Why and how do parents decide to adopt? A study on motivations and the decision-making process in becoming an adoptive family

Joana Soares | Sara Ralha | Silvia Monteiro Fonseca | Joana Prego | Maria A. Barbosa-Ducharne

Abstract
There are several motives underlying the process of deciding to become an adoptive family. However, research exploring this issue is scarce and essentially focused on infertility as the main motivation. The present mixed-method study aims to fill this gap by exploring, retrospectively, the motives to adopt of 126 Portuguese adoptive parents. The Parents’ Interview on the Adoption Process was used to identify the motives to adopt and describe the adoption decision-making process. Seven main motives (biological issues, filling in a void/loneliness, adoption as a life project, expanding the family, philanthropy, contact with the child protection system and parenthood) were identified. These motives can be centred on the self, the child or both simultaneously and are characterized by dynamism, permeability and interconnection. Findings allowed for establishing conceptual considerations on motivations to adopt and recommendations for adoption practice.

KEYWORDS adopters, adoption, adoption decision-making process, mixed-method study, motives to adopt

1 | INTRODUCTION

Adoption is a way of creating or expanding a family that offers the adopted child the most personally, socially and legally stable caregiving option and gives the adoptive parent an alternative towards parenthood (Palacios, Rolock, et al., 2019). Adoption has undergone remarkable changes in recent years, and like families in general, adoptive families also become increasingly more diverse (Pinderhughes & Brodzinsky, 2019). Contemporary trends in adoption include novel contextual realities and new pathways to adoptive family life and, consequently, may be driven by different motivations (Palacios & Brodzinsky, 2010; Wiley, 2017). As such, adoption scholars have been paying increasing attention to the study of adopters’ motivations, considering that these motivations play an important role in shaping how adopters cope with the challenges of adoption (Palacios, Rolock, et al., 2019; Pinderhughes & Brodzinsky, 2019). Nevertheless, there are still unanswered questions related to why and how parents decide to adopt a child. The present study aims to fill in this gap by analysing adoption motives and the decision-making process in a sample of Portuguese parents who adopted a child from the welfare system.

In Portugal, most adoptions are domestic and same ethnic background, and as in some other countries (Palacios, Adroher, et al., 2019), the number of adoptions has been decreasing in the last years (from 454 children placed for adoption in 2011 to 154 in 2020, Institute of Social Security, 2021a). According to the last national statistics (Institute of Social Security, 2021b), out of the 6706 Portuguese children placed in alternative care in 2020, only less than 8% had an adoption permanency plan, adoption being the last option.
often after extended stay in institutional care. Currently, there are six times more prospective adopters waiting for a child (different-sex and same-sex couples and single persons regardless of sexual orientation) than the children available for adoption (Institute of Social Security, 2021a), because there is a gap between prospective parents’ wishes (expecting to adopt a younger healthy child) and the characteristics of children available for adoption (older children, group of siblings and children with special needs). In Portugal, adoptions are confidential and structurally closed (i.e. there is no direct contact between birth and adoptive families) and post-adoption services are non-existent. As from 2010, all prospective adopters have had to attend an adoptive parenting training programme, in which motivations to adopt are approached, as well as contents related to attachment, adoption communication, child’s difficult behaviours, among others, in six small group sessions (minimum of 24 h of training), aiming to empower adopters to cope with adoption specific challenges. In 2016, the adoption law has changed and because then same-sex couples can adopt (Barbosa-Ducharne & Soares, 2016, 2022).

The adult’s decision to adopt a child may be driven by different motivations and influenced by several factors (Gibbons & Brown, 2012). Regarding the decision-making process, research has highlighted the relevance of the support/encouragement provided by extended family and friends (Goldberg & Smith, 2008). For prospective adoptive couples, a spouse’s shared commitment and joint involvement in the decision-making process are key issues towards adoption success (Goldberg et al., 2009). Indeed, the initiative to adopt (who, how and why) and the other spouse’s reaction has been associated with issues of the post-adoption family functioning, namely, adoption communication openness (Barbosa-Ducharne & Soares, 2016). Nevertheless, the relationship between the adopters’ motivation and the decision-making process has received reduced research attention. This study aims at filling in this gap.

Motivations are dynamic actions that can be shaped by internal factors, such as individual experience, or by external factors, such as social, economic and professional contingencies (Hoghugh, 2004). In relation to motivations to adopt, diverse factors related to adoptive parenthood specificities should be considered. In most cases, adoption emerges as the last alternative for parenthood, after several failed attempts at procreation, which have a negative impact on the psychological functioning of the parents-to-be, and shapes individual motivations to adopt (e.g. Costa & Tasker, 2018; Goldberg et al., 2009; Wang et al., 2021; White & McQuillan, 2006). Furthermore, research has shown that parents who adopt for self-oriented reasons, most of whom had been childless for many years, tend to limit adoption communication openness (Sorek et al., 2020).

There seems to be a consensus that most heterosexual prospective adopters are motivated by infertility (e.g. Jennings et al., 2014; Letherby, 2002; Malm & Welit, 2010; Park & Hill, 2014; Wang et al., 2021; Young, 2012). Grieving the loss of a child or the inability to conceive a child are factors that play an important role in the adoptive parent’s emotional experience of adoption (Brodzinsky, 1997; Goldberg et al., 2009). When parents do not work through their emotions, unrealistic expectations about the adopted child (Foli et al., 2014), a tendency to reject the differences between adoptive and non-adoptive families (Kirk, 1964), difficulty in engaging in adoption socialization (Pinderhughes & Brodzinsky, 2019) and higher levels of parenting stress (Wang et al., 2021) may arise.

