

Adolescent Adoptees of Single Mothers by Choice

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Abstract

The rapid increase of adoptions by single mothers by choice in recent decades makes it important to understand the implications of this family structure for their adolescents. The characteristics of single women who adopt and the particular circumstances associated with their being single and adoptive parents all have implications for the developmental tasks of adolescence, the development of independence and identity and for their mental health. While studies point to possible additional complexities in these areas for adolescents in this family structure, the development of these adolescents does not seem pathological. Indeed there may be opportunities for creative positive developments for them.

Introduction

Until relatively recently, married, co-habiting, heterosexual couples and their genetically related offspring were considered the normative family structure. Now, neither the married, the co-habiting, the heterosexual, nor the genetic part is necessary for the definition of a family, and there are multiple dimensions to and variations of each of these variables. For example, single parents may parent alone or they may have romantic partners who may or may not co-parent, who may or may not co-habit, or they may live with their extended families who co-parent (Hertz, 2006). The rise in multiple family forms helps researchers tease apart the multiple variables that are involved in family functioning (Biblarz & Stacey, 2010).

Single motherhood by choice is one such family form which has rapidly increased in recent decades in the United States & in other industrialized Western societies (Grill, 2005; Groze, 1991; Haugaard, Palmer & Wojslawowicz, 1999; Patterson & Hastings, 2007). Single mothers by choice (heretofore referred to as smc) are often women who choose to become parents while they are single and who primarily parent alone, although they may have various types and levels of support. They are not single parents due to divorce, death or separation (Pakizegi, 1990; Pakizegi, 2007). A significant number of the children of these families have adolescents now, making it important to examine their development in light of their nontraditional family structure.

Adoptive smc tend to be professionals who are older (Grill, 2005; Miller, 1992; Siegel, 1998), more affluent and financially secure (Atwood & Genovese, 2006; Kreider, 2003) and more educated than biological coupled parents and biological single parents by choice (Curto, 1983; Siegel, 1998). This makes adoptive smc highly distinct from the most common single parent family structure in American society, one characterized by unplanned pregnancies of low income adults and adolescents (Patterson & Hastings, 2007; Demo & Acock, 1996b). Pakizegi (1990, 2007) provides a more complete summary of the description of smc families.

While there is some experiential literature (Curto, 1983; Dowd, 2004; Klein, 1973; Hertz, 2006) and some empirical research (Dougherty, 1978; Drexler & Gross, 2005; Feigelman & Silverman, 1977; Segal-Engelchin & Wozner, 2005) on smc and often their young children, less research exists on their adolescents and especially, adolescent adoptees, of these families. This paper explores the relevance of literature on adolescent adoptees and on single parents in general for understanding adolescent adoptees of smc. Research that systematically isolates the variables of the number of parents, gender of parents and other variables involved in family functioning is difficult to find (Biblarz & Stacey, 2010). For example, in MacCallum and Golombok's research (2004) comparing lesbian, single heterosexual and two parent heterosexual households, the lesbian group included single parents and coupled parents, the single heterosexual group included those who parent alone and those who are cohabiting and co-parenting with a man, and the two parent families included some who had separated or divorced. Much research on single parents does not differentiate the paths to single parenting (Biblarz & Stacey, 2010; Amato, 2005).

The findings on adolescents from divorced or from young and low income single parents or from coupled adoptive families may or may not be relevant to adopted adolescents of typically older, more affluent and educated smc. Smc themselves are not a monolithic group (Hertz, 2006). They vary in terms of the levels of support they have, the number of children they adopt, the reasons for their singleness and for adoption and their parenting skills, all variables known to affect parenting and adolescent development. Thus, the extrapolations from the often confounded existing research in this paper will ultimately need empirical verification. This paper will explore three main areas of adolescent development in the families of smc, their development of independence and identity and their mental health. In each area, existing information on smc will be interwoven first with existing research on single parents (not necessarily by choice or adoptive) and second, with research on adoptive parents (not necessarily single). Third, based on the above two areas, tentative conclusions will be drawn for adolescent adoptees of smc in that developmental area.

Development of Independence in Adolescent Adoptees of Smc

American majority culture is characterized as independence oriented (Raeff, 2010), encouraging adolescents to differentiate themselves from their parents and become independent in a variety of ways (Killen & Wainryb, 2000). Peers become the stepping stones to adolescents' independence from their families (Spear, 2010) and allow involvement in the youth culture that is characterized by a lack of responsibility and the pursuit of pleasure (Parsons, 1964).

Single Parenthood & the Development of Independence

Several factors support the development of an increased amount of independence in adopted adolescents of smc. Compared with coupled middle to upper middle class mothers who may have the economic option of being stay-at-home mothers, professional single adoptive mothers often work outside the home from the time their children are very young (Hertz, 2006). Their use of child care centers and after school programs increase the contact and reliance of their children on peers from an early age. In addition, the social class of adoptive smc families, coupled with the possibility of fewer adults for supervision, provide the time, opportunity and money for these adolescents to be highly involved in the youth culture.

Independence may also have a special significance for smc. For some, their independence is a valued choice in their life (Bennett & Ellison, 2010; Klein, 1973; Straus, 2006). Many were not willing to compromise that independence for the partners available to them (Adams, 1976; Reynolds & Taylor, 2004; Reynolds & Wetherell, 2003), even if there may have been a preference for marriage (Okun, 1996). For these smc, allowing independence in their children may be valued and understood at a deeply personal level. "Single parents who had the independence to assume a role historically couched in dependence, would see independence as a characteristic they want to cultivate in their own children" (Klein 1973, p. 181).

