoptive parents see as providing informal support?
- What are the levels of stigma perception and stigma internalisation in this sample, how do they relate to support, and what are the factors influencing them?
- What are adoptive parents' experiences of other people's attitudes to adoption, and to what extent can they be seen as 'stigmatising'?

Methods

Participants

Participants were adoptive parents in the United Kingdom and Ireland. Information about the study was posted on the website www.adoption.uk; it was shared on Twitter through the second author's academic account and re-posted by adoptive parents; it was forwarded to the Director of Policy, Research and Development at what was then the British Association for Adoption and Fostering (BAAF; now CoramBAAF); and it was emailed to the manager of the adoptive parents Buddy Scheme in the authors' local authority. Forty-three adoptive parents responded to the

survey, aged between 30 and 70 years ($M = 44.55$, $SD = 8.93$). Seventy-six percent of the respondents were female; 81% were in a heterosexual relationship, 12% in a same-sex relationship and 7% were not in a relationship. Forty-five percent said they lived in a city, 24% in the suburb, 21% in a rural location, and 10% lived in a town or other location. The mean time since placement/adoption was 5 years, and the mean age of the first adopted child was 8 years. Fifteen respondents out of 43 had adopted a second child whose mean age was 7. Eighty-six percent of the participants reported not having biological children.

Design and ethics

A mixed-method approach was used to address our research questions. All consenting participants completed a secure online survey consisting of social support and stigma scales and provided background data on their family circumstances. A subsample of survey participants took part in semi-structured interviews to examine the issues of support and stigma in greater depth. Ethical clearance for the study was granted by the University of Oxford's Education Department Research Ethics Committee.

Measures

The family and friends support scale. Social support was measured using a family support scale and a friends support scale, based on the instrument created by Bonds, Gondoli, Sturge-Apple, and Salem (2002). To give participants a wider choice of

responses to describe the extent of perceived social support, Bonds et al.'s (2002) 4-point scoring system was transformed into a 5-point Likert scale. The 38 items of the original scale covered the categories of practical support (e.g. 'My friends would babysit, if I needed them to'), informational support (e.g. 'I get good ideas about parenting from my friends'), esteem support (e.g. 'My family members express confidence in me as a parent'), and venting support (e.g. 'I have family members I can talk to when I just want to blow off steam about parenting issues'). A higher score on the items represents a higher level of support. The items of the Family Scale had a high internal consistency value, $\alpha = .93$. The Friends Scale had an alpha value of .91. To measure the importance attributed to the perceived support, two additional items were included: 'It is very important for me to feel supported by my family' and 'It is very important for me to feel supported by my friends'.

The Feelings About Adoption Scale. Social stigma was measured using the Stigma Perception Scale and the Stigma Internalisation Scale, grouped together in the Feelings About Adoption Scale (FAAS) by Goldberg et al. (2011). This 8-item scale has a 5-point Likert scale scoring system. Five items constitute the Perceived Stigma Scale (e.g. 'People have indicated to me that they feel that as an adoptive parent, I'm not a 'real' parent'); the other 3 items define the Internalised Stigma Scale (e.g. 'I have felt that being an adoptive parent is second rate (to being a biological parent)'). Higher scores indicate higher levels of perceived and internalised stigma. The Feelings about

Adoption Scale had a moderate internal consistency of $\alpha = .63$. Separate analyses were run for the Perception of Stigma (5 items) and Internalisation of Stigma (3 items) Scales: the Cronbach's alphas were respectively .64 and .39. Although low, these figures resembled those reported by Goldberg et al. (2011) and were thus considered acceptable for the present study.

Interviews. As part of the online survey participants were asked to take part in an interview, either by phone or in person. Of the 20 people who indicated an interest, seven semi-structured interviews could be arranged within the timeframe of the project. Two were conducted in person at the authors' university and five were conducted by phone. Interviews lasted between 24 and 58 minutes and were audio-recorded after receiving written consent by the participants. The themes covered in the interview were: family's and friends' support and child's integration; reactions to the decision to adopt by family, friends, and other people (e.g. at school); and perceptions about society's view of adoption. Interview transcripts were analysed using thematic analysis (Braun and Clarke, 2006). Participants' names were changed into pseudonyms to protect their anonymity.

