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Gaining Balance: Toward a Grounded Theory of the Decision-Making Processes of Applicants for Adoption of Children with and without Disabilities

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Abstract

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Keywords

Child Adoption, Decision Making, Child Welfare, Children, Motivation, Grounded Theory, Qualitative Research, and Disability

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Gaining Balance: Toward a Grounded Theory of the Decision-Making Processes of Applicants for Adoption of Children with and without Disabilities

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A grounded theory is presented of the decision-making processes among applicants when considering available children with and without disabilities for domestic public adoption. Using grounded theory methodology (Strauss & Corbin, 1998), data from 15 adoption applicants were analyzed followed the traditional three coding phases. The central category of Adoption Decision Making is labeled Gaining Balance and was the underpinning concept to all categories and sub-categories (i.e., in parentheses) of the theory: Commitment (e.g., motivation, financial considerations), Persistence (e.g., coping with emotions, counteracting pessimism), and Evaluation (e.g., assessments of personal abilities and resources, assessments of knowledge of potential adoptees' needs). The results are compared to existing literature and implications for child welfare practices and further research are discussed. Key Words: Child Adoption, Decision Making, Child Welfare, Children, Motivation, Grounded Theory, Qualitative Research, and Disability

Introduction

Adopting a child from a domestic child welfare agency is a complicated and time-consuming venture with many steps requiring decisions and actions. In Ontario, Canada, the whole process commonly spans 24 months, between the date of application to the formal placement of a child in the home for a mandatory minimum term of adoption probationary status. In the early phase of this complex process, adoption applicants must formalize their interest in adoption by completing a lengthy and multifaceted application, which usually includes a requirement for applicants to complete a preferences form to indicate their willingness to potentially accept children with a range of specific disabilities. In the middle phase, they are required to attend a series of educational sessions and engage in a several-session home study conducted by an adoption worker, and if they are subsequently officially approved to adopt in the jurisdiction, they are assigned an adoption worker. In Ontario, the late phase can be viewed as commencing after applicants are contacted by their assigned adoption worker, to begin actively working to explore further their abilities and child characteristic preferences, to facilitate a match between the needs of available children and the wishes of the applicants for the purposes of the pre-adoption placement. There is often a considerable waiting period (i.e., 3-9 months) for applicants between the middle and late phases. Throughout these phases, applicants must constantly evaluate whether to remain in the process or resign from it,

decide how to conduct themselves during multiple contacts with the agency staff, and express which characteristics or histories of children they would prefer (see Burge & Jamieson, 2008, for a detailed list of the common decisions required of, or encountered by, adoption applicants during various application time phases).

Since various studies and sources have reported that over half of all children who are legally adoptable in North America have special needs such as disabilities (Burge, 2007b; National Adoption Information Clearinghouse as cited in Hanley, 2002), and since such children may require additional services, resources, and supports to maximize their development, the decision-making processes of applicants is likely influenced when considering these children for adoption. Indeed, for many decades researchers have reported that children with disabilities were often overlooked by workers and applicants for the purposes of adoption, and investigators have conducted retrospective studies to shed light on the motivations of adopters who ultimately chose these children (Coyne, 1997; Deiner, Wilson, & Unger, 1988; Franklin & Massarik, 1969; Glidden, 1985, 1986; Macaskill, 1988).

There has also been significant research attention in related fields to decision making in adoption such as in understanding the motivations that bring applicants to the route of adoption generally (Daly, 1989, 1990; Hoffmann-Riem, 1990; Hoksbergen, 1998), the placement criteria employed by agency staff toward different sectors of the population of available children (McRoy, 1994), the systematic barriers to adoption (Russel & Coyne, 1989), and post-adoption familial factors, which decrease the likelihood of adoption disruptions (Westhues & Cohen, 1990). However, only very minimal research attention has been cast on adoption applicants' decision-making processes when considering the characteristics of segments of the population of available children (e.g., those with disabilities), while the applicants are within the adoption process.

For our purposes, adoption was defined as the official legal transfer of all parental rights and duties to a child, which the state has previously assumed from the biological parent(s), to the adoptive parent(s). The child in these instances usually became available for adoption when his/her biological parents lost custody to the state due to confirmed maltreatment of the child or following the parents' voluntary relinquishment to the child welfare agency, acting on behalf of the state, and the subsequent agency and legal determination that the child's best interest was to be adopted. The term disability was defined as a professionally diagnosed condition which resulted in limitations in a child's functioning. Special needs is a commonly used term in adoption practice and research to indicate child circumstances or characteristics considered to require specific atypical accommodations, and to distinguish "the child with special needs" as being atypical from the historical norm of desirable and adoptable characteristics. Special needs of the child are viewed variously in different jurisdictions, but they imply any of the following characteristics or experiences: being disabled, older than a specified age (e.g., typically age 5), a member of a sibling group which must be placed together in one adoptive home, or from a visible minority population.

Decision making, as an area of research inquiry, has been pursued for many decades by researchers from many disciplines (e.g., commerce, mathematics, medicine, psychology, sociology) resulting in multiple definitions, concepts, and theories each with their own definitions and foci. In this paper, we used Hastie's (2001) definition of

decision making and Tallman and Gray's (1990) definition of decision. These definitions were selected, as they both reflected the multistage process and interrelated decisions which must be taken throughout the process before applicants make an ultimate decision about choosing an adoptee. Hastie defined decision making as "the entire process of choosing a course of action" (p. 4). Tallman and Gray noted that decisions were consciously chosen outcomes in response to non-routine situations, with degrees of uncertainty and risk, where several alternative courses of action were possible, and which flowed from a decision-making process. Therefore, the decision-making process encompassed all of the factors that motivated an individual to consider a course of action such as sustaining the idea, developing intentions by consideration of alternate options or plans, and selecting next steps. Hastie noted that the main focus of research on the decision-making process had been on understanding how people weighed their various desires and beliefs in choosing among alternate courses of action.

Numerous psychological models of decision making or closely related theories (e.g., motivation theory, theory of reasoned action, theory of planned behaviour [TPB], goal pursuits, self-completion theory) have been developed and promoted over the past few decades as ways to explain and predict human decision making. Nevertheless, the experts have identified numerous methodological and theoretical challenges related to decision-making research, especially limitations with the generalizability to real-world complex decisions. These included the tendency of decision-making research to be concerned only with, and be applicable to, simple decisions between two or, at most among three, relatively simple alternatives (Hastie, 2001; Roe, Busemeyer, & Townsend, 2001; Tallman & Gray, 1990), a lack of focus on the effects of a decision maker's emotional states on his/her decision-making processes (Busemeyer, Weg, Barkan, Li, & Ma, 2000), and an overemphasis on researching the final decision versus the process in arriving at a decision (Godwin & Scanzoni, 1989). Furthermore, there were difficulties in measuring a decision maker's internal weightings of costs, benefits, and personal values of his/her goals in given situations, since these have relative and not absolute values (Emerson, 1987, as cited in Tallman & Gray; Hastie). Given all these challenges cited by experts in this research area, it was notable that after years of conducting research aimed at the development of decision theory, Busemeyer et al. stated that "very little is known about the principles of multistage decision making" (p. 530). Therefore, it was not surprising that such researchers limited claims on the generalizability of their laboratory-based studies' results as, only "potentially applicable" (Roe et al., p. 371) to real life decisions.

If social scientists are to lead the way in informing practice in the adoption field then theories concerning decision-making processes among adoption applicants are necessary. The noted lack of sufficient research attention on applicants' decision-making processes bears a price, since many international jurisdictions have witnessed an overall increase of children awaiting adoption, as decreasing rates of these children leave care via adoption (Burge, 2007a; Jones, 1999). The increasing number of children with disabilities who are wards of the state has resulted in a social policy crisis, and therefore contributes to the timeliness to addressing the gaps in our understanding of adoption applicants' decision-making processes. The purposes of our research were to identify and examine the decision-making processes among applicants when considering available children

with and without disabilities for domestic public adoption (DPA) in order to present a grounded theory of these processes.

Philip Burge is a registered social worker in Ontario and a faculty member with the Department of Psychiatry at Queen's University, where he works in a clinical and academic setting, training mental health professionals. His clinical work is via a mental health service and is exclusively focused on youth and adults who have intellectual disabilities and their guardians, family, or care providers. Philip was adopted as an infant and in recent years developed a research interest in issues related to child welfare and the adoption of children with disabilities. Upon enrolling in doctoral studies in Rehabilitation Science, he embarked upon this research as one part of his thesis topic. Philip was supervised by Margaret Jamieson who already held related interests.

Margaret Jamieson is a faculty member in the Queen's School of Rehabilitation Therapy. For a number of years, she has been interested in learning about the lived experiences of young people with disabilities, particularly their perspectives on friendship and social participation in inclusive high schools. In order to pursue this learning, Margaret has talked to young people with physical disabilities and learning disabilities and to their friends, parents, and teachers. When Philip approached her about the possibility of supervising his doctoral program and thesis on the decision-making processes of adults interested in adopting children, particular those with disabilities, Margaret was definitely interested. For Margaret, this supervision was another opportunity to explore the inclusion experiences of children with disabilities; from the perspective of potential adopters.

Methodology

The grounded theory of Strauss and Corbin (1998) was the qualitative approach used in this study. We selected this approach since we were interested in generating a substantive-level theory of the decision-making processes of adoption applicants based on applicants' experiences. Strauss and Corbin provide a systematic approach to theory development, describing specific methods for sampling, study procedures, and data analyses. The procedures include multiple visits into the field, progressively building an understanding of the phenomenon of interest, its context, causal conditions, and consequences. Grounded theory is an accepted tradition of qualitative inquiry with a substantial body of literature (Creswell, 1998; Patton, 2002).

Participants

The participants were adoption applicants who had never adopted or fostered a child previously, or had sought approval to foster a child simultaneous with their adoption application. Participants were Canadian citizens seeking adoption from child welfare agencies located in southern Ontario. Given the lengthy adoption process and our assumption that the temporal location of an applicant within the adoption procedure may impact the applicant's decision-making processes, participants were selected from the different procedural phases. As mentioned earlier, phases included early (period generally from gathering information about adoption and applying to an adoption agency to the assignment of a home study social worker), middle (period generally concerned with the

home study), and late (period from the end of the home study to the assignment of a child on probation).

