

Winding Road of Child Adoption in Indonesia: Wonderful Communication Competencies for Eradicating Anxiety of the Adoption Process

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ABSTRACT

Child adoption is a process marked by anxiety and uncertainty, particularly for prospective adoptive parents at the early stages of adoption. In Indonesia, these feelings are intensified by social stigma, spousal negotiation, and uncertainty surrounding family and community responses. This study examines how adoptive parents manage anxiety and uncertainty through communication and identifies the communication competencies required in the initial adoption process. Guided by Family Communication Patterns Theory, this qualitative case study draws on in-depth interviews with 12 adoptive-parent couples in Indonesia, focusing on the roles of conversation orientation and conformity orientation in adoption decision-making. The findings identify key communication competencies that help reduce anxiety: open and direct spousal communication, strategic use of shared values (religious, moral, and financial), presupposition-based message visualization when discussing adoption plans, proactive and retroactive communication to manage uncertainty, and support from both spouses and significant others. This study contributes to family communication research by extending Family Communication Patterns Theory to the pre-adoption context and by foregrounding adoptive parents' communicative experiences within a stigmatized sociocultural setting.

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1. Introduction

Adoption is not only a legal or psychological process but a communicative one, marked by anxiety and uncertainty for prospective adoptive parents, particularly during the pre-adoption decision-making phase. For married couples, adoption is often preceded by prolonged experiences of infertility, social pressure, and uncertainty about their future as parents. These conditions make the decision to adopt not only a legal or psychological matter, but also a communicative one, as couples must negotiate meanings, emotions, and expectations through interpersonal interaction. Anxiety and uncertainty emerge most strongly before adoption takes place, when the child has not yet entered the family and adoption remains a possibility rather than a certainty. Couples who go through marriage

expect to have children, so they hope to get pregnant, and this increases their anxiety, regardless of their education or financial level (Nachinab et al., 2019). Several adoptive parents interviewed recounted various issues that caused their anxiety and delays during the child adoption process, including avoidable clerical errors and poor communication (O Modupe Onayemi & Abideen Aderinto, 2019). Brooker et al. suggest that adoptive parents' anxiety symptoms are a predictor for adopted people's internalizing behavior (Hornfeck et al., 2019). Previous research has shown that this feeling of being judged is harmful, and attempts to address this anxiety and let adopters speak for themselves are now considered an essential component of a successful approach (Midgley et al., 2018). Therefore, in carrying out the adoption process of mental health factors, marital stability, financial security is required for adoptive parents (McGue et al., 1996). But on the other hand, the financial security possessed by prospective adoptive parents can accelerate adoption procedures and the financial interests of adoption officials represent the dark sides of the adoption process (Olayinka Modupe Onayemi & Abideen Aderinto, 2019)..

Adoption is a process of changing roles. There is a transition from infertility to adoption (Goldberg et al., 2009). Gianino, in his research, found that this role change also occurred in eight gay male couples who transitioned into adoptive parents (Davis, 2013). The preadoption or pre-placement phase represents a critical yet fragile stage in the adoption process. During this phase, couples must negotiate agreement, assess readiness, and manage doubts regarding their ability to become parents through adoption. Uncertainty about outcomes, fear of rejection, and concern over social responses often intensify anxiety. Communication between spouses becomes central, as decisions about adoption are shaped through discussion, persuasion, negotiation, and emotional support. However, this early phase is also marked by communicative vulnerability, as partners may hold different expectations, levels of readiness, or emotional responses toward adoption

In the Indonesian context, these communicative challenges are further intensified by strong social norms surrounding marriage, fertility, and parenthood. Couples without children often face social stigma, negative labeling, and repeated questioning from their social environment (Hapsari & Septiani, 2015). Adoption is frequently perceived as a marker of infertility or family incompleteness, which can heighten anxiety and shape how couples communicate about adoption. Rather than functioning as a purely personal decision, adoption becomes a socially scrutinized choice, influencing what prospective adoptive parents disclose, conceal, or negotiate within their marital communication. Adoption also involves a significant role transition, from being a childless couple to becoming parents. This transition is not instantaneous but is gradually constructed through communication. Couples must redefine their identities, expectations, and responsibilities as prospective parents. For adoptive parents, this role transition is accompanied by uncertainty about legitimacy, emotional preparedness, and acceptance by others. Such uncertainty requires communicative work, as partners attempt to align their perceptions, values, and emotional readiness before moving forward with adoption. As Hurlock argues in his *Remanto*, the role of the child also affects marital stability. More divorces occur because couples have no children or only a few children than because couples have many children. When prevailing norms in the social environment and values in society support the presence of children and highly value the role of parents, the absence of children can become a status that is considered shameful and a disgrace to the family (stigmatizing status) (Adel et al., 2018).

