

JEN PYLYPA

Socialization for Intensive Mothering in the Single Parent, Transnationally Adoptive Family

Modern, middle-class North American parenting occurs in a social environment characterized by expectations of “intensive mothering”—whereby mothers, in particular, are expected to invest extensive time, energy, and money into cultivating their children’s talents, achievements, self-esteem, and good citizenship. For single mothers who adopt children from abroad, these expectations are amplified by additional demands of intensive mothering associated with parenting a child in a single parent, adoptive, and transnationally/transracially-constituted family. A single adoptive mother is expected to seek out male role models for her child, engage in intensive early parenting to promote attachment, cultivate a positive “adopted identity” in her child, and engage the child in activities that will promote a personal connection to “birth culture” as well as cultivate a positive racial identity and inoculate the child against racism. Prospective parents are socialized into such expectations by social workers, adoption agency staff, speakers at adoption workshops, mandatory parenting courses, adoption agency educational materials, and a plethora of self-help books, newsletters and Internet resources targeted at single and adoptive parents. This article examines this socialization process and its consequences for single mothers, who must fulfill these demands without the support of a second parent, a potentially exhausting prospect. I draw upon participant-observation in the adoption process and adoption workshops, as well as an examination of educational and resource materials available for “single mothers by choice” and transnationally adoptive parents to examine this process of socialization into a unique form of intensive mothering.

Being a “good mother” is a demanding task in North American society today. In contrast to previous eras when children spent ample time in unstructured and loosely supervised activities, today children’s development is far more

managed by their parents and their daily lives are far more structured. This type of modern, middle-class parenting, where being a parent—and especially, a mother—involves an extensive investment of time and money in the work of parenting as well as intensive physical, mental, and emotional energy, has been referred to as “intensive mothering” (Hays; O’Reilly 34-50). Mothers in particular are expected to actively cultivate their children’s self-esteem, talents, achievements, and good citizenship, by employing expert advice, learning “attachment parenting” techniques, purchasing the right educational toys, and investing in the “concerted cultivation” (Lareau) of talents and personal development by engaging children intellectually, as well as enrolling them in multiple sports activities and music lessons as early as toddlerhood.

Into this environment of intensive mothering—and concomitant scrutiny as to whether or not one “measures up” as a mother—enters the single woman who adopts a child transnationally. For her, the current environment of socialization for intensive mothering is amplified in various ways, in particular by social workers and adoption experts who enculturate her to become a “good, single adoptive parent.” Not only must she fulfill the weighty demands of modern mothering, but she is also subjected to a triple burden of additional expectations associated with 1) single mothering, 2) mothering an adopted child, and 3) mothering a child in a “transracial” and/or “transcultural” family. All of these forms of family “difference” are perceived to be associated with potential challenges for children’s health, well-being, and/or identity, and therefore demand mitigating strategies from the mothers who embrace them. This article addresses the question: How does a particular environment of social expectations—produced through the interaction of middle class norms of good parenting with exposure to social worker visits, adoption agency staff, adoption workshops, and adoption/single parenting educational materials—socialize prospective single mothers to intensively parent transnationally adopted children in specific ways, and with what consequences?

In considering this environment, I draw in part upon my own “insider” participant-observation as a single woman going through the process of completing a transnational adoption in Ontario, Canada, beginning in 2008. In Canada, those in the process of an adoption are educated through a variety of means as to the expectations associated with adoptive parenting. Firstly, they must hire an approved social worker to conduct a “home study,” a process that fulfills both educational and bureaucratic purposes. Adoption agency workers also educate prospective parents through reading materials and workshops, and may direct them to other educational workshops, books, and pamphlets. In the province of Ontario, all prospective adoptive parents are also required, as of 2007/2008, to complete a 27-hour course called PRIDE (Parent Resources for Information, Development and Education) before their home study can

be completed and their dossier submitted for provincial government approval. I was among the first group of transnationally adoptive parents to be required to take this course in Ontario.

