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Uneasy Consumers

*The Emotion Work of Marketing Adoption*

When the elevator doors open at Kids Connection adoption agency, visitors are greeted by a friendly receptionist and framed professional photographs of smiling adoptive parents and their children. These photos are success stories, meant to reassure anxious prospective parents who have come to this place looking for a way to expand their family. Because the practice of creating a family from social rather than biological bonds remains outside the traditional practice of kinship, these images remind prospective applicants that adoption is a viable path to parenthood. Moving down the hallway past portraits of diverse families in every constellation, the attendees begin to arrive in a room set up with folding chairs and a screen that will later display a presentation describing the myriad of adoption programs Kids Connection offers.

The audience consists of mostly White couples, many of whom look to be in their late thirties and early forties. These demographics make sense since nationally, adoptive parents are more likely to be older and White compared with the population of parents who have children biologically. Several of the couples in attendance hold hands and murmur quietly to each other as they wait for the presentation to begin. Other attendees peck at their smartphones. One gets the sense that this is not the first waiting room they have been in and that prior to attending this meeting, like the majority of people who adopt, these hopeful parents have already sat in the waiting rooms of doctors and fertility specialists trying to conceive. In addition to the married heterogamous couples facing infertility, there are also a few
homogamous couples and single prospective adoptive parents who also face hurdles to biological reproduction. For these audience members adoption may be their best—or only—chance to have children.

While waiting for the presentation to begin, some of the attendees leaf through the pamphlets provided by Kids Connection. As Ward Gailey argues, the content of these promotional materials communicates the message that prospective clients have an array of choices available to them. She states, “Web sites, brochures, and other advertising materials from a range of private agencies and independent adoption intermediaries reveal how much these agencies and brokers stress that such prospective parents have the ‘right’ to ‘adopt the baby you want’.”

Indeed, the message that private adoption could fulfill hopeful parents’ desires for a suitable child was literally front and center on Kid Connection’s brochure. At the top of the glossy pamphlet, above a picture of a White woman holding a racially ambiguous light-skinned infant, was the slogan “We Deliver.” Considering the costs associated with professionally printing these materials, the wording cannot be accidental. It may be a less-than-subtle nod to the fact that most clients who pursue private adoption face barriers to biological reproduction and cannot conceive and carry a baby on their own. Read on a different level, the word “deliver” invokes a promise of convenience and customer satisfaction. This double entendre is likely deliberate because, from the outset, adoption providers face the task of reassuring prospective clients that their organization can locate a satisfactory child while providing a high level of service. Notice how these promotional materials position prospective adoptive parents as the main client. Whereas adoption social workers in Chapter 1 discussed their reservations compromising the edict that the child is the central client in adoption, in agencies’ marketing materials the message that the parents are the empowered consumer is unwavering.

To sell private adoption to prospective clients, providers rely on a number of strategies to advertise and market their services. The website is often the first touch point as it provides an anonymous opportunity for curious parties to browse through an agency’s programs. As Pamela Quiroz argues, “Websites provide public representations of agencies’ practices, [and] they offer a window into adoption policy.” These sites do not just provide information but are designed in order to maximize the likelihood of attracting potential customers. She continues, “Agencies advertise and compete with each other for a limited population of adoptive clients. Presumably, these factors lead agencies to present themselves in the best possible way.”

Adoption conferences are another pathway for adoption providers to market their services. These large regional conferences are similar to other types of commercial expos in that consumers pay a fee to register and spend the day wandering through the exhibition hall and attending sessions to learn more about their options. Although the sessions at these conferences
vary, they usually cover topics such as deciding between international and domestic adoptions and whether to use a domestic adoption agency or an attorney. Others included topics such as health concerns in international adoption and affordability concerns.

In the exhibition hall there are tables staffed by representatives from adoption agencies and independent adoption attorneys who are there to share information about their services. Some of these displays are more polished than others. Many of the big name adoption agencies have large-scale displays with professionally designed graphics, and others have a more handmade look. Regardless of the quality of the printing, the exhibitors come to these conferences to pitch their services and recruit potential clients who are considering embarking on a multi-thousand-dollar journey into private adoption. For example, I spoke with one woman who told me she “had an exclusive” on an orphanage in China that had some of the best babies. Another woman passed out business cards proudly proclaiming her status as the stork attorney. In addition, I passed by several tables advertising a cottage industry of adoption services, from those who promised to help create successful parent profiles to woo expectant women considering adoption, to others who specialized in identifying fruitful geographic market segments to place classified advertisements soliciting potential birth mothers.

Having perused adoption providers’ websites or attended an adoption conference, prospective clients who want to move forward with adoption will often attend an information session hosted by a specific organization. These information sessions are offered for free and are open to the public. They serve as the first point of sustained professional contact between adoption providers and potential customers.

In Adoption Nation, adoption advocate and adoptive father Adam Pertman describes his journey from infertility to adoption. Like many adoptive parents who faced barriers to biological reproduction, Pertman went through the process of “fertility drugs, in-vitro fertilization, donor eggs, the whole shebang.” Having sustained invasive treatments and ongoing disappointment, Pertman positions himself as one of the thousands who left the fertility clinic empty-handed and “kept going right into the offices of adoption agencies and lawyers.” Although we know that there is a strong association between infertility and adoption, before this study we knew little about what occurs once prospective parents arrive at these purveyors of adoption.

Whereas the goal of Chapter 1 is to leverage the voices of adoption workers to show the futility of segregating the spheres of child welfare and child markets, in this chapter I deepen my analysis to detail how these discourses become enacted during the work of recruiting new applicants. In other words, in Chapter 1 I frame the adoption market as a noun, detailing whether and how adoption professionals see their work as affected by business decisions. Having reported from the backstage, in this chapter I move to the
frontstage and subtly pivot my analysis to frame the word “market” as a verb. I examine how adoption providers promote their services, or how they market themselves to potential clients. Specifically, I am interested in how adoption providers draw on and utilize messages about child welfare and child commodification as they make their pitch.

I argue that adoption providers must first remind their customer base—and perhaps themselves—that private adoption is fundamentally about child welfare. This discursive strategy serves the purpose of alleviating the potential guilt that could emerge when shifting gears and discussing adoption as a consumer practice. By establishing the caveat that, at its core, adoption is about child welfare, workers are exonerated and then free to subtly shift their marketing ploy toward a more consumer-friendly stance.

To thread the needle between social service and customer service, I argue that adoption practitioners rely on a form of emotion work that eases parents into a consumer mind-set without blatantly overstepping the line between child welfare and child commodification. Coined by sociologist Arlie Hochschild, the term “emotional labor” broadly encompasses the unwritten and often uncompensated work that is geared toward managing clients’ feelings. These jobs tend to disproportionately fall to those in the service sector—including social workers. “Day-care centers, nursing homes, hospitals, airports, stores, call centers, classrooms, social welfare offices, dental offices,” writes Hochschild, “in all these workplaces, gladly or reluctantly, brilliantly or poorly, employees do emotional labor.”

Key aspects of this work include putting clients at ease, eliciting trust, and gaining business. Hochschild continues, “When an organization seeks to create demand for a service and then deliver it, it uses the smile and the soft questioning voice. Behind this delivery display, the organization’s worker is asked to feel sympathy, trust, and good will.” Notably, this emotion work can be hard to recognize unless there is a “pinch” between “a real but disapproved feeling on one hand and an idealized one on the other.”