Simultaneously, several factors make for a possibility of increased involvement and interdependence in smc families. Most single adoptive parents tend to adopt only one child (Shireman & Johnson, 1985; Siegel, 1998), single children are often given more attention and nurturing (Sandler, 2010), and there is evidence for an above-average child orientation and closeness of relationship (some say, "overprotectiveness" : Klein, 1973) between smc and their younger children (Groze, 1991; Shireman & Johnson, 1985). In addition, adoptive single mothers often report lower access to instrumental and at times, emotional support, than coupled parents, resulting in a sense of exhaustion and round-the-clock demands (Caballo, Lansford, Abbey & Stewart, 2001, Okun, 1996, Owen, 1997). This is true even when single mothers' support is compared with that received by single fathers (Hilton & Kopera-Frye, 2007). Smc's lower access to support, coupled with the increasing capabilities of adolescents, may mean that smc may need and require more assistance from their teens, giving less space for the adolescent to separate. Finally, single people have to prepare for being sick and dependent in old age even more so than couples (DePaulo & Morris, 2005; Reynolds, Wetherell & Taylor, 2007). Since adoptive smc tend to be older (Miller, 1992; Siegel, 1998) and closer to this concern than their biological counterparts, they may have a tendency to want to lean on their adolescent more than coupled parents.

Adoption & the Development of Independence

Adoption can also heighten mixed feelings about independence and dependence in adolescents of smc. The sense of loss, abandonment and rejection that many adoptees feel (Lifton, 1994; Pavao, 1998) may make the task of attachment as well as of becoming emotionally and physically independent from an adoptive family more complex.

Adopted adolescents may also feel less in control of their lives than birth children, since many factors in their lives, such as their placement for adoption and their access to information about their birth families, have been outside their realm of control (Brodzinsky, Schechter & Henig, 1992; Pavao, 1998). These may complicate these adolescents' establishment of independence and autonomy. Letting go may be easier if attachment is not fully established, or it may feel even more anxiety provoking than for other adolescents.

Clinical evidence suggests that leaving home after high school may therefore be more difficult for adolescent adoptees. Some adoptees stay at home "with a vengeance" (Pavao, 1998). If they do leave home, the process may be less smooth for these adolescents. A national longitudinal study of adolescents showed that even with social class controlled for, running away from home and less interest in going to college is more common among adoptees from two parent families as compared to biological children from two parent or one parent families (Feigelman, 2001). Another longitudinal study found that significantly more adoptees than birth adolescents were not living with their families (Kotsopoulos, S., Walker, S., Copping, W., Cote, A. & Stavrakaki, C., 1993). Finally, when adopted children from single parent homes (mostly due to divorce) were compared with birth children from single parent homes, running away from home was found significantly more among the females of the former group (Feigelman & Finley, 2004). The majority of smc adopt same sex children (girls) (Dougherty, 1978; Groze, 1991). If the presence of a father increases an interest in the adoption of boys, smc may adopt girls more than coupled heterosexual families. If this is the case, running away may be experienced even more by adoptive smc than by others.

The internal conflict about independence and leaving home may be even more difficult for adolescent adoptees of smc for an additional reason. Most smc adopt only one child (Shireman & Johnson, 1985; Siegel, 1998) and only children feel singularly responsible for their parents (Sandler, 2010). This fact, coupled with the mother's singleness and possible lack of a consistent partner, may lead to a heightened sense of responsibility for a single parent left alone.

Summary of the Development of Independence in Adolescents of Smc

Adolescents are well known for their contradictory needs to be children and adults at the same time (Wolf, 1991). The additional contradictions in smc families between cultural expectations, family characteristics and circumstances that enhance independence, and parental and adolescent needs that may keep smc adolescents more tied to home, may have several consequences. Depending on a variety of mediating factors such as their personality, preadoption experiences, the degree of support available to the smc and the parenting skills of the smc, adolescents of smc may, compared to others, show an increased intensity in the contradictions between the need for dependence and independence. Adolescent adoptees of smc who have additional age-appropriate responsibilities and engage in increasing negotiation of rules may become more skilled at negotiations, more independent and mature and may develop a sense of competence and responsibility earlier than others (Atwood & Genovese, 2006; East, 2010; Weiss, 1979). Smc's reliance on adolescents may also increase the possibility of closer parent-child ties and partnerships.

However, there may also be an increased chance of the blurring of the parent-child hierarchy, resulting in parentified children (Atwood & Genovese, 2006), although parentification typically occurs in situations of family dysfunction (East, 2010). If there is a lack of supervision in an overstretched smc family, it may increase the reliance of the adolescents on peers, enhancing premature independence and possibly increased risk taking (Barrera, M., Biglan, A., Ary, D. & Li, F. 2001; Kiesner, J. & Kerr, M., 2004). Finally, there may be an increased chance of resistance to parental reliance on them and more conflict between parent and child.

Identity Development in Adolescent Adoptees of Smc

Identity development is another developmental task of adolescence (Erikson, 1950) in Western, industrialized societies. Identity develops within multiple contexts such as the family, peers, community, culture, biological and intrapsychic ones (Bronfenbrenner, 2000; Bronfenbrenner, 2005; Grotevant, Dunbar, Kohler and Esau, 2000). Peers and societal norms are significant yardsticks in the identity development of adolescents (Weingarten, Surrey, Coll & Watkins, 1998; Youniss & Smollar, 1985). Adolescent adoptees (of smc) experience multiple societally devalued differences with their own family (Grotevant, 1997), with peers and with the dominant narratives of the superiority of the two parent heterosexual genetic family (Hertz, 2006). The ability of adolescents to think more abstractly and complexly than before (Piaget, 1972), allows them to understand the second class status of their families in society more fully.