Although adoption has been widely studied, much of the existing research focuses on post-adoption outcomes, particularly the psychological adjustment, identity development, and attachment experiences of adopted children. Other studies emphasize post-adoption family dynamics, openness in adoption, or communication between adoptive parents and adopted children. While these contributions are important, they leave the early stages of adoption relatively underexplored, especially the experiences of adoptive parents before placement occurs. In the field of communication studies, in particular, child adoption research has tended to focus too narrowly on the information needs and relationships between adoptive parents and adopted children, for example related to how to deliver adoption identity (Hays et al., 2016)(Wrobel, 2015) as well as the relationship between biological parents and adoptive parents (birth family) (R H Farr et al., 2014; Xiong et al., 2022). Adoption research has historically focused on its core a lot on attachment and developmental issues,

with little attention paid to the communicative aspects of adoptive families. To date, researchers outside the discipline of communication have pursued family adoption research much more vigorously than in the field of communication (Rachel H. Farr et al., 2014; Hamilton et al., 2015; Wrobel et al., 2004). An exception to this trend is lines of research in the discipline of communication that focus on negotiating family identity in international adoptions and different families (Odenstad et al., 2008; Tucker, 2020). The researchers acknowledge that the complexity of adoptive families deserves special attention, but there are still several shortcomings in the literature on general adoption communication (Colaner & Kranstuber, 2010). In communication studies, adoption research does not discuss much about adoptive-parent relationships. Especially how adoptive parents prepare for the adoption process is viewed from a communication perspective.

Within communication studies, adoption research has similarly concentrated on post-adoption disclosure, family identity negotiation, and adoption narratives. Limited attention has been paid to how adoptive parents communicate with one another during the decision-making phase of adoption. In particular, the communicative strategies couples use to manage anxiety, negotiate agreement, and reduce uncertainty in the pre-adoption phase remain insufficiently examined. As a result, the communicative experiences of adoptive parents prior to placement represent a significant gap in family communication scholarship. However, there are still some unknowns on the ground. One area of uncertainty is the long-term outcome of adoption, especially when it comes to mental health and well-being. Another unknown area is the impact of adoption on biological parents and their families. In addition, there is a need for more research on transracial and international adoption experiences, as well as the impact of adoption on children with special needs (Grotevant et al., 2017; Haugaard et al., 1999). Not much adoption research discusses what adoptive parents must prepare when adopting. Even though anxiety is a factor in fear felt by prospective adoptive parents and other researchers, especially in the field of communication, do not pay special attention to this section. Therefore, this study will discuss the communication competencies that adoptive parents must have in reducing anxiety. The existence of information or communication will reduce anxiety in the family (Kynoch et al., 2017).

This study examines the communication competencies required to reduce anxiety and uncertainty during the adoption process, particularly in the pre-adoption phase. In this study, communication competence is understood as the ability of individuals or couples to enact appropriate, effective, and contextually sensitive communication strategies such as negotiating agreement, managing emotional tension, and reducing uncertainty within interpersonal interaction. Communication competence is therefore treated as the core analytical construct, focusing on what adoptive parents do communicatively to manage anxiety rather than on general family characteristics.