Results

Survey responses

Table 1 shows the means and standard deviations of the six support and stigma subscales, overall and broken down by gender and living area.

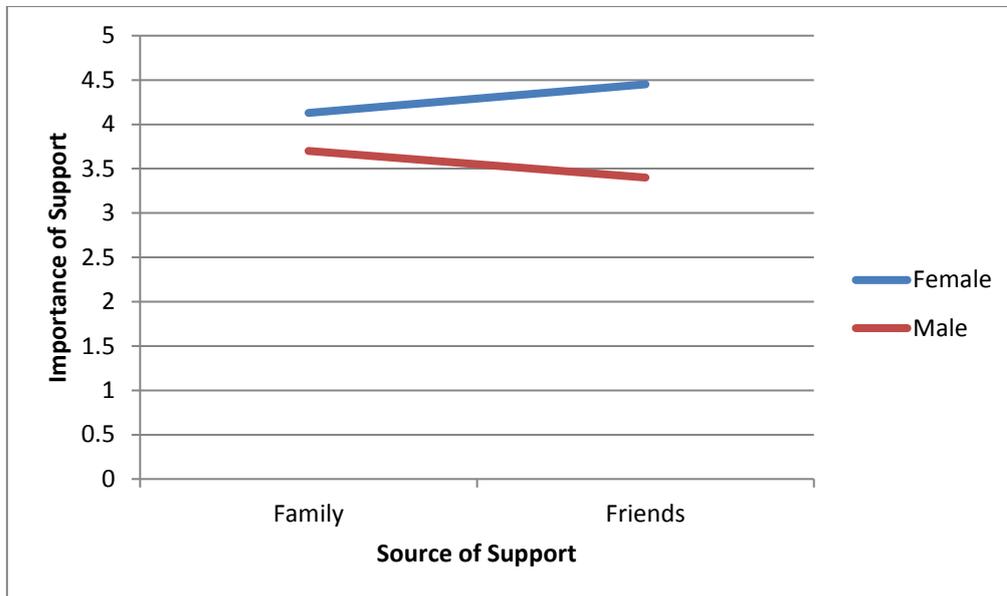
Table 1. Mean (and SD) of support and stigma scales, by gender and living area.

	Total	Gender		Living Area			
		Female	Male	City	Suburb	Rural	Other
Perceived Family Support	3.32 (.96)	3.36 (.96)	3.21 (.99)	3.39 (.69)	3.32 (1.27)	3.56 (.93)	2.23 (.88)
Perceived Friends Support	3.77 (.72)	3.83 (.77)	3.58 (.54)	3.82 (.73)	3.85 (.68)	3.71 (.73)	3.45 (.97)
Importance Family Support	4.07 (.70)	4.18 (.73)	3.70 (.48)	4.11 (.74)	4.00 (.67)	4.11 (.78)	3.75 (.50)
Importance Friends Support	4.20 (.75)	4.45 (.57)	3.40 (.70)	4.17 (.86)	4.20 (.79)	4.11 (.60)	4.50 (.58)
Stigma Perception	3.58 (.60)	3.63 (.62)	3.41 (.51)	3.33 (.55)	4.04 (.46)	3.34 (.56)	4.05 (.19)
Stigma Internalisation	1.96 (.79)	1.96 (.76)	1.97 (.90)	2.02 (.72)	1.83 (.89)	1.74 (.62)	2.50 (1.14)

A dependent-samples t-test showed that adoptive parents perceived more support from their friends than from their families, $t(40) = 3.06$, $p = .004$. In terms of the importance attributed to the support perceived by family and by friends, no significant difference was found in the ratings. Our sample reported significantly more stigma perception than internalisation, $t(40) = 12.60$, $p < .001$.