Following the ethical approval of the Research Ethics Board of Queen's University, one of us (Burge) approached the Executive Directors (EDs) at the 17 child welfare agencies operating in south-central and southeastern Ontario to recruit adoption applicants. Of the nine EDs who expressed interest in allowing their agency to assist us, six were asked to participate. Since we assumed that the size of an agency and the population that it serviced could influence factors such as the availability of adoption resources and the attitudes to adoption, the six agencies were selected to maximize variation in population served, agency size, and catchment area. Following this, EDs were asked to identify one adoption worker to meet with one of us to discuss the adoption procedures at his/her agency and to act as recruiters of adoption applicants. Recruiters were educated about the study and the information sheets that were to be distributed to potential applicant participants. In keeping with the grounded theory approach of theoretical sampling (Strauss & Corbin, 1998), recruiters were intermittently approached by one of us (Burge) and asked to invite eligible adoption applicants to participate. If interested, applicants either contacted us directly or allowed the worker to release their contact information to us. During our initial contact with potential participants, we confirmed their eligibility for participation, reviewed the purpose and scope of the study, and if they were deemed eligible, arranged to interview them face-to-face.

Our participants were 15 adoption applicants, aged between 34 and 45. Fourteen were recruited by a worker at four of the six participating agencies. The remaining participant who became known to us and enrolled to adopt with a fifth southern Ontario agency was selected for the sake of convenience. Eleven of the participants were female. Fourteen participants (i.e., 11 identified as straight, 3 identified as lesbian or gay) were married or co-habited with a spouse, with whom they had resided for between 3.5 years to over 20 years. All participants were employed on a full-time basis, although six were on temporary parental leave following the reception of a child on adoption probation. A seventh participant had also received a child on adoption probation, but continued to work while his spouse was granted the parental leave. The estimated level of annual household income for participants was reported to range from between \$50-59,000 to over \$110,000. The education level of participants ranged from a college diploma to a university master's degree. Fourteen of the participants were Caucasian and one was from a visible minority. Fourteen were able bodied and one experienced significant mobility impairments and regularly used a wheelchair. Thirteen participants reported ascribing to a religion and in every case it was reported as one of the Christian denominations. Although we had planned to recruit applicants from each of the three phases of the adoption application, we abandoned our efforts to enlist early-phase applicants after several months of unsuccessful efforts, and at the advice of the agency recruiters. In the end, our participants included 4 participants in the middle adoption phase who had been approved to adopt, but were waiting to be presented with specific children, and 11 in the late phase who were actively being offered children. Of those in the late phase, 4 had not yet been short listed or indicated interest to be short listed for presented children, while, 7 had recently accepted a child on adoption probation. Table 1 depicts a profile of the participants.

Table 1

Profile of Participants

Name ^a	Gender	Age (years)	Spousal status	Usual employment	Other parenting routes explored	Adoption phase
Sandy	Female	34	Single	Teacher, Private school	None	Middle
Ken	Male	36	Couple	Manager, Developmental services sector,	Surrogacy; co-parenting arrangement	Late
Amy	Female	41	Couple	Clerk, Government Operations Specialist, Private company	None	Middle
Terry	Male	42	Couple	Parole officer	Fertility Clinic	Late
Kate	Female	37	Couple	Industrial Mechanic	ART ^b	Middle
Adam	Male	43	Couple	Social Worker, CAS	None	Late
Sarah	Female	36	Couple	Small business owner, Service industry	Private and international Adoption CAS foster-adoption program	Middle
Jenn	Female	38	Couple	Business woman	ART ^b	Late
Karolina	Female	43	Couple	Social Worker, Youth services	ART ^b	Late
Kasey	Female	45	Couple	Staff, Nursing home	ART ^b	Late
Carol	Female	42	Couple	Teacher, Public system	ART ^b	Late
Barb	Female	39	Couple	Social Worker, CAS	None	Late
Sharon	Female	47	Couple	Computer consultant, Private company	ART ^b	Late
José	Male	34	Couple	Early Childhood Educator, Private Daycare	ART ^b	Late

^a All names are pseudonyms selected by us.^b Artificial reproductive technology.

Data Collection

Procedures

Data collection occurred over multiple fieldtrips. A third of the applicant interviews were conducted between July and October 2004, a third between October 2004 and March 2006, and a final third in the fall of 2006. Twelve of the applicants were interviewed in their homes, two at their workplace, and one in one of our offices. Applicants who had spouses were interviewed alone. Infants or young children who were on adoption probation with interviewees were present for all of or portions of five interviews. At the first interview meeting, all participants signed the study consent form prior to interviewing. All interviews were audio recorded. At the conclusion of this meeting, applicant participants were provided with a brief questionnaire, which they were asked to complete and returned by pre-paid mail. The questionnaire was comprised of questions on numerous socio-demographic variables regarding participants and their spouses (i.e., age, education level, occupation, employment status, personal childhood ward or adoptee status, length of their marital relationship, number of prior marital or cohabiting couple relationships, disabilities and medical conditions experienced by their immediate and extended family members, whether they were themselves adopted, a listing of who lives in their home and relationships and age of each, and ages and gender of all their children,) and a description of all previous and current routes explored toward creating or enlarging their families as well as the outcome of these efforts. All participants were later mailed a copy of their transcript for corrections and comments, and a small honorarium for participation.

Participant Interviews

Interviews ranged in duration from 30 to 100 minutes, with most lasting approximately 60 minutes. The initial 6 interviews lasted on average 75 minutes, and during these interviews we employed a semi-structured interview guide. The questions of this guide were informed by the responses of the adoption recruiters to earlier interviews in which we asked recruiters about the adoption procedures at their agency; their perceptions of applicants' decision-making influences and preferences for or against certain child characteristics such as disability; their views on how and why such preferences changed over the adoption phases; and how they as adoption workers, might use their role to influence applicants.

Overall, participant questions focused on uncovering factors which applicants viewed as influential to their decision-making processes. They were asked about motivations to adopt, influential pre-adoption application experiences, processes for arriving at preferred child characteristics, how they considered specific children (e.g., especially those with special needs such as disabilities), and the influence of agencies or adoption workers upon their decision-making processes. We began our series of interviews with broad questions about the phenomenon of interest with multiple probes (Strauss & Corbin, 1998). These broad questions initiated the interviews, however if a given topic seemed of particular interest to an interviewee, more attention was paid to it. As our understanding of the phenomenon grew after a number of interviews and data

analysis, our questions become more specific, thus filling in poorly developed categories (Strauss & Corbin). All interviews were conducted by one of us (Burge) and transcribed verbatim by this author or a paid assistant shortly after the fieldwork trips. We then reviewed these transcripts for errors and sent the revised transcripts to the appropriate applicants asking them to comment on its content and whether it reflected their views. Following confirmation of the correctness of the revised transcript, and a further revision of this transcript, if appropriate, data analysis began.

Data Analysis

Our data were the textual information gathered through the interviews of adoption applicants. The analysis system of Strauss and Corbin's grounded theory (1998) involves several progressive, and usually overlapping, coding steps including open coding, axial coding, and selective coding. The goal of the coding techniques is to arrive at a substantive-level theory of the phenomena under investigation. Textual interview data were imported into the computer software program NVivo 7™ (QSR International, 2006) and coded there following the steps described below.

Open Coding

Initially, through open coding, the applicants' data were broken down into incidents, ideas, and events and conceptualized within the phenomenon. Like concepts were grouped into categories through a process of constant comparison. Categories were named and then dimensionalized (Strauss & Corbin, 1998). For example, raw data extracts from the interview transcripts related to emotions were identified and then efforts to identify different types of emotions, their properties (e.g., such as intensity, duration, location of expression, purpose of expression), and dimensions of these were made. As analyses proceeded, other data were identified, and if conceptually similar to emotions, were grouped into this category and if substantially different, into new categories. As is typical in the grounded theory approach (Creswell, 1998), recruitment and interviewing were stopped once saturation of categories was deemed completed. For us, saturation was achieved when we began to hear interviewees say more or less the same things, with no new information that added to our understanding of the decision-making processes.

Axial Coding

The second coding phase, known as axial coding, involved reassembling data in new ways by making new connections between categories and subcategories (Strauss & Corbin, 1998). Categories were linked to their sub-categories and associated concepts in order to develop a theoretical explanation of the decision-making processes in which adoption applicants engaged. For instance, an initial open code of managing hopes and wishes was, in this coding phase, seen to be integrally associated with the other open codes and judged by us to be associated with higher order concepts such as steadying emotional investment and controlling desperation. These higher order concepts were related to the Persistence sub-category of coping with emotions. Consideration was given to the central phenomenon, its context, and the causal and intervening conditions which

appeared to impact applicants' decision making. For instance, the passage of time (an intervening condition) experienced by many participants, as they waited for a worker to be assigned, resulted in many of them becoming aware of doubts they held about succeeding in their efforts to adopt. In open coding, a code was labeled expressing doubts. This was later viewed as relating to both an associated concept already mentioned controlling desperation (part of the coping with emotions sub-category) and the sub-category counteracting pessimism. The intervening condition of the substantial passage of time was seen as important, and therefore was noted throughout our discussion of our theory.

Selective Coding

Selective coding, the third coding phase, focused on integrating and refining earlier categories identified during axial coding in order to enhance our explanations and to develop a higher level and broadening theoretical scheme (Strauss & Corbin, 1998). In keeping with Strauss and Corbin's approach, our first step was identifying the central category, Gaining Balance. Following this, we related other key categories and sub-categories (Commitment, Persistence, and Evaluation) to the central category. We then dimensionalized these key categories, checking to make sure this development was in keeping with our data. Finally, we compared our findings with previous research presented in the related literature. Our narrative story line was a product of selective coding and the interpretation of our data (Strauss & Corbin).

