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Anger Among Prospective Adoptive Parents: Structural Determinants and Management Strategies

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ABSTRACT

This paper focuses on anger experienced by prospective adoptive parents as they go through infertility and the formal adoption process. Qualitative interviews were done with seventy-four infertile couples who were at various stages in their consideration of adoption. Using a sociology of emotions perspective, I examine the source of their anger by focusing on the structural power imbalance between infertile couples and the physicians and adoption agency personnel to whom they turn for help in becoming parents. I analyze the way that this power imbalance constrains their anger and examine the way it is managed according to the "feeling rules" that then come into play. The implications of this anger for practice are discussed.

The anger experienced by prospective adoptive parents as they go through infertility and the formal adoption process will be examined along two axes. First, the structural power imbalance between infertile couples and those who they turn to for help in becoming parents will be considered. Typically, couples turn to, and become dependent on, physicians for help in becoming biological parents; when that doesn't work they turn to, and become dependent on, adoption agency personnel in an effort to become adoptive parents. In both instances, their dependence on others results in a sense of powerlessness and feelings of anger.

Second, the way that this power imbalance constrains the expression of this anger will be analyzed, specifically, the way anger is managed in interactive situations by prospective adoptive couples according to the "feeling rules" that come into play (Kemper, 1981:346). The powerlessness that couples experience is compounded by the structural restrictions that inhibit the expression of anger

toward those on whom they are dependent. As Averill (1982) has suggested, one is usually able to target anger at those responsible for instigating it in order to bring about a constructive change. However, for prospective adoptive couples to target their anger at adoption agency personnel would be to risk alienating them, thus jeopardizing their chances of becoming adoptive parents. As a result, the expression of this anger is guided by the rules of appropriateness and thereby emerges within "safer" contexts such as the research interview, the marriage relationship, or discussions with close friends.

This paper draws on a sociology of emotions theoretical framework that focuses attention on the importance of social context for understanding both the source of emotions and the way that they are managed in the situation. For example, Kemper (1978, 1981) has suggested that position in the social structure is critical for understanding the patterning of affective experience. From this perspective, the distribution of power and status in social relationships is the key element in evoking emotions. Furthermore, the way that emotions are managed in the situation are subject to "emotion rules" or prescriptive, normative guidelines for the appropriate expression of emotional states (Armon-Jones, 1985; Hochschild, 1979, 1983). From this perspective, emotions are managed according to the situational constraints of "appropriateness" or "correctness" (Schott, 1979:1319).

Anger is but one emotion that is typically experienced in the infertility and adoption processes. However, I have chosen to focus on anger, at the exclusion of such emotions as isolation, denial, fear, depression, or grief for two reasons. First, anger was commonly expressed by infertile couples and frequently emerged as a central theme during research interviews when the experience of infertility and adoption was discussed. Second, the prevalence of anger in this context focuses attention on power relationships which have received little attention in the literature on infertility and adoption. Third, anger is one of the most highly controlled and most difficult emotions to express in our culture. As Hochschild (1983:114) suggests, there are "taboos on anger" and the result is that people are "unusually eager to conceal anger and unusually uncomfortable with its expression" (Stearns and Stearns, 1986:7). As a result, anger is often a difficult emotion to deal with in practice. These issues suggest that a systematic analysis of anger is essential for understanding infertility and the prospective adoptive experience which may provide a basis for dealing more effectively with anger in the helping relationship.

The prevalence of anger in the experience of infertility is well documented in the literature. For example, several researchers (Menning, 1977; Shapiro, 1982) have noted the similarity between infertility resolution and Kubler-Ross' stages of dying, where anger is one of several key emotional responses. Mazor (1979) describes the prevalence of anger in the infertility process that arises from feelings of being damaged and defective. Hertz (1982) suggests that couples

go through periods of astonishment, fear, guilt, and finally, anger. Martin Matthews and Matthews (1986) point to the prevalence of anger resulting from the loss of control in the infertility treatment process. Link and Darling (1986:59) report that the couples in their sample "routinely reported a keen sense of frustration and anger over their condition."

