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Issues Facing Adoptive Mothers of Children with Special Needs

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Abstract

- *Summary*: Intensive interviews were conducted with 14 adoptive mothers, which identified 16 challenges adoptive mothers face when adopting children with special needs. The purpose was to specify and understand the issues these mothers of special needs children present when seeking professional therapy. The intent was also to increase awareness for professionals working in the field of adoption.
- *Findings*: Findings indicated that these adoptive mothers were faced with a broad range of issues relating to societal, health, emotional, family, financial, and child behavioral factors. The prevalence of these issues was not influenced by differing demographics, by ages of the children at the time of adoption, nor by the types of adoptions.
- *Applications*: Adoptive mothering of special needs children is different from other mothering and needs to be recognized with its challenges. Post-adoption support services that adequately and financially meet the needs of these mothers and their families can help to build strong healthy adoptive families. In doing so, there is a strong potential for a decrease in the number of adoption disruptions and an increase in the level of adoption satisfaction.

Keywords adoption adoptive mothers children special needs

Introduction

The typical scenario of a young married couple adopting an infant from birth has been redefined and changed dramatically in the latter half of the 20th century (Glidden, 1991). Historically, a traditional adoption was defined as 'a

healthy infant placed with an infertile, middle-class, usually white couple' (Rosenthal and Groze, 1990: 475). Today, however, adoptions can be characterized from a much broader spectrum. Many children being adopted today are not infants but are older children of various races being adopted from either the public foster care system or orphanages overseas. In 1998, 36,000 of the approximately 120,000 children adopted in the United States were adopted from the public foster care system. In 1999, the number of immigrant visas issued to orphans coming to the United States rose to 16,396 (National Adoption Information Clearinghouse, n.d.). These two groups consist of many children who have suffered abuse, abandonment, and/or neglect.

Due to a history of trauma, these children are considered 'special needs' and require special parenting once adopted into permanent homes. The term special needs is often associated with children within the United States' welfare system. Each state's specific criteria may vary slightly, but in general, these children are identified as special needs because they meet one or more of the following criteria: 8 years of age or older, emotionally handicapped, physically handicapped, a member of a sibling group, minority heritage, mentally handicapped, history of physical abuse, sexual abuse or neglect (Florida Administrative Code, 2002; Groze, 1996). Previous studies using this term have also identified the mental health issues of special needs children to cover a broad spectrum. These include oppositional defiant disorder (ODD), conduct disorder (CD), reactive attachment disorder (RAD), post-traumatic stress disorder (PTSD), and/or depression (Federici, 1998; Forbes and Dziegielewski, 2002; Hughes, 1997; Keck and Kupecky, 1995; Smith et al., 2000). For the purposes of this article, the use of the term special needs is used to identify children in adoptive homes who meet one or more of the above criteria.

Due to their trauma histories, special needs children can be difficult to parent. Adoptive parents of these children do not start with a clean slate; they adopt not only the child of the present, but also the experiences of the child's past. The experiences imbedded in these children can make it difficult for them to fully enmesh themselves into their new families, making adoptive parenting a serious challenge for the adoptive parents (Smith and Howard, 1999).

Research in the area of infant adoption and special needs adoption has focused primarily on two parts of the adoption triad: the birthmother and the adopted child. Numerous articles and books have been written on the birthmother's experiences. Studies have focused on the adopted child and the child's adjustment, characteristics and behavior (Priel et al., 2000). However, less information is known about the outcomes of how adoptive parents function (Priel et al., 2000). Most studies are centered on the problems of the adoptee alone with solutions centered on how the adoptive parent can help resolve the problems, not on the independent issues the adoptive parent may be experiencing (Wegar, 2000).

The purpose of this article is to identify and understand the challenges adoptive parents of special needs children will face that extend beyond the

scope of *normal* parenting. Since the adoptive mother is generally at the epicenter of the child's negativity (Benton, 2000; Keck and Kupecky, 1995; Thomas, 2000), she will remain the focus of this article. Furthermore, the intent of this study is to increase awareness by professionals, particularly caseworkers, adoption facilitators, therapists, lawyers, and up the 'food-chain' to adoption administrators responsible for policy decision making. It is their ethical responsibility to bring recognition and understanding to the adoptive mother's identified challenges. Current research is sparse and, to date, there has not been a comprehensive study to explore and identify these specific issues facing adoptive mothers of special needs children.

Issues in Adoption of Special Needs Children

Although adoptive mothers may face many of the same child rearing issues as biological mothers, forming a family through adoption *is* different (Smith and Howard, 1999). Adoptive mothers of special needs children often find that the adoption alters the balance of the family system and results in stress and disequilibrium, sometimes to the extent that the adoption is disrupted (where the child is returned to foster care). Rosenthal (1993) evaluated previous studies on the disruption rate for older special needs adoptions and found disruptions to range between 10 and 15 percent. Research shows that less than 1 percent of infant adoptions disrupt (National Adoption Information Clearinghouse, n.d.), demonstrating that the issues facing these infant adoptive parents are significantly less. Thus, this research will focus on special needs adoptions where potential stressors are more prevalent.

