

“I don’t see it any differently, but I know others do”:

Narrating and Counter-Narrating Adoptive Fatherhood after Primary Infertility

by

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## Abstract

Infertile heterosexual couples comprise the majority of those pursuing parenthood via adoption. While research into the experience of adoptive parenthood has focused on adoptive mothers and couples, the research on either group has not fully captured the experience of adoptive fathers. The present study was aimed at understanding how men perceive adoption, and its pursuit, following failed infertility treatment. Sixteen established and prospective adoptive fathers were recruited to participate in individual semi-structured interviews. Narrative analysis was used to evaluate the men's meaning-making process related to fatherhood. The men told stories which indicated they both believed and countered western culture's master narrative that fatherhood is constructed via genetic reproduction. I elaborate on the implications of these narratives for understanding the experience of adoptive fatherhood in specific, and fatherhood in general. Following this, recommendations are made for infertility treatment practitioners, adoption service providers, and future researchers based on these implications.

*Keywords:* fatherhood, adoption, adoptive fatherhood, infertility, masculinities, narrative

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“I don’t see it any differently, but I know others do”:

#### Narrating and Counter-Narrating Adoptive Fatherhood after Primary Infertility

There has been a recently suggested revision to Maslow’s Hierarchy of Needs. Basing their claims on interdisciplinary theories, including evolutionary psychology, Kenrick and colleagues (2010) argue that Maslow’s proposal did not extend far enough; that self-actualization was not the apex of human need but that mate selection and retention fall above and, furthermore, consummate in the human zenith of reaching beyond oneself. Where self-actualization was formerly the pinnacle of the pyramid, parenting has supplanted it and taken its place.

Whether or not one agrees with the proposed revision, it represents an echo of the Western zeitgeist. The expected course of life is informed and shaped by the narratives that dominate in the temporal and physical location that one occupies – the ‘master’ or ‘dominant’ narratives of our culture (Andrews, 2004). Many heterosexual couples find themselves with similar views to those represented in Kenrick’s work (2010). For them, parenthood is woven into the fabric of their expected life course. Couples often view it as an expectation and a taken-for-granted step (Clarke, Martin-Matthews, & Matthews, 2006; Glover et al., 2009; Lupton & Barclay, 1997), believing that parenthood isn’t a choice, but something that will naturally happen to them along the way.

And yet life doesn’t always play out the way the master narratives tell us it should. Disruptions occur that violate these narratives and the resultant expectations we hold. Parenthood, for those that aspire to it, is no exception. For uncertain biological reasons the rates of infertility are the highest they have been in documented history (Kaplan, Lancaster, & Anderson, 1998). Infertile couples who were expecting

parenthood turn first to the medical system to resolve the problem and ‘fix’ or ‘heal’, not only their organic breakdown, but their social failure to achieve parenthood. But even these expectations may remain unmet. Many couples discover that medicine doesn’t heal everything for all people. After the pain of leaving treatment without a child, grieving that which will never be, and struggling to resolve their adult identity, other avenues are explored. Where do they go from here?

Infertile heterosexual couples make up the majority of adoptive parents (Bausch, 2006; Cudmore, 2005). The adoption process can be longer and just as psychologically taxing as infertility treatment. However, despite the further stresses imposed by the adoption process, those that end up with an adopted child in their family tell stories conveying healing of the pain endured throughout infertility diagnosis and treatment (Daniluk & Hurtig-Mitchell, 2003; Daniluk & Tench, 2007; McKay & Ross, 2010). Although they continue to lack a biological child, they finally achieve parenthood. Unfortunately the complexities of this experience are not well understood. How does the introduction of a non-biological child result in healing of infertility treatment in a culture which, as we shall see, places such a large emphasis on biological ties in the development of family?

Even less understood is the male experience of this process. Despite the nearly-equal prevalence of infertility diagnoses between genders (Norris, 2001), the majority of infertility research is done with mixed gender or exclusively female populations (Burns & Covington, 2006; Malik & Coulson, 2008). Given the position of men in infertility research, it is not surprising that research on men who adopt after infertility treatment is scant (Hinojosa, Sberna, & Marsiglio, 2006). And yet biological fatherhood is often seen

as an achievement of status and the pinnacle of the masculine role (Clarke et al., 2006; Finn & Henwood, 2009; White, 1994). After treatment has failed and this goal cannot be reached, how do they seemingly resolve the discrepancy between the masculine ideal of genetic reproduction and the route that they pursue in adopting? The current research sought to explore the experience of adoptive fatherhood after failed infertility treatment for men in a heterosexual relationship.

### **Narrative**

According to Bruner (1990), the way we, as human beings, organize and understand our experiences, and ourselves, is through narratives. Narrative is commonly understood as the practice of storytelling – telling our stories, and telling the stories of others. It is through these stories, these narratives, that we create form from disorder, connecting thoughts, ideas, and events into a structure with which we organize and understand ourselves and our world (Salmon & Riessman, 2008). It is through narrative that we impose meaning on our lives. Narrative, then, constitutes the building blocks of our cognitions (Bruner), and therefore was our access point into the experiential space of the men in our study.

Beyond providing the framework of our understanding, narrative serves a variety of functions (Riessman, 2008). One of these functions is fashioning and constructing individual and group identities (Riessman; Smith & Sparkes, 2008). Narrative goes beyond communicating our understanding of ourselves and others, to the point of defining who we are. “In the end, we *become* the autobiographical narratives by which we ‘tell about’ our lives” (Bruner, 1987, p. 15, italics in original).

And yet these narratives are not created in a vacuum, immune to the input of the

narrative beings around us. Instead, the stories that we tell are drawn from the dominant cultural discourse in which we are raised – referred to earlier as the master narrative. The discursive resources that are available to us in constructing our narratives come from the philosophies and beliefs of the culture at large (Andrews, 2004; Gough & Robertson, 2011; Smith & Sparkes, 2008). These discourses are all-encompassing. Without them, we have no story to tell: “To possess an intelligible self – a recognisable being with both a past and a future – requires a borrowing from the cultural repository’ (Gergen, 1994, p. 257). In addition, “They are the ‘linguistic expressions’ that we can feel compelled to draw upon, even when our actual experience may not be reflected within them, such is their normative power” (Miller, 2011). According to Andrews (2004), the compulsion to draw upon these narratives lies in their “internalization” (p. 1) – when we take on the master narrative to make sense of our own life.

As the quote from Miller (2011) suggests, however, there are times when we find ourselves in a position where we are no longer in line with the master narrative – or no longer in line with the narrative we have used to make sense of our lives – and are forced to reconcile ourselves with that prospect. Bruner (2004) refers to this as ‘Trouble’. Trouble occurs when aspects of our stories are inconsistent with one another, such as when our goal of following the dominant narrative is inconsistent with the situation we find ourselves in. When this happens, we need to develop an alternative narrative for our lives. Andrews (2004), alongside others (e.g., Reismann, 2008), refers to this as developing a ‘counter-narrative’ – a narrative that, in some ways, opposes the master narrative. Now, it is important to note that these counter-narratives are not simply the antithesis of the master narrative. While they are not in line with this dominant

discourse, neither are they often in direct opposition to it. However, once we have found ourselves in that space of trouble, “The challenge then becomes one of finding meaning outside of the emplotments which are ordinarily available” (Andrews, p. 1). While this may involve drawing on other possible cultural narratives, remnants of the master narrative may remain or be reinterpreted.

As I have alluded to, and as we shall see in the lives of the men whose stories were part of this study, men in heterosexual relationships who encounter disruption in an expected transition to fatherhood no longer fit in the master narrative. The dominant narrative of genetic parenthood was the narrative that they had believed, assumed, or internalized for their own lives. Faced with the prospect of leaving this narrative behind, these men are forced to make meaning in another way. Investigating their narratives via the lens of counter-narrative will help in understanding their meaning-making of adoptive fatherhood after failed infertility treatment.

### **Fatherhood**

Men anticipating the transition to fatherhood have been socialized into the notion that fatherhood is an inevitable life step. From dominant cultural discourse to the social structure of the traditional family, these men are subject to pro-natal values from infancy (Greil, 1991; Matthews & Desjardins, 2010; Miall, 1994). The evidence of fatherhood being part of the master narrative comes from studies of the perceptions of men experiencing both the presence and absence of parenthood, as well as studies of societal perceptions. Both qualitative and quantitative investigations have shown that societal perceptions of the childless are significantly more negative than perceptions of couples with children (Kopper & Smith, 2003; Miall, 1986, 1994). Ganong, Coleman, and Mapes

(1990) conducted a meta-analysis of studies evaluating American societal views on family structure and found that society perceived couples with children better than childless couples with a medium effect size. Longitudinal quantitative analysis of a national American sample found that men viewed childlessness more negatively than women (Koropecyk-Cox & Pendell, 2007).

With this in mind, Hadley and Hanley (2011) conducted a qualitative analysis of interviews with involuntarily childless men. They found that the men felt as though life had not gone the way it should have. They reported isolation from others, depression, and loss. The gradual time progression over the lifespan consisted of fear that they would not have children, followed by 'wistful regret' that it had not taken place, and ending in 'grudging acceptance' of their childless status. Other studies of men who are not able to have children confirm and extend the same finding. Not only is fatherhood essential to their understanding of masculinity, but it is fatherhood via blood-relation to the child that is important. It appears that that the men have taken this narrative to be the standard, and come up short (Clarke et al., 2006; Wirtberg, 1999).

This importance of fatherhood can also be seen in those men who have biological children. In a longitudinal, qualitative study, Lupton and Barclay (1997) interviewed fathers from the early beginnings of pregnancy through the early years of their first child's life. While their first child may have come earlier than some had planned, a life without fatherhood was not even considered by any of the participants.

There are men and families who do opt not to follow the path of parenthood, who are commonly referred to as 'childfree' in the literature (Terry & Braun, 2012), as opposed to 'childless'. Terry and Braun interviewed 12 men who had vasectomies to

prevent fatherhood and analyzed the interviews using discourse analysis. They found that the men positioned themselves as ‘selfish’ and ‘unconventional’ with respect to the contemporary norm, but they did so while framing these traits favourably. It is interesting to find that the fatherhood narrative even pervades into areas where individuals view their childfree lives as positive. However, because none of the men in the present research desired a childfree life, and therefore would qualify as childless in the absence of an adopted child, a detailed discussion of childfree individuals and couples is beyond the scope of this paper.

### **Fatherhood Ideals**

While the dominant discourse many men have internalized is that they will become a father, fatherhood is a social construction in a state of flux. Various societal forces and changes in social policy have resulted in “competing narratives of fatherhood” (Morgan, 2002, p. 278; Knijn and Selter, 2002). These forces range from the social changes that accompanied the tide of feminism – such as increased female participation in the workforce and accompanying pressure on men to participate equally in domestic work and childrearing – to family and fatherhood movements such as ‘Promise Keepers’ that advocate for increased availability of men to their families. To elaborate on all of the complexities would be beyond the scope of this study, but breaking these discourses down into two simplistic divisions may prove useful for our discussion.

*Hegemonic masculinity* is a traditional cultural discourse that draws on concepts of human dominance in the biological hierarchy, and male dominance within the human race. Within the context of the heterosexual family, the hegemonic narrative defines ‘masculine’ in terms of sexual dominance, financial provision for the family, and ability

to sire children or impregnate their spouses. In this sense, fathering a child is also interpreted as a sign of sexual potency (Clarke et al., 2006; Dudgeon & Inhorn, 2003; Throsby & Gill, 2004). In order to fulfill this ideal masculine role, then, men are to pass on their genetics through childbirth. The hegemonic role also includes concepts of patriarchal dominance. The man has now become the head of his home.

The hegemonically masculine father was the stereotypical father of the previous generation. The second masculine narrative is less dominant in form, more recent in history, and integrates traits that are stereotypically feminine. As such, it is typically referred to as *androgynous fatherhood*. Momentum behind this narrative stemmed from research from Michael Lamb in the late 1970s which challenged the notion that the fatherhood role was less important for child development than the motherhood role (Lamb & Lamb, 1976), and illustrated that the influence of fathers on positive outcomes in a child's life were significant. Over time a 'new' fatherhood ideal appeared in popular culture and contemporary research literature. The 'new' father is a nurturing father (Mintz, 1998). He is set apart from his father, a generation before, as being engaged and emotionally available to his children. His home is to be egalitarian, where both partners take equal share in housework and child-rearing tasks. Nurturing fathers are set in sharp contrast to 'deadbeat dads' who have disengaged from their families, don't pay their alimony, and are emotionally and physically abusive to their wives and children (Marsiglio, 1997). Social policy in the last two or three decades, then, has pushed for the inclusion of men in family life (Marsiglio, 1997; Marsiglio et al., 2000). In the late 1980s, Lewis and O'Brien (1987) noted that the dialogue surrounding this new type of fatherhood was greater than proof of its practice in society; however, recent narrative

work on fatherhood has shown that new fathers draw on its discourse when approaching and experiencing first-time fatherhood (Johansson & Klinth, 2008; Lupton & Barclay, 1997; Miller, 2011).

It is also important to differentiate between ‘fathering practices’ and ‘fatherhoods’, although they can be difficult to tease apart. ‘Fathering practices’ encompasses the behaviours that fathers engage in with respect to their children, while ‘fatherhoods’ encompasses the constructions society holds about fathers, and those that the men in our study hold (Miller, 2011). The present study does not focus on an analysis of the fathering practices themselves – a popular topic for the sake of social policy – but instead considers the occurrence of narratives of fathering practices, when they occur, as reflective of how they understand their fatherhood.

Moving on, regardless of the fatherhood narrative that men draw upon as the source of their discursive resources, for a man in a heterosexual relationship to not father is a violation of these expectations. While the hegemonically masculine and androgynous father narratives do appear to be incompatible in some ways, an infertility diagnosis results in the possibility that one wouldn’t be able to fulfill either script.

### **Infertility**

*Infertility*, or *infecundity*, definitions vary by study and researcher (Norris, 2001). Many researchers and clinical practitioners define infertility as the inability to conceive after one year of unprotected sexual intercourse. The World Health Organization (WHO) recommends that an individual is defined as infertile after two years of regular unprotected sexual intercourse. Infertility can be further broken down into *primary* and *secondary infertility*. Primary infertility is an inability to conceive with no history of

successful pregnancy. Secondary infertility is the same, but with a history of one or more successful pregnancies. The definition of infertility can be broadened to include successfully conceived pregnancies with an inability to carry that child to term, such as in the case of repeat miscarriages (Rutstein & Shah, 2004).

Prevalence estimates of infertility vary markedly (Boivin et al., 2007; Kaplan et al., 1998). When the subsample of infertile people who have opted for voluntary sterilization (e.g., vasectomy or tubal ligation) are removed from estimates, infertility rates are around 13.2%. In regards to the overall rate, male and female factors contribute close to equally with female factor infertility diagnoses accounting for just over 40% of all cases, and male factor diagnoses accounting for 30-40%. The remaining percentage of infertility cases remain unexplained or undiagnosed (Norris, 2001). In Canada, it is estimated that over a quarter million men will experience infertility within their partnership (Norris).

Infertility, when treated only with the broad-sweeping definition of the WHO, omits the fact that the experience is influenced by social constructions surrounding it as much as, or moreso, than the mere absence of children. Specifically, the context of the infertility at the micro level is particularly important: if men and/or women have no desire for children, then they are unlikely to view infertility as a problem, and therefore are unlikely to present for treatment (Greil Slauson-Blevins, & MacQuillan, 2010). However, Greil and his colleagues go on to say that we are unable to draw conclusions about the differences between those who present for treatment and those who do not due to the severe lack of population-based research on infertility. Most research involves either qualitative inquiry regarding the experience of clinical samples, or quantitative

comparison between clinical samples and control groups. As a result, we do not know which aspects of the experience of infertility are specific to treatment and which generalize to the experience of diagnosed ‘infertility’ – that is the absence of a live-birth after 2 or more years of unprotected intercourse. This limitation, however, does not preclude us from continuing the discussion on the experience of infertility as it pertains to adoptive fatherhood, as the present study focused on the experience of those men who have received a diagnosis as a result of help-seeking from medical professionals. The existing research, though deficient in allowing us to make comparisons between those who present for treatment and those who don’t, is relevant to the current investigation.

### **Treatment**

Infertility treatment is comprised of several different medical options, generally referred to as *Assisted Reproductive Technologies* (ART). The ARTs range from well-known methods such as *In-vitro Fertilization* (IVF), *Surrogacy*, or *Sperm Recipient Cycle* (also called Therapeutic Donor Insemination), to lesser known methods such as *Gamete Intrafallopian Transfer* (Readers are referred to Zegers-Hochschild and colleagues’ (2009) publication on ART terminology for full coverage of terms used in the treatment of infertility). Undergoing ART is stressful, physically invasive, and will take up much of the would-be parents’ time. In addition, ART treatments are expensive (Daniluk, 2001a). At a local Winnipeg fertility/gynaecology clinic, treatment components range in price from \$250 for a *Sperm Wash for IUI* [Intra-uterine insemination] to \$8,500 for *Oocyte donor IVF Cycle with ICSI* [IntraCytoplasmic Sperm Injection], with some procedures requiring multiple items off the fee list. Pregnancy success rates at the clinic are close to the national average of 45% per embryo transfer for women under the age of

35, with success rates decreasing with increased age (Heartland, 2010). With successful pregnancies occurring in less than half of all cases who opt for IVF or ICSI, many couples go through multiple cycles. Costs are not generally covered by provincial or private health insurance in Canada or the United States. As such, the weight of the financial load falls on the couple (Stanley & Asch, 2009).

### **The Psychology of Infertility**

Before I continue, a brief aside is warranted. In regards to understanding the male-specific aspects of infertility diagnosis and treatment, the research on this experience is historically young and continues to develop. Research has tended to focus on the experience of women in treatment, as the available treatments are primarily targeted towards the female reproductive system. The more invasive procedures are participated in by the woman. While research into the couple experience, and the experience of the man alone, has begun to take place over the last two decades, there is still much to be done. For example, the research on psychological outcomes comparing men with male factor infertility to men in partnerships with female factor infertility is inconsistent. Where some studies have found that men with male factor infertility have more distress, isolation, self-blame, and anxiety than men in other infertility situations (e.g., Glover, Abel, & Gannon, 1998; Glover, Gannon, Sherr, & Abel, 1996), other studies have found no difference or have even found positive differences in health for men with male factor infertility (Peronace, Boivin, & Schmidt, 2007). Peronace and colleagues conducted longitudinal survey research of their own to test the difference between these groups of men and found that "...men with male factor infertility did not suffer more than men with other diagnoses..." (p. 111). With the inconsistencies of the

research in this regard I will avoid drawing comparisons between groups of men while discussing the experience of infertility diagnosis and treatment. For the sake of this study, the importance of this discussion is not to outline these differences. Instead it is only to provide the basics of the infertility experience so as to have the background we need to be able to understand the context of the stories which the men in the present study tell.

The interruption of anticipated life trajectories for men who pursue fatherhood has a variety of consequences on psychological well-being. Overall, studies have found that men experience an increase in their level of psychological distress (Glover, Abel et al., 1998; Glover, Gannon et al., 1996; Peronace et al., 2007). Their life satisfaction is decreased, their anxiety is increased, and while the levels reached on these measures are usually sub-clinical, there is no denying that the experience of infertility results in a variety of unpleasant emotions, cognitions, and perceptions (Greil et al., 2010).

For instance, the passage through the infertility journey is characterized by a sense of grief and loss. Often individuals are "...mourning intangible losses" (Cudmore, 2005, p. 306), such as a child that has never been conceived. Because of this, their grief can be considered *disenfranchised grief*, in that others may not perceive the 'loss' as substantial or real. It is still felt intensely by the man, and can come from a variety of sources. As Burns and Covington (2006) note,

The losses of infertility may involve the loss of individual and/or couple's health, physical and psychological well-being, life goals, status, prestige, self-confidence, and assumptions of fertility, loss of privacy, and control of one's body, and anticipatory grief at the possibility of being childless. Grieving may also involve

mourning relationships altered by infertility whether allowed to slip away or actually lost or forever changed (p. 8).

The mourning of relationships can result from the stresses and rifts that infertility places on couples, the distance they feel between themselves and others in their sphere of influence who do not have an infertility diagnosis, and the resentment they feel towards other couples who have children (Glover et al., 2009).

