Consuming to Be Good: Therapeutic Ideology and Transracial Adoptive Mothers

This study reveals the therapeutic origins of the “good mother” ideal in a rarely studied context, that of transracial adoptive mothering. Using a comparative discursive analysis supplemented by illustrative case analysis, we show that what it means to be a “good mother” in transracial adoptive mothering discourse differs significantly from the ideal established in mainstream mothering discourse. The key differences uncovered relate to publicly contested challenges to legitimacy, the experience of stigma for families adopting children of difference races, and a relative dearth of market-based solutions to these challenges. We propose therapeutic ideology as a powerful macro-level theoretical construct capable of explaining the self-reinforcing cycle of mothers’ anxiety, expert advice, and market-mediated solutions.

Like many mothers, Gwendolyn (a pseudonym) strives to be a good one—playing with her children at the neighborhood park, making sure they are flourishing in their Montessori-based elementary school, and providing them with life-enriching material goods and experiences (e.g., toys, exposure to the arts). However, as a white woman raising two children adopted transracially, she often becomes frustrated by the market’s inability to provide her and her children with sufficient support in her efforts:

And then at one point when I was part of that multi-racial family group, we were also looking for dolls that you, you, more, you can, let me back track and find the right words for this. Baby dolls, you know, like the children, the little girls and boys play with, traditionally are pink, white, you know. More and more you can find some black babies and a little bit of Asian, a little bit of Hispanic, not as much. The black babies are pitch black. Okay? My children aren’t pitch black, so we started, you know, kind of doing a little bit on this crusade of saying, okay, can I find Barbie dolls, can I find,
you know, all the kinds of, of, of dolls that don’t look so typical white, typical black, that are more of a blended color, blended features. There are few, there’s not a lot, but they, they’re hard to find.

That’s, that’s a frustration for me because I can’t give them something that they can relate to, you know?

Parents have long found the relationship between the notion of an ideal childhood, parental identity, and the role of marketing as a builder or destroyer of childhoods to be ambiguous and complex (Cook 2004, 2007; Cross 2002, 2004). In Western culture, much of the expert advice on parenting is consistent with what researchers have described as “intense mothering” or the “good mother” ideal (Boris 1994; Garey 1999; Hays 1996; Johnston and Swanson 2006; Prothero 2002; The VOICE Group 2010a, 2010b), a form of legitimacy, or conformity to normative expectations, for mothers. The discourses associated with these ideologies, the ubiquity of which supports our choice of the phrase “mainstream mothering,” are often couched in anxiety provoking language and admonishment regarding the many ways that parents can fail their children and themselves, since parenting is one means through which individuals achieve self-fulfillment (Furedi 2002; McCaslin and Infanti 1998; Stanton and Guion 2013). Mainstream mothering advice may be encountered during a visit to the doctor, while participating in a prenatal yoga class (cf. Prothero 2002), or when perusing the multitude of magazines, books, and websites specifically created for soon-to-be mothers. And while the specific practices may vary somewhat across these different sources, all perpetuate the notion that women should strive to achieve the “good mother” ideal and do so through the market (cf. Henry 2010). In this manner, these discourses constitute an institutional logic, or way of making sense of the institutions of one’s social reality (Scaraboto and Fischer 2013).

The VOICE Group (2010a, 2010b) suggest that the mythological “good mother” ideology (Johnston and Swanson 2006) has a significant impact on mothers’ marketplace interactions. Following Žižek (1989) we define ideology as an invisible, binding force that organizes social life and orients action in social spheres, often deceptively. Adherence to the mainstream mothering ideal through consumption practices emerges from even the earliest stages of family formation: pregnancy and childbirth (Afflerback et al. 2014; Nelson 2003; Prothero 2002; The VOICE Group 2010a, 2010b). Building upon the work of Illouz (2008), we suggest that the anxiety mothers face pursuing the “good mother” ideal and its related consumption practices is tightly tied to the rise of a therapeutic ideology over the course of the 20th century. We also extend the literature on the “good mother” myth by showing that what it means to be a “good mother”
is dependent on the nature of the family as dictated by a limited institutional logic, the violation of which is heavily contested because it is readily visible. In particular, we examine a little studied group, mothers whose families include adopted children who differ in terms of race (defined as a group of people sharing the same culture and history) and/or culture of origin, revealing how the resulting transracial family structure faces stigma (or an assault on one’s worth, cf. Crockett 2017) and challenges to its legitimacy in everyday practice, including the marketplace.

Although the marketplace is rife with goods and services that support both mainstream and attachment “good mother” ideals, this level of support may be less accessible for those parenting through less conventional approaches, such as those using assisted reproductive technologies (ART; Fischer, Otnes, and Tuncay 2007) or families in which fathers assume the role of primary caregiver (i.e., stay-at-home fathers; Coskuner-Balli and Thompson 2012). We note, however that, like attachment parenting, practices associated with ART (cf. Fischer, Otnes, and Tuncay 2007) and at-home fathering (that actively defy gendered norms that consider motherhood to be “central to the feminine accomplishment of gender”; Christopher 2012, 74; Coskuner-Balli and Thompson 2012) are largely private in nature. That is, heeding the advice of experts and consuming “solutions” to the problems uncovered by those experts is typically done within the private sphere of home. In this manner, practitioners are able to avoid potential challenges to legitimacy or the social stigma ascribed by others in the public sphere (i.e., those that may deem these approaches abnormal). But what happens when mothers pursue the “good mother” ideal in a non-conventional manner not easily protected from public attention? That is, what happens when consumers violate the predominant institutional logic in publicly visible ways?

Our research focus is the context of transracial adoption as an exemplar of legitimacy seeking that violates existing institutional logics in a visible, contestable way. We find that, for mothers adopting transracially, the anxiety created by “good mother” standards (Boris 1994; Garey 1999; Hays 1996; Johnston and Swanson 2006; Prothero 2002; The VOICE Group 2010a, 2010b) is exacerbated by additional factors: challenges to maternal legitimacy and social stigmatization based upon raising a child from a different cultural heritage (i.e., there are visible challenges to the prevailing institutional logic). We show that the additional layers of therapeutic expertise available for mothers adopting transracially (e.g., adoption agencies, child welfare bureaus, family lawyers, etc.), ostensibly provided to support challenges to legitimacy, may exacerbate the social stigmatization of mothers adopting transracially by suggesting that market-offered
therapeutic solutions are for the mainstream; they are not appropriate for transracial families. That is, transracial adoption experts discourage the use of readily available facilitative goods and services in the pursuit of the “good mother” ideal, which, in turn, makes finding solutions more difficult for these mothers vs. their mainstream counterparts (cf. the Fatshionistas studied by Scaraboto and Fischer 2013). Finally, we offer a macro-level theoretical explanation in the form of therapeutic ideology for the normative expectations of the good mother ideal, the generation of self-doubt and anxiety over the ability of mothers to meet those expectations, and the marketization of therapeutic solutions and support for mothers in their quests to adhere to good mother norms. While the prominent targets for our research insights include scholars interested in understanding the intersection of parenting and the market, we also hope that adoptive mothers, prospective adoptive mothers, organizations attempting to improve the experience of adoptive parenting, and organizations trying to ensure the welfare of adopted children will also find something of value in this work.

THE “GOOD MOTHER” IDEAL

Because the constitution of the “good mother” ideal in mainstream discourse has been the subject of recent investigations (e.g., Johnston and Swanson 2006), we provide an overview here only. Carrigan and Szmigin’s (2004) review of the literature offers a dizzying array of the requirements expected to gain legitimacy as a “good mother.” Not only must “good mothers”-to-be wade through varied sources of expertise to determine which material tools will best help them be prepared for the task of mothering (e.g., “must have” checklists offered by magazines, friends, and physicians), they may also worry about the possibility of facing scrutiny from others regarding whether their consumption choices appropriately reflect their personal identities, their children’s identities, and their new identity as a member of the culture of motherhood (Afflerback et al. 2014; Bailey 1999; Nelson 2003; The VOICE Group 2010a, 2010b). Prothero (2002) described her intentional adjustments to health-related consumption, stating that she sought the advice of medical professionals and altered her diet in the hope that “… others [would] consider me to be a good mother” (p. 215; emphasis ours).