To contextualize the emergence and enactment of these competencies, this study draws on Family Communication Patterns Theory (FCPT). FCPT conceptualizes family communication not as a set of skills, but as a communication environment shaped by two dimensions: conversation orientation, which reflects the extent to which open discussion and emotional expression are encouraged, and conformity orientation, which emphasizes shared values, agreement, and relational harmony (Koerner & Fitzpatrick, 2002). These orientations are not treated as communication competencies themselves; rather, they function as contextual conditions that enable, constrain, and shape how communication competencies are enacted within couples. Conversation orientation refers to the level at which family members are encouraged to participate in unlimited interaction on a variety of topics, while conformity orientation emphasizes a climate of homogeneity in attitudes, values, and beliefs. These dimensions interact consistently with each other and can influence family dynamics and coping, as well as the well-being of family members (Dwi Lestari et al., 2020).

Within this framework, communication competencies are examined as practices that emerge in response to uncertainty and anxiety. To further explain why these competencies are mobilized, this study also draws on Uncertainty Reduction Theory, which highlights individuals' motivation to seek information and engage in communication to reduce ambiguity in uncertain situations. Together, FCPT and Uncertainty Reduction Theory provide complementary perspectives: FCPT explains the

communicative context in which adoption-related interactions occur, while Uncertainty Reduction Theory explains the functional purpose of communication competencies enacted by adoptive parents. Based on two orientations that mentioned by Fitzpatrick, namely conversation orientation and conformity orientation, which are used as a reference to identify the required communication competencies. Given that family communication patterns (FCPs) assess everyday family interactions (Koerner & Fitzpatrick, 2002b), Hortsman investigates the ways FCP contributes to adoption identity. Two schemes highlighted in FCP theory conversational orientation (i.e., the degree to which a family participates in uncontrolled and overt interactions) and conformity orientation (i.e., the degree to which a family emphasizes homogeneity) create a family communication environment (Horstman et al., 2016). Family communication refers to the interpersonal communication between family members, which is the basis for children's emotional development and helps them learn how to communicate with others, interpret behaviors, and experience different feelings. It encompasses various aspects of communication within the family, such as parent-child communication, assertiveness, and the development of personality characteristics and behaviors (Buzzanell, 2017).

The idea of communication competence, which is used interchangeably with communication effectiveness, is a dyadic concept (Ruben, 1976). Communication competence is the key to maintaining performance. Communication competence can interpret a wide range of individual behaviors resulting from cognition, emotions, internal motivations, circumstances, culture, and interpersonal relationships externally. A person with high communication competence may also be more likely to maintain a healthy psychological state through effective communication (He et al., 2019). The available information on communication competencies for adoptive parents emphasizes the importance of promoting open and healthy communication about adoption between parents and children, using age-appropriate language, validating the child's emotions, and, where applicable, communicating with the biological family positively and respectfully. The literature also highlights the importance of promoting positive and respectful communication within host families to foster love, closeness, and integration (Neil, 2012).

Based on these issues, it is necessary to examine ways to reduce anxiety among adoptive or prospective adoptive parents from a communication perspective. Existing communication research on adoption has made important contributions, particularly in examining how families communicatively manage uncertainty and meaning after adoption has occurred. For example, Colaner and Kranstuber (2010) focus on how uncertainty is negotiated within adoptive families, primarily in post-placement contexts, while Hays et al. (2016) examine the content and process of adoption entrance narratives told to adopted children (Colaner & Kranstuber, 2010; Hays et al., 2016). Uncertainty and anxiety are closely related concepts, as uncertainty about future events can generate worry and emotional distress (Gu et al., 2020). Intolerance of uncertainty is a key cognitive vulnerability associated with anxiety and worry (Buhr & Dugas, 2009). Accordingly, this study aims to examine how adoptive parents manage anxiety and uncertainty through communication during the pre-adoption phase and to identify the communication competencies required to support this process. By focusing on adoptive parents' communicative experiences before a child enters the family, this research contributes to family communication studies by extending the application of Family Communication Patterns Theory to the pre-adoption context. It also offers empirical insight into adoption as a communicative process within a sociocultural environment where adoption remains highly stigmatized.