In addition to grief, men may be forced to rework their narrative identity. Matthews and Martin-Matthews (1986) observed that couples may experience *identity-shock* – the realization that who they considered themselves to be, or the narrative story they had constructed about themselves, is impossible to resolve with the reality of their body's failings. During treatment, the couple can even lose their *partnership* identity. In a study of couples pursuing infertility treatment, Wirtberg (1999) found that the participants no longer perceived themselves as couples. Somewhere in the expected transition from the 'couple' identity to the 'family' identity, the passage had been interrupted. Development had stopped at 'not-yet family'.

Infertility can also result in feelings of loss of control. Prior to trying to conceive, the couple feels like they are in control of their fertility, usually expressed in the form of engaging in the use of contraception. When the couple negotiates when they will begin trying to conceive, the possibility of infertility is not usually part of their considerations. At the time when infertility becomes a possibility they are forced to consider their lack of control of the situation (Daniluk, 2001a). Nevertheless, the couple can try to maintain, or regain, the control they feel in failed conception by deciding to pursue infertility treatment (Glover et al., 2009).

Specifically for the men, treatment can threaten their sense of masculinity in a variety of ways. Ironically, in the couple's attempt to regain control of their procreative destiny, control actually becomes placed in the hands of the medical professionals. Their bodies, most specifically their reproductive anatomy, are subject to the scrutiny of professionals who cast their expert judgment. Men often find these tests humiliating and awkward (Webb & Daniluk, 1999). Their sex lives are prescribed, and charted - what Carver (1992) referred to as *cycle slavery* - and likely for the first time in their relationship, the topic of open discussion with others. With sexual virility tied to the hegemonically masculine narrative identity, evaluating sperm count and sexual performance can be a threatening experience. In fact, infertility is very often conflated with sexual dysfunction or impotency by fertile and infertile men and women (Clarke et al., 2006; Dudgeon & Inhorn, 2003; Throsby & Gill, 2004). If treatment fails, sex can go on to be an ever-present reminder of their infertility (Daniluk, 2001b; Greil, 1997; Steuber & Solomon, 2008).

With IVF being an arduous process for the woman, including mood-altering hormone therapies and physically invasive medical procedures, the husband who views it as his responsibility to protect his wife may now have stepped out of his protector role within the home. His wife is exposed to pain and discomfort, and possibly sadness and distress when the cycle fails, and he is unable to intervene on her behalf (Carmeli & Birenbaum-Carmeli, 2004; Glover et al., 1996; Malik & Coulson, 2008). This has led some authors to hypothesize that infertility is not a direct blow to men's identity and concept of self, but that instead, "...husbands experience infertility indirectly through the effect that it has on their wives" (Greil et al., 2010, p. 148).

However, this does not account for the fact that the desire to become a father can also play into the experience of infertility treatment. Lorber and Bandlamudi (1993) found that men pressured their wives into IVF in order that they may have children, especially when the wife had children from a previous partnership but the couple was unable to conceive. On the other hand, men in Daniluk's (2001a) study of couples who had undergone unsuccessful infertility treatments did not feel they had the right to suggest their wives continue to endure the invasive procedures for their fatherhood desires. It is possible that men endure this conflict between their desire to protect their spouse, and their desire for fatherhood.

When men do feel a desire to protect their wives, this can result in keeping their emotional experience of infertility from their wives. Cudmore (2005) observed that the men in her study kept their distressing thoughts and feelings to themselves. The cultural narrative they draw upon is that of the strong emotional supporter for their partner. Cudmore says it is left to, "...the woman to express all the longing and distress, and for her partner to try and manage her feelings without getting too caught up in them himself" (p. 304). A similar pattern has been found in men who have lost children through miscarriage, stillbirth, or neonatal death. Men felt they had limited opportunity to express their emotions while helping their wives negotiate the loss, despite their experience of grief and loss towards the child that they had bonded to through viewing a fetal ultrasound or feeling the child kick and move from outside the womb (Dudgeon & Inhorn, 2003). It seems as though these men may be attempting to shield their partner from the added burden of their negative emotions (Throsby & Gill, 2004; Webb & Daniluk, 1999). Wirtberg (1999) recruited childless couples to participate in semi-

structured interviews and found that men identified themselves as emotional and material providers. They viewed it as their responsibility to care for the emotional well-being of their wives, hoping to protect them from the negative impact of infertility. In protecting their wives, their own thoughts and feelings surrounding childlessness were not addressed (Malik & Coulson, 2008; Throsby & Gill, 2004).

So how do men manage the feelings and experiences associated with infertility diagnosis and treatment? Previous research might suggest that many handle it alone. Hand in hand with the hegemonically masculine narrative is the idea of male independence. Strong men don't need others. They are to support their wives – not the other way around – and they don't need other men. As a result, men often find themselves with a limited range of discursive resources available to them (Throsby & Gill, 2004). Combined with the fear of being stigmatized and their masculinity being called into question, men tend not to discuss matters of infertility with others (Glover et al., 2009). Research has suggested that men are not without reason in doing so. Throsby and Gill found that men were consistently on the receiving end of thoughtless and hurtful jokes when it became public knowledge that the partnership was trying to conceive: “...I could come round and see your wife’ .... ‘do you want me to stand in?’” (p. 336). Interestingly, isolationist narratives pervade even into infertility clinics, an environment where infertility is a commonality between the men in attendance. While women have been found to interact and commiserate with one another, men in a 1994 study were stoic and silent, hiding behind newspapers (Carmeli & Birenbaum-Carmeli). Even when the room is populated by men only, they do not choose to draw upon other potential narrative resources.

Previous research has also observed gendered coping behaviour within the marriage relationship. In a qualitative study with 10 Caucasian couples who had participated in infertility treatment, women reported wishing to cope with infertility by approaching their partner and talking about the issue, where men did not wish to discuss it (Glover et al., 2009). Similar results were found by Throsby and Gill (2004) and a study by Peterson and colleagues (2006). Instead of engaging their wives in conversations about infertility, men distanced themselves from the subject by making light of the situation, living their lives as though nothing had happened, and refusing to get serious about the infertility (Peterson, Newton, Rosen, & Schulman, 2006). As a result of studies that have made these observations it has been hypothesized that the impact of infertility on men often goes underestimated (Wirtberg, 1999).

While the waiting room and the couple relationship may not be considered 'safe places' to draw upon other discursive sources than the traditional hegemonically masculine narrative, one study found an arena where men do choose to do so. In a study by Malik and Coulson (2008) of online discussion forums for people diagnosed with infertility, men shared many of their feelings and emotions regarding their experience of infertility treatment. Some of these emotions included frustration with treatment, aspirations and hopes for a successful outcome, concern for their wives as they underwent medical procedures, and feeling neglected and lonely in the treatment process (a theme also seen in Carmeli & Birenbaum-Carmeli, 1994).

In sum, infertility diagnosis and treatment are usually incompatible with heterosexual masculine ideals and the acculturation to the ingrained belief that fatherhood is essential to masculinity. Men leaving infertility treatment without a successful

pregnancy within their partnership are unable to pass on their genetics, their sexual potency is questioned, they have failed in their role of protector and provider, they are left to cope alone, and they are forced to wrestle with the idea that they may never have a child. Turning back to the study by Peronace and colleagues (2007) which longitudinally surveyed the well-being of men after failed infertility treatment, the authors found that, regardless of the source of the infertility diagnosis, men found failed treatment isolating, stressful, and it compromised their mental health. The negative consequences of leaving treatment without a child, with the possibility of never becoming a father, speaks to how ingrained the master narrative can be.

### **Adoption**

Via diagnosis, treatment, and treatment failure, the men have begun and continue to experience 'Trouble' (Bruner, 2004). They are now left to begin to form a counter-narrative to the master narrative they had believed. There are families, and by extension men, who attempt this process by re-directing their efforts to the adoption of a non-biological child. Before opening the discussion on adoption's impact on the adoptive parents, and specifically the father, it will be important to understand the basic, recent history of adoption. As we shall see, it has obvious implications for the men in our study.

### **Recent History and Trends**

Adoption in North America has been informally practiced for a few hundred years. More important for the men in our study have been the more recent trends and changes. Adoption throughout the 1900s focused mainly on putting children into families where any unsuspecting passer-by would not be able to tell that the child was adopted. Between the nineteen-thirties and -sixties, children were matched to homes on

physical characteristics, personality, and even intellect (Esposito & Biafora, 2007).

Remnants of this process still exist in the current adoption process, although now the concern is the protection of the best interests of an adopted child. Today, parents participate in the 'home study' process: a period of gaining provincial approval to adopt, occurring via social worker visits, child abuse and criminal record checks, medical evaluation, and determining the various characteristics adoptive parents are willing to accept in a referred child.

While the home study is concerned with the best match of child to parent, the goal in the mid-1900s was to create an adoptive scenario that perpetuated the image of the culturally ideal family: white, middle-class, and genetically related. After World War II this image in adoption was further maintained by the sealing of birth records and preventing contact between the adopted child and his/her birth parent (Siegel, 2006). Adoption was kept a secret, even within the family and from the adopted children.

The 1970s saw the beginning of transracial placements in adoption due to societal changes (Esposito & Biafora, 2007). Over the last 40 years international and transracial adoptions have been on the increase, until a recent downward turn (Pearce, 2012). As well, in the seventies, pressure to open the sealed records of domestically adopted children began to increase. Openness in domestic adoption is now generally the rule, where a generation ago it was the exception (Siegel, 2006). This openness can take various forms, ranging from access to birth records to regular visits with the birthparents. Regardless of the type of adoption, domestic versus international or transracial versus same-race, it is now considered best practice to have the child aware of his/her adoption, "...as an ongoing practice, adapting the information given in step with the child's

unfolding intellectual and emotional development” (Hendry & Netherwood, 2010, p. 154).

These facts are important, as it is in this context that we find the participants of our study. Fathers either had pursued, or were pursuing, a domestic adoption with an openness agreement with the birthparents, or an international adoption where the child is from a separate culture. In either case, the child could also be of a different race. In both cases, the fathers were encouraged, along with their wives, to help their children develop an awareness of their adopted status, facilitating varying degrees of contact with their biological or cultural heritage.

### **Adoptive Parenthood**

As we turn our attention to the literature on adoption, we find two seemingly conflicting things. On one hand, outcome studies tell us that there is generally a turn towards healing and resolution of infertility. On the other, research tells us that the dominant cultural discourse is that adoptive parenthood is stigmatized, seen as a lesser form of the biological version.

Adoption is usually seen as a ‘back-up plan’ (Daniluk & Hurtig Mitchell, 2003), ‘last resort’ (Miall, 1986), and ‘second-best’ (March & Miall, 2000; Wegar, 2000) in comparison to biological parenthood. Studies of societal views have repeatedly found that adoption is marginalized. Not only are these children acquired through adoption seen as second-best, but the predominant societal perception is that the adoptive parents cannot achieve the same level of attachment to the child, or provide the same quality of love that biological parents provide to their children (Miall, 1987).

This sense of stigma stems from two related issues. One is that there is a cultural

narrative that parenthood is a biological drive, and that failure to raise a biological child is a failure of this important drive (Miall, 1994). The primacy of biological parenthood can result in fear for infertile men. Fear that if they do adopt, the biological parent may take his/her child back someday, and that the child would naturally wish to return to his/her biological roots (McKay & Ross, 2010).

Second, and related, there is a societal emphasis on blood relation between parent and child (Dudgeon & Inhorn, 2003). As Kressier and Bryant (1996) put it, adoption, "...lacks the social legitimacy of consanguinity" (p. 391). As one would assume from our discussion of infertility, it seems that men who pursue infertility treatment feel this way as well. Glover and colleagues (2009) interviewed infertile couples in the UK who were seeking IVF treatment. Women in their study were more open to adoption than men. Goldberg and colleagues (2009) noted that the men in their study expressed a greater desire than the female partner for a biological child and their disappointment at the decision to discontinue infertility treatment. This meant that they would not have a child who looked like them, and their bloodline would not continue. Goldberg and colleagues suggest that these men were influenced by a patrilineal philosophy or narrative: family membership established by blood relation to the father.

Despite the stigma associated with adoption after infertility, and the psychological barriers that men need to overcome, researchers consistently find that men who have gone on to pursue adoption have better outcomes than men who do not. A recent review of the infertility literature found that the negative consequences of infertility seem to only be present in those who remain involuntarily childless (Greil et al., 2010). Daniluk and Tench (2007) evaluated the long-term adjustment of individuals after failed infertility

treatments. Those individuals who had gone on to adopt showed better psychological adjustment than those who had not. It also seems that men who adopt after infertility are likely to invest more time and energy into their children compared to fathers of biological children, and experience greater marital satisfaction (Snarey, Son, Shahariw, Hauser, & Vaillant, 1987).

In Daniluk's (2001b) three year longitudinal study of heterosexual couples after failed infertility treatment, those participants who had adopted felt a sense of closure on their infertility. Similarly, in their 2003 study, Daniluk and Hurtig-Mitchell noted the healing that adoption brought to the infertility pain in both men and women. One of the male participants in their study was quoted as saying that adoptive parenthood, "... "is everything I wanted it to be, and it's more than I ever thought it could be. Our son is an absolute joy and what he's brought to our lives...*(sic)* there's nothing that ever compared to it for me" (p. 396). In a case study of a couple who had adopted four- and five-year-old sisters, the father's newfound paternity was a source of great pride. Forming a family was his major life achievement (do Amaral Costa & Rossetti-Ferreira, 2009).

### **Resolving the Discrepancy**

But how do men end up resolving these opposing viewpoints? What narrative or discursive resources do they draw upon that result in a resolution of infertility in the face of marginalized parenthood? Unfortunately, little is known about how *couples* adjust to adoptive parenthood, much less the male partner (Goldberg, 2010).

In Daniluk's (2001b) study of childless couples who had discontinued their infertility treatments, she found that participants did not start to reject traditional notions of family until between two and three years after treatment was discontinued. Couples at

this stage, whether socially expanding their family or choosing to remain childless, are forced to adjust their meaning-making to include “biologically non-parents” (Steuber & Solomon, 2008).

As we would expect from our review of the competing fatherhood narratives, the importance of biological ties will need to be assessed by the would-be father. In their qualitative study of couples transitioning from infertility to adoption, Goldberg and colleagues (2009) concluded that participants were forced to re-evaluate how important biological ties were to them as parents. Participants did not downplay its importance until late into infertility treatments, when they began to realize that treatment success may no longer be a guarantee. Webb and Daniluk (1999) explored the infertility experience of six men who had been diagnosed with male-factor infertility. Five had moved on to adoption, while one had become a father through donor insemination. The authors found men who were forced to tease apart their desire for parenthood from their desire to reproduce and establish a sense of fatherhood that meant something more than the passing on of genetics.

Perhaps a reconstitution of their personal narrative with available masculinities is part of the process. Studies that state outcomes are better for adoptive fathers (e.g., Daniluk & Tench, 2007) suggest that there is a narrative with which men are able to tell their story that establishes meaning in their experience. In the case study of an adoptive couple cited earlier (do Amaral Costa & Rossetti-Ferreira, 2009), the father was forced to negotiate the tension between patriarchal authority and affectionate caretaker, the hegemonically masculine and androgynous father narratives. Miller (2011), although studying men who were going through the process of pregnancy and new biological

parenthood, found that the men were flexible in the discourses they drew upon to describe fatherhood. Are adoptive fathers able to exercise the same flexibility? Is this how they go on to experience satisfaction despite the lack of biological connection?

The issue cannot be resolved based on conjecture from previous research alone. This is especially true given findings of previous research that may be at odds with this idea. For example, studies have shown that the couple has not fully come to terms with the lack of biological link between adoptive parent and child. Brinich (1990) observed that adopted children are a living reminder of the lack of biological parenthood. As well, parents of adopted children have been found to be more satisfied with the adoption outcome when the child resembles the parents in some fashion (Schechter & Bertocci, 1990). A similar finding was observed in a study of parents in the preadoption waiting period. When presented with a photograph of the child they would receive in the upcoming weeks or months, parents would identify features of the child that were similar to those of family members as a way of ‘claiming’ the child as their own (Sandelowski, Harris, & Holditch-Davis, 1993).

### **The Present Research**

The present research, then, was meant to gain understanding into how some men understand their experience of adoptive fatherhood. After pursuing biological parenthood via ‘natural’ and/or medical means and ultimately moving over to the pursuit of adoptive fatherhood, how do they make sense of a fatherhood that is at odds with the master narrative of consanguineous parental ties? Have they resolved the nature/nurture tension inherent in the adoption process, and if yes, what discourses do they draw upon to do so? The fundamental question that these queries stem from is: How do the men

experience fatherhood in light of primary infertility?

With narrative being the way in which we make sense of our world and lives, and counter-narrative positioning us in relation to cultural pressures and master narratives, narrative analysis is well-suited to these topics. With our participants being members of a group that is outside of the master narrative (Andrews, 2004) it may be helpful to consider their stories as embedded within, and simultaneously in contrast to, the master narratives surrounding reproduction and parenthood. However, when trying to answer the question, whose narratives do we recruit for the analysis?

Clearly the participants needed to be men who have been through infertility treatment. Within this group there is still a substantial range in the individuals or groups. First, the present study focused on the narratives of men in a heterosexual relationship as opposed to homosexual. While the experience of homosexual men in adoptive parenthood is an important area of research given the relatively recent introduction of homosexual couples as adoptive parents, it was beyond the scope of this project. While homosexual men may experience similar tensions in regards to nature and nurture in parenthood as heterosexual men, they will not have an experience of jointly pursuing biological parenthood insofar as there never was the possibility of a child being biologically related to both parents. Thus, their narratives are likely to be different in important respects that would make a consolidated analysis difficult.

Second, the present study included men who are in various phases of the adoption process: both those waiting for a child and those who have completed one or more adoptions. These men had a common background of pursuing biological parenthood, and I expected that they would be beginning to form a narrative of adoptive fatherhood before

the child came home. This would be similar to an expectation of biological fatherhood before leaving, or even participating in, infertility treatment. From my observation, this was the case. While men still waiting for a child didn't have any particular stories to tell about being an adoptive father, there didn't appear to be any substantial differences in narratives of infertility treatment or the pre-child adoption process. As well, they positioned their expectations of adoptive fatherhood in the same ways as men who were already adoptive fathers.

Another important aspect to consider was whether or not to interview men in the context of their couple relationship, or in other words, interviewing them with or without their partner. While co-constructive aspects of fatherhood would be an interesting avenue of exploration, Daniluk and Hurtig-Mitchell (2003) noted that female participants in couple studies volunteer much of the account, leaving the researcher to prod for the male story. With Selwyn's (2011) observation that, "A noticeable omission is on the adoptive father's concerns and voices" (p. 243) and the fact that previous studies into infertility and adoption have primarily focused on the 'couple' perspective, or the 'female' perspective (Baumann, 1999; Burns & Covington, 2006), it seemed time to set the stage in such a way that would allow men to tell their own stories. Seale, Charteris-Black, Dumelow, Locock, and Ziebland (2008) tell us: "...researchers wanting to find out about men's experiences concerning health-related topics such as those associated with fatherhood may find out more in one-to-one interviews with men" (p. 107). The remainder of this paper discusses the present study, focused at voicing the experience of fatherhood for 16 men who had adopted, or were pursuing adoption, after primary infertility.

## **Method**

### **Participant Recruitment**

Prior to recruiting participants, ethical approval for the present research was obtained from the Psychology/Sociology Research Ethics Board at the University of Manitoba. Once ethical approval was obtained, participants were recruited from three local adoption agencies. Each agency e-mailed a recruitment letter (Appendix A) to their client database outlining the details of the study and the participation criteria. I also attended one of the agency's education seminars to enlist participants in person. The majority of participants contacted the researcher directly via telephone or e-mail to schedule an appointment for an interview. One participant was recruited via his wife, who obtained his permission to provide me with his contact information.

### **Participants**

Participants in the present study included 16 adult men who had experienced male-factor, female-factor, or unexplained infertility within their partnership. In addition, these participants had either begun or completed the adoption process, and had no biological children or known pregnancies at the time of the study. Two participants were diagnosed with male factor infertility, nine participants had wives who were infertile (female factor), while the remaining five participants' infertility was indeterminate. Participation in infertility treatment was varied, including receiving a diagnosis only before pursuing adoption, charting ovulation and menstrual cycles, fertility medications, corrective surgeries, Intra-uterine Insemination (IUI), Therapeutic Donor Insemination (TDI), and In Vitro Fertilization (IVF) with and without donor eggs. In regards to adoption, 12 participants had one or more adoptive children placed in their family, 3 were

still awaiting matches, and 1 had received a match but had yet to travel to bring their child home. The sample included participants who had chosen international and domestic adoption, and who had adopted a same-race child or transracially.