Solidarity and altruistic feelings have also been identified as frequent motivations to adopt (Costa & Tasker, 2018; Denby et al., 2011; Gibbons & Brown, 2012; Malm & Welit, 2010; Tyebjee, 2003). These types of motivations may include wanting to make a difference in a child’s life (Tyebjee, 2003) and wanting to provide a permanent home for a child (Malm & Welit, 2010). Furthermore, having had prior contact with adoption, having a relationship with the to-be-adopted child or other children with similar life stories (Malm & Welit, 2010) or knowing someone who has been adopted (Dave Thomas Foundation for Adoption, 2007; Jennings et al., 2014) could also stimulate this kind of motivation. Using thematic analysis of qualitative data to explore LGBTQ prospective parents’ motivations for adoption, Costa and Tasker (2018) identified one overarching theme as seeking permanence (‘We wanted a forever family’)—different motivations were for the most part rooted in the desire to have a permanent family), together with three closely related subthemes: altruistic/moral (parents who are able to provide a permanent family to a child in need), individualistic/intrinsic (parents who respond to their desire to become parents) and motivated reasoning (parents who had tried other options for parenting or who had considered and abandoned other options before applying for adoption). These findings had the potential to inform adoption policies and practices, particularly the recruitment of LGBTQ adoptive parents examining not only the parents’ motivations but also the barriers and fears underlying LGBTQ adoption in the United Kingdom after the change of the law allowing same-sex couples to adopt (Costa & Tasker, 2018). Other motivations to adopt have also been identified, namely, religion and spirituality (e.g. Firmin et al., 2017; Helder et al., 2020; Hollingsworth, 2000; Tyebjee, 2003), and loneliness or death of a child (Levinzön, 2006).

Research aiming to find which motivations can be more closely related to certain types of adoption showed that private domestic adoptions are more likely to be chosen by infertile couples while adopting through foster care is more likely to be driven by the wish to provide a child a home, to achieve a more financially realistic option or to follow the quickest pathway for adoption, and intercountry adoption can be motivated by the wish to avoid contact with birth parents (Pinderhughes & Brodzinsky, 2019). Recent research has also explored the role of specific motivations to adopt (e.g. infertility, religion, child-centred vs. self-oriented) on parenting stress (Helder et al., 2020; Wang et al., 2021), attachment and parental negative emotions (Helder et al., 2020), open adoption (Sorek et al., 2020), adoptees’ outcomes (Helder et al., 2020) and adoption breakdown (Barbosa-Ducharne & Marinho, 2019; Palacios et al., 2019). These studies’ findings were inconsistent because motivations to adopt were identified both as risk and protective factors, depending on the specific and single motive explored by each study.

The present study stems from the assertion that adoptive parents generally endorse multiple motives that drive their decisions to adopt; thus, it considers the variability and heterogeneity within adoption
motivation. Research has focused more on couples’ motivations related to infertility and has paid less attention to other motives that equally contribute to the adoption decision-making process (Costa & Tasker, 2018; Denby et al., 2011). This study will fill in this research gap by considering all the motives to adopt, retrospectively reported by families who adopted children from care through a domestic adoption pathway.

This study aims to contribute to an in-depth understanding of the motivation to start a family by adoption. The specific study goals are to (a) describe the adoption decision-making process, in terms of initiative, spouse reaction, easiness in deciding, sharing with the extended family and friends and the others’ reactions to the announcement of the intention to adopt; (b) identify motives for adoption; and (c) explore relationships between the decision-making process and motives for adoption.

2 | METHOD

2.1 | Participants

One hundred and twenty-six adoptive parents participated in this study. 92 mothers and 34 fathers, mutually independent of one another. In each family, the interviewed parent (mother or father) was self-selected. Participants were aged 45.35 years, on average (SD = 4.77, ranging from 32 to 59), and had an average of 13.22 years of schooling (SD = 4.54, ranging from four to 23), without statistically significant differences between fathers and mothers, t(124) = 0.77, P = 0.443, d = 0.33, 95% CI [-1.10, 2.51], t(124) = 1.63, P = 0.106, d = 0.16, 95% CI [-0.34, 3.43], respectively, for age and schooling.

There is no information on the participants’ sexual orientation.

These participants had adopted 126 children (73 boys) when they were 3.13 years of age, on average (SD = 2.14, ranging from 0 to 8). These children, aged 8 to 10 years (M = 8.76, SD = 0.77) at the time of the study, were in their adoptive families for 5.63 years on average (SD = 2.14, ranging from 1.00 to 9.40). Before adoption, they had spent, on average, 14.44 months with their birth families (SD = 18.32, ranging from 0 to 75), with whom most had lived experiences of neglect. They had been in out-of-home care from 1 to 66 months (M = 23.21, SD = 15.09), the majority (91.7%) in institutional care. Out of the 126 participant families, 120 were two different-sex parent families and six were single-mother families.

2.2 | Instruments

2.2.1 | Parents’ interview on the adoption process—Version for parents of school-aged children (Barbosa-Ducharne & Soares, 2012)

This is a semi-structured interview exploring the adoption process and covering different topics from the adoptive parents’ perspective. In the present study, questions related to the adoptive parents’ motives to adopt and the adoption decision-making process were used.