Parents' gender was not related to perceived support from families or friends; nor did it relate to either perceived or internalised stigma. However, there were gender differences in the importance of both family and friends support, $p = .057$ and $p < .001$, respectively. Women rated the importance of support from family and friends more highly than men. A 2 (source of support) x 2 (gender) mixed ANOVA showed that this main effect of gender was qualified by a significant interaction between gender and the source of support, $F(1,39) = 4.25$, $p = .046$. Figure 1 shows that whereas family support was more important than friends support for men, friends support was more important than family support for women.

Figure 1. Importance of support from family and friends (estimated marginal means), by gender.



A series of one-way ANOVAs showed that living area had no significant effect in five of our six support and stigma subscales. There were statistically significant differences between parents living in different areas in terms of perceived stigma, $F(3,37) = 5.99, p = .002$. Post-hoc tests revealed that parents living in cities or rural areas perceived significantly lower levels of adoption stigma than those living in suburbs or other locations, $ps < .030$.

All other demographic variables were unrelated to our measures of support and stigma.

Table 2. Correlations between support and stigma scales.

	Perceived	Importanc	Importanc	Stigma	Stigma

	Friends Support	e Family Support	e Friends Support	Perception	Internalisation
Perceived Family Support	.33*	.49**	-.04	-.23	-.23
Perceived Friends Support		.18	.58***	-.39*	-.11
Importance Family Support			.28	-.20	-.01
Importance Friends Support				-.01	.17
Stigma Perception					.32*

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 2 shows the correlations between our six support and stigma subscales. Parents who perceived receiving high levels of support from family also tended to perceive high levels of support from friends. The importance of family support was positively related to perceived family support, and the importance of friends support was positively related to perceived friends support; however, there was no relationship between the two importance subscales. Greater perceived support from friends was

related to lower perceived stigma, and lower perceived stigma was related to lower stigma internalisation.

Finally, four multiple regression models were created using a forced-entry method, to identify the significant predictors of perceived family and friend support and perceived and internalised stigma. In each model, the remaining three support and stigma subscales were entered as predictors, along with parents' living area, since this had been shown to relate to stigma perception in our preliminary analyses.

The models for perceived family support and internalised stigma were non-significant. The model for perceived friends support significantly predicted 19% of the variance in outcome, and showed that greater perceived stigma still predicted lower friends support, even after controlling for other factors. Notably, the model for stigma perception significantly predicted 46% of the variance in outcome, showing that lower friends support, greater stigma internalisation, living in a suburb, and living in a town or other location, were all unique predictors of greater perceived stigma.

Interview themes

Our thematic analysis of the interview responses expanded on the survey results. The goal of the survey was to determine whether negative attitudes towards adoption were perceived as stigmatising by parents and the results of the FAAS showed that our participants recognised the negative attitudes held by the majority of society as

stigmatising. Crucially, both methods revealed that lack of knowledge and misunderstandings of adoption were related to feeling of stigma. In the survey, this was shown by the reliability analysis of the FAAS in which the items ‘people don’t understand adoption’ and ‘people don’t understand adoption families’ were found to measure the concept of stigma together with the other items. In the interviews, participants discussed their experiences of other people’s attitudes towards adoption and those were often related to people’s misconceptions of adoption. Negative attitudes also had an impact on parents’ willingness to share about adoption and they were related to the stigma of not being related to blood ties. In addition, the statistical relationship between support and stigma was elaborated on in the interviews, where parents’ experiences were discussed in relation to social support.

Blood ties. Interviewees highlighted the ways in which society emphasises the importance of blood ties in creating a family and relegates adoptive parents to a second rate status. One of the most common themes emerging in the interviews originated from the question adoptive parents would receive: ‘Who are the child’s real parents?’

People who we didn’t bring closely to our decision process took a while to visit us, I think they were sort of, ‘I don’t know, it’s so sudden, it’s a family from nothing, I am not quite sure how I should react to that.’ [...] Other people are kind of surprised if they call me mummy and I am like, ‘Well that’s what I am.’
(Miriam)

The stigma of not sharing blood ties was experienced also by Martha, who reported that the mother of one of her daughter’s classmates approached her asking how often she

saw her real mother, and she explained that when people talked to her about ‘real parents’ she corrected them to ‘birth’ and ‘adoptive’.