Participants' ages ranged from 27 to 64, with a mean of 39.5 years. The men were all in their first marriage. Marriage length ranged between 4 and 31 years, with a mean of 11.8 years. All participants were of Caucasian descent, with two participants identifying as French-Canadian. Educational level ranged from completion of high school to completion of one or more graduate level degrees, with all participants of middle to high socioeconomic status. There were participants from both rural and urban communities, from three different Canadian provinces.

### **Participant Backgrounds**

The following histories are presented to provide the reader with background and context for the findings. Participant names have been replaced by pseudonyms, and specific demographics may have been altered in order to protect the identity of the participants.

*Adam.* Adam is a man in his thirties working as a Sales Manager. He and his wife have been married 10 years. Adam and his wife made contact with an infertility specialist approximately four years ago. Their infertility is female-factor due to irregular cycles and inconsistent ovulation. Adam's wife has been taking fertility medications to try and regulate cycles and stimulate ovulation for two years, which has not been successful so far. At the time of the interview, Adam's wife was taking the medications in three-month-on, three-month-off cycles.

Adam and his wife made contact with a private adoption agency last year and

have been waiting for a child match for approximately 6 months.

***Bruce.*** Bruce is a man in his forties working in a personal care home. He and his wife have been married for nine years. Bruce and his wife tried to conceive early in their marriage. They knew that this would be important given that his wife was nearly forty when they married and female fertility decreases with age. After the requisite year of trying before a couple is referred for treatment, Bruce and his wife were referred to their local infertility clinic. Due to her age, and possibly her Crohn's disease, Bruce's wife was no longer producing viable eggs. As a result, in order to pursue IVF they would need donor embryos. In Bruce's case, the donor required legal paperwork to be signed indicating that the child would be raised to know that Bruce and his wife were not the biological parents, similar to an open adoption. Feeling reluctant, but desiring the embryos, Bruce and his wife agreed. In the end, Bruce and his wife attempted two IVF cycles with the donor embryos, but neither was successful.

A year after discontinuing infertility treatment, Bruce and his wife investigated the various options for adoption within their province. They settled on international adoption of a same-race child. The home study and wait time took approximately two years before they were notified that they could travel to the foreign country to complete their adoption. Bruce and his wife adopted a 10 year old boy who is now 13 years old.

***Clarke.*** Clarke is a man in his forties working in Air Traffic Control. He and his wife have been married 10 years. Clarke and his wife made contact with a fertility specialist early in their marriage due to frequent miscarriages. Clarke and his wife were pregnant 8 times prior to making contact with the specialist. With no known reason for the miscarriages, Clarke and his wife participated in two cycles of IVF. Neither cycle

resulted in a pregnancy. Four years after their initial contact with the specialist, Clarke and his wife discontinued treatment.

Midway through their time in treatment, Clarke and his wife looked into adoption through a local agency. They were originally intent on adopting from Africa, however an agency representative suggested they adopt a child of their race. After a year and a half of waiting for a referral from an Eastern European country, they requested to change their application back to their original intent. A couple of years ago Clarke and his wife received their first referral for a young girl. Shortly before travelling internationally for their court date, the couple was told that the health condition of their soon-to-be daughter was not what it had originally been made out to be. Two weeks later, she passed away. Within six weeks Clarke and his wife received a second referral. Two months prior to our interview, Clarke and his wife had been on a brief trip for their court appearance in the foreign country and had met their daughter. At the time of our interview, Clarke and his wife were back home, and were scheduled to leave the following day to bring their daughter back to Canada.

*Eric.* Eric is a man in his thirties working in the financial industry. He and his wife have been married 11 years. Approximately five years into their marriage, Eric and his wife made contact with their local infertility clinic and discovered that his wife does not produce eggs. He and his wife attempted one unsuccessful cycle of IVF with donor eggs from her sister before discontinuing treatment two years later.

After leaving infertility treatment, Eric and his wife made contact with a local private adoption agency. Less than a year later they had completed a transracial adoption. Their son is now three years old.

*Evan.* Evan is a man in his sixties working as an educator. He and his wife have been married 31 years and have three adopted children. After achieving some professional and financial stability, Evan and his wife started to try to conceive children. Over a two year period in the early 1990s they experienced 11 miscarriages. During this time they consulted with fertility professionals regarding timing of intercourse to coincide with ovulation. After the 11<sup>th</sup> miscarriage, Evan and his wife contacted a local adoption agency. They received their first match in a short period of time, however the adoption was rejected by a provincial organization due to the child having a different coloured skin than Evan and his wife. They soon switched to a private adoption agency to avoid similar problems in the future. By the mid-1990s they had adopted two black children from birth. These two children are now adults. Approximately seven years ago they completed a third transracial adoption of a three year-old boy from Africa. Evan's three adoptions are all open adoptions, which is unusual given the time period in which the domestic adoptions took place and for international adoption.

*Jarrod.* Jarrod is a man in his thirties who works in advertising. He and his wife have been married for 12 years. Jarrod and his wife tried to conceive for approximately one year before seeking medical consultation for their infertility. For 10 more months they attempted to coincide intercourse with ovulation by charting her menstrual cycles. After this time they were prescribed fertility medications. When fertility medications were unsuccessful, Jarrod and his wife participated in further testing. Exploratory surgery on Jarrod's wife found severe endometriosis, which was corrected by a second surgery. After another six months of trying to conceive with the help of fertility medications, Jarrod and his wife decided to attend an adoption seminar.

Within eight months Jarrod and his wife completed their home study and waited for a child referral. Within six weeks they were chosen by a birthmother and adopted their two-month old daughter by the end of the summer. She is now 7 years old. A year later they completed a second home study to adopt another child. In four weeks they were chosen again. However, just before leaving for their appointment to meet the birthmother, they received notice that she had changed her mind. Eleven months later they received another call for a birthmother who had gone into premature labour. Despite the risk of complications, Jarrod and his wife accepted. Shortly after the child was born, but before the child was placed in their care, this birthmother also reversed her decision.

Jarrod and his wife waited several more months without a referral before hearing about an international, transracial adoption program their agency was starting up through an interprovincial partnership. Told the wait time would be only six weeks, they decided to try the international adoption. Two years later, after agency bankruptcy and judicial battles with government of the foreign country, Jarrod and his wife brought home their two-year-old son.

*Jeff.* Jeff is a man in his 30s who works as a lawyer. He and his wife have been married for 8 years. During their engagement, Jeff's wife experienced complications due to a previous medical condition that resulted in female-factor infertility. This was unknown to them until 2 years into their marriage when they made contact with an infertility clinic. Jeff's wife underwent surgery to remove adhesions from around her uterus in order to participate in IVF. The first cycle of IVF swelled one of her ovaries, resulting in severe pain and discomfort. Jeff and his wife were told the ovary would need to be removed in order to do a second cycle. They opted not to have the second cycle at

this time.

After receiving their diagnosis, and prior to participating in the first IVF cycle, Jeff and his wife began the home study process to adopt their first child. They received their first match in the spring after their first IVF cycle, but the adoption was reversed within four days. The following Autumn they decided to attempt IVF a second-time, following removal of the “sick” ovary. The second IVF cycle resulted in one transferable-quality embryo which failed to implant. Two months later they received a phone call from their adoption agency that they had been selected to adopt a second time. Although scared of a second reversal, Jeff and his wife decided to proceed, resulting in the successful adoption of their now-three-year-old daughter. Jeff’s family has open contact with the birth-family.

***Jordan.*** Jordan is a man in his thirties working in the Information Technology industry. He and his wife have been married 8 years. After trying to conceive for a couple of years, the couple contacted a fertility specialist and were diagnosed with Indeterminate Infertility. The couple tried IUI twice without success. During this time, the couple initiated contact with a local private adoption agency. After the second failed IUI cycle, the couple decided to exclusively pursue adoption instead of IVF. Jordan and his wife completed their home study and waited approximately two years to be matched to their son. He is now two years old and they have an open adoption.

***Keith.*** Keith is a man in his twenties working as a pastor. He and his wife have been married four years. Regarding their fertility status, Keith’s wife has at least one blocked fallopian tube and irregular menstrual cycles, while Keith’s sperm count is on the low side of normal. At the time of the interview Keith and his wife were waiting for

exploratory laparoscopic surgery to inform future treatments.

Keith and his wife began the adoption process around the same time as making contact with the infertility clinic. Keith and his wife have chosen to pursue private domestic adoption, have completed their home study, and have been waiting to be selected by a birthmother for just over one year.

*Luke.* Luke is a man in his thirties working as a language consultant and graduate student. He and his wife have been married 13 years. Approximately seven years into their marriage, Luke and his wife decided they had reached a place where they were fiscally stable enough to support a family. After a year of trying to conceive, Luke and his wife suspected that something was wrong based on his wife's family history of high fertility and a previous pregnancy of her own. Luke was referred to an urologist by his family doctor, where he was told that he did not produce sperm. Later testing by an endocrinologist revealed that this was due to chronically low testosterone levels. Luke reported that the urologist's diagnosis sent him into a depression for several months where he emotionally distanced himself from his wife and went binge-drinking with a friend one-to-two times per month. Eventually his wife confronted him about his behaviour, he apologized for his distancing, and they decided to pursue infertility treatment.

Luke and his wife selected a sperm donor and attempted three cycles of TDI with donor sperm. Luke's wife had adverse physical reactions to each cycle, including vomiting and severe abdominal cramps. After the third cycle, they discontinued contact with the fertility clinic.

Two months later, Luke and his wife attended an information session for

international adoption with an adoption agency. After completing their home study they waited for two years before receiving their first referral for a young African girl. Four weeks later the referred child contracted a fever and passed away. The following month they received their second referral for another young girl. Within a week, before signing their acceptance of the referral, she passed away as well. Their third referral was for an 11-month old girl. A year after receiving their referral they travelled to bring her home. Their daughter is now three years old. Luke and his wife have completed the home study process for a second child and have been waiting for a referral for approximately two years. Due to the slow-down in international adoptions and their adoption agency's recent fiscal shortfalls they are unsure of when, or if, they will receive a referral for their second child. They are also considering pursuing TDI again.

***Matt.*** Matt is a man in his thirties employed as a social worker. He and his wife have been married 17 years. Matt and his wife made contact with an infertility clinic in his early thirties after a couple of years of trying to conceive. Matt was diagnosed with male factor infertility with no known cause. They were counselled on their options by the physician, including adoption and IVF with donor sperm. Matt indicated to his wife that he was willing to pursue donor sperm if she wanted to be pregnant, but she decided against the option.

Matt and his wife decided to pursue international transracial adoption. They were originally told the wait time would be approximately nine months once their dossier was sent to the foreign country. They ended up waiting close to 16 months after twice increasing the age of the child they would be willing to accept in order to expedite the process. At the time of their son's adoption he was under three years old. He is now

five.

*Paul.* Paul is a man in his forties working as a grade-school teacher. He and his wife have been married 10 years. Paul and his wife first made contact with an infertility clinic a few years into their marriage, where they received an ‘unexplained infertility’ diagnosis. Paul’s wife had laparoscopic surgery due to mild endometriosis prior to participating in IVF. In their IVF cycle, doctors fertilized and transferred three embryos despite, “...concerns about the viability of them.” Although the couple was hopeful due to Paul’s wife being late for her menstrual period, the IVF failed to take. Due to side effects related to the medications during the IVF cycle, the couple opted to try IUI which requires less medication. This too, however, was unsuccessful.

Paul and his wife made contact with their adoption agency early in the course of infertility treatment. Their home study was completed in fall of 2006 and they were matched to their adoptive son the year following the failed IUI cycle. Their adoption is open and transracial. While they provide annual updates to the birthmother, there is no reciprocal communication. Paul and his wife have an approved home study and await a match for a second adopted child.

*Reid.* Reid is a man in his thirties working in the Information Technology industry. He and his wife have been married 13 years. A few years into their marriage they began trying to conceive. After the “requisite year” of trying they made contact with an infertility clinic, where Reid’s wife was diagnosed with endometriosis and had a fibroid cyst in her uterus. Through surgery the fibroid was removed, and they were prescribed fertility medications. When that was unsuccessful they tried IUI, also to no avail. After two years of working with the fertility clinic Reid and his wife discontinued

treatment.

Two years later Reid and his wife made contact with a local adoption agency. At this time their home study is completed and they have been waiting for a child placement for three years. Reid and his wife have chosen to pursue private domestic adoption.

**Travis.** Travis is a man in his forties and works as a healthcare administrator. He and his wife have been married 13 years. Early in their marriage Travis and his wife conceived their first pregnancy, ending in an early miscarriage. A common procedure to do in these cases is a Dilation and Curettage (D&C) to remove any remaining excess tissue from the uterus, which Travis' wife had. She ended up with Asherman's Syndrome – scarring of the uterine wall subsequent to the D&C. To attempt to repair the damage, Travis' wife had two surgeries in her home city, which were unsuccessful. When they learned of an Asherman's syndrome expert that lived in another province, they travelled to have a third surgery done under his care. Ultimately, Travis and his wife had several miscarriages over a two year period before moving on to pursue adoption.

Travis and his wife attended the information session at the adoption agency shortly after the final miscarriage. Within the next year they completed their home study, and six months later received a referral for their, now 9-year-old, daughter. Travis has an open, domestic adoption and his daughter is also Caucasian.

**William.** William is a man in his forties working as a public school administrator. He and his wife have been married for ten years. William and his wife intended to start a family shortly after marriage, and ended up referred to a local infertility clinic within two years of their wedding. After receiving a diagnosis of Indeterminate Infertility William's

wife was prescribed fertility enhancing medications, which she took for two years while they simultaneously looked into adoption. William and his wife chose international adoption of a same-race child. Although they were told adoption would only take nine months, political change in the country their child was born resulted in a two-year wait. William and his wife spent five weeks in the foreign country before bringing home their three-year-old daughter, who is now eight years old. William and his wife tried fertility medications a second time after bringing home their daughter, but have since stopped using medications.

*Vince.* Vince is a man in his thirties working in commercial real estate. He and his wife have been married 10 years. Vince and his wife began to try to conceive around three years into their marriage. After two years of trying, including the use of naturopathic remedies, they decided to make contact with a fertility specialist. The couple received a diagnosis of Indeterminate Infertility, and decided to try fertility medication. Due to the side effects, the couple decided not to continue the medications or pursue more in-depth procedures such as IUI or IVF.

After discontinuing treatment, the couple made contact with a local international adoption agency. They completed their home study and have had their dossier in their country of choice for three years. During the wait-time, Vince and his wife were approached by extended family members regarding a private adoption. The family members lived out-of-province from them. After approximately a year of negotiating regulations between the two provinces, Vince's son came home last Spring at the age of two. Vince and his wife were still waiting for the international transracial adoption to be completed at the time of the interview.

**Interview Procedure**

Interviews took place in varied locations. Four interviews were held in private offices at the participants' place of work, one interview was held in the participant's home, two interviews took place via Skype video chat (participants conversed from their home), two interviews were conducted over the phone (one home phone, one personal office phone), and seven interviews were held in a private office/room on the University of Manitoba campus. I was the interviewer for all 16 interviews. Varied locations and media for the interviews allowed for reaching a broader audience of men.

Prior to starting each interview, I provided participants with an Informed Consent form (Appendix B) and a \$25 honorarium in gift cards. For those interviews conducted by distance (video or phone call) the Consent Form and gift cards were provided to the participants in advance, and the form was signed and returned by fax, mail, or e-mailed scan. The interviews were audio-recorded for later transcription. In addition to the audio and transcribed data I also made field notes during and after interviews regarding my perceptions and observations of the participant, as well as interview context if off-campus.

Interviews started with a demographic questionnaire and questions regarding infertility treatment and adoption history (Appendix C). Following completion of the demographic questionnaire was a semi-structured interview regarding the participants' experience of infertility treatment, the adoption process, and their views on fatherhood. Interview protocols varied slightly depending on whether the participant was a prospective adoptive father or had completed at least one adoption (Appendix D & E). Asking participants to provide the details surrounding treatment and adoption in advance

of the semi-structured interview allowed me to verify they met the recruitment criteria for the study, and to select the appropriate interview schedule. The interview protocols served as a guide for the interview, and were not rigidly adhered to. In some instances not all questions were asked. In all instances, follow-up questions not present in the interview schedule were posed to participants regarding topics or stories they raised. Interviews ranged from 40 to 95 minutes in length, with most interviews taking approximately 70 minutes.

### **Transcription and Data Management**

Recorded interviews were transcribed using the conventions outlined by Medved and Brockmeier (2004; see Appendix F). The majority of the interviews were transcribed by research volunteers. I reviewed the completed transcriptions for accuracy. Identifying information was stripped from the demographic questionnaires and interview transcripts, and participant names, as well as the names of family members, were replaced with pseudonyms. Electronic and hard copies of data were stored in a locked office. Microsoft Word<sup>®</sup> and Excel<sup>®</sup> were used for data management and analysis.

### **Analysis**

Analysis of the transcribed interviews from the participants was focussed on three levels of examination. These included thematic, structural, and performative levels (Riessman, 2008). In the context of the men's narratives, it is *what* is in their stories, *how* they tell them, and *why*. Initially, I analyzed the transcripts individually. I first read a transcript to ensure I was familiar with its content, and then re-read and analyzed it at the three different levels. Once I completed all 16 transcripts in this fashion, I reviewed notes from the analyses to identify commonalities and differences across the individual

interviews. Following this, I developed a framework to conceptualize the collective narratives. Finally, I re-analyzed the transcripts against the tentative framework to make sure it appropriately captured the experience of the participants. I discuss the three levels of analysis in the following sections. Although considered and analyzed separately, the three methods may overlap considerably in making sense of the men's experiences.

### **Thematic Analysis**

This is the *what* level of the analysis, or the level of analysis looking at the content of the participant narratives. Looking at the narratives holistically, the goal is to identify the message that the teller is trying to convey to the listener or, "...the moral of the story" (Riessman, 2008, p. 62). To do this, I examined the stories told by the participants according to the implied or explicit message. Commonalities and differences across participants were then arranged into thematic categories.

### **Structural Analysis**

Structural analysis is the *how* level of the analysis. Specifically, how does the teller arrange, organize, or compose the events in his/her story to communicate his/her particular message? By arranging the content of the story in such a way, what is the teller trying to communicate to the listener? Men may draw on typical plotlines in the telling of their stories. Frank (1995) outlines some of these, such as *restitution* narratives and *quest* narratives. In restitution narratives patients see an injury or diagnosis as a minor setback to overcome, and the structure typically follows, "I was (am) sick, I got (will be) better, now I am (will be) who I was before I got sick". Quest narratives, on the other hand, view the healing process as a meaningful journey with hurdles that are challenging but bearable. These individuals then integrate this meaningful experience

into their life story. The alternative to these plots is the *chaos* narrative. The chaos narrative is fragmented, verging on incoherent. Chaos narratives are usually told by individuals who have no hope in the future as a result of their diagnosis. In conducting the structural analysis, I considered the overall structure of the individual narratives, looking for these and other prototypical narrative structures and/or metaphors, and compared these within and across participants.

### **Performative Analysis**

The performative level of analysis is concerned with *why* the teller is telling their particular story, and *to whom*. The performative level is also concerned with which cultural or discursive resources the men draw upon to tell their stories. Taken together, the analysis considers who the teller is, who he is telling, and the cultural influences and pressures at play. This level allowed for me to understand how the men experience the social pressures related to infertility treatment and adoptive fatherhood, and in particular how they experience their adoptive fatherhood in light of these pressures.

Performative analysis also considers the interaction between the participant and the interviewer, or the co-construction of the narrative (Riessman, 2008). In the case of this project, I had an ‘insider’ perspective, insofar as I have experienced secondary infertility within my marriage relationship, and my wife and I are now pursuing international and domestic adoption; however, my wife and I did not pursue infertility treatment. While I do have this perspective, I attempted to minimize its impact on the men’s narratives by waiting until the debriefing portion of the interview to disclose my position. Even with this precaution, my insider perspective would certainly have influenced the way the interview was a *co-constructed*. My contribution to the co-

construction will differ from that of a female researcher, or a male who has not been through infertility or pursued adoption. For example, questions I asked during the interview may reflect particular points that I found interesting or share in common with the participant. My perspective may also have impacted how the data was analyzed, such as identifying a theme relevant to my circumstance and overlooking others. This may be simultaneously an asset and a limitation. Due to my position in the research process, and in an effort to conduct sound research, efforts were taken to ensure the rigor of the present study.