Stigmatization of Adoptive Motherhood

Social stigma of adoption has a long history in our society, yet it was not until 1964 that one of the first studies by H. D. Kirk, *Shared Fate: A Theory of Adoption and Mental Health*, demonstrated the existence of disparaging community attitudes toward adoptive kinship (Wegar, 2000). Today, this view continues as other studies such as the one conducted in 1997 by the Evan B. Donaldson Adoption Institute continue to support the view that many Americans still consider adoption as a second best to having children by birth (Wegar, 2000). This prevailing mindset continues to leave adoptive parents to experience social stigmatization in their everyday lives (Miall, 2000).

It is hypothesized that much of this stigmatization can be traced back to the mid-1940s when adoption workers shifted their focus from the child onto the adoptive mother. Gaining support from early psychodynamic theories, adoption was related to 'the negative psychological effect of childlessness on an adoptive mother's capacity to fully afford the adopted child her maternal love . . . [pointing to] . . . the narcissistic mortification of her inferiority as a woman' (Wegar, 1997: 81). This view of adoptive mothers has persisted and remained a part of the adoption equation. DiGiulio (1988) writes that the adoptees'

emotional problems continue to be correlated to the adoptive mothers' lack of self-acceptance, unrealistic expectations, and latent hostility towards the adoptee.

Some authors report that adoptive mother status in our culture does not measure up to biological motherhood. Miall (2000: 364), who interviewed infertile adoptive mothers in 1988, identified three significant themes: (1) because a biological tie is assumed to be important for bonding and love, adoptive families are considered second best; (2) because of their unknown genetic past, adopted children are viewed as second rate; (3) because they are not biologically related to their children, adoptive parents are not considered to be real parents.

Miall (2000) identified that two-thirds of the adoptive mothers interviewed were negatively affected by the dominant society belief that adoptive motherhood is inferior. An adoptive mother, Jana Wolff, writes about her adoption experience and how she did not 'fit-in' with other biological mothers: 'By adopting, I was not a full-fledged mother in their eyes. I hadn't paid the price of pregnancy, hadn't earned the badge of labor or ... delivery, and would forever be an outsider – an associate member at best' (Wolff, 1997: 95).

The United States legal system reinforces this stigmatization when an adoption is legally finalized. After finalization, the adoptive parent is asked to apply for a new birth certificate, implying that 'the adopted child was "reborn" as the child of the new family, with a new identity and a new identification in the form of a birth certificate, executed exactly as if the adoptee had been born to the adoptive parents' (Pavao, 1998: 93). Hence, the birth certificate names the mother of the child as the adoptive mother, implying that the adoptive mother gave birth to this child. This modeling of adoption laws and practices in imitation of biology reinforces to the adoptive mother that adoption is inferior to biological parenting (Bartholet, 1993). It reflects society's bias and attitudes towards adoptive families (Pavao, 1998). Whereas this birth certificate gives the adoptive mother equal legal status, it is also stating that in order to have this equal legal status, a mother must be recognized as a birth mother.

Infertility

While some mothers adopt due to medical conditions other than infertility, a large percentage of mothers come to adopt because of infertility struggles. Infertility has a stigma attached to it and this stigma of infertility can haunt the adoptive mother from the first stages of the adoption process to well beyond the finalization of adoption. Society values fertility and considers childbearing to be the principal source of mature femininity (Wegar, 1997). Some adoption workers believed the adoptive mother's resolution of infertility was the most important precondition for the readiness to adopt. Further through the adoption journey, infertile adoptive mothers often hear comments such as 'Once you adopt, you're sure to get pregnant and have a child of your own.' Even as the adoptive child becomes a secure and familiar part of the adopted

family, adoptive mothers often experience contradictory messages from social service agencies, receiving comments such as 'You are their real parents. When will you tell them you aren't?' (Miall, 1996: 310).

Grief/Loss Issues

Adoptive mothers of special needs children in particular, go through their own grieving process. They may experience feelings of shock, denial, anger, depression, and physical symptoms of distress and guilt. The adoptive mother's dream of the child she wished for or expected are soon replaced by the realities of her new child. After a brief honeymoon period, the adoptive mother of a special needs child may experience a shocking realization that her new child is unhealthy, either physically or emotionally. Despite the information she was provided prior to the adoptive placement, many adoptive mothers cannot comprehend the full realm of the behaviors and difficulties of the child prior to placement. Consequently, the mothers may experience being in shock and having feelings of bewilderment and numbness. They may then start making excuses for the child's behavior and deny having a child with serious issues. After living with a child who is unresponsive to the parents, anger and rage can often surface. As the anger is not received or responded to by the child in appropriate ways, many times the anger is then turned inward and adoptive mothers can be left feeling depressed and in a state of isolation and despair. As the stress continues, physical symptoms may develop such as ulcers, headaches, nervousness, lack of sleep, shortness of breath, digestive problems, lack of appetite, or uncontrollable eating. The adoptive mother may discover feelings of guilt for not truly loving her adoptive child and for feeling ambivalent or angry towards her child (Acord, n.d.).

