

A Narrative on Experiences of a Couple with Physical Disabilities in the Adoption Process

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Abstract. *The article analyses the experiences of a couple with physical disabilities in the adoption process, their feelings in encountering infertility problems, the society's attitude towards persons with physical disabilities, and their stigmatisation. The paper presents the results of the research on adoption experiences of persons with physical disabilities. The obtained results demonstrate that the couple with physical disabilities encounters a medical approach to persons with mobility disabilities. The research has revealed that persons with physical disabilities encounter negative attitudes of healthcare professionals in the adoption process, and that the approach of these professionals often lacks tolerance and respect. Based on the research, it has been determined that the couple with physical disabilities had unfounded fears and doubts about the adoption team's attitude towards their disability. However, it should be emphasised that professionalism and non-stereotypical approach of the adoption team ensure equal opportunities of the couple with physical disabilities to take part in training, discussions and workshops. Courts also do not emphasise the physical disability as an obstacle in the adoption process. Research data shows that adoptive parents with physical disabilities feel anxious and are aware of the challenges that may arise as their child grows up in relation to society's view on them as parents with physical disabilities.*

Keywords: *adoption, persons with physical disabilities, experiences.*

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Introduction

Relevance of the topic. In Lithuania, quite a lot of attention has been paid to support for families who cannot have children, but there is a lack of information about cases of adoption by families (persons) with physical disabilities, ones who cannot have biological children. The explanatory note on the draft *Law on Assisted Reproduction of the Republic of Lithuania* [In Lithuanian: *Lietuvos Respublikos pagalbinio apvaisinimo įstatymo projekto aiškinamasis raštas*] (2018) states that there is no official fertility register in Lithuania, but more than 55,000 families of childbearing age (18–49 years) cannot have children. According to the data of the *World Health Organisation*, infertility affects millions of people of reproductive age worldwide and impacts their families and communities. It is estimated that approximately 17.5 percent of adults – i.e., around 1 in 6 adults worldwide – experience infertility. An alternative for those individuals who cannot have children is adoption. Neither scientific research has been conducted nor is there any official statistics on the topic of adoption by persons with disabilities. Scientific sources provide abundant information on the peculiarities and arising problems of adopting children with disabilities, but reverse cases where persons with physical disabilities adopt a child without disabilities are not analysed.

One of the fields of social work is directed to ensuring children's rights, as well as working with children and families. An integral part of this work is adoption. Adoption is giving a new family to a child who does not have the opportunity to grow up in a biological family (*Civil Code of the Republic of Lithuania* [In Lithuanian: *Lietuvos Respublikos civilinis kodeksas*], 2000). However, for a family wishing to adopt, this is a lengthy legal process which refers to the description of the procedure for the organisation of adoption in the Republic of Lithuania, which states that future guardians or adoptive parents must actively participate in the introductory foster care training organised by foster care centres (Order of the Minister of Social Security and Labour of the Republic of Lithuania "On approval of the description of the procedure for organizing adoption in the Republic of Lithuania" [In Lithuanian: *Lietuvos Respublikos Socialinės apsaugos ir darbo ministro įsakymas „Dėl įvaikinimo organizavimo Lietuvos Respublikoje tvarkos aprašo patvirtinimo“*], 2021). According to Giedrimas (2014), social support in the matters of adoption in Lithuania became established in 2008, with the introduction of the PRIDE programme. In Lithuania, this programme includes training and counselling of guardians, adoptive parents, and is abbreviated as GIMK (hereinafter, GIMK). The programme is based on the experience accumulated by practitioners and theoreticians of family care from more than one country. The pioneers of this programme are representatives of the USA, but the programme, by virtue of being adapted to Lithuania, is perfectly suited for the local conditions, since it focuses on the skills that persons who are preparing to adopt or foster children must possess. A coordinated system is applied, which is aiming to select, evaluate and prepare families; families are provided with the continuing professional assistance.

According to Jezerskytė and Stasiulaitienė (2015), there is a lot of discussion on the problems of integration of people with disabilities in society, on the necessary support, as well as benefits, but there is little debate on the difficulties arising when individuals create a family and they have more duties and responsibilities. The authors point out that parents with disabilities and those who raise children without disabilities need social support due to the arising social and psychological problems, such as discrimination, pity from others, adaptation of the environment to their personal needs. According to Ruškus (2017), in 2010, Lithuania approved the Convention on the Rights of Persons with Disabilities, thus joining 176 countries of the world in reducing discrimination against persons with disabilities, seeking equal opportunities, and incorporating the provisions of the Convention into its national Law. However, after more than a decade, not only Lithuania, but also the rest of the world, based on practical factors, are unable to ensure the wellbeing of persons with disabilities and elimination of stereotypes formed by society. Haegele and Hodge (2016) discuss a medical model, which, according to the authors, suggests that someone has disability by nature due to impairments, and that changes in the created environment or organisation of society cannot provide the same opportunities to people with disabilities as to people without disabilities. The medical model shows that challenges faced by persons with disabilities are not influenced by a broader sociocultural, physical, or political environment. Bollinger and Cook (2020) argue that the social model defines disability as a structural social oppression and focuses on society's failure to adapt to the needs of people with disabilities.