The “imaginary audience” that peers constitute may result in adolescents’ self-consciousness and shame about these differences. It may also add to the “personal fable” tendency of adolescents to feel unique, isolated and misunderstood (Elkind, 1967; Elkind, 1978). This awareness may add elements that need to be integrated into the mosaic of the identity of the adolescent adoptees of smc.

Single Parenthood and Identity Development

What are these often devalued differences that adopted adolescents of smc have to integrate in their identities? First, there are the differences involved with their mothers being single. Despite their increased prevalence, mother headed families are not the norm (America’s families and living arrangement: 2008). Despite societal changes, remaining single and single parenthood are both assumed to be based on deficits, with single women often being suspect and presumed to have difficulty providing stable family lives (Feigelman, 2001; Hertz, 2006). The public and mass media often use the common terminology of “intactness” for two parent heterosexual families (Pakizegi, 2007) . Even some researchers do not differentiate between different types of single families and call all single families “fragile” (McLanahan & Carlson, 2004) or “at risk” (Feigelman, 2001). Adolescents understand these negative societal stereotypes associated with singlehood (Bryne & Carr, 2005; Reynolds et al., 2007) and single parenthood (Drexler & Gross, 2005) more clearly than earlier in their lives. Sharma & Silbereisen’s study (2007) of adolescents in Germany, where there are many societal supports for single parents, demonstrated that adolescents in these families were significantly less comfortable with their family environment than those in two parent and step-parent families.

Another socially devalued difference is the older age of many adoptive smc. Despite the increased age at which women in American society have their first biological child today (Lehmann-Haupt, 2009), adolescents’ smc tend to be older than most of the mothers of their peers (Miller, 1992; Siegel, 1998). While most of their peers’ mothers are in their 40’s, most mothers in single adoptive families are in their 50’s and 60’s (some preparing for retirement), making the generation gap between parent and child wider in these families. Their older single mothers may be another source of self-consciousness and shame for these adolescents.

Adoption & the Identity Development of Adolescents of Smc

Adolescents in smc families also have to deal with the differences that being adopted entail. With their cognitive advances, adolescents become more aware of the second class status of adoption (Pakizegi, 2007, Rampage, Eovaldi, Ma, & Weigel-Foy, 2003). Peer comments such as “Do you know where your ‘real’ parents are?” can undermine adolescents’ sense of the realness of their families and the similarity of their families to those of their peers. Historically, even those who wrote about adoption, contrasted it with “natural” parenthood (Curto, 1983), a reflection of societal views. When specific adoption identity issues are explored, the majority of adolescents studied by Benson, Sharma & Roehlkepartain (1994) reported frequently thinking about adoption and the role it plays in their identity. However, when general identity issues are assessed, few differences are reported between adopted and birth adolescents and young adults (Hoopes, 1990; Stein & Hoopes, 1985). It would be interesting to see if these findings hold for adoptees of smc.

Race and ethnic identity are also significant factors in the identity development of adolescent adoptees of smc. Data from the U.S. Dept. of Health & Human Services of 2004 suggest that international adoptions as a whole increased threefold (from 5% to 15%) between 1992 & 2001 (Biafora & Esposito, 2007). The census report of 2000 shows that more Caucasians adopt than other ethnic groups, and adoptions from Latin America, China, Korea have increased over the years (Krieder, 2003). Adoptive mothers are more likely to form transracial families than those with biological children (Hertz, 2006), and historically, the majority of children adopted by single mothers were racially different than them or “hard to place” (Dougherty, 1978). While single parenthood by choice is more common now than in the past, the continuing second class status of single mothers suggests that more smc than heterosexual couples may be involved in interracial adoptions. Thus, compared to adoptees of heterosexual couples, more adopted adolescents of smc may have to create their identity in the context of racial differences with their parents and in the cultural context of racism in American society, a reality grasped more clearly in adolescence.

Adopted adolescents’ racial differences with their parents may make their identity formation even more complex than that of adolescents born to racial and ethnic minorities whose parents share their minority status and who have grappled personally with this issue throughout their lives.

A comparative study of Mexican-American adolescents adopted by Caucasian parents and Mexican-American adolescents adopted by Mexican-American parents, found significant differences in the two groups' descriptions of their ethnic identity (American versus Mexican-American) and their presentations of their physical selves (body, physical appearance, skills, sexuality and health status) (Estela, 1988). However, a meta-analysis of 88 studies on general self-esteem found no difference between birth children and adopted international, domestic and transracial adolescents and adults (Juffer & van IJzendoorn, 2007). In addition, Simon & Altstein's (2000) twenty year study on transracial adoptions in the Midwest (nonwhite children raised by white families) supports Bartholet (1999) findings that "transracial adoptees do as well on measures of psychological and social adjustment as adopted nonwhite children raised intra-racially in relatively similar socio-economic circumstances" (p. 78). Thus, racial and ethnic issues may make identity development more complex, but not necessarily negative. The long term impact of the racial differences between adolescents and their smc and the impact of these differences on self-esteem seem mediated by multiple factors, such as socio-economic status.

In addition to racial differences, without genetic similarities, there are often more physical, intellectual and personality differences between adopted adolescents and their mothers than those between birth parents and their children (Brodzinsky et al., 1992). Through their own example, if not through their expectations and parenting, accomplished professional smc set high standards for their adoptees. Paths of development familiar to smc (e.g. going to college) may not be of interest or attainable by their adolescent adoptees. In one study, for example, biological children in adoptive families outscored the adopted children in academic achievement (Segal & Hershberger, 2005) and adopted adolescents expressed less interest in going to college than their biological counterparts (Feigelman, 2001). Adopted adolescents may therefore have to explore new avenues without the guiding posts of past generations' interests and abilities (Cox & Lieberthal, 2005). Simultaneously, adoptive parents may be more prepared than biological parents to accept their children's differences because they expect these differences (Leon, 2004).