Other loss issues that may further complicate the grieving process include: (1) the adoptive mother, whether fertile or not, accepting the loss of not having a biological child that reflects her genetic make-up (Wolff, 1997); (2) adjusting to living with a new child in the home, particularly a special needs child; (3) accepting the loss of the way the home used to function prior to the adoption; and (4) feeling the need to process through the loss of not being the child's birthmother. In cases of special needs children with a negative history, the adoptive parent many times mourns the loss of not being available to protect and nurture the child in the way he or she needed the parent to do. Therefore, the mother can experience grief for the neglect, abandonment, and/or abuse the special needs child suffered prior to her care.

Extended Family Issues

Many times the biases of society are as strong, if not stronger, within the nucleus of the immediate family and extended family. Adoption means adding to a family children who do not share the same genetic make-up. As adoptive mothers begin to integrate their adopted children into the entire family social system, issues of rejection and discrimination, whether overt or passive, can

become stressors for them. Pavao (1998) stresses the importance of educating the extended family about adoption issues and feelings that may surface and including them as part of the pre-adoptive process for families. Rosenthal and Groze (1990) found that the approval of extended family members was directly correlated to the success of an adoptive placement. Conversely, Rosenthal wrote in a later paper that a key predictor of increased risk for adoption disruption is 'low levels of support from relatives or friends' (Rosenthal, 1993: 81). Therefore, it is important to realize that negative support from the extended family can work to undermine the legitimacy of the adoptive placement for the adoptive mothers.

Marital Issues

Adopted children can be powerful forces in upsetting even the most stable of marital relationships. Many special needs children successfully disrupt the relationship between the triad of the mother, the father and the child; they can 'manipulate and triangulate, divide and conquer' (Cline and Helding, 1999: 71). Adopted children work at creating conflict between their parents in order to improve their odds in the ongoing battle (Keck and Kupecky, 1995). Continuous stress created by a difficult child can take its toll on a couple's marriage and can place excessive emotional demands on the marital relationship (Smith and Howard, 1999). The Center for Adoption Support and Education lists intimacy and relationship problems resulting in marital problems as one of the seven core issues in adoption (Center for Adoption Support and Education, n.d.). Todis and Singer (1991) discuss how families faced with such stress are at risk of low marital satisfaction.

Behavioral Alienation from the Child

It is believed that early separations, discontinuity of loving care, and unresponsive or abusive care have a lasting impact on a child's attachment framework (Forbes and Dziegielewski, 2002); and, from this perspective, many adopted children have less than optimal beginnings (Juffer et al., 1997). With the transition into parenting these children, the child's internal stress (anger, powerlessness, low self-esteem, fear) resulting from the poor early care can be released through external anti-social behaviors (Smith et al., 2000). Traumatized children may first perceive the adoptive parents' love, not as a reward, but rather as coercive and frightening (Nickman and Lewis, 1994). The child then works to attain safety through avoidance of the relationship the parents are working to develop (Hughes, 1997). These adoptive parents soon find that conventional parenting techniques to control these behaviors are ineffective with these children (Hughes, 1997) and remain at a loss as to how to handle the child's behavior (Cline and Helding, 1999). Furthermore, these pathological attachment behaviors can then lead to the parents feeling emotionally replenished and depressed. Parents who believe themselves to be psychologically prepared for the children's lack of responsiveness can soon find the situation

exhausting. An adoptive mother writes in her book that retraces the journey of adopting her daughter that, 'She [the adopted child] did whatever she could do to cause disruption' (Bosley, 2000: 19).

Internationally adopted children, raised in institutions, can also present such relational problems for adoptive mothers. Mainemer et al. (1998) discuss how these children do not initiate social contact, nor do they respond to it, emphasizing the idea that these children have difficulty forming attachments to people or objects. Furthermore, in a study by Rosenthal and Groze (1990) of intact families of special needs adoptions, a strong correlation was found between the parent–child relationship and the impact of adoption on the family.

Family of Origin Issues

Past traumatic experiences of the adoptive mothers can often resurface as the adoptive mothers deal with the issues of their adopted children. For example, if a mother experienced an unhealthy and hurtful relationship with her own mother, often times this pattern resurfaces and is replicated with the adoptive child (Broberg, 2000). Although family of origin issues are also likely to occur with biological children or children who have not been traumatized, it is often because the adopted child's issues are so prevalent and so intense that they serve as powerful and unavoidable triggers for the adoptive mothers (Smith and Howard, 1999).