“Good mothers” are expected to be selfless, sacrificing their own desires to ensure that the baby’s needs are properly met (Bailey 1999; Cairns, Johnston, and MacKendrick 2013; Carrigan and Szmigin 2004). Particularly telling were Nelson’s (2003) interviews with mothers-to-be and newly minted mothers. Despite the preponderance of gruesome, horrific birthing
stories to which they had been exposed—mothers often expressed shame about using pain medication and spoke of enduring quite a bit of pain during labor before eventually requesting an epidural. One informant describes an epidural as an admission that “we failed a little bit” (Nelson 2003, 17), a sentiment held by many of the interviewees. In fact, several mothers considered the use of pain medication a proxy for one’s willingness to sacrifice or suffer “for the well-being of her child” (p. 25)—a heuristic they said was useful for determining which of their peers were “good mothers.” Of course, expectations of selflessness extend well beyond the child’s incubation and birth. A “good mother” has traditionally been defined as one who is “full-time, at-home ... and entirely fulfilled though domestic aspirations” (Boris 1994, as referred to by Johnston and Swanson 2006). Additional support for this “good mother” ideal emerges from Johnston and Swanson’s (2006) study of at-home mothers, who tied “being there” to the “good mother” ideal (p. 513) and who chose to stay home “because a happy child is the raison d’être of a good mother” (p. 515). Informants employed outside of the home tended to emphasize the importance of quality time, communication, and being accessible in a “psychologically and emotionally focused” manner (p. 514). In this manner, working mothers also framed their decisions to work outside of the home as selfless—something positive they were doing for their children (Christopher 2012).

“Good mothers” must also be responsible, which Bailey’s (1999) interviewees describe as becoming “more ‘adult’” (p. 339). Being responsible extends beyond prioritizing the quality of time spent over its quantity. Childhood is viewed as an important developmental period through which parents must guide the child toward social and economic independence (i.e., autonomy and self-sufficiency). This role is emphasized by child therapist Dr. Lee Salk1 in How to Raise a Human Being (Salk and Kramer 1969) who says, “the infant ... depends on a mothering adult figure to meet his needs for various kinds of sensory stimulation just as he depends on her to provide the food that nourishes physical growth” (p. 17). Modern cultural values of rationalism and individualism through notions of the child’s body, emotions, space, time, and play, as notions that largely shape parent–child interactions are valorized (Table S1, Supporting Information). Thus, experts advise parents to guide the child in practicing particular age-graded skills necessary to master and control their own body (e.g., recognizing the body’s need to eat, sleep, and use the toilet) and

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1. Dr. Salk (1926–1992), a renowned child psychologist, authored eight books on family relationships, gave frequent lectures and public appearances, and penned the column, “You and Your Family” for McCall’s magazine.
emotions (e.g., using material goods as “pacifiers” when the child is scared, upset, or is separated from the mother). In this manner, the success of the child becomes a personal obligation of the parents, perpetuating mothers’ reliance on guidance from parenting experts. We note that this advice is reinforced through various social institutions (e.g., schools set external standards of bodily and emotional achievement that are appropriate for age grades; Prout and James 1997; James and Prout 1997).

Mainstream parenting discourse also strongly supports parents’ reliance on expert advice with respect to the child’s relationship to social institutions. These experts claim specialized expertise regarding issues of health (e.g., physiological benchmarks and vaccinations required for school admittance), participation in age-graded activities that measure the child’s social development (e.g., preschool and head start programs; organized sports), navigation of the marketplace, and adherence to behavioral standards. Consider the following excerpt of a “how-to” parenting book published by the American Psychological Association:

Parents need to have a 10-Year Plan for their children. In the business world, such a plan describes where its owners and managers want the business to be in 10 years—the size and type of business they want, the market share, and so on. We believe parents need to decide what they want their children to be like in 10 years and what behaviors they feel are important for their children. If you know what you want your child to be like in 10 years, then it’s much easier to decide which behaviors you need to encourage or discourage now. The 10-Year Plan also helps to place the focus on what skills you want your child to have and how to encourage the development of those skills. (Christopherson and Mortweet 2003, 66–67)

Such council in mainstream parenting discourse reveals that concepts of business and the market are interwoven in parenting and family life (Cobe and Parlapiano 2002; Hochschild 2003; Warner 2005). This transplantation of business concepts, while obvious in books such as Stephen Covey’s Seven Habits of Highly Effective Families, pervades the text of most mainstream parenting magazines (e.g., Parenting, Parents, Parent & Child, Fun Family) as well as many books published by academically trained childhood experts. For example, Judith Warner’s (2005) informants spoke of co-parenting spouses as being like “business partners” who helped run the family like “a small business.” Relatedly, the “good mother” must help the child learn to responsibly navigate various social institutions, such as the marketplace (i.e., consumer socialization; Baker et al. 2013; John 1999). Allusions to this responsibility abound in mainstream magazines like Parenting, which celebrate consumption through the placement of numerous ads for child-friendly sport-utility vehicles, recreational
theme-park vacations, and branded consumption objects such as Crayola washable markers and Wendy’s hamburgers.

MOTHERING BEYOND THE MAINSTREAM

As a woman transitions into the role of “parent,” she becomes associated with all other mothers—a member of the community Nelson refers to as the “culture of motherhood” or “the mommies’ club” (Nelson 2003). However, she may find that neither her own childhood experiences nor popular mainstream parenting guides offer feasible therapeutic blueprints for her new family (Berquist 2006; Dorow 2006; Hirschman 2008; Richman 2002; Suter 2008). For example, she may gain “entrée [into the mommies’ club] by some other means” (Nelson 2003, 25), as a stepmother, adoptive mother, or the use of reproductive technology. Instead of being perfectly aligned with one of the three parenting styles identified by Diana Baumrind in 1966 (i.e., permissive, authoritarian, and authoritative), she may take her cue from experts who advocate Tiger (Chua 2011), Elephant (Sharma-Sindhar 2014), or Dolphin Mothering (Kang 2014).

Consider the case of attachment parenting. Dr. William Sears, a leading advocate for the attachment ideology, provides therapeutic advice for mothers opting for natural childbirth, extended breastfeeding, co-sleeping, home- or no-schooling, alternative approaches to vaccination, and/or a relatively nonmaterial life of voluntary simplicity, among other practices (Sears 1999). And, although attachment mothers’ practices diverge significantly from the mainstream institutional logic (e.g., those espoused in Baby and Child Care; Spock and Benjamin 1946), Dr. Sears’s extensive clinical expertise bolsters the legitimacy of this alternate route to achieving the “good mother” ideal. Furthermore, though many attachment parenting practices take place within the privacy of home, consistent with Illouz’s (2008) assertion, the market has responded to this alternative approach to mothering, offering “solutions” (i.e., goods and services) to support the discourse espoused by attachment experts. That is, a follower of Dr. Sears may reject baby formula, but seek nutritional supplements for the breastfeeding mother; they may opt for a baby sling to promote the mother–child bond; buy privacy shawls for public breastfeeding; or select bassinets that attach to the parental bed for co-sleeping. All are available on Dr. Sears’s website.