Motives to adopt and the adoption decision-making process

Using open-ended questions and questions evaluated on a 7-point Likert scale, the following topics were explored: (a) motives to adopt (open-ended questions on the main and secondary motives: ‘When a couple/an individual decides to adopt a child, they/she usually have more than one reason to do so. Which would you say was your main motive to adopt (child’s name)? And can you identify a secondary motive?’; (b) open-ended questions on the initiative to adopt (‘Who took the initiative to adopt?’) and the spouse’s reaction to this initiative (if applicable; ‘How was this initiative received by your spouse?’)

1. adhere [in accordance with the proposition, as ‘believe in and follow’ the proposition],
2. accept [consent to the proposition or ‘come to recognize’ the proposition as valid or pertinent],
3. hesitate [decision or reluctance towards the proposition],
4. reject [dismissal of the proposition];
(c) questions evaluated on 7-point Likert scale on the social sharing of the adoption decision (if shared and with whom) and the reaction of the extended family and friends (‘In general, the reaction of the extended family and friends was ...’)

1. very negative to 7 = very positive;
2. very easy to 7 = very difficult.

2.3 | Procedures

This study is part of a broader research project on school-aged adopted children’s social competence, which was approved by the Ethics Committee of the University of Porto and by the National Board of Data Protection. In collaboration with the Portuguese Public Adoption Agency, adoptive families were selected and recruited according to the main study sample inclusion criteria: (a) the adoptees’ age had to be 8–10, and (b) a minimum of 1-year permanency in the adoptive family was required since placement. The final sample accounted for 75% of the whole population of adopted children with the target age at the data collection time, in the North of Portugal. Data were collected during home visits where the adoptive mother/father was interviewed by a qualified adoption researcher. Participants were first asked to sign an informed consent expressing their voluntary participation and disclosing adequate information about the study and its aims.

2.4 | Data analysis

This study used a mixed-method design. The quantitative analysis complemented the qualitative one, which is the core of the manuscript. Answers to open-ended questions were transcribed verbatim, and a content analysis resorting to NVivo software (QSR International Pty Ltd, 2018) was conducted. Through a process of identifying, coding and categorizing themes in the data, new insights were generated, condensing responses into a few content categories and developing a coding system to organize the data. This inductive/bottom-up approach was combined with a theoretical/top-down one based on research evidence on this topic. Categories and subcategories were identified based
on raw data, to obtain a freer and richer description, but also bearing in mind previous research on adoption motivations. Two independent researchers coded all the data. The interrater agreement was high (90%), and the discrepancies between coders were solved through discussion, which led to the agreement and final decisions.

Quantitative analyses of data related to the adoption decision-making process and motivation were run through IBM SPSS software (IBM Corp., 2020). Quantitative data were explored through univariate (descriptive) and bivariate statistics, using parametric tests. Relationships among scale variables, such as family and friends’ reactions, easiness of the adoption decision-making process and parents’ age, were studied through bivariate Pearson correlations. Associations between two categorical variables (e.g. motives [presence vs. absence of the category/subcategory] and type of adoptive family [single vs. two-parent]) were explored by performing chi-squared tests. Finally, mean differences in variables such as parents’ schooling, child’s time spent with his/her birth family or child’s number of pre-adoption placements were studied according to the motives to adopt. Cramér’s V and Cohen’s d were estimated as effect size measures.

3  |  RESULTS

3.1  |  Adoption decision-making process

In two-parent families, adoption was first considered, in 43.3% cases (n = 52), by both members of the couple; in 40% (n = 48) by the woman; and in 16.7% (n = 20) by the man. When the initiative to adopt was one-sided (n = 68), 33 spouses adhered (48.5%), 15 accepted (22.1%), 19 hesitated (27.9%) and one rejected (1.5%) this option.

When deciding on adoption, 43 participants (35%) kept it as a private decision, 54 (43.9%) informed the extended family and friends, and only 26 (21.1%) asked the family members, friends and their children (if applicable) for prior opinion. In general, the extended family and friends’ reactions were quite positive (M = 6.37, SD = 1.05, range = 1–7). In relation to the overall decision-making process, participants reported that it had been easy (M = 5.87, SD = 1.36, range = 1–7), and a positive correlation was found between the easiness of the adoption decision-making and the participants’ age (r = 0.23, P = 0.010), the older the participants were, the easier the decision-making. Further, the more positively the extended family and friends reacted to the plan to adopt, the easier the adoption decision (r = 0.24, P = 0.007).

3.2  |  Motivations to adopt

Content analysis of the participants’ motives to adopt allowed for considering self-oriented, child-centred and simultaneously self- and child-centred motivations. Seven categories (biological issues, filling in a void/loneliness, adoption as a life project, expanding the family, philanthropic ideas, contact with the child protection system and parenthood) and eight subcategories related to adoption motivations (infertility; biological unviability; running out of options; health risk; sharing, companionship and individual/couple fulfilment; death of a birth child; desire to have a son/daughter; and wanting to be a parent) were identified. Table 1 presents the frequencies of the categories and subcategories.

3.2.1  |  Self-oriented motivation

Four categories were identified as self-oriented motivation: biological issues, filling in a void/loneliness, adoption as a life project and expanding the family.

