Title

A grounded theory study of conditions and processes of supportive interactions for single mothers

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Publication Date

1991

Peer reviewed|Thesis/dissertation

A GROUNDED THEORY STUDY OF CONDITIONS AND

PROCESSES OF SUPPORTIVE INTERACTIONS FOR SINGLE MOTHERS

DEDICATION

This dissertation is dedicated to the women who shared their stories and time as participants, and to Kimberly Marie.

ACKNOWLEDGEMENTS

It is impossible to acknowledge all of the individuals who have taught, encouraged, and inspired me as I have developed in my nursing career. My interest and commitment to research in this area have been motivated by the families that I have had the opportunity to know through my clinical practice. It goes without saying that my own family has carried me through the years, this project being just one of many ventures. The understanding provided by Ginger Hammond, Magnus Persmark and my in-laws during the final writing of this project was heartwarming and accepted with much gratitude.

As I have worked on this dissertation, I have greatly appreciated the support and excellent criticism of my committee members: Dr. Jane Norbeck, my sponsor who has provided a wonderful example of a scientist who remains human; Dr. Mary Duffy, who gave me the opportunity to do pilot work in the field; Dr. Bonnie Holaday, who has encouraged me and endured from (pre) prelims through the dissertation; and Dr. Linda Chafetz, who not only provided perceptive critique but encouraging boosts as well.

My qualitative analysis could not have been as rigorous and potentially rich without the input of members of three qualitative groups: members of S214C led by Dr. Anselm Strauss; a group of colleagues in a qualitative seminar led by Dr. Juliet Corbin; and a small group of students, in particular, Donna Barnes and Sheigla Murphy, who met with me informally on an ongoing basis. My appreciation of their contribution to my analysis is quite sincere.

My entering class of doctoral students was especially valuable to me in making it through this process. There are many but among these are Susan Kools, Joie Whitney, Annemarie Kesslering, Basia Tack, Hae Ok Lee, and Fusae Kondo. I must also mention the spouse, child, and canine associations from this group. My association with my (ex) roommate, Karen Schumacher, has been valuable, not only because of the professional colleagueship provided, but because of our deepening and cherished friendship as well.

I could not have completed this project as expediently had it not been for the financial support from a variety of sources. The traineeship from NIH was helpful during my early doctoral study. An NRSA from the National Center for Nursing Research, along with Century Fund support from the UCSF School of Nursing, enabled me to concentrate on the dissertation during the past year.

Finally, staff members from USCF who have sustained me are last but not least. Among these are the women and men of the 4th and 5th floors at the School of Nursing. Jeff Kilmer has provided expert editorial assistance. And although my meetings for statistical input with Steven Paul have been brief, they have always been enlightening.

ABSTRACT

A GROUNDED THEORY STUDY OF CONDITIONS AND

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Rosalie Hammond

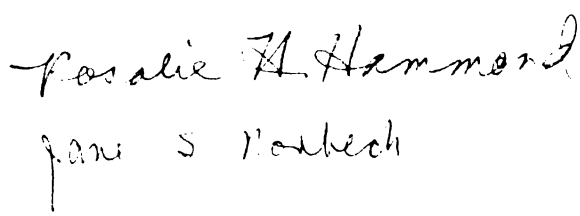
The purpose of this study was to explore the process of engaging in socially supportive relationships by single mothers. A secondary purpose was to examine the association between support and well-being as indicated by self-report measures of emotional distress and health perception. Findings are based on qualitative analysis of interview and diary data using strategies of grounded theory, and quantitative analysis of diary data and health measures using correlational and descriptive statistical techniques.

Twenty-one single mothers between the ages of 21 and 47, with at least one child between the ages of 18 months and 10 years, were interviewed using a semi-structured interview focusing upon their descriptions of support and the circumstances associated with supportive interactions. A daily diary of supportive contacts was kept over a four week period following the interview. Emotional distress was assessed at weekly intervals using the Center for Epidemiology Scales-Depression. At completion of the diary, health perception was assessed using the Rand Medical Outcomes Survey-Short Form.

Qualitative findings resulted in a description of the experience of "getting on with life" in the context of single motherhood, and of the role of supportive relationships to this process. The diverse ways of functioning as a single parent were categorized into three groups based upon the women's descriptions of how things were going for them. The

three levels of experience that emerged from the data were struggling, keeping going, and managing. There were qualitative differences between the experiences of the mothers within each group among which were those related to the nature and quality of ongoing interpersonal relationships. Particularly salient to the degree of difficulty or ease with which the women were getting on with life was their economic status, their opportunity for improving their current situation, such as level of education or job training, and the nature and quality of relationships that they had available to them. For this sample, women with a preschool-aged child were also more likely to be categorized as struggling. Quantitative analyses of diary data revealed that women categorized as struggling had significantly higher scores indicating greater emotional distress, and perceived themselves as less healthy compared to the women who felt they were managing.

The findings from this study accentuate the need to continue to examine supportive relationships within their broader socioeconomic contexts, and to include assessment of negative or conflictual aspects of relationships as well as their supportive qualities. The relationship of support to health indicators was more fully understood when viewed in the context of ongoing daily conditions, such as lack of respite from caring for young children, ongoing financial strains, and relative social isolation.



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CHAPTER 1

THE STUDY PROBLEM

Introduction

The purpose of this study was to explore and analyze the process of engaging in socially supportive interactions by single mothers. The impetus for this study arose from this researcher's extensive experience in providing care to diverse groups of children and their families. Conditions, such as poverty and social isolation, have been associated with decreased well-being in families. Single-mother families are more often subject to those factors that negatively affect well-being than are two parent families. Nevertheless, many mother-only families function well in spite of seemingly difficult circumstances. Among the factors that appear to attenuate adverse outcomes is involvement in socially supportive relationships. This study focused on social interaction, social support, and the conditions that emerged as salient to supportive interactions in a sample of single mothers.

Statement of the Problem

A combination of social and demographic trends has prompted this study of the factors that influence health in mother-only families. In the past three decades, the number of single-parent households headed by women has steadily increased (McLanahan and Booth, 1989; Sidel, 1986). In 1960, one in ten children lived with only one parent as compared to one in four by 1990 (U.S Congress, 1990). Along with this increase has been a rise in the number of mother-only families living below the poverty line (Bane and Ellwood, 1989; Children's Defense Fund, 1988;

Sidel, 1986). For all U.S. families, the median family income decreased 5.8 % between 1970 and 1985. Between 1967 and 1985, mother-only families constituted the poorest of three demographic groups (persons over 65 years, male-headed households with children, female-headed households of children) (McLanahan and Booth, 1989). Furthermore, because of low paying jobs, lack of child support, and the burden of having to be both nurturer and provider, many women are not able to lift their families out of poverty (Bane and Ellwood, 1990; Mauldin, 1991). Statistics confirm that from 1959 to 1984, the number of women in poverty has been consistently higher than the number of men, and that women in poverty remain so for longer periods of time than their male counterparts (Wilson, 1987).

Conditions, such as poverty and isolation have been implicated in the health outcomes of both women and children. In addition to being at risk for economic hardship, single mothers are more isolated, perceive more distress, and are at greater risk for depression than are partnered women (Belle, 1982; Belle, 1990; Hall, Williams, and Greenberg, 1985; McLanahan and Adams, 1987; Mirowsky and Ross, 1986; Ross and Huber, 1985). Their children are at greater risk for behavioral and developmental problems as well as abuse and neglect, especially when single motherhood and poverty coincide (Corse, Schmid, and Trickett, 1990; Gelles, 1989; Parker, Greer, and Zuckerman, 1988; Pascoe and Earp, 1984).

Although women are at greater risk for certain problems when they are the sole parent and head of household, most survive the stresses of their living circumstances without developing depression (Brown and Harris, 1978). Some women report a sense of accomplishment and

increased sense of self-worth when they have been able to overcome the stresses of managing children and household successfully (Belle, 1982; Hammond and Duffy, 1989). Although environmental, social, and personal stressors have been implicated in the detrimental health outcomes for members of mother-only families, the relationship of the factors to health is complex and warrants further examination. Because of the wide range of human responses to seemingly similar stressful conditions, a more detailed understanding of factors that serve to facilitate or constrain functioning and well-being in the context of single parenthood is needed.

In the literature, social support surfaces as a major factor that influences the well-being of women and their children, and is believed to enhance well-being directly as well as indirectly by acting as a buffer in stressful situations. Social support is generally accepted as emotional or instrumental aid provided in an informal and interpersonal context (Norbeck & Tilden, 1988). There is evidence that the presence of social support as perceived by the mother is associated with psychological health, while lack of support is associated with the occurrence of depression in the face of ongoing life stress (Belle, 1982; Brown and Harris, 1978; McLanahan and Adams, 1987; Parry, 1986). Single mothers report less perceived quantity of support than partnered mothers, but this is not always associated with increased distress in the mother or child, especially when other conditions such as income are considered (Hall and Farel, 1988; Weinraub and Wolf, 1983).

When dealing with separation or divorce, women tend to use existing networks for support. Their level of distress or sense of the mother's well-being depends on the quality of support available from family and

friends (D'Ercole, 1988; Issacs and Leon, 1986; Kurdeck, 1988; Leslie and Grady, 1988). Duffy (1989) noted that qualities of supportive relationships, particularly continuity, availability, and understanding, were important to women as they made the transition through divorce to single motherhood. The role of support in the well-being of the single mother, and conditions under which it is offered or received need further study. Because little is known about the process of engaging in supportive relationships, here, too, further examination is warranted.

Purpose

The purposes of this study were two-fold: (a) to explore and describe the process by which single mothers engage social support by and (b) to explore the association between support and the perception of well-being, as indicated by self-reported health status and a measure of emotional distress. Effort was made to search for conditions influencing access, engagement, and utilization of support, including income and age, which previous correlational research has associated with support, health, and psychological distress. Because of the exploratory nature of the study and the emphasis on the process of engaging support, qualitative methods were used primarily. Quantitative data were explored with descriptive statistics. The exploration of quantitative data was driven by findings from the qualitative analysis.

Significance

This study has both theoretical and clinical significance. In the current social support literature, supportive relationships are thought to be influenced by a variety of factors. Of these, social factors and

personal factors dominate the literature. Examination of the nature and circumstances of diverse supportive interactions as they relate to psychological well-being can increase understanding of the role of these factors in supportive relationships.

There is much evidence that social support influences health outcomes, with a general assumption that persons with available supportive relationships tend to have improved physical and psychological health outcomes (Broadhead, et al., 1983; House, Landis, and Umberson, 1988; Thoits, 1982a,b). Much of this literature assumes that stress is present, and that social support affects health indirectly through stress buffering (cf. Thoits, 1986). Cohen (1988) noted that the direct effects of social support, as evidenced in the studies of mortality or onset and incidence of disease, are primarily related to indicators of social integration, a structural index of social ties. He noted that studies conducted to examine the stress-buffering (indirect) effects of support have found the *perception* of availability of support to be more highly associated with health than other empirical indicators of social support.

The association between support and health is often a modest one with many factors apparently contributing to the health promoting function of support, such as timing (Jacobsen, 1986), type and source of support (Issacs and Leon, 1986), personal characteristics of the recipient (Brown, Andrews, Harris, Alder, and Bridge, 1986), and sources and type of stress (Avison and Turner, 1988; Brown, Bifulco, and Harris, 1987; Ross and Mirowsky, 1989). A more indepth look at supportive relationships in a sample having similar stressors (e.g., single parenthood), provides insight into the support process, and delineates

salient dimensions affecting the perception of need, availability, engagement, and consequences of support.