Post-adoption Services

As adoptive parents move through the adoption experience, many soon realize that the 'honeymoon' is over and that the stress and tension in their families are at a level in which outside help is warranted. However, adoptive mothers can perceive asking for help as a failure. According to Todis and Singer (1991) many adoptive parents do not initially seek outside support because they believe others may see them as inadequate parents. As adoptive mothers turn instead to friends for support, they soon realize that others cannot relate to their situation and that 'the pain, rejection, distress, and abuse the child inflicts on them are hard for the outsider to understand' (Keck and Kupecky, 1995: 198).

When the decision is finally made to seek professional outside services, many adoptive parents are challenged in understanding and utilizing the system (Barth and Miller, 2000; Todis and Singer, 1991). In addition, Smith and Howard (1999) discussed how adoptive parents were often dissatisfied with the services available and used their own resources and experiences to educate the professionals who were supposed to be helping them.

Barth and Miller (2000) identify three types of post-adoption services: (1) educational and informational services, (2) material services and (3) clinical services. Educational and informational services include requesting more complete information about the child's history; requests for literature (pamphlets, books, articles) on adoption issues; and lectures, seminars, workshops, and classes focusing on adoption. Material services include adoption

subsidies, medical care, and special education options. Clinical services include counseling for the child, couple, or family, and respite care. Research indicates that the latter two have significant impacts on adoptive families and these are discussed below.

Material Services

Todis and Singer (1991) discuss several studies where the stress associated with raising a child with special needs could be either prevented or lessened if the family had adequate financial support. As mentioned earlier, pre-adoption expenses can be extreme in the case of international or private adoptions. Perpetuating this financial strain are the continual demands of special needs children after the adoption process. Adoption subsidies can help to reduce the stress within an adoptive family. In a study of the outcomes of adoption of children with special needs, Rosenthal (1993: 85) concluded that, 'financial adoptive subsidies may well be the most important post adoptive service'. Of the families in the study receiving a subsidy, 95 percent rated this financial help as 'essential' or 'important' (Rosenthal, 1993). This financial assistance provided counseling services, adoption education seminars, respite care, school services, and support groups (Rosenthal, 1993). Certainly on the other end of the continuum, adoptive parents not receiving financial subsidies are finding themselves either financially burdened with these needed services or finding themselves doing without these services altogether. Berry and Barth (as cited in Barth and Miller, 2000) concluded that families not receiving subsidies were at a higher risk of adoption disruption.

Clinical Services

Research shows that finding qualified therapeutic help for adopted children is an extremely difficult challenge itself. A complaint amongst adoptive parents is that therapists do not provide appropriate psychotherapy for their children. The therapists do not understand how to treat adopted children with complex histories and therapists do not have a working knowledge of the relationship between the adopted child and the adoptive parents (Nickman and Lewis, 1994: 754). 'Sometimes parents had followed the advice of a physician or therapist for months or years, only to be told later by another doctor that the treatment had been useless or harmful' (Todis and Singer, 1991: 7). Rosenthal and Groze (1990) also found that individual and family counseling services for special needs adoptions were less than adequate. They report that this is possibly due to the fact that 'families who seek these services often experience difficult behavioral problems not easily remedied by any kind of intervention' (Rosenthal and Groze, 1990: 500). Derdeyn and Graves (1998) warn that because these children have been rejected or abandoned, they present a particularly difficult therapeutic challenge.

Furthermore, therapists often blame adoptive parents for the child's problems with the real problem being a lack of or inadequate services (Keck

and Kupecky, 1995). This leads helping professionals toward unintentionally undermining the relationship between the adoptive parent and the child by collaborating with the child and blaming the parents for the child's emotional and behavioral problems. Many times therapists narrowly view the adoptive family as pathological and go as far as to question the adoptive parents' motives for adoption (Smith and Howard, 1999). Due to these therapeutic approaches, adoptive parents may feel scapegoated by both the child and the therapist (Nickman and Lewis, 1994; Bosley, 2000).

These are not isolated examples of ineffective help for adoptive parents. Smith and Howard's research demonstrates how prevalent such ineffective services are for adoptive parents. In their study, parents reported that, 'individual counseling with the child was rated as not helpful by 45% of parents, and somewhat helpful by 46%, with only 9% rating it very helpful' (Smith and Howard, 1999: 30).

Adoptive Mothers, in Particular

Many times it is the adoptive mother that is at the epicenter of the child's wrath. 'Adoptive mothers particularly are often targeted with the fall-out of hostility from the child's pre-adoption pain and loss, and early mothering experiences – or lack of them' (Benton, 2000: 130). The child views the mother as the 'main target because, as an infant, the mother's job is to keep them safe. As a baby they were not kept safe' (Thomas, 2000: 82). It is not uncommon for children to alienate, push and hurt mothers more than adoptive fathers. Keck and Kupecky (1995) explain that since it is the mothers who give birth and are often the primary caretakers, the adopted child sees them as the ultimate betrayers. Overall, it is hypothesized that this displacement of anger, targeted at the adopted mother, stems from a combination of genetics, intrauterine events, and character within the adopted child (Cline and Helding, 1999).