### **Qualitative Rigor**

Qualitative research has seen a great deal of debate surrounding the topic of qualitative rigor. The recent deliberations seem to surround a seminal proposal by Lincoln and Guba (1985). Lincoln and Guba pointed out that statistical generalizability, validity, and reliability are concepts that are not appropriately applicable to qualitative research and, to ensure rigorous qualitative research and acceptance from the quantitative community, perhaps we need our own criteria. They suggested criteria of confirmability, transferability, dependability, and credibility. Lincoln and Guba's work became an oft-cited piece of literature, and the benchmark for many in determining if qualitative research was 'good' (Sparkes & Smith, 2009).

Despite its popularity, this nomenclature has come under criticism among many qualitative researchers. Most notably has been the argument that criteriology is logically inconsistent with the relativistic philosophies of most qualitative approaches (Schwandt, 1996; Smith & Deemer, 2000; Sparkes & Smith, 2009). So do we discard criteria, then? Phoenix and Smith (2011) would say 'No', pointing out, "...this does not mean 'anything

goes' or... that analysis cannot be rigorous and sincere" (p. 632). One solution proposed by Sparkes and Smith is to cease to rely on strict criteriology, and instead choose appropriate criteria relative to each specific question and project – choose the appropriate methods for ensuring rigor according to the study at hand. However, the solution is not so simple. Tracy (2010) noticed that past critiques of criteriology simply result in another recommended set of criteria. Take Sparkes and Smith's recommendation as an example. In the end, they have merely given us as another criterion. In essence they recommend that we adhere to the predefined criterion of, "Thou shalt not rigidly adhere to predefined criteria".

So what do we do? Perhaps we should view the criteria themselves as social constructions of the qualitative community – perhaps even as counter-narratives to the master narrative of post-positivist research. If this is the case, then they are a reality for at least somebody in specific, if not the qualitative community as a whole, or the entire scientific enterprise. If criteria, or their social construction, were not a reality, would I need to bother devoting a section to their name? With all of this in mind, Tracy (2010) asks, "...is it possible to create a parsimonious set of universal criteria for qualitative inquiry that still attends to the complexity of the qualitative landscape? I answer with a tentative but hopeful 'Yes'" (p. 839). She then outlines eight criteria by which we can judge the quality of qualitative research. In the case of five of these (worthy topic, resonance, significant contribution, ethical, and meaningful coherence) I leave my reader to evaluate my work. I may never know if I have appropriately moved the reader (resonance), and while I may think my work is theoretically and grammatically coherent, it may only appear so to me. In regards to ethics, I am relying on the approval of the

Psychology/Sociology Research Ethics Board at the University of Manitoba to persuade you that the work was ethical. Finally, wading yet again into the relative nature of knowledge and experience, the worth and significance of this project are spelled out in the introduction and discussion sections of this paper, respectively. The reader is, of course, free to disagree with either claim. The criteria I will turn my attention to, then, are those of rich rigor, sincerity, and credibility.

The criterion of rich rigor has been covered extensively in my description of the method chosen to evaluate the research question at hand, including the time in the field, sampling method, and data collection, management, and analysis processes. As way of furtherance, a final note in this area resembles what Lincoln and Guba (1985) referred to as prolonged engagement. In addition to my familiarity with research in adoption and infertility, my position within the adoptive culture necessarily created a period of prolonged engagement, orienting me to the adoptive culture and context.

This latter point also leads me into the importance of Tracy's (2010) criterion of sincerity. One aspect of sincerity involves reflexivity. Reflexivity is concerned with self-reflection for the purpose of understanding how one's pre-existing viewpoints are influencing, or have influenced, the research process (Shaw, 2010). I tried to adopt an attitude of reflexivity, reflecting on how my role as the researcher may have influenced the narrative construction, analysis, and presentation of the findings. For example, reflecting on how my position as a man, biological father, and prospective adoptive father influences my feelings and expectations towards existing masculine, fatherhood, and adoption discourses for the purpose of allowing the interactions I had with the men to modify my preconceived notions of how these discourses are, or should be, appealed to.

In addition to reflexivity, sincerity refers to transparency about the methods and challenges of the research process. In addition to those methods already covered, some of the specific challenges and implications of my own position within the research are covered in the *Discussion and Implications* subsections *Reflexivity* and *Limitations*.

The possible limitations underscore the need for the final criterion of credibility. Credibility refers to whether or not the findings can be trusted. I attempted to meet this criterion through triangulation of the results with previous research, as well as by having my analysis reviewed by other researchers. Basic member-checking was also done to allow participants to provide critical feedback of whether or not they believed I accurately captured their experience or the message they were trying to communicate. Finally, I have attempted to provide as ‘thick’ a description as possible in providing the context of quotes, the context of the participant stories, and aspects of participant narratives that are both explicit and tacit.

### **Findings**

The men in the present study positioned their lives as embedded in the often-times conflicting narrative of the biological versus the social, nature versus nurture. At the beginning of their respective stories, they took for granted that they would take their place in the realm of the biological family. They would have biological families by default. Over time, they found themselves ostracized from the community they had identified with and left to find a new plotline for their lives to follow – a plotline that would simultaneously be in direct conflict with the biological narrative, and run in parallel to it. The remainder of this section will outline the meaning-making experience of the men as they navigated from striving for the ‘natural’ family to pursuing adoption

and social fatherhood.

### **Infertility – The Disruption of the Life Course**

When asked to share their stories from infertility to adoption, the men in the study also shared a back-story. This back-story was often brief, consisting of a sentence or two, but could be a lengthy account of life before trying to conceive. Regardless of length, the point of the story remained: Life used to be normal. The men had followed the course of getting married, and then waited until they were either ‘ready’ for kids or until they were financially secure. That part of the story had played out according to plan and now they were ready to have children.

**Matt:** I had changed careers late in life so I went to social- school to get a Bachelor of Social Work when I was 29.

**Int. (Interviewer):** Ok.

**Matt:** So I completed when I was 33 and uh, so we had uh sort of planned, you know, once I get into a stable career we will start having kids.

Reid put it this way:

**Reid:** We didn’t want to fall into kids, we wanted it to be a choice. Seemed like the responsible thing to do. Umm, so we waited 4 years to make sure we were solid as a couple and make sure this was something we wanted to do.

Matt and Reid display an avoidance motivation (Elliot, 1999) in these quotes. They would avoid having children until life’s natural progression had taken place: marriage, relationship and career building, then children. Evan’s perspective on the timing of children in life was more approach-focused.

**Int.:** You described the miscarriages kinda like (.) the- “Those two years of hell.” I was wondering if you could elaborate on that at all. What that experience was like for you.

**Evan:** (7) Well it was certainly frustrating because (.) umm (.) both my wife and I had worked very very hard to get our careers going (.) (**Int.:** Mmhm) to be in a position to have a family (.) umm (3) we- we were finally there.

Evan viewed parenthood as the goal to work towards, and having that goal blocked was

frustrating. You can see this not only in the language that he uses but in the pauses in his answer and the emphasis he places on certain words. He is careful to emphasize that their frustrations were “because,” or a result of, having worked so hard to “finally” reach the point of having a family, and he takes his time to carefully choose these words and communicate this point. For Evan, and others, children did not simply come after financial security. Children were the reason you tried to achieve financial security in the first place.

The importance of the stereotypical life-plan is also underscored in the way the men talked about the possibility of pregnancy occurring off-schedule.

**Jeff:** Well my wife ... got really sick ... and had to have some operat- almost had to have some operation and they didn't- and that was the question of ours right off the hope was, you know, was this going to affect our ability ((to get pregnant))? Because we were just engaged, we were going to be married in ... uhh you know [Int: Mmm] and the doctors at the time said well you'll never know until you start trying but we obviously weren't trying ... before we were married.

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**Paul:** Um, and we actually had >sort of a scare< even before we were married.

**Int.:** Ok.

**Paul:** A scare, we were wondering if, if we were pregnant actually.

**Int.:** Hmm.

**Paul:** But then she was just late

Jeff makes it a point to articulate that ‘obviously’ they weren’t trying before they were married. For Paul, pregnancy prior to marriage would have been a bad thing. These two men had yet to meet the life milestones of marriage, relational stability, and financial security; therefore, neither was ready for a pregnancy. The important point is that the men in the study structure their stories in a way that shows to the listener they had simply assumed they would follow culture’s dictated life course prior to discovering their infertility. The society they were raised in assumes parenthood as part of the plan, either

as a by-product of their romantic relationship or part of the purpose of it.

Beyond the cultural norm of having a family, the men in this study had also internalized the expectation that family growth would follow the 'natural' path of pregnancy and childbirth, biological parenthood. Accepting the biological family narrative can be seen in the simple action of trying to conceive children through sexual intercourse before considering adoption. Beyond this, their pursuit of biological parenthood through infertility treatment is part of what qualified them for the study. However, not only was their internalization of consanguineous relationships evidenced by the actions that had led them to this point in their storied lives, but by the very stories themselves.

Narratives can only be created with the cultural resources available to the teller. When recreating their narratives with the researcher, many of the men revealed in their language how biological parenthood was the benchmark or standard. Referring to the desire to continue with infertility treatment, men tended to say it had to do with wanting a 'kid of their own' or a child that was 'part of me, and part of my wife'. The pregnancy and childbirth route was referred to as having kids 'the natural way'.

Several men in the study, especially those who left infertility treatment unsuccessful before looking into adoption, told stories that conveyed the message that adoption had only been looked into after they had exhausted all other options. With the legal arrangements that surrounded their donor eggs, Bruce and his wife had gone further down the infertility treatment path than they had originally intended. And yet, even after treatment in their home province had failed, they considered travelling to other fertility clinics in other provinces. When directly confronted about why they had chosen

adoption, he responded:

**Bruce:** Basically we ran out of options. [Int.: Mmm]. Basically we had- there was no other choice. We were told we won't have kids. [Int.: M mm]. We were told >after the in vitro< did not work [Int.: Right] that (.) we basically had no other choice.

Vince and Jeff were in a slightly different situation from Bruce. They did have other ART options available to them when they chose the adoption path. Still, they had each reached a point where they had exhausted the options that they had been willing to investigate when the journey began.

**Int.:** Okay. (1) And so, just so I've got it, kind of a (.) handle on it. You guys were doing infertility treatment and starting contact with the agency around the same time?

**Vince:** I think the agency was just after that.

**Int.:** Just after that, okay.

**Vince:** So we kind of went through that, we would, I think we were even talking about adoption. And then actually (.) contacted them after we had done that. [Int.: Okay.] Kind of the, which sounds bad, is the last, the last straw before you kind of move forward to the next step.

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**Jeff:** So we kind a decided ok, well, you know that we tried in-vitro and that was- that was from my perspective always- I at least wanted to to try right? Just to be able to say, "Well at least we tried and it didn't work." So our adoption file was officially opened in April of 2007.

Travis puts into words what the other participants' discursively allude to.

**Int.:** So did you- your wife bring up the conversation for adoption?

**Travis:** Yes

**Int.:** Umm how did that take place? How did that-

**Travis:** Oh I mean we we we we talked on and off about different options. I mean like from surrogacy to to- I mean from going to the clinic to- See it's a natural progression. Obviously I mean it's not something that just one day she says, "I think we should adopt." Basically it's "Here's your options." I mean we could go to the infertility clinic and check that out, we could do surrogacy- I mean (.) or we could do this. So it's just a matter of o(:)k and let's (.) let's check what's available on adoption.

Highlighting what was unsaid, Travis fails to list childfree living as one of the possibilities. With childlessness off the table, the men wanted to exhaust what they

deemed to be reasonable, and sometimes unreasonable, options that would lead them to biological parenthood. They went into the process pursuing this goal, and gradually had to change their aspirations along the way. As we shall see as our men journey through the adoption process, this is not to say that they saw adoption as a bad option, only that they had internalized the biological offspring discourse.

Some men in the study referred to the idea of adoption not having even occurred to them prior to attempting to grow their families. Consider for a moment such men as William and Luke, who both grew up with adopted brothers, or Clarke, who had a marriage-long intent to adopt a child. The strength of the cultural expectation for children born into the family was so strong that these men chose to continue to pursue it through several miscarriages, IVF cycles, fertility medications, or donor insemination. Jeff told a story conveying how he had not considered adoption throughout the early stages of infertility diagnosis. Prior to the excerpt below, Jeff started telling the interviewer about his wife's diagnostic laparoscopic surgery and their wait in the recovery room for the doctor to give them the results.

**Jeff:** He forgot about us. We sat there for like two and a half hours. ... Like ok we're not gonna stay here all day if he's not coming. Well we'll make an appointment. The nurses are like, "Oh he's on his way back." Oh. So he left? So he came back and he was in street clothes and just walked in and basically told- you know and gave a rundown of, "Yeah you have real terrible adhesion blah blah blah blah blah." And he said, "You guys should look into adoption." It was just like (.) there was no discussion [**Int.:** Wow] about options. [**Int.:** Yeah] You guys should look into adoption. Which was a shocker umm because at that point in time umm adoption hadn't even crossed my mind.

The results of the exploratory surgery were important to Jeff and his wife. To be forgotten about was frustrating enough. Then to be told about adoption so closely on the heels of what was to be merely a diagnostic procedure was unprofessional. Considering

adoption is seen as a major shift in perspective.

The expectation of biological parenthood was also clear in the participants whose parenthood aspirations were blocked by male factor infertility. Throughout our interview, Luke repeatedly emphasized how he did not “ascribe to many traditional ways of being a man.” One would assume then, and Luke did as well, that infertility wouldn’t matter to him.

**Luke:** So he- he called me on the phone and he said, “Ok Luke I’ve got your results. Umm you don’t produce sperm.” [Int.: mhmm] I was like, “I’m sorry what do you mean?” and he’s like, “Well you just don’t produce any. There are no sperm at all. You don’t produce any. There aren’t even like dead ones or deformed ones, there’s just none.” So I was sort of shaken by that. [Int.: Yeah] Unbelievably. More than I would have thought.

Luke went on to compare the process of coping with infertility to adolescence. He said it was a period of trying to “figure out who the hell you are.”

**Luke:** I guess it was a mourning process ... of reasserting, reestablishing, redefining my... identity. ... Trying to find out who I am again [Int.: Yeah] or who I think I should be. So having something so fundamental as the body betray you in that way can really affect your identity as a man.

The capability to produce sperm, and therefore a biological family, was inextricably tied to his identity. So much so that he had to reestablish who he was and mourn who he was not.

Interestingly, Clarke had a similar experience to Luke. During a meeting with an infertility specialist it was implied that Clarke might be infertile.

**Clarke:** When I asked a question she shot, she shot a response back. Uhh(:) like she read into the question as though (.) Uhh(:) I- I was putting all of the weight on my wife’s shoulders for (.) >us not< being pregnant. And she said, “Have you ever thought you’re the problem?” And- and she- “I think that you’re the problem.” She said something that was very cold (.) and it- and it rocked me to my core. It was so (.) I was distraught...>I felt< knee-high to a grasshopper. >I felt< terrible. Absolutely terrible. And it took

me (.) probably 6 weeks to get over that. (.) Like it took a lo(:)ng time. (.) Uh >well, long ti- it doesn't sound like a long time but< I was so angry (.) and I- like I (.) emotionally I withdrew. I didn't want anything to do with it any more. That's it, I was done, I'm fed up (.) it was the off-switch for me.

Despite the physiological unlikelihood that he was infertile, considering he and his wife had eight previous pregnancies and miscarriages, Clarke was deeply impacted by the mere prospect that he could be the infertile partner. Similar to when the doctor told Jeff and his wife about adoption, Clarke refers to the infertility specialist as 'cold', 'rude', 'inappropriate', and 'a bitch', positioning her as an enemy to his psychological wellbeing. He tries to convey to the interviewer his intense anger, even many years later at the time of the interview, first by appealing to the length of time it affected him. Realizing that 6 weeks does not sound like much of an extended period, he turns instead to other discursive techniques to try and convince the interviewer of the depth of his experience. The prospect of being infertile and unable to have biological children was so distressing he had to 'get over it' and re-engage with the process of infertility treatment and adoption.

Intense emotion was not limited to those who were diagnosed with, or had the potential to have, male factor infertility. Bruce, even though the diagnostic process deemed his wife as the infertile member of their couple, reported experiencing similar contempt for the infertility specialist.

**Bruce:** In one second you're thinking "Boy, what a prick this doctor is. He just told us we can't have kids." You want to blame everybody. You want to blame the doctor especially because he just sat in front of you and said 'No'.

Their anger towards the individuals who delivered the message displays how biological parenthood was primary to these men. To suggest that biological parenthood is not an

option was rude, insensitive, and offensive. Within the dialogue between interviewer and participant the messenger is metaphorically shot for surprising the participants with dreaded news.

As they progressed through infertility treatment, the men in this study found themselves needing to come to grips with not having a biological child. Several of the participants referred to the need to “grieve it” or “move on”. What facilitated this process for many men was when they reached a fork in the road where they were caught between feeling the need to protect their wives and wanting to pursue fatherhood.

**Int:** You mentioned that you had friends that went through in vitro.

**Adam:** Yes

**Int:** And, “Watching her go through hell.” [P: Yeah] Uhh so what was it about watching, kinda, her go through that, or knowing what she went through that, that you said “No way.”

**Adam:** Umm(3) the amount of drugs that (.) even more drugs than what we were taking [**Int.:** Mmhm] having to give herself needles- [**Int.:** Mmhm] I can’t remember how often, but administering the needles yourself a(:)nd <just talking to my friend> just saying like (2) she’s really not herself (2) [**Int.:** Mmhm] When she- she’s on these drugs she’s not (.) herself and he goes (.) <sometimes it’s scary cause I don’t even know who she is.> [**Int.:** Right] (4) So that that really(:) like (.) scared me a bit. [**Int.:** Mmhm] <Why should I be doing this to my wife?>

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**Luke:** I remember driving home and having to stop the car so she can throw up. [**Int.:** Right] You know she’d be in the back seat, you know moaning and cramping and it was absolutely terrible to watch her go through that.

**Int.:** Mhmm, yeah. Umm (4) And so how did you both come to that decision that, “We’re done. We’re not doing that again.”

**Luke:** Well I think the last time was especially difficult for her [**Int.:** mmm] and I just looked at her and said, you know, this isn’t worth it. We have other options that don’t cause us physical pain [**Int.:** Right]. <Or don’t cause you physical pain> so I I think I put my foot down (.) which isn’t something I do.

As husbands, consistent with a hegemonic form of masculinity, these men try to deliver the message that they saw themselves as responsible to protect their wives from harm, regardless of the cause they were working towards, regardless of how important

fatherhood was to them or motherhood was to their wives. Notice how Adam goes so far as to say that he was doing this *to* his wife. Luke expressed that he found the responsibility so compelling that he had to do something he did not normally do and ‘put his foot down’.

What this responsibility also tended to do, however, was silence the emotions and desires of the men. The men found their role as protector of their wives’ emotions in direct conflict with voicing their own feelings and wants. To voice their negative experience would imply that they did have wishes in the situation, and to express a desire for biological parenthood in any implicit or explicit way would mean to burden their wives beyond the emotional and physical pain of infertility diagnosis and treatment.

**Int.:** In that process of kind of ‘hitting you’ (.) did it —<when did you come to that realization that you’re not going to have a biological child?> That it was going to be an adoptive child. What was that like? Or did it hit you at any point? Or-?

**Jarrold:** Ya, ya it definitely did. Umm, (.) and it, you know, my wife was very emotional through this whole thing and, and (.) I don’t want to say she didn’t have a big support network but she would lean on me a lot and say you know, “I’m sorry, I’m sorry, I’m sorry, this is my fault, this is my fault you’re not going to have a child of your own” and I was really in, in protective mode to kind of, “It’s fine, it’s ok, like we will be fine, we can do this. It doesn’t matter to me-” So I don’t know if I had really much time to think about not having my own, (.) my own child. I didn’t want to (.) I didn’t really want to mourn in front of her. I mean I did have a few(:) breakdowns and crying and getting through it. And she would just be crying saying she was sorry all the time and so, I didn’t really have a lot to mourn.

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**Int.:** And so what were some of your thoughts and feelings about the (.) about stopping treatment?