TRANSRACIAL ADOPTION

In 2014, approximately 75,000 children were adopted in the United States by nonrelatives (approximately 6,000 of these children were adopted
from countries other than the United States; Jones and Placek 2017). The focus of our study is on what is arguably the most visible form of adoption: *transracial adoption* (Grotevant et al. 2000; Lee 2003). Silverman (1993) defined transracial adoption as “the joining of racially different parents and children together in adoptive families” (p. 104). The population of those participating in transracial adoption (or TRA, the abbreviation favored by Baden, Treweeke, and Ahluwalia 2012) is substantial in size—comprising about 40% of adoptions in the United States. The TRA designation includes domestic adoptations of children of color by white parents as well as approximately 80%–85% of all internationally adopted children (Baden, Treweeke, and Ahluwalia 2012). Close to 30,000 of all adoptions in the United States in 2014 were transracial; 5,000 of these were also transcultural (i.e., international). In this manner, TRA mothers both challenge the discourse of biological parenthood like ART parents (Fischer, Otnes, and Tuncay 2007) and face threats to legitimacy akin to those faced by at-home fathers (Coskuner-Balli and Thompson 2012). In addition, despite the significant growth in TRA, transracial placements remain quite controversial. For example, the National Association of Black Social Workers (NABSW) holds the following position on transracial adoption (nabsw.org):

> The NABSW has taken a vehement stand against the placement of Black children in white homes for any reason. We affirm the inviolable position if Black children in black families where they belong physically, psychologically, and culturally in order that they receive the total sense of themselves and develop a sound projection of their future.

In our context, even expert groups such as the NABSW contribute to the challenges faced by adoptive families. Thus, some sources of therapeutic advice run counter to the very idea of creating a family of mixed race and makes this context a particularly interesting one for study. By adopting transracially, TRA mothers violate the existing institutional logic and face additional challenges to the legitimacy of their “good mother” status. After describing our methodological approach, we present our discursive analysis that is enriched through two TRA mothering case studies, revealing that, while TRA mothers face expectations similar to mainstream “good mothers,” (i.e., they must be prepared, selfless, and responsible), the process of adopting transracially exposes these mothers to powerful heritage-related stigmatization and questions of legitimacy. Thus, TRA mothers must also be careful managers of cultural/racial heritage for their adopted children, helping them develop the skills to cope with stigma. Despite access to additional therapeutic resources (i.e., various TRA experts) to assuage these potentially negative outcomes, these resources may actually impose additional constraints and challenges
to the use of market-offered goods and services. That is, TRA experts may inadvertently emphasize the challenges to legitimacy TRA mothers face while concurrently restricting their use of readily available solutions (vis-à-vis mainstream mothers), based on their form of mothering.

METHOD

Recent work in consumer research has relied on discursive analysis as an appropriate means of systematizing the mass media representations of the ideology of important consumption domains such as technology (Kozinets 2008) or advertising (Zhao and Belk 2008). We follow a similar approach for unpacking the character of the ideologies and institutional logics conveyed by mainstream and TRA parenting discourses. Next, and consistent with prior research examining the tension between marketplace discourse and consumers’ values and practices (e.g., Holt and Thompson 2004; Kates 2002; Kozinets 2002; Thompson et al. 1994; Thompson 1996, 2004, 2005), we offer a discursive analysis of the prescriptive advice regarding the TRA “good mother” ideal. We enrich this analysis with two case studies to illustrate how the unique therapeutic advice and solutions offered to TRA mothers affect their experiences and everyday practices. In the interest of full disclosure of the nature of the research team (Fischer, Otnes, and Tuncay 2007), we reveal the following details of researcher backgrounds. First, two authors are mainstream parents of multiple children, one a mother and another a father. These authors parenting experiences provided useful comparison points for mainstream practices. Another author adopted a female child from China and was immersed fully in the TRA adoption and parenting community for many years. This author’s experiences and participant observations provided crucial motivation, emotional experience, and an insider’s perspective on the TRA community and process. One author has no children but made major contributions to theory and methods. The first and fourth authors conducted and analyzed the case analysis data. All authors made significant written contributions over the course of the research project. All members of the research team are white Americans.

Discursive Data Sources and Analysis

Both mainstream and TRA parenting discourses were investigated in order to draw important distinctions regarding the meanings conveyed across the two communities. More than two dozen parenting guides, most of which are listed in the references below, were consulted as part of
an integrated literature review. Reviews encompassed the commercially produced magazines of *Child, Parenting, Parents,* and *Fun Family*; popular press parenting books authored by childcare experts who draw upon their academic or medical experience to offer parenting advice, such as Dr. Spock’s best seller *Baby and Child Care* (1945/2004) and Furedi’s *Paranoid Parenting* (2002); and books authored by specialists in particular disorders, such as Dr. Richard Ferber’s *Solve Your Child’s Sleep Problem* (1985/2006). In addition, during one author’s TRA adoption process, a dozen varied works were studied, including several pamphlets and books that were recommended by pediatricians and teachers of a university-sponsored early childhood development program, others recommended by a TRA social worker, and still others recommended by the organization, Families with Children from China (FCC). One author attended a community-sponsored parenting course that also offered additional advice-laden texts and additional exposure to mainstream parenting discourse. This course involved discussions among a group of 24 birth parents of children age 18 or younger. The group met weekly for 8 weeks and viewed vignettes of childhood social dilemmas and parent–child conflicts from a video series entitled *Common Sense Parenting* (www.parenting.org). After each video, parents discussed their reactions and were provided with a presentation of parenting skills and recommended responses. This advice was reinforced by a parenting workbook of the same title.

We also analyzed online parenting discourses associated with TRA (i.e., texts for both international and domestic TRAs). These texts also included “expert” advice, from Internet postings from other adoptive parents to published parenting guides from adoption experts (e.g., state agencies, nonprofit organizations, NGOs, etc.). Given one researcher’s personal experience with international TRA, we were also afforded access to texts drawn from the FCC website, on which cohorts of prospective adoptive parents post thoughts, concerns, questions, and advice before, during, and after engaging in the adoption process. Daily observation was carried out on this website over an 18-month period with well over 500 total page views. We note that this web-based discourse was consistent with that provided by other sources from which TRA parents receive information (e.g., state-sponsored and mandated parenting courses/consultations). Assigned readings from a parenting handbook: *The Parent’s Handbook: Systematic Training for Effective Parenting,* popularly known as the STEP handbook (Dinkmeyer Sr., McKay, and Dinkmeyer Jr. 1997) were supplemented with recommended readings from the magazine *Adoptive Families*.

The state social worker orientation toward TRA education was quite strong. It was through this social worker that the second author learned
about the various journals where TRA family information are featured. These social workers play a big role in shaping the vocabulary of parents at this early stage. They do this by assigning readings and then discussing them, introducing what they deem positive terms and ways of talking to children about TRA adoption. Discussions with the state social worker also highlighted the importance of responding positively to offensive comments (i.e., those that suggested racism or ridicule of a transracial heritage) and how to guide the adopted child in delivering similar responses. Furthermore, in a style consistent with the mainstream Common Sense Parenting course, during FCC meetings, professionals provided guidance and other TRA parents shared stories and advice. The professionals providing guidance at FCC meetings had often adopted children internationally themselves. Monthly newsletters from both the local FCC chapter and the agency that facilitated the second author’s TRA also informed the analysis.

