Family by adoption

Brenda Srof

 \mathbf{M} y story is particular, the story of one person, but it contains universals about the experience of infertility. I offer it in hope that such stories will help create congregations of believers who can talk with one another about infertility and know more fully what it means to be human, what it means to be vulnerable, and what it means to live abundantly in Christ.

My story starts with childhood, the place where our yearnings begin. My play as a child usually included acting out the role of mother. My favorite toy was my dad's discarded chess set. The king was the father, the queen was the mother, the knight was the

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Later, as a college student, I met Jody and we were married after our junior year. Perhaps because of our mutual love for children, we decided to start a family quite soon. As a result, we learned relatively early that we had an infertility problem. It was 1985, only a few years after the first test-tube baby was

conceived, in 1978. Artificial reproductive technology (ART) still seemed an oddity, and people were not yet rushing to reproductive technology clinics.

I did the standard things, the daily basal thermometer readings and recordings, enough to paper a bedroom wall. I took hormones, went to the clinic for monthly blood draws, and had a hysterosalpingogram, a test to determine whether the fallopian tubes are blocked. I waited and waited. One Friday in desperation I called a friend who worked as a lab technician and asked her to give me a lab result over the phone, so I wouldn't have to wait until my Monday appointment. I wanted intensely to be a mother and to nurture children. In the midst of my yearning, I felt dread: I hoped for the child that could be, feared that the child could never be.

Jody did the standard semen analysis. In the early going my doctor told me at every visit not to underestimate the male ego. I had a hard time understanding, because the infertility problem was largely mine. I both admired and resented Jody. He was a model of care and support. He tells me now that the worst part was feeling helpless, watching all of the procedures being done to me. But I resented him for the ease with which he accepted the infertility. For me, it was devastating. For him, biological procreation has never been as important.

In the midst of all the effort, I felt loss. Loss of the fairy tale life I had hoped for, loss of the expectation that we would bear children as an expression of our love for each other, loss of control, and loss of my sense of myself as a young woman, alive and fertile.

Jody and I were part of a Mennonite house fellowship that we had formed with five other families. The fellowship knew of our infertility, but we shared more intimately with our pastors, dear friends. They listened and offered encouragement, and we ate many meals together. The best medicine was the fellowship we had together. We felt support all around us, but when it came to making decisions, mostly Jody and I made them by ourselves.

We are both nurses, and in the midst of the infertility work we decided to go to Kenya to teach in a school of nursing. Just two weeks before we left, I had a diagnostic laparoscopy, a procedure in which a fiber-optic scope is inserted in the abdomen so the physician can see the reproductive organs. Several months after our arrival in a small Kenyan village, we received word: "I'm sorry, but barring a miracle, there is no medical hope for a pregnancy." We mourned, and we sighed in relief. We had come to a definite stopping point in our infertility work.

The next step was obvious: adoption. Recognizing that adoption can often be a waiting game, we decided to start as soon as possible. After several investigations into Kenyan adoptions proved fruitless, we returned to the States. On the day after we moved to Indianapolis, even before the phone in our apartment had been connected, I started my search. Flipping through the

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The next week we found ourselves seated in leather chairs in front of the lawyer's oversized mahogany desk. As we wrote out our check for the down payment on legal fees, he said, "I will not be finding a baby for you." He must have noticed my disconcerted

gaze and went on to explain that he would provide ideas and support for locating an adoptable child. Then began the process of advertising and telling everyone we knew that we were interested in adopting a newborn. Private and modest about intimate matters, we had to overcome our reticence and summon the courage to shout from the rooftops, "Hey! We are here and we want a baby!"

Two months after our first meeting with the attorney, my parents visited us. My mother brought a handmade baby quilt. "You never know," she said. One of the social worker's home visits happened during their stay. Adoptive parents are the only parents who must prove their worthiness and suitability. As the social worker asked the standard questions, my dad chimed in, "Can you do something to find them a baby as soon as possible?" I was touched by my parents' support, and I hoped the social worker sensed it too.

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Just a month later the phone rang. "I have found a baby for you," the lawyer told us. "The social worker is recommending that you be the parents." Four days after Anna was born we were holding her in our arms. She was divine: 4 pounds, 10 ounces—as lovely a child as there ever was or could be. The attorney was wonderful. He wore pink socks the day we brought Anna home. In addition to being a professional par excellence, he has been an advocate for adoptive families in the Indiana state legislature.