**Eric:** (3) It was more support for her, like of course you’re, ‘I’m a guy and I play sports my kid plays sports’ and <I always played sports. Of course growing up you always think that your boy will play sports. It’s tough knowing that you might not have a kid.> (.) Umm to see what she was going through was even worse so I said I’ve stopped- let’s stop the IVF and let’s try adopting and we’ll go from there.

Notice how Eric talks about how his hopes for having a son that followed in his footsteps. However, his wife's pain outweighed this desire. Despite the feelings he was experiencing, Jarrod went into 'protective mode.' Protecting his wife required that he not burden her with his mourning, an act that he perceived would have resulted in worsening her emotional state. Jarrod is even inconsistent with himself within his quote. He both claims that it 'definitely did' affect him and that he 'didn't really want to mourn in front of her', but also claims that he 'didn't really have a lot to mourn' or 'much time to think about not having [his] own'. Repeatedly the men postured their wives' emotional state as worse than their own. Jarrod is even careful to do this in the context of a one-on-one interview. Reid was more forthright about it in his interview: "It's easier if I portray it like I'm not ambivalent about it. Especially when she's there."

The men's narratives are not structured in a way to suggest they resent their wives for needing to take on this role, nor is this author suggesting that men's desires for fatherhood should trump their wives' physical pain or emotional burden. The point is that the men had an expectation of biological fatherhood. Releasing that expectation required deviating from the storyline of life. This resulted in feelings of mourning, and also feelings of isolation, although these emotions were often not shared with their partner. The men no longer felt like they identified with the community around them. The majority of the world gets pregnant without difficulty and follows the story of life. They did not, and felt like there was now a road that they had to travel alone.

**Vince:** I think that's a big thing with infertility, is that, um, it doesn't happen to a lot of people, so you're kind of the outcast. You're not in one sense, but you are. You feel it more than I think you actually *are*. [**Int.:** Hm.] But it's, whether you, if you feel it, then it means pretty much that you are, whether you are or not.

Clarke shared a story regarding the loneliness of infertility.

**Clarke:** We were at the hospital and the doctor, like it was the middle of the night when we went in. And she had to have the D&C right away. [Int.: Ya.] And the doctor had come back into the room and he himself was, was quite emotional. He was upset [Int.: Mhmm.] Because he could see how upsetting it was for us and, and uh he explained that he had just gone through this with his wife. [Int.: Oh.] And uh, and, and hugged us and uh offered us and uh-, (.) Like, it was one of those very human, compassionate moments. And it hit us kind of hard [Int.: Mhmm], that, that moment.

Clarke's portrayal of the 'human, compassionate moment' emphasized how important it was for someone to enter into his experience. The evening of that miscarriage, he and his wife were alone and in pain. The action of the doctor removed that isolation from them.

Matt also told a story of how he experienced this isolation.

**Matt:** Umm, ya, I mean I think uh, like one of my colleagues was just, we were chatting in the back at my desk and she mentioned something about um, (.) and she didn't know we were in the process and all this stuff, we didn't tell everybody. So she said something about um, "You know when you have kids you'll find out." Because she was having trouble with her teenagers or whatever. And I kind of snapped and I, I said, well, something about "We can't have kids." [Int.: Hmm.] You know, it, it was very insensitive and you know, (.) but it made her feel bad which is what I wanted at the time.

Matt positions the rudeness of his actions as proportionate to the way he experienced his co-worker's comment. In doing so, Matt is trying to convey how the seclusion he felt weighed on him – how the woman he was speaking to had taken for granted that people have children easily and naturally and how this irritated him to the point where he wanted her to feel discomfort for having said it. His life's path was different, and while he didn't really want her to know it, he wanted to stop feeling it.

### **Adoption – The Same, and Different**

The decision to move into adoption was varied for the men in this study. The structure of many stories suggested that adoption was the next logical step for them after infertility. They hadn't envisioned going down this road when they began, but they knew enough of the story to know that if they still wanted children then adoption was the next obvious choice. For some men, this meant covering their bases and choosing to follow the adoption and infertility routes at the same time. For others, it seemed to be a seamless flow between leaving infertility treatment and starting adoption. For others still, it required an active process of evaluating whether or not they could love and accept a child who was not genetically related to them.

Part of the adoption decision was attributable to an idea endorsed by the majority of the participants: Adoption was guaranteed to result in fatherhood. Those entering the adoption storyline had a preconceived notion of adoption as a solid fallback, or certainly a better bet than continued treatment. In Vitro Fertilization had such a low probability of success attached to such a high cost, they would rather pursue a similarly priced route for a domestic adoption, or an international adoption that could be triple the cost of infertility treatment. Even though adoption might not work out, the odds had to be better than treatment.

Several men in the study viewed their wives as instrumental in leading the way down the adoption route.

**Jarrod:** Like she just <keeps pulling me along like adoption>. “Well geez like do we have to sign the papers when we are there?” “Well, no, we will just go there and hear what they have to say.” (**Int.:** Mmhmm) and uh (.) –I was more like, “We have time, let’s just keep trying. It will happen”, you know and she was like more task oriented saying, “Okay we will keep trying but let’s keep moving the sticks here.”

Jarrold is hesitant to take this step. His concern about commitment up front alludes to an experience that most of the men endorsed, regardless of how they came to pursue adoption. Despite it being the next step in the process, they didn't know anything about it.

Except for one of the participants who had worked in a government department with the adoption coordinator in the adjoining office, the men in this story had been relatively isolated from the adoption storyline. This could be seen as complement of, outcome of, or contributor towards, having expected to become biological fathers. Regardless, most of the men seemed adrift as they made contact with the adoption agency, being isolated from the cultural storyline they had expected to follow, and not knowing what the future really held in store.

An instrumental time for most of the men in the study, then, was the adoption information session hosted by their agency. One important aspect of this experience, similar to Clarke and the physician who conducted his wife's DNC, was the men no longer felt alone.

**Adam:** <Being in a room> (.) with other people that are going through [**Int.:** Okay] the same (.) experiences as us because (.) there <I wanna say there might have been 8 or 10 couples> (.) and when you go around the room introducing yourself and why you're there. It's like it (2) should just have a shuttle from there to ((the fertility clinic)) because every single person went there.

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**Luke:** So we decided to go with the agency we chose umm because they were located in our province [**Int.:** Ok] and there was a lot- there was a huge network of people who had already adopted from Ethiopia. So there would be families in the area that would resemble our own, and that was important for us.

Having others who had and would share the same storyline was important for both of

these men as they referred to the education seminar. For Adam, a man still in the process of waiting for his adopted child, it was knowing that they weren't alone along this road. For Luke, it was knowing that when the journey was finished there would be other people around who had, and would be following, a similar story to his.

The importance of others with a similar storyline can even be seen with Evan. After over 15 years of adoptive parenthood, he visited the annual barbeque of their international adoption agency. Before we concluded our interview, he found it important to tell me about it.

**Evan:** When we were in the process of adopting Desta we went to one of their barbecues (.) [Int.: Okay] to meet the other adopted parents (.) of children from Ethiopia and other places (1) [Int.: Mmhm] and that was a worthwhile experience just (3) uhh since we already had two adopted kids uhh just sharing our stories with other adoptive parents (.) who had usually a mixture of birth children (.) uhh and children adopted overseas through the agency.[Int.: Mmhm] And what we learned from that experience is that our experiences were very similar.

Evan's previous isolation was removed in this new experience. The barbeque took place in a separate province from his own and, as such, was not convenient or inexpensive to attend. And yet it was 'worthwhile' for the simple fact that he was able to talk and share his stories with others of a similar background – to have someone that had a comparable story to his.

The second thing the adoption education seminar tended to do for the men was give them an outline or a structure which they could overlay their experience onto. Culture had failed to give them this. To some of the men, this was attributable to how new adoption is as a family form. Parents of the men or men's wives were described as 'old school' or 'old-fashioned' if they weren't readily accepting of the couple's choice to adopt.

**Jordan:** We had a very hard (.) time (.) explaining the concept of open adoption because to them it was a foreign concept as well.

**Int.:** Right, kinda like it was to you before the information session.

**Jordan:** <Exactly, but to them even more so> cause they've, cause they're rigid in the way they've, they perceive it <umm it took a little longer> (.) My, my wife's mother especially. She's a bit older (.) she's seventy(:) seventy two, seventy three now.

Notice the researcher's comment. Earlier, Jordan had mentioned how important education at the seminar was to him. Jordan leverages the researcher's statement to amplify the novelty of the adoptive family form. Jordan uses the age of his mother-in-law to explain her closed-mindedness. If this was an established part of culture, if it had been around in her more formative years, she would have readily accepted it. To communicate this he describes older adults as slow to accept the new or unknown.

Where the men's family of origin, and western culture, had failed in communicating the newer adoption storyline, the adoption community was able to provide them with the discursive resources to begin to position and understand their prospective, and later established, adoptive parent status. They now had the tools to begin forming the counter-narrative that was, and would continue to be, their life. For some men, it was the testimony of the birth mothers about placing their children for adoption. For other men, it was the stories of those who had adopted previously.

**Travis:** When you go for to the initial meeting and everything, the information session, they go through a lot of that and by the end of it (.) yeah, I was fine with it. I mean you hear birth parents talking you hear so many things ... They had ahh some adoptive parents which coincidentally I knew ... so it was it was kind of interesting that (.) that I, that I found out they had adopted and it gave me a lot more insight into it [**Int.:** Ok] so (3) that was good I mean because any lingering questions I had an outlet to find the answers if I wanted.

For others, still, it was the story of children who had been adopted themselves. Before even attending the adoption seminar, Reid and his wife actively sought out those who had

been adopted to ask them about their experience.

**Reid:** You know, could we as a couple or a family, are we ok with this? And then, are our extended families ok with this? You know, how does this work functionally? And so we asked- we asked several people who were adopted you know? [**Int.:** Mhmm.] You know, would- do you feel your parents- did you reject because they weren't your biological parents you know? Do you feel like you were truly a family? Do you feel any differences between if you were to have children? What if you couldn't would you adopt? Is it something that is viable to you? You want to make sure the children felt that way as well.

Luke's perspective of the education seminar was different. He referred to it as a 'scare-weekend' and a 'glass of cold water'. On the one hand, Luke had preconceptions that the process of adoption would be straightforward and smooth-sailing. And on the other hand, there were aspects of international and transracial adoption that had never occurred to him, such as health conditions of children in third-world countries, or possible social/emotional issues throughout development.

**Luke:** They give you a huge umm binder [**Int.:** Material] where they tell you all the possible medical problems and all the possible social development problems and (.) yeah it was a bit of a- It was a 2 day thing. It was an eye-opener. [**Int.:** mhmm] It's really important [**Int.:** mhmm] right cause you know it sets you up [**Int.:** Yup] and all the possibilities and everything.

While he was the only man to portray the seminar as a shocking experience, the end result was the same as the other men. The seminar provided him with, what he perceived to be, both a more accurate and complete framework over which he could begin to build his story.

Following the education weekend, or seeking out a source for an adoption narrative, the next major experience on the journey to adoption provided men with another framework to draw upon to build their narrative for what the literature calls social fatherhood (e.g., Dowd, 2006). Meeting their adoptive child for the first time allowed the

men to begin to draw upon the familiar framework of biological parenthood in forming their counter-narratives.

**Clarke:** She, she was so attached and put her back in her room and when we tried to leave she would follow and cry until I came back. I, I don't know why it was but she was, she (.) we clicked I guess is what people would say it nowadays. A nice bonding experience and uh (.) and, and it's very emotional because you suddenly realize (.) you're a father, this is your little girl.

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**William:** I mean we go in (1) waited at the agency or the orphanage uhh for about an hour before we got into see the director [I: Mmhmmm] and we were in only 5 minutes he asked us some questions <then the door opened> this little girl walked in, they had her in a dress and bows in her hair and that kind of stuff and she comes over and she can't speak English she says mama (.) papa (.) and she sits on your lap... I I I don't know- I can't say what it's like to be present when your child is born umm I I was there I think she was three when she came out- instead of coming from the mother she came through a door in a little blue dress.

William, along with other men in study, draws upon the cultural story of childbirth to try and portray to the researcher the bond he felt to this child in the instant he met her. For some adoptive fathers of internationally adopted children, this bond was from the moment of seeing the picture in the child's referral. Luke and Clarke, for example, spoke of the grief and remorse that they felt when their first referred children passed away.

For those fathers who adopted domestically, they conveyed this message of instant bond in the way they talked about the first 21 days of having their adopted child. In the province of Manitoba, where most of the participants were from, the birth-parents have the right to reverse their adoption decision within the first 21 days following the initial placement of the child.

**Paul:** So even the agency tells you, "Don't tell anyone, don't get your hopes up," cause then you're just answering questions if it falls through or whatever. But our attitude was that we >want some people to know< because if this does fall through we're going to need people to (.) you know, take care of us sort of thing. [Int.: Mhmm] Because it, to get that

news and find out that it's flipped, it's, it would've been an emotional (.) it would have been traumatic emotionally.

Paul poses the effects of a reversal as so devastating that there is no way they could handle it alone if it occurred. They would need people around them to support them.

Jeff, a man who experienced a reversal after four days spoke of it in a similar way. After talking about how he was 'depressed as hell' for the entire summer after the spring reversal, he went on to describe the experience as follows:

**Jeff:** There's nothing worse than- than people (.) that can't get pregnant to actually have a baby in your arms, you're taking care of this baby feeding the baby (.) umm <you know all those kinds of things> and then you get a phone call and they say, "Sorry we have to come and pick up (.) >the baby" (.) right.< umm (.) it was the worst thing in the world.

Jeff portrays the inability to get pregnant as an unfulfilled dream and the act of caring for a child as if it were their own had fulfilled it. Juxtaposing the emotional crash associated with the reversal against the fulfillment of the dream emphasized the attachment he felt to that child. This experience was so painful for Jeff and his wife that they were hesitant to even accept a second referral. They investigated all of the options available to them to try and avoid caring for the child during the 21 day waiting period without putting the adoption at risk.

This idea of emotional attachment and bonding to a child appears related to the androgynous fatherhood narrative. Bruce, several times in the interview, appeals to this discourse of fatherhood, referring to the time he spent with his son in various activities and to the bonding moments they had in Kris' country of origin. When confronted with the implication that he might not spend as much time with his son as his wife, however, he quickly appeals to his breadwinner role.

**Bruce:** Like I don't know if he's closer to me or his mom but I would say he's probably closer to his mom... every day after school >Kris is with< Joan (.) doing homework. (I – Mmhm). So-

**Int.:** They spend a lot of time together.

**Bruce:** They spend a lot of time together and therefore they get- I spend a lot of time with Kris too but not- remember I'm an hour North to go (I – right) to work and all that, so (.)so >it's its, its<, ah(:), they're very close. And me and Kris are very close as well but it it just happened to work out that way.

Bruce seems to catch himself, realizing that he is portraying a situation where he might not be living up to the androgynous father ideal. However, he displays an ability to appeal to an incompatible narrative when he was at odds with the first. As we would find in the hegemonically masculine narrative, Bruce has to work and provide for his family. This grants a justified reason for the more limited amount of time he can spend with Kris compared to his wife.

While men appear to be able to resolve some inconsistencies in their masculine and fatherhood narratives relatively easily, this was not always the case. The men narrated an experience of bonding to a particular child that was instant, strong, and irreversible. Others around them, however, did not share the same view. Social pressures - the words and behaviours of coworkers and family members – communicated the message that this form of parenthood did not have the same legitimacy and security as biological parenthood.

**Jarrod:** I think that others look at me like it's different. I had a coworker ask me the other day, I was on the phone, he overheard me making an appointment for Anne, for uh, parent teacher. And he said, <“I couldn't help but overhear> but is Anne's name, her last name the same as yours?” (.) <What do you mean, are you kidding me?> Ya Anne and Alexander, they are both Robertsons. “Oh, ok I didn't know how that worked.” <So I know> others view it as maybe, uh (.) second best. But I mean I don't. Might have been second choice, but I don't think it was second best. So I don't see it any different from it but I know, I know others do.

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**Int.:** One of the things that I've noticed through my interviews so far, there was

a mix of language and some people use it and some people don't. (**Matt:** Mhmm.) Where (1) when talking about their adopted child, they talk about it as um, (3) they are my son but they aren't my son, they are my daughter but they aren't my daughter.

**Matt:** Hmm. I would never say that. I would say he's, he's our son. (**Int.:** Hmm.) And that's the bottom line. There is no, no, (.) I wouldn't say anything like that (**Int.:** Hmm.) We don't look the same but (.) he's a lot cuter than we are. ((**Int.** – Laughs)) No he's our son and if anyone asked us questions you know and some people ask stupid questions or unintended, uninformed or ignorant questions. (**Int.:** Right.) Um (.) and we either hold them off or, or just say, no he's our son. We've had people saying, he can't be your son or, or um, where does he belong? Or where is he from? Or, or things like that. Where did you get him and things. He's our son. (**Int.:** Hmm.) So, ya I mean you could look at us strangely and we get a lot of stares and strange looks but um we don't apologize for that or make any concessions at all.

Both Jarrod and Matt refer to other individuals as ignorant or insensitive when asking questions about their adoptive children. This can also be seen in the way that the interviewer and Matt relate to one another in the above dialogue. Notice by the pauses in the interviewer's speech how he treads hesitantly around the question – he knows this is a sensitive topic. Matt also reacts quickly and decisively in response, indirectly and politely telling the interviewer that the inquiry was stupid. The dialogue between the two is a mirror of other encounters the men experience with those not familiar with the adoption narrative.

The experience of the men goes beyond dyadic and cultural pressure. The men have also internalized the master narrative that biological parenthood is the standard, and that adoptive parenthood is not equivalent. We saw this initially as the men pursued and left infertility treatment. Adoptive parenthood has not completely removed their former conviction. This manifested itself in the interviews in different ways. For example, some men chose to adopt a child of the same race so that the child resembled them. For a couple of men, it was the appeal of being told by their agency that the international

process would take approximately nine months – a similar time frame to pregnancy. The internalization can also be seen in Bruce’s story.

**Bruce:** You should have seen me- excuse me, I’m gonna keep my head down because I don’t wanna lose it again... >When we came to Canada and I got off that plane with Kris<, (3) I was very nervous. Because I >did not know how everybody was gonna think<...>I was worried that nobody would accept Kris< (.) for who he was (2) because >he was from another country<. ... and Kris ran up to each one of them and hugged all of them. (1) And I was very relieved when I watched this.

Earlier in the interview, Bruce reported that he and his wife had received nothing but support and encouragement from their families in their adoption process. Despite this, he worries about the possibility that others would reject his son due to his foreign and adopted status. He is clearly emotional while telling this story, and relieved that the outcome he feared did not materialize. Bruce displays that he expects culture, even close, supportive relatives, to reject his son’s status in the family because he is not related by blood.

Let’s also return to the questions that Reid posed to adults who had grown up as adopted children in order to establish his adoption narrative:

**Reid:** You know, would- do you feel your parents- did you reject because they weren’t your biological parents you know? Do you feel like you were truly a family? Do you feel any differences between if you were to have children? What if you couldn’t would you adopt? Is it something that is viable to you? You want to make sure the children felt that way as well.

Reid needed the answers to these questions to counter the master narrative – a narrative that he had ascribed to. In order to be able to take on and tell a new narrative he needed to know if adopted children view their adoptive parents as ‘truly’ their parents; if so, then the whole system might work. But if it isn’t “viable”, if adopted children didn’t reciprocate the view that this was legitimate, the system falls apart under the strain of the

elevation of biological ties and the new narrative can't stand. He would be left only with the narrative that biological parenthood is the only way.

The result of the men internalizing the master narrative is the men feel as though the world views their parental claims as less legitimate than those of biological parenthood. This tension between the parental claims of the adoptive and biological parents actually enters into the adoption culture in a fascinating way. Consider open adoption for a moment.

**Travis:** It's a *wonderful* thing. It means my daughter won't have any questions [Int.: Ok] (3) You hide things and they tend to cause people to have to have questions. This way everything is *open*, she knows she's adopted from birth and it's not a stigma. [Int.: Yeah] Which, obviously the way my mind was thinking *back then*, it would have been a stigma. It would have been placing a stigma on adoption unknowingly.