This study contributes in a practical sense by providing specific data that may serve to guide nursing interventions for populations at risk due to social status or economic hardship. For example, many preventive interventions in community mental health, pediatrics, and child development advocate increased support or enhancement of linkages to existing social networks as one of the intervention strategies. Because many of the interventions are multifaceted (cf. Olds et al, 1986, 1988) and expensive, more specific knowledge as to properties or conditions that open clients to this type of intervention is needed to increase the effectiveness of the interventions. From a clinical point of view, it appears that people most at risk for serious problems e.g., child abuse, severe mental disorder, or chronic illness, are the same people who are least likely to have their own supports or to utilize support services available in the community (Hunter, Kilstrom, Kraybill, and Loda, 1978). It is possible that the modest effect size in the results of some intervention programs may be due to inappropriate targeting of supportive interventions and studies of subsamples of risk groups may warrant different approaches. By documenting engagement and utilization of supports in a sample of single mothers across incomes, this study begins to address issues that would be pertinent to intervention strategies.

Research on single parenthood that has examined the relationship of stress and social support to health has not focused on the process of engaging support by the mother. Researchers who have examined factors that influence support seeking, reception, and utilization of support

cite the need for indepth studies that will provide new data on the process of engaging support. They further suggest integrating aspects of the individual and the environment by studying the process in its social context (Caspi, Bolger, and Eckenrode, 1987; Coyne and DeLongis, 1986). This study attempts to address this situation.

CHAPTER 2

REVIEW OF THE LITERATURE ON SOCIAL SUPPORT AND MATERNAL HEALTH

Introduction

The theoretical and research literature regarding social support is vast and grows daily. The literature reviewed for this research focuses on but one aspect of social support, that which illuminates the role of social support in the health and well-being of mothers and which potentially influences the engagement process. Because this was primarily a qualitative study seeking to understanding a phenomenon from the subject's point of view, strict definitions of social support were not used. Broadly speaking, however, support is a social resource, and a supportive interaction is that which involves the provision of emotional or instrumental aid arising out of an informal, interpersonal interaction (Norbeck & Tilden, 1988).

This literature review concentrated on two areas. First to be examined are studies that look at maternal health, specifically those with an emphasis on psychological health and well-being. In this section, both qualities of social support and consequences in terms of these health outcomes are reviewed. Second, factors influencing engagement and utilization of social support are presented. In this case, both personal and environmental factors (resources) are considered.

Motherhood, Social Support, and Well-being

Studies were chosen for review in this section if they appeared to add to the understanding of the role and function of social support for

parents in general, and for single mothers in particular. In part one of this section, evidence of the role and need for social support during parenthood is provided. This is followed by a presentation of research that examines the role of social support in parental health, looking closely at the relationship between support and physiological and psychological well-being in one section, and to support and maternal-child interaction, parental functioning, and child outcomes in another. This separation is an arbitrary one, chosen as a means to help sort through the diverse literature on parenting and family functioning. Part three of this section focuses in more detail on research into the potential role of support in the lives of low-income, single mothers, a group known to be at increased risk for psychological distress when support is lacking.

Role and Need for Support

In this segment, evidence is presented that suggests the importance of social support to parental role functioning. Societal changes that have an impact upon the need for support are mentioned. Belsky (1984) included contextual sources of stress and support as one of three major determinants of parental functioning in his process model for parenting, the other two determinants being personality/ psychological well-being of the parent and characteristics of the child.

Empirical studies provide evidence backing the contention that both stress and support arising from social relationships are important to family well-being (Pittman and Lloyd, 1988). Research on adaptation to parenthood showed that many aspects of child-rearing are associated with distress, especially for the mother (Belsky, Spanier, & Rovine,

1983; Cronenwett, 1985; Majewski, 1986; Mercer, 1986; Miller & Sollie, 1980; Pridham, Egan, Chang, & Hansen, 1986; Ventura, 1987). While parenthood is often associated with distress, there is evidence to suggest that support from others is helpful and necessary for the new parent, and enhances the mother-child interaction (Crnic, Greenberg, Ragozin, Robinson, & Basham, 1983). Particularly important to parental functioning and well-being during the first year of parenthood was support from one's partner (Crockenberg, 1981; Cronenwett, 1985; Stemp, Turner, & Noh, 1986). Social isolation and lack of social support were often cited as factors in maladaptive parenting (Adamakos, Ryan, Ullman, Pascoe, Diaz, & Chessare, 1986; Cochran & Brassard, 1979; Corse, Schmid, & Trickett, 1990; Polansky, Gaudin, Ammons, & Davis, 1985), though the influence of poverty on parenting may be the most powerful factor in this association (Halpern, 1990).

These studies imply that single mothers, especially those without financial resources, are at greater risk for isolation, parenting problems, and symptoms of distress than are partnerned mothers. Other research supports these findings as well (Belle, 1982; Colletta, 1983; Parry, 1986; Sameroff & Chandler, 1975; Weinraub & Wolf, 1983). The divorce literature provides evidence that the source and type of support provided to divorcing mothers has implications for maternal and child health, and may help to explain why single mothers are more isolated and at risk for depression (Bursik, 1991; Kurdek, 1988; Leslie and Grady, 1988). In these studies, women with dense, kin-filled social networks had more evidence of psychological distress following separation or divorce.

As noted in Chapter 1, recent social and economic trends in the United States led to an increase in female-headed, single-parent families and in women entering the workforce (McLanahan & Booth, 1989; Sidel, 1986). In addition, McLanahan and Adams (1987) noted a simultaneous decline in the economic value of children and in the importance of the parental role as a focus of identity. At the same time, there is evidence suggesting changes in the stressors and satisfactions associated with parenthood that potentially adversely affect the psychological well-being of parents and make it more difficult for parents to feel that they are in control of the child-rearing process (McLanahan & Adams, 1987).

The present lack of societal support for new mothers in the United States was mentioned as a factor influencing maternal caretaking behaviors (Crockenberg, 1985). In comparing teenage mothers from England and the U.S., Crockenberg noted that British mothers engaged in more smiling and talking to their infants and were quicker to respond to their infant's cry than their American counterparts. She attributed the differences in behavior to the amount of regular, home-based professional support provided to the British mothers after the birth, and noted the lack of these services for American mothers. In this study, she matched subjects according to maternal age, parity, and marital status and controlled for factors such as maternal attitudes, family support, daily support, and stress. It should be noted that her study sample was small (N=42, 21 in each group) and, as designed, the study does not rule out cultural patterns of interaction as a possible explanation for differences in maternal behavior.

A study of middle class parents suggested that existing services and supports were felt to be inadequate in fostering parental role functioning (McKim, 1987). In a descriptive study, McKim interviewed 184 (married) parents during the first year of their infant's life. Results indicated that support was felt to be inadequate for dealing with infant behaviors and concerns that occur early in the transition to parenthood, e.g., information about normal development and age appropriate activities.

The research on recently divorced women provides further insight into the role of support in the well-being of single mothers. Current research shows that women tend to use existing networks for support at the time of divorce, although the process of divorce may actually lead to decreased access to past supports, relocation, and sometimes a change in social status (Henderson and Argyle, 1985; Kurdek, 1988; McLanahan and Booth, 1989). Wilcox's (1981) study showed that women were adjusting satisfactorily to divorce and had less dense networks than those with unsatisfactory adjustment.

In a study of stress, coping, and social support of 83 single mothers, D'Ercole (1988) found that support from friends and co-workers, rather than from family, was significantly related to well-being as reflected in measures of strain, self-esteem, and financial and parental coping. She also noted that social support for the mothers in this sample, when available, generally came from a smaller rather than a larger supportive network. Leslie and Grady (1988) studied the adjustment to divorce and two aspects of social support, social embeddedness and enacted support, using a sample of 38 divorcing mothers who were interviewed twice during a one year period. Contrary to

expectations, they found that dense, kin-filled networks were associated with lower psychological well-being and more conservative attitudes towards women. Duffy and Smith (1990), reporting on a longitudinal study of providers of support to recently divorced mothers, gave some insight into this phenomenon. They noted that if a woman's personal goal is personal growth and change, this goal is promoted best through a network of new friendships. When networks are dominated by family members or a male who replaces the ex-husband as the dominant source of support, stability rather than change is promoted due to a continuation of traditional beliefs.

In summary, research shows that there are stresses associated with parenthood, and that support, especially support from partners, increases the ability to cope with the stresses of this role. Recent trends suggest an increase in single-parent, female-headed households, in the degree of stress encountered in parenting, and in the extent to which need for support is unmet. Both the source and type of support provided is significant to the well-being of single mothers. The evidence suggesting an association between stress and support points to a need to include stress as one of the variables in studies that examine the relationship of social support to the well-being of mothers. The additional stressors of poverty and lack of intimate support contribute to the chronic strain and isolation that many low-income single parents experience (Belle, 1982).

Parental Social Support and Well-being

In this section, the relationship of social support to well-being and optimal functioning of parents will be reviewed. In many of the

social support reviews, health is often separated into its physical and psychological components (distress) (cf. Kessler & McLeod, 1985; Wallston, Alagna, DeVillis, & DeVillis, 1983). This review will focus upon psychological well-being with only a brief review of studies examining physical health. An additional category of studies is included under the heading "maternal-child interaction, parental functioning, and child outcomes." The latter category represents an indirect reflection of maternal well-being and social health, based on the implication often found in pediatric and child development literature that maternal functioning and social and mental well-being are strongly related to the health and development of the child (Altemeier, O'Conner, Vietze, Sandler, & Sherrod, 1982; Cochran & Brassard, 1979; Elardo, Bradley, & Caldwell, 1975; Hall & Farel, 1988).

Much of the work examining the relationship between support and maternal or child well-being was restricted to studies of transition or adjustment to parenthood (cf. Belsky, Spanier, & Rovine, 1983; Cronenwett, 1985; Cutrona, 1984; Mercer, 1986; Reilly, Entwisle, & Doering, 1987; Stemp, Turner, & Noh, 1986) which typically investigated a family from the birth of the first child until the child's first birthday. An effort was made to locate studies that evaluated the role of support in the period after the initial transition to parenthood. The majority of such studies examine either the role of social support in relationship to maternal stress (e.g. poverty, divorce), measuring maternal psychological indices (Hall, Williams, & Greenberg, 1985; Parry, 1986) or the influence of support on parental functioning as evidenced by maternal-child interactions or child developmental and behavioral outcomes (Norbeck & Sheiner, 1982; Weinraub & Wolf, 1983).

These will be discussed below and should provide examples of support in a variety of contexts.

Physical Health and Well-being

Of the studies reviewed, only a few investigated aspects of physical well-being. In those studies where support was related to aspects of physical health, health was operationalized either as self-reports of maternal illness over a specified period of time, maternal (or parental) reports of child health, or the self-reported maternal practice of health-enhancing behaviors.

Two nursing studies addressed the relationship of maternal or child physical health to maternal social support. In an early study, Smiley, Eyres, and Roberts (1972) reported on the relationship between mothers' behaviors and attitudes and the maternal report of her infant's health. The sample consisted of 403 urban mothers interviewed in the hospital at the time of birth and again three months later in the home to determine reported incidence of infant illness. The sample was predominantly low-income (36%) or "middle income" (less than $10,000/year, 46%), black (88%), and married (68%). Among the findings, it was noted that "... mothers who had to manage homemaking chores on their own had more illness among their babies" than those who had assistance (Smiley, Eyres, & Roberts, p. 478). The qualitative interview data showed further that mothers who had reported feeling anxious or nervous also reported more infant illness, and these same mothers were more likely to be unmarried and isolated.