In addition to these institutionalized forms of education that Canadian prospective adoptive parents are exposed to, I examine the ideas conveyed through other literature available to both single and adoptive parents. This includes “how to” books on decision-making and navigating the complex routes to parenthood for both “single mothers by choice” and adoptive parents, and a plethora of books, DVDs, and websites addressing issues pertaining to single parenting and/or adoption and child well-being. I also draw upon my experiences as a member of a series of listservs for single/adoptive parents as well as a grassroots support group for singles going through the adoption process, including our discussions about our own experiences of home studies and adoption workshops, social scrutiny, and social expectations associated with adoptive single parenting.

Intensive Mothering and the Social Environment

In examining the context in which Canadian single, transnationally adoptive mothers are socialized for parenthood, one must consider the multiple, intersecting ideologies to which they are exposed in their social environment(s). By speaking of the “social environment,” I am referencing both Canadian society at large with its concomitant cultural values, and the particular ideological and social environments of the parenting and adoption communities to which Canadians who adopt from abroad are exposed, both in person and via books, adoptive parenting workshops, and the Internet. The former includes an environment characterized by particular gender norms and values, race relations and racism, the Canadian value placed on multiculturalism as related by the media, an achievement orientation, and a focus on individual identity formation. The latter includes a largely middle class parenting community concerned with the values of intensive mothering and attachment parenting, as well as an adoption community which adds to this a desire to mitigate the emotional and psychological impacts of adoption, as well as concerns with cultural identity and the history of culture loss associated with adoption across cultural groups.

The ideology of “intensive mothering” concentrates all of the implications of these intersecting social environments into a set of demanding obligations to be enacted by the mother as the primary caregiver for her child. Sharon Hays coined the term “intensive mothering” to refer to the dominant (North) American ideology of child rearing, in which socially appropriate mothering is child-centered, guided by professional expertise, and demands an enormous investment of time, energy, and money. Children are considered sacred and

worthy of the near-exclusive attention of the mother who is naturally and necessarily the primary caregiver. While Hays describes this ideology of intensive mothering as emerging over time and becoming fully developed by the mid-twentieth century, Andrea O'Reilly (34-50) points out that it was not until the 1980s that "custodial mothering"—in which the mother was expected to be home with the children but not necessarily actively engaging them—gave way to the current form of labour-intensive mothering that involves constant intellectual, emotional, and physical engagement with children. While intensive mothering in North America emerges from a white, middle class environment, its expectations are applied across race and class, in particular, as Annette Lareau's study reveals, in institutions such as schools where the cognitive skills and self-assuredness it encourages are expected and rewarded. While Lareau thus points out some of the benefits children may receive from modern middle class parenting styles in this context, others have discussed how intensive mothering can be oppressive for women, since it normalizes an expert-driven, singular, selfless model of mothering that is difficult to achieve, undermines maternal autonomy and authority, and encourages negative social scrutiny of a mother's parenting skills (Caputo; O'Reilly; Wall).

For single, transnationally adoptive mothers, the cultural focus on intensive mothering is augmented by the assumption that their families suffer from certain inherent deficiencies that must be mitigated through a further intensification of mother-work. For these mothers, the absence of particular social environments plays a role in influencing parenting expectations—the absence of a husband in the household, the absence of the child's family connections and exposure to mother-love prior to adoption, and (to varying degrees) the absence of an immediately accessible community representing the race and birth culture of the transnationally adopted child. Their social environment is therefore characterized by both the parenting ideologies it embraces, and the mothers' awareness of the absence of certain socially-valued characteristics in their own family environments. Thus, while in the broader population intensive mothering tends to be associated with the desire for enrichment (through educational toys and activities, for example), for single adoptive mothers, it is equally associated with mitigating deficits and "risks" associated with single parent families and adoptive status. Many of these issues and concerns can be identified as "deficiencies" only in the context of particular Western cultural values and ideologies.