**Int.:** Stigma in a sense of like-

**Travis:** Of why hiding it?

**Int.:** Right. "We don't talk about this."

**Travis:** Exactly and (.) it's something that should be open.

Travis' former way of thinking was actually a part of the adoption process prior to the days of open adoption. If a child was adopted it was largely to parents of the same race, and the child was raised to believe that these were his/her biological parents. As Travis points out, this indirectly places a stigma on adoption in that it needs to be hidden. To counteract this stigma, the adoptive parents must be open about the child's biological ties and grant the biological parents access to 'their' child. In order to be good adoptive parents, they must allow connection between biological child and parent. In order to reduce stigma associated with adoption, adoptive parents must promote biology within their adoptive relationships; and yet, it is because of the lack of biological tie between child and adoptive father that others question the legitimacy of their parenthood.

This principle is actually internalized by the men in other interesting ways,

beyond the social institution of open versus closed adoption. Luke, a white father of an internationally adopted black child, told a story of starting to identify with his child's race.

**Luke:** Because we live in French, we wanted my daughter to go to French school, took French umm French swimming lessons, so I went to a French pool and we were there and its all Franco-Manitobans, and Franco-Manitobans are all white and whatever. And so it was me and my daughter, and she was the only black kid in the pool. And all of a sudden a Congolese father and his son come. I thought to myself "Oh finally another black family." And I stopped and I went, "I have just identified myself as a black family."

In addition, Luke has also told his wife that, should they decide to pursue donor insemination again, "I think we should choose sperm of a black guy so that our children would have that shared heritage together." Luke has become the steward of his child's biological heritage. Paul shared a similar point of view on adopting another child.

**Paul:** Uh, you wonder ok, so if we now adopt a white child (.) when, when he's a little older or even now, he's 3 right, you know, he's, he can communicate, he's observant and he has a good vocabulary already and so it's like "Oh, ok so I don't look like either of you and I don't look like new baby. (1) Am I, am I really a viable part of this family?"

Paul and Luke are responsible for making sure their children feel as though they identify and belong within their society and family. Being the only member of an ethnic minority within the family unit is viewed as a threat to that possibility.

So the men are forced to live in this tension – biological relationships are important for their children's sake, and simultaneously diminish their parental claims in the eyes of others and themselves. It is a tension that remains unresolved. For example, let's take a look at the following quote from William.

**William:** <We don't want her to learn from someone else that age 10, "Hey you're adopted your parents tell you that?"> So now at 8, 8: "You're adopted." "Yup, I'm from the Ukraine. [Int.: Right] that that was my

old mom and-” <she doesn’t have the terminology down>, but (.) she- you know we’re her parents and we’re- <probably that she ever knew.> In fact she was placed in care as an infant .(1) [**Int.**: Okay] Almost no connection with the biological parent [**Int.**:right] her whole life experience prior to us was uhh (.) uhh an orphanage with 144 kids and she was in a unit without about a dozen (1) three year olds.

In a very short passage, William both articulates the importance of being open about his daughter’s biological connection, and minimizes its importance. On the one hand, it is important that he teach his daughter about her past and make sure that she is aware of it so that she isn’t caught off guard by someone else. This could threaten her identity as a member of the family, possibly threatening her belief that he is her father. On the other hand, he finds it important to mention that his daughter has no recollection of her biological mother, strengthening his claim as her ‘real’ father, the only one she ever knew. William lives in the tension of the importance of biology and his experience of his social role as father.

The action that William is performing in an attempt to resolve this tension was very common across the participants in this study. William is educating the interviewer on the adoption narrative. Just like the men needed educating, themselves, as they either considered adoption or attended the information weekend, so too are the people around them ignorant to the adoption storyline. Just as culture did not provide the men with adequate discursive resources to frame their adoptive lives, culture didn’t pass these resources on to the people around them, either.

**Evan:** In telling the stories I often find that I’m helping to counter some of the myths (.) <that they might have unconsciously picked up over the years> (1: Mmm) (2) uhh and it’s particularly true when uhh umm (2) people will come to me (2) uhh these are other couples who who who umm are almost embarrassed to share the information with me that they’ve been having trouble ... having birth children uhh and they they noticed that our children must be adopted

By sharing his story, Evan is able to inform the world around him on what adoptive fatherhood is and the incredible similarities it shares with biological parenthood.

Participants in the study were consistently telling stories of how they educated others – or told stories to educate the researcher – on adoption. Some did it in the form William did – minimizing biological importance – while others emphasized the parallels between the biological and adoptive paths. The counter-narratives that these men are telling both include and resist the master narrative. These counter-narratives are being used by the men to make their reality known to others, possibly in an effort to reduce the cultural pressure they feel they are no longer in line with.

To summarize, what insights have we gained in to the men's meaning-making process? First, they have begun to embrace, tell, and perform the narrative of adoptive fatherhood. Second, the men report experiencing a bond with their adopted child that firmly establishes a father-son or father-daughter relationship. Third, however, they feel stigmatized by society regarding their parental claims. Finally, the men also still believe the biological standard. It plays out in the stories that they tell and the language that they use, and is woven into the role of the good adoptive father. In response, the men share their meaning-making with others to try and weave a counter-narrative to culture's dominant claims of biological supremacy.

### **A Tenuous Resolution**

The men gave two final clues as to how they see this journey – why this tension exists and how they're able to live within it. First, the structure of the men's adoption stories suggested resolution. In response to the first question of the interview – 'Tell me your story from infertility up until the present time' – storylines were presented in such a

way as the men had overcome the obstacles of infertility treatment, government adoption regulations, difficulties in foreign countries, and adoption agency blunders, to reach the climax of bringing their child home. After this point the stories usually stopped, even though many men had their children placed for several years at the time of their interview. Although asked to bring the researcher up until the present time, men's stories concluded at the point of adoption. This suggests that the men had either resolved their quest for fatherhood or would prefer not to talk about the tension in their paternity. In either case, the men's discontinuation of the story at this point sends the message that the rest could be taken for granted. It is almost as if to say 'I'm a dad now. What more is there to tell?'

The structure of resolution was emphasized by how the men discursively positioned the infertility journey in light of their adoptive parent status. Time and again the men talked about how the journey was worth it, or how they wouldn't trade the pain of infertility if it meant they had to live a life without their adopted child.

**Bruce:** >And, I< <tell you>, from the >first second< we saw this kid, honest to God- we just flew (2) ((takes breath – starts crying)) – this is the hardest part about this whole thing. We just flew, whatever amount of time (6), ((collect himself)) Sorry Ross. [**Int.** - No problem]. (10) We just flew (.) whatever amount of time, spent (.) whatever amount of dollars, (.) and whatever time that took, I'm telling you it was all worth it. Everything up to that point [**Int.** – Wow] when we met this little boy, (.)was >worth every< second of it. Aw man, I can't even get it out.

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**Clarke:** And uh, um, it's incredible. It's a feeling that I, I phoned the, when I phoned the agency back when we got back I had to apologize to them because there were times during the process I was getting impatient. Because of lost paper work or the redundancy or (.) the, all these reasons that we get impatient. [**Int.:** Mhmm.] And all of that evaporated in that moment. They bring you your little girl and it just doesn't matter how long it took, it doesn't matter how many line ups you waited in, it doesn't matter (.) at all about your frustrations because it means everything to this little girl.

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**Evan:** In terms of the miscarriages well that's a blessing in disguise too because we have 3 beautiful kids now> (I: Mmhm yeah right) and you know we have three extended families (.) uhh there's all kinds of experiences that we (.) have because <of these kids we would never otherwise have had>  
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**Travis:** ((My infertility)) was from an outside source so [I: Mhmm] (2) Can I be angry at them? I can't anymore. At the time I could. Now I should actually thank them (2) Now that I think about it. I wouldn't have *my family* if- it would be a total different family.

This story of resolution was pervasive, at least across those participants who had successfully adopted at the time of their interview. And yet we have already seen the tension that they live in – a tension between adoptive fatherhood and biological parenthood. On top of this, many men spoke of how infertility was a scar that they would wear for the rest of their lives.

**Eric:** ((participant crying)) I think it's one of those things that you go through as a couple that will always be tough and it will never get better.  
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**Vince:** And so, when you, when they hear about infertility, um people who have been through it, you can just kind of tell, they have that kind of, look on their face, like, "That was hell." It really is.... So as much as (.) yeah, you made it through the fire and you're a different person with it, there's some crap that comes with it too.

Both Vince and Eric have successfully adopted a child, and yet both look back on infertility as a painful time. Eric's emotion and Vince's stoicism during the interviews convey how this feeling isn't distant from them now that they are adoptive parents. While it isn't frequently at the forefront, not often a part of their day-in-and-day-out living, it is still a part of their present lives.

Even though infertility treatment, and departing it, was a difficult time of life, it has become a meaningful part of their story. Without it they wouldn't have their family or that child to whom they have a parental claim. But what was resolved? Men feel as

though life returned to the normal storyline in some sense, and yet still carry the pain of infertility. They still live within the tension between the dominant biological narrative and counter-narrative of social parenthood. How is this tension of biological versus social worked out within them?

**Jordan:** <Well at the fertility clinic it's all about the process of getting pregnant> [I: okay] and in <adoption> it's about the process of (2) deciding whether or not you want to be a parent.

Explicit in Jordan's quote is what is implicit in the men's portrayal of the tension. The men seem to be saying that infertility and the lack of a biological child is actually separate from fulfilling the social role of father. While culture impresses upon them that they aren't really parents because of a lack of biological tie, they are able to form and sustain an identity of father. Like the men are saying, "You're right, I still don't have a biological child. But, I am *absolutely* a parent, and my fatherhood is exactly the same as any other fatherhood."

### **Discussion and Implications**

This thesis set out to address the question of how men experienced adoptive fatherhood in the light of infertility. Specifically, how does adopting a non-biological child 'heal' infertility pain? How is the masculine ideal of genetic reproduction negotiated in the absence of a biological child? What discourses are drawn upon to manage the tension? What we have gathered from the men's narratives not only offers us insight into these areas, but also presented us with information that contributes to the contemporary discussion on fatherhood more generally and its role in masculinities. After addressing fatherhood, the specific experience of adoptive fatherhood, and masculinities in general, I will also discuss the practical implications the findings of this

study have on service provision for prospective and successful adoptive fathers and couples, and suggest avenues for future research.

### **Divergence**

In order to properly approach the discussion of fatherhood, masculinities, and adoptive fatherhood, clarification of the research findings is warranted. The way that I have laid out the experience of adoptive fathers may give the impression that there was an extremely normative pattern of experience for these 16 men, with little deviation. This is not completely the case. This was done to communicate that there was a meaning-making process that was common across the 16 men, which will be important as we turn to discuss each of the three subjects of fatherhood, masculinities, and adoptive fatherhood. Equally important to the discussion will be how the narratives of the men deviate from one another. To illuminate this divergence will not be difficult as I have already alluded to it in the findings themselves. I believe highlighting some of the briefer statements from the findings section will be sufficient to make the reader cognizant of some of the important differences among the men in my study.

Firstly, there were differences among the men in how men portrayed fatherhood's importance at various points in their narratives. This manifested itself in various ways. For example, some men held off parenthood until other aspects of the story had been achieved, while others viewed parenthood as the goal to work towards. More than one man referred to their wives pulling them along the infertility and adoption processes faster than they were comfortable with, with one man going so far as to say that he wouldn't have gone down the route at all because he didn't marry his wife to have children, he married her because he loved her. Where there was divergence, there was

also convergence in that all of the men, in the importance of fatherhood to them now.

This man particularly emphasized how he was glad his wife had pushed for it because he ‘was wrong’.

Secondly, just how men varied in how they bought into narrative of fatherhood, men also varied to the extent that they viewed adoption as an option. Where some men needed to exhaust all options with fertility treatment before pursuing adoption, others pursued both simultaneously. One of the men who had not yet had a child matched to him and his wife found it particularly important to emphasize to me how he actually preferred the idea of adoption over having a biological child.

Thirdly – and lastly, though not exhaustively – in the same way that the stories differed in how they began, there was also deviation in how they ended. Where some men experienced full resolution to their fatherhood journey, others had this to a lesser degree. This lack of resolution was especially, and unsurprisingly, pronounced in individuals who had yet to have an adopted child matched to them. This was also seen in how some men reported feeling the pain of infertility treatment more acutely than others.

Convergence and divergence, both, will be important in the upcoming discussion. The presence of each has implications for each area of fatherhood, adoptive fatherhood, and masculinities.

### **Fatherhood’s Role in Masculinity**

Previous research, cited earlier (e.g., Marsiglio et al., 2000; Throsby & Gill, 2004), suggests that fatherhood is an important part of various masculinities. In regards to the convergence mentioned, the present study appears to confirm this idea. Men in this study told stories that positioned fatherhood as the next logical step in life, portrayed a

silencing of their fatherhood desires when leaving infertility treatment, and convinced the listener of the significant attachment they experienced to their adopted child in spite of the absence of a biological relationship. Fatherhood, and the journey they took to get there, was an important part of how they understood themselves. Looking below the surface in areas of both convergence and divergence, however, reveals that the role of fatherhood in masculinities is not so clear cut.

One way in which it seems not as important is in how fatherhood is viewed relative to motherhood. The history of inquiry into parenting, both biological and adoptive, has focused on mothering and the experience and role of the mother (Baumann, 1999; Marsiglio et al., 2000). Men often feel as though they are passive observers in the infertility treatment process (Carmelli & Birenbaum-Carmelli, 1994; Throsby & Gill, 2004). Reed (2005), in his sociological inquiry into the act of childbirth, noted that, despite this being the primary rite of passage for men into fatherhood, the current medicalized system of childbearing and birth actually diminishes the role of men in its process. All of the above suggest that the dominant societal discourse is that motherhood is more important than fatherhood, whether contributing to the discourse or being propagated by it.

The men in the present study reveal that they acknowledge this narrative as dominant. For example, several men reported that they pursued adoption at their wives' behest. Consider also the action of one man in 'putting his foot down'. He felt the need to protect his wife from pain that, he believed, she would have otherwise continued to put herself through in the name of bearing a child. Throughout the interviews men also portrayed their wives' emotional pain in infertility treatment and the wait time of

adoption as greater than their own. Some men even explicitly commented on the difference between men and women in parenthood, saying that motherhood desires were more 'innate' or 'visceral' than desires for fatherhood. Finally, in regards to adoption, some men portrayed indifference in regards to how the journey turned out. They were fine with just being married. The desire for kids had come from their wives. While fatherhood may be an important part of several masculinities, societal discourses as displayed in cultural practices and the narratives of our participants indicate that fatherhood is subjugated in importance relative to motherhood.

Subjugation, though having the relative disadvantage of having their desire for fatherhood silenced, may also bring relative benefits alongside. Miller, in her narrative work with new biological mothers (2005) and fathers (2011) noted that men appeared to display an ability to draw on seemingly incompatible fatherhood discourses (e.g., androgynous versus hegemonic) simultaneously, "...weav[ing] together in different ways these potentially contradictory positions" (2011, p. 81). This same tendency can be observed by the men in our study. For example, hegemonic-related themes showed up when men took on an advocate/protector role to fight for children they hadn't met yet when they were faced with adoption agency or government obstacles that slowed their adoption processes. As well, giving up a desire for fatherhood was facilitated by an appeal to the hegemonic ideal of protecting one's wife. One man's portrayal of the ignorant man asking about his children's last name carries the appeal to hegemonic patriarchy. His children's family name is evidence of his parental claims. Androgynous fatherhood themes were also present, such as when fathers would refer to spending time with their child, caring for their physical and emotional needs, or periods of 'bonding' or

‘attachment’.

When Miller (2011) compared the motherhood and fatherhood narratives of the women and men in her studies, respectively, she found that women were not initially able to draw on multiple narratives as the men could, as we observed with the men in the present study. For example, women told stories that positioned paid work and mothering tasks as incompatible with one another. As a man, whether you engage in paid work or are involved in childcare, both are evidence of good fatherhood. As well, ‘essentialist’ discourse – the idea that motherhood is innate and fatherhood is not – permeated her male and female participants’ narratives, and I observed this with our men as well. It seems as though the dominant narratives of culture restrict the parental identities that women are able to portray, while freeing the men. It seems that there is a trade-off, then. On the one hand, fatherhood is viewed as less important than motherhood, bringing about a silencing of their emotions and desires in the journey to parenthood. On the other hand, there are more readily available discourses with which to buttress their paternal identities once fatherhood has arrived.

The ability to draw on these competing discourses simultaneously has implications that are specific to adoptive fathers, which will be discussed in a subsequent section. For the present we will complete our discussion around the general experience of fatherhood and its importance in the masculine narratives. Fatherhood, to the men in this study and in previous studies, is seen as important. The dominant narrative is that there is a time-frame in life in which children enter, and it is distressing when that narrative is not followed. However, relative to motherhood it seems unimportant. Now, it is possible for both to be true at once – for fatherhood to be an important part of

masculinities and for motherhood to be relatively more central to some femininities. However, I mentioned earlier that the men had varying reasons for deciding to pursue adoption. Some of these men were drawn into adoption by their wives. In the previous section I mentioned a participant who claimed that prior to adoption he would have been completely fine without children as he married his wife because he loved her, not necessarily because he wanted kids with her. On the other hand, I also mentioned that he now believes he was wrong about not needing children and is grateful to his wife for proceeding with the process. Also contrary to the claims of fatherhood's relative unimportance is his narrative of miscarriage and loss and the accompanying anger and grief.

The point is that fatherhood's importance seemed to emerge differently for each of the men. How this took place is not clear from the interviews, as it wasn't much part of the interview questions or follow-up discussions. Regardless, its existence creates an interesting interplay on the importance of fatherhood to masculinities. On the one hand their narratives suggested that having children was meant to take place at a certain time, and it was distressing and upsetting when it didn't happen. This would support the notion that it is important to masculinities. On the other, fatherhood seems to become important to the men at varying times and in varying ways. This raises the question of whether one can proceed through life without it ever having become important, and therefore be less central to masculinities – or at least the possibility of sufficient discursive resources available to men to create masculinities without fatherhood. When considering its position relative to motherhood, fatherhood to these men and to those in previous research (Miller, 2011) seems less important, and yet quantitative studies indicate that

women are more generally accepting of childlessness than men (Koropeckyl-Cox & Pendell, 2007).

When you embed these findings further in the existing literature, the question of fatherhood's centrality to masculinities becomes more difficult to answer. Whereas the men in the present study, as well as Miller's (2011) study, appealed to essentialist discourse in diminishing the relative importance of fatherhood, childless men in Hadley and Hanley's (2011) qualitative research similarly appealed to the biological necessity of fatherhood. Hadley and Hanley also noted a time-progression in the acceptance of childlessness. Is there a similar time progression in the initial embracing of the fatherhood narrative? Is it an age-related transition, perhaps governed by the narrative that our men told of children being the next logical step in life, or a worked-toward goal? Perhaps its relation to age could be in time-related events such as career development, personal maturation, and growth in the marital relationship. Or conceivably the marital relationship itself is fundamental in the development of a father identity. Joseph Pleck indicates that, "Whereas mothers seem to construct their maternal identity independent of their relationship with the child's father, fathers' construction of paternal identity is more grounded in – or mediated by – their relationship with the child's mother" (Levine, 2002, p. 8) Where Pleck spoke about an existing child, does the same principle translate to the time period prior to the physical presence of the child – that the discursive importance of fatherhood is primarily a co-construction with their romantic partner?

Suffice it to say, the questions have yet to be answered. Adding to the difficulty in answering it is the observation that "...masculinities are culturally constructed in relation to femininities and other social identities (class, race, sexuality) rather than given

*a priori*” (Gorman-Murray, p. 368). Further research into the experience of voluntarily (childfree) and involuntarily childless men, stepfathers, biological fathers, adoptive fathers, and other men in positions of social fatherhood, is needed to clarify the role of fatherhood in masculinities. Specific questions of interest will be discussed in the later section on future research. For now, we turn our attention to a discussion of the findings specific to adoptive fatherhood.