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Adopters’ motives to adopt: frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td><strong>Subcategory</strong></td>
</tr>
<tr>
<td>Self-oriented motivation</td>
<td>Biological issues</td>
</tr>
<tr>
<td></td>
<td>Infertility</td>
</tr>
<tr>
<td></td>
<td>Biological unviability</td>
</tr>
<tr>
<td></td>
<td>Running out of options</td>
</tr>
<tr>
<td></td>
<td>Health risk</td>
</tr>
<tr>
<td></td>
<td>Sharing, companionship, and individual/</td>
</tr>
<tr>
<td></td>
<td>couple fulfilment</td>
</tr>
<tr>
<td></td>
<td>Death of a child</td>
</tr>
<tr>
<td>Child-centred motivation</td>
<td>Parenthood</td>
</tr>
<tr>
<td></td>
<td>Desire to have a son/daughter</td>
</tr>
<tr>
<td></td>
<td>Wanting to be a parent</td>
</tr>
</tbody>
</table>

aPercentage in relation to the total sample.
bPercentage in relation to category.
Biological issues

The biological difficulty/impossibility of getting pregnant was the most frequent category/motive to adopt, mentioned by 90 participants (71.4%). In 10.0% of answers (n = 9 out of 90), only biological issues were referred, and in the remaining cases, this category was mentioned together with other motives, out of which parenthood (category presented below) was the most frequent (n = 32; 35.6%).

For some participants, the difficulty of getting pregnant was enough to redefine parenthood and engage in the adoption process. For others, adoption arose from the failure of medically assisted reproduction. Therefore, four subcategories were defined within the category of biological issues, namely, infertility, biological unviability, running out of options and health risk.

Infertility. This subcategory had the highest frequency within the category of the biological issue (n = 34, 37.8%; 27.0% of the total sample) and included participants who said that they ‘could not’ have birth children. Despite some attempts of procreation, these participants redirected their parenthood project towards adoption, often maintaining both projects simultaneously: ‘While I was trying to become a birth mother we also applied for adoption. We were doing both at the same time’ (P3). The difficulty in having children emerged in association to/resulting from health issues, such as premature menopause, endometriosis or abortion: ‘Meanwhile, I got pregnant twice and miscarried. From that moment on we did not have doubts in relation to adoption’ (P82). There were also some cases in which age led to the decision to adopt: ‘Time had gone by, and we did not have birth children’ (P6). For some participants, medically assisted reproduction caused anxiety and uncertainty: ‘The doctor was not giving me any guarantees. And as I had to undergo painful treatments, with no guarantees … we decided to adopt … because of not being able to get pregnant and the suffering’ (P110).

Biological unviability. The second subcategory encompassed answers like ‘we were unable to have children’, with the impossibility ascertained by a physician, especially in cases of sterility: ‘It was a biological issue, my husband is sterile’ (P57). This subcategory corresponded to 33.3% (n = 30) of the biological issues category (23.8% of the total sample). Participants waited for the clinical diagnosis to give up on a birth child and engage in adoption: ‘Dreaming of having a child was impossible (...) and the physician that was counseling us advised us to follow this path and we immediately moved forward’. (P10); ‘On the day they told us it was impossible for us to have birth children, I instantly decided to adopt’ (P29). In many cases, the inability to give birth stemmed from previous diseases or health problems: ‘I had had leukemia and underwent chemotherapy and a transplant, and I was unable to have children at the age of 20 (...) at 20, I already knew that my future partner would have to cope with this’ (P113). Finally, in some cases, when facing the sterility of one of the spouses, adoption became the preferential option in detriment of insemination: ‘I haven’t done insemination because I am not a surrogate’ (P86).

Running out of options. The third subcategory pertained to individuals/couples who, when facing infertility, felt the need to spend time, resources and energy to make countless efforts, treatments and medical examinations that could help them to procreate: ‘We did several examinations, we did insemination, we did all of that and then we decided to go for adoption’ (P17). This subcategory was mentioned by 20 parents (22.2% of the biological issues motive; 15.9% of the total sample). Results have shown that, even when facing difficulty in accessing medically assisted reproduction, some couples persisted in this life project: ‘We did some inseminations, but they were very difficult to get at the time, they were almost inaccessible. If it were not for our strong motivation and interest, I am sure that after a while we would have given up. And we kept going for a dozen years more’ (P19). In some cases, adoption arose as a last resource/option: ‘Not being able to have a birth child, because if we had succeeded maybe we would never have gone for adoption. It (adoption) was a consequence of many (failed) treatments’ (P55). Sometimes, the couples’ will to achieve their goal was so strong that the physician was the one to end the continuous attempts of procreation: ‘We did ten inseminations and nothing. And the doctor said: go for adoption’ (P76). Some answers also revealed that the decisions taken were not couple-shared: ‘If it had been for him (husband) we would have applied for adoption many years ago’ (P63). This subcategory was also characterized by psychological distress: ‘I underwent the treatments, which I regret, mainly because of the psychological effects, not because of the money’ (P38).

Health risk. The last subcategory was mentioned by six parents (6.7% in relation to biological issues; 4.7% total sample). In these cases, the decision to adopt came from medical advice and fear of/attempt to avoid harming themselves and/or the baby—‘By option and medical advice, because it could worsen my uterus problem, we went for adoption, that was the second option’ (P115)—or from concern with a hereditary disease—‘I met my husband, who has a brother with Down Syndrome. Later, I started having continuous depression crises due to a health problem. The gynecologist told me about heredity issues and, also, that I would have to stop medication to get pregnant. My husband had the same idea (adoption)’ (P59).

A statistically significant association between these four subcategories of biological issues and the initiative to adopt (two-parent families) was found, $\chi^2(6) = 17.35$, $P = 0.008$, $V = 0.31$, showing a tendency for the infertility motive being associated with the decision to adopt taken by both spouses, the running out of options and health risk motives being associated with the initiative taken by men and biological unviability being associated with the initiative taken by women.