Ensuring Trustworthiness

We used a number of techniques to ensure the trustworthiness of our study. Trustworthiness concerns the rigor or soundness of the research and is identified as having four components: credibility (confidence in the truthfulness of the results given the data), transferability (extent to which the results can be applied to other groups or settings), dependability (consistency of the results if the study could be replicated), and confirmability (the degree to which the results are a function of the data and not by biases; Lincoln & Guba, 1985). To ensure trustworthiness, we based this study on the voices of adoption applicants, as they proceed through the decision-making process of adopting a child. In addition, we were engaged in the fields for a prolonged period of time (summer of 2004 to the fall of 2006), progressively building and refining our theory. Since we believed that the size of an adoption agency and the population that it services might influence the decision-making process of adoption applicants, we drew our participants from several different agencies in southern Ontario. We also gathered extensive data in order to provide a detailed description of who our participants were. In addition, we used the various devices and techniques (e.g., flip-flop technique, systemic comparison of two or more phenomena, waving the red flag) described by Strauss and Corbin (1998) to facilitate the coding process, stimulate the inductive process, and progressively refine the theory. As well, early in the analysis, data were written into a narrative or story line to attempt to explain interrelations between categories and concepts, and explain the decision-making processes of applicants engaged in the DPA system (Strauss & Corbin). To keep track of our thinking and decisions at different steps

in the study, memos and notes were recorded and were intermittently reviewed (Strauss & Corbin). As well, we independently reviewed and coded applicant interview transcripts, and met frequently to share and discuss interpretations and depict categories of the decision-making processes and key conditions impacting applicants' processes over time.

Three approaches to member-checking were employed to establish the honesty of our interpretation of the data. The first entailed sending all participants a transcribed copy of their interview within a few weeks of their interview. Participants were asked to review the transcript and indicate if the content accurately represented their views or experiences. Only one applicant suggested minor grammatical revisions. As the analysis was nearing conclusion, and in part due to the lack of feedback received following the traditional member-checking activity described above, a second and third technique were employed. The second involved mailing to the six most recently interviewed applicants the emerging theory as outlined in a narrative story line, and a table listing the categories, sub-categories, and concepts upon which the narrative story was based. Only the most recently interviewed participants were contacted since we were aware of Morse's (1994) cautions that member-checking can lead to confusion and not confirmation. Perhaps due to the experiences of the interview or new intervening experiences, participants may change the assessments of their experiences and disagree with researchers' interpretations. To reduce the possibility of confusion due to intervening experiences, we selected to member-check with the final 6 interviewees, who had been interviewed within the last 16 to 17 months. The third technique involved mailing four willing adoption workers a package of information similar to that received by the adoption applicants. Both applicants and workers were asked to comment on our interpretations and their evaluation of the coherence and completeness of our emerging theory.

A final technique was the use of a delayed literature review. While some literature that supported this investigation had been reviewed prior to the data gathering period, a more in-depth literature review occurred following most analyses (Creswell, 1998). This final literature review identified prior research related to categories as well as decision making generally in order to compare our nascent theory with the previous research. All together, we believe these various techniques both establish the honesty of our data and bolster its trustworthiness.

Results

One central category, Gaining Balance, was identified through the analysis along with three main categories: Commitment, Persistence, and Evaluation. Explanations of the interrelations of these categories, nine sub-categories, and numerous associated concepts are described below.

Gaining Balance

The decision-making processes of adoption applicants committed to the DPA route, and considering available children with and without disabilities, are best represented by the central category label, Gaining Balance. Adoption applicants enter the DPA system in order to achieve their goal of becoming a parent of an adopted child as

soon as possible. As these applicants progress through the system, they are confronted by a series of situations in which they are requested to evaluate and reevaluate who they are and their abilities as future parents; the information about potential adoptees in order to appreciate their needs; and the characteristics of their preferred child. These evaluations were permeated by their knowledge about the high rates of disabilities among the pool of available children. Although these situations seemed to be accepted by applicants as supporting their smooth progression toward goal attainment, each could result in applicants' "loss of balance," which could be re-gained through sufficient effort on the part of applicants to overcome challenges to achieving their goals. Here, the term, "balance," identifies the focus of applicants on equilibrium or steadiness as the applicants proceeded step-by-step through the system. The qualifier, "gaining," supports the notion of a dynamic and fluid process marked by conditions which cause a destabilization and result in efforts to persist in the process by bringing the applicants back or toward equilibrium or balance.

Three categories help explain applicants' endeavors to "gain balance:" Commitment, Persistence and, Evaluation. Commitment is concerned with what drives applicants to meet their parenting goal, and specifically through the DPA route. The category, Persistence, refers to the efforts and degree of effort employed by applicants to counteract the challenges to achieving their adoption goal. Persistence is closely related to Commitment; however, Commitment pertains to the overall motivations that drive adoption and Gaining Balance, and Persistence relates to the day-to-day efforts of overcoming the challenges and Gaining Balance. Evaluation refers to the ongoing considerations and assessments of three areas outlined above (i.e., their personal abilities; knowledge about adoptees; and their preferred child characteristics), and strategies employed to facilitate these evaluations. Only when the applicants' level of commitment was adequate and the various internal and external, potentially destabilizing, demands were addressed through their persistent efforts, was sufficient balance attained or regained to allow applicants to proceed to the final matching phase of decision making. This matching phase required intense evaluative activities and invariably presented numerous challenges which further de-stabilized applicants. While applicants could frequently alter their assessments of their abilities, knowledge of children's needs, and their preferences for children, in order to evaluate their willingness to proceed or cease considerations of specific available children, they had to gain a subjective sense of balance in each of the areas of assessment before a decision could be made to restore stability.

The interpretive codes of the three categories, nine sub-categories, and numerous associated concepts and their interrelationships are depicted in Table 2 and described below.

Table 2

Categories, Sub-categories, and Concepts for Central Category “Gaining Balance”

<i>Categories</i>	<i>Sub-categories</i>	<i>Associated concepts</i>
Commitment	motivations	desire to parent
		acceptance of domestic adoption route
specificity of motives		
	financial considerations	
Persistence	determination to succeed	self-advocating
		controlling the process
		self-preserving
	coping with emotions	steadying emotional investment
		controlling desperation
		addressing conflicts
counteracting pessimism		
Evaluation	assessments of personal abilities and resources	self-awareness
		life stage
		life style
		enhancing abilities
	assessments of knowledge of potential adoptees’ needs	recognizing prior experiences or knowledge
		enhancing knowledge through information gathering
		seeking knowledge of special needs
	assessments of preferences for specific child characteristics	keeping an open mind
		motives
		degrees of entitlement
	strategies for matching preferences to abilities and knowledge	screening in
		taking time
		determining the fit
		imagining parenting in the future
		comparing to the imaginary biological child
		tuning in to the emotional level
		meeting the child

Commitment

Commitment is concerned with what drives applicants to meet their goal of parenting through the DPA route. In order to address the numerous systemic demands placed upon applicants in the early and middle phase of the process (e.g., compilation of the complex application, engagement in an intensive home study), applicants had to demonstrate a substantial and ongoing commitment to the adoption route in order to

fulfill their desire to parent and form or enlarge their family. Data showed that applicants' degree of Commitment was influenced by their motivations and financial considerations.

Motivations

Motivations represent the reasons and the intensity of the reasons why applicants were involved with adoption generally and the domestic public route specifically. It was obvious from the data that many differing motivations underpinned the commitment to adoption and could be grouped as: the desire to parent, acceptance of the domestic public route, and specific motives.

Desire to parent

A strong degree of desire to parent was a necessary prerequisite to the commitment to the adoption application process that could result in them being found ineligible to adopt. For many of the applicants, the degree of Commitment was highly influenced by prior difficulties trying to conceive a child; for some it was also heavily influenced by the need to meet the cultural and family expectations regarding adulthood and assuming the role of parent. José describes influences in his case.

...we were sort of culturally programmed to have kids at an early age... it got to a very painful point where we realized that a medicine was not going to give us control over our lives. We were in fact slaves to all the medical advances and we said that is the one thing we can not tolerate.

Acceptance of the domestic adoption route

All applicants were aware of other routes to conceive a child or to adopt, and many confined themselves to the DPA route, as it aligned with key personal values such as to help an existing domestic child and avoid a negative sense of participating in a baby trade, "The reason why we didn't go international ... It felt like we would be buying a baby." One participant spoke to the gradual acceptance of the DPA route due to her husband's recollections of the negative experiences of extended family members with DPA, and his concerns that they would be forced to accept a child with disabilities, "...even when we were going to the information sessions ah you could hear it in his tone when he'd ask questions and ah but I knew when we had finished he was ready." Four female applicants assumed they were fertile, but for varying reasons (e.g., medical advice related to potential illness resumption) preferred to adopt a child. A gay male applicant viewed adoption via this route as a more certain route for achieving parenthood and actively parenting versus adoption, following a surrogacy contract, which he also closely considered. He believed surrogacy might lead to legal conflicts with the biological mother and thwart his chance to parent. A small minority of applicants simultaneously explored the international adoption route.

Specificity of motives

The motivation to parent could be influenced by many formative experiences, as noted above, but also by specific personal motives, such as improving the life outcome of a specific child who was presently in foster care following experiences of maltreatment or for reasons of abandonment due to biological parents' inability to accommodate the child's disability. Adam's motives were less altruistically stated but very strong.

And me, I love children. Anybody who knows me, the children who come here, they hang on to me, they don't hang on to my wife ...But to be honest, ... I have a great need for that (parenting via adoption sic) in my life because it's something, because first of all, I've never had a father...

Financial Considerations

For many applicants, especially those with reduced financial means, part of their commitment to the DPA route came following the realization that financial costs associated with this route were significantly lower than those associated with other routes. As expressed by Terry,

Do I put myself in debt so much to have a child [via infertility treatments] where I can't support the child? ...and we said ... let's stop it now and let's go to this next level, go to the adoption side.

And later he stated,

Private adoption we're not thinking about because my sister went through that and that was, I don't know if I should tell you or not, but that, her social worker worked private adoption, was all money, money, money, no results.

The relative influence of financial means on Commitment was not universal across applicants, and a few simultaneously explored multiple routes in order to improve their chances of success. Those who explored the international option perceived it as both a quicker route to adopting generally and a more likely path toward adopting a baby who would have no experiences of maltreatment and no known disabilities.

Persistence

Persistence represents the applicants' efforts to maintain balance and, as they confronted challenges, to remain on track to achieving their goal of parenting. Three sub-categories underpinned the Persistence required by adoption applicants; a strong degree of determination to succeed, a willingness to cope with their emotions, and counteracting pessimism to neutralize thoughts of withdrawing from the process.