The presence of anger in the adoption experience has also received some attention in the literature. For example, Rothenberg, Goldey and Sands (1971) report that most adoptive couples attending group meetings expressed feelings of rage and fear as a result of their helplessness. Other researchers have sought to explain the implications of anger in the adoption experience. Castle (1982:10) suggests that "anger against the adoption agency is a bad sign, often indicating that the prospective adopters are still angry over their own infertility." Similarly, Kirk (1981:73) suggests that anger is to be avoided in the adoption process insofar as couples are expected to "to accept emotionally their physical limitation i.e., they must admit to themselves without self-pity their atypical parental position." Kent and Richie (1974) go further when they assert that anger in the adoption experience is associated with the unreconciled loss of a biological child which may result in inconsistent discipline with an adopted child. These causal links between anger and infertility are not only unsubstantiated by research, but they attribute the anger to the loss of infertility to the exclusion of other structural factors inherent in the adoption process itself.

Although the presence of anger in the experience of infertility and adoption is well documented, there has been little effort to provide a systematic analysis of its structural underpinnings and/or its contextual expression. Stemming from this, there has been little effort made to examine the implications of this anger for the practitioners who work with infertile couples. The practitioner's ability to address the issue of anger with infertile couples would no doubt help them to more appropriately manage it, and, as Sabatelli, Meth and Gavazzi (1988) suggest, would positively co-vary with adjustment to infertility.

Methods

The paper reports on a set of seventy-four semi-structured interviews with couples who were waiting to adopt. In order to be included in the study, couples had to be experiencing a fertility problem and have no children (biological or adopted) living with them. Couples were recruited from a fertility clinic at a large urban teaching hospital and from the adoption waiting lists of two Children's Aid societies. This was done in order to intercept couples at various stages in the transition to adoptive parenthood: on the one extreme, to get couples who were early on in the process of infertility tests and treatments, and at the other extreme, to get couples who were well into the adoption process. In order to avoid the possibility that the same couples might appear in both

sampling frames, the adoption agencies used were from a different geographical location from the fertility clinic.

Different recruiting procedures were used to obtain the samples from these two sources. At the fertility clinic, patients were asked by the physician or nurse whether they would be willing to consider participating, and if so, they were immediately introduced to me. I then explained the study to them and if they were still willing to participate I arranged a time for an interview. Among those who met the eligibility criteria, 71 percent agreed to an interview. In contrast to this face-to-face recruitment approach, adoption agencies sent out letters on my behalf to everyone on their waiting lists. If they were willing to participate, they responded directly to me. This resulted in much lower participation rates with 42 percent responding from the first agency (107 letters sent) and 15 percent responding from the second agency (58 letters sent). The overall participation rate, including the fertility clinic and adoption agencies, was 43 percent. I personally conducted all the interviews which ranged in length from one to four hours with most being two-and-one-half hours long.

The mean age of the sample was 31 for husbands and 30 for wives. They were well educated, with one-third of men and one-fifth of women holding university degrees. Corresponding to this, one-third of husbands and one-fourth of wives held positions at a professional or management level. Two-fifths were Protestant while one-third were Catholic. Couples had experienced a fertility problem for a mean average of five years. The diagnosed fertility problem was with the wife in 58 percent of the cases, the husband in 18 percent and combined in 15 percent. In 9 percent of the cases, there was no diagnosed fertility problem but couples were unable to conceive. Participants were at different stages in their consideration of adoptive parenthood ranging from those who had just begun to consider adoptive parenthood to those who had completed the adoption home study and were awaiting placement. Although all couples had given some consideration to adoption, three-fifths were formally on an adoption waiting list. Of these, one-fourth had a completed homestudy and were awaiting placement.

The analysis was qualitative, following the tenets of grounded theory. The primary purpose of the study was to examine the transformation of identity from biological parenthood to adoptive parenthood. In the course of tracing this identity change, anger emerged as an important analytic category that called out for systematic analysis.