2. Method

This study adopts a qualitative research approach using a multiple case study design. The case study strategy was selected because it enables an in-depth exploration of complex, context dependent communication processes that cannot be separated from their real-life settings. In this study, the case is defined as an adoptive parent couple and their communicative experiences during the pre-adoption phase, particularly in relation to managing anxiety and uncertainty. A multiple case design allows for analytic comparison across cases while preserving the contextual richness of each couple's adoption experience. A total of 24 participants, comprising 12 adoptive parent couples, were selected using

purposive sampling. This sampling strategy was employed to ensure that participants had direct experience with the adoption process and were able to reflect on their communication practices prior to child placement. Data were collected through semi-structured interviews, which are well suited for capturing participants' interpretations, meanings, and communicative strategies in their own words (Morton & Shelton, 2019). Consistent with qualitative research principles, this study adopts an interpretive and naturalistic approach, seeking to understand how participants make sense of their experiences within their social and relational contexts (Denzin, N. K. & Lincoln, 2009). At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural setting, trying to understand or interpret phenomena regarding the meaning people bring to them. Qualitative analysis was conducted through systematic interpretation of interview data to identify patterns of communication competencies across cases (Auerbach & Silverstein, 2004).

This approach is appropriate for examining adoption as a communicative process from the perspective of married couples navigating the uncertainties of pre-adoption decision making. The research strategy is carried out using case studies. Case studies are a standard research method in adoption research. Case studies can provide in depth information about adoption experiences, including the perspectives of adoptive parents, adopted children, and biological parents (McSherry & McAnee, 2022). Data were collected through in depth semi structured interviews and contextual observations as part of a multiple case study design. Interviews were conducted primarily jointly with each adoptive parent couple, as the focus of the study was on spousal communication and shared decision-making during the pre-adoption phase. Joint interviews allowed the researcher to observe how couples co-constructed meanings, negotiated differences, and responded to each other's accounts. In several cases, brief follow-up questions were directed to individual spouses to clarify personal experiences, but these did not constitute separate interviews. In addition to interviews, non-participant observations were conducted during interview sessions to capture interactional and contextual data. Observations focused on communicative behaviors between spouses, such as turn taking, agreement or disagreement patterns, emotional expressions, and supportive responses. Field notes were taken to document these observations, as well as the interview setting and relevant contextual details.

This study involved 12 adoptive-parent couples (24 participants), selected using purposive sampling combined with snowball sampling. Purposive sampling was employed to ensure that participants met specific analytical criteria relevant to the research focus. The inclusion criteria were: (1) being a legally married couple, (2) having completed a formal child adoption process, (3) having direct experience of negotiating adoption decisions as a couple, and (4) being able to retrospectively reflect on their communication experiences during the pre-adoption phase. Couples were selected regardless of the current age of the adopted child, as the study focused on communication processes prior to child placement rather than post-adoption parenting practices. Snowball sampling was subsequently used to identify additional participants who met these criteria, particularly given the sensitive nature of adoption and the relative difficulty of accessing adoptive parents willing to discuss their experiences. This combination of sampling strategies enabled the researcher to reach information-rich cases while maintaining alignment with the study's analytical goals.

The sample was intentionally heterogeneous in terms of geographic location and the age of the adopted child. Participants were drawn from several cities in Indonesia (Kediri, Malang, Surabaya, Depok, Bogor, Sleman, and Bima) to capture variation in sociocultural contexts. Variation in the adopted child's age (ranging from early childhood to adolescence) was included to ensure that communication competencies identified were not specific to a single adoption context but reflected broader patterns in how couples manage anxiety and uncertainty prior to adoption. The sample size was determined based on analytic saturation. Data collection continued until no new themes related to communication competencies and anxiety management emerged across cases. A total of 12 cases provided sufficient depth for within-case analysis while also allowing systematic cross-case comparison, which is consistent with qualitative multiple-case study designs. All interviews were

conducted in Indonesian. Participants provided informed consent prior to data collection, and data were analyzed through processes of data condensation, data display, and conclusion drawing.

3. Results

3.1. Strategies for Initiating Adoption Conversations

Participants described the initiation of adoption discussions as a deliberate and emotionally sensitive process. In all cases, adoption was introduced through direct verbal communication between spouses, rather than indirectly or through third parties. Both husbands and wives reported openly expressing their desire to adopt, often during informal moments of everyday conversation. This directness reflects participants' efforts to ensure clarity and mutual understanding from the earliest stages of decision-making. One participant explained how she raised the topic with her husband during casual conversation. *"Yes, I offered it directly to my husband, whether he wanted to adopt. It happened during our regular chatting."* (Subject 5).