In addition to identity issues related to genetic factors, adolescent adoptees of smc may have to cope with the difference in their social class of origin and their present, often middle and upper middle class status of their smc families. Financial reasons are often significant ones in birth mothers' relinquishment of their children, especially for international adoptions (Baden, 2007; Kinder & Hjelm, 2007). In adolescence there is a clearer grasp of any social class differences there may have been between their birth family and their adoptive smc family (Friedlander, 1999). While adoption often represents a perceived positive change in social class, internally, adopted adolescents may feel like impostors, feeling shame about their origins or anxiety about the stability of their present status. Adoptees' identification with their birth parents' social standing may show itself in their choice of lower socioeconomic status friends (Cox & Lieberthal, 2005; Pavao, 1998), or defensively, through a rejection and avoidance of the poor. Their insecure relation with money or material possessions may take the form of stealing (Brodzinsky et al., 1992), excessive materialism, lack of attention to materialism or hoarding (Pavao, 1998).

Finally, adolescence is a time of heightened awareness, interest and exploration of sexuality (Arnett, 2010), an important component of identity formation. American society gives mixed messages about premarital and extramarital sex (Goldscheider, 2006), an issue that becomes very relevant to these adolescents' understanding of themselves, their birth parents and their adoptive single mothers. Most adoptees' birth parents were single when they became pregnant and placed their children (Voluntary Relinquishment for Adoption, March 2005). In addition, adoptees are more aware than before if their single mothers are sexually involved, although many single mothers are hesitant to start a sexual relationship when their children are adolescents (Atwood & Genovese, 2006). Both birth and single mothers' sexual activities may make it more difficult for adoptees who are coming to terms with their own sexuality, to make distinctions as to when and where sexual involvement is healthy. Fear of following the path, as well as identification with birth and adoptive mothers, may show itself in sexually acting out or becoming very timid in this area (Brodzinsky et al., 1992; Okun, 1996). If the adoptee becomes pregnant, s/he may want to "fix the mistake" of the birth parent and his/her adoption by keeping the baby. Or s/he may place the baby for adoption and thereby forgive the birth parent and accept the single parent. The choice of abortion may be a path of differentiating oneself from the birth parent (Lifton, 1994; Pavao, 1998).

Summary of Identity Development of Adolescent Adoptees of Smc

Dunbar & Grotevant (2004) found four identity patterns in their longitudinal study of adopted adolescents.

Given the cognitive advances of this stage and the multiple issues above faced by adolescent adoptees of smc, it seems less likely that these adolescents will have either an “unexamined” or a “limited” exploration of their identities. If they do show these patterns, it may be an indication either of early acceptance of their differences, a defensive position vis-à-vis the perceived multiple differences with the majority of their peers, or a reflection of fewer differences they may have to contend with (e.g. ethnic or personality similarities). If identity formation is indeed more complex for these adolescents than for birth or adopted adolescents of coupled families, it is more likely that more of them will have “unsettled” identities during this period. While emotionally more tumultuous, it allows for an examination that in time may lead to “integrated” identities.

The possibility of a developmental progression in the identity of lower status groups is also suggested by those who have examined racial (Troiden, 1988) and sexual (Phinney, 1993) identity development. An initial lack of awareness is imbalanced by perceptions and experiences of incongruence, followed by a possible identity synthesis. However, the analysis of many cross-sectional and longitudinal identity studies suggests more stability of identity over time than not. When there is an identity shift, it is in varied directions, and not necessarily in a progressive direction (van Hoof, 1999). The direction of the progression of the identity development of adolescent adoptees of single mothers may also depend on a number of other factors such as the community that smc families live in, the adolescents’ characteristics, other stressors and societal supports, etc.

Identity development is a long and complex process in industrialized societies (Kroger, 2003; Meeus, Iedema, Helsen, & Vollenbergh, 1999; Waterman, 1999). A substantial proportion of college students and adults are still in identity statuses assumed to be the starting position for early adolescents (van Hoof, 1999). With their emerging cognitive and social/emotional skills, adopted adolescents (of smc) have to now make a psychic choice to be the child of this particular parent and to belong to this particular family (Rosnati, 2005). Grotevant (1997) suggests that the task of identity development becomes more complex as “layers of differences are added” (p. 4), but that complexity is not necessarily pathological. The task may become even more complex and take a longer time when these differences are considered “second class”. Single women who adopt tend to be strong women who think long and hard about their actions and parenting (Drexler & Gross, 2005), presenting a model of a nontraditional and thoughtful living as their adolescents search for who they are. In adolescence they may not understand what they may in the long run, that their older mothers may have had more emotional maturity, life experience and financial security and may have provided them with alternative and nontraditional models and choices (Klein, 1973) that may have enriched their lives.

Some suggest that with their “maverick” mothers’ (Drexler & Gross, 2005) and families’ nontraditional status, these adolescents also have androgynous models (Biblarz & Stacey, 2010) and may develop androgynous identities themselves (Atwood & Genovese, 2006). As some adult children of other nontraditional parents (lesbian and gay) report (Goldberg, 2007), a psychologically successful identity formation by adolescent adoptees of smc may also reveal a more differentiated, nuanced and complex sense of self and a higher acceptance of diversity, compared to those who have not had as many issues to sort through (Drexler & Gross, 2005). It is possible that these children will be more flexible, less judgmental and more relativistic in their views of life and know that there are alternative ways of doing things in life (Klein, 1973).