In the context of Lithuania, the topic of adoption has been the subject of interest and research of Gončiarova and Tamutienė (2016). They state that adoption is a complex process, during which, the child who has lost his/her biological parents may still be experiencing emotional and behavioural difficulties. Therefore, the State should ensure every child's basic rights and safety. Gudžinskienė and Navaitis (2016) examined the adoption process in the context of deinstitutionalisation, which could create stable and favourable conditions for the child to grow in the family environment. Foreign authors Stagi et al. (2020) and Chiappini et al. (2019) analysed the child's life before and after the adoption process, Fisher (2015) and Ranzato et al. (2021) revealed the developmental peculiarities, emotions, feelings and behaviour of children growing up in institutions.

Research problem. Lithuanian and foreign authors often conduct research on children growing up in the families of guardians and adoptive parents, but the cases of adoption by persons with physical disabilities, by persons who cannot have biological children, have not been examined. Persons with disabilities face problems of integration into society, self-esteem and other social problems, and the remaining social model determines the society's attitude towards the person with physical disability. It has been observed that persons with physical disabilities experience discrimination and a negative attitude in the discourse on parenthood with regard to their ability to adequately meet their children's needs. Despite the fact that *The Convention on the Rights of Persons*

with Disabilities regulates equal opportunities for persons with disabilities, parents with disabilities often encounter the negative prejudice of health care institutions, non-adaptation of public spaces to their needs, and, in general, such parenthood is perceived as inferior, as a social problem of society.

The problem questions of the research have been formulated in this context: *What is unique about the experience of couples with physical disabilities preparing for adoption? What environmental adoption challenges do couples with physical disabilities face?*

The research object is the experience of the couple with physical disabilities in the adoption process.

The purpose of the research is to reveal the peculiarities of the adoption process, based on the experience of a couple with physical disabilities.

The Discourse on Parenthood of Persons with Disabilities

Persons with physical disabilities are often confronted with environmental non-adaptation and with argumentation that an individual with disability has the same rights as an able-bodied person, which leads to a heightened lack of self-confidence (Alčiauskaitė and Šinkariova, 2018; Kvieskienė, Čiužas, Vaicekauskienė, and Šalaševičiūtė, 2015). According to Ruškus (2017), persons with disabilities are most hindered in exercising their rights by the medical perception of disability, regulated by Law and presented by specialists. Exclusion and discrimination of people with disabilities is still considered a norm, and the prevailing attitude is to place people with disabilities in special institutions. The needs of these individuals are called 'special', but they are essentially the same as the needs of other people. However, people with disabilities need assistance and certain measures so that they can freely integrate into society. Šumskienė et al. (2014) reveal that individuals with incurable and permanent but non-progressive disabilities try to change their own and other people's attitudes towards the discourse on disability and do not consider themselves sick, which is why they avoid frequent visits to health facilities. Bollinger and Cook (2020) argue that the social model treats disability as structural social oppression, emphasising society's failure to adapt to the needs of people with disabilities. This way, an individual with disability becomes perceived as a victim of the personal tragedy, and such individuals' limited participation in society is not considered a collective responsibility. The social model is often replaced by the medical model, viewing disability as a medical problem that needs to be solved or adjusted to normative standards. Kattari et al. (2017) supplement this idea by emphasising that the social model does not mean that society ignores people with disabilities. On the contrary, understanding impairments as differences rather than problems and adaptation of the social and political space for people with disabilities would allow them to participate more actively in life, without being tied to the identity of the person with disability.

Kvieskienė, Čiužas, Vaicekauskienė, and Šalaševičiūtė (2015) underline the importance of the attitude of the very individual with disability, the ability to adapt to it; that is, to accept it not only in the professional sphere or in household matters, but also in self-evaluation and communication with other people. Acceptance of disability is primarily treated as the ability to live and assess oneself, to understand and interpret one's life related to the occurrence of disability and the phenomena that emerge in certain social situations. This is particularly relevant for individuals with physical disabilities who are raising or who want to raise children.

Deveikienė et al. (2011) analyse the reasons for individuals' foster care and adoption, which led to the decision to foster or adopt a child. One of the main reasons cited by the study participants was their desire to help, their determination to do a good deed, and to fulfil themselves. Some respondents indicated that they were unable to have biological children and, by mutual agreement with their spouse, decided to foster or adopt a child. Others stated that they did not wish to have biological children, emphasizing their desire to fill a void and serve as a positive example in society. Summarising the obtained research results, it can be stated that first, future guardians want to provide wellbeing to the child; only then motives related to the respondents' personal reasons are indicated. When analysing the results of the said study, it should be stressed that the research was not conducted with persons with disabilities, but it is likely that the motives for fostering or adopting the child could be identical. An important aspect is that when talking about persons without disabilities, their stigmatisation due to infertility should be emphasised. According to Ralys (2018), people who cannot have children are often stigmatised and negatively characterised, and this is done even by those who themselves deliberately refuse motherhood/fatherhood.