A number of general, open-ended questions were particularly useful for understanding anger in the infertility and adoption experience. These included:

- What was your reaction when you first suspected that you might have a fertility problem?
- All things considered, what impact has having a fertility problem had on your lives up until this point?

- Has having a fertility problem had an effect on the extent to which you feel like you have control over your life?
- How has your involvement with the agency so far affected your feelings about adoption? and
- What do you think is expected in the adoption home study in terms of demonstrating that a couple is eligible to parent?

Interviews were conducted with both spouses present in order to get at their shared definition of the situation.

The Structural Context of Anger for Infertile Couples

In the case of infertile couples who were planning to adopt, anger emerged out of recognition of their powerlessness. As Emerson (1962) has pointed out, powerlessness is a property of the relationship and is rooted in dependence. This dependence, which is rooted in an imbalance of power, instigated the feelings of anger (Kemper, 1978:143). Based on Simmel's argument that the feeling of gratitude supplements reciprocity in relationships, Gordon (1981:564) argues that anger supplements power imbalance in relationships. Homans (1961:75) has suggested that when profits are not in proportion to investments there is a "failure of distributive justice" that results is anger.

The couples of this study invested heavily in the parenthood identity. This investment was shaped in large part by a set of normative expectations which dictated that they "should" become parents. This was frequently a more salient experience for women because of the greater intensity of their socialization to parenthood. Sixty percent of wives and 54 percent of husbands indicated that parenthood was more important for the wife, while only 5 percent of wives and 7 percent of husbands indicated it was more important for the husbands. Andrea, who wanted to stay home and take care of children explained:

> I have this feeling of inadequacy because I can't have any children. As a little girl, you're playing with dolls and all this and you're prepared right from when you are a little one. You're prepared to be a mother—role playing and the whole bit. And then all of a sudden I can't. Like its a whole switch in your mind. You're prepared for this whole thing and then Bingo!—you can't and you have to start thinking differently.

However, men also expressed anger when they expected to become parents, investing themselves in it by doing everything right to become parents, but then discovering that there was a problem. George, a 30-year-old buyer had just recently learned that he was sterile and had this comment:

> I had the feeling of "what did I do to deserve this?" I don't drink, I didn't run around with women. We build our lives together and its an ideal situation to bring up kids. What the hell is this [i.e., infertility]? Other people run around impregnating women. Why the hell does this happen to me? I felt it was an injustice to me—but I'm not bitter. It's like someone called the wrong number. Why me?

Their investment in parenthood was also compounded by a perceived sense of responsibility to deliver the rewards of parenthood to others, especially the potential grandparents. John, who was a 32-year-old maintenance worker, had this to say:

> I think my parents are expecting that we will have our own biological children. They haven't really said anything out loud but deep down, I think they would like to see us have our own biological children because then its the continuation of their family—I guess I feel guilty that we can't give them biological grandchildren and that I would be letting them down—although I'm sure if I ever said that they would be mad at me for saying it.

When parenthood became problematic, couples turned to their physicians with optimism. However, as couples deepened their investment by going through a seemingly endless regimen of tests and treatments, their expectations for an appropriate reward seemed to intensify. Sharon explained:

> I sort of felt that well I'm going through all this and the reward at the end is that I'm going to get pregnant. In a way, I had that in my head. If I'm a really good girl, then I'll get pregnant.

As further evidence of this increased investment, 51 percent of husbands and 56 percent of wives indicated that parenthood had become more important to them since discovering their fertility problem. Couples attributed this increased commitment to parenthood to the loss of control they felt in making decisions about parenthood. Brenda, a 29-year-old mail clerk explained:

> For me there has been a loss of control. It is no longer my choice as to whether or not I can get pregnant. People I know come off the pill and they get pregnant—that makes me mad. I just don't have control over my body.

No longer able to exert the taken-for-granted control over reproductive choices, couples became dependent on physicians who were perceived to have some

power, by virtue of their "expertise," to help them. Ironically, in their effort to regain a sense of control over their lives, they had first to relinquish it. Steven, a 30-year-old construction manager, commented on how four years of trying to get pregnant with the help of doctors created this sense of dependence:

> We feel a lot more helpless now than when we first started. There is a lot of giving up to and depending on the doctors. Although we still feel like we can choose options, we are dependent on them.