In reinforcing the idea that it is often the mother who is significantly affected by the adoption, it is important to note the findings of this literature review. Four books were located that gave accounts of adoption experiences – all four were written by the adoptive mother, not the adoptive father. These include *The Limits of Hope: An Adoptive Mother's Story* by Ann Kimble Loux (1997), *We Adopted a Dusty Miller* by Phyllis Bosley (2000), *Secret Thoughts of an Adoptive Mother* by Jana Wolff (1997), and *The Magic Castle: A Mother's Harrowing True Story of Her Adoptive Son's Multiple Personalities – And the Triumphs of Healing* by Carole Smith (1998). These writings demonstrate that there is a need to recognize and examine adoption from the perspective of the adoptive mother.

Culmination of the Stress

Adoptive mothers of special needs children must work to resolve many of the issues listed above (stigmatization of adoption, infertility, grief and loss, family, marital, bonding, financial and family of origin), while simultaneously working

to cope with the adopted child's issues (trauma, emotional, behavioral, attachment, grief and loss, identity, and depressive). In some adoptions, few of these issues surface while in others, an overabundance of these issues arise. Positive and negative examples of adoptions of children with special needs range the entire continuum. Yet, this research is intended to explore the end at which mothers are suffering. The mothers at this end of the continuum can become so overwhelmed and overburdened with the culmination of all these issues that they themselves develop a negative working model of their own. Special needs children can cause parents to feel like failures, doubting their parenting abilities and fearing the adoption will fail. Many times they themselves avoid closeness and stop reaching out to the child in order to be protected from further rejection (Smith and Howard, 1999). The mixture of these stressors is further complicated by feelings of guilt and shame. These adoptive parents had dreams of adopting a hurt child, nurturing the child, and integrating the child into a stable family system. When this does not come to fruition, parents can experience disturbing feelings such as fantasies of hurting, or even killing, their child (Keck and Kupecky, 1995), or projecting these feelings onto themselves, instead, with thoughts of suicide (White, n.d.).

Research Questions

The exhaustive literature review emphasized 10 issues facing adoptive mothers. These included issues relating to the following: (a) stigmatization of adoptive motherhood, (b) infertility, (c) grief and loss, (d) extended family, (e) marriage, (f) behavioral alienation, (g) mother's family of origin, (h) post-adoption services, (i) mother-directed behavior and (j) culmination of the stress. In addition, these authors identified six other issues relating to special needs adoptions. These additional issues were identified by monitoring four different internet support groups centered on adoption-related challenges for a time frame of one year. These include issues relating to the following: (a) development of physical symptoms, (b) society's lack of understanding of adoption, (c) feelings of isolation, (d) financial stress, (e) feelings of intense anger and (f) changes in self-image. These issues are listed in Table 1.

To facilitate the exploration of these issues, several questions were proposed. First, did the issues identified in the literature review appear valid? Second, were the issues identified through 'listening' to adoptive mothers also valid? Third, which issues presented with more frequency? Fourth, of the 16 issues identified in Table 1, what others were identified as important by these adoptive mothers?

Methodology

The purpose of this exploratory study was to identify and understand the issues that adoptive mothers face after they have adopted a special needs child. This

Table 1 **Issues facing adoptive mothers of special needs children**

Issues identified through:	
Literature Review	Internet Support Groups
a. Stigmatization of adoptive motherhood	a. Development of physical symptoms
b. Infertility issues	b. Society's lack of understanding
c. Grief and loss issues	c. Feelings of isolation
d. Marital issues	d. Financial stress
e. Extended family issues	e. Feelings of intense anger
f. Behavioral alienation	f. Changes in self-image
g. Mother's family of origin issues	
h. Post-adoption services	
i. Mother-directed behavior	
j. Culmination of the stress	

study was conducted in 2002 and utilized 15 adoptive mothers, either married or single, who had in the past sought professional therapeutic help for their adoption experience after the placement of their child. All ages of mothers were accepted in the study and the child had to have been living in the adoptive home for the time frame of at least one year. Participants were obtained through two therapists specializing in the field of adoption as well as from internet support groups dealing with adoption issues. The identified samples were then contacted by e-mail or telephone and an address was obtained in order to mail a consent form. The consent form was mailed to the identified samples with a stamped addressed return envelope. Once the consent form was received for each sample, a telephone interview was scheduled. A six-page interview questionnaire was developed, based on Table 1, and used in the telephone interviews. Each telephone interview lasted between 35 and 50 minutes. Each completed interview was then analyzed.