For private adoption workers, the emotional labor revolves around managing the dissonance between adoption as consumerism and adoption as care, and the “pinch” can be felt as they try to find the balance between the two. In order to bridge these separate spheres, adoption social workers use what Hochschild calls “feeling rules” to set a script or a “moral stance” for how providers should navigate this terrain. The parameters of these feeling rules can be seen in the language adoption providers utilize during these information sessions. For example, one adoption social worker tells her audience, “We come to work for the children.” Certainly, these dedicated child welfare professionals help find homes for thousands of children who need families. With that being said, the presenter is free to pivot her message, as she emphasizes they offer “a tremendous variety of opportunities” for prospective parents.
The need for this type of emotional labor can be especially acute since prospective adoptive parents are often in a vulnerable state when they first attend an information meeting. Many may be reeling from miscarriages and failed infertility treatments, or they may be trying to come to terms with the idea that adoption could be the only viable path to parenthood. Certainly there are applicants who choose adoption as their primary method of becoming mothers and fathers, but we know from prior research that those considering adoption are ten times more likely to have undergone infertility treatments. Some attendees may be feeling resigned to adoption as they psych themselves up to embark on a potentially expensive and lengthy process. At this tender juncture, applicants come through the door of adoption providers and once they arrive they are asked to reconsider their definitions of family.

Prospective adoptive parents are faced with questions such as, “Would you consider having an open adoption that entails contact with birth family members, parenting a child who does not share your racial background, or raising a child who was potentially exposed to alcohol or drugs in utero?” Biological parents usually have the privilege of maintaining control over these issues as they can choose the race of their co-progenitor, and pregnant women have control over what substances to consume during gestation. Moreover, biological parents can claim motherhood and fatherhood from conception and do not have to contend with the rights and feelings of a birth mother and/or birth father. But these issues are common in adoption. Even adoptive parents in closed adoptions where the birth parents’ identities are not known still have to make room for these shadowy figures in the child’s origin story. These questions can upend ideas of kinship, pushing prospective adoptive parents to reconfigure notions of blood that are typically the bedrock of parenthood.

And finally, prospective adoptive parents are catapulted into a position where they have to articulate what characteristics they want (and conversely do not want) in a son or daughter. Sure, one could virtuously attest that she or he would be willing to parent a child who had a major noncorrectable health concern, was conceived via rape or incest, or has birth parents that regularly drank or consumed drugs. But in adoption, these choices are not theoretical; instead they have concrete implications. Since children fitting these profiles tend to be in greater supply than demand, indicating a willingness to parent a child with this background almost ensures being matched with a child who fits these characteristics. These can be heart-wrenching decisions, especially considering that hopeful parents may have started out wanting what biological parents often get—a healthy newborn that racially resembles both parents. Armed with the knowledge that prospective adoptive parents enter the adoption marketplace from a vulnerable position, adoption providers proceed carefully during these initial meetings.
To understand how adoption workers navigate feeling rules when they sell adoption to prospective parents, I became a participant-observer, attending over forty conference and information sessions. Although I was geographically limited to the East Coast, I was able to personally attend twenty-five sessions scattered throughout the Northeast and Mid-Atlantic. To increase the range of my project, I also sat in on fifteen webinars offered by adoption agencies across the country. These webinars provide a low-stakes way for those considering adoption to learn more about a particular adoption agency. Of note, these webinars are not asynchronous prerecorded videos but live sessions featuring a dynamic interchange between presenters and audience members who can have their questions answered in real time. The sessions usually lasted about an hour and a half in person (although one lasted almost three hours) and were slightly shorter online.

I cultivated a sampling frame of adoption providers using a three-pronged approach. First, I used a master list of adoption agencies accredited by the Hague Convention on the Protection of Children, a multinational agreement designed to protect and streamline the movement of children across countries for the purpose of adoption. Agencies must be accredited to process international adoptions from one of the ninety-five countries that have ratified this treaty. To receive accreditation, agencies must meet minimum standards in terms of reporting adoption services and activities, satisfy educational requirements for supervisory staff, offer at least ten hours of training to adoptive parents, and carry a certain amount of liability insurance. Second, I identified agencies and information meetings from an online resource called Building Your Family: Infertility and Adoption Guide, a go-to resource that lists events hosted for prospective adoptive parents. From this source, I was able to identify additional adoption agencies as well as individual private attorneys who solely provide domestic adoption services (and hence do not need Hague Accreditation) or provide international adoptions from countries that had not ratified the Hague Convention. Third, to ensure that I captured the full range of adoption agencies, I identified agencies that had been denied Hague Accreditation and included some of these organizations as well.

It is important to acknowledge that there is a good deal of variation among the adoption agencies I visited in terms of size, religious affiliation, and geographic location. It would be interesting to delve deeper into how this variety shapes institutional practices. But since private adoption is a relatively small world, I chose to not paint detailed descriptions of agencies out of concern that they would become recognizable to those who are familiar with adoption. Along the same line, I purposely do not link the names of the women I interviewed with the agencies they worked for, out of concern that despite their pseudonyms the women could be identified given their institutional context.
During the time I conducted my fieldwork, it was not uncommon to see some of the same audience members as I made the circuit across information sessions offered by local providers. For example, I remember repeatedly seeing an unmarried White woman in her late thirties who was trying to figure out whether adoption as a single applicant was going to be her path to motherhood. She was quite gregarious and would often engage other audience members, so I learned a little bit about her backstory. I first saw her at a conference geared toward prospective adoptive parents. There she attended the same session I did which detailed the differences between domestic and international adoption. Seeing her across multiple venues underscored the fact that potential clients often do “shop around” before committing to a specific adoption agency or country program. She must have decided that international adoption was going to be a better fit because a few weeks later I saw her again at an information meeting specifically discussing transnational adoption. She and I crossed paths at yet another information meeting offered by a competing intercountry adoption agency. By the last session she proudly disclosed to the group that she had settled on adopting from Ethiopia and was going to officially start the paper process.

I still remember her because she seemed so resolved and excited to move forward with adoption. The agency she selected was one of the few that was still accepting applications from single women hoping to adopt an Ethiopian child as young as possible. Years later, I wonder whether she was able to submit her dossier in time to be considered or whether the slowdown in Ethiopia meant that she was not able to adopt. Moreover, I wonder whether she fully understood the commitment she was making when she decided to become a transracial adoptive parent and whether her agency adequately prepared her for the challenges ahead.

Like myself, these prospective adoptive parents eventually reached what sociologists refer to as a “theoretical saturation,” when each additional information session stopped yielding new insights. Since past research indicates that only a fraction of women considering adoption ever follow through, it is likely that some attendees decided not to move forward with the application process. Thus, presenters at these meetings have their work cut out for them in that they are trying to convince audience members to first consider adoption, and second to sign on with their specific services. As adoption ethicist Madelyn Freundlich argues, “The growing number of agency programs in these countries and others has led to increased competition and the need for each agency to position itself as able to provide the most desirable children in the most expeditious manner.” This sense of competition among providers clearly resonated with one speaker who told her audience, “This whole presentation has to be about what separates us from other agencies.”
Most adoption information sessions assume that audience members have no previous knowledge of adoption, and presenters often begin by describing the differences between domestic and international adoption. Next they go on to detail how in private domestic adoption, the pregnant woman considering an adoption plan usually chooses the adoptive family among several different profiles. Although there are occasional exceptions, most of the children placed via private domestic adoptions are infants, usually newborns. Prospective parents have the choice of using a full-service adoption agency or hiring an attorney who advises clients how to locate an expectant woman looking to place her child.

Presenters then explain that, in contrast, international adoption often entails the placement of a toddler or older child born overseas (recall from the previous chapter that infants are rarely available). If applicants are hoping for a child as young and healthy as possible, prospective parents sign up for one of the few countries placing these children and eventually are given a referral for a child meeting those qualifications. Internationally, adoptive parents who are willing to adopt an older child or one with a significant medical need often apply through a separate and often expedited less expensive program for waiting children.

After ironing out these details, the speaker usually describes the general characteristics of the children available for adoption, such as their age, health, gender, and race. Following these descriptions, presenters discuss more of the “nuts and bolts” of the application procedure, explaining how long the application process takes and the many bureaucratic steps involved. Then they briefly touch on the associated fees and payment plans. After finishing this overview, the facilitators open the floor to questions.