Based on a number of authors (Alčiauskaitė and Šinkariova, 2018; Kvieskienė and Čiužas, Vaicekauskienė and Šalaševičiūtė, 2015; Ralys, 2018; Šumskienė et al., 2014; Ruškus, 2017), when analysing the discourse on parenthood of persons with disabilities, it can be observed that people with disabilities experience multiple stigmatisation: due to their disability, gender, and because of their inability to have children. According to Šėporaitytė (2015), fertility expectations of men with disabilities are a very little analysed topic in Lithuania and abroad. As to fertility of persons with disabilities in the context of gender, it can be stated that, like in the case of persons without disabilities, the right of women with disabilities to have children and motherhood is much more often argumentatively discussed than the experience of fatherhood and men's desire to have children. As revealed in the study on the situation of persons with disabilities (Šumskienė et al., 2014), there is also a lack of information about the quality of life of women with disabilities in Lithuania due to the absence of research, public discourse in this area and the lack of activeness of State institutions and non-governmental organisations in raising issues related to the women's situation as well as in organising help and looking for solutions. Research results have revealed that the women who have not started a family also tend to imagine themselves in the family, are intensively

thinking about it, but are sceptical about the possibilities of creating the family and raising children.

Disability and parenthood are two different experiences, but, as Shpigelman (2015) argues, motherhood with disability can lead to personal growth. However, this positive process requires interdependency, a creative and collaborative approach applied in practice. Mothers with disabilities face difficulties in performing care tasks and in outdoor activities with their children due to the environment that, in many cases, is inaccessible. It should be emphasised that *The Convention on the Rights of Persons with Disabilities* (2010) states that persons with disabilities have equal opportunities to those of other persons, and that entrances to medical facilities, public buildings, schools and the like must be accessible. According to Mercerat and Saías (2020), and Shpigelman (2015), women with physical disabilities experience discrimination related to their role as mothers or their abilities as parents both from professionals and the community. Parents with physical disabilities face several dominant challenges: negative attitudes, access to information, physical access, and discrimination.

As Pituch (2020) states, little is known about specific parenting needs of persons with disabilities, especially during early parenthood. Child welfare specialists, lawyers, and medical staff often lack training and information about work with parents with disabilities and their families. In order to adequately counsel these families, child welfare professionals should understand adaptive parenting strategies, parenting assessments, evidence-based practices, and laws on the rights of persons with disabilities (Albert and Powell, 2019; Gerritsen et al., 2021). According to Rothler (2017), Šeporaitytė (2015) and Frederick et al. (2018), disability and parenthood are perceived as terms contradicting to each other. This is due to a negative perception of parenting abilities of persons with disabilities and the lack of adequate State support for child-rearing. Theories on the rights of people with disabilities portray different approaches that aim to promote equality, while taking into account unique life experiences of parents with disabilities. Despite the achieved rights of persons with disabilities, most members of society and doctors believe that people with disabilities cannot *live life* to the fullest and have children. Parenthood of people with disabilities is considered a social problem of society.

According to Connellas (2017), parenthood is a transformative part of the person's life; therefore, it is not surprising that many people with disabilities want to be parents. Although criticism of the privileges of parenthood, granted by society, exist, this does not diminish the possibilities of persons with disabilities to this right. Considering that laws can shape public attitudes, the law on adoption also has important connections to how our society views parenthood possibilities for persons with disabilities. Under the current system, people with disabilities are very distant from adoption. Article 23 of *The Convention on the Rights of Persons with Disabilities* [In Lithuanian: *Neįgalųjų teisių konvencija*] (2006) clearly defines that persons with physical disabilities have the right to create a family; to decide for themselves how many children they want

to have and the age difference between them; from a medical standpoint, they have the right to receive all information related to the increase of the family, including the issues related to children's paediatrics and development. Adoption of children is also the right that people with disabilities have on an equal footing with other families who cannot have children, considering that, in order to fulfil their duties correctly, persons with disabilities can ask for help because laws always take into account the child's best interests and well-being.

Research samples and participants

Performing the narrative analysis, the story itself remains unchanged, but the focus is on its content, identifying themes across all narratives. The narrative research method in exploring the experience of the couple with physical disabilities in the adoption process allows to see and reveal problems and challenges encountered during the whole adoption process. The narrative analysis is performed by using focalization. According to Noonari et al. (2024), focalization gives the idea of the centre of perception, which means who the focaliser is, and what is being focalised. The research was conducted by employing a semi-structured interview with a couple with physical disabilities. According to Creswell (2007), in narrative research, the researcher analyses the lives of individuals and asks one or more individuals to tell stories about their lives. The narrative design focuses on the stories told by the research participants. The research procedure involves selecting one or two individuals for the research, collecting their stories and presenting individual experiences as well as chronologically arranging the meaning of the experiences. According to the purpose of the research, the participants are selected based on purposive sampling. Participants are chosen 'on purpose' to reveal the experience of the couple with physical disabilities in the adoption process. The research encompassed reaching out to disabled communities to invite their members to participate in the research. The research participant *Eva*, a woman (34 years old) with congenital disability, who cannot have children, has a university education, and was the first to agree to participate in the research. In this research, the woman is given the name *Eva* for the coding system. Later, she offered her spouse (36 years old), who acquired his physical disability in an accident, to take part in the research as well. He is given the name *Tomas* for the coding system.

Research ethics

The research was conducted following all requirements of ethical norms and basic principles. Participant selection is a time-consuming process, as potential participants cannot be directly accessed, which may require more time and effort than expected (Becker et al., 2004). In the initial meeting with the potential participants, an information sheet with the consent form is provided, specifying the research topic,

purpose, procedures of data collection, and confidentiality of information. The written consent of the respondents to participate in the research was obtained. The interview questionnaire was designed in such a way that the research participants could not be identified, thereby ensuring anonymity, privacy, and confidentiality. In accordance with the principle of confidentiality, a similar age of participants is indicated, and fake names of research participants are used. The consent form states that the participant wants to take part in the study and can withdraw from the research at any time.