TRA mothering discourse can be considered a publicly contested, politicized activity with its own discourse that provides therapeutic advice from experts, NGOs, and other TRA community members. Transformation of the texts occurred in multiple phases and followed standard hermeneutic procedures (Arnold and Fischer 1994). In the initial phase, close readings of both mainstream and TRA mothering texts were undertaken to identify aspects of the “good mother” ideal where ideological elements were similar or different, complementary, or contradictory. For example, the STEP handbook (Dinkmeyer Sr., McKay, and Dinkmeyer Jr. 1997) and general parenting courses featured a tough love kind of discourse and the offering of strategies to exert influence, control, over children toward goals of obedience, following directions of parents. In some ways this mirrors mainstream mothering advice. This may reflect their strong birth to age 18 focus on developmental goals. However, this guidance was dramatically different from FCC guidance and from that of the social worker assigned by the state during the TRA adoption process. The latter were much more child centered and encouraged more of a “parents need to move like water” and remain flexible to the needs of their children. Thus, participation, observation, and extensive reading of relevant texts, uncovered varying conceptions of the “good mother” between TRA mothering discourse and the prescriptions of mainstream experts. It also seemed possible that orientations toward the market and material goods and their appropriation as therapeutic mechanisms with which to facilitate the pursuit of the “good mother” ideal (cf. Illouz 2008) could further distinguish these two discourses. Therefore, a second phase considered more carefully those texts which conveyed information about material goods enlisted as therapeutic salves. While analytic insights were shaped over time by tacking
between collected discourse and theoretical sources, and certainly aided by immersion in parenting circles where both mainstream and TRA practices were discussed, our presentation features a comparative analysis of widely disseminated texts (Table S2). Finally, we follow Gould (1995) and Ellis (1991) in our reliance on direct, personal participation, and emotional experience as a means to enhance interpretation and understanding of the complex context of mothering in general and transracial adoption, in particular.

Case Studies

Based on continued empirical support for the notion that the “role of parenthood is more central to women’s identities than to men’s identities” (Katz-Wise, Priess, and Hyde 2010, 26), as well as the nature of the texts which were largely oriented to the mother’s perspective, we conducted formal depth interviews with two TRA mothers (listed as sources in Table S2 online), which provided first-person mothering voices to supplement our discursive analysis. Both interviewees were recruited by posting an invitation on a community message board and each received a $50 gift certificate in exchange for her participation. Their names and the names of their children are pseudonyms in this paper in order to preserve anonymity. We also note that these exemplars were purposively selected to provide insight into both domestic and international transracial adoption. In this manner, our sample was clearly not chosen to offer generalizability, rather to describe TRA mothers’ actual experiences to enrich and supplement those insights gleaned from our extensive discursive analysis.

Both interviews were conducted by two members of the author team in participants’ homes, which afforded opportunities to observe the child or children, parent–child interactions, the types of children’s products possessed (e.g., toys, baby swings, pacifiers), and the presence of other symbolic objects relevant to parenting and childhood identities (e.g., photos, art from the child’s birth culture). An interview guide was used during the interviews, but this structure was sufficiently flexible to allow each informant to construct a personal narrative that often revealed interesting and unanticipated experiences, some of which are described in this report (McCracken 1988). An important part of each interview was the elicitation of each parent’s life histories and adoption or childbirth narratives that provided not only an excellent tool for initially engaging the informant, but also a rich context for understanding the beliefs, practices, and experiences (both positive and negative) of childrearing elicited during the remainder of the interviews. The interactions were recorded on digital
audio recording devices, spanned an average of 2 hours, and were followed up through telephone and e-mail discussions. For the sake of brevity, we have woven illustrative quotes from our exemplars in the section outlining the differences between mainstream mothering and the “good TRA mother” ideal. The texts provided by the depth interviews were content analyzed for experiences, values, beliefs, practices, and emotions consistent (or inconsistent) with the good mother norms identified through our broader literature review and analysis of the discursive data (Kolbe and Burnett 1991). This more targeted, top-down approach was justified given the goal of the case studies, which was to enrich and illustrate the findings uncovered in the more extensive discursive analyses (Tables S1 and S3 provide summaries of relevant practices, ideological elements, and material values identified).

Our first exemplar is Gwendolyn, an unmarried, 49-year-old, professional woman of French origin who immigrated to the United States in 1987. Given that adopting multi- or transracial children was easier for single prospective parents, Gwendolyn hired an adoption consultant and began her mothering journey just 2 weeks later. Gwendolyn adopted two, mixed-race, Black-Hispanic children, one boy (Parker) and one girl (Marie)—both considered to be domestic TRAs, given their birthplaces (Florida and Texas, respectively). At the time of the interview, Parker was 5; Marie was 2. Our second exemplar is Loretta, aged 40, a married, work-from-home mother who is originally from the United Kingdom. Working through a faith-based international adoption agency, Loretta and her husband eventually adopted two Guatemalan children—first a 7-month-old son (Charlie, now aged 4), then a 5-month-old daughter (Anna, now aged 3).

A DISCURSIVE ANALYSIS OF TRA PARENTING DISCOURSE

Our discursive analysis of transracial adoptive parenting discourse is organized as follows. First, we set the stage by describing the discourse that guides transracial adoption parenting practices, with particular attention to the institutional logics embedded therein and their relationship to stigma. Next, we explicate the ideal of the “good mother” derived from the transracial adoption discourse.

Stigma, Advice, and Marketized Solutions

TRA mothering discourse is inextricably tied to the distinctive process and characteristics of transracial family formation, many of which reflect
the therapeutic perspective. First, TRA families are required to undergo considerable state evaluation carried out by social, medical, and legal institutions in order to be approved as prospective parents. Second, many TRA parents, though not all, have experienced unsuccessful attempts to become birth parents, so they are accustomed to the advice offered by the mainstream parenting ideology. Finally, the families formed from this process are distinct in that their family members are visibly different, given their variations in heredity. As such, the advice from the TRA discourse essentially problematizes the standards associated with mainstream parenting ideology, encouraging parents to only ascribe to those mainstream expectations that rationally apply to their transracial family.

In addition, the inability to conceal the family’s transcultural formation (e.g., when Western Anglos adopt children from China; when white parents adopt children of African-American descent) makes TRA parents’ noncompliance with the mainstream parenting ideology obvious and, as such, susceptible to public commentary. As Heather Laube (2006, 290) states:

An ordinary family—a mother, father, and children with race in common—is unlikely to consider whether they are viewed as a family. However, a family that does things differently—with race, ability, gender, or age—must be deliberate in how they do family and present themselves as family. They have to work at being ordinary.

The TRA discourse explicitly prepares parents to defend against questions of legitimacy as well as stigmatizing remarks, given the potential for both to have negative consequences for the child’s self-esteem. One focus of instruction offered by adoption social workers and published discourse involves how to respond to statements that challenge the legitimacy of the adoptive family, such as “That’s not your real mom.” The Adoptive Family website encourages simple responses to teach others that “real mother” and “birth mother” are not synonymous. For example, “My mom is my real mother, and always will be. The person I was born to is my birth mother. I’m not going to live with her” (https://www.adoptivefamilies.com/talking-about-adoption/adoption-questions-at-school/).

Recognized sources of stigma range from the heretofore relatively uncommon adoption of children by singles and by lesbian and gay couples to concerns about the appropriateness of rearing a child of a different race or cultural heritage. The TRA discourse also addresses the possibility for racial discrimination and the cultural/familial identity conflicts that may arise due to the child being raised in a heritage different from the one to which they otherwise are entitled by birth. For example, early in our co-author’s adoption process, the state social worker assigned to her
case, who had adopted a child from Guatemala, described a situation in which her visiting mother remarked of her grandson, “He’s running around like a wild Indian.” Instead of responding in admonishment or anger, she described using the remark as an opportunity for a teaching moment, responding, “Mom, he’s not wild, all children run about; the native Indian children of Guatemala do run about, and so did I when I was his age.” The case worker’s example was used to illustrate that racial insensitivity may be imbued in commonplace Anglo idiomatic expressions.