Early in the session, most presenters thanked the audience members for coming. They briefly acknowledged the significance of their attendance, especially for audience members who had struggled with infertility. One presenter obliquely spoke of the “long road” many had likely traversed before getting to the session. At another meeting, the presenter cast herself as a sympathetic listener, empathizing that some applicants may feel “battered and bruised with what they’ve been through already.” A third presenter indirectly referred to applicants’ infertility struggles by stating, “We know that when families come to us, they have been on a rocky road.” Others were more candid about the fact that many audience members had likely already unsuccessfully tried to conceive via assisted reproductive technology (ART), making sure to drive home the point that adoption could deliver a child to them, even if ART had failed.

For example, I sat in the crowded ballroom of a conference center one Saturday morning and listened to the keynote speaker address an audience of mostly White women and men who were considering private adoption. The featured presenter was an adoption consultant who specialized in
working with prospective adoptive parents with infertility problems. Her overall message to her rapt audience was that adoption works. She likened ART to being on a roller coaster ride of “hope, anxiety, waiting, and disappointment” over and over again. In contrast, she told her audience that adoption is like “crossing a bridge,” and “if you get on the bridge and have the fortitude to stick with adopting, the chance of success is 100 percent.” She reminded them, “That is not a statistic you’ve heard in a really long time.”

At another information session, the presenter touted a similar message that adoption successfully creates families when other attempts have yielded only disappointment. The social worker told her audience, “I have been doing this long enough to have seen families go through the process. I have seen families in info sessions bring children home.” Cognizant that her goal is to persuade people not only to choose adoption but also to sign on with her agency, she emphasized her organization’s success rate, stating, “This process really does work. Ninety-seven percent of those families who register with us bring children home.”

Additionally, many presenters identify themselves as having an insider status, usually as adoptive parents but occasionally as adult adoptees. This strategy helps speakers make a personal connection with audience members and offers prospective applicants hope that they too can successfully grow their families. One presenter played up her coworkers’ credentials as not just adoption professionals but also as adoptive parents, stating, “We don’t just talk the talk, but we walk the walk.” Another speaker mentioned that an adoptive parent founded her agency, stating that they “practice what they preach.” She continued that many of the staff are transnational adoptive parents, so at holiday parties, “It is like the United Nations.” Others mentioned how they also had adult adoptees working for them, with one stating, “Our team—we are all very family orientated. We have adult adoptees and adoptive families with children adopted internationally.”

Placing adoptive parents as spokespersons for adoption agencies not only helps reassure prospective parents but also serves as a savvy business strategy. For example, at a conference panel focused on the future of international adoptions, one agency employee drew on her insider status as an international adoptive parent to try to convince prospective adoptive parents that despite the downturn, overseas adoption is still a viable pathway. She offered a cautionary tale about her own “failed” attorney-led adoption before she successfully adopted a child from Russia through her employer. The presenter detailed how she and her husband had contracted with a lawyer who told them that if an adoption did not go through, she would refund the money they had already paid. Yet because the presenter did not get the agreement in writing, by the time the pregnant woman changed her mind about the placement, all the money in escrow had already been billed, and the attorney refused to honor their verbal agreement. With this experience in
mind, she advised her audience, “I think that it is safer to use an adoption agency.”

Beyond employee testimonials, some providers invite previous clients who adopted through their agency to address audience members’ questions. By sharing their journeys, these parents serve as the ultimate endorsement and reminder that the agency produces many satisfied customers. For example, at a meeting of a local adoption support group, the guest speaker was an adoption attorney who brought along one of her happy clients. The new adoptive mother cradled her cooing baby and told the audience, “I was just like you a year ago . . . and without [name of the attorney], I wouldn’t be here today.” Inviting this mother accomplished a dual purpose as the attorney proved to the audience that first and foremost independent infant adoption does work. Second, by showcasing a White mother with a White baby, the attorney was able to subtly inform clients that despite the relative shortage of White infants, her client prevailed and was able to locate the baby of her dreams.

At a session for Cornerstone, the organizers invited a heterogamous married couple that had recently adopted a toddler from Russia. These parents heartily endorsed working with the agency, revealing that they had devoted two years toward pursuing an attorney-led adoption and “had some heartbreaks” along the way. After these disappointments they wanted to adopt internationally because “we knew [that] could be successful.” They then went on to say that they chose Cornerstone because “you never felt like you were doing it alone,” and “the agency helps protect you.”

Similarly, at Baby Talk’s information session, Jessica, a new adoptive mom, gushed about her experience with the agency. She detailed, “We came to Baby Talk after trying fertility and that not working out for us. We didn’t know anyone in our family who had ever adopted. . . . I remember being at the general information meeting and thinking how excited I was. And I did have a lot of questions. Everything in our journey toward finally bringing home our son has been a fantastic experience.”

These newly minted parents provide a concrete depiction of an adoption success story offering a lifeline for uncertain folks trying to make up their minds about adoption. Even agencies that do not have guest speakers often try to assure prospective parents that they too can be adoptive parents. For example, at Loving Family, a domestic adoption agency, the social worker comforted audience members by conveying the message that they could successfully adopt a baby. She told them that adoptive parents come in all forms, stating, “Adoptive parents are in their late thirties, early forties. Sometimes secondary infertility problems, sometimes no infertility. There are interracial couples, same-sex couples, white collar, blue collar. People who have a desire to expand their family through adoption. They are like you.”

With these assurances, the adoption information session enacts a specific type of emotional labor, and providers tread softly over the topic of infertility
and the expensive and arduous process ahead. Good presenters assuage parents’ fears on multiple levels. Although the type of emotion work varied by whether the audience was predominantly interested in domestic or international adoption, one thing that all sessions had in common was the strategy of assuring parents that adoption was an honorable practice firmly grounded in its mission for child welfare. In order to move the conversation into the commercial domain, presenters had to unquestionably establish that adoption is first and foremost devoted to finding parents for children. In the following section I detail how adoption workers convey this message.

**Children as Clients**

Perhaps because of the large sum of money changing hands or adoption workers’ own misgivings about the market aspects of adoption, the initial goal of the information session is to firmly ground the practice as child welfare. One social worker stated, “There are so many children in the world who need families. That’s why we exist. All of our practices are in the best interest of the child.” At another session, the presenter told her audience, “We come to work for the children.” Because the child is the central focus, many blithely state that they wish that they could “work themselves out of business” because it would mean that there was no longer a need for such services. At a conference for prospective parents, one social worker endorsed this party line, telling her audience, “We would love it if we could go out of business.”

Other representatives also worked to assure potential clients that they were not in it to make money. For example, one presenter stated, “I tell all of the families I work with, the important thing is this is not a business.” Similarly, a director of an adoption agency addressed her audience, “Adoption is about making a difference in a child’s life. This is not a product; this is a human life. . . . I am not a traditional CEO trying to make lots and lots of money.” In this regard adoption is positioned as distinct from the profit-maximizing model of the free market, with adoption professionals firmly grounding their work as social service.

The emphasis on child welfare was so strong that on several occasions adoption providers described instances when they deliberately persuaded applicants to drop out of the process. Under a purely profit-maximizing model, this behavior would not be rational, since turning away potential parents means turning down revenue. One social worker related how she tried to dissuade a potential client from moving forward: “One mother kept turning down referrals because she didn’t think the child was pretty enough. I told her that she had to go to counseling before she could move forward.” Another social worker spoke of denying an application from a sixty-five-year-old woman who wanted to adopt a newborn. These stories are telling because they illustrate how many providers are willing to adhere to high
standards designed to serve in the best interests of children, even if it means losing business.

In another example, a social worker told her audience about a client who had very specific criteria for the child she hoped to adopt. This would-be mother wanted to adopt only a White Russian infant whose parents both went to college but died in a car accident. Although the social worker joked that she told the woman “to go away,” she elaborated that she persuaded the woman not to pursue adoption. During the same session, the presenter later mentioned a case about a single woman who wanted to adopt a twelve-year-old from Russia but was not prepared for the realities of adopting an older child who had spent years in institutional care. The social worker told her audience that she “gave her a list of things to do before she could adopt in order to slow things down,” hoping that the woman would drop out of the process.