Findings and Discussion

A total of 15 adoptive mothers from 9 different states across the USA were interviewed for this study. The interview from one of the mothers, however, was not used as it was realized after the interview that she did not meet the criteria of seeking professional therapeutic help since adopting her child. The therapy her family received was prior to the adoptive placement. Hence, the final sample group consisted of 14 adoptive mothers. Six of these mothers were recruited from therapists; eight were recruited from a 'call for research participants' posted on four different internet adoption support groups. The mothers ranged in age at the time of the adoption placement from 22 years old to over 50 years old. Thirteen of the mothers were white and one mother was part American Indian and part white. Income levels at the time of the adoption ranged from below

$19,000 to $120,000 and above, equating to a median salary range between $40,000 and $49,000. This compares to the median American household income of $46,300 of non-Hispanic white Americans (US Census Bureau, 2002). Five of the mothers were single mothers at the time of the adoption.

Demographics and Issues of the Adopted Children

The adopted children of the sample group ranged in age at the time of the adoption placement from newborn to age 9. Two of the children were adopted internationally and 12 were adopted domestically within the United States. All 14 mothers reported that their adopted children suffered from emotional issues and that they were dealing with behavioral issues. These children had been diagnosed with disorders that included the following: attention deficit hyperactivity disorder (ADHD), ODD, CD, bipolar, asperger's disorder, dissociative identity disorder, PTSD, RAD, depression, encopresis, enuresis, pervasive developmental disorder, developmental delay and separation anxiety disorder. The behaviors the children were exhibiting included self-injurious behaviors, physically attacking the mother (kicking, hitting, hair pulling), abusiveness to other children, avoiding eye contact, severe defiance, tantruming, screaming, lying, stealing from family members, destroying the home (from ripping holes in the carpet to punching holes in the walls), skipping school, using drugs, sabotaging family events, disrespecting behaviors and/or manipulating the mother and others, raging outbursts, impulsiveness, smearing of feces, hoarding, and running away. When asked how these problems, along with any medical, academic or language issues had affected the household, 13 out of the 14 mothers said they had affected their household 'severely'. At the time of the interview, 2 of the 14 children were presently in residential treatment centers due to the severity of their behaviors.

Identification of the Adoptive Mother Issues

A series of statements was given to the adoptive mothers to determine the significance and prevalence of the issues identified in Table 1. The adoptive mothers were asked to respond to these statements, using a Likert scale of (a) strongly agree, (b) agree, (c) neutral, (d) disagree and (e) strongly disagree. These issues were then grouped according to societal, health, emotional, family, financial and child behavioral factors. A highlighted discussion of each of these groups follows.

Societal factors Three issues were identified that related to societal factors: (a) stigmatization of adoptive motherhood, (b) post-adoption services and (c) society's understanding of adoption. Although the literature emphasized that adoptive mothers feel inferior and stigmatized by society for their adoptive mother status, these interviews did not confirm this. When asked if they felt stigmatized by society for being an adoptive parent, 57 percent of the mothers either disagreed or strongly disagreed. Other support questions validated this response, as well.

Concerning post-adoption services, an overwhelming percentage of the mothers (86%) felt that most professionals were lacking in their knowledge of adoption-related issues, whereby most had responded with emphasis to the strongly agree option. Seventy-one percent felt that their social workers were not helpful with post-adoption support. One mother stated that one year after the adoption, she contacted the agency that facilitated the adoption placement, seeking help. She was blatantly told, 'You adopted them; they're your problem now.' Seventy-nine percent stated that finding a qualified therapist to help with their child after the adoption was difficult. Many of the mothers stated that although they have now found a qualified therapist, they must drive a great distance. One mother stated that she drives 70 miles one way to go to therapy once a week.

In determining society's understanding of adoption, over 70 percent of the mothers felt that they unnecessarily had to contend with inappropriate and 'stupid' comments from other people in regards to their adopted child. Many mothers stated that not only were these comments inappropriate, but they were hurtful as well.

Health factors The culmination of all the difficulties facing adoptive mothers of special needs children was seen to affect the mothers both physically and mentally. Ten of the 14 (71%) mothers stated that they had developed physical symptoms they believed were directly correlated with the stress of their adopted child. These included experiencing new physical symptoms such as heart palpitations, secondary PTSD, headaches, hair loss, panic attacks, insomnia, and gastro-reflux difficulties. Others reported that existing medical ailments had been aggravated or intensified by the stress, including increased difficulties with back pain, asthma, allergies and diabetes.

Mental health was also seen to deteriorate in many of the adoptive mothers. Sixty-nine percent reported feeling depressed after their child was placed in their home. Half of the mothers stated that they either were on or had been on medications due to the stress of their child. These medications included Prozac, Celexa, Zoloft, Xanax and Wellbutrin. Of grave concern was that 2 out of the 14 mothers stated that they had experienced thoughts of suicide due to their adopted child. One mother expanded on this by reporting that she had been hospitalized for her suicidal thoughts.

Thirteen of the 14 mothers (93%) stated that there were times that they simply wanted to get into their cars and drive away forever. Although many may argue that all mothers feel this at one point during their motherhood, nine of these adoptive mothers selected the 'strongly agree' option for this statement. One mother stated that she actually did get into her car and drove to Vegas.