To quell these inherent (if unintentional) threats of stigmatization, TRA parents are taught to recognize and challenge them by kindly modeling appropriate responses in the child’s presence—akin to the manner in which the social worker responded to her own mother. Stigmatization is also challenged across varied sources of TRA discourse, such as Adoptive Families magazine, which strives to render the look of “real” or “ordinary” as one of diversity through using magazine covers that depict children of varied cultural heritage and by publishing subscribers’ family photographs on its “Family Album” page (Figure S1). Notwithstanding such direct and indirect parental training, criticisms of TRA families’ transracial status persist in everyday public discourse. Beyond emphasizing “the importance of making the child aware of racism and discrimination and developing appropriate coping skills to manage this experience” (Lee et al. 2006, 572), TRA parents are encouraged to seek therapeutic solutions from the market as buffers from concerns about legitimacy and threats of stigmatization.

While mainstream discourse primarily describes the child’s exposure to the marketplace as an opportunity for the parent to train the child in navigating the market’s complexities, TRA discourse focuses on the market as a resource from which to cultivate a transracial heritage (Milbrand 2012; Table S3). In this manner, toys are not necessarily used to aid the child’s physiological or psychological development, but to aid in their development of a multicultural identity. For example, in the community of international TRA parents, social workers and published texts (cf. Milbrand 2012) encourage the use of books, dolls, and souvenirs from the adoption trip to support the narrative of “How we became a family” or respond to the question “Why don’t we look alike?” Thus, these parents are taught that material objects will assist them in preparing to describe the family’s identity when the child becomes curious. We note that, in this manner, TRA parents are explicitly encouraged to engage in the types of materially aided family identity performances described by consumer researchers (Epp and Price 2008, 2009).

Milbrand (2012) also describes the importance of honoring the child’s birth culture through holiday celebrations (e.g., the Chinese Spring
Festival), the placement of symbols of the birth culture in the child’s daily life (e.g., artwork or crafts purchased or photos taken on the adoption trip), the collection of traditional clothing associated with the child’s birth heritage (for special occasions), and exposing children to other cultural practices associated with their birth heritage (e.g., learning the native language, attending culture camps; Figure S2). Consistent with this advice, Rebekah Hutson (2017), an adult transracial adoptee, emphasizes the importance of cultural stimulation through contact and interactions with others of the same heritage in her article, “5 Things I Wish My White Parents Knew,” and urges TRA parents to develop a truly multicultural experience for all family members.

As noted above, despite the growth in fathers taking on the role of primary caregiver (i.e., at-home fathers; Coskuner-Balli and Thompson 2012), the majority of parenting discourse was clearly targeted toward the mother. Thus, we next describe and discuss the “good mother” ideal as it applies to TRA mothers, using exemplars to illustrate important differences that emerge between the mainstream and TRA ideologies in greater detail (Table S4). That is, all “good mothers” are expected to be prepared, selfless, and responsible; however, challenges to familial legitimacy and heritage-based threats of stigmatization for transracial families reveal that the “good mainstream mother” and the “good TRA mother” are held to different standards. Thus, the meaning of being prepared, selfless, and responsible differs considerably across the two discourses. We highlight the influence of the therapeutic perspective on these mothers in their pursuit of an elusive “good mother” ideal, finding that the TRA discourse deems readily available market “solutions” as less appropriate for TRA (vs. their mainstream counterparts), which essentially means that TRA mothers have access to fewer therapeutic solutions, though perhaps more therapeutic advice.

Extending the “Good Mother” Ideal to Transracial Adoption

Transracial adoptive mothers are also expected to be prepared, selfless, and responsible; however, they face additional pressure based on their transracial family formation (Lee 2003; Smith et al. 2008). Smith et al.’s (2008) thorough review of the social and legal history of and outcomes from TRA focused on the impact of the Howard M. Metzenbaum Multietnic Placement Act (MEPA) of 1994. Applicable to domestic TRAs, MEPA prohibits delaying or denying placement of a child with an adoptive parent based upon the child or parent’s race, color, or national heritage. The authors provide three important conclusions from their review. First,
transracial (vs. same-race) adoptees may struggle to cope with being visibly “different” (i.e., physical features such as skin and hair color). Second, TRAs may find it difficult to develop a “positive racial/ethnic identity.” Third, TRAs must be prepared for and trained to deal with discrimination (Smith et al. 2008, pp. 6–7). Legitimacy and stigmatization issues are prevalent and difficult to address in TRA families, since their violation of the institutional logic is highly visible (Goar, Davis, and Mango 2017).

The “Good Mother” Is Prepared

Although TRA mothers do not experience the liminal stage of pregnancy during which to prepare for their child, they too use rituals and material goods on their journey into the “culture of motherhood” (Afflerback et al. 2014; Nelson 2003; Prothero 2002; The VOICE Group 2010a, 2010b). Prospective adoptive parents are required to undergo considerable state evaluation where they are rendered vulnerable to institutionally labeled shortcomings related to health, income, and age status that may result in “no referral” of a child. Here, regulative mechanisms exist to enforce the standard institutional logic. Loretta recalls having to “justify our financials, give our life histories, come up with HIV tests …” and suggests that, like she and Danny, TRA adoptive parents may be subject to additional scrutiny given their age (i.e., they tend to be older as many have unsuccessfully pursued biological parenthood). Family associations that advocate for families formed through TRA have emerged to coach parents in learning and living the values of a healthy transcultural family (cf. FCC). In describing her own TRA experience, Loretta espouses the importance of preparation, notably mentioning being proactive rather than reactive:

Loretta: Yeah you have to go through parenting classes too, to adopt, which gives you kind of a broad outline, you know, but I think if people, I think it’s better to be proactive than reactive on this, you know. I think it’s better to know, you know things that are out here—good and bad—I mean, I also read Chicken Soup for the Adopted Soul, and I’ve also read Things the Adoptive Child Wishes Their Parent Knew, and, I mean, you know I’m just reading another one know that, um, Growing Up Adopted …

In addition to purchases also made by mainstream mothers (e.g., nursery items, developmental toys), TRA mothers are expected to acquire objects that reflect and honor the child’s cultural and racial heritage in an effort to instill in the child a love of their birth heritage. For example, at FCC meetings, mothers described purchases of dolls, pearls, brush paintings, tea sets, traditional costumes, and various handcrafted goods. Souvenirs from the adoption trip, which could only be obtained outside of the United States, were deemed useful if not critical to telling the child the story
of “how we became a family,” and as reflections of the parents’ interest in and value of the child’s heritage. The market acts as an intermediary for the execution of the institutional logic and the granting of legitimacy. Accessing the marketplace to honor the child’s birth heritage and mark the family’s transracial identity is further evidenced in other sources of TRA parenting discourse, such as the magazine *Adoptive Families*, which eliminates corporate advertising for material goods, instead presenting advertisements from nongovernmental organizations (NGOs) that offer therapeutic services to adoptive parents, charitable organizations soliciting donations for TRA causes, and heritage-based products and services for the transracial child (e.g., heritage camps; Figure S2).

As described in the opening vignette, however, TRA mothers are well versed in issues associated with social stigmatization, which may make finding culturally appropriate goods in the marketplace and thus their ability to legitimize their mothering quite difficult. In a manner similar to the Fatshionistas from Scaraboto and Fischer’s (2013) study and the at-home fathers studied by Coskuner-Balli and Thompson (2012), Gwendolyn is creative when searching for products. For example, prominently displayed in her living room is a wooden playhouse with miniature furniture, appliances, and figurines. Although finding multiracial dolls was challenging, she has succeeded in making sure the dollhouse “occupants” have different skin and hair coloring. She has also given her children “teddy elephants,” because “they don’t have bears in Africa.” Consistent with the TRA discourse, Gwendolyn also uses art to reflect her family’s transracial identity, such as an African woodcarving, crafted from both ebony and ivory, which depicts an individual who is both white and black. However, she highlights the difficulty in finding art with figures representative of her children:

Gwendolyn: I wanted to have a painting of children and when I started looking, all I could find was blue, blue-eyed, blonde-haired children and that didn’t match my idea. So, finally I found this and I think this is a girl from the Philippines, but Marie looks a lot like that.