This dependency relationship was the perfect breeding ground for anger and resentment. Jeff, a 34-year-old electronic technologist, described how anger emerged as a result of lost autonomy in both the infertility and adoption processes:

> I resent being tested and prodded and being asked my feelings. People who suffer infertility and have to adopt, and I understand the reason for it, have to lay bare their soul whereas those who have biological children don't have to do anything to show they are good parents. The system is unfair.

Anger was also likely to arise when doctors did not fulfill the expectation that they had the power to change the situation. Failure to deliver the goods in terms of a successful diagnosis and treatment set the stage for angry feelings. Greg, a 34-year-old accountant and Joanne, a 33-year-old teacher explained their six-year experience of trying to get pregnant:

> Husband: After month in and month out we began to feel it was beyond our control. The more things didn't work out, the more we began to feel that it was more out of control.
>
> Wife: Having infertility is like being an alcoholic, only worse. Being an alcoholic, at least if you are going to do something, you have control over it. If you are going to change it, it has to come from you. With infertility though, you don't have control over it. That's what is so frustrating! There isn't anything you can do about it. Its up to the doctors. Even then, our doctor did all the tests and in the end, told us it was bad luck! At first I looked at my husband and said "Can you believe he said that?" But after awhile, I started to admire him for saying that. There's nothing they can find so its just bad luck. Not even he can control it.

The loss of control and the anger that they felt was further compounded by long lineups to get treatment and a perception that their physicians were trivializing their feelings. Margaret, a 30-year-old schoolteacher attributed her anger to the kind of medical care that she received:

> The frustrating thing about it is the slowness in the process—the delays and the miscommunication between the medical staff and us. The demands that they have shortchange the attention that we get. One doctor was really incompetent. He told me it was all in my head.

For those couples who chose adoption as a way of regaining control over their parenthood choices, a similar power relationship was entered into. Whereas their efforts to become biological parents resulted in a dependency relationship with their physician, their effort to become adoptive parents required that they enter a dependency relationship with the formal agents of the adoption process. Again, their efforts to regain control over their decision to become parents required that they first give up control to the adoption personnel. The adoption agents were very powerful by virtue of their ability to reject a couple for adoptive parenthood on the basis of their evaluation or assessment of them as suitable parents. Jean, a 28-year-old communications specialist had been on the adoption waiting list for four years. She described how their dependence on the adoption agency lay at the root of their feelings of loss of control and anger:

> It has opened my eyes to the frustration of going through the process. You are at their beck and call when they decide that the match is made. You have no control. You have to submit yourself to the process.

Their powerlessness was also reflected in the words that they used to describe the formal adoption assessment whereby they are evaluated for adoption readiness. As one man put it, "it's like having a drill instructor walk into your environment" or for another "this stranger walks in and has power over you." People felt they were being "judged," "interrogated," "on trial," "fine combed," or that someone was "going to play God with us." Barbara, a 32-year-old computer programmer, described her sense of powerlessness and uncertainty:

> With adoption there is that uncertainty. There is always the sense that they are watching you. Do you measure up to the standard?"

Furthermore, in light of the diminishing supply of adoptable babies (Bachrach, 1983; Lipman, 1984), infertile couples were subject to increasingly selective practices by the formal agents of the adoption process. This increased selectivity served to heighten the power of adoption workers and to corresponding increase the dependency of couples. Sarah, a 25-year-old teller, explained that they had their name in for adoption for two years without acknowledgement:

> They haven't responded or even acknowledged our application. We don't hear anything from them. It is so discouraging. You feel like it's never going to happen. Then you hear about the number of babies going down because of abortions and you think do we even have a chance?