Determination to Succeed

Applicants' resolve to succeed at adopting and receiving the child with their preferred characteristics into their home fueled their efforts to persist and retain, or gain balance, as they proceeded in the process. It was apparent that certain strategies (i.e., self-advocating, controlling the process, and self-preserving), used variously by every applicant and to differing degrees, bolstered their determination to succeed. Being out of balance was exemplified by a low effort seen in Amy's loss of determination when asked if she was confident that she would succeed in finding a child who would fit with her existing son and family circumstances. "No, no..... I mean I don't know if it's ever going to happen. Which is something that will be very sad for me."

Self-advocating

Self-advocacy efforts, undertaken by several applicants, and occasionally their partners, usually involved efforts to speed up the process by initiating contact with their adoption social worker, their key liaison in the process, and requesting that specific children be presented to them, as in the case of Lisa.

So, on the last day I said to our worker, I'm going to hear from you again aren't I? She said "of course" so Matthew was calling her every week, "Joan do you have a child for us yet? Do you have a child? What would you like us to get you, a BMW?"

Controlling the process

Feeling a sense of control over the pace of progress through the adoption process was important to most applicants' determination to succeed. The strong desire for control in adoption was especially evident for some applicants, who had previously experienced an intense lack of control in the infertility treatment process as expressed by José.

...our objective was to have a family and ahh we needed to do it in a way that we can control. And umm we started evaluating different options but adoption was kind of very clearly in our minds the one thing that, even if it was going to take a bit longer, we would be able to drive the process. It would be mostly up to us to get things done, and that was it, it was really about accomplishing that mission in a way that we could control it.

Several applicants sought to speed up the process, and some of these applicants elected to attend the bi-annual Adoption Resource Exchange meetings in Toronto to see whether they could locate an available child for themselves. At such meetings, agencies present children who they have had difficulty placing such as children with disabilities, older children, or a group of siblings who must be placed together. A few applicants paid for private home studies after determining that the waiting period to commence a home study by a child welfare adoption worker was too long. Sarah stated, "And then if you are willing to pay for your own home study it can be done more quickly because you are

doing it privately and you're paying a private practitioner." Some applicants, such as Sandy, voiced a belief that appearing very open to accept children with various disabilities and special needs (i.e., by indicating so on a form from her agency which asked her to comment on her willingness to accept each of a long list of specific disabilities and other child characteristics) might help speed the process; "But you do think when you're filling out that form, if I say 'yes' to everything I might get a child faster."

Not surprisingly, given the common length of the adoption process (i.e., up to 24 months), many applicants had life events arise to which they chose to attend to while placing on temporary hold their adoption goals. This flexibility within the adoption procedures contributed to applicants' sense of control over the process and supported their ability to persist within it. Jenn reported, "Uh, in our case, in the beginning, because we had several trips planned that we've been really clear that we're taking, um, so we kind of stalled the process." Adam required a longer delay.

We put everything on hold because in February we sold our house...and we wasn't sure what was going on, and we put everything on hold for that period after, we ended up buying a house and moving in September. And only this year, when we got ourselves time to settle in.

Self-preserving

Applicants were challenged to balance personal life demands with the challenges of remaining in the adoption process. As expressed by Adam,

We are not getting younger, I mean it's a, what we've come through, it's a painstaking process. It's a slow, patient, painstaking process, and we learned to go as far as they're willing to keep us in, within the system.

Many applicants also learned to steady their emotional investment in any one child and diffuse wishes to exercise control through quickening the process. Kate noted learning to avoid voicing repeated requests for predictions of success from her social worker, "...when you ask people to give you likelihoods you just get excited about things, and there's no point." Or as Sandy noted, "So I had to get over that..., you know, trying to accelerate the process."

Coping with Emotions

The data highlighted the importance for applicants of steadying their emotional investments (e.g., to any one child), controlling any encroaching sense of desperation (e.g., often as a result of waiting a long time), and managing conflicts in a manner acceptable to them.

Steadying emotional investment

Many applicants described their crucial need to steady their emotions, especially while waiting for the worker to approach them with a new child profile or after indicating interest in a specific child profile, and awaiting news about whether they had been selected as the top applicants to proceed to meet the child. When applicants had been approached by their worker and indicated their interest in being considered for a specific child, but were not ultimately selected at the child's adoption conference to proceed, they could become unbalanced. A rebalancing response was necessary for many applicants in order to persist in the process. In Karolina's case, she was required to reduce her emotional excitement and overall investment following a major disappointment in order to be able to move forward and consider other children.

We were crushed...So subsequent to that experience, we didn't go down the emotional pathway that we did with the other children, ...we didn't invest ourselves in it to the degree we had ... we insulated ourselves a little bit, I would say, as we moved forward.

Controlling desperation

Many applicants needed to actively counteract desperation in their approach to prospective children. This desperation resulted from the passage of time and fears of failure to achieve their adoption goals, and was exacerbated by workers presenting children's profiles that were dissimilar to the characteristics for which applicants had expressed preferences. Most frequently these non-preferred characteristics of children were types of disability or older ages. Sandy remarks,

Well she [the social worker] does try to, not sway you, but open your mind. Like I do think, and that's where you have to be kind of firm yourself, and not let that level of desperation or whatever overpower you.

As Lisa noted, "I had to set in my mind that this wasn't going to happen soon, so that I was living life and enjoying life and not sitting there waiting day after day."

Addressing conflicts

Internal stress and frustration arose for some applicants when hearing of the complexities of the matching process. Lisa noted the stress inducing explanation received from her social worker.

There's a toddler that I'm thinking of putting your name in for, but there are people who have been waiting a year and a half and if everyone's a good match of course they're going to get the child first.

Some applicants took pains to avoid directly expressing their emotions of disappointment or anger at adoption social workers, as they held a belief that an appearance of cooperation would best achieve success in their adoption quest. Applicants often shared complaints about the process with their partners as a means to discharge anger. Karolina noted that in the late phase of applying she would be commonly informed by her worker of the mismatch between her preferences and the characteristics of available children. "... we would leave [our worker's office], and I would say to Garry 'that's bull shit, it's just a queue and we haven't been in the system long enough!'" Others directly expressed their displeasure with workers or their workers' supervisors who had suggested they consider children who clearly did not fit their previously stated preferences. Ken sensed discrimination against him adopting children who had no special needs, based on his sexual orientation (i.e., gay man), which he believed placed him lower on a CAS hierarchy of valued applicants.

And then she [the social worker] said, "I'd like to be honest with you; it goes heterosexual, gay couple, single." And she actually said that to me, and I brought that to a supervisor's attention too, because I was really pissed off. I thought, you know, you know that there's a bias there and you're pretty much partaking in that if you're not calling them on it...

Counteracting Pessimism

In addition to being determined to succeed and coping with emotions, most applicants could envision future circumstances which could ultimately result in their resignation from the adoption process. For instance, many applicants who had waited many months entertained thoughts that they would soon be getting too old to be an energetic parent or to fit parenting into their life course. It was common for such applicants to encounter destabilizing periods of pessimism about their likelihood of being matched with a child or a child with characteristics they preferred, especially when they preferred to avoid children with disabilities. To persist in the process, applicants had to actively overcome these sentiments even if only marginally as expressed by Karolina.

Should we go forward? And Garry's [spouse] like, "you know what, we know there's three other people going for him [a desired available child], the reality is we're not going to get him anyhow." ... I said, okay, well, you know, you can't win if you don't play, kind of thing. ... we honestly, we were that lack luster about it.

Kasey needed to make frequent contact with her worker to stave off a sense of pessimism; "you know, to have no contact you just feel like you're lost, kind of thing."

Evaluation

The term, Evaluation, refers to the ongoing process of considerations and assessments (i.e., appraisals), which is central to applicants' decision making. While the data showed that Evaluation had commenced for applicants before their formal

application to adopt, once applicants' committed to the DPA route and their efforts of Persistence were initiated, Evaluation became more active and intensified. Applicants' data indicated that the sub-categories of Evaluation were active assessments of their personal abilities and resources (i.e., as future parents), knowledge of potential adoptees' characteristics and consequent needs, and preferences for specific child characteristics. Applicants employed a range of strategies to gain balance in their perception of the fit between their abilities, their knowledge of potential adoptees' characteristics and needs, and their preferences.

Assessments of Personal Abilities and Resources

Assessments of personal abilities represent the considerations applicants made of what they had to offer a child and any related limitations to the applicant's abilities to parent. This category was particularly influential in decisions about the ability to parent children with disabilities. Several areas of assessments of abilities underpinned the decision-making process in adoption including: self-awareness, life stage, life style, and enhancing abilities.

Self-awareness

Applicants typically reported learning more about their particular strengths and predicted their future comfort level with children with various needs as the application process continued. They credited mandatory education sessions and home studies as key contributors to this increasing self-awareness, as described by Sandy, "Um, it just made me more introspective. It made me think, okay, what is your motivation, and, yeah, about, thinking about your own life and how well prepared are you for a child?" For some applicants, self-awareness of their personality and personal style of interacting with others may have helped them achieve a balance, when interacting with the agency, and assisted them to assess and express their abilities when they felt pressured to acquiesce with their workers.

Many applicants reported consciously assessing their comfort level with potentially disturbing traumatic histories that children may have experienced prior to being placed in care. In an evaluative manner they would place themselves in hypothetical scenarios to help gauge their comfort level. For example, Ken,

...how are we going to, uh, you know you always plan the years ahead, you know, how are you going to like tell your child that this is the kind of trauma that they incurred, and, you know, just go through this whole thing like, you know, okay, where is this child going to go to school, how are we going to get to daycare, it's just, it's all that kind of stuff, like you're planning and planning.

Life stage

Applicants' assessments of their life stage (e.g., their age, physical energy level, their life stage vis-à-vis parenting stage of their friends) were key considerations when gauging their capabilities to parent children with characteristics which may vary greatly such as age or degrees of special needs associated with disability. Barb states it clearly, "If I was in my 20s or early 30s doing this I might have considered a child that might have more extreme [needs]..." Assessments of life stage were often influenced by current work life considerations including applicants' abilities to take time away from a workplace or career, or by family life responsibilities. Amy hesitated to consider a child with disability. "If we didn't have a son then that's totally different, but already having a child, so we had to decide what things we thought we could, would fit into our family properly."