Gwendolyn further reveals her creativity in the face of limited choices for transracial families by seeking out “… books that will describe like a, a mouse living with bear or, you know, like animals representing families that typically you would not find together.”

Thus, for the TRA mother, preparation extends well beyond that required for mainstream “good mothers,” who prepare by participating in rituals and seeking readily available consumption goods that satisfy the needs of the mother, child, and family. “Good TRA mothers” are expected
to follow the advice of both parenting and adoption experts and are encouraged to seek out consumption goods that satisfy the goal of respect and admiration for the child’s birth culture, despite their lack of familiarity with these cultures. As illustrated by Gwendolyn’s experiences, these goods are less readily available in the market than those supporting the therapeutic mission of the mainstream “good mother.” We next examine how TRA mothers exhibit selflessness, putting their child’s needs before their own.

The “Good Mother” Is Selfless

The “good TRA mother” is counseled against viewing the adopted child as one in need of “saving,” framing the child as a gift rather than the egotistical alternative: that they have “rescued” the child from potentially dreadful circumstances. Here again we see further constraints on the mother as a function of the visibility of their transgression against the logic of the institutional field. In this manner, the “good TRA mother” must be wary of describing the actual act of adopting transracially in and of itself as selfless, but should rather harbor acceptable, normative motivations for adopting (e.g., the enjoyment derived from parenting, enriching their family through increased diversity). This theme is evident in advertisements placed in Adoptive Parenting, alongside the tagline “the gift of a lifetime.”

The “good TRA mother” must also socialize the child in a selfless manner. While cultural socialization (i.e., communication of cultural values, beliefs, customs, and behaviors to the child) within same-race families is largely treated as inherent or natural, in TRA families, cultural socialization refers to the transmission of the child’s birth culture (i.e., a culture in which the mother is not a member; Lee et al. 2006). Thus, socialization relies upon the Internet and TRA-related organizations (e.g., FCC chapters) to acquire knowledge about (and products that reflect) the family’s transracial identity. Consequently, the “good TRA mother” cultivates the family’s identity from diverse sources—not solely those associated with her own culture. In this manner, she is expected to reach beyond the scope of the everyday institutional logic and may face particular difficulties due to her lack of familiarity with resources offered to support people of a different race. Consistent with this discourse, Gwendolyn described her Internet-based research, which suggested that TRA children are better adjusted when they know their birth families and understand their cultural origin. As such, she began both adoption processes by buying and making gifts for the birth parents and their families prior to consummating the adoptions in order to develop an enduring relationship with them for her children’s sake. Gwendolyn’s quest is not to socialize her children in a
manner consistent with her own cultural heritage, but to develop a familial identity that is both transracial and multicultural stating, “I want to, us, not just my children, but me, too, be impregnated with culture from all our cultures. I mean, our family is basically, we are basically a melting pot. We are an American melting pot. I want our family to reflect that …” They must cross cultures and therefore face challenges from the logic of the field.

Unlike mainstream mothers, TRA mothers are encouraged by adoption experts to avoid age-graded evaluations and norms that have been established by modern institutions (e.g., schools)—particularly international TRAs, due to the possibility that the child was in institutional care for an extended period. Institutionalized children have been shown to experience difficulties with emotional attachment and/or achieving developmental benchmarks and are more susceptible to other psychological and physical limitations (cf. Glennen 2002; Johnson and Dole 1999). While TRA mothers do seek advice from the mainstream medical community, the international TRA discourse (e.g., UNICEF) emphasizes the importance of finding medical experts with expertise in international adoption (e.g., Dr. Deborah Borcher). Although Guatemalan adoptees live in a foster home (vs. an institutional setting), Loretta’s son has faced numerous other health-related challenges. Charlie has a medication-resistant stomach parasite, has been diagnosed as hyperactive, and is on the autism spectrum (she describes her son as “on the continuum between PDD [Pervasive Development Disorder] and Autism”). Consistent with the international TRA discourse, Loretta has eschewed mainstream normative benchmarks to focus on these issues, leading to her selfless pursuit of alternative therapies for her son so that the family can experience “normal weekends” more often. Self-described as “a little obsessed,” Loretta’s search for therapeutic solutions has been extensive:

Loretta: We’ve done homeopath, we went to the holistic doctor, we went to the regular doctor, you know, we’re working on stuff. He’s doing something called neural feedback right now, which is really interesting stuff. It’s non-invasive, or anything like that. They just say it retrained the brain and they had taken a picture of him—his brainwaves, 200 pictures, 4 seconds apart. And, um, his delta brainwaves were basically suppressing all the time. I mean, unbelievable…. And I think that’s the final piece of the puzzle for us. The diet, getting rid of this parasite, which we haven’t done, which we are still working on, and we’ve tried a lot of different things for that, but we’re working with a homeopath to get rid of that, but, um, with the homeopath, with his diet, and the neural feedback, I think we’ve pulled it all together, and we have had just like the most amazing weekend ever this weekend, it was a normal weekend. We went out to dinner, we’ve done normal stuff, we’ve even had a haircut, no biggie, no big deal.
Despite the expense, Loretta purchases organic, natural foods; avoids food additives and processed foods; and opts for homeopathic remedies, much like consumers from the natural health microculture described by Thompson (2003) and Thompson and Troester (2002). Loretta explicitly ties these choices to doing “what’s best” for her children. In fact, her interview was replete with child-driven acts of selflessness. Prior to considering adoption, Loretta and Danny experienced difficulties conceiving biological children and, much like Prothero (2002), she made significant lifestyle and dietary changes for the sake of their unborn children. However, after two miscarriages, she and Danny decided to pursue TRA, selling their printing business so they could afford the costs associated with adoption (i.e., adoption fees, multiple trips to the child’s country of origin throughout the process)—yet another demonstration of selflessness.

Despite the time and energy which she currently devotes to researching and pursuing therapeutic interventions for her son’s health issues, Loretta laments her inability to prioritize Charlie’s needs prior to bringing him home (i.e., in utero and in early infancy). She describes this as a peculiarity of adoption—TRA mothers have no control over the birth mother’s consumption throughout pregnancy and childbirth (unlike mainstream “good mothers”), but do face constant scrutiny from social workers throughout—and after—the adoption process:

Loretta: … when you are the adoptive parent, until that adoption is finalized, and the children are actually in your house living with you, and even then you know, you have to file reports to say you are still good parents … [at] 3 months, 6 months, 9 months … some even longer.

As prescribed by TRA discourse and illustrated by Loretta’s experience, TRA mothers must not only be prepared and selfless, they must also be responsible for creating an authentic cultural heritage for their adopted children and teaching the children skills to cope with unavoidable stigma. It is to this notion of responsibility that we now turn.

The TRA “Good Mother” Is Responsible

While time with the TRA child is also viewed as an investment in the child’s future potential and important for socialization, “good TRA mothers” are those who also heed the advice from TRA-oriented experts (e.g., adoption agencies), requisite parenting classes, and formal and informal interactions with other TRA parents (i.e., others that must go above and beyond the standard path to legitimacy). These experts urge TRA mothers to organize childhood activities with an eye toward exposing the child to diversity and exploring the child’s cultural heritage (i.e., their
Thus, the “good TRA mother” is responsible for the formation of her child’s transcultural identity—one in which birth heritage and lived-cultural heritage are both valued. TRA children are expected to learn how to live within their adopted culture, while concurrently cultivating their multicultural heritage. For example, in addition to encouraging participation in transracial family organizations like FCC, the TRA discourse suggests that parents incorporate honorary aunts and uncles into the family, such that the child interacts with people like themselves in normal, daily situations (i.e., vs. only those in service role capacities in the commercial sphere). In addition to increasing the child’s awareness of and appreciation for their diverse family identity, the “good TRA mother” is expected to provide a buffer between challenges to parental legitimacy and potential threats of stigmatization based upon the family’s transracial identity. In this manner, a “good TRA mother” is one who is aware of and responsive to controversies that may be associated with rearing a child of a different race or cultural heritage, including accusations of denying their child the heritage to which they otherwise would have been entitled (by birth). Of course, the “good TRA mother” is also responsible for helping the child develop his own ability to respond to negative reactions from others, given that racial discrimination and cultural/familial identity conflicts may extend well into adulthood (Baden, Treweeke, and Ahluwalia 2012; Goar, Davis, and Mango 2017).