Similarly, another participant emphasized that openness was already a habitual pattern in their marital communication: *"Nope, I talked about adoption directly with my wife. I'm used to being open about everything with her."* (Subject 2)

Beyond direct expression, participants frequently employed message visualization strategies to help their spouses imagine future possibilities and emotionally engage with the idea of adoption. These visualizations often involved hypothetical scenarios, reflections on the length of marriage, or references to aging and readiness for parenthood. For example, Subject 4 framed adoption as an alternative life path while acknowledging their prolonged childlessness. *"Are we going to stay like this without children? If you want to remarry because I cannot have children, I'm fine. But what if we adopt instead?"* (Subject 4).

Another participant described presenting adoption as a practical response to their long marriage and uncertain fertility. *"I said, we've been married a long time. If someday someone offers us a baby, what should we do? And my husband said yes."* (Subject 3)

Several participants also connected adoption to religious beliefs and financial readiness, portraying children as blessings and emphasizing their capacity to provide care. Subject 2 explained how he reassured his wife by linking adoption to divine provision and their current life stability. *"Children are God's secret, fortune is also God's secret. While we still have sustenance and we're still young, why postpone? Maybe this is the best gift."* (Subject 2)

In addition to practical considerations, emotional appeals played a central role. Participants described invoking empathy by highlighting the innocence of children and their shared desire to fulfill parental instincts. One wife explained that adopted children were viewed as no different from biological children, emphasizing moral responsibility and compassion.

Overall, initiating adoption conversations involved a combination of direct communication, future-oriented visualization, religious framing, and empathetic persuasion. These strategies enabled couples to move beyond uncertainty and begin aligning their perspectives on adoption, laying the groundwork for further negotiation and decision-making.

3.2. Managing Spousal Disagreement and Uncertainty

While adoption conversations were initiated openly, agreement between spouses was not always immediate. Several participants reported initial resistance from one partner, most commonly husbands, who expressed hesitation rooted in uncertainty about the child's background, the timing of adoption, or lingering hope for biological children. These moments of disagreement constituted emotionally charged phases in which couples had to actively negotiate meaning, readiness, and commitment.

One participant described rejecting his wife's proposal to adopt because he felt their marriage was still relatively new and believed there was still time to conceive naturally. *"I refused at first. I said no, because we had only been married four years. I thought, maybe we should wait. I was also worried what if the child has disabilities, what would people say? I had heard stories about adopted children before."* (Subject 3, Kediri)

Another husband expressed hesitation due to a lack of emotional connection with the prospective child and a preference for adopting a boy, which initially prevented him from fully supporting the plan. *"From the beginning, my wife wanted to adopt. I didn't really intend to. I was passive. I felt that if I adopted, there had to be chemistry first."* (Subject 8, Sleman).

Participants who initiated adoption described using various strategies to manage this uncertainty and gradually build spousal agreement. These strategies included carefully choosing words, emphasizing shared values, and presenting adoption as a realistic and timely option. Several initiators framed adoption as a response to aging, prolonged infertility, or current financial stability, thereby positioning adoption as a practical and emotionally meaningful decision. Subject 2, for example, explained how he reassured his wife by emphasizing readiness and divine timing. *"I told her, children are God's secret. While we are still young and financially able, why postpone? If we wait too long, maybe later we won't be physically strong enough."* (Subject 2, Malang)

In some cases, participants attempted to reduce resistance by providing concrete evidence of their seriousness, such as introducing the prospective child or sharing detailed information about adoption arrangements. One wife explained that after her husband initially hesitated, seeing the newborn ultimately changed his perspective. *"He wasn't sure at first. But when the baby was born and he saw her, there was no other choice. He finally agreed."* (Subject 8)

Across cases, disagreement was not treated as a fixed obstacle but as part of an ongoing communicative process. Couples described revisiting the topic multiple times, adjusting their explanations, and responding to each other's emotional concerns. Rather than relying on confrontation, adoption initiators tended to emphasize patience, reassurance, and incremental persuasion. Over time, these efforts helped transform initial resistance into mutual commitment. Overall, managing spousal disagreement involved anticipatory communication, emotional negotiation, and concrete demonstrations of readiness. Through repeated conversations and adaptive strategies, couples were able to reduce uncertainty and move toward shared agreement regarding adoption.