The disapprobation against framing adoption in objectified terms is so strong that occasionally some adoption workers will police the language of their colleagues and publicly call them out should their terminology stray too far into market jargon. I witnessed this occurrence during one of the adoption conferences I visited. At a session on international adoption led by an adoption agency executive and a director of an adoption advocacy group, the adoption worker launched into her overview, providing an update on the demographics of children who would likely be available in the pipeline. Taking umbrage at the term available, the other speaker interrupted the first, admonishing her, “Children are not available for adoption. They need a family, and [the question is] do they have access to a family through international adoption?” This critique spawned a moment of awkward silence across the room, as it was clear that the initial speaker was not expecting this rebuke. Despite this aspersion, the speaker managed to curtly acknowledge her colleague’s comment and continue the presentation.

As this interchange suggests, in private adoption the stakes are high, such that referring to children’s availability raises the ire of some advocates. Although there are internal debates about language, as these disclosures indicate, at their professional core adoption providers see themselves as social workers and child advocates actively working to find parents for children. The child is positioned as their reason for being, and adoption representatives feel it is their duty to remind potential applicants of their allegiances. As one social worker explained, “We are a child-welfare agency. That means our client is the children.” Another presenter emphasized her agency’s child-centric orientation, articulating, “We are a unique agency in that the focus is the child. We view the child as our client.” However, she amended her statement, qualifying, “Although obviously you are the client, and the birth parent is as well.” At yet another session, the presenter used a similar strategy to emphasize that the child is the central client while intimating that the parents’ needs would still be a priority. She asserted, “I just think that it’s
really important that we are viewing the child as our client.” But then she rushed to continue, “And of course we want to support you and offer the best possible resources that we can both during and after placement.”

Once providing the caveat that all of their policies are predicated on the child as the client, many presenters start to pivot their message, often painting their child-welfare foci as a potential customer service benefit. For example, at Statewide’s information session, the presenter told her audience, “Statewide is considered one of the most experienced nonprofit international adoption and child assistance agencies in the U.S. Not only should that provide peace of mind to you as you begin your adoption process, but because of our history, you can trust that should any unexpected issues arise during your adoption, Statewide has likely handled these type of situations.” The focus continued to migrate toward the prospective parents, as the speaker asserted that these vast experiences ensured that the agency would “know who to go to and how to address your needs as quickly as possible.”

At China Heart, an agency solely facilitating international adoptions from China, the director was more blunt about what she called her “philosophy on customer service.” She underscored how her staff would “hold your hand” and provide “that catering service,” especially during the mandated overseas travel to meet one’s son or daughter. My “agency is not about serving one family today,” she proclaimed. “We are thinking about serving one thousand families tomorrow.” Because the agency specializes in China adoption, she distinguished herself from her competitors, saying, “We do China only. China is our passion, focus, and specialty. We can keep the costs low, and our employees can give you our undivided attention.” She cautioned that some other agencies with a full slate of programs lack the ability to provide catered services, warning attendees, “Some organizations have no idea what they are doing.”

Whereas representatives from China Heart emphasized that their specialized approach to adoption is a consumer benefit, in contrast, those offering a multitude of programs framed their large roster as a positive for customers. As one speaker told her audience, “One of the reasons families choose our agency is we have been around a very long time, and we do have lots of different options.” At Family Union, the speaker also highlighted their vast array of adoption programs, framing the choices they offer as beneficial for consumers:

Many families choose to come to Family Union because of the wide variety of programs Family Union offers. We found over previous years a lot of adoption agencies specialized in working with one particular country to place children from. What happens is when that country process slows down or closes, . . . families are in a place where they’re stuck. They have to choose another adoption agency or
start over in order to move forward with their adoption process. It’s helpful as country requirements change or as adoption processes or time frames change, families are able to look at other programs through Family Union, and if they feel it is appropriate for their family, they can switch to another program without having to completely switch agencies.

The message in this statement serves a dual purpose. First, the tone underscores the consumer-friendly approach by emphasizing the many consumer choices this agency offers. Second, notice that the consumer option of switching programs is framed solely as a customer—not an agency—benefit. Yet as argued in Chapter 1, offering a myriad of country programs also helps protect the adoption agency, particularly when country programs close.

Parents as Clients

Framing private adoption as an altruistic service pursued in the best interest of children is instrumental to the next phase of casting prospective adoptive parents as the good guys who are helping to alleviate the plight of parentless children. For example, at one information session held by Loving Family, a domestic adoption agency, the social worker positioned domestic adoption as helping to reduce potential foster care cases. She explains that during a birth, if there are “red flags” such that a mandated reporter might have to call in a state’s child welfare officials, then these officials will “step out” if they know that the mother is making an adoption plan. According to the agency representative, these adoptions help prevent children from entering “the system” and “languishing in foster care.”

This strategy of equating domestic infant adoption as saving children from foster care may help to absolve clients’ potential guilt over not choosing to adopt via the public foster care system in favor of adopting a child as young and as healthy as possible. Lindsay worked to ameliorate her clients’ guilt about these choices, advocating, “The starting point should be what you want.” Cognizant of these mixed emotions, at another information session the speaker acknowledged that private adoption is expensive, so parents should get their money’s worth. Notice how she gives them permission to think about what will be easiest for them as consumers, contending, “You have to pay money to adopt, and [some] don’t want to pay for a child with special needs that can be identified. Parents want something they feel will be easier, not a child with identified problems.” Another presenter encouraged her audience to be forthright about their desires by stating, “You need to live through this [process] so you can parent the child.” A third pronounced a blanket exemption, “There is no right or wrong. You are adopting a child who needs parents.”
The message that there is no right or wrong gives prospective adoptive parents the permission to put their needs front and center. Emboldened by the assurance that they are partaking in an altruistic child welfare practice, they are relieved of the guilt associated with the inevitable winnowing process that adoption entails. True, adoptive parents are adopting a child who has been identified as needing parents. But in order to get to a desirable son or daughter, prospective parents have to bypass less desirable children also in need of parents. These are uneasy decisions, since they force applicants to grapple with whether they could handle adopting a racially different, older child with known medical issues. Since there is a relative shortage of healthy infants available for adoption, most of the children in need of families are likely to have some sort of special need. Conscious of the discomfort the process can generate, a presenter worked to relieve her audience members’ fears by stating, “No one is going to make you adopt a child you don’t want to adopt.”

Given their competing priorities, adoption providers try to strike a balance between pitching adoption as social service and customer service. This balance requires a unique sort of emotion work that simultaneously discounts the idea that adoption has a commercial component while encouraging prospective parents to see themselves as consumers. For example, at a panel titled “International Adoption 101,” at an adoption conference geared to prospective adoptive parents, I sat in a crowded conference center ballroom filled with an audience of mostly White attendees who were considering transnational and transracial adoptions. The presenter, a senior administrator at a large adoption agency, opened her presentation by directing the attendees to think of themselves as consumers but not necessarily as shoppers. She began, “Remember that you are a consumer. You are not a consumer of a product of a child, since children are not for sale. You’re not doing that. You are a consumer of services.”

This solicitation serves multiple purposes. First, the presenter assures audience members that children are not for sale, firmly situating adoption outside of the market realm. Many of these would-be adoptive parents were likely struggling to reconcile paying thousands of dollars in fees and were perhaps trying to figure out where the money was going. The statement exonerates these prospective clients, telling them they do not have to wonder whether they are engaging in some sort of commercial exchange. Second, the executive’s statement basically implores audience members to take on a consumer mentality. Since she was coming from a position of authority, this entreaty gives parents permission to think of themselves as the consumers and the adoption providers as the purveyors of goods.