Life style

Assessments of abilities included awareness of life style values and ideas about how their current living circumstances influenced receptivity to certain children. Jenn, a lesbian woman, expresses her value. "We were quite firm that we won't have a child in the Catholic school system... because of their teaching which is so much against our lifestyle." For a variety of reasons some applicants believed their life circumstances precluded them from accepting a child from a different culture, ethnicity, and /or race, "There's not a lot of cultural opportunities [here] and certainly if I had a child of another culture I would want that child to learn as much about their culture as they could..." For a minority of applicants with personal health concerns, health status could impact their assessments of abilities especially regarding acceptance of a child with ongoing medical needs. As Terry expresses this, "I really don't want the hospital because I'm there enough myself, right?"

Enhancing abilities

Some applicants began making changes in their lives to ensure they could accommodate a child physically in their home, have sufficient financial resources to support the child, or had a social support network to help them with the demands of parenting. Sandy made changes early on. "So even though I started the process last summer, I started thinking about it before. So, I moved prior to even starting it. Then I would have, the child would have a bedroom and..."

Assessments of Their Knowledge of Potential Adoptees' Needs

Assessments of this knowledge represent the considerations that applicants made concerning whether they had sufficient information about, and understanding of, the characteristics and needs of the pool of children who were adoptable. Several areas of assessments of this knowledge were influential including recognizing the applicants' prior experiences and knowledge, enhancing knowledge through information gathering,

and seeking specific knowledge on particular needs of children, whether they had a disability or not.

Recognizing prior experiences or knowledge

Prior professional training or experiences and personal or familial experiences influenced the comfort level of a number of applicants when considering the parenting of children with a range of characteristics such as disabilities or experiences such as maltreatment. Prior experience seemed to strengthen applicants' views, for or against specific characteristics as preferences. Terry described his strong preference to avoid adopting a child with a physical disability because of his lived experience with disability and his frequent hospital visits, "...but to bring my child [to the hospital]? I don't want to live in the hospital..." Applicants who worked in sectors of social services or education tended to express the effects of prior knowledge on strengthening negative views as in the case of Sarah. "And I know a lot about fetal alcohol and more than I want to know probably ... it's very difficult to raise a child with fetal alcohol syndrome and I, I don't think I could do that." For a minority of applicants, their current work experiences with children with special needs was closely associated with their willingness to adopt a child with significant disabilities, as in the case of Sharon. "we were interested in children who had you know maybe come in ... been born with addictions or been born with fetal alcohol kind of syndrome or some kind of developmental issue. Those kinds of things interested us..."

Enhancing knowledge through information gathering

Applicants often employed information gathering approaches to investigate child characteristics, and this information was later integrated into their evaluations when selecting from amongst several child profiles which workers presented to them. Information gathering could take the form of contacting family, friends, colleagues, professionals, or public media sources. As well, information about a specific child was also gathered from the DPA social worker or from foster parents who had had the day-to-day experience with the child. Invariably, applicants encountered information which was completely new to them or challenged their preconceived notions about certain child characteristics such as very specific medical conditions.

Seeking knowledge of special needs

Given the information about the special needs of available children encountered at mandatory adoption education sessions, even applicants who had expressed minimal interest in adopting such children expected to be asked to reconsider them when presented with profiles. At this phase in the process they sought information about children including evidence of children meeting developmental milestones, their ability to form healthy human attachments, and predictions of the permanence and medical management of certain conditions. They approached various information sources including formal (e.g., professionals, information telephone lines, support group or advocacy websites) and informal (e.g., family members, friends, or professional

colleagues) sources. As Ken noted, "...I talked to my clinical psychiatrist and psychologist on staff where I work and they're like, you know, you need to, you need to get like an independent [assessment] done if you're really serious about the kid..."

Assessments of Preferences for Specific Child Characteristics

Assessments of preferences for specific child characteristics represent the applicants' considerations of their preferred images of family life with an adoptee and about the child characteristics which they perceived as fitting with this image. These assessments were usually reported to change over time, as prior experiences and presumptions were examined and challenged, and as assessments of personal abilities and knowledge about supporting children evolved. Concepts influencing assessments of preferences included keeping an open mind, motives, and degree of entitlement.

Keeping an open mind

Several applicants reported that their social worker stressed that their stated preferences of acceptable child characteristics could be changed if they arrived at new preferences. These workers also cautioned applicants to not be surprised should the worker present information about an available child who did not completely match their stated preferences. Jenn noted that the preference rating scale she was asked to complete to rank her willingness to accept various listed child characteristics, including disabilities, was not viewed as the definitive declaration of preferences; "...keeping in mind that nothing is written in stone either, so yeah we could say we'll do this but, you know, we'll see when ... [the workers] come to us..." As well, increasing knowledge of available children and their potential special parenting needs encouraged some applicants to broaden their list of acceptable child characteristics. Some applicants acknowledged their flexibility to change previously stated preferences should the passage of time cause them to conclude that their top level preferences were unlikely to result in success, as in Adam's case. "If that age group proves to be difficult, a kind of difficult obstacle to overcome, then we could extend the border, extend our line a bit." Kasey became willing to accept a boy.

...you know I think there's a number of factors: one, we were both getting older and, um, you know, we'd been waiting a year and it was sort of like, well are we ever going to get a call. That sort of stuff, and then you know hearing that, you know, more boys probably coming up for adoption.

Motives

This concept exemplifies an area of overlap between categories Commitment and Evaluation. Applicants' motivations to adopt through the DPA route were not only key to their overall commitment, but also influenced applicants' assessments of child characteristic preferences. Applicants varied in the extent that they wanted to fulfill their own desire to parent versus their personal humanitarian or religious ideal of considering a child with disabilities. Applicants who worked in social services or education, and were

single or had spouses who supported their preferences, such as Sharon, were most likely to express comfort with various disabilities.

I don't know how I knew, that's the only kind of child [a child with disabilities] I wanted to adopt. For me there was no question uhmm I don't know I don't know if I actually persuaded [my partner] or if she felt that way.

The degree to which they were willing to waiver from an early expressed comfort zone was partially related to these motives, as in the case of Sandy.

...you're saying no, no, no, no, no, I won't take that, I won't take that, and they're already here [alive], and so a little bit of your conscience is like, oh, I can give them a good home, and so it's hard.

Finally, the degree to which applicants' partners were committed to the adoption route had bearing on their openness. If a participant's partner, as in Lisa's case, had taken a long time to accept the adoption route then the openness to consider various disabilities appeared constrained.

I'd be open to examining and investigating and seeing if I could handle a child who may have had developmental needs or ..., I think it's just we went with our true dream which was to have a child that was healthy.

Degrees of entitlement

While most applicants wished they could have conceived and birthed their own child, and thereby have avoided an adoption application, a few indicated that their lost fertility justified their stance that they were entitled to select the child characteristics they preferred most and avoid children with non-preferred characteristics or experiences. José stated, "we didn't want to go into known cases [of children with health concerns] that would require lots of attention because, I mean, we didn't think that would be fair after this whole process [of unsuccessful infertility treatments]..."

Strategies for Matching Preferences to Abilities and Knowledge

A variety of strategies were employed by applicants to balance their assessments and make the final determination about proceeding or ceasing investigations about specific children.

Screening in

When social workers communicated to applicants multiple child profiles, in rapid succession over the course of a day or two, or during one contact, participants often adopted efforts to actively manage both the volume of information and their emotional

investment by quickly screening in only those children who best fit their preferences and their abilities.

...so you're getting three profiles or four profiles and, you know, 'ooh this one, yeah a lot of unknowns there, so okay, let's not deal with that one, let's focus on this one.' So that's kind of part of what you do. (Karolina)

Some applicants noted that this screening actually meant they screened out children that they might have seriously considered had they not heard so many child profiles almost simultaneously and had the workers not pressed them to indicate their preferences so quickly.

Taking time

Applicants often needed to slow the process down in order to fully appreciate information that they gathered about the specific child and to make their assessments. Sandy demonstrates this when stating, "I think it's important regardless to go away and think about it and then, um, it's like with any big decision, you need to have time to absorb."

Determining the fit

Each applicant was influenced by his/her commitment to adopt and his/her ongoing persistence in the process (e.g., self-preserving, controlling desperation), but was forced also to consider his/her assessments from a position of wanting to have a balanced post-adoption life. Ken was very concerned that the child must fit in well.

I want us all to set up for success here, and this is not, this is to enhance like everybody's life. This isn't to, um, you know, it's not like to be an emotionally draining experience that's going to divide us, you know, like that's going to put a lot of stress on us as a couple, because parenting is stressful enough, so... and I'm very honest about that. And as much as we'd like to have a child, we want to, like I said, we want it to be right.

Imagining parenting in the future

Applicants would envision their ideal family life and parenting at some future point and try and decipher a prospective adoptee's support needs in light of this image. Barb alludes to this; "I think for us, it was, as long as they weren't going to be, you know needing medical attention constantly and uhm were just going to be generally happy and healthy and OK."

Comparing to the imaginary biological child

Applicants were aware that they were being given the opportunity via the adoption process to state preferences which are not available to those conceiving and

birthing a child. Comparing a real available child to an imaginary biological child, who may have had significant medical concerns, allowed applicants the mental and emotional space to justify considering either a “perfect” or a “less than perfect” child. Terry made this point; “...if it was my child, my blood child that was born with it [disability], but do I decide [via adoption] to bring that child into my life? And we opted no.”

Tuning in to the emotional level

A few applicants noted that the emotional element was critical when making the final decision to accept a child on adoption probation. Sandy was asked how she would know if the match was right for her. “How do you know when you fall in love? How do you know?... there’s something in the pit of your stomach that tells you if it’s the right choice or not.” As Kate explained, “So there was a point where we did finally say, okay, let’s put some emotion in it, you know, let’s try to not just be rational and think this through, let’s also put some emotion here.” For Adam it related more to his motive to save a child. Adam noted that the child’s story would likely be gut wrenching and this would draw him closer to a positive final decision concerning that child. “It’s a process ... when I hear, I hear who the child is, what is the circumstances and I see the child, then I know all of the pieces will come together.”

Meeting the child

Meeting the child was a strategy made available by the system only as a last step (i.e., along with daytime and overnight visits with the child) in deciding if a child would be accepted on adoption probation. Most applicants who had met children for this purpose reported scrutinizing the child for his/her ability to respond to them, as evidence of attachment potential. However, those who had already accepted a child on adoption probation noted the decision to accept this particular child had almost entirely been made in advance of the meeting.