3.3. Confronting External Stigma and Seeking Support

Beyond spousal negotiation, participants also had to navigate strong social stigma surrounding infertility and adoption. Couples described experiencing repeated questioning, negative labeling, and judgment from extended family members, neighbors, and community acquaintances. Adoption was frequently interpreted by others as evidence of infertility or family incompleteness, adding emotional strain to an already uncertain process. Several participants reported being labeled as "barren" or treated as inadequate because they did not have biological children. One wife recalled how deeply these comments affected her. *"Before having children, people called you barren. Even someone close said, 'She's beautiful, but she's not really your child.' That hurts."* (Subject 9, Bogor). Others described how childless marriages were viewed as incomplete regardless of financial stability or marital harmony. *"Economically we were fine, we had a house, jobs, but people said our family was still incomplete because there were no children."* (Subject 5)

Adopted children were also subject to stigma, with some community members questioning their legitimacy or value within the family. Participants noted that adopted children were sometimes perceived as less worthy of pride because they were not biological descendants. These attitudes intensified feelings of vulnerability and reinforced the pressure to justify their decision.

In response, participants adopted various coping strategies. Some chose emotional withdrawal, attempting to ignore hurtful comments. Subject 3 described internalizing the pain while outwardly

remaining silent. *“It hurt, especially because it came from someone close. But I just swallowed it myself. I tried not to care.”* (Subject 3, Kediri). Others relied on economic independence as a source of resilience, using financial stability to counter negative judgments and assert their autonomy. One participant explained how he actively challenged community assumptions by maintaining contact with the biological family of his adopted child, particularly after rumors suggested the child had been “sold”. *“People thought the child was stolen or sold. So, we kept visiting the biological family. I came by car, showed them we cared. Slowly, the stigma disappeared.”* (Subject 2).

Alongside these personal coping strategies, support from significant others played a crucial role in strengthening couples’ commitment to adoption. Parents, especially mother, were frequently described as key sources of encouragement. One participant recalled how her mother’s words became a decisive turning point after she lost a pregnancy. *“When my baby died, my mother kept saying, ‘You should adopt.’ Those words stayed with me. In the end, we adopted because my parents supported us.”* (Subject 8).

Many participants similarly reported receiving affirmation from parents and close relatives, who reassured them about infertility, shared relevant experiences, or helped facilitate adoption arrangements. This external validation reduced feelings of isolation and provided emotional reinforcement during periods of doubt. Overall, participants’ experiences illustrate that adoption decisions unfolded within a broader social context shaped by stigma and relational support. While negative societal perceptions intensified anxiety, encouragement from significant others helped couples sustain their resolve. By drawing on emotional resilience, financial stability, and family backing, participants were able to confront external pressures and proceed with adoption despite persistent social challenges.

3.4. Developing Communication Competencies to Reduce Anxiety and Strengthen Commitment

As couples progressed through the adoption decision-making process, participants described gradually developing specific communication practices that helped them manage anxiety and reinforce mutual commitment. Rather than relying on a single conversation, adoption emerged through repeated dialogue, emotional reassurance, and coordinated action. Participants emphasized that sustained communication allowed them to transform uncertainty into shared resolve.

Many couples reported engaging in ongoing conversations to revisit concerns, clarify expectations, and reaffirm their readiness. These discussions often focused on practical matters such as financial preparedness, parenting responsibilities, and future plans, as well as emotional needs. One participant explained that frequent communication helped maintain emotional balance during periods of doubt. *“We kept talking about it. Sometimes it was serious, sometimes just casual. But through talking, we felt calmer and more certain.”* (Subject 7)

Participants also highlighted the importance of emotional validation within the marital relationship. Spouses described listening to each other’s fears and offering reassurance when anxiety intensified, particularly following medical disappointments or social pressure. One wife reflected on how mutual encouragement helped her cope with feelings of inadequacy related to infertility. *“When I felt weak, my husband reminded me that being parents doesn’t only come from giving birth. That helped me stand up again.”* (Subject 6).