Psychological Health of Adolescent Adoptees of Smc

Adolescence is characterized by increased risk taking behaviors such as delinquency and substance abuse (Arnett, 2010; Epstein, 2007, Spear, 2010). In addition, in adolescence mental health problems, such as depressive symptoms and oppositional defiance disorder, present themselves in a more consolidated form (Epstein, 2007; Saluja, Iachan & Scheidt, 2004; Spear, 2010). How do the single parent and adoptive family structure of these adolescents impact their psychological health?

The effects of family structure (e.g. single parent, adoptive) are often mediated by socio-demographic variables and by family processes. The gender of the single parent (Biblarz & Stacy, 2010; Jablonska & Lindberg, 2007) and the adolescent (Feigelman & Finley, 2004; Kuntsche & Silbereisen, 2004), social class and economic stresses (Carlson & Trapani, 2006; Forkel & Silbereisen, 2001; Hammack, Robinson, LaVome, Crawford & Li, 2004) and how common alternative family structures are in a society (Bjarnason, Davidaviciene, Miller, Nociar, Pavlakis & Stergar, 2003) are some of the significant demographic variables involved.

Process variables are the quality and amount of personal and societal support, parenting quality involving age appropriate parental supervision and limit setting and parental warmth, support, involvement and empathy (Barrera et al., 2001; Chan, Raboy & Patterson, 1998; Demo & Acock, 1996a & 1996b; Kiesner & Kerr, 2004; Kuntsche & Silbereisen, 2004; Rosnati, 2005; Telingator & Patterson, 2008; Vandewater & Lansford, 1998), degree of family conflict (Carlson & Trapani, 2006) and family violence (Foshee, Karriker-Jaffe, Reyes, Ennett, Suchindran, Bauman & Benefield, 2008).

Adolescent Mental Health in Single Parent Families

Most adolescents from single parent families grow up well adjusted (Carlson & Trapani, 2006). In terms of socio-demographic variables, less risky behaviors are reported in mother-headed single families than in father-headed ones (Jablonska & Lindberg, 2007), favoring single mother families). In addition, the middle to upper class status of many adoptive smc (Kreider, 2003; Siegel, 1998) can reduce stress on these families and afford protective opportunities (Amato, 2005; Biblarz & Stacey, 2010; Hammock et al., 2004). Simultaneously, affluence can provide money for drugs, cars and other opportunities for risky behaviors. Some find that when economic well-being was controlled for, almost all differences in adjustment, internalizing and externalizing behaviors and grades disappeared between biological two parent and biological single divorced families of early adolescents (9-12 years of age) (Buehler and Pasley, 2000). Other research indicates that children from single parent families in the United States (Carlson & Trapani, 2006; Foshee et al., 2008) and in Europe (Jablonska & Lindberg, 2007; Kuntsche & Silbereisen, 2004) exhibit a higher level of risky behavior and psychological problems in some areas. A national longitudinal study of older adolescents (12-17) from biological single parent families showed higher uses of drugs, more delinquent behaviors, more depression and self-esteem problems than in two parent biological and two parent adoptive parents, even when social class was controlled for (Feigelman, 2001). It is possible that as children grow older, the requirements for effective parenting strain the resources of even the financially comfortable smc.

The number and level of stressors may also impact family forms differently. Patterson & Hastings (2007) report that when stress levels were low, 8-13 year olds from single and matched two parent families were equally well adjusted. But when families had experienced many stressful life events, children of single parents showed more behavior problems than those from two parent families or those from low stress single parent families, even for single mothers with many resources. Many studies point to the primacy of process variables over demographic one in psychological health (Chan et al., 1998; Demo & Acock, 1996a & 1996b; Demuth, & Brown, 2004; Vandewater & Lansford, 1998). In terms of process variables, what is known about support in different family forms and its relationship to mental health and risk taking in adolescents? In addition, does the structure of the adoptive single mother family make supervision, limit setting, warmth and support more or less likely than in other family structures?

Research suggests that social structural supports are important in psychological health. A study of adolescents in Germany, where there are extensive supports for single parent families, revealed no significant differences in psychosomatic symptoms, stress, delinquency, life satisfaction, and academic achievement between adolescents in single-mother (unmarried or remarried but not currently living with a partner) and coupled families, especially when economic variables were controlled for (Sharma & Silbereisen, 2007). Similar results were obtained in Sweden where family support structures are policy and abundant (Barber, 2005; Gornick & Meyers, 2003). In countries (like Sweden), where alternative family structures are also common (and less stigmatized), adolescents do better (Bjarnason et al., 2003).

In terms of personal support, there is evidence that other significant supportive adults can play an important role in children's development (Biblarz & Stacey, 2010). Cookston & Finlay's study (2006) supports the thesis that two adults can each play a role, possibly a different one at different points in development. Most studies about the significance or the role of the father conflate his role with that of another supportive adult (Lamb, 2004; Pruett, 2000). Cross-sectional data show that there is an additive effect in the association between the involvement of both mothers and fathers in adolescents' delinquency, depression and alcohol use, with mothers' involvements showing a much stronger association. However, in longitudinal analyses, the associations for mother and father involvement differences diminished for delinquency and alcohol behaviors, but the fathers' involvement association with depressive symptoms stayed significant (Cookston & Finlay, 2006). Again, it may also be that as children become adolescents, the number of significant people in the supportive role for adolescents, make more of a difference in their psychological health.

It is clearly not just the number of significant adults in the lives of the adolescents, but the quality of the involvement with them that impacts mental health. Studies show that while the father's (sic: another person's) presence alone does not significantly impact children's development, the quality of his presence does have an impact (Dubowitz, Black, Cox, Kerr, Litrownik, Radharkrishna, English, Schneider, Runyan, 2001). Positive support seems to be more significant than the number of parents. In fact, with all different kinds of parents, social support is correlated with better quality parenting (Hilton & Kopera-Frye, 2007).