Research methods

Analysing the questions of the semi-structured interview, the method of narrative analysis of qualitative research was chosen. According to Allen (2017), the narrative analysis is a genre of analytical frameworks, which researchers employ to interpret stories that are told in the context of research or shared in everyday life. Scholars conducting this type of analysis provide diverse but equally significant interpretations and conclusions by focusing on different elements. According to Herman and Vervaeck (2019), the narrative research process, the story analysis also has a different set of methods. The results of the qualitative research are useful not only for the research being conducted, but also for different social processes or individual social groups or communities. The semi-structured interview method was chosen to collect and systematise data of the narrative analysis of the qualitative research. According to Flick (2007), when we investigate what we cannot see, we have to ask questions. This way, knowledge of social environments, of what is on people's minds, which can be achieved only through people's stories, can be obtained.

Analysis of research results

The research presents the narrative analysis of the reconstructed narratives of two persons who have physical disabilities (Eva and Tomas) about the couple's experiences in the adoption process.

The story of the couple with physical disabilities in resolving and preparing for adoption. Conducting the research, the research participants' narrative highlighted the family's desire to have children (see Table 1).

Table 1.

The story of the couple with physical disabilities in resolving and preparing for adoption

Creating a family → taking an adoption decision → training.
<i>Space of events:</i> the flow of events is developed according to relevance rather than sequence.
<i>Focalisation:</i> the family's desire to have children.

The first narrative tells the story of creating the family, resolve and preparation for adoption. Taking into account the perspective of disability, for persons with physical disabilities, the desire to start the family exists just as it does for couples without disabilities. Šumskienė et al. (2014) emphasise that, in Lithuania, a lot of attention is paid to the issues of integration of persons with disabilities, but very rarely attention is drawn to the family, partnership and parenthood of persons with disabilities. Family and motherhood are extremely sensitive and highly important topics, but they are scarcely explored. Eva's story begins with a dream of being a mother, which emerged in her childhood, but painful memories and experiences can be seen in this aspect: *"I have always dreamed of being a mother since I was a little girl, so even my mother remembers me telling her that if I don't have my own children, I will definitely adopt. This childish but big wish was not taken seriously at first, but when I grew up and achieved my other dreams, my mother realised that this dream could come true too."* (Eva).

It is interesting to note that the husband had to get used to Eva's dream, but he supported his wife's wishes, and over time, agreed to get involved in the process leading to adoption and the beginning of GIMK training. According to Šėporaitytė (2015), young men with mobility disabilities do not accept being underestimated as fathers, but, considering the severity of mobility disability, they prioritise the perception of the concept of disability and understanding of what is happening with their body. Difficulty, stable and true partnership are inherent. This narrative tells that two separate persons with mobility disabilities became a family in 2019: *"My husband and I got married in 2019 <...> Of course, my wish was unexpected for my husband, he needed time to "get used to it", but over the years of friendship, he made a resolve to make this dream of mine come true."* (Eva).

Tomas' narrative reflects his approval of the thoughts expressed by his wife, that he had to understand his wife's desire, get used to it, and the decisive decision was made very quickly. Šėporaitytė (2015) points out that the ratification of *The United Nations Convention on the Rights of Persons with Disabilities* was a significant event for such persons. According to Šėporaitytė, the convention emphasises that persons with disabilities have the right to privacy, private life, the choice to have a family, parenthood and motherhood. In this case, the spouses agreed by common decision to follow the adoption route: *"My wife always wanted to have children, we talked about it when we were still friends. However, we "deepened" into this more after marriage; thus, we talked together and decided to go for it. It took us maybe a few months to make the final decision, because we just had to get used to the idea. <...> to be interested in what it would take to make the whole process work."* (Tomas).

When analysing scientific information sources, as well as normative legal acts, it is observed that adoption is a lengthy and extended legal process, often lasting up to one year. Henriques et al. (2020) state that adoption is a demanding process for everyone involved, including the child, parents and professionals: *"Attending the courses, going all that way, his desire to have a child grew stronger and stronger. The final decision practically happened overnight <...> that tomorrow we are going to the municipality to find out what is needed to do that."* (Eva).

After the family had evaluated its possibilities, the first stage was to complete documents at *The Child Rights Protection and Adoption Service* so that to obtain a medical certificate on suitability to be adoptive parents. According to Giedrimas et al. (2014), persons cannot be older than 65 years, prospective adoptive parents must meet the medical requirements regarding limiting legal capacity in accordance with the procedure approved by Law, criminal records are checked, it is taken into account whether adoptive parents have not been suspended from their duties as guardians (caregivers), adoptive parents and from child care duties by a court order. The last, but no less significant fact is the place of residence, compliance with the household requirements. One of the less frequent cases is when one of the spouses wants to be the adoptive parent, but the fact stated in this narrative is that, in the first stage, the family submitted documents by mutual consent. After meeting the first set of requirements, prospective guardians or adoptive parents are waiting for the first decision on eligibility and possibility to attend GIMK training. Eva's and Tomas' stories reveal emotions, confusion, and a feeling of anxiety. The research participant accentuates that the approach about a possible negative decision of the institution for the protection of child rights caused great fear to her that the existing physical disability could determine specialists' decisions: *"I clearly remember the day when the specialist from the social service centre called and said that they would come in an hour to bring conclusions. <...> From that moment on, I rushed to clean the rooms, I called my husband, asking to come back as soon as possible, so to say, I was very confused, I was very much afraid of negative conclusions. Although I realised that conclusions did not depend on the cleanliness of the floor. It's good that my husband is more rational, so he calmed me down a bit, tried to be calm. When the staff arrived, who came only into the corridor, said everything was fine and told me to wait for the call regarding the GIMK course, I felt like we had won the lottery, we were very happy and laughed because of my exaggerated "panic". For me personally, those positive findings were like a medical conclusion that I was expecting."* (Eva).