Filling in a void/loneliness

The second category included the answers related to the participants’ need to fill in a void, felt or foreseen, at an individual or couple’s level. This category involved answers from 26 participants (20.6%). It was mainly reported together with other motives (in 96.2% of the cases).

Sharing, companionship and individual/couple fulfilment. Twenty-three participants (88.5%; 18.2% total sample) referred to the need of sharing experiences—‘We wanted to have someone with whom we could share our life (together)’ (P19)—and the need for companionship when foreseening old age, as well as anxiety associated with the possibility of experiencing this life stage alone: ‘Not being only two old people at home’. Without a child we were empty’ (P22). Indeed, one
of the participants expected his son to be a future caregiver—‘To have someone, later in life, to take care of us, when we will get old’ (P40) expressing a clear self-oriented motivation.

The need for individual and/or couple fulfilment through parenthood also emerged as a motive to adopt, shown in the void felt by individuals and couples—‘(...) Because we were alone. We had a house, we had everything, and we did not have a child’ (P33); ‘(...) Something was missing’ (P62), complying with a traditional vision of the family—‘The desire to have a child, like most couples’ (P67); ‘Wherever we went we saw our friends with children, and we were sad’ (P33). In some cases, the social and family pressure to have a child seemed to push parents towards adoption: ‘Family members had commented (childlessness) at family parties’ (P23).

**Death of a birth child.** Three participants (11.5%; 2.4% total sample) specifically mentioned filling in a void/loneliness left by the death of a birth child as a motive to adopt: ‘Two little girls were dead, and I wanted very much to have a daughter’ (P4); ‘The absence of X made us realize that there was a space that could perfectly be filled in’ (P112).

**Adoption as a life project**

This category was mentioned by 20.6% (n = 26) participants. It included answers in which adoption was considered and/or planned as an individual or couple life project: ‘I had always wanted to adopt’ (P1); ‘We had discussed the possibility to adopt the day we first met... It was already one of our wishes’ (P6). Nevertheless, 51.7% (n = 15) of participants included in this category said that they had ‘always’ wanted to adopt but simultaneously mentioned **biological issues** that prevented them from having birth children (they were also included in the first category): ‘Maybe adoption had always been part of my life project, but I always said I wanted to have a birth child first and then an adopted child, and fate wanted the first to be adopted’ (P24). This motive emerged significantly associated with the type of family, meaning that single-parent families presented a higher tendency to mention this, $\chi^2(1) = 5.16, P = 0.023, \phi = 0.25$.

**Expanding the family**

This category included answers mentioning adoption as a possibility to extend the family (n = 23; 18.3%). For some participants, the motive was to increase the number of children—‘I already had a birth child and I had always wanted to have more, I did not want to have only one’ (P74); ‘We wanted to have many children, a large family’ (P121); for others, the motive consisted of building a family, as if the couple on its own could not be considered as one—‘Building a family’ (P98); ‘Having a complete family, having a family’ (P55). Some participants considered it important to give their only child a companion—‘(...) we wanted to give a sibling to our daughter’ (P100), or to attend his/her wish/request—‘It was X’s request, till then we had never thought about it, and we started thinking after his/her request’ (P21). This last participant believed that having more than one child was a way of making sure that duties would be shared: ‘Our family is small. Our relatives have already passed away. We started noticing that X was going to be overwhelmed. We did not want him/her to be alone with a lot of responsibilities, because we do not know the future’ (P21). Many times, the will to expand the family was based on the goal of replicating the original family structure: ‘I have 14 brothers and sisters, I have always lived among many people’ (P11); ‘Having a girl and having a big family. I come from a big family’ (P18).

### 3.2.2 | Child-centred motivation

Two categories were identified within this motivation: philanthropic ideas and contact with the child protection system (cf. Table 1).

**Philanthropic ideas**

This category included all the answers (n = 37, 29.4%) that mentioned altruism as a motive to adopt: ‘Provide children that were deprived of parents with a family’ (P42 and P43); ‘Since very early on, I have had a very strong compassionate side. From the age of 11/12, my dream was to be able to rescue children and save them’ (P59); ‘To make a child happy’ (P81). Three participants mentioned they had been adopted or raised by relatives. It seemed clear that their sense of altruism stemmed from their personal experience, a wish to repay what they ‘had once received’ (P32). Participants who referred this motive had significantly more years of schooling (n = 37, M = 14.57, SD = 4.34), than all the other ones (n = 89, M = 12.66, SD = 4.52), t (124) = 2.18, P = 0.031, d = 0.43, 95% CI [0.17, 0.64]. This finding may indicate a higher level of social desirability or, otherwise, increased social awareness. Participants with philanthropic motives adopted children who had gone through a higher number of pre-adoption placements, t (124) = 2.54, P = 0.012, d = 0.92, 95% CI [0.08, 0.65].

**Contact with the child protection system**

This category was referred by nine participants (7.1% total sample) who had previous contact with institutionalization and/or adoption. This contact may include working in a residential care centre, visiting or having a relationship with an institutionalized or available-for-adoption child: ‘It was not a common adoption. I met him at the institution where I was working at that time’. (P9); ‘Because my husband and I fell in love with her when we saw her at a residential care center, and then we decided to adopt’ (P92).

### 3.2.3 | Both child-centred and self-oriented motivations

A category—**Parenthood**—(with two subcategories) was identified as both child-centred and self-oriented.