These findings suggest that both instrumental and possibly emotional support were associated with health indicators in this low-income sample, but they were based on what appears to be observation and

open-ended responses to interview data, and there is evidence of confounding of reported illness with self-reported maternal psychological state. The findings of this early study are interesting and provide information on the importance of support to mothers, but also demonstrate the need for more reliable and valid measures as an indication of both support and health, as well as the need to assess a more objective indicator of health status.

In their study of life stress and maternal illness, Lenz, Parks, Jenkins, and Jarrett (1986) hypothesized that life change after the birth of the baby would be positively related to maternal illness and that instrumental support would be negatively related by serving as a buffer against life stress. They defined instrumental support as the provision of material assistance and services to assist with parenting, measured using a structured interview. They indicated that the purpose of their study was to empirically confirm an indication in previous work that instrumental support was related to parental health outcomes. They noted that empirical support existed showing that increased maternal stress follows the birth of a baby and that emotional support was beneficial to the postpartal adjustment to parenting, but that the role of instrumental support was unclear. In their discussion, they noted Thoits' (1982a) article, stressing the need to consider social support as a multidimensional concept and to examine the function of a specific type of support.

They did not find evidence that instrumental support served as a buffer against illness in mothers of six month old infants (Lenz, et al., 1986). This convenience sample of 155 mothers was heterogeneous in regard to age, educational level (ranging from 7th grade to

postgraduate), and marital status. Income data were not presented. Mothers were interviewed about life changes, instrumental support, and episodes of maternal illness. Results from 142 respondents indicated that both the number of life changes and network size had a direct effect on the occurrence of illness, but there was no association of instrumental support and life change to illness. The source of support and type of services provided to mothers were unrelated to illness. Evidence of a buffering effect of social support may have been evident had a broader measure of support been used. Cohen (1988) noted that health outcomes associated with stress are found to be buffered by support when support has been measured as perceived support but not when more objective network measures are used. Whether perceived availability of support served to buffer the effect of life change in this study cannot be determined because the data presented information related to received instrumental support. The direct relationship between network size and occurrence of illness in this study supports Cohen's (1988) report that structural aspects of support have been directly related to health outcomes in previous research.

Duffy provided evidence that maternal health behaviors were also related to social support, although social support was not a major focus of the investigation (Duffy, 1986). In a study describing the primary prevention behaviors (e.g. nutrition, exercise) of single mothers, Duffy (1986) found that for 64% of her respondents, the lack of personal support was among the barriers to the practice of healthy behaviors. Her findings suggested that support served as a motivator for women as they tried out new health practices. The findings were reported in a descriptive study of 59 single-mother families recruited through

community service agencies. Data were collected through a card sort of primary prevention behaviors and barriers to their practice, two interview guides, and a health diary kept over a two week period. A need to address duration, types, and intensity of social support was mentioned based on findings from this study.

In a large national study focusing on the impact of divorce on children (Guidubaldi & Cleminshaw, 1985), parents from intact families consistently gave higher ratings on health for their children than did single parents. Findings were based on a large sample size with data gathered through various methods and in different settings (home and school). It was noted that the income of the two parent families in the sample was significantly higher than that of the single-parent group. Difference in child health ratings could be related more to the mother's psychological well-being rather than actual health of the child (Mitchell & Moos, 1984), though this was not addressed. The confounding factors of low income and maternal psychological distress may have a greater effect on family health than the loss of support due to a divorce. The findings of this survey should be confirmed using a more objective indicator of child health and a more heterogeneous, demographic sample.

Summary. The evidence linking social support to physical well-being of mothers or children exists but is not abundant. This is due, in part, to the use of self-reporting as the indicator of health. In a recent evaluation of data from a national nutrition survey (N=4,375 from one sample and N=1,190 from a second), Angel and Worobey (1988) found the mother's report of her child's health to be complexly associated with cultural, personal, and social class factors. Their analyses

strongly indicated that a mother's report of poor health for a child was largely a reflection of her own psychological distress, as reflected through a valid and reliable standardized measure of depressive symptoms. The need to sort out influences of social class, income, and personal well-being is evident from the data analyzed by Angel and Worobey (1988) and from that presented by Guidubaldi and Cleminshaw (1985). The inability to draw consistent conclusions from data dealing with the relationship of social support to mother or child health is related to weaknesses in conceptualization and measurement of social support and to reliance on self-reports to determine health status. Both Duffy's (1986) and Smiley's et al. (1972) studies provided qualitative information that could guide further inquiry, indicating the need to gather more information on the specific type of support and the personal and environmental factors associated with social isolation.

Psychological Well-being

In this segment, investigations which provide information regarding the relationship of social support to maternal mental health are reviewed. Much of the evidence suggesting a beneficial role of social support to maternal mental health has come from studies of divorced parents, comparisons of single- and two parent families, and studies of depression (Colletta, 1983; Pearlin & Johnson, 1977; Radloff, 1975). Past evidence citing the prevalence of psychological distress in mothers as compared to groups similar on other demographic variables is presented briefly. This segment focuses on studies that examine the role of social support in relationship to psychological well-being. The basic assumptions in many of the studies reviewed are that parenthood, especially single parenthood, is associated with stress, and that

provision of more social support should have a beneficial effect on the mental health of mothers.

Kessler and McLeod (1985) made reference to a study conducted by Brown, Bhrolchain, and Harris (1975) which indicated that women, especially those in lower social classes, were at greater risk for psychiatric disturbance. Brown et al.'s (1975) study was one of the earliest to provide evidence that social support may buffer life stress. In their sample, women with intimate relationships exhibited significantly less depression than women in similar circumstances who lacked that type of relationship. In an effort to build on these findings and those reporting similar results (Kessler, Pearlin, & Schooler, 1978; Kessler, 1979), Thoits (1982b) conducted a secondary analysis of data from a large community survey and found strong support for the hypothesis that disadvantaged groups, including women, single women, and persons with low income and occupational status, are more vulnerable to life stress as indicated by a measure of psychological distress. She did not find support for the hypothesis that social support had a buffering effect on stress and attributed this to the likelihood that the social support indicator was inadequate (a structural aspect of support in this case). In other surveys, findings continued to supply evidence that economic hardship is associated with depression, especially for women and mothers of young children (Ross & Huber, 1985; Coleman, Ghodsian, & Wolkind, 1987).

One would expect that single parents would be at even greater risk for psychological distress than their married counterparts. There is some evidence to support this notion. Nancy Colletta's (1983) study of 75 teenaged mothers is one frequently cited to provide confirmation that

social support is beneficial to the mental health of mothers. In this study, she found that levels of depression increased in relation to the amount of stress experienced by the mothers, but decreased when the mother was involved in a supportive social network. As was the case in other studies, social support was directly related to lowered depression symptoms when assessed through a network indicator (i.e. marital status) and indirectly in association with level of stress when assessed through the perceived available functional support, including both emotional and material assistance.

Studies suggesting that increased incidence of psychological distress is found in single as compared to divorced mothers, do not provide consistent information regarding the role of social support. A study comparing individuals (N=790) over a four year period found an increasing incidence of depression and economic decline for those undergoing divorce (n=32 versus n=758 remaining married) during the study period (Menaghan & Lieberman, 1986). This difference in depressive affect remained significant for the two groups even after controlling for demographic factors and indicators of life change. There was no evidence in the results that social support had a beneficial effect. Support was operationalized by the presence of a confidant; there was no difference in the presence or absence of a confidant for married and divorced subjects, indicating that this type of support did not serve as a buffer against depression in this sample. The small number of divorced subjects available for comparison may have threatened the validity of the findings.

In a study of 73 recently divorced mothers, Tetzloff and Barrera (1987) did not find strong evidence to support the specificity of

buffering effects for types of support and stress, though they did obtain results supporting a direct correlation between tangible aid and reductions in depression and psychological symptomatology. They operationalized social support with a measure intended to assess perceived functional support in a study that sought to develop stress and support scales specific for divorced mothers. The scales were devised to assess stress and support in the areas of economic concerns, social/interpersonal, and parenting. Support for parenting served as a buffer to depression in the divorced group only when low parenting stress was assessed. They did not assess demographic variables in relationship to mental health. The researchers cited sample size and the nature of the population chosen for the study (a large attrition rate of the original sample pool left a more "stable" sample) as possible explanations for the lack of interactive effects between types of support and stress.

Gerstel, Reissman, and Rosenfield (1985) surveyed a large group of men and women (N=757) to examine the relationship of marital status, material resources, and social support to mental health in an effort to understand why marital breakup is associated with symptomatology. While both men and women showed a decline in mental health status following separation/divorce, the results were quite different for the two gender groups. Controlling for age and education in regression analyses, income and number of children were more strongly associated with mental health status for women than for men. Both men and women showed evidence of a relationship between social network dimensions, loneliness and perceived burden, and mental health. In this analysis, there was not a significant relationship between marital status and symptomatology

when social network dimensions and material resources were considered. These findings suggest that, due to economic status and child care responsibilities, single parenthood may have different implications for the mental health of women than for men. The relationship between material resources and social network dimensions is not clear and warrants further investigation.

D'Ercole (1988) studied the relationship between stress and strain, and examined social support, the psychological resources of self-esteem, and coping as factors affecting stress in a sample of 83 single mothers. The sample consisted of predominantly low- to middle-income women, a large portion of which had college or postgraduate degrees. Seventy-five percent of these mothers were employed.

Data were collected through a self-administered questionnaire designed to give an indication of stress, strain (felt stress), and psychological symptoms and resources. Stress was assessed in the following areas: objective family income, a subjective measure of the standard of living, and role overload. Strain was measured in terms of financial strain, parental strain, and a global measure of psychological symptoms. Psychological resources of social support, coping responses, and self-esteem were also measured.

Consistent with previous research, she found that low income, inadequate standard of living, and role overload were predictors of strain for this sample. Social support from friends and coworkers contributed more to the well-being of the mothers than did task-related support from family members. The unrepresentativeness of the sample as well as the use of measures different from those in other investigations limit generalization of findings.

More recent studies dealing with the relationship of parental stress to functioning and well-being continued to provide insight into the role of support. Lynne Hall (1990) studied correlates of depressive symptomatology in a sample of 196 mothers of five and six year old children. She found that those with higher depressive symptoms on the Center for Epidemiology Depressive Scale (CES-D) (Radloff, 1977) were more likely to be unmarried, have less education, and have fewer financial resources. In addition to determining prevalence and sociodemographic correlates of depressive symptoms in mothers, she attempted to determine whether chronic stressors were associated with symptoms independent of other risk factors. She measured chronic stressors using a scale called the Everyday Stressors Index. This index is a 20-item scale containing questions about financial concerns, parenting worries, role overload, employment problems, and interpersonal conflict.

Logistic regression analysis was used to examine the ways in which everyday stressors predict depressive symptoms. With bivariate analyses, age, income, and education were found to be related to depressive symptoms. Education remained significantly correlated in the multivariate analysis. Everyday stressors were found to contribute significantly to the presence of depressive symptoms far beyond that accounted for by demographic factors. Her findings pointed to an accumulation of conditions over time that are related to the development of depressive symptoms. Although her study did not deal with support beyond the presence of a spouse, the findings point to the need to look at the complex conditions influencing well-being, and to include the day

to day concerns when looking at the relationship between social factors and psychological distress.

Ladewig, McGee, and Newell (1990) reported findings from a study conducted to examine the effect of support from spouses, friends, and relatives on the relationship between strains and depressive affect in women. Using family stress theory as a framework, they defined strains as felt tensions which represent sources of stress. They made a distinction between social support as a) a coping resource to use under stressful circumstances, b) a buffer that protects individuals from potentially negative environments, and c) a resource that benefits a person whether or not stress is present.