Single mother families are viewed as inherently deficient in the context of Western gender norms and values due to the absence of a father in the household, perceived as necessary to provide a "male role model." They are also culturally stereotyped as deficient given class-bias and the negative association of single mothering with poverty and welfare dependency. Adopted children

are not only assessed for physical health deficiencies that may result from poor pre-adoptive environments, but also assumed to be at risk for emotional, psychological, and behavioural deficiencies (such as attachment disorders) that must be actively combated through intensive mother-work—a concern that emerges from Western psychological theories of emotional development and attachment. Western individualism further encourages a focus on individual identity formation, including a concern about the negative impact of adoptive status on the child’s sense of self. In transnational adoption, the child is also considered to suffer from a lack of attachment to birth culture and frequently, same-race role models, concerns that emerge out of the Western emphasis on cultural and racial identity, and an awareness of the history of racism in the North American context. Somewhat ironically, the Western, white, middle class ideology of intensive mothering encourages intensive efforts to expose transnationally adopted children to “their culture” even where the culture of origin itself may not practice intensive mothering at all. In the following sections, I examine the ways in which single, transnationally adoptive mothers are encouraged to engage in intensive mothering, not only in conformity with the norms of everyday middle class parenting in Canadian society, but also through additional acts designed to mitigate these various deficiencies and risks associated with their unique family circumstances.

Choice Single Motherhood and the Normative Family

The term “single mother by choice” is used to describe a woman who chooses parenthood with the expectation that (at least initially) she will be the sole parent raising her child (Mattes 4). Singles who choose parenthood via adoption are subject to the scrutiny of the state, a process that begins with the home study. In Ontario, the home study consists of three to four interviews with a social worker, inspection of the prospective parent(s)’ home, and a lengthy series of structured, closed and open-ended questionnaires that are used to write a report that is combined with a plethora of other documentation for approval by the provincial Ministry of Children and Youth Services. It is in the home study process that single transnational adopters (who are almost exclusively women) first feel formally scrutinized for their “fitness” to parent as single women.

Social workers’ questionnaires and interview questions are personal in nature, and the intrusiveness of these questions is a common source of complaint among single adoptive mothers. Many of these questions are viewed by respondents as designed to “judge” their qualifications to parent, inducing a feeling of pressure to live up to ideal parental characteristics in order to be approved for adoption (despite the assertion by social workers that they are only looking for “good enough” parents). Many single women are asked in their

home studies to describe their romantic histories. This may serve to screen for sexual orientation, since many source countries with transnational adoption programs disallow adoption by lesbians and gay men. However, the eliciting of specific romantic histories combined with questions such as “Why have you chosen to remain single?” also suggests that social workers, consciously or not, view normative romantic relationships with men as a prerequisite to healthy motherhood—that deviating from the convention of heterosexual marriage as the basis for family formation is suspect and requires interrogation (Drexler; Hertz). Paradoxically, some social workers and self-help books suggest that becoming a single mother may require that a woman temper her expectations of future romantic relationships, becoming the “consummate mother” (Hertz 142-145), dedicated to her child to the exclusion of romantic fulfillment.

The expectation of a capacity for normative relationships with men, combined with primary dedication of personal time and energy to one’s child, is closely related to an expectation that single women be prepared to find male role models for their children. Home study reports may contain descriptions of potential sources of male role models in the woman’s life (as did my own). That role modeling is gendered is a taken-for-granted assumption. This reflects a broader view in North American culture that children who lack male role models will be psychologically damaged. Jane Mattes, in her well-known guidebook for women considering choice single motherhood, dedicates a section to emphasizing the need for male role models, citing Freudian concepts of child development to explain their necessity for both boys and girls (162-174). Freudian notions dictate that boys especially must have a father-figure to react to, and ultimately, identify with. Peggy Drexler describes fears that boys raised by women alone will turn into effeminate “mama’s boys”; one source she cites is the president of a large American adoption agency, who explicitly insists that single mother adopters have male role models available due to these concerns (vi-xvi).

Conservative commentators and media sensationalism commonly attribute a wide range of social ills to “fatherlessness”; one American journalist even described “illegitimacy” as a “national security issue” (cited in Glassner 94). Experts and media commentators often cite statistics about the poor performance of children of single mothers in ways that attribute problems to “fatherlessness” rather than to other confounding factors commonly affecting single mother families, such as poverty or the disruption of divorce (Dowd; Glassner 85-105). For example, one recent self-help book targeted at single mothers of sons, written by a clinical psychologist, cites studies that show that “when there is no father present” children have more behavioural problems, poorer academic performance, and lower social skills, and that boys grow up to more often have unhappy marriages and engage in wife abuse. The author attributes much of the

“epidemic of youth violence” in American society to the lack of positive father figures to guide boys “through the process of becoming a man,” and asserts that a “boy without a father figure is like a traveler without a map” (Passley 26-36). Poverty and family disruption as determinants are largely absent from this narrative, which focuses on gender differences and the “vital importance” of male mentors for sons of single mothers (Passley 123-130).