Matching the child with the parents on the grounds of appearance can be seen as another way of emphasising biological ties. Ellen gave an example of this:

Some people are surprised when I say that she is [adopted] because she looks so much like me that you wouldn’t know, so that was very good when they matched her, that she doesn’t look totally different to me. (Ellen)

In an attempt to reduce the stigma of adoptive kinship both for parents and children, the aim of adoption agencies has often been to match the child with the parents so as to resemble, in as far as possible, biological kinship (Herman, 2002). Ellen agreed that the agency’s decision was ‘very good’ in that the lack of biological ties could stay hidden.

The media is a powerful source of information when it comes to shaping public attitudes about adoption and perpetuating misconceptions. The way adoptive parenthood can be misrepresented in the media also emerged in our interviews:

If it is covered in the media it is covered in the aspect of adoptive children as victims or parents as heroes or desperate. Talking about infertility treatments, you never get parents who are seeking to become adoptive parents: they are always ‘desperately seeking’. (Martha)

Parents are characterised as desperate especially when their decision to adopt occurs in conjunction with the inability to conceive biologically. The dominant family narrative of the blood bond suggests that if one cannot fulfil society’s expectations of giving birth, one must be desperate to achieve the same goal by other means. Even when this is

not the case, and prospective parents make adoption their primary choice, they are still asked questions such as, ‘Did you try IVF? Will you still try other options as well?’ (Gabriella).

Misconceptions about adoption. Parents gave examples in several domains of attitudes towards adoption driven by misconceptions, which seen in the light of the scores on the FAAS can be assumed to be perceived as stigmatising. Paradoxically, if at times adoptive parents were depicted as ‘desperate’, just as often they were called ‘heroes’. One interviewee reported that the reaction ‘Weren’t you wonderful to do this?’ was very common. However, Martha had the feeling that what other parents actually meant was, ‘Gosh, I wouldn’t do it but you are very brave to do that.’ Sven was struck by people’s inability to see the reality, rather than the idealisation, of why a couple unable to have children would want to adopt: ‘They never say how lucky you are, it’s always how lucky the child is. And, “Aren’t you good for doing this”, which is not how most adoptive parents feel at all’. Lack of knowledge on adoption can lead parents to feel the pressure to be ‘perfect’ and cause them to feel isolated. One of the interviewees summarised this feeling:

Sometimes you just don’t want to tell people things are not going well [...]. One of the concerns is that if you say, it’s not going well, or I am fed up with my children today, you feel that people are going to go, ‘Well, it’s your choice, you wanted them.’ It is my choice, I am happy I made that choice, but actually today it feels pretty bad. And yesterday it felt great and tomorrow it will probably be great, but today it felt rubbish! (Miriam)

The emphasis put on adoptive parents to be perfect parents, often based on a lack of knowledge of the background of their children, can have serious consequences, as reported by Jonas, who explained that their daughter ‘has provided a constant reminder of my wife having to be a very good mother, kind of a therapeutic parent to [her]’. He goes on explaining how the need to ‘fix’ the child’s problems led his wife to feel psychologically unwell.

Although adoptive parents should not have to be perfect, they do often need to approach their children’s behaviour with specific parenting styles and may be required to have a deeper understanding of children’s development than the average parent. Ellen stated that ‘you can’t parent an adopted child the same way you would a birth child [...], their emotions are totally different’. Along the same lines, Gabriella was disappointed that adoptive parents need to have training about brain development and the consequences of early neglect, but that biological parents do not seem to have such knowledge: ‘What they see is a child behaving a certain way and they look at you like ‘what are you doing wrong? Why are not doing something about it?’ (Gabriella). The perception of being judged by the parents who do not have adopted children contributes to the feeling that adoptive parents should have to be ‘perfect’.