### **The Experience of Adoptive Fatherhood**

Previous research on whether or not infertility pain is resolved via adoption is far from univocal. For example, past studies show that infertility’s negative consequences remain in only those who remain involuntarily childless (Greil et al. 2010), and those that go on to adopt experience healing of the infertility pain (Daniluk & Hurtig-Mitchell, 2003). On the counterpoint, other studies have observed that adopted children are a living reminder of infertility (Brinich, 1990). These results are more consistent with the master narrative, identified by participants and previous research, of family relation by genetic link. If we were to go by this alone, we might expect adoptive fathers to feel as though their lot in life was second-best compared to what the dominant discourse says ‘should’ have happened. Within the battle of nature versus nurture, nature has some serious clout, especially within the realm of parenthood. Biological families are in the vast majority, DNA and paternity tests are used to establish parental rights (Draper & Ives, 2009), childlessness is looked down upon (Kopper & Smith, 2001), and adoption is stigmatized (March & Miall, 2004). Even within the communities of infertility treatment and adoption researchers, there is a predominant notion that adoptive parents would have preferred to have had biological children instead of the children they have (van den

Akker, 2010). While the men in our study did display in some ways that the master narrative was part of their own story, they did not portray their fatherhood as second best. Where nature and nurture are often pitted against one another along a continuum, the men appear to understand them as separate entities. To them it is not nature versus nurture, it is nature and nurture.

The master narrative that stresses nature's influence on family life is seen in both the men's reported experience of themselves and their family experience. In regards to their own sense of self, they still tell stories about the absence of the biological father identity. That is one aspect of the dominant discourse that they will likely not 'achieve'. If we were to follow these men over time we may find a similar time-progression to involuntarily childless men, insofar as there may be a 'wistful regret' and 'grudging acceptance' of biological non-parenthood (Hadley & Hanley, 2011). However, this is not something that is constantly present in their day-to-day lives, and therefore comes across as secondary to their experience of social fatherhood. The men consistently reported that there was 'no difference' in how they experienced the act of fathering their adopted children. When making this claim, some of the men made appeals to the reports of men they knew who had both adopted and biological children, while most compared their experience to their perceptions of the cultural fatherhood ideals or their perceptions of men they knew with only biological children. As well, the tendency for men to tell stories of obstacles overcome, and reaching a new normal where they would never be the same as a result of these obstacles, indicates a quest narrative structure (Frank, 1995) which underscores the claim of no difference. The claim is achieved by a departure from the biological master narrative and an appeal to the discourse of social fatherhood –

fatherhood based on presence, time spent, and emotional connection to the child (Dowd, 2006).

However, when considering that counter-narratives are often simultaneously opposed and consistent with the master narrative, the men did not solely rely on the social fatherhood script. Hinojosa, Sberna, and Marsiglio (2006), in the absence of research on adoptive fatherhood, put forward some hypotheses about how men may construct their fatherhood identities. One of these processes was referred to as ‘benchmarking’. Benchmarks are the social scripts and expectations that fathers use to guide their fathering behaviours, and ultimately construct their own fatherhood identity. While the present discussion is less concerned about fathering behaviours, they put forward an interesting hypothesis about identity formation: “Because adoptive fathers can identify benchmarks from the same broad cultural scripts biological fathers use, their father identities in many instances may not differ dramatically from that of biological fathers” (p. 118). This is also what I observe of the men in my study. While they appealed to social fatherhood readily, the script of social fatherhood is intricately intertwined with biological parenthood as biological fathers can be just as present and involved as non-biologically related fathers. The men in this study often advocated how they were legitimate fathers because they were ‘just like’ biological fathers in the common ground of social fathering.

Earlier I discussed how the men in our study, similar to biological fathers (Miller, 2011), were able to draw upon multiple masculine discourses to construct their fatherhood. These scripts were the same scripts of androgynous and patriarchal fatherhood that were labelled out of research into biological fatherhood. The men in my

study used these cultural scripts to benchmark their fatherhood in the same way that biological fathers did, teasing them apart from the master narrative of biological relationship that tries to claim them exclusively. While nature was still important in their experience of biological non-parenthood, it was not important in how they constructed their father identity.

While they view *themselves* similarly to biological fathers, the relationship they hold with their children was viewed differently in a few key ways. In their discussion on benchmarking, Hinojosa and colleagues went on to say,

In no way does this suggest that fathering identities will always be similar for biological and adoptive fathers. These two categories of fathers have different life experiences, may deal with different kinds of responses from others, and have varied ways of processing information. (2006, pp. 118-119)

One of these life experiences that is particularly different is the child's separate biological heritage. The men acknowledge this and articulate the importance of maintaining connections with birthparents or teaching internationally adopted children about their culture. It is further emphasized for them by the stigma they feel from society regarding their parenthood. These men acknowledge and believe nature's importance in their child's psychological development, and yet simultaneously experience nurture's importance in their psychological development. One man, writing about adoptive parenthood, put it this way: "All adoptive parents are vulnerable to feelings of regret about their lack of a blood tie with the children they love, but it is possible to note and accept these feelings without being dismayed or undermined by them" (May, 2005, p. 65). This principle was apparent in men in the present study. One participant who had

completed an international, same-race adoption both espoused and minimized nature's importance. Some men with transracially adopted children went so far as to begin to identify with their child's skin colour. Albeit in sometimes paradoxical ways, these men identify both nature and nurture as important to their role as father, not simply either/or.

So how do these men experience their fatherhood? Fulfilled and not fulfilled. Stigmatized and legitimate. Just like they are concurrently able to draw on androgynous and patriarchal fatherhood concepts of fatherhood to construct their fatherhood identity, they live in a place of narrative flexibility where they draw on seemingly incompatible discourses to make meaning of adoptive fatherhood. What then should we say about the inconsistency in the research literature as to whether or not men are ambivalent about their lack of a biological child? Perhaps we should refer to it now as the misconception that adoptive parents would rather have biological children? March and Miall, in 2000, addressed the adoption research and service provision communities and advocated that we should, "...approach adoption as a family form that is neither better than the biologically based family nor inherently inferior" (p. 359). The stories of the men in this study echo this sentiment. While the men do carry the 'scars' of infertility, and do at times feel as though they missed out on biological parenthood, that does not mean that they would preferred to have had biological children over their adopted children. For these men adoption itself is neither better nor worse than biological parenthood, just different.

### **Masculinities**

So far I have discussed the question of fatherhood's centrality to masculinities and the experience of adoptive fatherhood in particular. What does the present research have

to say about masculinities in general? It has become well established that ‘masculinity’ is not a unitary construct (Connell, 2006; Gorman-Murray, 2008). In the same way that there are multiple cultural narratives for individuals to draw upon, there are multiple masculinities as well. Also, in the same way that there are narratives that are culturally privileged above others – the master narratives – there is a masculinity that is privileged above others as well. This is the *hegemonic masculinity* mentioned earlier. The other available masculinities can be seen as the counter-narratives to the master narrative of hegemonic masculinity, as they are often in-line with and opposed to the hegemonic. That is, they are, “...hierarchically structured around hegemonic understandings” (van Hoven & Horschelmann, 2005, p. 8).

While this is the leading understanding of masculinities in the literature, how do men access these cultural scripts of masculinities? According to Miller’s (2005, 2011) research, master narratives of femininity are hard for women to counter-narrate against. Men, though, as I have already mentioned, appear to be able to flexibly weave the dominant with the subordinate. The masculinities that are created, then, are not easily categorized. While Conner (2006) outlines how masculinities can be considered *hegemonic, subordinate, complicit, and marginalized*, there are not specific categories of masculinity that can be labelled with these descriptors. Instead, there are a plethora of masculinities that can be constructed and lived out by men in their narratives and lives.

This does not change the fact that masculinities are experienced relative to the hegemonic, as the counter-narratives are experienced relative to the master. However, the hegemonic is temporally, geographically, and culturally relative (Gorman-Murray, 2008). “‘Hegemonic masculinity’ is not a fixed character type, always and everywhere

the same. It is, rather, the masculinity that occupies the hegemonic position..., a position always contestable” (Conner, p. 76). Hegemonic masculinity, then, can change over time. For example, Gorman-Murray outlines how the hetero-masculine ideal of fatherhood has shifted over recent decades due to increased activity of men in domestic endeavours.

What the present study suggests – in addition to corroborating the reports of Miller and suggesting that masculinities are not easily categorized – is that the hegemonic ideal may be shifting in a different way. We are not seeing the addition of a ‘new masculinity’ per se, as the masculinities that are available have not changed. Instead, men are reconstructing masculinities and fatherhoods based on what is culturally available and, in so doing, are helping shift the tide of what is hegemonically normative. Where adoption was something to be hidden 30 years ago, due to challenges to the master narrative of genetically constructed nuclear family, the men in this study espouse how it needs to be discussed and open. While culture does not have a readily accessible narrative for adoption, the participants’ narrative themes of Canadian openness and generational attitude shifts speak to how the men see adoption as more easily brought in line with hegemonic ideals than a generation ago. The hegemonic has certainly not undergone a wholesale change, evidenced by the cultural and internal pressures against adoption that the men narrate. However, genetic relationship seems to have weaker holds to hegemonic masculinity than before, undoubtedly aided by a proliferation of step-families, an increasing trend in infertility rates, and the gaining momentum of the androgynous father ideal.

### **Implications for Service Provision**

The services that the men in the present study received from adoption agencies were often instrumental in their ability to construct a narrative of adoptive parenthood. Using the narratives of the men in our study can also have the reciprocal effect of improving service delivery. In the case of the present study, we can also draw on the men's narratives to improve service delivery by infertility treatment professionals.

As has already been discussed, the cultural view of fatherhood as secondary to motherhood, combined with masculine ideals of protecting one's wife from physical and emotional pain and burden, contributed to the men of this study silencing their wants and feelings in regards to leaving infertility treatment. Counselling and psychotherapy professionals working with infertile couples need to be aware of this possibility when working with men and couples. Encouraging men to share these feelings with their partner may have varying effects and so the therapist needs to consider the unique romantic relationship of their clients before making recommendations to share or not share those feelings. For example, and at the risk of speaking stereotypically, men and women generally have different coping strategies when coping with infertility (Diamond, Kezur, Meyers, Scharf & Weinshel, 1999; Peterson et al., 2006), with women often wishing that their partners would share their thoughts and emotions about the process while men tend to distance themselves and remain stoic. Gottman (1999) observes that there is a similar tendency in all romantic relationships – both stable and happy, and those trending towards separation – for a 'female demand/male withdrawal' dynamic when discussing marital issues, of which infertility can clearly be one. This dynamic increases as the relationship becomes more unstable, and is considered to be a dysfunctional

dynamic. Therefore, on the one hand, this would suggest that encouraging men to share their thoughts and feelings regarding fatherhood and infertility with their partner would be beneficial to the couple relationship. On the other hand, there may reason to think this may not always be therapeutically advisable. Men in the present study, and those in previous studies (e.g., Glover et al., 2009; Throsby & Gill, 2004), tended not to discuss their experience of infertility due to fear of further emotionally burdening their wives. Research (e.g., Goldberg et al., 2009) also corroborates the experience of some of the men in this study who perceived their wives as feeling guilty for not being able to provide their husband with a child. In other words, men sharing their feelings within this context may confirm their fears of worsening their wives' emotional state by increasing or contributing to their wives' guilt. While Gottman points out the dysfunctional female demand/male approach dynamic and its detriments, one cannot assume that this dynamic is necessarily present. He also observes that there is the tendency in couples counselling to value 'harmonious' relationships over 'bickering/passionate' relationships or 'conflict/avoidant relationships', even though the latter two styles can have an equivalent chance of happiness and stability as the former style. If the couple has established a conflict avoidant style of relating then an encouragement to share these powerfully charged feelings may be inadvisable. To reiterate, then, there is not a one-size-fits-all recommendation to be made. The therapist should neither universally encourage nor discourage communication surrounding the husband's desires in infertility treatment, but consider the pattern of relating unique to the particular couple they are working with.

Before assuming that all men have these fatherhood desires while leaving infertility treatment, the earlier discussion on how and when men adopt the importance of

the fatherhood narrative over time should also be considered. Recall how the men in the present study seemed to allocate importance to fatherhood at varying times in the process. Therapists and professionals should not conclude from the present study that men will have come to desire fatherhood by the time they have chosen to participate in services. It is conceivable that there are men who perceive infertility treatment as a process they undergo for the sake of their wives and do not yet consider future fatherhood as important to their masculine narrative identity. Therapy, then, should follow an idiopathic approach as there is no research to suggest that there is a universally applicable nomothetic conceptualization of men and their desire for fatherhood after infertility treatment.

Another recommendation for both infertility counsellors and medical professionals is to be educated on the adoption narrative. While there were men in the present study who were encouraged to consider adoption by an infertility professional, men were left to learn about adoption via their agency, or personal research they or their wives conducted. It is possible that there are men, and families, who have not investigated adoption further due to misconceptions and preconceived notions of what is involved in the adoption process or what life is like with an adopted child. With positive outcomes being attributed to adoption in quantitative studies with women (Greil et al., 2010) and qualitative studies with couples (Daniluk & Hurtig-Mitchell, 2003), it may be valuable to have infertility professionals able to offer details on the adoption process before a couple discontinues contact with their treatment clinic or counselling practice.

Following failed infertility treatment the next-in-line service provider is the adoption agency. The men in this study, overall, spoke very highly of the education they received from the adoption agencies. This could be a product of the recruitment process,

in that men who aren't satisfied with an adoption agency aren't likely to continue the adoption process. On the other hand, it does tell us that the service that the Manitoban agencies are providing in the form of an educational seminar have been valuable to the men that go on to adopt a child. Regardless, providing men with the discursive resources to make sense of their adoptive lives is a process that needs to continue. In addition, this narrative needs to be compelling enough that adoptive parents will be able to claim it and use it in the culture around them. Men in this study were able to benchmark using existing narratives of fatherhood. Educating prospective parents on the real similarities between adoptive and biological parenthood will continue to facilitate this benchmarking process. Strategies for this education might include accessing and presenting research on adoptive family interaction (e.g., Jones & Hackett, 2008), or the long-term adjustment of adoptive children relative to children raised with biological parents (e.g., Brodzinsky, 2006; Palacios & Brodzinsky, 2010).

While there are similar benchmarking experiences between adoption and birthparenting, there are obviously real benchmarking differences as well. Some of these include maintaining relationships with birthparents, the experience of transracial adoption, the stigma parents are going to face from others, and the possibility of adoption disruption. In regards to birthparent relationships and the experience of transracial adoption, the men in this study benefitted from the in-advance training provided by the adoption agencies. Hearing from birthparents and parents who have adopted previously should remain an integral part of the training provided by adoption agencies. For those agencies in other jurisdictions who may not provide this opportunity, or any mandatory training at all, it is strongly recommended that they consider it. Further to this, let parents

know in advance that at times they will feel from others, and possibly themselves, that adoptive parenting is not ‘as good’ as biological parenthood. Instead of focusing solely on how the ‘nurture’ role of adoptive parents might compensate for the lack of biological tie, inform them that the tension is there and strategies for managing it. The narrative of biological ties is the dominant narrative and parents will be forced to live within it in the present culture. As the men in this study communicate through their narratives, adoptive parenthood is social and biological in a very different way from birthparenting.

One recommended strategy for doing this is to facilitate the development of a quest narrative such as those that the men in this research tended to tell. While a sense of loss over biological children may remain and adoptive parenthood brings challenges that birthparenting does not, helping parents integrate these into a coherent storyline that makes the trials of adoption meaningful and unique will help in balancing the tension in nature and nurture. For example, finding meaning in personality change or positive changes in life circumstance that would not have occurred if it had not been for infertility, such as adopting their child. In contrast, helping adoptive parents form a restitution narrative – a narrative portraying their infertility as a minor setback that has been ‘healed’ by adoptive parenthood – is more likely to result in the prospective fathers, and possibly mothers, having difficulty integrating doubts and ‘wistful regrets’ into their narratives.

Another difference between adoptive and birthparenting that adoptive fathers would benefit from learning about in advance is that of adoption disruption. Several men in the present study had referred children who died before adoption was completed, or whose birthmothers reversed their decision within Manitoba’s 21-day waiting period. Services at least need to be available to those men and women to help process and make

sense of the loss of the child. Several men in the present study perceived their adoption agencies as inadequately capable of providing these services. May (2005) suggests that men, "...need to be robust enough to recognize the overwhelming advantage to the child of returning to her birth family" (p. 93). This may be a useful idea to share with adoptive parents facing an adoption reversal. Sharing May's thoughts in advance of adoption placement may also be considered. However, this risks instilling more bias against adoptive parenthood in favour of birthparenthood. As we've discussed, this bias is already inherent in openness about adoption.

Related to adoption disruption, the findings of this study indicate how it is important for adoptive parents to realize in advance that adoption is not the 'guarantee' it is thought to be compared to IVF and infertility treatment. Many participants going through a 'match' process of adoption – where a birth mother selects adoptive parents for their child – realize that it is possible that they may never be chosen. However, many of the participants faced difficulties in international adoptions that they didn't foresee. Agencies made promises that were not kept, resulting in participant distress and frustration. The variety of factors involved in international adoptions, from agency financial status to law-changes in another country, need to be shared with adoptive parents in advance of their adoption journey so that they are more easily able to incorporate challenges into their adoption narrative.

Adoptive fathers may also benefit from preparation on how to handle perceived stigma from family, friends, coworkers, and strangers. Just as the men needed instruction on the adoption narrative, so they also perceived the world around them as needing that education. Instruction on how to handle the outside challenges they will face to their

parenthood should be considered as part of a training process, as well as the possibility on education seminars and weekends for family members of adoptive parents.

Researchers are also beginning to advocate for longer-term support for adoptive parents (e.g., Barth, 2002; Dwyer & Gidluck, 2010). Consider, for example, the men in our study. They received an education seminar as many as three years before bringing home an adopted child. One participant related an anecdote of one man he knew waiting seven years before bringing home their adopted child. After this the majority of contact is broken with the adoption agency, except for some circumstances where there is an annual social worker visit to update a foreign country on the status of the child. Several men, while they knew the basics of the adoption storyline, didn't necessarily have a sense of certainty on how it would turn out. The results of this study echo the voices of those researchers advocating for long-term services for adoptive parents (e.g., Barth, 2002). As well, sharing up-to-date statistics and research on long-term family and psychological outcomes for both child and parent may benefit participants in this regard.

### **Reflexivity**

The present study was undoubtedly influenced by the status of the researcher. As a male who was perceived to be an outsider to the community of adoption, the men undoubtedly portrayed themselves in such a way that was different than if I had been female or known to be a member of the adoption community. For example, the way that men educated me on adoption and told stories of educating others may have been less pronounced if my status in the adoption community had been known. As well, it is possible that the participants may have been more willing to share doubts or concerns that they may have had with the adoption process. On the flip side of the coin, my role in the

interviews allowed for us to see a glimpse of how the men make sense of their experience in the face of a potential outsider, which is a circumstance the men face on a daily basis.

In an effort to be transparent about my own thought processes, it is also possible that my knowledge of the research literature helped in the construction of my position as an outsider. Knowing that sociological and psychological research has deemed the biological narrative the master narrative may have resulted in a series of interview questions that framed the narratives of the participants. Perhaps asking them directly about biological fatherhood and adoptive fatherhood within the same transcript resulted in their choice to educate and tell their specific counter-narratives. This being said, member-checking and triangulation with other research studies seemed to suggest that these narratives were not unique to the present study.

My own process was undoubtedly influential in the way I conducted the interview. At times I found my lack of disclosure difficult to manage, as I felt I needed to play dumb on certain aspects of the adoption process in order to conceal my status. The internal pressure I felt in regards to being disingenuous with the participants was substantial enough that I felt the need to disclose my position at the end of the interviews.

A separate topic along the lines of my influence on the interview's progression was how I noticed early on how the language used to describe biological children pursued through infertility treatment ('a child of our own' or 'a part of me and a part of my wife') elevated biology over adoption; and yet, the men talked about how rewarding adoptive fatherhood was. I often brought this up with participants in later interviews, wondering what their opinion on the language was – where did it come from? Sometimes I raised the question well, other times it was clumsy (for an example of the latter, see my dialogue

with Matt on pages 66 and 67). In either case, it was a topic of continued interest to me in the later interviews and analysis, as it also tended to come up independently of my queries.

### **Limitations**

A noticeable limitation of the present study is the homogeneity of culture and socioeconomic status represented within the present research. The narrative acts displayed by these men may not be the same for those men of different cultures or income levels. For example, the narrative flexibility the men displayed in their ability to draw from both the androgynous and patriarchal fatherhood discourses is probably not available in cultures where the androgynous discourse is not present and biological kinship is essential to fatherhood (Culley & Hudson, 2010). However, the demographic of the participants in the present research may be a consequence of the overall demographic seen in adoption. For example, the majority of adoptive parents have an infertility diagnosis (Bausch, 2006), and middle to high socioeconomic status is required in order to afford the expense of infertility treatments or adoption services.