In addition to emotional support, couples demonstrated coordinated action as a form of communicative commitment. This included jointly visiting prospective children, engaging with biological families, preparing legal documents, and arranging living spaces. These shared activities were described as reinforcing confidence and transforming abstract intentions into tangible progress. Several participants noted that taking concrete steps together reduced lingering hesitation. Some couples also framed adoption as a moral or spiritual responsibility, drawing on shared religious values to strengthen their resolve. Viewing adoption as an act of compassion or divine guidance provided meaning during uncertain moments and encouraged perseverance.

Across cases, communication competence was reflected not only in verbal exchanges but also in relational behaviors such as patience, consistency, and collaborative problem-solving. Participants emphasized that anxiety diminished as partners demonstrated reliability through repeated reassurance and visible involvement in the adoption process. Overall, couples developed communication competencies through continuous dialogue, emotional affirmation, and coordinated action. These practices enabled them to manage uncertainty, maintain relational stability, and ultimately commit to adoption as a shared life decision.

4. Discussion

This study demonstrates that adoption in Indonesia is fundamentally a communicative process through which couples negotiate meaning, manage uncertainty, and construct readiness for parenthood. The findings reveal that adoptive parents rely on sustained interpersonal communication to initiate adoption discussions, navigate spousal disagreement, confront social stigma, and develop communication competencies that reduce anxiety. These processes highlight the central role of family communication patterns and uncertainty management during the pre-adoption phase.

The first theme shows that adoptive parents begin preparing for adoption by actively building relational alignment with their spouses. Participants initiated adoption conversations through direct dialogue and future-oriented message visualization, inviting their partners to imagine shared possibilities of parenthood. This reflects a strong conversation orientation, as conceptualized by Fitzpatrick and Koerner, whereby family members openly exchange thoughts and emotions to address complex decisions (Fitzpatrick, 2004). At the same time, conformity orientation emerged through shared values such as religious beliefs, moral responsibility, and financial preparedness. These shared frameworks helped couples align perspectives and minimize conflict, consistent with Suter and Docan-Morgan's (2022) assertion that conformity supports relational harmony through value consistency and respect for family authority. Together, conversation and conformity orientations functioned synergistically, enabling couples to construct mutual readiness while preserving marital stability (Despax et al., 2022).

The second theme illustrates that agreement about adoption was rarely immediate. Couples frequently experienced uncertainty stemming from infertility concerns, fear of rejection from extended family, and hesitation about adopting non-biological children. In response, adoption initiators engaged in proactive and retroactive communication strategies, consistent with Uncertainty Reduction Theory (Turner & West, 2008). Proactively, participants carefully selected diction and timing when introducing adoption, while retroactively they provided concrete evidence of commitment, such as introducing the prospective child or demonstrating readiness through action. These findings suggest that uncertainty reduction in adoption is not a single communicative event but an ongoing relational process involving repeated negotiation, reassurance, and behavioral confirmation. This extends URT by illustrating how uncertainty is managed within intimate partnerships during major life transitions.

The third theme highlights the powerful influence of social stigma surrounding infertility and adoption in Indonesia. Participants reported being labeled as incomplete families and women being stigmatized as barren. These experiences intensified emotional vulnerability and shaped self-perception. Consistent with Cooley's looking-glass self, adoptive parents' self-concepts were strongly influenced by perceived societal evaluations and responses from significant others (Widiyanti et al., 2020). However, couples also demonstrated adaptive responses by reframing adoption as a meaningful life choice and selectively disengaging from stigmatizing interactions. Support from parents, relatives, and close friends played a crucial role in countering negative social messages and strengthening adoption intentions. This finding underscores that adoption decisions are relationally embedded, shaped not only by spousal communication but also by validation from significant others.