**Parenthood**

This category was referred by 69 participants (54.8%) and was often mentioned together with **biological issues** (n = 32, 49.2%). This category included answers in which participants highlighted the importance of experiencing parenthood, some of them focusing on the desire to be a parent, while others emphasizing the desire to have a
son/daughter. For this reason, two subcategories were formed. These subcategories were significantly different regarding the time children had spent with their birth families, \( t(59) = 2.26, P = 0.027, d = 0.63, 95\% \text{ CI} [1.41, 22.91] \), and the number of pre-adoption placements, \( t (59) = 2.14, P = 0.036, d = 1.03, 95\% \text{ CI} [0.03; 0.84] \). Participants, who had wanted to be a parent, adopted children who had spent longer with their birth families \( (M = 24.27, SD = 21.09) \) and who had had more previous placements \( (M = 2.07, SD = 0.80) \) when compared with participants who had wanted a son/daughter. The latter adopted children who had spent less time with their birth families \( (M = 12.11, SD = 17.02) \) and had had less previous placements \( (M = 1.63, SD = 0.65) \).

**Desire to have a son/daughter**. This subcategory was characterized by the emphasis given to the longing of having a child: ‘Given that we could not have birth children and we wanted children very much …’ (P25). Two couples devalued the fact that they could not have birth children, because the desire seemed to be stronger than blood ties: ‘We wanted to have a child’ (P53). This subcategory corresponded to 39.7% of the total answers \( (n = 50; 72.5\% \text{ of the participants who identified parenthood as a motive to adopt}) \). The desire of having a child was significantly associated with the initiative to adopt, \( \chi^2(2) = 7.76, P = 0.021, V = 0.26 \), showing a tendency for the initiative to adopt being taken by men when this motive was mentioned.

**Wanting to be a parent**. This subcategory included participants who applied for adoption as a way of fulfilling their desire to be a mother/father: ‘Desire to be a mother. It did not matter if I could not get pregnant, I wanted to be a mother …’ (P13); ‘The will to be a father and the only way to be a father was adopting …’ (P90). This subcategory was mentioned by 19 participants \( (27.5\% \text{ of answers included in this category}; 15.1\% \text{ total sample}) \).

### 4 | DISCUSSION

This study provides an in-depth insight into motivations for adoption, accessed retrospectively among a sample of families who adopted children from care through a domestic adoption pathway, in a context of structurally closed adoptions, such as the Portuguese setting. Even within a homogeneous sample in terms of adoption pathways (domestic, same-ethnic background, different-sex parents), it was possible to capture a wider array of motivations underlying the participants’ plans to adopt. This study is also pioneering in exploring the adoption decision-making process, specifically, how the intention to adopt was shared with the extended family and friends, as well as the retrospective perspective of the couple’s commitment to adopt.

#### 4.1 | Adoption decision-making process

Regarding the adoption decision-making process, participants of the present study can be distinguished between those who made a couple-shared decision and those whose decision was made by only one member of the couple. Adoption researchers (e.g. Goldberg et al., 2009) have shown that adoption should be shared by both members of the couple as a life project; however, in this study, the percentage of spouses that were perceived as not-adherents may suggest a lack of involvement/commitment, which can impact the functioning and dynamics of the adoptive family (Barbosa-Ducharme & Soares, 2016; Goldberg et al., 2009). As reported by participants, the adoption decision was easy, and easiness in making the option for adoption was positively correlated with the family and friends’ support, reinforcing the importance of informal support in adoption (Goldberg & Smith, 2008). This finding can also be read as the adopters’ positivity about adoption being accepted by their support network because of the adopters’ attitude. Nevertheless, in the present study, the percentage of participants who engaged their extended family and friends in the decision-making process was low. It is important to acknowledge that children who are adopted will be better cared for and supported if their extended family has at least a general understanding of the lifelong journey of adoption, as well as the impact of trauma, separation and loss. Therefore, their engagement/participation in the adopters’ plan to adopt from the very first moment is crucial.

#### 4.2 | Motivations to adopt

This study allowed for identifying three types of motivations: self-oriented, child-oriented and simultaneously self- and child-oriented. Other studies had already distinguished children vs. adult-centred motivations (e.g. Costa & Tasker, 2018; Sorek et al., 2020), but the identification of motives that involve both perspectives is an advance. Within the self-oriented motivations that were identified, biological issues were the most frequent reasons to adopt, reported by about three-fourths of the participants. Although this finding is coherent with previous research, which points to infertility-related motives as the main, and almost unique, motive to adopt (e.g. Hollingsworth, 2000; Malm & Welti, 2010; Park & Hill, 2014), this study’s results have shown that infertility-related motives can be accompanied and/or overlapped by other motives to adopt, namely, motives related to the desire of parenthood. Furthermore, in-depth insights into biological issues allowed for specifying and differentiating issues such as infertility, biological unviability, health risk and running out of options. This study is pioneering in finding in the participants’ answers a clear distinction between infertility and biological unviability. This distinction is important because it allows addressing the difference that exists, medically, between the two concepts (which are usually considered together in research) and the personal and subjective experience of the participants who, in their discourse, also differentiate them (using ‘could not’ or ‘were unable to’). No other study on adoption has made this differentiation, which has led to more complete access to the individual adoption experience (Brodzinsky, 1997).