Based on the interview responses received from the research participants, it can be noted that emotional stability and mutual support of the spouses are a very important point during the adoption process. Vaitiekus and Talačkienė (2014) note that couple infertility is a social problem. These challenges are encountered not only by persons with disabilities, but also by persons without disabilities. According to the authors' observation, it can be argued that one of the alternatives to solve the problem of infertility is adoption. During the adoption process, Tomas notes that the masculine enthusiasm did not allow him to break emotionally and helped his wife while waiting for positive conclusions of specialists: *"It's good that my wife and I complemented each other throughout the process. I'm more hot-tempered, my wife is more sensitive. So, my cold mind kept my emotions from getting too strong."* (Tomas).

In her story, the research participant reveals that GIMK training makes her aware of the challenges of raising up the child, which can be faced in the future, because raising a biological child and a foster child are not the same thing. Training provides various

types of information, and homework is assigned, but no less attention is paid to role-playing games and discussing unpleasant personal topics: “During training, various situations were acted out, which allowed us to delve into the child himself/herself, how he/she feels in certain situations. The homework assigned by GIMK specialists was very fun and meaningful, even my husband did it with pleasure.” (Eva).

Bergsund et al. (2018) emphasise the importance of the social aspect, which facilitates the opportunity for prospective adoptive parents to meet other adoptive families and teachers in an informal setting. In the narrative analysis, during the semi-structured interviews, attention is drawn to the part of the story, presented during GIMK training, when the experience shared by the colleagues provided knowledge and understanding, and benevolence, attention and non-indifference of training specialists led to a greater sense of self-confidence: “All information from training in the course of the adoption process also helped to psychologically understand what we can expect in the future, what different situations can occur, how to cope with them. Colleagues who already had experience in foster care revealed their experiences, which also gave us as future parents a lot of knowledge and greater self-confidence. Self-confidence was also instilled by GIMK specialists themselves; their benevolence, warmth, their support and non-indifference gave us strength to follow this path.” (Eva).

According to Burvytė and Gudžinskienė (2018), each stage of the child’s development requires not identical but necessary and significant parental abilities and skills to maintain relationships and focus on challenges arising at different life stages, to create a supportive home atmosphere, to appreciate, acknowledge, and live together in harmony. During the GIMK training programme, these abilities are discussed through role-playing games, their importance is analysed during film screenings and discussions. We can notice that the teacher, like a mentor, patiently and repeatedly carefully listens to prospective adoptive parents and guardians, advises and provides information on all relevant issues during the adoption process.

The story of challenges arising from the environment in the adoption process.

When telling the family story, the research participant paid a lot of attention to the phenomenon of physical disability, underlining a sense of lack of self-confidence, distinguishing and emphasising the medical model (see Table 2).

Table 2.

The story of challenges arising from the environment in the adoption process

Physical disability phenomenon → feelings of self-distrust → approaches of medical staff → undermining of autonomy.
<i>Space of events:</i> the flow of events is developed according to relevance rather than sequence.
<i>Focalisation:</i> excessive attention to the physical disability phenomenon, emerging lack of self-confidence.

The second story of the narrative reveals challenges arising from the environment, encountered by the couple with physical disabilities in the adoption process. Their story discloses the phenomenon of physical disability, when the research participant clearly defines her and her husband's physical disabilities by calling themselves 'wheeled'. During the interview, it was noticed that the spouses constantly remained independent, and the assistance of the surrounding people was important to them but not necessary every day. The research participant Tomas reveals that, during the adoption process, he was thinking about possible difficult situations, but anxiety about the existing physical disability did not overcome the desire to adopt and have a child: *"As I said, we were more worried about our as persons' with disabilities situation and opportunities than the child's health, behaviour, developmental problems, which might arise while growing up and living in our family."* (Tomas).

Experiences and trials of persons with mobility disabilities, acceptance of disability are different and unique. Individuals with disabilities do not single out their individually defined needs, resolve opportunities and independent roles that many play in economic, political and social institutions, and families (Viluckienė, 2016; Mkhize, 2015). The feelings of self-distrust of this research participant are caused by people around her, devaluation of her personality, the attitude of health care workers towards persons with mobility disabilities, when they turn to the institution not because of health disorders, but rather to get a medical certificate: *"The second step was visiting the family doctor at the health care institution. This step was the most difficult for us. After going to the chairperson of the commission and telling the purpose of our visit, his first words were "... but you yourselves need to be looked after". These words disturbed me so much that it was difficult to speak and prove that, according to the Law, we can foster or adopt. I felt bad, as if I was asking for alms, as if our happiness, our desire to be parents depended on one sugar daddy."* (Eva).