When the adoptive parents in our sample spoke about non-adoptive parents, they portrayed them as empathetic but unable to truly understand adoptive parenthood. This is especially reflected in the tendency to over-simplify an adopted child’s behaviour:

People with biological children don't always understand where you are coming from. I think there is always a tendency to say 'it's normal for children of this age' when actually you might be thinking, 'It might be normal or there might be something else going on here.' (Gabriella)

The impact of pre-care and in-care experiences should also be taken into account. A theme that emerged frequently in the interviews was the lack of understanding of adoptive children's background before the adoption. Sven had the feeling that people were expecting his child to 'get on with it' in terms of her difficulties. According to Jonas, society at large does not understand that, in the UK, most adopted children have been through foster care. Sven explained that 'there is still a belief that [adoption] happens not because of the horrible things [my daughter] had to put up with, but because the parents split up or one of them can't manage or they have died'. The paradox is that parents are depicted as heroes when adoption is seen from a distance in an idealised way ('aren't you great for doing this?'), but when other people are confronted in real life with potentially challenging behaviours, adoptive parents perceive they are being judged rather than understood ('Why are you not doing something about it?').

Openness about adoption. In response to these misconceptions, adoptive parents varied in terms of their openness to sharing the adoptive status of their children. Some decided that adoption was something to celebrate, while others preferred to keep quiet to avoid turning adoption into the characterising feature of their child. Jonas preferred to keep quiet on the news of adoption: 'We don't want the fact that she's adopted to be what

identifies her, the label that is attached to her. That's why we did not explain that she was adopted to people, unless it was necessary'. (Jonas)

He had been made aware that being adopted would determine the way his child is viewed, and he wanted to avoid the 'stigma' that comes with this label (Goffman, 1968). Martha, who did not have any adoption model in her family, similarly decided that if people did not ask, she would not contradict their idea that her family had just moved from another village, rather than explaining about the adoption. The fact that Martha's children were the only adopted children in the school may have contributed to this decision. At the other end of the spectrum was Louise, whose children saw their adoption day as a chance for celebration: 'On their adoption day, we have a much bigger party than when it is their actual birthday. When they were little, they'd have a party, they'd have presents, and even now, they still want to celebrate it.' (Louise).

Internalisation of stigma. The interview questions were not designed to directly investigate the extent to which participants had internalised stigma in their self-concept as parents or the view of their families. Nonetheless, some responses showed how parents in the sample had dealt with the perception of stigma. Jonas' wife, for example, felt the psychological pressure of having to be a 'therapeutic' parent. This may be down to adoptive parents perceiving that they should be able to solve problems originating from before the placement (Grotevant, McRoy, and Jenkins, 1988). On the other hand,

Martha actively countered the stigmatising view that she was not her daughter's real parent by correcting people who would call her daughter's biological parents 'real'.

Social support. Our survey results showed that the degree of social support from family and friends was well above the midpoint of the scale in our sample. Most participants had previous experiences with adoption or fostering, and having had family who already adopted or fostered was a way of normalising adoption for the new parents as well. The importance of family support was pointed out by Martha: 'We didn't have any adoption models in the family and I think it would have helped having someone who had actually been through the adoption process, to talk to.' (Martha). Having family and friends who adopted or fostered was often linked with 'real understanding'. In contrast, lack of experience was linked to lack of understanding:

All the people in [county] do their best to support everyone, but no one there has adopted a child or has been adopted. [...] they haven't got first-hand knowledge of what is like to adopt. (Ellen)

This highlights the importance of being among people who have been involved with adoption. All interviewees in this sample had been, or still were, involved with mentoring or support groups. Another interviewee, Gabriella, explained how she 'would have struggled a lot' without friends and family, but also stressed the importance of sharing experiences, through groups and online forums, in order not to 'feel so alone in it'. Even though adoptive parents may feel lonely at times, support and sharing can counter such loneliness.