These messages may induce both feelings of guilt about intentionally depriving a child of a father figure, and a desire to combat any detrimental implications of single motherhood through intensive mothering. Rosanna Hertz, in her study of choice single mothers, found that women took it upon themselves to attempt to approximate the normative heterosexual nuclear family, by striving to provide male role models for their children (with a focus on gender rather than any particular personal characteristics), by ensuring their children had access to the benefits of a middle class lifestyle (including music lessons, sports camps, etc.), and by attempting to “blend in” so that their children would not feel “different.” Social acceptance required them to work at distinguishing themselves from the “welfare mom” stereotype of the poor, single mother. A need for quiet conformity dictated that women “stay below the radar” by providing financially for their children without assistance and managing work-life scheduling without accommodation, all while working hard to provide male role models and conform to middle class norms of intensive mothering, with only one parent to invest the time and money that these things demand (139). These demands are compounded by other expectations of intensive mothering that are specific to adoptive families, as discussed below.

Raising a Healthy Adopted Child

The construction of adopted children as “at risk” for physical, psychological, and behavioural problems pervades educational materials and workshops targeted at adoptive parents. Parents are socialized to perceive a need to actively address three types of issues: health and developmental deficiencies, the child’s need for attachment, and the necessity of cultivating self-esteem and a positive “adopted identity.” One concern is about the effects of orphanage life on child health and development. As part of an Ontario home study, prospective adoptive parents are normally required to read a document on recommendations for the care of adopted children (Ames) that suggests that *all* children adopted from orphanages should be considered “special needs” and are at risk for both behavioural problems, and progressive “lower intellectual ability” for every month spent in the orphanage. This document explicitly demands intensive parenting from adoptive parents, asserting that: “Like other special needs adoptions, e.g., those of physically or mentally handicapped children,

adoption of orphanage children must be acknowledged to involve extra commitments of parents' time, energy, acquisition of expertise, and willingness to work with helping agencies." Based on research that examined the difficulties experienced by children adopted from Romanian orphanages in the early 1990s who had lived under conditions of extreme deprivation seldom seen today, this document constructs all transnationally adopted children as damaged and in need of intensive intervention.

A plethora of literature targeted at both medical/academic audiences and parents identifies adopted children as at risk for a wide range of health problems (e.g., Miller) such as foetal alcohol syndrome, developmental delays, malnutrition, infectious diseases, lead poisoning, attachment disorders, hyperactivity, behavioural problems, and higher rates of suicide. For prospective adoptive parents, not only are these possibilities frightening prior to being matched with a child, but the post-adoption vigilance required means that physicians specializing in adoption medicine must be sought out, nutrition carefully monitored, vaccinations repeated, and developmental specialists consulted, all of which increase the demands of intensive mothering.

One of the most immediate psychological health risks that new adoptive parents are expected to address is the possibility of attachment problems caused by exposure to inconsistent caregiving, deprivation, and neglect. According to attachment theory, attachment disorders are characterized by emotional insecurity that results in potentially severe, lifelong social, behavioural, cognitive, and psychological problems (Miller 355-357). The mandatory Ontario PRIDE course for prospective adoptive parents strongly emphasizes the risk of attachment disorders. PRIDE course materials are oriented toward domestic public adoptions where children are often adopted well beyond infancy after large numbers of placements in foster homes, and may have suffered early abuse and neglect as well, impairing their trust in the permanency of loving relationships with adults. As one social worker noted to me in private conversation, transnationally adopted children have, in contrast, often received quite consistent caregiving in orphanages before being adopted, typically in infancy, making them less prone to attachment issues. Nevertheless, in a workshop conducted by the same social worker, participants were asked to catalogue the "multiple placements" that their transnationally-adopted children would likely have experienced that put them at risk for attachment problems. Given the absence of "multiple placements" in foster care experienced by these children, the notion of a "placement" was stretched to include, for example, a brief visit to the police station after the child was relinquished by the birth family. The effect of this was to encourage an exaggerated perception of disruption that might put one's future child at risk for a serious attachment disorder.