I witnessed a similar form of emotion work at an adoption information session when the social worker struggled to describe how to peruse her agency’s website, which provides photos of children available for international
adoption. When first introducing the topic, the speaker emphasized the consumer-friendly aspects of the process, encouraging attendees to go online to “click around and see the information available about the children.” Should visitors identify a child who is appealing, she recommended calling her agency so that “the child can be put on hold” for applicants while they get their paperwork in order. She acknowledged the commercial nature of the transaction by saying, “I know it sounds kind of weird, like you are shopping.” At this moment, the market metaphor seemed to go too far, and the audience bristled. The social worker then switched gears as the child advocacy role took over. She backtracked and commiserated with her audience: “I know. It doesn’t sound good. This is how it works. But it is all done on the up-and-up.” By acknowledging that the layaway metaphor “doesn’t sound good,” part of the social worker’s job is to move the conversation firmly back into the realm of child welfare by persuading audience members that the process is honorable. Armed with reassurances that “this is how it works” and that everything is “on the up-and-up,” applicants are given the implicit message that they can proceed with a consumer mentality.

The titles of some of sessions at adoption conferences underscore this parent-centered orientation. For example, I went to a presentation called “Deciding on the Type of Adoption That Works for You” and one called “Is Transracial Adoption Right for You?” Notice how these presentations frame the adoption decision-making process in terms of what works for the parents. Yet to uphold the discourse that adoption is solely about child welfare, adoption social workers cannot afford to crassly frame the decision-making process in terms of parents’ desires and market realities. Imagine going to information sessions with titles such as “White Parents: Who Would You Rather Adopt, a White Russian Child Who May Have Fetal Alcohol Affect or an Asian Child Who May Not?” or “Do You Want to Adopt a Black Baby in Half the Time at Potentially Half the Price?” Articulating the adoption decision-making process in this manner would be unconscionable, since it veers too close to a commodified and calculated view of adoption. So instead of verbalizing decisions in this manner, these choices are often cloaked under the auspices of doing what is right for the parents. Thus the emotion work entails rebranding the adoption winnowing process in terms of the euphemism of finding the right fit.

Finding the Right Fit

Repeatedly I heard presenters employ this strategy, urging parents to think about what “will be the right match for you and the right match for your family.” For example, the presenter at Forever Family, a domestic adoption agency, chronicled the process in a judgment-free, neutral tone: “There are questionnaires that you are going to fill out about what type of child you are
requesting and how that is going to affect your family, and what does this all mean, and how you are going to feel with the outside world, how they’re going to view your family.”

In this narration, euphemisms abound, cloaking issues surrounding potentially controversial topics like transracial adoption, open adoption, and the adoption of children with special needs. Certainly, from a social work perspective, parents should not adopt a child they are not prepared to parent. However, by framing the decision to choose one type of child over another as a matter of idiosyncratic fit, adoption workers give parents permission to bypass acknowledging these issues. The customer is not made to feel uncomfortable with his or her consumer desires since the tone of the word “fit” implies an innocuous individualized preference. In addition, the word is free of judgment and blame. So when a social worker tells her audience, “There really is a program for everyone. You just have to think of a country that suits where you’re at,” she implicitly gives parents permission to cast their decisions in a neutral way and to prioritize whatever suits their needs.

So what happens when prospective adoptive parents want to turn down a child who is not the right fit? As I learned from attending these sessions, adoption workers often communicate to potential clients that they will have the leeway to turn down a specific child or “situation” if it turns out he or she does not meet their aforementioned criteria. Because the processes of rejecting a child via domestic and international adoption are distinct, each of these practices is discussed separately.

**Turning Down a Situation in Domestic Adoption**

In private domestic adoption, prospective adopters have the option of using an adoption agency or a private adoption attorney. With an agency, the entire adoption process is curated by the organization. Agency employees conduct the home study for parents and organize parent trainings. Moreover, the institution recruits a pool of potential birth mothers and asks the pregnant women to choose among their registered clients. This takes the onus off of the prospective parents from having to continually place advertisements and field inquiries. If the adoption is an open one, the agency helps facilitate contact between the birth and adoptive parent(s) and handles the finalization of the adoption. In other words, the agency is more of a full-service model, whereas in independent attorney adoption the adoptive parents piece together services from multiple venues. One attorney glibly described the difference as “one-stop shopping” versus “ordering à la carte.”

With the à la carte approach, parents have more consumer leeway but also face more risks because clients shoulder the burden of arranging and paying for advertisements to solicit prospective birth mothers. In my
interview with Irene, an adoption attorney, I asked her what the typical budget looked like, and she replied:

We’ve had clients who do it themselves and do it very minimally, maybe $300 to $400 a month. If you do it right, sometimes you can find all sorts of discounts, specials, and you know. So you can really put a lot of thought in how you spend your money, and you can really make your money go. There are some advertising specialists who say we recommend a minimum budget of $1,000 a month or $2,000 a month. There are some people who say, “You know, why are you going to do $1,000 a month and have to do it month after month. Why don’t you just spend $10,000 or $12,000 and place sixty ads at once?” For some people it works; that’s how you can have it that some people can have a placement immediately. If they are putting sixty ads in. But what if nothing happens? What I advise my clients is [that] you can spend that money, but you still have to have enough to do it again, and you still have to have enough to do an adoption.

While attorney-led adoption definitely has increased risks in terms of spending money without a guaranteed return, there are also benefits because the independent approach offers customers greater autonomy when recruiting and vetting potential birth mothers. At one adoption conference, the attorney was quite straightforward about these potential advantages, proclaiming, “With an agency, you are being chosen. With independent, you choose your own child.”

Unlike adoption social workers who tend to eschew the shopping metaphor, or use it and then assure clients that they are operating aboveboard, adoption attorneys showed far less reticence employing the market metaphor. As Briggs’s historical analysis reminds us, from the 1970s onward, adoption “became increasingly like a consumer market” for parents and less like a solution for children in need, particularly among attorneys and private facilitators capitalizing on the “free-wheeling, market-driven private system.” Casting themselves as the antidote to a broken public child welfare system, independent adoption facilitators framed their services as offering “a more efficient route to a healthy white baby.”

Emphasizing this consumer autonomy, at one information session a lawyer proclaimed, “When doing private you have a constituency of one.” Another attorney spoke of the freedom prospective clients would have to continue infertility treatments (a practice that is often discouraged by adoption agencies) and still pursue domestic adoption. She said, “In private, you can do whatever you want. But agencies have different views about the practice. In private, it is up to you.” In other words, independent private adoption attorneys frame their services through a free-market model, underscoring
how a customer is always right approach may benefit prospective clients. As long as the courts certify that the parents have met the legal thresholds to adopt, the rest of the practice is “up to you.”

In independent adoption, there does not appear to be the same struggle between balancing the child and parent clients. In fact, at a conference panel titled “Successful Domestic Adoption,” one of the attorneys identified this single-minded focus as a benefit of independent adoption. She explained, “The agency represents the birth mother, the adopted child, and the adoptive parent,” but in contrast, “the attorney represents only you, so there is no conflict of interest.” She advised that if the prospective adoptive parents are the type of people who “know what we want, and we wanted it yesterday,” then she advises that attorney-led adoption may be a better path.

In line with this customer-centric approach, several adoption attorneys emphasized the consumer latitude afforded by independent adoption. For example, during the question-and-answer session after a conference session on domestic adoption, one audience member asked whether the attorney had an age cut-off when taking on new clients. Recall how an adoption social worker disclosed that she turned down a sixty-five-year-old woman who wanted to adopt an infant, out of concerns for the child. However, age was not a factor for the attorney who responded that it was “not a problem.” She then proudly spoke of helping a seventy-two-year-old man partnered with a forty-seven-year-old woman adopt a baby, continuing, “So if anyone is younger than seventy-two, it’s not a problem.”

Beyond assuring potential clients that age would not be an issue (at least for the attorney), during these sessions many underscored that in attorney-led adoption, prospective parents would be empowered to prioritize their wants. For example, several attorneys warned audience members that domestic adoption agencies often do not have an adequate supply of healthy White infants and that the waiting times can be excruciatingly long. In another session designed to explain the differences between independent and agency domestic adoptions, one attorney advised, “If you are working with an agency, it is important to find out: Do they place children that you are looking for? Do they place babies? Do they place White babies if that is what you are looking for?” Others emphasized that in attorney-led adoption there would be more latitude to turn down a birth mother situation. In contrast to the independent option in which the customer is always right, one attorney warned potential clients that they should learn an agency’s policies before signing on: “If you’re working with an agency, find out about their waiting list. Do you get put on the bottom if you turn down a situation?”