Results of Member Checking

Five of the six applicants who had agreed to review the initial interpretations conveyed in the narrative story line and table responded with a detailed written response. As well, all four adoption workers who indicated willingness to respond did so. Their information supported our interpretations of the data, though two of the applicants expressed that their own situations in the late phase matching activities were slightly unique for different reasons. A minor modification in the wording to the narrative story line was made to reflect this variability in the late phase.

Discussion

Our key finding is our substantive theory which we entitled, *Adoption Decision Making*. Our theory holds that applicants for domestic public adoption must frequently work, during this multi-decisional and temporally lengthy domestic public adoption process, at gaining a sense of balance as they encounter potentially destabilizing forces

and conditions which challenged them. Applicants have to gain balance in several areas including their initial commitment to the process, their ongoing persistence within it, and in their evaluative efforts of themselves and available children in order to ultimately succeed at adoption. In this discussion, we first present an expanded theory including the central category, Gaining Balance, and categories: Commitment, Persistence, and Evaluation.

Expanded Theory of Adoption Decision Making

Our theory *Adoption Decision Making* is underscored by the key idea of Gaining Balance and three other main categories Commitment, Persistence, and Evaluation. Adoption applicants enter the DPA system in order to achieve their goal of becoming adoptive parents as soon as possible. As these applicants progress through the system's procedures, they are confronted by a series of requests in which they are asked, for example, to provide information about themselves and their abilities as future parents; to gather information about the children who are available for adoption in order to understand and appreciate their needs; and to short-list the profiles of children who have been presented to them as potential adoptees in terms of their sense of parent-child match, and so on. Although a number of the requests seem to be accepted by adoption applicants, as supporting their smooth progression toward meeting their goal, a wider range of them are received as obstacles. Each request can lead to a feeling of "losing balance," and only through the applicants' selected considerations and actions (decision-making) can they gain balance and proceed. If balance is not achieved then applicant withdrawal from the DPA procedures may be the result. Applicants work hard to maintain or to gain this sense of balance as they proceed toward their goal.

Most adoption applicants are highly committed to their adoption goal and to the DPA route. This high level of Commitment is a necessary foundation to their process of decision making or Gaining Balance, since it fuels their Persistence to address requests and overcome challenges and it maintains their engagement in the necessary and complex process of Evaluation. The level of Commitment is influenced by: (a) the reasons why applicants are motivated to adopt a child in general and the DPA route in particular and (b) financial considerations. Adoption applicants have a strong desire to parent. For many, this desire is a longstanding and central goal which they have yet to achieve, despite trying other often lengthy, unfruitful, and emotionally trying options (e.g., fertility treatment). Applicants' desires to parent is shaped by their age and the perspective that given their age, time is "running out" and by cultural or familial expectations to parent. Applicants are aware of a number of routes to conceive or adopt a child, but many select the DPA route, since this route aligns with their value of helping an existing Canadian child. Many applicants express the need to be financially able to support a child. Some believe that the international adoption route could satisfy their desire to be parents more quickly, and perhaps even meet their specific desire to raise a child from infancy and avoid a child with disabilities, but they also believe that the financial costs of following the international route could reduce their personal resources, thus minimizing the financial resources available to address the future needs of their adopted child.

Adoption applicants' Persistence or their efforts to respond to requests and overcome obstacles hinge on their determination to succeed, their abilities to cope with their emotions, and counteract pessimism. Many are thrown off balance by an unanticipated lack of contact with the staff who have been assigned to work with them (i.e., adoption workers); learning about the troubling histories of available children (e.g., such as prenatal exposure to alcohol or later to sexual abuse); being asked to voice their preferences and limits regarding the characteristics of those children who they are willing to consider for adoption and later being directly challenged on these limits by their adoption workers; and the unanticipated long wait to achieve their goals (e.g., 18-24 months). Of particular distress for most, are situations in which they are presented by adoption workers with the profiles of children whose characteristics are not in keeping with their stated preferences and limits (e.g., children with certain disabilities or medical conditions). Desperation is expressed by those who had been short-listed for children who met their criteria, but, who in the end, are not selected as the top candidates. Most need to steady their emotional investment in particular desired children as they approach considerations as a way to shield themselves from possible grief, sadness, and frustration if they are to persist in the process.

Adoption applicants demonstrate their Persistence, by advocating for themselves and reminding workers of their goals. Their Persistence is bolstered by a flexible DPA system that allows them to slow the process down, while they deal with life events unrelated to their adoption request such as moving residence. For applicants, being able to draw on this flexibility provides a sense of personal control. Many applicants channel their frustrations and desperations by venting to their spouses, by adjusting their emotional response to events, by contacting their worker for reassurance, or by contacting the adoption workers or supervisor to assert the need to speed up the process or improve the system by addressing perceived discrimination.

In adoption, applicants' Evaluation or the process of consideration and assessment addresses three areas: (a) the applicants' personal abilities and resources as future parents, (b) their knowledge of the characteristics and needs of adoptable children, and (c) the characteristics and limits of their preferred child based on their perceived fit between the applicants' abilities/resources and the characteristics/needs of potential adoptees. Evaluation is a continuous process and applicants draw on a number of strategies to maintain or gain balance. Applicants' overall assessments of their personal abilities are influenced by their level of self-awareness of their personality and specific personal abilities, by their life stage (e.g., given their age will they have the energy to parent), and by their current life style. For most, their level of self-awareness varies over time and seems to increase following their attendance at required education sessions and as the adoption process continues. For some, changes in their assessments of personal abilities and resources come with life style changes such as moving residences to better accommodate children. When applicants perceive that their extended family or community will not accept a child from a different culture, they declare that they will be unable to parent such a child.

Applicants' Evaluation of their knowledge of characteristics and needs of potential adoptees is influenced by their recognition of their prior experiences and knowledge, and enhanced through future information gathering such as from internet searches or questioning friends. The Evaluation of the child preferences changes over

time as applicants' gained a more balanced sense of who they are, who the adoptees are, how the system works, and the strength of their image of the child they envisage parenting. Just prior to or during the required education sessions, many applicants come to believe that if they have a more inclusive list of child preferences, such as accepting disabilities, they might realize their goal to parent sooner. Many actively try to remain open to the different child characteristics that they believe they could accommodate.

Some applicants broaden their preferences initially, but become more discriminating as they learn more about potentially available children. During such events as education sessions or the home study, applicants seem to become more aware of their personal abilities, the needs of potential adoptees, and how to parent them, and as a result, alter their assessments and fine tune their preferences. This fine tuning might include the consideration of older children or children with certain disabilities. This fine tuning also appears to occur for some when their request to be short-listed for a child has been declined several times.

Applicants' assessments of their personal abilities highly influence their Evaluation of their knowledge of adoptees and their child preferences. At the outset of the application process, their assessments of child preferences primarily balance their prior experiences with children and disability, and their spouses' views and comfort level with adoption, against their knowledge of the parenting needs of children and their goal as future parents. After increasing their awareness of their own abilities and the needs of available children, through such experiences as attending education sessions or discussions with friends and professionals, child preferences are re-assessed and often modified to include characteristics that in the past had generated discomfort (e.g., slightly older children). However, at the same time, most applicants' views become more exclusionary about certain characteristics (e.g., those with fetal alcohol spectrum disorder).

Applicants attempt to regain a sense of balance prior to making their final decision about whether to accept a specific child on adoption probation by seeking answers to the common key questions: Can I accommodate this child and, is this child sufficiently similar to what I had expected and preferred? Many chose to rebalance through actively seeking what they hoped would be sufficient information about the child whose profile they have received through ancillary research (e.g., books) or by checking with family, friends, and known specialists. They actively fill in the missing information that they consider critical or classify that missing piece as unimportant. Some applicants actively recall their fantasized child and consider if the profiled child fits their fantasy. If workers present multiple profiles during one appointment or call, applicants quickly screen out those who are least in keeping with their expressed preferences. Throughout the final phase of the Evaluation process, applicants have to actively persist at steadying their emotions in order to retain their balance as they make the final decision to accept a child.

Using Previous Research to Assist in Theory Development

As noted, a detailed and up-to-date literature review was delayed until after most interviews had been completed and initial steps of analysis concluded. The next step in our grounded theory development involved the comparison of our current findings to

those in the previous professional literature as proposed by Creswell (1998). After multiple searches of the professional literature using various search engines and key words, only limited literature was found which specifically concerned decision-making processes of adoption applicants, and most were only peripherally related to the topic or originated from adoption research conducted retrospectively. Therefore, our search was broadened to include studies in the psychological and medical literature on decision making in general as well as sociological and other adoption research. The following discussion represents a comparison of categories and associated concepts in *Adoption Decision Making* with findings of existing literature.

Gaining Balance

The central feature of our theory is the idea of Gaining Balance, with decision making as those ongoing processes of Evaluation with the repeated possibilities of losing and gaining balance. Although none of the review literature specifically identifies gaining balance as the central feature of decision making, Hastie (2001) does allude to this idea when he notes that the main focus of research on decision-making processes has been on understanding how people weigh their various desires and beliefs in choosing among alternate courses of action. This notion of weighing relates to our concept of Evaluation. Our participants spoke of assessing their parenting abilities and resources and considering how these might fit with the needs of potential adoptees. Hastie's concept of weighing also hints at our idea of balance in that the weightings that people apply may lead some to actions that would keep them in the system and others to leave the system. Also, Kelly-Powell (1997) conducted a grounded theory study of patients making health care decisions under potentially life-threatening conditions. Though she does not identify gaining balance as a key concept of explanation, her results are replete with examples where participants make treatment evaluations and ultimately choices based on balancing knowledge gained from past experiences and attempting to sustain their current sense of self (i.e., as individuals and in relation to others). These choices appear to result from their efforts to balance these two forms of information.

Commitment

In our theory, Commitment was seen as the foundation to the decision-making processes of Gaining Balance, and encompassed the notion of motivation or the force that drove people to apply to adopt through the DPA route. The idea that motivation is a key factor to decision-making action is consistent with the literature on decision making (Eccles, Wigfield, & Schiefele, 1998; Verplanken & Holland, 2002; Wigfield & Eccles, 2000). Pintrich and Schunk (1996) identified motivation as "the process whereby goal-directed activity is instigated and sustained" (p. 4), an interpretation which exposes the strong link or overlap between the categories of Commitment and Persistence. We have preferred to reserve Commitment for the instigation of the application and foundational drive to parent, while discussing sustainability or the applicants' resilient efforts to gain balance in the face of challenges under the category Persistence. Lydon (1996) reviewed multiple definitions of commitment and broadly noted that a person's commitment is

highly influenced by his/her core values, and that the person expresses these values through his/her commitment to actions.