Their sample included 93 women aged 20 to 48 years who were chosen using purposive sampling techniques. Due to the existing evidence that mothers are at higher risk for depression, they recruited married women with young children who were heterogeneous with regard to race and employment status. The women in their sample were highly educated and over 50% were employed full time. Ninety-seven percent were married; 88% had children; 40% had infants; 57% had preschoolers; and 39% had schoolage children.

A questionnaire was administered to gather data on depressive affect, perceived emotional support, and life strains. Analysis with multiple regression suggested the following results. For this sample, support operated differently depending on source of support and type of strain. Results were consistent with the main effect hypothesis of social support to well-being in that support contributed independently to the occurrence of depressive symptoms. The coping hypothesis was also supported in the finding that depressive affect was related to

support for those experiencing a high degree of strain. Also for this sample, perceived strain in the areas of parental, marital, and financial domains were more important predictors of depressive affect with strain in parental and marital domains having greater influence than financial strains. Again, it appears that support is needed for women in the parenting role, but that stressors associated with the role must be considered when examining well-being.

In another study, social support was found to act as a mediator between stressors and outcomes in a sample of 214 mothers of preschool-aged children (Quittner, Glueckauf, and Jackson, 1990). The purposes of this study were to compare the impact of chronic, contextually defined stressors with life event stress and to test two mechanisms through which social support might serve to modify stress. They discussed the moderating (buffering) effect of social support to be one in which support is active under certain stressful conditions. This would be represented statistically through the interaction of social support with stress on the occurrence of symptoms of distress. In the mediating model, social support would serve as an intervening variable between the stressor and the outcome, and would be statistically represented in a path analytic model as accounting for the relationship between a predictor (i.e., stress) and a criterion (i.e., distress).

In this study, parenting stress was assessed using four measures. Two of the measures were derived from questions asked in the structured interview (Family Stress Scale and Parenting Routine Inventory), and the other two were preexisting measures with acceptable reliabilities and validities. Social support was measured with the Norbeck Social Support Questionnaire (Norbeck, Lindsey, & Carreri, 1981), The Arizona Social

Support Interview Schedule (Barrera, 1981), and the revised Kaplan Scale. Psychological distress was assessed using the CES-D (Radloff, 1977) and subscales from the Symptom Distress Checklist-90-Revised (Derogatis & Cleary, 1977). Multiple measures were used to strengthen the validity of the findings.

The sample included 96 mothers of deaf children and 118 matched controls. Differences were found between the two groups in some areas. In terms of stress, multivariate analysis of variance showed that mothers of deaf children reported more chronic stress and rated their children as more difficult than did mothers in the control group. They had more problems maintaining family routines and rated parenting as more stressful. There were no differences in life events between the two groups.

Mothers of deaf children reported smaller support networks with less frequent contact with friends or family. No differences were found in the amount of perceived support between the two groups, although mothers with deaf children were more likely to include professionals as a source of support. Distress scores were higher for the mothers of deaf children, but the pattern relating stressors to distress was the same for both groups.

Regression analysis did not provide evidence of buffering effects of support in this sample, but rather direct effects with perceived support accounting for significant variance in distress scores. Network support did not buffer the mothers from child or parenting related stressors, thus confirming past observations that network or structural aspects of support are less important than perceived support in the stress-illness relationship.

With path analysis, the data fit a model in which perceived and network support mediated the relationship of maternal stressors to psychological distress (Quittner, Glueckauf, & Jackson, 1990). For child related stressors, the relationship to psychological distress was more direct. These findings implied that mothers benefit from support in their feelings of parenting competence, but that support cannot alleviate the stress associated with concerns related to child behavior and management. As in earlier studies, greater maternal distress was associated with decreased network size and social contact.

Summary. To summarize, the studies reviewed in this section provide evidence that social support, when operationalized as marital status (Gerstel et al., 1985; Hall, 1990; Menaghan & Lieberman, 1986; Thoits, 1982b), tangible aid (Tetzloff & Barrera, 1987), available networks or perceived support from family or others (Colletta, 1983; D'Ercole, 1988; Ladewig et al, 1990; Quitner et al, 1990) has a positive association to maternal mental health. As was noted in Cohen (1988), direct association of support to health indicators was found in studies which conceptualized social support in network rather than functional dimensions. An exception to this in studies reviewed here was the Tetzloff and Barrera (1987) study which reported a direct association between a perceived indicator of tangible support and mental health. Further, when support is looked at in more depth as to sources and quality of support, not only is support associated with maternal well-being, but other factors, particularly material and personal resources and parenting related stress, appear to attenuate the influence of support on well-being.

There was evidence that standard of living/income status influences maternal mental health, but its relationship to social support and mental well-being remains unclear. Support did not affect depression over time in Menaghan and Lieberman's (1986) study, but this may be related to the measure of support and the discrepancy in group size between those remaining married and those not. In all of these studies there was an implicit (and sometimes even explicit) assumption that stress plays a part in the mental health status. Stress was conceptualized as marital dissolution, a deficit in material resources, or an increase in parental role responsibilities. Further research is needed to sort out the interrelationships among social and material resources, stressful life circumstances, and mental health. The need for longitudinal designs and methodologies that allow for consideration of the context of supportive relationships is evident.

Mother-child Interaction, Parental Functioning, Child Outcomes

In this section, studies which provide insight into the association of social support and well-being as reflected in maternal-child interaction, parental behavior, and child behavior and development are reviewed. The number of studies reviewed here is greater than those reviewed in the previous two sections, pointing to an increased focus on child versus maternal outcome as reflected in the literature. This area indirectly reflects well-being of the mother through assessment of maternal functioning and the outcomes felt to be associated with those behaviors.

In a review of personal social networks and child development Cochran and Brassard (1979) noted that support for parents can influence child outcomes in at least three ways. First, access to emotional and

material support can provide an environment for the parents that enables them to be more sensitive to children's needs. Second, direct provision of child-rearing assistance from network members can encourage or discourage particular patterns of parent-child interaction. Third, the network can provide parental role models that can facilitate or inhibit parenting behaviors. A lack of an alternative role model may be among the factors associated with abuse by parents who, themselves, suffered from maltreatment.

Much of the research on parental social support comes from studies focusing upon populations at risk for abuse or neglect (Polansky et al., 1985), or on parenting under adverse conditions (i.e. ill or handicapped child, prematurity) (Brandt, 1984; Crnic, et al., 1983; Pascoe & Earp, 1984). However, studies of low risk populations are available, providing insight into the role of social support in child development, a potential indicator of family well-being.

Research regarding the relationship of social support to parenting shows that parental social networks may influence socialization and development of the child (Bee, Hammond, Eyres, Barnard, & Snyder, 1986; Crnic, et al., 1983; Pascoe & Earp, 1984). Bee et al. sought to identify variables associated with child developmental outcomes in a longitudinal study of 193 families. They hypothesized that high levels of life change experienced by the mother would have a negative influence on the development of her child. Their sample consisted of working class and middle class mothers, most of whom were partnered. They analyzed data by dividing the sample into dichotomous groups of high or low support and high or low education. Social support was assessed from

data gathered through a prenatal interview focusing on functional support received from the father and others.

They found that for the sample as a whole, there was a small but significant relationship between life change and the child outcome variables obtained when the child was 48 months of age (Bee et al., 1986). However, they noted that when the maternal resources of education and social support are considered, only the low education, or low support groups maintained the relationship between life change (stress) and child outcomes. It is not clear whether those with low education also had the lowest income. A problem in interpretation of these findings comes from the fact that the level of support was assessed prenatally, while the child outcome data to which it is related was obtained four years later. It is possible that prenatal social relations have an impact on the later development, but it would be helpful to have a measure of support over time, its stability or change, in order to conclude that prenatal maternal support enhances child outcome.

Crnic and colleagues' (1983, 1984) longitudinal study of the relationship between maternal stress and social support and the maternal-child interaction and child developmental outcomes provides evidence that social support may serve as a buffer to the stresses of parenthood, as well as directly affect the outcome variables in a positive direction. A sample of 105 mother and infant pairs were studied over a period of 18 months. The mothers were interviewed at one, eight and 18 months after birth to obtain data on stresses encountered, perception of support by intimates, friends, and community, and maternal attitudes toward general life satisfaction and satisfaction

with parenthood. Mother-child interactions were observed when the infant was four, eight, and 12 months. Infant development was assessed through standardized testing at four and 12 months. The original sample consisted of 52 preterm and 53 full-term infants, but data did not show significant differences between the groups so the findings were reported on pooled data.

Their findings indicated that the mother's perception of intimate support was the most powerful predictor of maternal satisfaction with life and parenthood, and of maternal responsiveness to her infant (Crnic et al., 1984). Neither stress nor social support was related to infant developmental outcomes. The findings indicated further that intimate support was more strongly related to outcome measures through interaction with stress, although there was also evidence that this type of support had an important effect on maternal attitudes. Community support appeared to be related to maternal interactive behavior. Data were collected in a structured and consistent manner using reliable and valid measures. This study provided strong support for the contention that the mother's social support can be advantageous to her experience as a parent and her interactive behaviors with her child.

From a study of 69 infants discharged from a neonatal intensive care unit and their families, Pascoe and Earp (1984) reported that increased stimulation of the child by the mother (three years after discharge from an intensive care nursery) was associated with increased social support to the mother. Social support was assessed as that perceived by the mother to be available and satisfactory along with an indication of social network. They also evaluated a measure of life changes experienced by the mother and found support to be more strongly

associated with maternal provision of a stimulating home environment than was life change.

A subset of this cohort was comprised of a group individuals with low socioeconomic status who were considered to be "at risk" for problems associated with a disturbed parent-child relationship. This subset was observed to address the question of what level of prenatal support can predict subsequent stress in the mother-child relationship (Adamakos, Ryan, Ullman, Pascoe, Diaz & Chessare, 1986). From an original cohort of 198 mothers and their newborns, they were able to locate 58 pairs two years later. The findings are based on data from a sample of 38 who agreed to participate. Social support for the mother (including a network assessment as well as perceived availability of support) was more strongly related to stress in the mother-child relationship (negative) and to the provision of stimulation to the child (positive) than was socio-economic status or child characteristics. Stress in the mother-child relationship was evaluated through an instrument developed to measure the mothers perceptions of stress in the areas of parenting, child, and life stress. Both of the main effects for this study were determined by the mother's perceptions. The existence of a stimulating home environment was determined through the use of a reliable observational measure. This study provided clinically relevant information, but due to the small sample size and the number of statistical comparisons made, the statistical conclusion validity of the findings was questionable.

Others have also provided evidence that availability of maternal support is associated with favorable child development outcomes. In a study conducted to examine whether stress and social support influenced

maternal discipline of their young children, Brandt (1984) was unable to demonstrate the role of these variables in maternal behavior. Her findings indicated a "strong trend" for an interactive effect of stress and support on restrictive discipline. Her sample included 91, predominantly white, middle class mothers of six to 36 month old children. Her measures were reported to be reliable and valid. She noted problems in the multicollinearity of social support and stress, and suggested that this presents a methodological problem that must be dealt with in future research. Tetzloff and Barrera (1987) confirmed the existence of this problem and stressed that measures of stress and social support need to be distinguished on a conceptual basis and to be relatively orthogonal as well.

Crockenberg and McClusky (1986) found an association between mothers' social support and mother-child interaction at one year of age, though support was not as strongly correlated to maternal behavior as it was to the level of infant's distress during the observed interaction. The measure of social support in this study was cursory (though based on a detailed interview) and was derived from subtracting reported stresses from available supports. Support was not defined or delineated. The focus of the study was to examine the determinants of change in maternal responsiveness during the first year.