Gwendolyn recounted several “social dramas” (Epp and Price’s 2008 language, not hers) that she referred to as “grocery moments,” referring to their typical context. These social dramas clearly illustrate the challenges to legitimacy highlighted in much of the TRA parenting discourse as her transgressions against the institutional logic of parenting are publicly contested and have further motivated her multiculturalfamily identity goal. For example, she described the following interaction with the children of a divorced, male neighbor:

Gwendolyn: “They’ve been here several years. You know, I’ve been here 10 years. So, they should know their neighborhood a little bit, even though they visit only once and a while. But, I came back from a walk with my children, and the little boy who would be seven or eight years old looks at me and says, ‘oh, are you the babysitter?’ And I’m like, no, I’m the mommy.”

Interviewer: “Where do you think that comment came from?”

Gwendolyn: “Well, I think visually we are a family that looks different. So, I think visually people try to put the pieces together. They try to understand, and I think it is curiosity, just as I need information to understand who you are. And part of it is expressing stereotypes that society gives … I mean, you go to New York, San Francisco, bigger cities, multi-racial relationships are everywhere. Here in the South
we’re a bit more protective, a bit more traditional in the way that our families are structured.”

Gwendolyn readily acknowledges that her family looks different and provided additional examples of people trying to understand her relationship to her children. In fact, she is a member of a group of adoptive parents at work who get together to “bitch and complain about all the stupid things people tell you.” She described another typical grocery moment in this way: “I walk down the aisle with, with my cart and Marie is here and Parker is here and they see Marie, they look at me, they see Marie, they look at me, and then they look at Parker and their eyes are going bonk!” Many other experiences have influenced her approach to creating and protecting her family’s identity. Consider these examples: (1) a black babysitter who asked, “How can somebody not keep a child who is so beautiful?”; (2) black people asking her how, as a white woman, she can manage to do hair for an “African child”; (3) black women asking her “How can you raise a black child?”; and (4) people, white or black, wanting to touch and take a picture of her daughter’s hair because she’s multiracial.

Although Gwendolyn struggles with how to respond to people that ask her questions like these, consistent with the recommendations of TRA experts, she recognizes the importance of responding in a manner that assuages any identity-related doubt such interactions may engender:

Gwendolyn: “I don’t want my children to be constantly, they’re listening, you know, I’m a grown-up person, I can fend off these questions. But they are all ears when they’re waiting, they’re not listening to this stranger, they’re listening to me. What are my, what is my response? What do I do? Does that mean, are they not your child? You know? Are they the, the, legitimacy? I don’t know … Are they a legitimate child? … My child needs to know that they are my child 100% of the way, all the time.”

Much like the parents Goar and colleagues described as “race conscious” (Goar, Davis, and Mango 2017), Gwendolyn does have access to nonmarket therapeutic resources for guidance on how to protect her children from stigma and how to instill in her children the desired multiracial, multicultural identity. These therapeutic resources include the previously described adoptive parenting support group at her work, a transracial social club that she organized in which her children can see other families where parents and children do not look alike, and membership in Southern Piedmont Adoptive Families of America (SPAFA), an organization that supports both pre- and post-adoption families through outreach, education, web resources, and regular meetings.
Like Gwendolyn, Loretta’s family interacts with a local adoption group for Guatemalan adoptees and Loretta has also faced potentially stigmatizing statements made by others:

Loretta: I really dislike the snide little comments that people make.
Interviewer: People make comments?
Loretta: People do make comments. People make a lot of comments. You know, people can’t help but comment on things that they really have no … they seem to have no barriers there, which is very strange to me. I don’t know why it is, but I think that no one would ever ask you about your sex life. I mean, no one would ever ask you how many times you had sex to have that child or who did you sleep with to have that child! I mean, that’s about as invasive as the questions we get. But, people don’t see it that way. I mean I have been asked if I can’t have my own children. I’ve been asked that a thousand times in front of these two [referring to her children]. Or, they’ll just blurt out, “where’d you get them from?”
The older the kids get, the more I am going to slap somebody!

Loretta describes these remarks as based in ignorance vs. malice, revealing that even her own mother, when speaking of the children, will talk about “their mother,” in references to the children’s respective birth mothers. Consistent with the TRA discourse, Loretta’s strives to respond appropriately so that her children never think “I just went to Guatemala, found somebody, paid them some money, and brought them home.”

GENERAL DISCUSSION

Relying on diverse sources of parenting discourse, we have explicated the dominant institutional logic as manifested in much parenting advice and practice. Mothers are encouraged to seek help outside the family in order to achieve vitally important child-rearing goal. These resources include the market, parenting organizations, credentialed and noncredentialed childhood experts, and the medical community. Both mainstream mothers and mothers adopting transracially are encouraged to be prepared, selfless, and responsible (i.e., they pursue “good mother” status); however, TRA mothers must also manage the child’s racial heritage and stigma coping skills, which creates “good TRA mother” expectations that are markedly different than those applied to their mainstream counterparts. Mainstream mothers are expected to develop successful children based on age-graded normative standards, but the constitution of their families does not violate fundamental institutional logics regarding race and heritage. While TRA mothers do have additional experts on which to rely (e.g., adoption firms, state agencies, adoptive parenting communities)—many of which are requisite in the pursuit of “good TRA mother” status, the same experts also serve the purpose of reminding TRA mothers that they
are inadequate to the tasks accorded to them without external assistance. In other words, the experts and their institutions reify the therapeutic ideology (Žižek 1989) of personal responsibility combined with inadequacy that in turn drives mothers to seek help. Further, unlike mainstream mothers, TRA mothers may be hard-pressed to find the same level of support from the market (e.g., material goods that incorporate the child’s birth and adoptive heritages) as their mainstream counterparts. The experiences of our two exemplars, Gwendolyn and Loretta, reveal how these complicated and conflicting forces may be felt in TRA mothers’ lives. While their narratives are merely illustrative, we note that our informants’ words powerfully reflect the publicly available TRA discourse regarding challenges of stigma and legitimacy and the additional expectations of TRA mothers that emerge from their counter-normative family composition.

Therapeutic Ideology and the “Good Mother”

How then, can we explain this problematic cycle of stigma, doubt, anxiety, and the search for commoditized solutions to the “problem” of mothering? Why have experts become a ubiquitous and necessary source of advice regarding how to be a “good mother,” for mainstream, adoptive, and transracial adoptive families? To provide a theoretical explanation for this phenomenon robust enough to account for the problematization and marketization of motherhood across diverse family contexts, we turn to the notion of therapy and therapeutic ideology.