An integral part of this research is the medical model, when persons with physical disabilities are undervalued at most medical institutions. Basically, it is theoretically clear that competent doctors, medical staff evaluate the person's health status. However, the social model, which receives special attention from experts and social work specialists (Kriščiūnas, 2015), remains untouched; it has also been pointed out that such challenges were not encountered during regular visits: *"...we really did not expect to encounter such attitude of doctors, because we often have to visit medical institutions, communicate with specialists and there would be no problems; to be more exact, doctors' attitude towards persons who have disabilities was normal, but, in this case, when we expressed our desire to have children (to adopt), we were surprised by the doctors' approaches."* (Tomas).

It is interesting to note that, when talking about the experienced surprise and the unexpected approach of doctors in the adoption process, the research participant Tomas remained positive, he did not underestimate his own and his wife's personalities, while trying not to pay attention to the doctors' negative attitude in the context of physical disability. According to Oželis (2018), the efficiency of social assistance to the person is ensured by the ethical principles of providing social assistance while maintaining

the person's dignity intact and in the professional field, by treating each personality as unique and valuable: *"We received only support from all other specialists, of course, some of them were surprised, but I think it's quite normal, because it doesn't happen every day."* (Eva).

It can be noticed in Eva's story that people with physical disabilities do not turn to institutions for adoption often; thus, surprise when looking at people with mobility disabilities is not bad practice. Proving the meaning of all actions to family members, friends, and close people lowered the self-esteem and self-confidence of the woman who already had to get used to being a fighter since childhood, but this did not reduce her motivation to seek personal goals and tasks in life. Eva reveals that her husband has an acquired disability that appeared after an unfortunate event, but this does not hinder his self-confidence, seeking the set goals and dreams, and he is not afraid that he may have to prove his human value to other people. According to Radzevičienė et al. (2018), persons with physical disabilities who move with the help of assistive devices react differently to discrimination with regard to movement, and this depends on the attitude towards the phenomenon of physical disability, on acquired communication skills that affect the feelings of self-confidence: *"There was the same fear again "how they will look at us". Although the husband acquired disability after an injury, he has more self-confidence than me, who has been like this since birth, and, to me, it seems that it is already common to fight for myself. I remember such incident that was tense but at the same time fun during the first court hearing regarding temporary custody. The secretary said the usual phrase "all rise" when the judge was coming. The employee representing the child stood up, as did the secretary, and we remained seated."* (Eva).

Provision of information, as well as communication has a strong meaning in this narrative. Eva's memories reflect confusion and anxiety. It is usual practice that physically healthy persons who express their desire to adopt a child stand up during the court process, thus showing respect to the court. Eva's anxiety, however, unfolds because no one informed the judge that two persons with physical disabilities, who move with the help of wheelchairs, are applying to the court for primary temporary custody. Unlike doctors, the judge did not react to the applicants' physical disability.

According to Berghs et al. (2019), people with disabilities need a stronger social model that would act as a tool for society to empower and ensure their rights: the right to lead a dignified life as well as to live in the environment which would create conditions for people with disabilities to feel full-fledged when making independent and responsible personal life decisions. Although laws regulate the rights of persons with disabilities, public knowledge about this is still insufficient. Eva notes that the surrounding people could not believe that this was their child: *"When the little one appeared in our family, I felt that strangers, I don't know how to call this, maybe they didn't believe that it was my child."* (Eva).

It is interesting to note that Eva's narrative allows us to assume that fear and lack of self-confidence due to the possible initial negative attitude of the loved ones made her

as if hide the positive thoughts of the family and the resolve in the aspect of adoption: *“In general, I didn’t want any reaction, because this was our decision, our life and our future, that’s why we decided not to hurry with this news. Now, with time, that negative attitude of my loved ones is changing, as if they have finally understood that I am also the same person with normal natural desires.”* (Eva).

During the interview, Eva reveals that time changes the established norms and stereotypes about people with physical disabilities.

The story of external environmental factors in the adoption process. An integral part of the narrative is the approaches and attitudes of adoption specialists towards two persons with physical disabilities, compensating for their mobility disabilities with wheelchairs. The reactions of the loved ones to the independent decision-making of persons with physical disabilities are highlighted (see Table 3).

Table 3.

The story of external environmental factors in the adoption process

Adoption specialists’ attitude → psychologist’s help → reactions of the loved ones.
<i>Space of events:</i> the flow of events is developed according to relevance rather than sequence.
<i>Focalisation:</i> positive attitude of professionals and loved ones to the adoption process by persons with disabilities.

A person with physical disability finds it relevant that specialists should separate the phenomenon of physical disability from the personality’s identity. According to Adomaitienė and Balčiūnienė (2017), persons working in the social sector must be able not only to follow legal regulations but also to know and assess the specificity of their profession, understand their activity, be able to explain it and follow the provided ethical norms. This story reveals the attitude of adoption specialists towards the couple with physical disabilities during the adoption process: *“We were really surprised that GIMK teachers had not reacted, they had welcomed us completely calmly; we felt very surprised by this, because we were very much afraid (especially me) to go to training; after the doctors’ attitude, we didn’t expect anything good from training, either.”* (Eva).