The length of the wait and the uncertainty that adoption might never happen led Derek and his wife Helen to question whether the amount of investment required could ever pay the appropriate dividends:

> Husband: When we contacted the agency they were very pessimistic. We feel that if we get a homestudy by the time we are forty (they were both 34) that we will be lucky.
>
> Wife: And they just told us that our chances were very, very poor because there were so few babies placed.

Lynne, who had been trying to get pregnant for five years, expressed anger at the possibility of being rejected after investing so much:

> The thought of getting turned down is most upsetting. Who are they to say that we aren't good parents? What if they say no? I would be so angry. Especially when you are told since you are little that you would be the best mom there is.

For Alan, a 33-year-old professional engineer, being rejected as an adoptive parent would mean double "failure":

> I would hate to be a failure twice. Not getting a biological child and then not getting an adopted child would be very hard.

The dependence of infertile couples on both physicians and adoption workers put them in a powerless position. Although anger was frequently the response to this, it was not often directed towards those responsible for instigating

it. Rather, its expression seemed to be directed toward safer targets that would not in any way interfere with their chances of becoming parents.

Managing Anger in the Infertility and Adoption Experience

The anger that couples experienced by virtue of their powerlessness in the infertility and adoption processes was subject to the guidelines of "emotion work" (Hochschild, 1979). In this regard, there was an effort made to shape or suppress feelings according to their appropriateness in the situation.

As Denzin (1985) has pointed out, the definition or interpretation of the situation plays a key role in mediating between "deep" and "surface" meanings of emotion. Whereas "surface" meanings reflect the public or observed self, "deep" meanings reflect the feelings of the "deep, inner moral self, the self of deep pride, shame, guilt, anger, remorse or ressentiment" (Denzin, 1985:225). Furthermore, the assessment of the situation is determined in large part by the significant others who are implicated in the situation. Denzin (1985:225) refers to these as the "emotional associates" who witness or share in the emotional experience. Based on an assessment of the norms, expectations, and rules, either implicit in the situation or in some way conveyed by these "emotional associates," decisions are made regarding the extent to which one can present "surface" or "deep" meanings of self. Corresponding to Goffman's (1959) distinction between front stage and back stage behaviour, couples staged a public impression of their surface selves to their physicians or the adoption agency, while in their private disclosures to each other, they expressed the anger and resentment of their deep selves at having to go through such a long and powerless process.

Although couples were angry with the power that physicians and adoption workers had over them, they rarely expressed their anger directly to them. Denzin (1984:225) points out that in situations where anger is the result of a power imbalance, rarely is this anger directed to the source. Consistent with this, the anger at the root of infertile couples' "deep" meanings of self was saved for other, more appropriate, emotional associates. To the physicians and social workers they presented their "surface" selves in order that they not get angry at them in return, which might in some way, either jeopardize their treatment or their chances of adopting. Mary, who was 33, had been on the adoption waiting list for two years. She explained how she and her husband established a "feeling rule" of being very controlled in their blame or anger so as not to alienate the adoption workers:

> It's nerve-racking. You feel like you are on trial. The one negative side is that you don't want them to get mad at you. I got a negative reaction from them.

When presenting their "surface" selves to adoption agency representatives, they attempted to portray themselves as "perfect parents." To this end, one couple had the feeling that "we should hold hands and show that we had this great relationship." Jim explained how he and his wife Joan deliberated over being honest (thereby presenting their "deep" selves) versus being "accommodating" or "telling them what they want to hear" (thereby presenting their surface selves):

> At the first meeting, it was "Should we be honest? What should we say?" You want to show that you are the 100 percent best human being there is to be a parent.

This effort to impress the adoption workers reflects the selective process that couples engage in when deciding whether to express what they are "really" feeling. The over-riding feeling rule was to repress the real emotion of anger in favor of creating the right impression. This "emotion management" (Hochschild, 1979) was clearly present when Cathy indicated that she would like to express concerns, anxieties or anger to the adoption workers but indicated that "you don't feel like you can." This was obviously a sentiment shared by other group members, for as she suggests later, "no one talked." In this instance, the situation required that the underlying emotions be suppressed in favor of an air of confidence and assuredness. The discrepancy between what one does feel and what one ought to feel made the "emotion work" necessary:

> Husband: You are like a dog trying to please all the time.
>
> Wife: I feel like a kid when I call them. You want to be the best and you want to project this image of being perfect. You are under the microscope. You want to say something but you don't feel like you can. It's the "we're close, so lets not rock the boat game." You can't express concerns because you don't want to have what you say misinterpreted. At the group session at the agency, we watched a film and there was discussion time. No one talked. I had lots of things that I wanted to say but no one said anything.