In an earlier report on what appears to be the same sample, Crockenberg (1981) investigated the relationship between infant temperament, mother's responsiveness, and social support to mother-infant attachment at one year of age. Support was defined as a person's social network which engages in activities and exchanges of an emotional or material nature. The measure of support was that described above,

and was obtained from data collected during a home interview when the infant was three months of age. Findings were reported on a sample of 48 mother-infant pairs, predominantly white, half working, half middle-class. The results indicated that social support was consistently beneficial to maternal-infant attachment, especially in the presence of an irritable infant (as measured in the neonatal period). A threat to statistical conclusion validity is present in the types of analyses that were conducted on a relatively small sample size (multiple regression analysis with six sets entered and chi-square with one and two frequencies in four of the cells) No power analysis was provided.

Norbeck and Sheiner (1982) studied a convenience sample of 30 single mothers of preschool children examining the relationship between sources of maternal social support and adequate parental functioning as indicated by professional ratings of parenting, child behavior, and development. Sources of support were obtained through a measure of important "others" and through a structured interview. Adequacy of parenting was rated according to pre-established criteria by professional staff. A discriminant analysis of support variables with parental functioning and child ratings found support from talking to network members significantly related to adequate functioning. An item analysis from the structured interview revealed that the lack of a close friend or availability of someone to call on for practical help was associated with problem parenting, while the lack of relationship with family members was related to child problems.

The finding that intimate support was related to parenting behaviors is supported by other studies (Crnic, et al., 1984; Stemp, Turner & Noh, 1986). Studies looking at the social network as one of

the environmental contexts that directly and indirectly influences child development (Bronfenbrenner, 1979, 1986), found that an association of family relationship to child problems could be theoretically explained through the direct influence of the familial social network on the child. Although the women in Norbeck and Sheiner's (1982) study were from low-income families, their educational level reflected middle class status. The findings suggest that both intimate and familial sources of support for single mothers have important implications for these woman and their children.

A study often cited as providing evidence of the beneficial role of social support to parental functioning is that of Weinraub and Wolf (1983). In spite of a small sample size (N=28, 14 single mothers, 14 married mothers), their careful choice of theoretically linked variables and measures, including an objective indication of mother-child interaction, lends strength to their findings. The measure used to indicate social support was based on both network and perceived dimensions of support. Their results showed that single mothers received less support than married mothers particularly in the areas of emotional support, parenting support, childcare support, and the extent to which they could confide in someone.

In this sample there was no difference between single and married mothers in the quality or frequency of maternal-child interaction. Weinraub & Wolf's (1983) was an exploratory study with interesting findings that suggest a need for further study to clarify the associations found between stress and support and single parenthood status. Particularly relevant to this study is the finding that, in a sample of women with adequate financial resources, maternal-child

interaction was no different for the single mothers than for their married counterparts, suggesting the need to consider financial and material resources along with personal factors in these studies.

Turner and Avison (1985) provided further evidence of the role of social support to parenting in a study of 371 Canadian women. This was a known groups comparison investigation in which the variables of social support, life stress, and social (locus of) control were examined on two samples using a discriminant analysis. New mothers (n=293, white, 96% married) were recruited in the neonatal period and studied at three points in time. The sample representing problem parenting was selected from the child protective services caseload (n=78, white, 30.7% married). The outcome indicator was group membership with those in the new mother group representing adequate parenting and those in the other group representing maladaptive parenting.

Their findings revealed that all of the major variables (i.e., support, stress, control) were significantly related to parental functioning with these variables accurately distinguishing maladaptive mothers from adequately functioning mothers 92.5% of the time (Turner & Avison, 1985). They noted that the strongest element distinguishing one group from the next was the set of measures chosen to indicate social support. From post hoc analyses of group characteristics, they noted that the new mothers group was made up of women with higher incomes and who were better educated and more likely to have a partner. The maladaptive mothers, on the other hand, showed evidence of more life stress.

They noted that their findings need to be confirmed by a prospective longitudinal study that would have more predictive power

than a comparison of known groups (Turner & Avison, 1985). The findings of this study corroborate the others in this section, all of which point to the beneficial role of social support in parental functioning as evidenced by child outcome (abuse or neglect in this investigation). Problematic in this study was in the implicit assumption that the new mothers group did not contain cases of abuse or neglect and that this group represented adequate parental functioning.

Summary. The eight investigations discussed in this section lend support to Cochran and Brassard's (1979) contention that the family's social network influences child development indirectly through support of the mother and directly through network interactions with the child itself. However, threats to construct validity of putative cause and effect, statistical conclusion validity, and internal and external validities were present which limited the ability to draw clear conclusions (Cook & Campbell, 1979). In all but one of the investigations (Crockenberg, 1981), life stress was considered a variable affecting maternal behavior or the mother-child interaction. In Crockenberg's study, a potentially stressful situation--that of parenting an irritable infant--was significant in the mother's responsiveness to her infant only when there was a corresponding low amount of social support. Also, as was mentioned earlier, stress was considered in the measure that indicated social support, with confounding of stress and support leading to threats to validity (Crockenberg, 1981; Crockenberg & McClusky, 1986). There is still a great need to further consider the role of stress as well as social support in these parenting studies.

Section Summary: Motherhood, Support, and Well-being

The investigations reviewed in this section pointed to a beneficial role of social support in maternal well-being in the areas of physical health, psychological well-being, and the ability to function in the parenting role. The weakest evidence came from studies looking at physical health. This is due to a reliance on self-report measures. Lack of conceptual clarity was noted as a threat to validity. Also noted was a need to attend to the confounding of social support with other factors, especially stress. The interaction among stress, support, and well-being emerged again and again, suggesting that these factors also have direct effects on health. This points to a need to include stress in theoretical models employed in the study of the role of social support in parental well-being.

Most of the studies were cross-sectional. The need for longitudinal studies to clarify the relationships between support, stress, and maternal and child outcomes over time is clear. This observation and suggestions for future methodologies were made by Cohen (1988) and Norbeck (1988) in their reviews. In the studies reviewed, involvement in socially supportive relationships appeared to beneficially influence the level of maternal distress, satisfaction with parenting, and child development. However, the role of material and financial resources and stressors associated with child management emerged as important factors in the well-being and functioning of mothers, especially those who were the sole parent. This must be considered and included as a contextual factor when examining the relationship between social support and well-being. In the next

section, studies specifically focused on low-income mothers are reviewed.

Low-income Mothers and Social Support

A review of studies that focused on low-income and single mothers was undertaken in an effort to understand the interplay of financial status, support, and well-being. The evidence that financial and material resources affect well-being and that single mothers are more isolated is discussed above, providing inconsistent findings about the association between single-parent status, support, stress, and maternal well-being. Weinraub and Wolf's (1983) findings imply that single-parent status does not adversely affect parental functioning when financial resources are adequate. This study, however, was based on a small sample. Gerstel et al. (1985) contend that it is not a loss of support that influences well-being of women following divorce or separation, but rather a decline in economic resources. Turner and Avison (1985) noted more stress and less support in the group of "maladapting mothers." They also noted these mothers had lower incomes than their comparison group. Adamakos et al. (1986) found income to be an important contextual factor associated with maternal behavior, and even more so if considered in conjunction with knowledge of the mothers' social resources. In this section, an effort is made to concentrate on studies that provide information about the role of social support to low-income, single mothers and the possible relationship between support and well-being under these circumstances.

Low-income, single mothers are potentially more stressed than a more advantaged population. This is because limited resources adversely

affect their access to intimate support, jobs, health, and child care (Belle, 1982; Mirowsky & Ross, 1986; Ross & Huber, 1985). Makosky (1982) stated that "women are much more likely than men to be diagnosed depressed, and the women most likely to become depressed are low-income women with young children." (p. 50). As noted previously, research confirms that women with young children are at greater risk for depression than other populations, especially when their childcare responsibilities are exacerbated by financial hardship (Coleman, Ghodsian, & Wolkind, 1987; Colletta, 1983; Hall, Williams, & Greenberg, 1985). There is also evidence that low-income women suffer from more chronic illness than their age cohorts (Greywolf, Ashley, & Reese, 1982). The implication is that low-income families experience chronically stressful conditions and that these conditions have implications for the physical and mental well-being of adults and children. Whether or not social support helps one manage in these circumstances and precisely how it might help is unclear.

The Stress and Families Project reported by Belle et al. (1982) is a frequently cited investigation which took an indepth look at the day to day lives of low-income families and provided insight into the conditions that influence health and well-being. Data were collected from a diverse sample of low-income women in Boston, using standardized measures, structured and open interviews, and observations. The mean age of the mothers was 30 years and each had one or more children from five to seven years of age. Twenty of the 43 participants were single-parent heads of households, 11 were living with partners other than a legal spouse, and 12 were living with husbands.

In this investigation, information regarding social support was obtained through an interview (Belle, 1982b). Social support was defined as emotional and instrumental assistance from others. Indications of perceived support for child care assistance (in emergency and non-emergency situations) and emotional support were assessed. Also assessed were indications of source of support and social network size. Of the indicators of well-being studied in this sample (including depressive symptoms, self-esteem, mastery), the sense of mastery was most consistently correlated with social support, implying that those who perceive more support from others generally feel more in control of their lives. Additionally, it was found that life conditions, rather than major life events, were significantly associated with psychological well-being. This finding, that day to day concerns are significant for the well-being of mothers, is confirmed by the more recent work of Hall (1990) and Quittner, Glueckauf, and Jackson (1990). Belle's major contention was that the presence of a network did not imply the presence of support, in that network relationships were often stressful in themselves. Carol Stack (1974) notes a similar finding in her study of low-income black women.

Hall, Williams, and Greenberg (1985) conducted a study to investigate the relationship of stress and social support on depression in low-income mothers. In a sample of 111 women, 74% had an annual income of under $10,000. Social support was assessed using a measure in which each subject named the person she felt closest to in life. The quality of the mother's relationship with this person was then measured through a scale corresponding to her perception of the intimate's behaviors. A social network index was also obtained. Both life events

(adapted from Holmes and Rahe, 1967) and an index of everyday stressors were obtained. A look at the demographic characteristics showed a weak correlation (r=-.21, within the 95% confidence interval) between income and depressive symptoms and no correlation between depressive symptoms and maternal age or number of children. A difference of means of depressive scale scores showed that the unmarried mothers were more likely to have depressive symptoms than married mothers.

Analysis of the data through logistical regression (with the sample divided categorically by high or low depression scale scores), controlling for income status, race, work status, marital status, and type of intimate, revealed that unmarried mothers with high day to day stress were 19 times more likely to report high depressive symptoms than unmarried mothers with low stressors (Hall et al., 1985). Upon examination of stressors associated with depression, it was found that unemployment, housing, and inadequate income were associated with depression for the unmarried group, while stressors related to role overload and marital difficulties were associated with depression in the married group. No data were provided that allowed for distinction between level of income in the married and unmarried groups, though this factor was controlled for in the analysis. An association between social network scores and depression was significant for the unemployed. Again, there was no way to discern what percentage of the unemployed were single and what percentage were married. These findings suggest that low-income women are susceptible to the stress of chronic conditions associated with economic hardship and that employment may provide some relief, in part by providing a network. However, the possibility for other mechanisms, such as enhancement of self-

confidence, may be related to the well-being associated with employment (Parry, 1986).

A study of 126 low-income black, single-parent families with school age children was undertaken in an attempt to determine more about the adaptive qualities that allow families to deal with their life circumstances (Lindblad-Goldberg & Dukes, 1985). Seventy functional families were compared to 56 "dysfunctional" families, i.e., those who had a child attending a psychiatric clinic. Both network and functional dimensions of social support were assessed, and data regarding demographic characteristics were collected. No differences in network indicators were detected between the groups. The only significant difference in social support was in the area of reciprocity, with the dysfunctional families feeling that they provided more to their network than they received. This finding is in line with those of Stack (1974) and Belle (1982).