To mitigate the potential damage of attachment problems, transnational adopters are encouraged to parent in a particularly intensive manner, especially during the first year. One pamphlet distributed to prospective parents in an agency's educational materials suggests, for example, that no one but the parent(s) should hold the baby during the first few weeks home and that the parent(s) should isolate themselves and discourage visitors during this time. It encourages holding/carrying the child as much as possible throughout the day, initially parenting older children as if they were newborns, and placing infants to sleep in or next to the parental bed, and suggests that adopted children should not be expected to sleep through the night alone until age seven or eight. At one adoption workshop I attended, participants were instructed that they should never let adopted children "cry it out" at night, that the parents should always be the ones to respond when the child is sick, upset, or hurt, and that they should avoid disruptions to routine, such as vacations, in the first six months to a year. When I asked how I, as a single mother, might maintain some social life, the social worker responded that I might be able to leave my child with a babysitter immediately after bedtime, but should expect that after 1.5 hours the baby would wake up and I would rush home to be the one to attend to my child's needs. Such advice is consistent with that given by medical authorities (e.g., Miller 353-368). Leaving aside the question of whether such advice is excessive or appropriate, it is clear that adoptive parenting is constructed by authoritative voices as particularly intensive, at least initially. Single mothers have to fulfill such expectations alone, a potentially exhausting prospect.

As the child ages, new concerns emerge about identity formation and self-esteem. The importance of cultivating a healthy "adopted identity" is emphasized in home studies, resource materials, and adoption workshops. Adoptive parents are taught that their children, regardless of the age of adoption, will experience loss and grieving associated with separation from birth parents (as well as birth culture, in the case of transnational adoption). These losses should be addressed by having ongoing conversations with the child and reading children's books that are targeted at explaining family formation through transnational adoption. Parents should build a "lifebook" for the child that contains a record of the child's life (especially prior to adoption), including photos, life history, and other documentation; this is described in the Ontario PRIDE course literature as an "essential" tool to support identity formation and self-esteem. Speakers at adoption workshops I attended also promoted the idea that adopted children should have adopted friends and role models. Adoptive parents are thus taught that intensive investment in promoting a healthy "adopted identity" is important for their children, and protective against future emotional and behavioural problems.

It is worth noting that social workers specializing in adoption (who are often adopters or adoptees themselves) also at times challenge representations of adopted children as “at risk.” They speak of adopted children’s resilience and acknowledge that the vast majority are healthy and happy. These words are reassuring, yet at times overwhelmed by the constant reminders to “prepare for the worst” and expect to parent intensively in an attempt to mitigate any potential problems. Medical vigilance and consultation with experts, intensive investment in building attachment, and reinforcing the child’s self-esteem and adopted identity through lifebooks and cultivating adopted role models all demand time and energy that augment the usual demands of intensive mothering, and may be accompanied by added anxiety and self-scrutiny.

Culture, Race, and Identity

Transnationally adoptive mothers are also expected to cultivate an awareness of, and pride in, their children’s “birth culture,” and inoculate their children against racism (since the majority of transnational adoptees are visible minorities). Home study questionnaires ask prospective parents about their social connections with people of other cultures and races, and how they will work to promote racial pride in their children. Adoption workshop speakers and literature describe affirmation of cultural heritage and a positive racial identity as essential to a transnationally adopted child’s self-esteem. They provide suggestions for how to achieve these things through “culture keeping” activities (Jacobson 1-12), by providing children with books, clothing, music, household décor, and food from their birth country’s culture and having them attend “culture camps” and birth culture-specific dance, music, or language lessons, as well as exposing them to “same-race” role models, teaching them about racism, and taking them on “homeland visits” to their country of birth.

Adoptive parents speaking at various workshops I attended clearly had absorbed, and participated in reinforcing, these messages. They talked about the degree to which their children were exposed to “their culture.” Guest speakers who had adopted from Asia made assertions such as “we are an Asian-Canadian family” and spoke of Mandarin lessons, haircuts in Chinatown, involvement in ethnic festivals, and a commitment to cooking Asian food in the home several times a week. Some parents may find it hard to know how best to accomplish cultural transmission or have stereotypical ideas about what “culture” is; one listserv discussion about hiring Chinese nannies included comments from a mother who expressed disappointment that “not much culture was imparted” by her nanny who “didn’t really know how to do this or what was important.”