Jonas gave an example of the degree to which his network of support had been a source of strength for him, and how the lack of such support had been an issue for his wife: 'I think my wife finds [some] questions that I mentioned [...] quite hard to discuss with people. For me the support networks meant that anything embryonic like that you can discuss it before it becomes a big issue.' (Jonas). Not having a strong network of support had led Jonas's wife to more isolation, in contrast to Jonas, who could work out any potential issues thanks to the support provided by his friends, family, and religious community.

Making your own support. The interviews suggested a possible explanation for the survey finding that friends were perceived to offer more support than family, but that the importance attributed to them did not differ, as summarised in the following quote:

My family aren't local; [...] my mum is one and a half hours away. We rely quite a bit on friends that we've got here. We have made quite a few friends who have adopted children as well [...] but one thing that I have learnt after all these years is that it's very important to have a family nearby. (Ellen)

This was a position shared by other interviewees such as Jonas, whose family lived a long way away, with the consequence that 'they cannot babysit or have [our daughter] for weekends. I think that is probably the thing that we find hardest.'

The national policy that the local authority in which parents live is not allowed to offer support until three years after the adoption was an issue discussed by the participants (see also Selwyn et al., 2014). Many of them found themselves in need of

help but had trouble obtaining it because the authority their children came from was too far away.

Our daughter came from somewhere about 2 to 3 hours north of us, and we found that we needed support from them and it was very hard to access it because we were not in the same county, but [county] was not allowed to offer support until 3 years later. (Martha)

It seems likely that, being unable to count on the resources of their own local authority, these parents had to rely more on their friends. This can be related to parents' feelings that, although it is there when people are aware of it, still 'you have to go out there and make your own support' (Miriam).

The church community was mentioned as a source of support. Four out of seven interviewees said that they relied on the religious community for emotional and practical support. Through these functions the church acted as a family surrogate, especially when the interviewees spoke about their own family living too far away for weekly visits. Emotional support was embodied in the ability to discuss problems without feeling judged:

We have a lot of people within the church who understand our situation and help us in a confidential way. Just the ability to discuss [...], they can pray for you and you can share problems. (Jonas)

In terms of more practical support, some interviewees reported that their children had mentors or godparents and that because they had made many friends in the church community they could receive some practical support from that. For example because

‘they were able to talk things through that the kids weren’t able to chat to us about. That was very empowering’ (Louise).

Next to the religious community, there were other ways of creating a sort of family surrogate:

One of our friends, she has adopted her as her grandmother. There has been a bit of adopting like that, so we can create an extended family of sorts, some of our friends are really extended family to [our daughter]. (Sven)

The definition of family for these adoptive parents is broader than the traditional one.

The parents in this sample were constructing their own definition of family, including close friends and other church members, creating a close network that, as Louise reported, ‘has probably been more powerful than our family’.

Discussion and Conclusions

Our study has highlighted the ongoing stigmatisation of adoption in the UK and Ireland, and the role that adoptive parents’ social support networks can play in countering such stigma. Adoption is still the object of misunderstanding, as shown by the astonishing 93% of this study’s sample agreeing or strongly agreeing with the statement ‘people in society do not understand adoptive families’. Adoption is not equated to ‘real’ biological parenthood as highlighted by the fact that friends and family of the interviewees were unsure how to react to the news of the adoption, and the various examples given of misunderstandings. The media plays a role in this, by

portraying adoptive parents as either 'heroes' or 'desperate'. This suggests that more public education is needed, especially in light of the finding that the adoption experience is 'normalised' when family or friends already have experience of it. The public discourse on adoptive parents as 'heroes', the feeling that they are being judged by non-adopters when their children are acting out in public, and the reticence to share when things are not going well at home perpetuate unrealistic expectations of 'perfect parenthood', which can be hard to live up to. Willingness to share frustrations around parenting requires a non-judgemental outlet such as a peer or religious group, but is less likely if this discourse has been internalised, as appeared to be the case for one interviewee's wife. The pressure to be 'perfect' constitutes a serious issue in that it might prevent parents from asking for help and might contribute to the idea that it is their own fault if the child is experiencing difficulties (Sturgess and Selwyn, 2007). Further research is needed to understand gender differences in the way adoptive parents deal with the pressure of having to be 'perfect parents' and the role that support groups might play in protecting against this.