Demographic data provided information about other interesting differences between study groups (Lindblad-Goldberg & Dukes, 1985). Nonclinic families were more likely to own their own homes (in spite of low-income status) and were more satisfied with their income. It is possible that individual differences in self-esteem, competence, past support, allow some to manage and function in ways that might continue to enhance self-esteem or confidence. Parry's (1986) study had similar findings.

Parry (1986) examined the association of paid employment, life events, social support, and having a preschool age child to a range of mental health indicators (e.g., anxiety, depression, self-esteem scales) in a sample of British working-class women (N=193). The study was

designed to compare employed and nonemployed women experiencing varying levels of psychosocial stress. Social support was complexly operationalized with measures of instrumental and expressive social support obtained through an interview. Both the instrumental and expressive measures contained information regarding social network and functional support. The instrumental portion reflected information about financial help, help with child care, and community involvement. Expressive support was based on the total number of contacts and the frequency and quality of intimate and confiding relationships.

Results of correlations of support variables and life-event stress scores with psychological distress showed a consistent and significant relationship between both instrumental and expressive social support and the psychological distress and well-being measures (Parry, 1986). Women lacking either instrumental support or a partner evidenced significantly higher degrees of self-depreciation than women who felt supported. For both the instrumental and expressive social support indicators, psychological morbidity as measured by a standardized instrument was significantly greater in those with lower amounts of support, confirming other studies that showed a relationship between social support and psychological distress (Kessler & McLeod, 1985). Chronic difficulties with housing, finance, and childcare were also examined in relation to the psychological measures. Financial difficulties were significantly associated with psychiatric symptomatology, a depression measure, and self-depreciation, and were negatively associated with positive affect. In general, women who felt supported and were living in a less disadvantaged environment exhibited less psychological distress than those who were supported or dealing with inadequate living conditions.

Analyses to determine the role of employment in well-being was first conducted by an exploratory moving-average technique to detect changes in well-being among employed and unemployed women at different levels of life-event stress. This was then confirmed by a 3-way analysis of variance (life-events, social support, and employment status on a depression measure and the psychiatric morbidity measure), followed by analyses of covariance with the factors of age, numbers of children, housing difficulties, and financial difficulties as covariates. Results from the 3-way ANOVA suggested a significant interaction between life-stress, support, and psychological distress until these variables were covaried on financial difficulties. The interactive results were then no longer significant. When psychiatric morbidity scores were broken down by life-events, social support, and employment, women who were employed seemed to benefit from social support only when a high level of social support was available and only under highly stressful conditions.

Additionally, contrary to what Parry (1986) expected, women with high life stress and social support deficits showed increased evidence of distress in spite of employment. This suggests that employment can be an additional stress when one is responsible for small children and experiencing a stressful event rather than a beneficial source of support or esteem. There were no differences detected on the psychological distress indicators between single and married mothers, but only a small portion of this sample was unpartnered (n=21). These findings, again, point to an interaction among stress, support, and well-being, and suggest that economic stress has an impact on well-being. A problem noted by Parry (1986) is that of the inability to measure social support independent of depressed mood, as those who were

depressed had less support. This problem needs to be addressed in future research that uses these variables.

Section Summary: Low-Income Mothers and Social Support

To summarize, the studies of low-income mothers reviewed in this section highlighted the need to include contextual variables in investigations of the relationship between social support and well-being. In addition, these studies highlighted conceptual and methodological issues encountered in the study of social support. Stress, as a variable, was present in all of the studies, although in Lindblad-Goldberg and Dukes' (1985) study, it was implicit rather than explicit by virtue of the fact that participants were minorities, impoverished, and single parents. These studies indicate a need to consider the influence of factors that have an impact upon feelings and attitudes towards the self in addition to social support. Factors such as source of income, financial concerns, partnered or unpartnered status, and living conditions all had an influence on these women's feeling of self-esteem and competence (Belle, 1982; Hall, et al., 1985; Lindblad-Goldberg & Dukes, 1985; Parry, 1986). The studies lend support to the contention that low-income single mothers lead stressful lives as manifested by decreased psychological well-being, and that stress, social support, and material resources interact in promoting or preventing distress.

As evidenced here, the relationship of depression, stress, and social support is complex. Social support does seem to serve an overall beneficial role in attenuating stress (Hall et al., 1985; Parry, 1986), though financial difficulties play a role in this as well. A problem

arises in the operationalization of stress as an event or loss, rather than as ongoing life conditions. This needs to be dealt with in further research with participants whose day to day lives are more distressing than a more advantaged population.

It is also not clear how stressful conditions or personal characteristics affect the availability and perception of support and vice versa. There is evidence that a depressed mood leads to a perception of low support and affects the ability to mobilize support during times of stress (Dohrenwend, Dohrenwend, Dodson et al., 1984; Mitchell & Moos, 1984), and it is certainly conceivable that support is indeed less available for depressed persons who may be unpleasant to be around. However, there is evidence to suggest that socially supportive relationships may be lacking before the onset of depressive episodes (Brown et al, 1986). The relationships between these variables appear quite complex, and difficult to sort out empirically.

Factors Influencing Engagement of Support

The assumption that involvement in supportive relationships is beneficial to health has been validated by a variety of empirical data. However, there is still a gap in the understanding of the process of engaging in supportive relationships and of the factors salient to this process. In examining the factors or conditions that have been found to influence engagement of support, the literature that provided insight into this area was diverse. Some of the studies identified were found in the literature on help-seeking, but most of the findings are taken from studies whose primary purpose was to study the effects of stress on

mental health or well-being and to examine factors, such as support or self-esteem, that influence responses to stress.

No consistent division of categories of variables influencing support seeking or mobilization existed, but the studies reviewed provide data that point to properties of the person and the environment as salient in obtaining and receiving support (i.e., Brown, 1978; Eckenrode, 1983; Hobfoll and Lerman, 1988). Personal factors or resources associated with support seeking and the perception of availability of support are mood or mental health status, locus of control, attitudes toward support or help-seeking, and personal relationship or attachment history. Social and demographic factors such as social class, age, gender, and neighborhood characteristics are also conditions that have been associated with help-seeking or access to and utilization of support.

An entire issue of the American Journal of Community Psychology was devoted to the topic of help-seeking in 1978. Although not focusing solely on social support, articles from this issue were pertinent to this review in that they provided historical background and a degree of focus for reviewing other studies. In the review article of that issue, help-seeking was defined as "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress." (Gourash, 1978, p.414). This definition is congruent with many current views of social support, particularly models of support that purport to have an indirect influence on health through stress-buffering.

Sociodemographic and Personal Factors in Engaging Support

In her review article, Gourash (1978) made some generalizations about help-seeking from both non-professional and professional sources. Help-seeking behavior was found to be influenced by age and ethnic origin, with help-seeking more prevalent among whites and declining with age. Over half of all adults seek help from family or friends when faced with a variety of problems, and some of these people seek professional help as well. White, middle class, females were more frequent seekers of professional help from health agencies. Gourash paid special attention to the role of the social network in help-seeking and delineated four functions of the network in regard to help-seeking behavior. These were "(a) buffering the experience of stress, (b) providing support and services, (c) referring helpers to professional services, and (d) transmitting values and norms about help-seeking." (Gourash, 1978, p. 420). Gaps pointed out by this review centered around the lack of information about the well-being of those not seeking help, the consequences of help-seeking, and the ways in which the functions of the social network would act or interact to influence patterns of help-seeking.

A research article from the same issue provided evidence that help-seeking is influenced by social and personal factors. Brown (1978) reported findings from an urban sample in which he examined the relationship between help-seeking and a variety of demographic, psychological, and social factors. Age and race were the only demographic findings that distinguished between seekers and non-seekers. Older persons reported a decrease in informal contacts and, among those people whose educational level was less than high school, blacks

appeared to seek less help than whites. Brown noted much variation within groups of seekers and non-seekers. He found that reluctant help-seekers reported the fewest coping repertoires and lowest self-esteem of all the groups of respondents, and were more likely to report unsupportive and unreliable social networks while self-reliant, non-seekers had the strongest mastery and self-esteem scores and the most coping repertoires of any group. The diversity within groups of both seekers and non-seekers suggests that more indepth examination of the conditions associated with help-seeking would add to the understanding of obtaining support.

Eckenrode (1983) studied the relationship between personal and sociodemographic variables to the mobilization of social support following stressful events. His data were collected during initial interviews from a larger study examining the effects of stress and social support on the utilization of health services. In a sample of 308 women with children, locus of control and a measure of belief in the efficacy of help-seeking were the variables which were hypothesized to influence mobilization. It was hypothesized that an internal locus of control and beliefs in the efficacy of seeking and accepting support from others would each be related to the reporting of more supportive contacts following a stressful event. The demographic factors of age, annual income, education level, and ethnicity were included in the analyses. Social support mobilization was indicated by the number of persons who actually aided the woman during events of the previous year identified by her as stressful. Reliability information for measures was presented.

Results provided evidence that dispositional characteristics influence mobilization of potential supports, and that the effects of these variables vary for persons with different social characteristics. Using regression analysis, an internal locus of control was found to be significantly associated with more effective mobilization of supports as indicated by more contacts during periods of stress. Locus of control was not associated with potential supports available. Beliefs about the efficacy of support were associated with both mobilization and the number of potential supporters available. Regression analyses, in which there were interactions between a single demographic variable and each of the remaining independent variables, provided evidence that education had a consistent pattern across each of the hypothesized individual constraints on mobilization. These findings suggest that the number of supports, internal locus of control, and positive help-seeking beliefs "have more impact on the mobilization of supports for persons with higher education" (p.520), implying that locus of control, and beliefs about the efficacy of support were not as influential in mobilization of support for the disadvantaged groups. As noted by Eckenrode (1983), this finding is important because one cannot assume that a personal factor, such as locus of control, is consistently influential in patterns of coping for all people. The need to examine mobilization of support in context is highlighted by these findings.

In another study, Hobfoll and Lerman (1988) examined the outcome of the interaction of personal and social resources on people under stress. They provided evidence that attitudes about seeking support were related to psychological distress and the degree of intimacy in relationships (Hobfoll and Lerman, 1988). In this investigation, the

contributions of mastery, intimacy, received social support, and discomfort in seeking support to emotional distress (anxiety and depression) were examined over a year period in 107 Israeli mothers. The mothers were grouped according to whether their child was well, acutely ill, or chronically ill with child illness serving as the assumed stressor in this study.

Discomfort in seeking support was measured through a 10-item scale developed for the study. Respondents rated the degree to which they felt comfortable receiving various types of support (e.g., material, emotional), with parallel items for family and friends. Reliability data based on use of the scale in this study were provided. Regression analyses showed that discomfort seeking support was only moderately related to emotional distress. However, post hoc regression analyses were conducted to determine whether initial discomfort in seeking support predicted intimacy while controlling for the relationship between discomfort and received support. Findings revealed that greater discomfort in seeking support was significantly related to lower intimacy levels at the one year follow-up. One's disposition towards support may influence relationships in a way that affects engagement of support during a time of stress, as these authors report that discomfort is related to both intimacy (Hobfoll and Lerman, 1988) and receipt of support (Hobfoll and Lerman, in press, cited in 1988).