The first to know were good friends from our small group at church. Two days after we brought Anna home, we took her, unannounced, to our regular meeting. Most of the people thought we were babysitting, but our friends had planned a surprise party. I will never forget their kindness. They had walked with us and now they were celebrating with us. Throughout the first week people brought food and gifts. Our pastors came to visit. As one of them held Anna, she tearfully exclaimed, "This is a miracle." And then she added, "This is more of a miracle than biological birth." I knew at that moment what the social worker meant. Adoption was the best "choice" for me. At a shower we received more gifts and cards. Tucked into one of the greetings was this note:

> We've been moved by the way you've taken Anna into your family and made her your own; by the depth of your concern for her well-being—physical, emotional, spiritual; by the profundity of your love and prayers and care for her. Your adopting Anna in the way you have is an important testimony in the midst of a society obsessed with the biological meaning of family, a society that goes to bizarre and incredible lengths to give people the biological experience of being parents. Your becoming Anna's parents and receiving her as your own child reminds us that, as our faith teaches us, biology is the least part of being parents, a dispensable part, that in fact being family together is a moral and emotional and spiritual relationship and task.

> Anna's name means "grace." We know that she has graced your lives with her presence, and we think she is also a graced little girl to have you as her parents. Her blessedness makes us remember the Apostle Paul's description of us Gentile Christians as graced by God's adoption of us as his children. Paul tells us that we are included in God's family by adoption, grafted onto the old stock, through Jesus' life and death. In addition to

bringing back into focus for us the moral and spiritual meaning of having children, your family models for us this grace of what it means to be God's adopted children.

Nineteen months after Anna's birth, our lives were graced by the arrival of Leah, again a beautiful four-day-old who joined our family as miraculously as Anna had. Again the outpouring of support from family and congregational members was immense.

What are the lessons of our experience with adoption? In the midst of infertility treatment, couples experience crisis. The rational gets blurred, and the broader view of the community and the world is threatened. The infertile couple's perspective becomes shortened and self-centered. The church has an important role in standing in the gap for them. Almost unawares, Jody and I experienced the church as an ever-present support.

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The story I have told is incomplete because it does not reflect the experience of my husband and, more importantly, of my children. As Anna and Leah become adolescents, we need to hear their stories surrounding the issues of identity and belonging. My children are fortunate to have

many friends and relatives who have been adopted, to whom they can go for support and conversation. I hope that my adolescent children, as well as all adopted children, will find a voice within a society that sometimes does not understand.

Although our society has a fairly positive view of adoption, there is room for growth. A pervasive discrimination against adopted children exists. When an adopted child makes poor choices, people say, "Wasn't he adopted? No wonder." Often media portrayals of adoption focus on the child's return to her biological parents. I would urge a fuller acceptance of adopted children and adoptive families. My hope is that the church will lead the way. I propose that congregations connect a person of prayer with every adopted child in the church, and every other child, to uplift them.

The world of artificial reproductive technology continues to be male dominated and paternalistic. Women often become objects in a system that de-mystifies conception and de-sanctifies the intimacy of childbearing. The medically dominated infertility industry can give women a sense of non-being within a system of needles and tubes. The church can respond by creating space for conversation and support for couples experiencing infertility.

Many people base their reproductive choices on their belief in a right to reproduce. This position raises questions: What are the rights of the children already here, whose birth was not desired? In the U.S., how do we justify the expense of ART in a system that does not provide basic health care services for the poor? Does the right to adoption and ART extend only to the affluent?

My story reflects the desire for a healthy newborn. I did not adopt a child for altruistic reasons, because a child needed me, but because I wanted to be a mother. I wanted to experience a kind of love and relatedness that is common in families. I believe this attitude toward adoption is healthy. We adopt because we have love within and around us that waits to be shared.

Miracles are abundant in life. As a community of believers we have a broad definition of abundant life that moves beyond our time and ourselves. Living with a sense of abundance, the true abundance found in Christ, will help us counter the fairy tale images our culture perpetuates. My fairy tale world was represented in my earliest play. Now I recognize that happiness is not found in living out one's childhood dreams. Rather, true contentment comes by living with faith in God and with gratitude for God's provision throughout life.

We often do not know what is best in each situation, but if we surround ourselves with people of integrity, we can, through prayer and support, walk a path, albeit a meandering path, that leads to a new day of hope and promise.

About the author

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