For our applicants to be committed, they had to be highly motivated to parent and to following the DPA route. For all, personal reasons such as improving the outcomes of children presently within the system and for some, financial concerns were also critical to Commitment. We found a strong desire to parent was a formidable intrinsic motivation and the literature on adoption supports this idea (Daly, 1992; Rabin & Greene, 1968). Our finding that the desire to parent can be heavily influenced by cultural and family expectations concerning adulthood and role expectation finds support in the sociology research (Hoffman & Hoffman, 1973).

The work of Verplanken and Holland (2002) may broaden our understanding of the role of values in adoption decision making. Verplanken and Holland found that values were important ingredients of a person's sense of identity and self-concept, and that a small subset of a person's strongly held values formed the basis for moral and ethical rules that determined their conduct. Since the role of parent seemed to be part of our applicants' sense of self, it is not surprising that their values influenced their conduct and they sought to become parents through the DPA route when other options were perceived as not available.

One of the specific motives identified by some of our applicants was the desire to help a child who was presently in the adoption system to ensure that he/she had a good quality of life. Casler (1995) has argued that the dominant and current societal view on the worth or place of children in society assigns value to the children themselves and appreciates them merely for being. In addition, this view confers rights and entitlements such as entitlement to a good quality of life. According to Casler, this view has displaced a sentimental view and made completely obsolete the economic view of children, at least in western society. Significantly, in our study, most participants labeled their personal values and specific motive of helping an existing child as key to their commitment to the domestic adoption route.

Persistence

Our category of Persistence encompasses the notion of effort that sustains committed activities and pursues actions to overcome challenges. According to Lydon (1996), this notion has been encompassed by some professionals within the definition of the term commitment. Holt and Dunn (2004) labeled this notion as "resilience" in the sports psychology literature. In our study, Persistence concerned the applicants' day-to-day determination to succeed, to cope with emotions, and to counteract pessimism.

Findings from a study by van Balen et al. (as cited in van den Akker, 2001) on 131 infertile couples, who overwhelmingly opted to explore fertility treatments, and some of whom only much later considered adoption, alludes to the high and sustained degrees of determination we observed in many of our adoption applicants. Van Balen et al. noted that the motivations of infertile adopters tended to be more instrumental, focusing on their need for a child. Perhaps the instrumentality of this need propelled their willingness to address adversities and persist in the process. This proposition would seem to be supported by experimental laboratory findings in self-completion theory research (Gollwitzer & Kirchhof, 1998).

Gollwitzer and Kirchof (1998) proposed that people may act in accordance with strong personal values in order to achieve a sense of completeness. It is plausible that the strong desire to parent reinforced by cultural and familial expectations, or the desire to meet the needs of children presently in the system may have driven some childless, infertile adults, and those for whom pregnancy has been contraindicated (e.g., due to high likelihood of developing potentially fatal medical conditions), to a determination to succeed. These prior infertility experiences may have undermined their core identity of being a parent, leading to the strong sense of incompleteness that drove them to first seek alternative routes such as adoption and weather adversities in the process to overcome this personal sense of incompleteness. This determination of infertile adopters and willingness to persist in the face of adversity is supported by studies by Glidden (1985, 1986, 1992). Glidden reported that one group of adopters of children with intellectual disabilities were couples who had experienced infertility and, in many cases, had undergone trials of unsuccessful fertility treatments. These infertility experiences were considered to be associated with participants' high sense of urgency to adopt (i.e., versus fertile couples) and a willingness to greatly widen their views of acceptable characteristics of children, including that of disability, during the adoption process.

Daly's (1989) grounded theory on the role of power differentials between applicants and adoption workers and emotions in the decision-making processes of adoption applicants is likely applicable to our concept of Persistence through coping with emotions and pessimism. Daly's participants expressed considerable anger toward the adoption system due to what Daly contended was an imbalance in power between the adoption agency, who controlled the timing of the adoption process and determined the applicants' suitability to adopt, and the adoption applicants who were dependent on the agency to meet their parenting goal. While the contemporary adoption process is much shorter in duration than when Daly conducted his Canadian study in the 1980s, and the lack of adoptable typically developing babies is now broadly appreciated by applicants, nevertheless, some of our applicants experienced significant levels of anger. Our applicants were required to deal with this emotion, either directly or indirectly, in order to persist in the process. Daly's findings suggest that wherever high degrees of applicant dependency on adoption workers or agencies exist, applicants' feelings of frustration and anger are likely to be common ingredients impacting adoption decisions and the willingness to persist. In our study, frustration and/or anger challenged applicants' determination to cope with emotions and counteract pessimism in order to persist. In some cases, applicants elected to vent their anger indirectly by voicing these feelings to their partner only, believing that the appearance of cooperation with the workers was the best approach to achieving their goal. In other cases, applicants vented their anger directly to workers or worker supervisors sensing system discrimination or failure.

Evaluation

We found that applicants were continuously absorbed in three areas of assessment (i.e., their abilities and resources as future parents, their knowledge of potential adoptees' characteristics and needs, and their preferences for specific child characteristics) and employed strategies to balance these assessments right from the beginning of applicants' engagement with the DPA process, but especially during the final phase when they

approached their decision to accept a specific child on adoption probation. The concepts of evaluation and assessment have been, and continue to be, central to the decision-making literature (Bryson & Mobolurin, 1997; Kushniruk & Patel, 1998; Payne, Bettman, & Johnson, 1992). Much of the early literature on decision making employed the gambling paradigm, which involved laboratory-based studies where participants made one-shot choices between a low set number of highly defined alternatives. Over the past two decades, modern decision making research has focused more on multilayered decisions in real life (Betsch & Haberstroh, 2005), and very recently has begun to highlight how past decisions impact the present situation and how appraisals of prior experiences inform new decisions (Shanteau, Friel, Thomas, & Raacke, 2005).

Psychological researchers on life-sustaining medical treatments have examined evaluation activities and their findings add support to our Evaluation category. Jacob (1998) studied family members' life-sustaining treatment decision making for incompetent relatives and highlighted the role of two key evaluative processes used in arriving at a judgment. First, Jacob's participants assessed information about their relatives' physical condition and engaged in a variety of information gathering activities to satisfy their need for such information. Second, they used strategies to assess their relative's likely treatment preferences. These evaluation processes were ongoing and spanned the time period between the point of learning about their relative's physical condition with possible future prognosis and his/her likely expectations, and wants concerning life support decisions. Jacob's results seem to lend support to our ideas of Evaluation processes of assessments of knowledge (i.e., both personal and adoptee knowledge) and assessments of child preferences, and our concept of strategies used by applicants to match preferences to this knowledge.

Ditto et al. (2003) examined the stability of older adults' preferences for various life-sustaining medical treatments over time. Three of the findings noted by Ditto and colleagues are of particular interest to our study. First, they found that the preferences of participants, which reflected the most common and entrenched views of the general population, appeared most stable over the 3-year study. Second, participants who had previous to the study engaged in significant pre-planning, and even formalized advance medical directives, were more likely to retain their positions over the time of the study. Finally, participants' views concerning the most and least serious medical scenarios, and related proposed decisions to refuse treatment, were more stable over time than those views regarding more moderate or middling scenarios. In adoption, applicants are required to express child preferences early on, and at numerous intervals through the adoption procedure. The preferences of most applicants appear to change over time, especially after the education sessions and attendance at an Adoption Resource Exchange, and as applicants become increasingly frustrated over the passage of time, coupled with their lack of success in achieving their adoption goal. Nevertheless, as in the Ditto et al. study, it appeared that our applicants with firm (e.g., those commonly ruling out children with Fetal Alcohol Spectrum Disorder [FASD] or, elevated risk of schizophrenia) and well-informed child characteristic preferences from an early period were less likely to change them, regardless of their system experiences. Future research on adoption decision-making processes could focus on confirming this impression and shed light on related influential factors.

Some investigators have suggested that, as an inherent mechanism of evaluative strategies, research participants attempt to differentiate their decision from the other alternative choice(s) in order to consolidate their decision and develop a high degree of confidence in their selected response (Simon, Pham, Le, & Holyoak (2001). This mechanism could partially explain our study's finding of a complete lack of regret or doubt about the selected child, held by all applicants who had this child on probation. All six applicants reported absolute intentions to proceed with the legal adoption finalization as soon as they were eligible. Wagener and Taylor (1986) suggested that participants remembered their decision-making processes in such a manner as to justify their previously made decisions, which suggests that research efforts to access evaluations may encounter challenges, especially when the research is conducted long after decisions are made.

Limitations

The main limitations of our study concerned the relatively small number of participants, our inability to recruit early-phase applicants, and those who dropped out of the process. Our study had fewer than the recommended number of participants for a grounded theory study (e.g., Creswell, 1998; Morse, 1994). Strauss and Corbin (1998) were not overly prescriptive in their discussions of participant numbers, and noted the main indicator regarding participant numbers was reaching theoretical saturation; the point in category development when no new dimensions or properties arise from analysis. They acknowledged that there will always be gaps or less well-developed categories, even after the final writing stages and that the enduring problem was "deciding when to let go" (p. 158). Other researchers such as Creswell and Morse suggested typical ranges for reaching theoretical saturation, and these were 20-30 and 30-50 participants respectively. Given our difficulty of recruiting applicants in the early phase, and given that we believed we had reached saturation, we ended recruitment at 15 participants.

While it was our intention to recruit applicants from all three phases of the decision-making process, we were dependent on agency recruiters who reported no success in recruiting early-phase applicants for various reasons. Some agency recruiters reported making numerous attempts to engage such applicants, but none expressed interest. Other agency recruiters informed us that their agency limited their attempts to recruit such applicants, so as not to burden these applicants, whose ties to the agency was deemed as both paramount for promoting adoption of the agency's children, but tenuous at this early phase. In addition, we were unable to gain the perspective of those who dropped out of the process. This was unfortunate, as these two perspectives might have provided insight and extended our theory. For instance, we might have been able to broaden our understanding of the level or degree of persistence required to gain balance and proceed on, and of challenges that lead to dropping out. Our interviews with adoption workers indicated that some contended that those applicants who remained in the process until the late-phase matching activities represented the most committed and most appropriate applicants for the available children. In essence, remaining engaged in the process until the end seemed to be viewed as a sign that these applicants provided available children with the best pool of adopters, whose high level of commitment and persistence throughout the approval process may shield them from potential future

disappointments, and act as a protection from future adoption disruption (i.e., adoption breakdown). Such a contention may be wholly unfounded.