Within the biological reasons underlying the search to adopt, the content analysis of participants’ answers identified different pathways of resolution—if some participants, who had faced the impossibility of
getting pregnant, immediately move on to adoption, others follow other alternative pathways, such as medically assisted reproduction and others maintain both projects simultaneously. Additionally, some participants needed to wait for a clinical diagnosis to give up on a birth child and engage in an adoption decision later on (sometimes the decision to adopt came from medical advice) while for some other participants, adoption became the preferential option to insemination. Findings on the participants’ discourse related to this theme suggested that uncertainty, anxiety and suffering associated with medically assisted reproduction can rush the adoption decision, without grieving the loss of a birth child that plays an important role in the adoptive parent’s expectations, emotional experience of adoption and relationship with the child to be adopted (Brodzinsky, 1997; Goldberg et al., 2009). The present study’s data also showed that some individuals/couples, when facing infertility, feel the need to spend time, resources and energy to make countless efforts, treatments and medical examinations that can help them to procreate, and even when facing difficulty in accessing medically assisted reproduction, some couples will persist, and adoption will become the last option. Findings support the idea that the variety of treatments and technology available for medically assisted reproduction can increase pressure on couples (Letherby, 2002). Data also revealed that, in some cases, the decisions made were not couple-shared (Goldberg et al., 2009) and that giving up on having a birth baby was lived by strong feelings of distress. Previous research has enhanced the relevance of overcoming psychosocial distress previous to engaging in adoption (Goldberg et al., 2009; White & McQuillan, 2006).

Responding to the aim of exploring relationships between the motives to adopt and the decision-making process, associations between the biological issues and who took the initiative to adopt were observed. Data showed a tendency for the infertility motive to be associated with the decision to adopt taken by both members of the couple: adoption as the detrimental option and health risk motives being associated with the initiative taken by men and biological unviability being associated with the initiative taken by women. These findings highlight gender differences that may exist in grieving the idea of conceiving a child and the decision-making for adoption and are a novelty for adoption research.

Participants in the present study also reported the need to fill in a void, felt or foreseen, at an individual or couple’s level. This feeling of filling in a void was reported as the need of sharing experiences, of companionship when foreseeing old age and anxiety associated with the possibility of experiencing this life stage alone, thus, expressing a clear self-oriented motivation. This motivation has not been referenced in the adoption literature and maybe something specific to the Portuguese culture, which can explain these specific results. Nevertheless, this motivation is contrary to the purpose of adoption—to respond to a child’s right—and future studies should explore the impact of this specific motivation on permanency and adoption success.

The need for individual and/or couple fulfillment through parenthood also emerged as a motive to adopt, evidenced in the void felt by individuals and couples, complying with a traditional vision of the family. In some cases, the social and family pressure to have a child seemed to push parents towards adoption.

Filling in the loneliness left by the death of a birth child was also identified as a motive to adopt. This may indicate that, for those who had already experienced parenthood, even when it had ended by a traumatic event, it is important to replace the lost child. These participants may present a stronger motivation to become parents because they have already experienced parenthood and want to go on with it. However, the loss of a child (stillbirth, miscarriage, dead child as baby or older) should require a grieving process before planning to adopt (Goldberg et al., 2009). This reason had already been referenced in the adoption literature by Levinzon (2006).

Findings showed that for some participants, adoption was considered and/or planned as an individual or couple life project, but part of them simultaneously mentioned biological issues that prevented them from having birth children. This may mean that, for some participants, the difficulty or impossibility of having birth children was hard to accept, even when they had considered adoption earlier in life. Despite the low number of single families in the study, it was observed an association between this motive and this type of family. This study also allowed for associating characteristics of individuals and families with the type of motivation for adoption, which has contributed to new information in this field.

Finally, for some self-oriented participants, the motive to adopt was to increase the number of children, while for others, the motive consisted in building a family as if the couple on its own could not be considered as one. Some participants acknowledged the importance of giving their only child a companion. Often, the will to expand the family was based on the goal of replicating the original family structure. Even though this motive has not often been explored in the literature on motivations to adopt, in this study, it was present in approximately 1/5 of participants’ answers, emerging associated with second adoptions or families who already had children.

Within child-centred motivations, this study identified two categories related to philanthropic ideas and to prior contact with the welfare system, which are motivations more commonly referred to in adoption literature (e.g. Costa & Tasker, 2018; Denby et al., 2011; Jennings et al., 2014; Malm & Welti, 2010). The altruism, the previous contact with institutionalization and/or adoption and the will to provide a family to children that were deprived of parents were motives that emerged from the present data. Results revealed that motives related to philanthropic ideas were associated with parents with higher schooling, which may indicate a high level of social desirability or, otherwise, increased social awareness. Further, participants with this motivation adopted children who had gone through a higher number of pre-adoption placements. Previous studies have associated adoption with altruism, namely, in late, inter-racial and special needs adoptions (e.g. Costa & Tasker, 2018; Denby et al., 2011; Gibbons & Brown, 2012).
Finally, as a cutting-edge theme, both child- and self-centred motivations were made known in the present findings, reflecting a more relational/two-sided point-of-view of the adoption experience/motivation to adopt. Some participants highlighted the importance of experiencing parenthood, some of them focused on the desire to be a parent, while others emphasized the desire to have a son/daughter. For this reason, two groups of adopters were distinguished. These groups were significantly different in the time children had spent within their birth families and the number of pre-adoption placements. Participants who had wanted to be a parent adopted children who had spent more time with their birth families and who had had more previous placements when compared with participants who had wanted a son/daughter. The latter adopted children had spent less time with their birth families and had had fewer previous placements. Therefore, adoptive parents who had been motivated by a desire to be parents seemed to be, or have become, more flexible in terms of adoption preferences prioritizing parenting to the detriment of the child’s past adversity. Furthermore, findings showed that there was a tendency for men to take the initiative to adopt whenever the motive was related to the desire of having a son/daughter. This tendency may occur due to the painful grief of a birth child’s death as lived by most couples, especially women (Park & Hill, 2014). Men may take the initiative to adopt more easily when recognizing their spouses’ desire to have a child. Socially, there is still the myth that a woman only feels fulfilled when she embraces a maternal role (Letherby, 2002; Park & Hill, 2014; White & McQuillan, 2006).