The rise of a therapeutic ideology can be traced to the late 19th and early 20th centuries as norms of religious practice, connections to nature, and other traditional institutions retreated in response to the rise of modernity, rationality, and science, therapists, using scientific terminology, provided a systematic way of understanding and problematizing the self (Lears 1983). The basic message of therapy is that individuals, while solely responsible for their life projects, need the help of experts to meet personal goals and to succeed, even in such sacred and formerly backstage activities as parenting. So ubiquitous and transparent has this idea become, that it is reasonable to assert the existence of a therapeutic ideology constituting an overarching cultural discourse that impresses fragility upon subjects, constructing them as works in progress to be aided by external sources (Furedi 2002; Illouz 2008). Therapeutic ideology emerged during the rise of science itself and was quite appealing in that it provided a sense of stability to a life-world that was becoming decoupled from traditional meanings. Therapy offered the comfort of knowing that help was always available from experts on
many of the issues confronting the individual and family, including health, financial planning, nutrition, and not least, how to raise one’s children. The therapeutic ideology was also self-sustaining, for as the influence of therapists grew, so too did the legitimacy of their claims of vulnerability and emotionality—particularly the notion that individuals are unable to navigate their internal flaws without the assistance of the therapeutic expert and the system of redress they provide (Furedi 2002). Thus, therapists provided a way to understand the problematized self (Illouz 2008) as well as solutions to these problems through “counseling and other forms of intervention” (Furedi 2002, 6).

This therapeutic turn was rapidly co-opted and commoditized by marketers such as Bruce Barton of the BBDO advertising agency, creator of Betty Crocker, who associated the purchase and consumption of particular products as consumer well-being interventions (Lears 1983). In this manner, therapeutic theories suggest that the therapeutic ideology, with its problematization of the self and requisite interventions to resolve one’s problems, and the market, with its ability to promote and distribute material goods and services as sources of therapeutic relief, became mutually reinforcing (Illouz 2008).

Thus, parenting experts (i.e., “therapists” with varying credentials) came to define what constitutes the “good mother,” in an institutional logic of parenting that confers legitimacy. Furthermore, as the parameters constituting “good mother” status were developed, a practically unattainable ideal emerged with standards against which most mothers would be found inadequate and thus, vulnerable (The VOICE Group 2010b). The market simply responded to mothers’ “needs” by offering a staggering array of problem-solving goods and services to help mainstream mothers in their pursuit of the “good mother” ideal (i.e., what Prothero 2002 describes as “consuming to be a ‘good mother’”). In this manner, “marketing and consumer culture construct particular images of what mothers are, what they should care about, and how they should behave” (O’Donohoe et al. 2014, 1), while concurrently creating and providing material goods and services to help mothers achieve “good mother” status. This interplay between institutional logics and the market (Illouz 2008) for parenting legitimacy leads to a market that “potentially exacerbates rather than alleviates” the vulnerability of mothers-to-be (The VOICE Group 2010b, 393). As such, our work offers an important contribution to the mothering/parenting literature by revealing a theoretical mechanism through which the legitimate “good mother” is constructed and perpetuated.
Our work also extends previous research on the therapeutic ideology by revealing its impact on mothers as an institutional logic (Scaraboto and Fischer 2013), suggesting that mothers’ striving for legitimacy as a “good mother” is tightly tied to the advice of those with varying levels of expertise (e.g., pediatricians, advocates, other mothers) and the market’s provision of goods that facilitate heeding this advice (e.g., parenting guides, material goods). Importantly, this means that our work also provides empirical support for Illouz’s (2008) assertion that the therapeutic ideology and the market are mutually reinforcing. In this manner, the therapeutic ideology offers a viable theoretical explanation for the prior work, which has painted a descriptive picture of the interplay between experts, the market, and women pursuing the “good mother” ideal. However, for transracial adoptive mothers, therapeutic discourse emphasizes different, powerful sources of doubt and anxiety (Thompson 2005) that are not as well ameliorated by goods and services in the market.

Transracial Adoptive Mothering, Stigma, and the Market

Where mainstream and non-TRA adoptive mothers are able to use the market to solve their problems and alleviate their doubt regarding their mothering effectiveness more easily and in line with institutional logics, the market and the embedded logics of its goods and services serve as an additional hurdle for TRA mothers. In this case, transracial dolls, art, games, and media are rare, because violations of the prevailing logic are problematic on a broad scale. Much like Scaraboto and Fischer (2013) found that heavier women with an eye for fashion were frustrated by the lack of market offerings when their bodies were stigmatized by the prevailing institutional logic, TRA mothers face market shortages in their efforts to gain legitimacy. This is particularly damning given that the market is an essential mediator of the “good mother” title in the existing logic.

It seems that this difficulty is a function of the visible nature of the departure of TRA families from the norm. Therapeutic ideology reinforces this perception of difference in the minds of TRA mothers through discourse produced by important sources of “support” such as FCC and UNICEF. However, the market is less likely to accommodate these divergences as compared to same-race adoptive families, which, based on their homogeneous appearance, may not draw moral distinctions from observers comparing them to nonadoptive families. The institutional logic of mothering is clearly defined with a path toward legitimacy that involves market activity
to assuage one’s doubts, to foster certain characteristics in one’s children, and so on. By violating the norm of racial homogeneity in the family unit, TRA mothers add a new layer of complexity to their quest for legitimacy as a “good mother” vis-à-vis mainstream and nontransracial adoptive mothers. It is worth noting, however, that some TRA support groups recognize the extra burden imposed on mothers adopting transracially. For example, at FCC there was considerable discussion on being a “good enough parent.”

Our research focused on transracial adoption. While we did not systematically investigate differences across differently constructed TRA families, it is possible that the experiences of African Americans adopting across racial lines may be different from those of white Americans. It is also clear that other social groups must deal with stigma, even outside the parenting or adoption context. Perhaps these groups would be better equipped to cope. However, as we noted previously, the NAACP has issued a statement opposing TRA by African Americans. Further, our data cannot address a comparison of non-TRA adoption with TRA adoption. Our focus was on the good mother ideal across mainstream and TRA mothering communities.

As Crockett (2017) points out, African American children learn crucial tactics for managing stigmatization for persons of color. For instance, “discern and avoid” is a tactic by which blacks may seek to distance themselves from sources of stigma through practices of normative respectability (i.e., acting and dressing in a manner similar to white normative standards), while “destigmatization” is a tactic that serves to make black culture a source of high status. If these tactics are socialized best from black parents and extended families, then perhaps a transracial family underequips the children. Wooten (2006) raises a similar point. He shows that adolescents use ridicule to haze and admonish normative violations of consumption patterns. This begs the question of whether TRA children are so poorly equipped for dealing with stigma that admonitions against transracial adoption by certain advocacy groups may have some merit. Our informant Loretta showed that social dramas and challenges to normalcy are a part of TRA daily life. TRA experts encourage mothers to creatively construct destigmatization and coping strategies to develop a sense of pride and connection to their children’s birth cultures. The challenges and therapeutic prescriptions conveyed by TRA experts and groups regularly remind TRA families that stigma must be overcome and that the market is the most likely source for solutions. We find that such reminders may actually serve to reinforce the reflexive doubt and anxiety of these mothers, unless they are countered by discourse that sets a more reasonable goal of “good enough.”
CONCLUSION

Unlike the experiences of mainstream mothers, therapeutic ideology largely creates problems with fewer adequate market-based solutions for TRA mothers. Marketers have fewer financial incentives to provide effective palliatives, as the TRA market is relatively small and TRA families openly violate dominant institutional logic regarding appropriate family constitution. Relief is generally only found through TRA mothers’ own creative efforts to ensure their adoptive children’s links to their birth cultures and to minimize stigma. Perhaps coping lessons that have been learned by other stigmatized groups and that are less reliant on market remedies could be adopted and disseminated to the TRA community (Crockett 2017; Kates 2002). For mothers whose families are constituted by the adoption of transracial children, it may be time to break the overarching logic of doubt, therapy, and the market.

SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

FIGURE S1. Images of Transracial Families; Adoptive Families Magazine. Cover, Fall 2015 Family Photo Contest, Summer 2015, pp. 8–9.

TABLE S1 Normative Discourses Regarding the Role of Parents
TABLE S2 Data Collection Methods and Key Sources
TABLE S3 Material Values Advocated by Mainstream and TRA Discourses
TABLE S4 The “Good Mother” Is …

REFERENCES