Conclusions

We presented a systematically developed theory resulting from a qualitative methodology consistent with the analytical processes used in grounded theory (Strauss & Corbin, 1998). Our theory, *Adoption Decision Making*, can best be described as a substantive-level theory. Substantive theories can be useful stepping stones toward more encompassing formal theories (Strauss, 1987).

An understanding of our theory and the core category of Gaining Balance and categories of Commitment, Persistence, and Evaluation may be useful to adoption workers when guiding applicants through the DPA system. Workers may find that understanding the theory aids them in identifying applicants, who are clearly committed to DPA and will likely persist with ongoing evaluation and the process of gaining balance. Understanding the theory may also help workers anticipate and/or identify obstacles to stabilization and continuation. If applicants show signs of great disappointment, frustration, or disengagement, workers may wish to intervene to facilitate a return to a balanced position. A variety of formal or informal supports could be made available or recommended to applicants. For instance, applicants may benefit from workers extending: (a) opportunities to explore their emotions, (b) invitations to voice concerns, (c) offers to explore any perceived conflicts or irritants, and (d) offers of instructions on strategies used by other applicants, to achieve balance in matching child preferences with personal abilities and knowledge of children.

There are no guarantees that all our applicants will one day have a child placed with them or that, those who already had received one, will legally finalize the adoption. Our interpretations are not intended to suggest that withdrawing from the DPA process or deciding to significantly alter a personal goal of adopting a child represents a failure of the applicant or adoption system, but rather that a sufficient balance was not found to allow applicants to progress toward final adoption. Future extension of our theory should aim to include such data.

References

- Betsch, T., & Haberstroh, S. (2005). Preface. In T. Betsch & S. Haberstroh (Eds.), *The routines of decision making* (pp. ix-xxv). Mahwah, NJ: Lawrence Erlbaum.
- Bryson, N., & Mobolurin, A. (1997). An action learning evaluation procedure for multiple criteria decision making problems. *European Journal of Operational Research*, *96*, 379-386.
- Burge, P. (2007a). Prevalence of mental disorders and associated service variables among Ontario's children who are permanent wards. *Canadian Journal of Psychiatry*, *52*, 305-314.
- Burge, P. (2007b). The Ontario Crown Wards Survey: Profiles of adoptable children. *Canadian Social Work*, *9*, 8-25.
- Burge, P., & Jamieson, M. (2008). *Understanding applicants' decision-making processes in child welfare adoptions*. Manuscript submitted for publication.

- Busemeyer, J., Weg, E., Barkan, R., Li, X., & Ma, Z. (2000). Dynamic and consequential consistency of choices between paths of decision trees. *Journal of Experimental Psychology*, *129*, 530-545.
- Casler, M. (1995). *Motivational factors for adoptive parenthood*. Unpublished doctoral thesis, University of Pittsburgh, PA.
- Coyne, A. (1997). Disabled children and adoption. In R. Avery (Ed.), *Adoption policy and special needs children* (pp. 61-76). Westport, CT: Auburn House.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Daly, K. (1989). Anger among prospective adoptive parents. *Clinical Sociological Review*, *7*, 80-96.
- Daly, K. (1990). Infertility resolution and adoption readiness. *Families in Society: The Journal of Contemporary Human Services*, *71*, 483-492.
- Daly, K. (1992). Parenthood as problematic: Insider interviews with couples seeking to adopt. In J. Gilgun, K. Daly, & G. Handel (Eds.), *Qualitative methods in family research* (pp. 103-125). Newbury Park, CA: Sage.
- Deiner, P., Wilson, N., & Unger, D. (1988). Motivation and characteristics of families who adopt children with special needs: An empirical study. *Topics in Early Childhood Special Education*, *8*, 15-29.
- Ditto, P. H., Smucker, W. D., Danks, J. H., Jacobson, J. A., Houts, R. M., Fagerlin, A., et al. (2003). Stability of older adults' preferences for life-sustaining medical treatment. *Health Psychology*, *22*, 605-615.
- Eccles, J. S., Wigfield, A., & Schiefele, U. (1998). Motivation to succeed. In W. Damon (Ed.), *Handbook of child psychology* (pp. 1017-1095). New York: Wiley.
- Franklin, D., & Massarik, F. (1969). The adoption of children with medical conditions: Part I-process and outcome. *Child Welfare*, *48*, 459-467.
- Glidden, L. (1985). Adopting mentally handicapped children: Family characteristics and outcomes. *Adoption & Fostering*, *9*, 53-56.
- Glidden, L. (1986). Families who adopt mentally retarded children: Who, why, and what happens. In J. Gallagher & P. Vietz (Eds.), *Families of handicapped persons* (pp. 129-142). Baltimore: Paul H. Brookes.
- Glidden, L. (1992). Chosen ones: Adopted children with disabilities. In T. Thompson & S. C. Hupp (Eds.), *Saving children at risk: Poverty and disabilities* (pp. 116-140). Newbury Park, CA: Sage.
- Godwin, D., & Scanzoni, J. (1989). Couple consensus during marital joint decision-making: A context, process, outcome model. *Journal of Marriage and the Family*, *51*, 943-956.
- Gollwitzer, P., & Kirchhof, O. (1998). The willful pursuit of identity. In J. Heckhausen & C. Dweck (Eds.), *Motivation and self-regulation across the life span* (pp. 389-423). Cambridge, UK: Cambridge University Press.
- Hanley, B. (2002). Intersection of the fields of child welfare and developmental disabilities. *Mental Retardation*, *40*, 413-415.
- Hastie, R. (2001). Problems of judgment and decision making. *Annual Review of Psychology*, *52*, 653-683.

- Hoffman, L., & Hoffman, M. (1973). The value of children to parents. In J. Fawcett (Ed.), *Psychological perspectives on population* (pp. 19-76). New York: Basic Books.
- Hoffmann-Riem, C. (1990). *The adopted child: Family life with double parenthood*. New Brunswick, NJ: Transaction.
- Hoksbergen, R. (1998). Changes in motivation for adoption, values orientations and behavior in three generations of adoptive parents. *Adoption Quarterly*, 2, 37-55.
- Holt, N. L., & Dunn, J. G. (2004). Toward a grounded theory of the psychosocial competencies and environmental conditions associated with soccer success. *Journal of Applied Sport Psychology*, 16, 199-219.
- Jacob, D. A. (1998). Family members' experiences with decision making for incompetent patients in the ICU: A qualitative study. *American Journal of Critical Care*, 7, 30-36.
- Jones, M. (1999). Using system change to increase and improve adoptions: The SWAN model. *Child Welfare*, 75, 593-609.
- Kelly-Powell, M. L. (1997). Personalizing choices: Patients' experiences with making treatment decisions. *Research in Nursing & Health*, 20, 219-227.
- Kushniruk, A., & Patel, V. (1998). Cognitive evaluation of decision making processes and assessment of information technology in medicine. *International Journal of Medical Informatics*, 51, 83-90.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Lydon, J. (1996). Toward a theory of commitment. In C. Seligman, J. M. Olson, & M. P. Zanna (Eds.), *The psychology of values: The Ontario symposium* (Vol. 8, pp. 191-214). Mahwah, NJ: Lawrence Erlbaum.
- Macaskill, C. (1988). "It's a bonus": Families' experiences of adopting children with disabilities. *Adoption & Fostering*, 12, 24-28.
- McRoy, R. (1994). Attachment and racial identity issues: Implications for child placement decision making. *Journal of Multicultural Social Work*, 3, 59-74.
- Morse, J. (1994). Designing funded qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 138-157). Thousand Oaks, CA: Sage.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Payne, J. W., Bettman, J. R., & Johnson, E. J. (1992). Behavioral decision research: A constructive processing perspective. *Annual Review of Psychology*, 43, 87-131.
- Pintrich, P., & Schunk, D. (1996). *Motivation in education: Theory, research, and applications*. Englewood Cliffs, NJ: Prentice Hall.
- QSR International. (2006). *QSR NVivo* (Version 7) [Computer software]. Melbourne, Australia: QSR International.
- Rabin, A., & Greene, R. (1968). Assessing motivation for parenthood. *The Journal of Psychology*, 69, 39-46.
- Roe, R., Busemeyer, J., & Townsend, J. (2001). Multialternative decision field theory: A dynamic connectionist model of decision making. *Psychological Review*, 108, 370-392.

- Russel, R., & Coyne, A. (1989). *Attitudes of various professionals toward the adoptability of special needs children*. Unpublished manuscript, University of Nebraska at Lincoln.
- Shanteau, J., Friel, B. M., Thomas, R. P., & Raacke, J. (2005). Development of expertise in a dynamic decision-making environment. In T. Betsch & S. Haberstroh (Eds.), *The routines of decision making* (pp. 251-270). Mahwah, NJ: Lawrence Erlbaum.
- Simon, D., Pham, L., Le, Q., & Holyoak, K. (2001). The emergence of coherence over the course of decision making. *Journal of Experimental Psychology*, 27, 1250-1260.
- Strauss, A. (1987). *Qualitative analysis for social scientists*. Cambridge, England: Cambridge University Press.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Tallman, I., & Gray, L. (1990). Choices, decisions, and problem solving. *Annual Review of Sociology*, 16, 405-433.
- van den Akker, O. (2001). Adoption in the age of reproductive technology. *Journal of Reproductive Infant Psychology*, 19, 147-159.
- Verplanken, B., & Holland, R. (2002). Motivated decision making: Effects of activation and self-centrality of values on choices and behavior. *Journal of Personality and Social Psychology*, 82, 434-447.
- Wagener, J. J., & Taylor, S. E. (1986). What else could I have done? Patients' responses to failed treatment decisions. *Health Psychology*, 5, 481-496.
- Westhues, A., & Cohen, J. (1990). Preventing disruption of special-needs adoptions. *Child Welfare*, 69, 141-155.
- Wigfield, A., & Eccles, J. S. (2000). Expectancy-value theory of achievement motivation. *Contemporary Educational Psychology*, 25, 68-81.

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