Emotional State and Engaging Support

In addition to dispositions such as locus of control or attitude towards receiving (or the efficacy of receiving) support, other studies provide evidence that a person's mood or state of mental health may

influence the process of engaging support, although findings are inconsistent. In a study conducted to examine determinants of perceived social support, Vinokur and colleagues (1987) addressed this question by examining not only a measure of perceived support, but also a measure of the support reported by the provider. Data were obtained longitudinally from a panel of 468 male respondents and their significant others at three time periods. Their results did not provide evidence that depressed mood or a generalized negative outlook affected perception of social support. Their findings strengthen the contention that the nature of the interpersonal transaction, as confirmed by both the recipient and the provider, was more influential in the providing and obtaining of social support than were individual characteristics.

A study of depressed and nondepressed college students by Gotlib and Meltzer (1987) found that depressed persons rated themselves as less socially competent than their nondepressed peers. They did not find that observers, or those interacting with the depressed subjects, were able to distinguish between depressed or nondepressed subjects. However, they noted that their subjects were only mildly depressed so that behavior differences between the two groups may have been subtle. Findings from earlier studies with depressed subjects were similar except that ratings of desirable attributes by outside observers as well as by the depressed subjects themselves were lower (Lewhinsohn, Mischel, Chaplin, & Barton, 1980). Implications of these studies are that depressed individuals perceive themselves as socially undesirable and, therefore, may perceive current relationships as negative or feel that support is not available. Results also indicated that nondepressed subjects rated their own behaviors as less competent after interacting

with the depressed subjects, implying that interaction with depressed subjects may affect one's ability (or desire) to provide support.

Brown and his colleagues (1986) reported on a study which was conducted to examine the role of stress, internal resources (a self evaluation termed self-esteem), and social support in the onset of depression. Three hundred and fifty-three working class women with children living at home were interviewed at two time periods. On the first interview, data relating to psychiatric symptomatology, social support, and self-evaluation were collected through an interview schedule developed by the investigators. A follow-up interview one year later gathered information on psychiatric symptomatology, life events that had occurred in the previous six months, and social support as measured at the first interview. Additionally, assessment of supportive relationships (indicated at the initial interview) that had been available during a crisis occurring between interview periods was gathered at follow-up.

Results indicated that 91% (29 of 32) of those with the onset of depression during the time of the study experienced a crisis in the previous six months, usually one that involved loss, failure, or disappointment (Brown et al., 1986). From the total sample, of those without evidence of depression at the time of the first interview, approximately half experienced some type of major event. Of these, results indicated that those with low self-esteem were more likely to develop depression (of those experiencing an event, 33% with low self-esteem, and 13% of those without developed depression).

In this sample, the investigators noted that self-esteem was highly correlated with social support (Brown et al., 1986). They also

noted that it appeared that the women's expectations of support from the available network (especially from an intimate relationship) were important in their perception of crisis support and of the onset of depression. Those that felt "let down" at the time of an event were more likely to experience depression. They implied that it is possible that negative self-evaluation may be a reflection of having been let down, accounting for the occurrence of depression in women after a crisis event in spite of having indicated available support at Time 1. They thus postulated that it is possible that self-esteem serves as an internal representation of social support. In this study, the negative evaluation of self and inadequate social support preceded depression, so these findings do not support the notion that depression is responsible for a deficit in support or the inability to engage in supportive relationships. It is difficult to compare these results with other studies of similar factors because of the different measures used. However, the findings and discussion indicating an interactive role between self-evaluation and support on psychological well-being are provocative and warrant further investigation.

Personal Histories and Engaging Support

There is also evidence that one's past personal relationships or attachment history influences the ability to obtain support or to form supportive relationships. In an investigation examining the relationship of perceived past family relationships and the capacity to form social supports, Flaherty and Richman (1986) presented evidence that suggests that perceived parental warmth in childhood was significantly related to adult social support levels. Data were

collected on a volunteer sample of 153 first-year medical students. Perceived family relationships were measured using an instrument called the Parental Bonding Instrument for which validity and reliability references were provided. Social support in adulthood was measured with an 11-item scale which assessed the five most important members of the respondent's social network as to the provision of various types of support. Validity and reliability of this scale were not addressed. Major threats to validity of these findings stem from the sole reliance on self-report measures, with one of these assessing retrospective data.

A replication and extension of Flaherty and Richman's (1986) study was conducted by Parker and Barnett (1988). They studied a group of 129 primiparous women on their parents' attitudes and behavior towards them as children as well as perceived levels of social support around the time of birth and one year later. Perceived past family relationships were measured with the Parental Bonding Instrument. A different measure of social support, the Interview Schedule for Social Interaction (ISSI), was chosen because it assesses both availability and perceived adequacy of the social network, including ties with family, friends, and acquaintances. The ISSI provides four subscale scores in the areas of availability of attachment, adequacy of attachment, availability of social integration, and adequacy of social integration. In addition, a personality inventory was administered to respondents to control for the possibility that lack of support was more related to dispositional characteristics (neuroticism) than to the predicted association with past perceived parental warmth.

They reported significant correlations between maternal care scores from the Parental Bonding Instrument with the ISSI subscales of

availability of attachment and the availability of social integration. When scores from the personality inventory were partialled out, the only significant correlation remaining was a positive one between maternal care scores and availability of attachment scores. This supports the notion that the past relationship with the primary attachment figure influences a person's perception of dependable support from intimates and close friends, though not necessarily that past relationships influence one's capacity to engage in supportive relationships. These studies are limited in their sample selection and use of self-report measures, though further investigation into this area could provide insight into conditions influencing the process of engaging in supportive relationships.

Summary: Factors Influencing Engagement of Support

In summary, the literature provides scattered evidence of factors influencing perception and mobilization of support. Both personal and social factors appeared to influence the process of engaging social support, but patterns of influence were not consistent. The need to look at the effect of interactions of personal and social factors on mobilization was shown (Eckenrode, 1983). Also, it is not clear which part of the process of engaging support is influenced by these factors. There was evidence that the recipient's perception of support was influenced by his or her emotional state and the expectations for support. This may be significant in terms of implications for health, as it is the individual's perception of the availability and quality of support that is more important to emotional well-being (Wethington & Kessler, 1986) than the size of the social network or supportive acts as

measured through others (Heitzmann & Kaplan, 1988; O'Reilly, 1988; Sarason, Shearin, Pierce, & Sarason, 1987). From the studies reviewed, the least conclusive evidence linking factors to the process of obtaining support appeared to be with an individual's attachment history.

Further investigation should examine personal history in the context of other conditions felt to influence the supportive process. Two studies included investigation of those providing support, as well as receiving, and were able to provide more insight into support as an interactive process. However, these studies were not able to provide information about the potential burden of supportive relationships, which is a salient factor when considering access to and utilization of existing social supports. Notable throughout these studies was the diversity of factors and conditions influencing the supportive relationship, strongly pointing to the need to examine the context of supportive relationships in future investigations.

Chapter Summary

In this literature review, the focus was upon the role and relationship of social support to the well-being of mothers and upon conditions influencing the process of engagement of social support. The evidence highlighting the importance of social support to single mothers was presented. As evidenced in the review, research about sources, types, and associations of health to social support is much more prevalent and extensive than is research looking into the process of engaging in supportive interactions. In regard to both the process of engaging support and the relationship to health, factors such as one's

financial resources, potential network, the presence of stress, and personal resources were all considered salient in the relationship of stress, support, and health.

Particularly for the function of social support to parenting, the review helped confirm the following points. First of all, parenting has potential for role related stress, and support for functioning in this role is felt to be needed and is associated with improved mental health for mothers in diverse situations. Secondly, the benefit of support to improved mental well-being is attenuated by conditions of everyday living; especially conditions related to parenting responsibilities, interpersonal relationships, and poverty. Finally, in terms of both the association of support to well-being and the process of engaging in supportive interactions, the processual nature of relationships must be taken into account.

Because of this, it is necessary to include both personal and social dimensions when examining the process of support, and to consider the ongoing contexts in which supportive relationships occur. The correlations that exist between personal characteristics such as self-esteem or mastery and social support have not been adequately explained. Just as having a low self-esteem may hinder the ability to engage in supportive relationships, so too may a personal history that is void of helpful relationships lead to a low sense of control or mastery and lack of skills necessary for establishing supportive contacts. There continues to be a need for investigation into the process of engaging support, while including consideration of contextual conditions relevant to support such as income and reciprocity issues. This study was

designed to address present gaps in this area by examining the process of engaging support for single mothers in an indepth qualitative study.

CHAPTER 3

METHODOLOGY

Introduction

In this chapter, a general overview of the grounded theory approach to research is provided. Following this is an illustration of how the strategies of grounded theory were used in this study. The actual design of this study is then described followed by a chapter summary.

Grounded Theory

Because the purpose of this qualitative study was to examine a social psychological process, that of engaging social support by single mothers, the methods of grounded theory as developed by Glaser and Strauss (1967; Glaser, 1978; Strauss, 1987; Strauss and Corbin, 1990) were appropriate for conducting the study. The aim of this research was to explore and analyze a process about which little has been written. According to Stern (1980), the aim of grounded theory is to generate theoretical constructs which explain the action (engaging support) in the social context under investigation. Corbin and Strauss (1990) note that grounded theory seeks to uncover relevant conditions of the phenomenon under investigation but "also to determine how actors... actively respond to those conditions, and to consequences of actions." (p.5). This is done using systematic inductive strategies that involve simultaneous collection and analysis of qualitative data so that findings are derived from or grounded in the data. The grounded theory approach allows one to systematically analyze data not easily

quantifiable, such as that from observation and interviews, and to consider the context of the social process, so that salient conditions can be identified. Because grounded theory is useful when studying an area about which little is known, it is appropriate to this particular study as there is little information about the process of engaging support by single mothers, even though correlates, sources, and types of support have been studied previously.

According to Charmaz (1984), researchers using the grounded theory approach are likely to develop their own variations of technique, but do so while endorsing the following fundamental strategies. First, the investigation is structured through discovery and analysis of social and psychological processes. Second, as mentioned above, data collection and analysis proceed simultaneously. Third, the analytic processes of grounded theory prompt discovery and theory verification rather than theory testing. Fourth, theoretical sampling is employed to refine, elaborate, and exhaust the conceptual categories emerging from the process under study. Fifth, systematic application of grounded theory methods to the data leads progressively to more abstract, analytic levels. The major features of this method--constant comparison, coding, memoing, and theoretical sampling--serve to explicate the above strategies and are described in the next section.

The purpose of grounded theory is to generate rather than test theory, so that one does not enter into the investigation with preconceived, logically deduced theoretical frameworks. However, grounded theory emerged, in part, from the ideas of George Herbert Mead (1934/1962), and his theory of symbolic interactionism is most often associated with a framework supporting the choice of grounded theory

methodology for an investigation. Blumer (1969; 1967) delineates major principles that are considered the crux of the notions put forth in symbolic interactionism as it has been developed from Mead's ideas. A key feature of Mead's work is the notion that humans have a self, and can therefore consider their own actions and those of others and act accordingly. Three principles that stem from this are, a) that humans act on the basis of the meaning of a situation for them, b) that the meaning of a situation is derived from social interaction and is learned during experiences with others, and c) that humans assess or modify meanings through an interpretive process. Because of this, in research focusing on social and psychological processes, the investigator tries to discern and understand the process under study through the perspective of the respondents. With grounded theory, the investigator searches for the perspectives of the persons involved in the social process, and then works with the data through an analytical process which takes the data to a more abstract level from which conceptual and theoretical statements can be derived. In this study, the women's supportive interactions in the context of single motherhood were explored and analyzed using the strategies described below.