As part of understanding the feeling rules for the expression of anger, one man showed an awareness that not only should anger not be expressed with the adoption workers, but care must be taken to hide any anger that might potentially be directed at the prospective adoptee. When discussing the adoption assessment he indicated that the adoption workers would be looking to see if "there was anger bottled up in yourself and whether you would be dumping it

on the child." This awareness that the anger must be expressed elsewhere again reflects the presence of feeling rules which prohibit its expression in the adoption process.

Unable to direct anger and resentment at physicians and adoption workers, they chose to direct it at other targets. This displaced anger was directed at unmarried teenage mothers who were perceived to be negligent by their decision to keep their babies, people who abused children, or people who were able to have children with apparent ease. Although couples did not typically make these comments in the presence of these people, they did feel justified in targeting their anger at those who were less appreciative of children. This anger was expressed with safe emotional associates, including spouses, close friends, and the researcher.

One of the most common ways of displacing anger was to target it at those who were more obscurely responsible for their misfortune. For Sharon, who had been trying to get pregnant for three years and had been on the adoption list for one-and-a-half years, this meant directing her anger against girls who have abortions:

> My views on abortion have changed. At first, I wasn't sure, now I get mad about people having abortions when there are so many people waiting [i.e., to adopt].

Katie directed her anger at those who chose to keep their babies because she felt they were not well equipped to do so:

> When I see a young girl who is pregnant I get very angry. We went through a private adoption that failed and she was that age. I don't think they are very considerate. They neglect the kids and here we are with so much to offer, yet no one will give you the chance to do it.

For Jerry and Anne, who had been on the adoption waiting list for two years, it was the adoption agency who was held responsible for the lack of babies because they did not encourage birth mothers to give their child up for adoption:

> Husband: You hear that it takes so long to adopt. Eight years sometimes. It makes me angry.
>
> Wife: I get angry when nothing happens. It makes me angry that they don't encourage the mothers to give the child up. Then they support her with welfare.

People who were able to have children without much difficulty were also the targets of this anger. Perhaps because they represented the ease at becoming parents that they themselves had hoped for, they became a focus for their anger. Gertrude explains:

> I find it so frustrating that everyone else is getting pregnant and getting pregnant easily. Like my one girlfriend, she tells me in December that they are going to try and in January she tells me she is pregnant.

The "feeling rules" that governed the expression of anger in the infertility and adoption process can be summarized into three key statements. (1) The impression of cooperation and compliance was more important than the expression of anger and resentment. (2) Anger required an alternate target consisting of those who mismanaged (pregnant teens), or managed too precisely (successful family planners), the transition to parenthood. (3) There was a feeling rule that anger could be expressed only to close emotional associates who were not directly responsible for helping them to become parents.

Conclusion

Understanding the anger experienced by infertile couples as they seek to adopt requires that one be attentive to its structural underpinnings as well as the "feeling rules" that emerge to determine the appropriateness of expressing this anger. The anger that was present was there by virtue of their powerlessness in the situation, and stemming from this powerlessness, they were constrained in their expression of anger by those upon whom they were dependent.

Little attention has been given to the implications of this anger for practitioners who are themselves in a position of both constraining and being the targets of this anger. There is little question that failure to address this anger carries with it a host of negative consequences for the helping relationship including antagonism and distance. Unchecked, it may also introduce mistrust and resistance which are at odds with constructive change.