Eva’s story reveals that persons with physical disabilities perceive themselves as full-fledged members of society and strive to preserve their dignity in all situations. Comparing her emotional state, the research participant states that the competence of GIMK specialists surprised her, but, when recalling the painful experience with the medical staff’s attitude, it can be said that incomprehension and rudeness of the surrounding people is gets into one’s head for the long run. The research participant gives priority to positive things, such as not being prejudiced against persons with physical disabilities: *“By the way, it was also surprising that GIMK teachers, who came to our home to conduct an assessment on suitability to be adoptive parents, came from the side of the stairwell, knocked on the door, because most people, who know that we have disabilities, walk up the ramp we have set up, which leads to the bedroom. This was also a small thing, but*

at the same time an important one, showing that professionals have no preconceptions about our disability.” (Eva). In this study, persons with physical disabilities had unfounded fears and did not trust the specialists: the *Child Rights Protection and Adoption Service*, GIMK team specialists, courthouse officials, municipal social support department staff. What is important to note in the story is that Eva explicitly tells the important facts of the adoption process, such as the psychological support she received from the psychologist of the foster care centre. According to Jezerskytė and Stasiulaitienė (2015), one of the most important means of support for parents with disabilities raising children without disabilities is psychological support. This is a strengthening factor in the story of overcoming physical disability and psychological difficulties: “*It’s a big help, during the consultations we discussed how I felt after becoming a mother quite quickly, how we managed, how we felt emotionally, what problems we faced and the like.*” (Eva). Eva strove to be an independent personality all her life, never highlighting her physical disability, but people around her, who should be supportive, understanding and sympathetic, always found a reason to emphasise her physical disability. According to Viluckienė (2013), disability is a complex phenomenon that is not easy to define with a single theoretical model or classification scheme, nor is there any established general conception of disability. In this respect, Eva proved to herself and to those around her who did not believe in her, who did not trust her strength, her wish to study, work and have a family that all that was possible, while making great efforts to achieve the set goals in life.

The loved ones are that the immediate close environment that should understand the family’s wishes and expectations. In this story, the research participant Tomas reveals that the initial reaction of persons in their close environment, who were not informed about the adoption decision, was that of surprise, but they did not hide their support and joy at having a child in the family: “*Everyone reacts favourably to our situation, but whoever first finds out that we have adopted the child, the main reaction is the question: “How are you coping with that?” I feel the support of my friends, the natural and simple joy of becoming a father.*” (Tomas).

When revealing the positive experience of adoption, it can be noticed that the research participants were having unfounded fears and feelings of self-distrust.

GIMK specialists professionally and objectively assessed the couple’s possibilities of becoming adoptive parents despite their mobility disability.

The story of meeting the child’s needs and of the vision of the future. The research participant revealed household challenges she was facing at home while raising a child without a disability who walks and prefers things that should not be taken. Attention is drawn to adaptation of institutions for persons with physical disabilities. When interpreting the narrative on meeting the child’s needs and vision of the future, there is a sense of anxiety about the child’s future, a lack of a sense of security, and fear arising from the unknown (see Table 4).

Table 4.

The story of meeting the child's needs, of the vision of the future

Household challenges → adapting of institutions → anxiety about the child's future.
<i>Space of events:</i> the flow of events is developed according to relevance rather than sequence.
<i>Focalisation:</i> focus on meeting the child's needs, fear for the future.

It is interesting to notice that Eva, when talking about her experiences related to household challenges, notes that the adaptation of home for persons with physical disabilities can be dangerous for the able-bodied child at a certain developmental age. The narrative reveals the importance of the means of movement, the height of the furniture, which are relevant for the family with physical disabilities but can cause new challenges in the daily tasks of adoptive parents who move with the help of technical means, since the growing active child wants to meet developmental needs, by trying to touch, climb, pick up: *“Everything <...> needs to be hidden, raised higher, but the problem is that we ourselves are wheeled and what has already been raised higher, cannot be raised still higher. So, the little one, being almost 1.5 years old, can reach quite a lot.”* (Eva).

According to Eva, when the child demands attention, physical disability and parenthood create family rules, when some things can be done with the mother's care; and others, with the father's help. It is noted in the story that the girl settled in the adoptive family at the age of 3 weeks, which made it easier for the family to adapt to the changed family situation, adjusting over time to changes in the baby's weight and developmental stages. Like all children, the girl learns to adapt to the environment and the current situation, and the parents grow together with the child. In this case, the research participant Tomas says that the grandmother plays an important role in the family's close environment: she helps the adoptive parents when they go shopping or if they have unplanned visits, because every trip requires a lot of effort, in terms of thinking about the safety and adaptation issues. Attention is also drawn to the factor of disappointment, when the research participant regrets that not all the joys of childhood can be given to the child whose parents are with physical disabilities: *“We go to the shop separately, and, if we go together, we leave our daughter with the grandmother. Maybe not all joys of childhood will be experienced with us (for example, sledging down the hill), but we try to give as much joy as possible.”* (Tomas).

Personal narratives are more than just a representation of events – there is special connection with the research participants, they express natural emotions, think naturally, reveal the sequence of events or sigh. In this story, Eva reveals that she has always been happy about foster care or adoption decisions made by others. According to Baxter et al. (2014), narratives illustrate a complex dialogic interpenetration of several discourses, which refute, counter, and change the dominant biological view towards adoption: *“When I was watching television, when they showed stories of children being adopted, I also praised such persons a lot, I was happy that there were such people, that*

they saved one or another small child. <...> I'm not proud of it, I don't feel like "I've done a good job", but I'm proud of one thing – that I can be a mother.” (Eva)

The study conducted by Prilleltensky (2004) revealed that mothers with physical mobility disabilities were strongly committed to their children, ensured their care and well-being, and tried to protect them from the difficulties associated with the mother's disability. Although the challenges and obstacles are openly discussed, they do not fundamentally change the joy and satisfaction experienced by these women from motherhood.