The cultivation of cultural heritage connections can be pleasurable, while at the same time being both demanding, and a source of self-scrutiny and stress.

Many “culture keeping” activities involve an extensive investment of time and money, and demand that mothers balance competing demands between cultural socialization activities and other extracurricular activities (Jacobson 95). Balance also means ensuring that there is neither too much, nor too little, emphasis placed on cultural heritage, since—as a newsletter article provided in one adoption agency’s educational materials asserts—too much emphasis is likely to create a feeling in the child of exclusion, while too little devalues this aspect of the child’s identity. The responsibility to appropriately expose one’s child to his or her birth culture can be overwhelming. Heather Jacobson found that mothers who had adopted from China felt enormous pressure to “do it right” and felt judged by other China-adoptive families if they did not (85-143); she and Rosanna Hertz (129-131) both discuss how adoptive mothers judged themselves negatively if their connections to their children’s birth culture were “inauthentic,” that is, largely symbolic or limited by social and geographic barriers to the adoption community alone. Adoptive parents speaking at one workshop I attended also feared that their efforts at reproducing Asian culture would be judged as inauthentic by their Asian immigrant friends. The stress of addressing these concerns may be particularly intense for single mothers, who have to manage multiple forms of family “difference.” Hertz cites transracially adoptive single mothers as experiencing feelings of tremendous responsibility toward culture and race, being daunted by trying to “do it all” as a single parent, and fearing that by embracing so many forms of “difference” they might be exposing their children to too many identity challenges (104-132).

In addition to highlighting the importance of “birth culture,” adoption workshops and literature emphasize the importance of an awareness of racial identity and racism. On one hand, workshop speakers who are adoptive parents relate experiences of racism in the context of the transracial family, most frequently via stories of dealing with “supermarket” encounters with strangers who make offensive comments or ask intrusive questions about the children of different-race parents. On the other hand, social workers at one workshop I attended explained that while racial minority children may benefit from “white privilege” while in their white parent(s)’ presence, once they achieve independence they will begin to be treated more as minority persons, and will need to be adequately prepared for this eventuality. Interestingly, the emphasis in educational sessions is largely on individual encounters with racism, with no promotion of an awareness of systemic racism, nor any attention to how racial hierarchies might result in different experiences of racism and therefore the need for different messages to be conveyed to children of different (e.g., Asian vs. African) origins. Yet even at the basic level of racial awareness promoted in parental education, the need to engage issues of race with one’s

child represents a challenge for the largely white adoptive parents who have no embodied experience with being the targets of racism. The demand to provide “same-race” role models and education on racism requires that white mothers step outside of their experiences, their comfort zones, and often, their existing social networks. The intensive mothering associated with parenting a transracially and/or transculturally adopted child thus not only demands time, energy, and resources, but is also laden with moral overtones, self-scrutiny, and social visibility for mothers who have an earnest desire to cultivate racial pride and birth-culture awareness in their children, yet may fear that their lack of experience with these things ill-equips them to do so.

Conclusion

Canadian choice single mothers who adopt transnationally take on not only the intensive mothering that has become normative in their largely middle-class social environments, but also expectations that they will invest additional time and energy to raise healthy children in spite of their supposed “disadvantages” as single women forming families through non-biogenetic kinship and across racial and cultural differences. If good, intensive mothering is “construed as *child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive*” (Hays 8), it is even more so for the single adoptive mother who must meet a host of additional demands associated with “good mothering,” and do so as the sole parent responsible for her child’s well-being. In my interactions with other single adopters, I have found that at times they resist social scrutiny and assumptions that their families will be characterized by deficiencies that need to be mitigated through intensive mothering, privately challenging the assumptions of social workers and others about their children’s disadvantages and “special needs.” Simultaneously, just as Rosanna Hertz found in her study of choice single mothers, it is clear that these mothers may also conform to societal expectations and expend great effort to ensure their children’s well-being and approximate the sense of belonging taken for granted in biogenetic heterosexual nuclear families. The implications of these additional demands and efforts to meet them, both positive (for child well-being) and negative (for maternal strain, both psychological and physical) remain to be explored in greater detail.

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