For those working with infertile and adopting couples, there are a number of options for dealing with this anger. First, acknowledgement of the anger and the recognition of the associated power issues is an important first step in diffusing it. The data of this study suggest that anger is a typical affective response to the loss of control inherent in the infertility and adoption processes. However, the tendency in the literature, and in practice, has been to blame the couple for the anger because they have not resolved the loss of a biological child (Castle, 1982; Kent and Richie, 1974). This approach to anger suggests that its expression is considered to be symptomatic of an underlying problem, rather

than a normal, predictable feeling in light of the circumstances. Although the difficulty in accepting the loss of a biological child may partially account for their anger, it ignores the anger that results from their power disadvantage. Focusing on the couple's inability to resolve infertility can only serve to escalate their anger while acknowledging and addressing the issue of power in the helping relationship can normalize the presence of anger and can be a take-off point for realigning the power and dependence asymmetry.

Rebalancing power can take several forms. It can mean that the professional reduces the client's dependence by asserting the limitations within which they work in helping the couple to become biological or adoptive parents. For the health care worker involved in the treatment of infertility, this means being very clear about the chances of success with any particular treatment. For the adoption worker, it means acknowledging their own powerlessness in helping them to adopt in the face of such an acute shortage of babies. In both instances, however, there must be a greater effort on the part of the practitioner to encourage greater autonomy and control in the decision-making process around infertility treatment or adoption consideration. In some situations, this could mean encouraging couples to stop any further infertility treatments or, in the adoption process, to consider private adoptions, adoption of older children, or remaining childless.

In keeping with this effort to rebalance the locus of power in these relationships, there is also a need to empower couples to seek out and gain support from others who experience infertility and are considering adoption. Peer-based support groups, or groups run by professionals (who are not involved in the adoption evaluation), provide an appropriate empathetic context for expressing feelings of powerlessness, loss of control, and anger. Infertile couples can serve as important "emotional associates" to each other. From the professional perspective, encouraging and providing resource support for such groups provides an important mechanism for couples to express their feelings and regain a sense of control over their lives.

A supportive context made up of several couples can also provide an appropriate opportunity to vent and refocus displaced anger. One of the implications of misdirecting anger is the absence of any constructive change. As Averill (1982) has suggested, the usual aim of anger is to change the conditions that led to its instigation. However, when anger is displaced to others, as is typical among infertiles, there is little change in the nature of their situation. Hence, the powerlessness that is at the root of their anger persists. Although it is important that couples express this anger within a safe context, the group can play an important role in refocusing it in order to better understand their powerlessness and dependence in their effort to become parents. In so doing, the group can help couples to be more assertive and autonomous when working with professionals.

Although these suggested techniques may be useful in redressing the imbalance of power between couples and the professionals with whom they interact, it is also important to look at the roots of this powerlessness in ideology and social structure. As Mills (1959) reminds us, a full sociological explanation pushes us to consider not just the "personal troubles" over which the individual has control, but rather, to look at the "public issues of social structure" which have to do with the organization of an historical society as a whole. In this instance, anger associated with dependence and power imbalance can be attributed to a social structure that is intensely pronatalist. From this perspective, their powerlessness can be explained not simply in relation to the professionals to whom they turn for help, but in relation to a society that impels them to go to great lengths to have children, even when their chances of success are minimal. Here, their powerlessness is a public issue because they have no control over meeting a set of normative expectations that they should be parents.

The implication for practice is that couples should routinely be encouraged to reconsider and evaluate the meaning and importance of children in their lives. As part of this process, they should be encouraged to sort out their own needs and values regarding children from the various social pressures that they encounter from friends, potential grandparents, peers, and the media. At the most basic level, this means making the subtle and implicit expectations for parenthood explicit, so that these social forces can be more readily identified and dealt with.

Related to this, couples should also be encouraged to evaluate and clarify, on an on-going basis, their reasons for continuing with infertility treatment and adoption, and alternately, the acceptability of various options including childlessness, adopting special needs children, or international adoption. As part of the consideration of childlessness, couples should be encouraged to confront their own fears of the stigma of childlessness and, where appropriate, to consider learning techniques for the social management of their childless status.

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