Further along the lines of methodological limitations, the opening question of the interview may have pulled for the men to tell their story in chronological order. The potential effect of this is imposing an external structure on the narrative arc of their story, thereby influencing the way stories were presented. If given a more general request, such as, "Tell me about adopting," the men may have chosen to present their stories differently, possibly varying the narrative arc to stress points that did not come up in the present study.

In regards to the insights provided by this study and their application to

fatherhood in general, the results can be used to stimulate questions and hypotheses for inquiry more than answers and theory generation. Similarly, generalizations about the experience of infertility are also limited. This group is a self-selecting group of men, insofar as they have chosen to adopt a child. The findings cannot be appropriately applied to men who have chosen to remain both biologically and socially childfree, or those involuntarily childless. There may be something different about the masculinities that these men draw upon to tell their stories, and as such cannot be ascribed to all men, or even all fathers, in general.

Finally, researchers have advocated for ensuring that we treat adoptive parenthood as neither inherently inferior to, or better than, birthparenting (March & Miall, 2000). Based on the findings of the present research, I agree that the last thing these adoptive fathers need is continued stigmatization of adoption. There is enough of this to overcome from the culture at large and which remain inherent in the adoption process. Even more so, in a culture that elevates motherhood it would not be beneficial to continue to overlook the voice of the father within the family. However, simply by isolating these men as worthy of study, does the research continue to set them apart as 'other'?

### **Future Research**

Research into adoptive fatherhood is only in its infancy with several avenues left to explore. However, I will limit myself to the avenues suggested by the findings and limitations of the present study.

One of the obvious lines of inquiry is to address the limitations and delimitations of the present research. Studies recruiting men from ethnic minorities will be essential to

determine if their experience of adoptive fatherhood is similar or disparate from these men. As well, research conducted with interviewees of different social location will provide opportunity for different narrative co-constructions. This could include female researchers, adoption insiders who are open about their social location, and individuals who are not engaged in the adoption process. Finally, following men through infertility treatment in a longitudinal fashion will allow us to better understand the narrative experience of varied groups of men, such as those that receive a diagnosis and do not pursue treatment or adoption or those that attempt treatment but remain childless after it fails.

Related to this is research into how some men choose to make adoptive fatherhood a part of their narrative while others do not. While many men in this study viewed it as the next logical step, this selects out the individuals that don't see it this way. May (2005) believes that the adoption process, "...transform[s] men from followers to flag-wavers" (p. 72), referring to how they enter the process saying that adoption could be a good thing and end up believing it and advocating for it. One avenue for further research is how adoption agencies facilitate this process. The men in this study consistently cited the importance of the agency education workshop in helping them understand adoption. Research into how adoption services assist in this process is essential in guaranteeing quality service delivery to those individuals, and will also assist in understanding why some men might continue along in adoption where others might not.

Beyond agency involvement, are all men capable of such a transformation? It is possible that the men in the present study are self-selective in that they have become

‘flag-wavers’ and are therefore more likely to participate in the research study.

Subsequently, further research is needed, be it using population-based quantitative work or different methods of recruitment, to determine if the results of this study apply to all adoptive fathers, or only those have made it to the ‘flag-waver’ stage. Furthermore, research is needed to determine if all men are able to, or even desire to, make it to the ‘flag-waving’ stage.

Transition into this role of ‘follower’ was either facilitated by, or made sense of with, the construction of a quest narrative. The pains and trials of infertility treatment and adoption hurdles resulted in an experience of parenthood that could never have been the same otherwise. Researching the implications of this narrative in the lives of other groups of men may also be warranted. Previous research has suggested the use of gender role therapy as a good approach for helping involuntarily childless men (Hadley & Hanley, 2011). Perhaps narrative therapy focused on facilitating the development of a quest narrative could also be helpful. This would rely on developing a narrative that articulated the benefits of a life without children and the richness of certain experiences that would be prevented by having children. The process would likely be facilitated by emphasizing those aspects of masculinities that are independent of fatherhood.

Finally, research into the dependence and independence of masculinities and fatherhood is warranted. While it has been suggested that fatherhood is an aspect of many different forms of masculinity (Mintz, 1998), there are clearly men in western society who either choose not to, or are unable to become, biological or social parents. Beyond this we observed that there seemed to be different times in the process that the men in our study began to ascribe to fatherhood’s importance. How do men adopt the

fatherhood narrative over time? In what ways do men make sense of their experience, and on what cultural discourse do they draw upon, when constructing masculinities independent of fatherhood? Furthermore, clarifying fatherhood's paradoxical position relative to motherhood will also be related to these questions. As it has been hypothesized that fatherhood is experienced relative to the female partner (Levine, 2002), couple interviews may be beneficial in this line of inquiry.

### **Concluding Remarks**

The men in this study saw adoptive fatherhood as different, and yet the same, "...neither better than the biologically based family, nor inherently inferior" (March & Miall, 2000, p. 359). In a culture that treats parenthood as the pinnacle of human actualization (Kenrick et al., 2010) and which views blood relationships as having sole proprietary rights to this achievement, further research into forms of fatherhood outside of the master narrative are essential if we are to understand the reality of the fatherhood landscape instead of the skewed perception obtained by filtering it through the stereotypical lens of consanguineous ties.

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## Appendix A

### Father Recruitment Letter

Dear Sir,

You are receiving this letter as a successful or prospective adoptive parent. This letter has been sent on my behalf through your adoption agency; they have not provided me with any of your personal or contact information.

I am a Master's student from the University of Manitoba, and am currently recruiting participants for a study on men's perspectives of infertility diagnosis and treatment, and their decision to pursue adoption. The study involves a 60 to 90 minute interview, during which we'll discuss your experience of infertility treatment and adoption, and your opinion on the issues men face as they transition from the medical system to adoption services. The interview will include questions such as, "How did you decide to pursue adoption?" and "Considering infertility treatment and the adoption process, what was the most difficult aspect?" I'll also ask you some demographic questions, such as your age, occupation, marital status, as well as questions regarding your specific treatment history and place in the adoption process. The interview will be conducted at a private office at the University of Manitoba, or another mutually agreed upon location that ensures your confidentiality is protected. In exchange for your participation, you will be provided with a **\$25 Tim Hortons gift card**.

To be eligible for the present study you must be a male over the age of 18 without biological children, and you and your partner have received unsuccessful infertility services. If doctors made an official diagnosis of infertility, it does not matter which partner received the diagnosis to be eligible to participate. Men in any stage of the adoption process are eligible for the present research, from pre-home study to any time following the successful placement of one or more adopted children.

There are potential risks and benefits to your participation in the study. There is a risk that you may feel distressed from discussing your experience of infertility and adoption. Please note that you only have to provide as much information as you feel comfortable and you may stop, change topics, or withdraw at any time. In the event you choose to withdraw, we will also ask you to keep the gift card with our thanks for participating. There is likely to be no direct benefit to you from participating in this study, although sometimes people find it helpful to talk about their experiences with others. We hope the information learned from this study will benefit other people accessing infertility and adoption services in the future. As the adoption process can be a lengthy endeavour, it is possible that the information you provide now may be used to improve adoption services during your contact with the agency.

The overall results of this study will be shared with infertility clinics and adoption agencies, with the intention of improving services for men and couples who access them. The information gathered may also be published or presented in public forums. Please be

aware that your name and other identifying information will not be used or revealed. Your adoption agency will not be made aware that you have chosen to participate in the study, and your decision to participate or not participate will not affect the services you receive from them in any way.

Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Specifically, your personal information may be disclosed if required by law. Please note that we are required to report instances of previously unreported abuse involving children (i.e., persons who are still minors), or of yourself if you are judged to be a vulnerable person, to Child and Family Services. We are also required to report situations in which you are judged to be a danger to yourself or others to the local police service.

Transcribed data and field notes will be identified by pseudonym only (your given and surnames will not be used). All identifying information (e.g., places, names, etc.) from the interviews will not be transferred onto interview transcripts, and audio files will be deleted following transcription. No link will be maintained between your assigned pseudonym and identifying information, and consent forms will be stored in a separate folder from transcribed data and field notes. Data will be kept in a locked filing cabinet in P263 Duff Roblin Building at the University of Manitoba, a secure office to which only the Language, Health, and Illness Research Group will have access. The key to the filing cabinet will be stored in a separate office, P519J Duff Roblin, and only the principal researcher will have access to this key. Consent forms will be kept for one year following study completion, and destroyed June, 2013. The transcribed data will be kept for 5 years after completion of all phases of the study and will be destroyed June, 2017.

If you have any further questions about the present study, you are welcome to contact me without obligation to participate. You can also contact my supervisor, Dr. Maria Medved. We can be reached by phone at (xxx) xxx-xxxx, or by e-mail at xxxxxxxx, or xxxxxxxx. Should you choose to participate, you only need to provide as much information as you feel comfortable, and are free to withdraw from the study at any time without negative consequences.

Thank you for considering the present study. I look forward to hearing from you.

Regards,

Ross McCallum  
Masters Student  
Department of Psychology, University of Manitoba

Dr. Maria Medved  
Assistant Professor, Supervisor  
Department of Psychology, University of Manitoba

## Appendix B

### Informed Consent

#### RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

**Title of Study:** Disrupted Fatherhood: Men's Transitions from Infertility to Adoption

**Principal Investigator:** Ross McCallum, Master's Student, Department of Psychology, University of Manitoba, Phone: (204) 480-1026

**Supervisor:** Maria Medved, Assistant Professor, Department of Psychology, University of Manitoba, Phone: (204) 480-1465

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

#### Purpose of Study

This research study is being conducted to study how men transition from infertility treatment to adoption services and adoptive fatherhood. This study will focus on your thoughts, feelings, and opinions towards infertility treatment, adoption, and their implications on your relationships and ideas of fatherhood. The central aim of this study is to investigate how men understand and find meaning in this transition. The findings will increase our understanding of the meaning of fatherhood to men. Approximately 10 participants will participate in this study.

#### Study procedures

Men who are at least 18 years old, who have been through failed infertility treatment in their heterosexual partnership, and who have gone on to pursue adoption services can participate in this study. Infertility diagnosis in the couple can be male or female, and the participant can be anywhere along the adoption process. Participants must be able to communicate fluently in English.

Participation in this study involves:

- a) Answering some demographic questions (e.g. age, education, etc.);
- b) Answering questions regarding your infertility treatment and adoption history (e.g., possible diagnoses, place in adoption process, etc.)
- c) Participating in an in-depth interview involving questions such as:
  - How did you decide to pursue adoption?
  - How do you think your experience of fatherhood is, or will be, the same as other men?

What was your reaction to getting or not getting an infertility diagnosis?

Participation in this study will take approximately 75 minutes. The interview will be recorded with a handheld digital audio recorder. You may stop participating at any time without any negative consequences. If you wish to discontinue participation at any time, simply notify the researcher of your wishes.

If you would like to receive a summary of the study results, please leave your contact information with us and we will send you this information when it becomes available (approximately September, 2012).

### **Risks and Discomforts**

There is a risk that you may feel distressed from discussing your experience of infertility and adoption. Please note that you only have to provide as much information as you feel comfortable and you may stop, change topics, or withdraw at any time.

### **Benefits**

There is no direct benefit to you from participating in this study, although sometimes people find it helpful to talk about their experiences with others. We hope the information learned from this study will benefit other people accessing infertility and adoption services in the future.

### **Costs**

There is no cost to participating in this study. All the procedures, which will be performed as part of this study, are provided at no cost to you.

### **Payment for participation**

You will be given a \$25.00 Tim Hortons gift card for your participation in the interview. You will receive this honorarium before the interview begins. You can choose to end the interview at any time without losing this honorarium.

### **Confidentiality**

Information gathered in this research study may be published or presented in public forums. It will also be shared in summarized, aggregate form with adoption agencies and infertility clinics to help improve service provision to heterosexual, male clients. However, your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Specifically, your personal information may be disclosed if required by law. Please note that we are required to report instances of previously unreported abuse involving children (i.e., persons who are still minors), or of yourself if you are judged as a vulnerable person, to Child and Family Services. We are also

required to report situations in which you are judged to be a danger to yourself or others to the local police service.

Transcribed data and field notes will be identified by pseudonym only (your given and surnames will not be used). All identifying information (e.g., places, names, etc.) from the interviews will not be transferred onto interview transcripts, and audio files will be deleted following transcription. No link will be maintained between your assigned pseudonym and identifying information and consent forms will be stored in a separate folder from transcribed data and field notes. Data will be kept in a locked filing cabinet in P263 Duff Roblin Building at the University of Manitoba, a secure office to which only the Language, Health, and Illness Research Group will have access. The key to the filing cabinet will be stored in a separate office, P519J Duff Roblin, and only the principal researcher will have access to this key. Consent forms will be kept for one year following study completion, and destroyed June, 2017. The transcribed data will be kept for 5 years after completion of all phases of the study and will be destroyed June, 2017. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

### **Voluntary Participation/Withdrawal from the Study**

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect the services you receive from your adoption agency. If at any point the researcher feels that it is in your best interest to withdraw you from the study, he will end the interview or remove your data from the analysis and destroy the records.

You are not waiving any of your legal rights by signing this consent form nor releasing the investigator(s) or the sponsor(s) from their legal and professional responsibilities.

### **Questions**

You are free to ask any questions that you may have about your treatment and your rights as a research participant. If any questions come up during or after the study, you are free to contact the principal researcher, Ross McCallum (xxx) xxx-xxxx, or his supervisor, Dr. Maria Medved (xxx) xxx-xxxx.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba Research Ethics Board(s) and a representative(s) of the University of Manitoba Research Quality Management / Assurance office may also require access to your research records for safety and quality assurance purposes.

This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator (HEC), Maggie Bowman, at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

**Participant signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (day/month/year)

**Participant printed name:** \_\_\_\_\_

**Relationship (if any) to study team members:** \_\_\_\_\_

**I would like to receive a summary of the results of this study (approximately September 2012).**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

E-mail or mailing addresses only required if answer is yes.

**Email Address** \_\_\_\_\_

**Surface Mail Address:** \_\_\_\_\_

Can we use the information you provided prior to the study to contact you regarding future research participation opportunities, including asking for your feedback on our analysis of your interview and participating in potential future interviews?

**YES, I would like to give feedback on my interview AND participate in future interviews** \_\_\_\_\_

**YES, I would like to give feedback on my interview, but I would NOT like you to contact me for future research** \_\_\_\_\_

**YES, I would like you to contact me about future research, but I would NOT like to give feedback on my present interview** \_\_\_\_\_

**NO, I would not like any further contact from the researcher** \_\_\_\_\_

**I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent**

**Printed Name:** Ross McCallum, Principal Investigator **Date** \_\_\_\_\_  
 (day/month/year)

**Signature:** \_\_\_\_\_

**Appendix C****Participant Demographics and History Questionnaire**

1. Age:
2. Cultural Background:
3. Marital history:
  - a. Marital status:
  - b. Duration of relationship:
4. Education:
5. Employment Status:
6. Infertility Tx History:
  - a. Approximate date Tx started:
  - b. Diagnosis:
  - c. Number and type of Tx:
  - d. Approximate date Tx Discontinued:
7. Adoption History:
  - a. Approximate date of contact with Agency:
  - b. Place in adoption process (e.g., waiting for home study, completion of home study, completed adoption):
  - c. International vs. Domestic Adoption

## Appendix D

### Semi-structured Interview for Prospective Fathers

• = possible prompt

1. Could you start by telling me your story from when you thought you may need to consult your family doctor or fertility specialist regarding conception, right up until the present day?
2. How did you decide to pursue adoption?
  - How did others react?
  - Prior to trying to conceive or before infertility treatment, had you ever imagined adopting? What had you pictured?
3. Are you and your partner/wife still in infertility treatment?
  - a. If not:
    - How did you decide to stop?
    - Have you stopped trying for a biological child (i.e., trying to conceive without assistance from doctors)?
    - What were some of your thoughts or feelings when you decided to stop treatment? Your partner's?
  - b. If so:
    - Is there an option you hope works out over the other? Why or why not?
    - How do you think you'll react if infertility treatment doesn't work out? Your partner?
4. How did you come to realize that you weren't going to have a biological child? *or* What comes to your mind when you consider the idea that you won't have a biological child?
5. Considering treatment and the adoption process, what has been the most difficult aspect thus far?
  - What happened?
  - What were your thoughts/feelings?
  - How did you react?
  - How did you handle it?
  - a. If answer regards the treatment process
    - What has been the most difficult part of the adoption process?
    - What happened? Thoughts/feelings? How did you react? How did you handle it?
6. How do you think your experience of fathering will be different from other men? How will it be the same?
7. Do you think there are any differences between biological parenthood and adoptive parenthood?
  - a. If yes
    - How are they different? How are they the same?
  - b. If no

- Had you ever thought so prior to pursuing adoption?
  - How did you come to change your mind?
8. How has the way you think about fathering changed compared to how you thought about it before infertility treatment or adoption?
- When in the process did it change?
  - What do you think will be the best part of fatherhood?
  - Prior to pursuing treatment, what did you think would be the best part of fatherhood?
9. Is there anything you've learned or realized about yourself through the process of treatment or adoption?
- Your partner?
  - Others?
  - Has anything surprised you about the process?
10. Have you shared any of this experience with others?
- With other men? Why or why not? What did they say?
  - With family? Why or why not? What did they say?
  - With coworkers? Why or why not? What did they say?
11. Is there anything I haven't asked you about your experience that you think is important?
- a. What would you tell someone leaving infertility treatment without pregnancy?
  - b. What would you tell someone entering the adoption process?

## Appendix E

### Semi-Structured Interview for Adoptive Fathers

• = possible prompt

1. Could you start by telling me your story from when you thought you may need to consult your family doctor or fertility specialist regarding conception, right up until the present day?
2. How did you decide to pursue adoption?
  - How did others react?
  - Prior to trying to conceive or before infertility treatment, had you ever imagined adopting? What had you pictured?
3. Are you and your partner/wife still trying to conceive? Are you still seeking assistance from infertility clinics?
  - a. If not:
    - How did you decide to stop conceiving?
    - How did you decide to stop infertility treatment?
    - What were some of your thoughts or feelings when you decided to stop treatment? Your partner's?
  - b. If so:
    - If you do conceive, how do you expect that experience to be different from adopting?
    - What do you think your thoughts or feelings would be if you don't conceive? Your partner's?
4. How did you come to realize that you weren't going to have a biological child? *or* What comes to your mind when you consider the idea that you won't have a biological child?
5. Considering treatment and the adoption process, what was the most difficult aspect?
  - What happened?
  - What were your thoughts/feelings?
  - How did you react?
  - How did you handle it?
  - b. If answer regards the treatment process
    - What was the most difficult part of the adoption process?
    - What happened? Thoughts/feelings? How did you react? How did you handle it?
6. How do you think your experience of fathering will be different from other men? How will it be the same?
7. Do you think there are any differences between biological parenthood and adoptive parenthood?
  - a. If yes
    - How are they different? How are they the same?
  - b. If no

- Had you ever thought so prior to pursuing adoption?
  - How did you come to change your mind?
8. How has the way you think about fathering changed compared to how you thought about it before infertility treatment or adoption?
- When in the process did it change?
  - What do you think will be the best part of fatherhood?
  - Prior to pursuing treatment, what did you think would be the best part of fatherhood?
9. Is there anything you've learned or realized about yourself through the process of treatment or adoption?
- Your partner?
  - Others?
  - Has anything surprised you about the process?
10. Have you shared any of this experience with others?
- With other men? Why or why not? What did they say?
  - With family? Why or why not? What did they say?
  - With coworkers? Why or why not? What did they say?
11. Is there anything I haven't asked you about your experience that you think is important?
- a. If out of treatment/not trying to conceive:
    - What would you tell someone leaving infertility treatment without pregnancy?
  - b. If still engaged in treatment/still trying to conceive:
    - What would you tell someone entering the adoption process?

**Appendix F****Transcriptions Conventions**

|                    |                                               |
|--------------------|-----------------------------------------------|
| < >                | Speed up talk                                 |
| > <                | Slow down talk                                |
| [ ]                | Start and end of overlapping speech           |
| (2)                | Pauses in seconds (here: 2 seconds)           |
| (.)                | Micropause                                    |
| (:)                | Prolongation of preceding vowel               |
| ((Text))           | Transcriber's comment                         |
| <u>Underlining</u> | Emphasis                                      |
| CAPITALS           | Speech that is louder than surrounding speech |
| —                  | Utterance interrupted                         |
| <i>Italics</i>     | Increase in pitch                             |