The fourth theme reveals how couples developed communication competencies that enabled them to cope with anxiety and strengthen commitment. These competencies included emotional

validation, coordinated action, and sustained reassurance. Participants described ongoing conversations, shared decision-making, and practical collaboration as essential in transforming uncertainty into confidence. These practices align with the concept of communicative resilience, whereby individuals actively work to restore normalcy, affirm identity, and maintain supportive networks following disruptive life events (Buzzanell, 2017; Scharp et al., 2022). Communication competence emerged not as an individual trait but as a relational accomplishment developed through continuous interaction. Couples who engaged in high conversation and value alignment were better able to regulate emotions and sustain motivation during the adoption process.

Importantly, this study shows that reducing anxiety in adoption requires more than conversation and conformity orientations alone. Internal support between spouses and external support from significant others jointly contributed to emotional stability and decision confidence. Verbal encouragement, shared parenting preparation, and direct involvement from family members strengthened couples' resolve to adopt. These findings suggest that adoption readiness is co-constructed through interpersonal networks, reinforcing prior work indicating that social support is central to psychological well-being during uncertain transitions (He et al., 2019).

Taken together, these findings extend Family Communication Patterns Theory by demonstrating its applicability to the pre-adoption phase, an area that has received limited scholarly attention. This study also integrates Uncertainty Reduction Theory and communicative resilience to explain how couples actively manage ambiguity through dialogue, value alignment, stigma negotiation, and relational support. Within the Indonesian sociocultural context, where adoption and childlessness remain highly stigmatized, communication competencies become essential resources for navigating emotional and social challenges.

By conceptualizing adoption as a communicative transition, this study identifies specific practices, open spousal dialogue, message visualization, proactive and retroactive uncertainty management, stigma negotiation, and support mobilization, that enable couples to reduce anxiety and construct shared commitment prior to adoption. These contributions shift analytical focus from post-placement adjustment to the communicative labor of pre-adoption, offering a theoretically integrated understanding of how families prepare for adoption under conditions of uncertainty.

5. Conclusion

This study addressed how adoptive parents in Indonesia manage anxiety and uncertainty during the pre-adoption phase through communication. The findings demonstrate that adoption decisions are fundamentally communicative processes in which couples negotiate meaning, regulate emotions, and construct readiness for parenthood. Anxiety is reduced not through individual coping alone but through relational communication competencies, including open spousal dialogue, value alignment, message visualization, proactive and retroactive uncertainty management, and support from significant others.

Theoretically, this study advances Family Communication Patterns Theory by extending its application to the pre-adoption context, a phase largely overlooked in prior research. While FCPT has primarily been used to examine everyday family interaction or post-adoption adjustment, this study shows that conversation orientation and conformity orientation already play a central role before adoption occurs. These orientations enable couples to co-construct commitment under conditions of uncertainty. In addition, by integrating Uncertainty Reduction Theory and communicative resilience, this study conceptualizes communication competence as a relational process developed through repeated interaction, emotional validation, coordinated action, and social support during major life transitions. Adoption is thus framed not merely as a legal or emotional transition but as a communicative transition.

Practically, these findings offer important implications for adoption agencies, counselors, and family practitioners. Pre-adoption programs should emphasize communication skill development between spouses, particularly in initiating difficult conversations, managing disagreement, and

expressing empathy. Counseling interventions may also benefit from involving significant others, such as parents or close relatives, who play a critical role in strengthening adoption intentions and buffering stigma. Providing structured opportunities for couples to discuss adoption openly and anticipate uncertainty may help reduce anxiety and support more sustainable adoption decisions.

Several limitations should be acknowledged. First, the study relies on retrospective accounts, which may be influenced by memory reconstruction and post-adoption rationalization. Second, participants were limited to adoptive parents who completed the adoption process; perspectives from couples who abandoned adoption were not included. Third, the findings are situated within the Indonesian cultural and legal context, where infertility stigma and adoption norms may differ from other societies, limiting generalizability.

Future research should examine adoption communication longitudinally, following couples from initial consideration through post-placement adjustment. Studies including couples who discontinue adoption would provide valuable insight into communication breakdowns and unresolved uncertainty. Comparative research across cultural or legal contexts may further clarify how sociocultural norms shape adoption-related communication competence. Finally, future work could explore the role of professional counselors and institutional communication in supporting adoptive families during early decision-making stages.

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