Single mothers, however, seem to receive less support than single fathers. Divorced custodial mothers, for example, received less support from their parents and their in-laws, than divorced custodial fathers, even though their needs were greater. Custodial fathers also had more financial resources and received more support from a larger network of extended relatives (Hilton & Kopera-Frye, 2007). Society seems to think that women are "natural" mothers who can do it all, while men are not expected to be able to parent as well without help. Thus, smc may have to work harder to arrange for the support they need. Their support systems seem to be based less on blood or marriage and more on "collected families" (p. 187) built on need and affection (Drexler & Gross, 2005).

As mentioned earlier, warmth, empathy and secure attachment between parent and child are correlated with less risk taking behaviors and better mental health in adolescents (Kiesner & Kerr, 2004; Kuntsche & Silbereisen, 2004). There is some evidence that bonds between single adoptive moms and their young children are closer than those in coupled families (Groze, 1991, Shireman & Johnson, 1976), although there is a reduction in this intensity in the school years and beyond (Shireman & Johnson, 1985). There is also some evidence that young adolescents living without a father perceive their mothers as more available and dependable than peers from father-present homes, despite the lack of significant differences in maternal warmth (MacCallum & Golombok, 2004). These factors support better mental health in adolescents of smc.

Simultaneously, there is more severe conflict in single mother homes than in coupled families (MacCallum & Golombok, 2004) and the close bond between single parent and child may further be challenged in the increased conflict or negotiations about rules and the development of independence in adolescence, discussed earlier. In addition, if smc feel overextended, their warmth and support may be affected. Finally, keeping the boundaries between adolescents and adults may also become increasingly difficult in smc families as children mature, all factors correlated with increased risk taking and reduced mental health.

Compared to a well-functioning coupled family, the single parent is also more alone in asserting authority and in monitoring the adolescent. Without the consistent availability of another person for supervision, smc may prematurely let go of needed supervision or they may not have the energy to maintain limits consistently, leading to more conflict and fewer and more inconsistent limits (Klein, 1973), factors correlated with risk taking behaviors (Demo & Acock, 1996a; Kiesner & Kerr, 2004). There is evidence, for example, that rates of delinquency are significantly higher in single-parent families than in biologically related, married families. These differences are explained first and foremost, by the warmth and secondarily, by the supervision differences between family types (Demuth & Brown, 2004). In a well-functioning coupled family, conflict is lower, material and emotional resources are higher than in single parent families (Amato, 2005; Glenn, Nock & Waite, 2002), and parents can balance one another or act as allies in showing warmth and support, in asserting authority and providing consistent supervision, and in keeping the boundaries between adolescents and adults clear. All else being equal, compatible two parent families provide advantages for children (Amato, 2005; Biblarz & Stacey, 2010). Thus, when comparing adolescent adoptees from smc homes and adolescent adoptees from well functioning coupled families, there may be more problems in the adolescents from smc families.

However, not all coupled families involve well-functioning parents who actively support each other's parenting efforts and are both actively involved in child rearing (Furstenberg, 1988). In many heterosexual coupled families, parenting is the domain of the mother (Hawkins, Amato & King, 2006) and there is an acceptance of this gender based division of labor. This situation is more akin to that of smc who do not have an active everyday involvement of another person in the supervision and support of the adolescent. A study of Mexican- American early adolescents showed that the mother's engagement had a more consistent buffering effect in the youths' deviant peer association and other problem behaviors. According to the fathers' report, their own influence was less consistent or unrelated in this area. (De Anda, 2001). Therefore, there may be more similarity in the risk taking and possibly the mental health problems of adolescents in smc and in gender stereotyped coupled families.

In yet another kind of coupled family, a poorly functioning one, overt or covert conflict between parents undermines optimal parenting (Amato, 2005). One partner may be overextended in parenting and resentful of it (Drexler & Gross, 2005), there may be differing parenting styles or other sources of conflict. Conflict between parents may lead to a “divide and conquer” strategy by the adolescent, whereby triangulations may occur and boundaries may blur, factors correlated with risk taking behavior (Austin, Macgowan & Wagner, 2005; Carlson & Trapani, 2006) and with mental health problems such as depression (Hammack et al., 2004; Vandewater & Lansford, 1998).

Conflict is also related to family stability, another variable involved in developmental outcome (Strohschein, 2010). In the case of the single parent, while there may be an overextended parent, the resentment and conflict with another adult in the family that characterizes poorly functioning coupled families is not there, a possible advantage for the adolescent adoptee of the smc (Drexler & Gross, 2005). Without conflict with another adult, smc families can be more stable than coupled families. A lack of inter-parent contradictions and inconsistencies may allow single parents who have adequate parenting skills and supports to stay more consistent with their principles and limits. In the comparison between poorly functioning coupled families and smc, fewer problems may be seen in the adolescents from smc families.

Adoption & the Mental Health of Adolescents of Smc

Most adoptees are well adjusted (Brodzinsky et al., 1992) and in most areas there are no differences in risk taking behavior and the mental health of adolescents from adoptive and biological single parent families (Feigelman & Finley, 2004; Freivalds, 2004). However, some studies (Hjern, Lindblad & Vinnerljung, 2002) but not all (Cederblad, Hook, Irhammar, Mercke, 1999; Kotsopoulos et al., 1993) report increased mental health issues or behavioral problems among adoptees in some areas but not in others (Feigelman, 2001; Feigelman & Finley, 2004). Studies of the mental health of adopted adolescents suggest that they are found in clinical populations significantly more often than their non-adopted peers (Miller, Fan, Christensen, Grotevant, van Dulmen, 2000) and that they show higher levels of externalizing disorders, maladjustment and academic difficulties (McRoy, Grotevant & Zurcher, 1988; Wierzbicki, 1993). Even when social class is controlled for, adoptees are more likely to go to therapy or counseling (Feigelman, 2001). Some suggest that the increased mental health problems reported for adoptees may be a reflection of adoptive parents’ increased comfort in the use of social services (Brodzinsky et al., 1992).