Imagine the following scenario when prospective parents might turn down a birth mother situation. A pregnant woman sees a classified ad in the newspaper placed by a would-be adoptive parent. The pregnant woman musters up the courage to call the 1-800 number listed on the advertisement. She
and the hopeful mother have a short but pleasant conversation, and the pregnant woman decides that this is the family she would like to place with. Her heart becomes set on this family, and she starts to imagine her child growing up with them as parents. Later the attorney representing the prospective adoptive parents calls the woman and asks her to fill out an information sheet and sign the medical release forms. During the interchange with the lawyer, the pregnant woman discloses that she used heroin during the early stages of pregnancy before she knew she was pregnant. Knowing that this is a deal breaker for the adoptive parents, the lawyer tells the pregnant woman that the match will not work. The pregnant woman has to start over and reach out to another solicitation and risk being rejected again. The prospective adoptive parents do not face any repercussions for their decision beyond getting billed for the attorney’s time, and they are free to wait for the next pregnant woman to respond to their ad.

Whereas adoption workers often try to juggle the multiple constituencies of children, birth mothers, and adoptive parents, the role of the adoption attorney is to solely represent the adoptive parents’ wishes. One forthright attorney stated, “We encourage you to turn down a situation that is not right for you.” Another cautioned that a downside of working with an adoption agency is that “some agencies think you should take whatever child is offered to you” and warned audience members that these agency representatives “may not do their due diligence, so to speak,” and may overlook some potentially serious issues with the child. Echoing this consumer choice, another lawyer advised her audience, “You can turn one [birth mother] down without institutional wrath.” One particularly vocal attorney reminded parents, “Remember, the agency works for the agency.”

I spoke with Christine, an adoption attorney, about this scenario, and what happens should her clients decide to back out because of concerns about the child’s medical profile. She describes how it is her job to call the expectant woman and decline the placement. She points out the irony that the clients who ask her to do this are often the same ones who will later “whine” to her and lament that they did not receive any responses from their advertisements. Christine elaborates:

Me: So medical issues are coming up more and more. Whose job is it to call the expectant woman and say, thanks but no thanks?
Christine: Mine.
Me: That must be a very hard conversation.
Christine: I hate it. The whining I didn’t-get-any-calls conversation is just distasteful. I really don’t like having to tell birth mothers, unless she has come to the table with dirty hands. I feel badly but not as badly, [if she says something like] “Right, I forgot to tell you I have been using methamphetamines for months.” Unless
there has been a basis where she has been lying. What happens more often is that she has been really upfront and forthcoming, but then the adoptive parents freak out for some reason.

Even though private adoption attorneys are more likely than not-for-profit adoption agency employees to focus on clients’ autonomy as consumers, agency workers convey a similar, albeit slightly watered down, message regarding turning down a situation. One adoption agency employee described the early stages of the application process as “working with you to design parameters and comfort zones” so the agency can “identify children who meet that criteria.” Another social worker explained the process as, “You are going to talk with your counselor about what your comfort level is, and you are only going to be matched with children that match your situation.” Likewise, at a third information session, the adoption professional also depicted the process in direct marketing terms. She emphasized that choosing her agency gives the parents access to their vast network, stating, “We can start marketing your profile to our network to locate birth mother situations for you.” In this regard, adoption providers frame their roles not only as social workers but also as marketers and matchmakers who recruit expectant women carrying desirable children.

Although domestic adoption agencies frame the process as a client-centered and consumer-friendly process, prospective parents do not have the same leeway to turn down a referral as they would using a private attorney. But even using an adoption agency, prospective parents are assured that they will have some flexibility to decline a situation, especially if new medical information comes to light. During the question-and-answer session at an information session an audience member asked, “So say we are matched up with a birth mother and their family. And how do I say this? If they pick us, and we decide that they are not a good match for us, how does that work?”

The presenter responded:

It will depend on why you think she’s not a good match. [When you sign up,] you are telling us what you are willing to accept in a birth parent’s background. So when a birth mom picks you, all of those reasons should match up why she picked you. If you decide there is something there that she’s not—that you’re not connecting with, that is something that we address. But certainly as an agency we have a right to say, “You know what? It doesn’t seem like a good fit for our agency, and you can’t follow through with the adoption process anymore in general.”

Perhaps most notable about the presenter’s response is that she leaves open the possibility that the clients would no longer be eligible to adopt via
her organization. If private adoption was solely based on maximizing profits, agencies would work with applicants regardless. But in this case, social workers negotiate between the needs of the prospective parents and the birth parents.

Continuing with her answer, the presenter finished her response by reiterating that applicants are given a good deal of choice at the start of the process, and these desires are honored, especially if new information comes to light. She continued, “If the birth mom [is] at the hospital, and it turns out that she smoked marijuana, and you were like, ‘Hey, we didn’t say that we would accept a birth mom who smoked marijuana,’ that’s a different scenario because it is not something that you agreed to in the beginning.” So rather than being able to do “whatever you want,” as in the case of private attorney adoption, adoption agencies provide a consumer guarantee such that prospective parents are given a great deal of consumer control at the beginning of the selection process, but once these parameters are set, parents are expected to abide by the initial specified criteria.

I want to emphasize that it is relatively rare for adoptive parents to walk away from a baby; it is far more common for a pregnant woman to change her mind once the baby is born. Since women cannot sign away their maternal rights until after the birth, there is the possibility that the adoption will fall through. In adoption circles, this is often called “a change of heart.” At one information meeting the social worker estimated that about 50 percent of the pregnant women who contact the agency decide to parent, characterizing this figure as “the reality of domestic adoption.” Because of the risks associated with a domestic adoption falling through, some prospective adopters lean toward international adoption. Cognizant of these concerns, some international adoption agencies play up the fact that children available via transnational adoption are legally free for adoption, meaning that the biological parents’ rights have already been severed. For example, I attended one information session at Global Rainbow that purported that one benefit of international adoption was “all of the children are orphans without parents.” A website of another China-specific adoption agency proclaims “100% of the children adopted from China are abandoned,” and since “abandonment is illegal in China,” biological parents do not leave any identifying information. The agency goes on to assure prospective parents that they will “acquire all legal rights for their child without worry that the birth parents will try to reclaim the child afterwards.”

Although this aspect of international adoption is framed as a positive consideration, there can be additional risks to this form of family building since oftentimes there is little available social and medical history about the children. These risks are increasing as the demographic profile of available children shifts from healthy infants to children with greater medical needs. Thus, a greater number of prospective parents may be concerned as to
whether they will be able to decline a referral. In the following section I de­
scribe how adoption workers discuss turning down a child and how they
enact this type of emotional labor.

Declining a Referral in International Adoption

In international adoption, rather than have a first mother/birth mother
choose from a pool of parent profiles, parents and children are matched by
a third party, either a government worker or an adoption agency employee.
This process is advertised as being more fair and predictable since it is based
on a queue, rather than the discretion of a woman making an adoption plan.
One presenter emphasized the benefits of this more-standardized allocation
process, describing the system as akin to standing in line at the deli counter.
She said, “You get in a line, and when your number comes up, you go and get
your child.” Another underscored the egalitarian approach, stating, “You put
your time in, you wait, and a referral comes to you.” A third described it as
“a matter of time before you’re first on the queue.”

When parents’ “number comes up,” they are usually given what is known
as a referral. An adoption social worker explained what this entails: “In most
countries, once a child has been matched with your family, you will receive
what we call a referral for that child. And the amount of information you will
receive about your matched child will really vary from program to program.”
She continued, “In general you can expect to receive, at the very least, a pic­
ture or two and recent medical records and just some basic information
about your child’s background.”