Further misunderstandings arise due to a lack of public awareness around the backgrounds and potential long-lasting consequences for adopted children. Unlike foster carers, adoptive parents may face less empathic and more judgemental responses to children's behaviour. This can discourage parents from revealing children's adoptive status. One finding of the current study was that living area can predict the levels of

adoption stigma that parents perceive. After controlling for perceived support, those living in towns, suburbs, and rural areas were more likely to notice public stigma around adoption than those living in cities. This finding builds on previous literature (Rushton and Dance, 2002) outlining how support services are distributed in the UK, by providing an example of the potential consequences of living in an area with fewer services. Diverse family structures are, in fact, more common in urban areas (Gates, Badgett, Macomber, and Chambers, 2007), which would explain why families in cities perceive lower stigma. Future research could explore this further taking into account the links between perceived stigma and adoption disruption.

Although higher perceived stigma was related to greater internalisation of stigma, the parents in this sample were less likely to internalise than to perceive stigma. This is an encouraging finding, but may be a reflection of our sample. The convenience sampling procedure, followed by a snowball effect could have led to a sample of adopters belonging to similar networks. Adoptive parents who were not similarly involved with support groups were probably excluded from this sample. Future research should extend the recruitment procedure to include those adopters whose voices are rarely heard.

Support from family and friends were related but distinct experiences and parents do not experience equal support from both. In our sample, more support was received from friends, possibly because adopters spoke of having become friends with

fellow adopters, who were said to be able to offer appropriate help. The interviews revealed that some parents lived too far from their own parents to receive support from them even if it was offered. Moreover, they showed that participants' conceptualisations of 'family' and 'friends' were flexible, with interviewees often building their own 'family' from a close group of friends or a religious community. Next to the religious examples, one interviewee offered a secular illustration of the social constructionist nature of the concept of family by explaining how his whole family had been committed to 'create an extended family' for their daughter. Each of these examples highlights how families, and their concomitant networks of support, can be created by choice.

The interview findings might suggest that this sample experienced high levels of both support and stigma, but the survey showed that support from friends and the perception of stigma were negatively related, even after controlling for other factors. Either those with more friend support were less likely to notice any public stigma or those noticing more stigma were less likely to have supportive friends. One possible explanation for this finding is that adopters in this sample surrounded themselves with other adoptive parents. If so, this offers a promising avenue for the use of adoption support groups in countering stigma. However, the potential role of friend support as a buffer against stigma needs to be tested in a longitudinal design.

Women and men differed in the importance they placed on family and friends support and this could be related to the way questions in our measures were asked.

According to theories on friendship, women are more prone to share emotional experiences with their friends while men tend to share activities (Wright, 1982). Women in the sample might value friends' support more than men because they have the tendency to be emotionally close while for men it might be easier to share emotions with family members. Moreover, some parents in our study raised issues with the instrument measuring support from friends as they were unsure whether they should average out the amount of support they felt they received from all their friends, and suggested that having a measure that focused first on close friends and then on more distant friends would have been useful in differentiating the degrees and types of support. Implementing these changes in a future study with a larger sample could provide an explanation for this finding.

Implications for practice

The findings of this study can be translated into some practical implications for social workers and policy makers. Offering support services outside of cities would be an important step for parents living in less diverse and less populated areas. Wherever those services are currently not available, provision of local and online support groups could buffer against social stigma. Parents who have adopted from a local authority different than the one they live in would also benefit from alternative support services tailored around the specific regulation that requires them to wait for three years to get support. Attempting to bridge the experiences of adoptive and non-adoptive parents

could decrease the feeling of the former of needing to be with fellow adopters to feel understood and less isolated. Public education around adoption could play an essential role in not only bringing these two groups closer to each other but also in increasing understanding, altering unrealistic and idealised portraits of adoptive parents, and reducing stigma. Information on adoption should extend beyond campaigns such as Adoption Awareness Week into regular media and school curricula.

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