Some limitations of this study include the fact that adoptive parents were retrospectively interviewed, and only one informant was considered per family. It is important to point out that these data were collected from parents who had already adopted. The interpretation and discussion of these findings must be carried out within this context of research and methodological design. Information accessed retrospectively is influenced by the parents’ current adoption experience and the parent–child relationship. Furthermore, all participants adopted domestically, and no data related to international adoptions were studied. Additionally, the study sample only included six single mothers who could have different perspectives and experiences from those of couples and thus confound the results. Nevertheless, these figures are consistent with the ratio of single mothers among prospective adopters and their contribution was judged meaningful to an in-depth understanding of the motivations to adopt. All these conditions may have had an impact on the participants’ discourse and consequently on the categories/subcategories explored in the present study, which should be considered.

5 | IMPLICATIONS FOR ADOPTION PRACTICE

Adoption adds a layer of complexity to non-adoptive parenting. Adoptive parents are required to answer to the non-adoption-related needs of their children and to be sensitive to their adoption specificities. It is undoubtedly a demanding task expecting adopters to be resilient and fully motivated, as well as be able to feel satisfied with small and slow achievements. This requires confidence in their prior adoption decision and keeping focused on preserving adoption motivation. The motives that lead to adoption are critical to maintaining engagement in adoption and commitment to the adopted child. Furthermore, motivations to adopt have a long-term effect on the adoptive family dynamics. Research has shown that parents who adopt for self-oriented reasons tend to limit adoption communication openness (Sorek et al., 2020). It is likely that the adopted child in his/her process of making sense of his/her own adoption history will question his/her parents’ motivations to adopt and the way parents will be able to answer this question will surely make a difference in their child’s well-being. The present study shows the importance of adopters’ awareness of the range and complexity of motivations and the relevance of self-reflection guided by adoption-competent professionals. Simply asking prospective adopters for their motivations does not seem enough. Understanding their strength and orientation is critical to adoption success.

Motivation is the force that drives the adoption experience and must last over time, throughout the adoptive family life cycle. Thus, it seems important that professionals should correctly assess the prospective adopters’ ability of self-motivation and the capacity to sustain motivation in achieving a goal. Hesitant prospective adopters may not necessarily spell trouble, but their hesitation should be taken into consideration, should be assessed and accordingly supported by specialized adoption professionals.

A better understanding of the complexity of motivations to adopt may help professionals to accurately assess them and sensitively acknowledge their differences, as well as adequately explore them with prospective adopters, anticipating and preventing a ‘loss of motivation’. Maybe man and woman prospective adopters should be approached differently, and professionals should play a role in mediating joint reflection and stimulating open communication within the couple.

An adoption applicant coming from a long and exhausting process of numerous failed attempts at procreation may not present the same motivation (whether initiating or sustaining adoption) as one who believes that if he/she kept on trying, he/she could eventually succeed (Costa & Tasker, 2018; Goldberg et al., 2009; White & McQuillan, 2006). Therefore, it seems to be very important that the grieving process of a lost (birth) child should be initiated and professionally supported soon enough to help prospective adopters make a fully motivated decision to adopt. This will allow for adequate expectations towards the adopted child (Brodzinsky, 1997; Foli et al., 2014; Goldberg et al., 2009). If infertility and sterility are clinically different and, from our data, personally felt differently, maybe they should be looked at and considered differently by professionals during the fertility, grieving and adoption processes.

Moreover, because fertility and health problems are first discussed with health professionals, there is, thus, an urgent need for greater information and training of these healthcare professionals. It is important to create an inclusive adoption community with professionals from different backgrounds and in different areas of intervention who are adoption competent.
CONCLUSION

This study brings novel evidence for adoption research: (a) used a mixed method combining qualitative and quantitative analyses, (b) explored biological issues as motives to adopt instead of infertility on its own and (c) revealed relevant implications for adoption professional practice. Further research should focus on the impact of each specific motive to adopt on the parents' and children's well-being, parent–child relationship and adoption permanence and success. Adoptive parents carry a backpack full of experiences—expectations, fears, beliefs, social/family pressure and formal/informal support—which influence adoption motivations. Motives to adopt can be very diverse, and in some cases, they can be associated among themselves, which shows the complexity and dynamism of the motivation to adopt and of the adoption process itself. In two-parent adoptive families, the need to combine couple and individual motives in a shared motivation adds complexity to this process. Several aspects can be in conflict because of this double-sided adoption motivation (couple and individual processes occurring simultaneously).

ACKNOWLEDGEMENTS

This paper was written when all the authors were researchers at the Group for Research and Intervention in Out-Of-Home Care and Adoption, University of Porto. This research was supported by national funding from the Portuguese Foundation for Science and Technology under Grants SFRH/BD/77316/2011, UIDB/00050/2020 and by a philanthropic programme of independent patrons. The authors gratefully acknowledge the language help and proof reading of the paper by A. S. L. Special thanks go to the parents who participated in the study.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Joana Soares https://orcid.org/0000-0003-0135-9640
Sara Ralha https://orcid.org/0000-0002-1228-3429
Silvia Monteiro Fonseca https://orcid.org/0000-0002-2720-6194
Maria A. Barbosa-Ducharne https://orcid.org/0000-0003-1024-9603

REFERENCES