Although the health information greatly varies depending on how much
is known about the child’s background, it often includes basic measurements
on head circumference, estimated age, and height and weight so that parents
can have these data evaluated by pediatricians specializing in international
adoption for clues about the child’s growth and development. Many interna­
tional programs also test their children for HIV and Hepatitis B. The social
worker assured her audience, “The testing is excellent. [We’ve] never had a
child who is negative be positive.”

At the “International Adoption 101” conference session, the presenter
advised her audience that it is “important to have an idea where countries
are trending,” and she forewarned that for those interested in adopting a
healthy infant girl from China, the wait time could now approach eight
years. She then transitioned to talking about her organization’s special-needs
adoption programs by stating, “You are going to hear me talk a lot about
older and waiting kids.” Another said, “We ask families at the start of the
process to think about their ability to parent a waiting child.”

Often, adopting a waiting child is framed as a benefit to clients because
they are able to adopt more quickly and sometimes for less money. A
representative from Forever Family urged listeners to consider a waiting child, predominantly framing it as an expedient method of family building. She stated, “We really do encourage families to think about waiting children for several reasons. One is your own needs. If you want to become parents sooner rather than later, it is usually a much shorter process.” Although meeting the needs of the parent-client is positioned as the foremost consideration, the speaker secondarily mentions that “it is usually the waiting children who are the most in need of families.” Having grounded the issue as a child-welfare practice, she pivoted to reframe it in terms of the supply of children: “You just heard me talk about the very limited number of infants and toddlers in need of adoption. The need really is for older children, sibling groups, and children with a whole range of needs.”

Although adoption providers emphasize the potential benefits associated with adopting a waiting child, international adoption agencies minimize their liability by recommending that parents have referrals evaluated by pediatricians specializing in international adoption. In some regard, these physicians perform a service that used to be left to the jurisdiction of adoption social workers who prided themselves on their ability to reduce the risk of an unsatisfactory placement by expertly designing kinship through testing and regulation. However, with the referral process largely in the hands of overseas officials, a cottage industry has emerged. Kristi Brian describes this reliance on medical specialists who, for a fee of up to $600, will read the medical charts and watch any accompanying videos of the child and provide an assessment of the accuracy of the provided health information. In this caveat emptor, adoptive parents are encouraged to see themselves as savvy consumers making informed consumer choices. For example, one presenter said, “You will have the opportunity to review all of the child’s social and medical information thoroughly before making a decision. We encourage you to have the information provided to you evaluated by a physician familiar with international adoption. For referrals of special-needs children, we actually require this.”

Some adoption agency representatives assure prospective clients that they will be given more than enough time to consider the referral before making a decision, even for programs known for placing healthy children. As Sara Dorow describes in her study of transnational adoption from China, the referral of a specific child to waiting families is the moment that “makes the child real.” Receiving the referral also entails a decision: the prospective parents have to decide whether to commit to raising this specific child. This process can be understandably fraught, since “this often means scrutinizing the photo and the scant medical information for signs of trouble.” Dorow goes on to describe one couple, who after much agonizing, had turned down the first referral of a toddler whose head circumference was thought to be too small and was granted a second referral of a more acceptable child.
Although it is difficult to know how often this happens, anecdotally I have heard several parents describe having to make these agonizing decisions. For example, I once met a White couple at a playground who had adopted from Korea. Since our children were about the same age, we started chatting, and in the course of our interchange I disclosed that I too had been adopted from Korea. Even from our brief interaction, it was evident how much he and his wife loved their son. Somewhere in the course of the conversation we started talking about my research, which I broadly framed as the question, how are adoptive parents and children matched with each other? The father proceeded to tell me about how hard it was to qualify for the Korean program because of the country’s rigid health restrictions and how they were grateful that they were able to apply. Perhaps feeling reflective that his son on the playground could have gone to another family had he and his wife not qualified for the program, the father told me that they had almost turned down the referral based on concerns about their son’s head circumference. Watching the little boy play with my daughter, I could not help thinking that the process of making a transnational adoptive family was a unique mixture of fate and bureaucracy, but the parent client ultimately has the final say as to whether to commit to the adoption.

Notably, during the information sessions, adoption workers affirm the mentality that prospective parents should feel free to prudently debate a referral. For example, during a presentation for Kid Connection’s Ethiopia adoption program, the social worker promoted the country “as a great program in terms of the time and flexibility you have once you have been matched with a referral.” Then she attempted to balance the conflicting needs of children and parents, stating, “Certainly, we consider the process in terms of wanting to do what’s in the best interest of the child so having a family sit on a referral for four months while they consider whether that child is a good fit for their family is not in the best interest of the child.” But in the next breath she assured prospective parents that they would be given ample time to make a decision, continuing, “However, if you do need several weeks to talk with your doctor to ask some questions and to find out that information before moving forward, that we definitely can do.”

Although turning down a referral and essentially refusing to adopt a specific child can be an emotionally charged decision, social workers assure parents that it is an acceptable consumer choice. As Brian observed in her study of Korean adoptions, workers often assuaged prospective parents’ concerns, underscoring that the adoption agency would not judge clients should they decide to pass on multiple children “until they found the one that seemed ‘just right for them.’” For example, the presenter from Baby Talk told her audience, “If you get the file of a child that has been matched to you and for whatever reason you or your doctors review it and aren’t comfortable with something in the file, you are never required to accept the referral of a
child.” Similarly, the speaker at Synergy Adoption Services labored to shield attendees from any guilt associated with turning down a referral, comforting them by saying that should they have to refuse one child, in the end, “You get the child meant for you.”

In other words, despite the tension between serving the child and the parent clients, adoption social workers seem to prioritize the market realities by guaranteeing a level of consumer choice to prospective parents. The takeaway is that clients signing on with their agency will be able to exercise a good deal of autonomy and will not be required to adopt a child they do not wish to. This “customer is always right” mentality is delivered in a supportive tone as social workers soothe the concerns of audience members. For example, I was one of maybe a dozen people in the room who had taken the time on a Saturday morning to attend an adoption information session. After going through the different country programs they offered, the social worker discussed the referral process. She emphasized that, “For whatever reason, if it doesn’t feel like this is a good fit, then you can say no.” Her message was one of unconditional support as she managed the prospective parents’ fears about adoption. “As hard as it is, as sad as it is to walk away,” she continued, “if it doesn’t feel right, it doesn’t feel right. It is okay to say no. This is your life. This is your family. You have to decide if this is the child for you.”

Not only do adoption workers employ a strategy of exonerating prospective parents of guilt should they decline a referral, but workers also stress that waiting clients will be unduly penalized. For example, one social worker said, “If your family chooses not to accept a referral, you will be placed back on the waiting list.” Another reassured potential customers, “You don’t go to the back of the line. You stay at the front of the line.” A third emphasized, “You can always turn that file back in and get back in the queue to wait for another child to be matched to you. And you don’t move to the end of the line; you go back to your place in line as far as waiting for that match.” She continued, “If you get a referral that you are not comfortable with, and you choose not to accept the child, can you go back and wait for another child? That is definitely a yes.”

In other words, the presenters stress that even when turning down a child who is deemed unacceptable, prospective parents maintain their status as consumers who have the right to exercise a degree of autonomy without penalty.

The likelihood of turning down a referral was more prevalent for parents who were considering adopting from Russia and Eastern Europe.40 One reason for this trend may be that children adopted from these regions face greater developmental delays.41 Prospective adoptive parents and the physicians who evaluate the medical information in the adoption referral may be more aware of this phenomenon, potentially leading these parents to be more cautious and reject children that seem medically risky. Describing this situation, one agency social worker warned her audience, “Most of my Russia families turn down a couple of referrals. Some don’t . . . but it is very common
to turn down referrals, which is very difficult.” A provider from a different adoption agency echoed this trend, stating, “Whoever is planning to adopt from Russia, be prepared that you may receive a referral that you have to decline. It doesn’t happen all of the time, but it does happen.” She continued by saying that should the prospective parents refuse to adopt the referred child, “You will simply wait for another referral.”