Two socio-demographic variables seem relevant to adoptive smc families and the mental health of their adolescents, the gender and race of their adoptees. Adopted adolescent girls show more running away from home and depression while adopted adolescent boys show more school problems than those from single parent birth families (Feigelman & Finley, 2004). If smc adopt same sex children (girls) (Dougherty, 1978; Groze, 1991) more than coupled families, adoptive smc families may experience the running away and depression of their children even more than coupled adoptive families.

Historically, the majority of children adopted by single women were racially different or “hard to place” (Dougherty, 1978). If more smc than adoptive couples are involved in interracial adoptions, more adolescent adoptees from smc families than coupled families may have to deal with racism, a stressor correlated with mental health. In a Swedish study of transracial adoptions, adolescents who questioned their identity most and felt more non-Swedish had more behavior problems. In this study, inter-country adoptees and immigrant birth adolescents and young adults had similar and higher odds of suicides, psychiatric disorders, substance abuse and criminal activity than the birth siblings of Swedish adoptees (Hjern et al., 2002), suggesting that issues of race and ethnicity may be involved. Forsten-Lindman (2006) found that inter-country adoptees in Finland reported racial insults and bullying and that findings of emotional problems may be partly related to their experience of discrimination and racism. Mohanty and Newhill (2006) reported that intercountry adoptees in the U.S. faced difficulties in handling bias and discrimination and were at higher risk.

In another study, discrimination accounted for as much or more of the variance in internalizing and externalizing behaviors than pre-adoption risk factors, such as length of institutional care (Lee, 2006). Clearly, the experience of discrimination impacts the mental health of adolescents, and smc families may have to contend with this issue more than coupled families if more smc adopt transracial children. Despite these findings, some studies show that as international adolescents enter into young adulthood (18-27), the association between identity and mental health approaches zero (Cederblad et al., 1999).

In terms of the process variable of warmth in parent child relations, adolescence in the U.S. in general, often involves an increase in conflict and a decrease in the warmth between parents and children (Dworkin & Larson, 2001; Granic, Dishion & Hollenstein, 2003). Several factors point to a higher level of warmth in adoptive parents and in smc, while other factors may undermine this warmth. One factor that may be involved in a higher level of warmth in adoptive smc families is the exercise of choice. The motivational impact of choice is seen in custodial fathers who seek custody during divorce proceedings rather than those who assent to it (Mendes, 1976) and in couples pursuing parenthood through donor insemination (Golombok, Lycett, MacCallum, Jadvá, Murray, Rust, et al., 2004). It is possible that the repeated exercise of choice involved in the often complicated process of adoption, may enhance positive sentiments and warm relations, especially early in the parent-child relationship. Given their non-traditional choice to parent alone, smc's planfulness around this choice may involve even more motivation than coupled parents (Drexler & Gross, 2005) who adopt.

Simultaneously, while similarity is not necessary for empathy and warmth, it may facilitate it. Thus, parental empathy and warmth may be challenged in adoptive parents by the increased likelihood of physical, cognitive and personality dissimilarity among adopted adolescents and their parents. In one study, psychological health was more strongly predicted by the level of attachment and by the perceived psychological similarity of parent and child rather than by the perceived physical similarity (Benson et al., 1994). The possibly higher rates of same sex adoptions in smc families may facilitate empathy, while the possibly higher rates of transracial adoptions in these families may challenge this empathy. Finally, adoptive parent and child closeness may be challenged during adolescence when the child grapples with the psychic choice to be the child of this particular family (Rosnati, 2005). This choice may be more difficult for adolescents of smc than for those from coupled families, as the former have to come to terms with several more socially devalued differences, further increasing the emotional distance in the adoptive family of the smc, at least for a while.

Practice Implications

Kaye (1990) suggests that family problems and low self-esteem are related to an overemphasis on similarities or differences between adoptive and birth families. Similarly, Brodzinsky (1993) reports that positive adjustment and identity result from avoiding an overemphasis on similarities or differences between adoptive and birth families. Some (Hoksbergen and ter Laak, 2005) suggest that minimizing differences between raising adopted and biological children may be easier when children are young, but become increasingly difficult in preadolescence. Thus, in working with smc families, it is important to look for the unspoken narrative of devalued differences smc family members may experience, leading to a frequent overemphasis on negative comparisons of themselves with the dominant family paradigm. Acknowledging their differences with traditional families is important, but so is acknowledging their similarities.

The first step in this process may be to help smc family members become aware of the possible heightened complexity of the multiple issues they may be experiencing. Empathy with the adolescents' tasks of developing their identity, independence and sexuality in the context of an alternate family form, and empathy with the mothers for the difficult task of often single-handedly staying empathetic with their adolescents' developmental issues while providing appropriate limits, is vital. Clearly, not all issues are related to adoption or the single parent status of the family.

On route to acceptance of their family structure, it is also important to help adolescents and their smc mourn any losses they may feel, as unresolved mourning is correlated with mental health problems (Steele, Hodges, Kaniuk, Steele, Asquith & Hillman, 2008). While single mothers do not experience the losses inherent in divorce or widowhood, there may be for some, a loss of the dream of having a mate. Many do not question the institution of marriage, but feel they did not find the right partner (Atwood & Genovese, 2006). Some may feel that they lost the chance for a birth child. Adolescents too have to cope with the losses of a birth family and knowledge about them (Lifton, 1994; Pavao, 1998) and the lack of a traditional family.