Emotional factors The emotional issues identified included factors relating to infertility issues, grief and loss issues, feelings of isolation, feelings of intense anger, and changes in self-image. Issues relating to infertility in the sense that

the adopted child did not share the adoptive mother's same biology were insignificant. Only 29 percent agreed or strongly agreed that they felt sad that they were not their child's birthmother. Many of the participants reasoned that they gave a positive response to this question more on the basis of wishing they could have protected their child. Ten out of the 14 mothers (71%) either strongly disagreed or disagreed that they wished their child shared similar physical features with them. It is interesting to note that four of the mothers stated that their children actually resembled them, despite being adopted.

In the area of grief and loss, an overwhelming percentage (79%) felt sad for not being able to protect and nurture their child before the adoption, indicating that the mothers do experience the pain of not being available to their children prior to being adopted. Interestingly, 50 percent stated that they did not agree with the statement that they wished their home could go back to the way it was before the adoption.

Although feeling isolated was not emphasized in the literature, 79 percent of the adoptive mothers indicated that they felt isolated in their struggles. One mother stated that, 'the lack of support really hurts. I've been ostracized (outside of my immediate family) and made to feel as if I am the problem'. Another mother stated, 'Most of my friends are gone' and another, 'The friends I had before my child changed gears. They didn't believe me.'

The anger many mothers described throughout the interviews was of great concern. Seventy-nine percent stated that there where times when they had experienced more rage and anger than they had ever experienced in their lives. Five of the mothers 'strongly agreed' that there were times the anger in them was so strong they felt uncontrollable. A total of 7 out of the 14 mothers talked about the anger that presented itself to them with the adopted child. One mother stated, 'You can't control it; you can't overpower it; you can't stop it.' Another mother stated, 'My physical anger was the biggest surprise. I'm not a physical person. I never had these feelings that I was capable of child abuse . . . just to feel this to such a degree.' And another mother described the anger to be due to, 'the total lack of respect and the chronic disregard for me as a parent. It is about the continual – minute by minute of it all . . . the wearing down until the anger surfaces in an intensity that is unfamiliar.'

Changes in self-image were seen in 86 percent of participants who stated that they had often questioned their ability to parent their child since adopting him or her. It is important to note that these responses were not only from new young mothers; several of the mothers who strongly agreed with this statement were in their 40s and 50s, and some were experienced mothers with grown biological children. Ninety-three percent felt that they had, at times, turned into a hateful and miserable parent when parenting their adopted child. This feeling was directly correlated to the feelings of intense anger. One mother stated, 'I was a stranger to myself.' The struggles and challenges these adoptive mothers faced have brought about positive change as well. Eighty-six percent stated that they have become better persons since the adoption of their child.

Family factors Family factors identified related to (a) marital issues, (b) extended family support and (c) the mother's family of origin issues. Two of the 14 mothers reported that they had experienced either separation or divorce with their husbands since adopting their child. One mother expressed that her marriage was unstable at the beginning of the adoption but that it was without doubt that the adoption of their child accelerated the break-up. The other mother stated that her marriage was ending because her husband had refused to participate in the type of family therapy their therapist was recommending in order to help their child. Of the married mothers, 67 percent stated that their adopted child created conflict in their marriage. Another mother was currently active in marriage therapy due to the strain of their adopted child. She cited the lack of intimacy in her marriage as a stressor.

The questions asked concerning extended family support indicated that at the initial stages of adoption, only 43 percent of the adoptive mothers received support for their decision to adopt, 21 percent did not. Yet, 72 percent stated that their extended family was now accepting of their adopted child. Although 50 percent of the adoptive mothers stated that they received inappropriate comments from relatives, some explained that the comments they received were due to their extended family members' concern over the difficulties they were enduring and the comments were in regards to the behavioral issues of the adopted child.

Many responses indicated that the mothers were working through past issues related to their family of origin. Since adopting their children, 64 percent of the mothers either agreed or strongly agreed that negative issues from their own childhood had surfaced. One mother stated, 'I wasn't prepared to have to address my own issues.'

Financial factors Despite the fact that the majority of the adoptive mothers did not incur direct expenses towards the adoption itself, 64 percent agreed that the adoption has put a financial strain on their family. Much of the financial burden came from out-of-pocket expenses related to post-adoption therapy. Some mothers explained that the state agencies would not acknowledge the seriousness of their children's issues and, thus, were denying additional subsidies to fund needed therapy. One mother explained that she spent $40,000 in legal fees in order to receive $20,000 of subsidy to pay for needed therapy. Another mother stated that in one year she spent $18,000 out-of-pocket for needed treatment for her child. Yet another mother explained, that due to the emotional stress, she had lost productive days at work (self-employed) and had been unable to reach her same earning potential as before the adoption.

Child behavioral factors The mothers reported that their child's behavior worked to alienate them and that the child's behavior was mother directed. Less than half (29%) of the mothers felt that their child worked with them to develop their relationship. This was reinforced by 50 percent of the mothers who felt as

if their child did not respond to their authority as a parent. Nine of the 14 mothers (64%) felt as if their child was not accepting the love they were giving to them.