By positioning the process of choosing or declining a child as simply waiting for another referral, adoption providers send the message that in this consumer process an identified child can be passed over in favor of a child that better fits the parents’ criteria. One social worker even informed audience members that should they travel to a country to meet with their referred child and have second thoughts, they could potentially pursue adopting a different child on the same trip. She detailed, “After referral, you can go to the country if you want to go see the child before you say yes. Spend some time together. Maybe you go to see the child and see [another] one that meets your eye. That could happen too.”

While some agencies have a more blasé approach to turning down referrals, other international adoption agency representatives clearly draw a line between acceptable and unacceptable reasons for doing so. For example, at one information meeting the presenter stated, “The only reason that you can decline a referral is for a medical reason. You can’t say that you wish that he had blond hair or that her eyes were blue.” Similarly, at another information session the social worker explained,

> It really depends on why you turn down a referral. If you turn down a referral because your doctor says it looks like this child has fetal alcohol syndrome or a heart issue, I think that is very legitimate. If you turn down a child because his skin isn’t the right color or you just don’t like the looks of him, the placement agency wouldn’t be so happy. So as long as you have a real legitimate reason.

This explanation is telling for several reasons. First, notice how the presenter oscillates between the discourses of social service and customer service, explaining the differences between “legitimate” and “illegitimate” reasons for declining a referral. From a social service perspective, the presenter underscores that parents are not given absolute freedom to turn down a child. In other words, even though adoption providers frame the application process in terms of finding the right fit for parents, they also communicate they will impose limits on consumers’ choices should the need arise.

**Money Matters**

The moment when money changes hands can be particularly fraught with tension because it is during this instance that the line between child welfare
and child commodification is the most blurred. Rather than frame adoption as paying upwards of $20,000 for a child, presenters often couch the costs of adopting in terms of paying for services. In light of these significant fees, one organization warned audience members to be wary of competitors who promise low fees or wait times because these are often “too good to be true.” She assured prospective clients that their fees are “really in the mix of the rest of agencies.” Another agent went as far as to disclose to audience members that her organization does its own reconnaissance to guarantee customers that their fees are in line with those of its competitors. She stated, “Once a year we survey the top ten agencies in the United States and take a look at the fees that they charge for the country programs that they offer. We make sure that we stay within that middle or lower middle range for agency adoptions.”

Many presenters used the strategy of couching pricing discussions in terms of paying for services, so there is no association with baby buying. In domestic adoption, for example, prospective adoptive parents often pay some of the fees associated with the expectant woman’s pregnancy, up to the limits allowed by law in the placing mother’s state of residence. These fees can include not only prenatal care and maternity clothes but also lost wages because of pregnancy, rent, and groceries, adding upwards of several thousand dollars to the cost of the adoption.42

To prevent direct monetary exchanges between would-be birth mothers and adoptive parents, some agencies have parents pay into a general pool for the birth mother. One social worker explained this policy, stating, “You are not paying money directly to the birth parents. We feel that it is not a good thing to get money involved in that relationship.” Another facilitator described how the adoption agency acts as the middleman to allocate the funds, emphasizing, “[We] don’t want to appear to have a link between money and placement. No insinuations of baby buying. We want the agency to handle the disbursements.” Even though adoption agencies charge thousands of dollars for the services, it is ironic that when it comes to giving money directly to women relinquishing children, money is not supposed to change hands.

International adoption agencies employ a similar strategy, acting as the intermediaries and shielding adoptive parents from monetary transactions that have the potential to insinuate baby buying. For example, parents adopting from China are required to make a $5,000 “donation” to the orphanage housing their child.43 Some agencies have parents carry the cash in $100 bills directly to the orphanage the day they meet their future daughters and sons, but other organizations tout their practice of collecting the money up front so parents do not have to travel with so much cash or take part in a crude exchange of “donating” cash for their child. Describing this practice, one presenter stated:
With China there is a $5,000 donation fee. Whereas most families are required to bring that to China and carry that in cash on their person, we really think that makes families vulnerable. And we also don’t want that transaction to be taking place when you are meeting your child for the first time. So we transfer all of that money to our office in China and take care of paying all of these fees so your first focus is on meeting your child.

As I was conducting my fieldwork during the height of the recession, the high cost of private adoption was even more of a concern. For example, during an information session at Statewide, when it was time to discuss the financial component, the social worker acknowledged that it is “no small section to go over.” She said that most adoptions cost between $15,000 and $30,000 and that “this is a real challenge for some people.” Another social worker attempted to soothe audience members’ indignation as to why adoption is so expensive. Notice how she works to ground the transaction in child welfare in stating, “Before I started working here, I wondered why it was so expensive to adopt because there are so many children who need good homes and good families.” She provided a breakdown of costs, making sure to frame the money spent in terms of the consumption of services, not the commodification of children. “I like this slide because it kind of breaks down all of these different areas of where you are paying. You are paying [for the] services of working with agencies, gathering information, mailing things to us.”

Despite her attempt to delineate costs, it was evident that prospective parents were unclear about the breakdown in fees and that this information would be an integral criterion in their decision-making process. For example, at one information session on transnational adoptions an audience member was trying to get a handle on the out-of-pocket costs and trying to discern what was included in the multithousand-dollar program fee for each country versus additional travel costs. He inquired, “I am a little confused. I was looking on your website. The adoption from Uruguay\textsuperscript{44} says $14,000, but you said it can range to $35,000.” The social worker responds that the $14,000 is just the program cost that “goes for the program itself. Care in country, proper legal process.” The interlocutor followed up, “So in other words, we need to figure in for airfare for two of us to go over, three of us to go back, plus all lodging and etcetera in country.” One could almost see him doing the mental calculations in his head as he asked, “But the interpreter in the country is included in the international program costs?” At this point, the presenter was a bit flustered as she searched for the information but failed to find it in her notes. Before she could respond, another audience member piped up with an additional question: “We are going to adopt a waiting child. There is an additional donation to the orphanage. Does [the program cost]
include this as well?” A third chimed in, wondering whether a hypothetical child with a lazy eye “would be fast tracked.”

One thing that is so interesting about this exchange is that it shows that solely framing adoption costs in terms of a child-welfare process is an inadequate marketing strategy. Prospective adoptive parents take the time to attend these sessions because they are seriously considering adoption, and they need all of the relevant information about characteristics of children, waiting times, and costs before they can select a provider and move forward. So when agency representatives are unprepared and uninformed, the strategy can backfire, as seemed to be the case when the speaker was caught off guard. She dodged these questions by saying, “That is one of the nice things about our agency. We are a pretty big agency, so we have staff members who specialize in each area.”

These applicants are about to embark on an arduous and expensive process, and many audience members were clearly frustrated with such a non-committal response. It would have likely been a more effective marketing strategy to position these audience members as autonomous consumers and to arm them with the information they wanted. These prospective parents would then have had license to prioritize their needs and move forward with the decision-making process. Only at this juncture can would-be parents sort through their many options, weighing the age, race, and health characteristics of available children with concerns about costs, waiting times, and openness. As the next chapter details, these questions are not easy, and adoption providers recognize this. Rather than overwhelm potential paying customers on their first meeting, many spokespersons allude to these decisions in terms of “fit.” This euphemism does the emotion work of assuring would-be adoptive parents that their wishes will be respected and honored.

But what happens when prospective adoptive parents are encouraged to see themselves as consumers? How does this mind-set shape how they approach winnowing the field from all available children to a suitable son or daughter? As one social worker advised her audience, the chance of being successfully matched with a child in a timely manner depends on “how open you are to risk and race.” Another encouraged prospective parents to consider “what country is right for you,” elaborating that the decision often “depends on what you are looking for in a child. What you are looking for in a culture, in race, in the risks that we talked about.” The next chapter unpacks this connection between race and risk, arguing that adoption providers push White parents toward transracial adoption by framing it as a savvy market strategy.