It is also important to help adolescents and their smc become aware of the social context of some of their negative feelings and to critically examine any internalization of negative evaluations of the differences in their family structure. Deficit models can be reevaluated, alternative views explored and their experiences reframed in developmental terms and as indicators of negotiating normative issues for these families and their adolescents. The mother's choice to be a single mother can be reframed as an indication of her strength and a model for making alternative choices.

Distorted beliefs that two parent (birth) families are the only healthy family form can be challenged, and possibilities for happiness and growth within their own structure, explored. Single mothers who seek male therapists or workers as “role models” may inadvertently be supporting a deficit model of their family structure (Atwood & Genovese, 2006). Family members can come to see that differences between adolescents and their mothers can help avoid overidentification, allowing adolescents more room to be who they are (Bartholet, 1993). While acknowledging that being nontraditional may be more challenging, it is important to clarify that it does not mean being pathological. In fact, it can be pointed out that adolescents can look forward to the possibility of becoming a more nuanced and complex person, with a greater awareness of social and personal issues, once the many pieces of the mosaic of their identity are more integrated,

Another difference that may need to be addressed in smc families is that of ethnic and racial identity. Racial and ethnic minority parents who have more experience with racism & ethnocentrism and have successfully provided models of identity development for their adolescents, can be a guide to smc families. Involvement with the child’s racial and cultural communities through churches, schools, support groups and other “authentic” communities providing racial and cultural role models and mentors are some avenues of doing so (Hertz, 2006; Roorda, 2007). It is important to have started this involvement before adolescence and maintained it over time, or it may meet with resistance if initiated in adolescence. In addition it should involve the whole family and be concordant with other family activities, or it may underscore the adolescent’s differentness (Cox & Lieberthal, 2005).

It is also important to point out the many similarities all parents and adolescents face. Issues of identity, independence and sexuality have to be negotiated by adolescents and their parents in all families in the U.S. Maintaining empathy and warmth for an adolescent who is talking back and arguing about many matters is a common challenge for parents of adolescents. Many parents find it challenging to balance supervision and limit setting with knowing when and how to let go (Wolf, 1991).

Encouraging smc and their adolescent adoptees to seek the support of others in a similar position is another important part of work with these families. Support groups of other smc families and nontraditional families (e.g. lesbian couples, single custodial fathers), may help smc families see past their differences and feel part of a larger group involved in the social changes in the society. If communities do not provide the availability of such diverse families, social networking sites can be explored as a source of information and support. Adolescents themselves are comfortable with electronic communities and can be guided in that direction too. In addition, smc should be encouraged to use the more available time due to the increasing independence of their adolescents to refresh themselves and to start to develop friendships that are not centered on their child. This helps them prepare for the upcoming separation of their adolescents and allows the adolescent not to feel overly responsible for a mother left alone. Finally, supporting the psychological health of alternative family forms also involves the creation of supportive societal structures for all families in the society.

Research Implications

This paper has woven existing information on smc with existing research on single parents (not necessarily by choice or adoptive) and on adoptive parents (not necessarily single by choice). It therefore involves extrapolations that need empirical validation. Future research needs to explore whether the development of adolescent adoptees of smc may indeed be more complex and the intensity of the contradictions in their experiences stronger than in comparative families. It needs to evaluate whether adolescent adoptees of psychologically healthy smc are more likely to develop androgynous personalities and are more open to diversity. It needs to examine whether the development of identity takes longer in this alternative family form and how the structure of the family interacts with the characteristics and requirements of the different developmental stages of the child.

In order to do these, future research needs to more systematically isolate the demographic variables discussed, the significance of the number and gender of parents, and of children’s biological ties with parents. The increasing numbers of alternative family forms, (e.g. single father adoptive families and lesbian coupled families), can be used in helping to isolate these variables. Research also needs to dig deeper into the relative importance or weight of different process variables. For example, while conflict with other significant adults is low and stability may be higher in smc families than in poorly functioning families, will these variables sufficiently make up for other advantages other family structures may have?

Finally, it is also important to study the variations within adoptive smc families. Some smc may have romantic partners who cohabit full time, part time, or not at all. What variables about the form of the support and the nature of the involvement with the smc make a difference? The background reasons for going solo and becoming an adoptive mother create for diversity, as do the number and gender of children that single mothers adopt.

As Biblarz and Stacey (2010) say, “to ascertain whether any particular form of family is ideal would demand sorting a formidable array of often inextricable family and societal variables. We predict that even “ideal” research designs will find instead that ideal parenting come in many different genres....” (p. 17).

Conclusions

Adolescent adoptees of smc families face unique challenges in the process of becoming independent adults and in the formation of their identities and sexuality. While their development may therefore be more complex, it may not necessarily be pathological. In fact, the mental health of these adolescents seem less contingent on their family structure per se, than on family processes such as the presence of warmth and supervision in the lives of adolescents. While these processes may face more challenges in a single parent family, mediating factors, such as the types and amounts of resources for the single mother (personal, social, financial and societal) may diminish the significance of these challenges. Ultimately, the resolution and integration of the challenges posed by this family structure may result in the adolescent developing into a highly differentiated, complex and nuanced adult who is more open to creative and nontraditional possibilities in life. Finally, research suggests that while issues about adoption and single parenthood may reemerge in various forms when these adolescents are adults, additional life issues and the cognitive, emotional and social changes of adulthood may help them put these in perspective in ways that allows for adaptive lives for them.

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