Based on Eva's story, it can be assumed that persons with physical disabilities did not encounter any challenges of environmental adaptation in State institutions during the adoption process: *“As to the physical environment, everything was adapted, we didn't face any problems.” (Eva).*

According to Subačiūtė (2020), the environment of educational institutions is not adapted for persons with disabilities, and the problem to be commonly encountered is that various European Union funds are used to renovate schools, but the needs of persons with disabilities are not taken into account. With this statement, the author emphasises that the *Convention on the Rights of Persons with Disabilities* [In Lithuanian: *Neįgalųjų teisių konvencija*] (2006) recognises equal rights of persons with disabilities to participate in the community life, freely choose educational institutions or a place of residence. It is interesting to note that Eva and her spouse's vision of the child's future received special attention in the local community. The story reveals that the town elder pays attention to the issues of integration of persons with physical disabilities in the community: *“We are preparing to start going to kindergarten next year, and the kindergarten is, of course, not adapted. We have a wonderful elder – as soon as he found out that we have a girl, he immediately started caring about the accessibility of the kindergarten to us, too. By the way, not only the kindergarten but also the pro-gymnasium is located there. We have to meet in January and discuss where it would be convenient to equip a ramp for us. Environmental adaptation is very important to us, because we want to be involved in the child's life, participate in celebrations, meetings, and we boldly take the child to and from school.” (Eva).*

The story emphasises that Eva is happy with the elder's decisions because she wants to be actively involved in her daughter's education process. It is very important to note that, thanks to the eldership, adoptive parents will be able to independently accompany their child to the kindergarten, as well as participate in organised meetings or important celebrations related to education.

Shpigelman (2014) argues that physical disability and motherhood pose major challenges. Negative effects include a lower educational restriction and failure to give children a sense of self-confidence, but there is a positive impact – notably, that mothers with disabilities devote more time to their children's education, which leads to better learning achievements. Eva's fears are justified that her daughter may be bullied due to her parents' physical disability in the educational process, but attention is drawn to the fact that the child is still young. Adoptive parents have ample time to prepare for

psychological challenges, and it is also noticeable that adoptive parents have friends in their close circle, individuals who are also with physical disabilities: *“I’m a bit scared of the future, I’m afraid that my daughter might be bullied because of our disabilities. I’m just glad that I have time to prepare for it, I have female friends who have disabilities and raise their children and also face various problems, so we’re definitely not alone.”* (Eva).

The research results have revealed that the maternal instinct of the woman with physical disability is an important factor, since it helps to overcome prejudices, as well as the rising anxiety and unfounded doubts before and during the adoption process. It is also noticeable that, despite the successful adoption process, adoptive parents are accompanied by further doubts about the child’s future: the likelihood of the child’s exposure to bullying, the possibilities of parents with physical disabilities to participate in the educational process. At the same time, it becomes clear that adoptive parents are realistic about the situation, they understand that they have time and opportunities to prepare the child for the future challenges, and know that they have the support of their loved ones.

Conclusions

The legal process of adoption is a complex procedure which can take up to one year. The collected data revealed that a strong desire and parental instinct were not enough to become an adoptive parent. Persons wishing to become adoptive parents must meet certain criteria regulated by Law: they must have a home, be free from certain diseases, be motivated and able to take care of themselves, have no criminal record, and have no record of being suspended/terminated from the duties of guardians (caregivers), adoptive parents or parents by a court order. It is important to note that future guardians (caregivers), adoptive parents must attend the training and counselling programme for guardians (caregivers), adoptive parents, introducing them to various stages of child development and difficult situations. During the adoption process, the most important factors are support from the adoption team specialists, the close environment, and the attitude of the public, because waiting for the court order is the most difficult period in this process.

The research findings have revealed that the couple with physical disabilities was confronted with the medical approach to persons with mobility disabilities. In terms of the societal attitudes towards the phenomenon of physical disability, it can be argued that parenthood and disability are incompatible aspects, and that the prevailing societal attitudes are that persons with physical disabilities fail to provide adequate care for their children and meet their needs. The research results have revealed that, during the adoption process, adoptive parents encountered the negative attitude of health care professionals in assessing the health status of persons with physical disabilities, and that specialists in this field did not show tolerance and respect for people with disabilities.

The analysis of the research findings has demonstrated that the couple with physical disabilities had unfounded fears, doubts about the adoption team's prejudices or attitudes towards physical disability. It is important to underline that the professionalism of the adoption team professionals and the non-stereotypical approach to physical disability has created equal opportunities for the couple with physical disabilities to participate in training, discussions, and workshops. The courthouse officials (the judge) did not single out the phenomenon of physical disability, either. The research results have revealed that adoptive parents felt anxious and perceived the challenges they will face in the future as their child grows up and societal attitudes towards adoptive parents with physical disabilities. Adoptive parents are aware of the possibilities of bullying, but they do not feel strong anxiety about it, they realize that strong psychological preparation is needed.

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