Mother directed behavior from the children was overwhelming. Of the mothers who were married, 100 percent of them agreed, and most strongly agreed, that their child targeted them more than he or she did the father. Ninety-three percent agreed or strongly agreed that their child projected his or her anger towards the mother more than other family members. Ten of the 14 mothers agreed or strongly agreed that their child worked harder to hurt them than anybody else in their lives. These statistics validate the practice literature that states that the adopted child's behavior is often mother directed.

Other Findings

Social services Several of the mothers identified their social service agency that placed the child as one of the most prevalent sources of adoption stress. One mother stated that social services 'made it as hard as possible'. Another mother stated that it took almost two years to uncover the history of her child. She stated, 'I was frustrated with the lack of information given . . . I was not given full disclosure. They avoided the truth. They didn't come forward with the information; I had to ask for it piece by piece.'

Level of commitment Despite the intensity of the issues identified, 64 percent stated that they would do the adoption again, if they had to do it over. The level of commitment was impressive given that 64 percent also said that they disagreed (and most strongly disagreed) with the statement that they have considered disrupting the adoption of the child. One mother stated, 'I would rather be miserable until she [the adopted child] is an adult, rather than give her back and hurt her again.'

Additional comments The telephone interviews allowed for candid discussions and explanations of the difficulties these mothers have and continue to face with their adoptions, beyond the structured questions of the written interview. In terms of the comments these mothers gave to the question of 'What has been the single biggest emotional surprise with this adoption?' one mother stated that the biggest surprise came when 'she [the child] said she was going to kill us and cut our hearts out with a kitchen knife'. Another stated that, 'She was a wild animal when she came to me. I've taught special education for 22 years and had never seen anything like this. She tore me to pieces.' Several other threads that ran through these conversations with the mothers were: (a) the mothers were not prepared for the challenges, (b) the anger that surfaced was unfamiliar and more intense than they ever imagined and (c) post-adoption support services in regards to financial assistance and qualified therapists were painfully lacking.

Conclusion

This study focused on adoptive mothers who had already initiated professional help for their adoption-related struggles. The intent was not to determine the prevalence of the difficulties amongst all adoptive mothers, but rather to identify exactly what difficulties these mothers seeking professional help were presenting. Collectively, these 14 adoptive mothers expressed feelings of frustration, isolation, alienation, exhaustion and anger.

The categorized groups (societal, health, emotional, family, financial and child) in which these emotions surfaced showed a broad range of stressors. From a societal perspective, the stigmatization of adoptive motherhood was not overtly present. Yet, the adoptions were not supported through adequate post-adoption services and comments adoptive mothers received reflected an ignorance of the understanding of adoption in general, so perhaps a stigmatization of adoption still exists at some covert level. Health issues related to the stress included both physical and mental symptoms, including thoughts of suicide. Emotional factors prevalent in this study included stress related to working through grief and loss issues, feeling isolated, having intense surges of anger, and experiencing changes in self-image. Family factors identified showed that the adoptions placed strain on the marital relationships and were in some cases associational connections to the mother's family of origin issues. Financial stress was prevalent in many of the adoptive homes, as well. The adoptive mothers agreed that the children's behaviors worked to polarize their relationships and that the behaviors were targeted towards the mothers. The refreshing conclusion, however, was that a large number of these mothers demonstrated a strong commitment to their children as well as their role as mother, despite the severity of the issues they had endured.

The issues identified through this research need to be recognized throughout the adoption community and there is a great need for awareness, knowledge and understanding of adoptive mothers. Further research on a larger scale and on a longitudinal basis merits investigation in this area. At the end of one interview with an adoptive mother, she concluded by saying, 'Thank you for doing this study. It is very needed!' In addition, one mother pointed out that, 'There needs to be research on what works with these children. What parenting strategies are other parents doing? A "tool kit" for adoptive mothers is needed to deal with the day-to-day issues.'

Funding needs to be allocated in this area to support necessary post-adoption services such as therapy, respite care, and parent support groups. Even with pre-adoption preparation and training, a full understanding of the challenges that accompany the adoption of a special needs child can be almost impossible. It is an event that has to be experienced in order to be wholly comprehended. 'I didn't imagine it could be so difficult,' stated one mother. 'I was surprised at how one child can turn an entire household upside down, even the cat,' stated another. Adequate and readily available funding needs to be in

place on the backside of the adoption process for these mothers and their families.

A mother summed up the type of character needed to be an adoptive mother in her article entitled, 'It Takes a Whole Village to Raise a Child'. In short, she states that it takes 'the tenacity of a bulldog' (Lindsay, 1996: 4). Along with this, it takes the backing of researchers, the knowledge of therapists, the understanding of policy makers, and the support of the 'whole village' in which these mothers and their children reside.

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