Methodological Strategies

Constant Comparative Analysis

Glaser and Strauss (1967) noted that comparative analysis is a general method often used in sociology and anthropology for many different purposes. When conducting a study using grounded theory, they stressed that constant comparison of data is used to generate theory, rather than restricting comparison to verification of existing theories.

This is done through checking developing ideas and emerging themes during early analysis of data with further observations, making systematic comparisons between observations, and further refining and checking concepts as data are collected so that the findings of the research are often taken beyond one topic, setting, or issue.

In this process of comparison, one searches for negative cases as well as data that continue to confirm developing concepts, so that the results remain firmly grounded in the data. An example from this study may help illustrate this point. Early in the process of data collection, it seemed that those who felt more isolated were also of lower income status. Comparing their circumstances with a woman who was also isolated but had financial resources served to highlight the interactional aspects of supportive relationships, as well as confirm that living under disadvantaged circumstances affects social relationships.

Coding

Coding is the basic analytic process in grounded theory (Corbin and Strauss, 1990). It is the initial phase of analysis, and entails the process of categorizing and sorting the data in ways that help derive concepts of the area under study, with the codes ranging from lesser to greater complexity as the analytic process proceeds (Charmaz, 1984). Codes serve to sort, summarize, and synthesize the large amount of data collected, and are the key means of developing analysis since coding serves as "the link between data collection and its conceptual rendering" (Charmaz, 1984, p.112). It is the means through which conceptual codes (categories) are developed from empirical indicators found in the data.

Coding continues throughout the data collection and analysis process, with codes becoming more focused over time. Codes are treated as conceptual categories and are developed along certain parameters. Strauss (1987) spoke of developing a coding paradigm that aids the researcher in developing categories throughout the coding process by guiding the search for codes to address the following: conditions, interactions, strategies and tactics, and consequences. In a more recent paper (Corbin and Strauss, 1990), the paradigm included conditions, contexts, strategies (action/interaction), and consequences, and is the paradigm that guided coding in this study. Glaser (1978) discusses a similar coding scheme in which he included the six "C's": causes, context, contingencies, consequences, covariances, and conditions. Looking at data in the context of these schemes serves to push the codes beyond their descriptive or substantive nature that conceptualizes the empirical substance of the area of research, to theoretical codes that serve to conceptualize relationships between substantive codes.

Coding is usually discussed in terms of open coding and selective coding (Glaser, 1978; Strauss, 1987; Strauss and Corbin, 1990). Open coding is done early on, often with a line by line examination of categories or themes in the data, and is unrestricted as to category or concept. The purpose at this initial stage is to produce concepts that fit the data (Strauss, 1987), and this type of coding serves to stimulate generative and comparative questions. Selective coding occurs later in the analytic process when the investigator has chosen 'core' codes on which to focus further data collection and analysis. Axial coding is considered a form of open coding but is intensely focused upon

one category or 'axis' at a time (Strauss, 1987). The purpose of this type of coding is to develop knowledge about the relationships between the axial category and other categories and subcategories. For example, axial coding was valuable in examining different conditions affecting the experience of single motherhood such as income, relationship with the father, or family involvement.

Memoing

Memos are "the written capsules of analysis" (Chenitz and Swanson, 1986, p.8), and the purpose of memo writing is to store ideas generated from the data in a systematic manner. It is through the sorting of memos that linkages between concepts are made and theory is generated. Theoretical ideas are "kept track of, continuously linked, and built up by means of theoretical memos" (Strauss, 1987, p.18). Analytic writing in the form of memos occurs throughout the study and guides further analysis and data collection. Suggestions are given by grounded theorists for strategies to keep track of memo generation, because it is essential to continuously record thinking during analysis in order to develop dense theoretical notions from the data. Strategies, such as qualifying the type of memo (observational, methodological, theoretical) and detailing dates and data references on which the memo was based, are mentioned (Corbin, 1986; Schatzman and Strauss, 1973).

Theoretical Sampling

Theoretical sampling is the means by which the researcher decides, based on ongoing collection and analysis, "what data to collect next and where to find them in order to develop his theory as it emerges" (Glaser and Strauss, 1967, p.45). Expansion of existing categories, or linkages between categories or conditions may emerge from this type of

theoretical sampling. When no new categories emerge, they are considered saturated, and data collection is completed.

An example from this study will help illustrate. Before the beginning of data collection, the intent was to recruit a sample of mothers from a range of income levels. This was to be done because past research had noted that women who have more psychological distress are also more likely to be of lower income. In addition, conditions of daily living, particularly those associated with the parenting of young children or social isolation, were found to be associated with increased levels of psychological distress beyond the association of income to distress. The plan was to sample across incomes to gather an indepth understanding of how these conditions are related to the perception of supportive relationships and to functioning as a single mother.

During the early phase of participant recruitment, however, the sample was composed predominantly of women with low income. Although not all of these mothers felt isolated, I had no women of higher income with which to compare data. To address this, I had to change my sampling strategies, obtain new sites, and recruit participants through word of mouth. Similarly, I had to recruit through word of mouth to obtain participants of the similar ethnic origin, but across income levels. Without this purposive sampling, my view of single motherhood and support may have been more limited.

Use of Analytic Strategies in This Study

The analysis of this data set took approximately one year, and use of the grounded theory strategies described above was neither straightforward nor easy to delineate. I will describe the process that

enabled me to develop a coding scheme, chose a core phenomenon, and arrive at an acceptable organizing framework for analysis. This will provide examples of comparisons, coding strategies, and memoing.

The coding process that I followed began with open coding so that after coding the first few interviews, I had generated many categories of codes. Among these was a category of support, under which I coded properties such as source, cost, family support, etc. I also developed categories that dealt with tasks of single motherhood, and among these I had categories such as child welfare responsibilities and caring for the self.

Over a period of months I attempted to put my codes into the coding paradigm of conditions, context, strategies, and consequences (see p. 5). To organize the data in this manner, one should be clear about the 'core' phenomenon or category. I assumed that the core phenomenon was the process of engaging support within the context of single motherhood, and was searching for conditions, strategies, and consequences of strategies and conditions that would increase understanding of engaging support.

I became increasingly frustrated as I tried to use this paradigm feeling that I was learning little about support that had not already been discussed in the literature. I also felt that my investigation remained descriptive rather than analytical. I finally realized that my emphasis on support, based on a detailed knowledge of the support literature, hindered my ability to let the data direct my analysis. At this point, two strategies enabled me to move beyond this focus. The first was the result of working with the analysis seminar group and reviewing with them my analysis and the points where I felt 'stuck' and

unable to move beyond my basic assumptions. The second strategy I found helpful was writing a storyline.

The storyline is a short summary of the major processes or links between the categories being examined. The storyline should take both a descriptive and conceptual look at the data, and should encapsulize "what is going on" or, as Leonard Schatzman states, "what all is involved here." I was already quite familiar with my data after eight months of coding and reviewing interviews, so the storyline helped me to step back from the individual interviews and try to describe in a general way what the women were telling me. By doing this, I came up with the core phenomenon of "getting on with my life" as perceived by the single mother. The supportive relationships thus became a part of that process rather than the central process of the study.

At my first attempt at a storyline, I came up with a way to categorize the women's experience according to their supportive context, which I described on a continuum from isolated to embedded. This did not hold up over time as I did more interviewing and coding and I had to look at support in the broader context of qualities of relationships. The problem with this scheme was that it did not incorporate all of the participants in a consistent manner. Someone might be embedded but not feel supported by her existing network while another might appear relatively isolated but feel that things were going fairly well for her.

The women's experiences finally led to an acceptable coding scheme which held for all the interviews. It seemed that, when I went back through the interviews, I became aware that the women were trying to tell me how they were managing in their daily lives, although the focus of the interview was on support. When I accepted that the major

phenomenon and process was "getting on with life" as a single parent, I was then able to view support both as a condition (availability, access, ongoing nature of support) and a strategy (maintaining contacts, assessing availability). Accepting this as a core phenomenon allowed me to go back and code for subprocesses (strategies) while determining the woman's conditions (resources) and consequences of these conditions within the context of single motherhood.

Support was woven into the everyday life of the women, and, at times, was difficult for the women to articulate. Seeking support to manage daily living as a single parent or to deal with specific concerns of single parenthood was one of many strategies that the women discussed, and is advice that they would give to others in their situation. I then began coding, no longer focusing upon support per se, but upon how the women were managing, the strategies they were using, and the conditions that they talked about in the interviews. Supportive aspects of relationships became significant in how the women experienced life as a single parent and how they managed difficult conditions such as financial stressors.

At this point, I was able to organize the data in a manner that allowed for more indepth analysis. After approximately four weeks, I was able to categorize the participants according to how they felt they were functioning. Within this framework, I could compare those who felt they were managing with those who felt they were struggling. I used axial coding to compare levels of functioning with various aspects of the support, such as availability of family or friends, involvement of the father of the child, and qualities of relationships deemed supportive. With axial coding, I was able to sort out how family

involvement, perceived stressors, and age of children facilitated or constrained the process of "getting on" as a single parent. I was also able to look at struggling or managing and support within the contexts of income, educational level, neighborhood, and housing qualities.

Throughout my analysis, memos were generally written in the form of analytical notes about the data, kept in chronological order, and reviewed again and again. In addition, I would often tape seminars in which my data were being discussed, and then go home and transcribe the seminar discussion. I would then try to summarize the analytic points stimulated by the seminar and keep these in the notebook in chronological order. I began to rely more on my interviews and my codes in the margins than I did on my memos as I continued my analysis.

The diary data were not analyzed until I had developed the coding scheme based upon how the women were managing. At that point, I examined each diary to look for additional conditions, strategies, and consequences and to look for data that corroborated or further explained interview information.

Design

As noted above, due to the research process of simultaneous data collection and analysis and theoretical sampling, the design in a grounded theory study is not fully developed prior to data collection. However, the choice of phenomenon of engaging social support by single mothers was based on clinical exposure and a thorough literature review enabling the development of a focused formal interview guide and strategies for data collection suitable for purposes of this study (see Appendices A and B).

Sample

Subjects

A purposive sample was chosen based on knowledge of single mothers from the literature. Women were eligible if they were single parents with custody of a child between two and ten years of age, had been previously partnered but were now out of that relationship for 18 months or longer, were older than 18 years of age, and were English speaking. For purposes of this study, being partnered could but did not necessarily include being legally married. It denoted having a significant relationship with a partner whose intention it was to share in the household responsibilities and child rearing. Therefore, the term "single" denoted the time the mother had been caring for the children alone without a partner in the household. In addition, the children of these women could show no signs of a severe medical or developmental disorder. There is evidence that women who are mothers of younger children are more at risk for depression and for problems associated with single parenthood (Brown and Harris, 1978; Coleman, Ghodsian, and Wolkind, 1986; McLanahan and Booth, 1989). Women who have never been partnered or who actively chose to become a single parent may have different support needs than those who did not so choose. A period of 18 months was chosen because an initial period of adjustment and grieving occurs after separation from a partner. The actual sample is described in the following chapter.

Setting

Respondents were recruited by the investigator at a pediatric clinical site in the city of San Francisco that had a potential pool of subjects ranging across age, race, and economic circumstances. Human

subjects approval was gained (see Appendix C) and the subjects were recruited if they left their name after seeing a flier posted in the clinical setting. They were then called by the investigator and an appointment was made for the interview. Data collection occurred in the subject's home or in a place of her choice at a time established during recruitment by the investigator. Because subject recruitment was initially slow at the clinical site and in an attempt to improve chances for theoretical sampling, two child daycare settings were also approached which agreed to notify their single mothers of this study. After obtaining human subjects approval of these sites, only one participant was recruited. Finally, word of mouth recruitment (sometimes referred to as snowballing) was initiated through other subjects, friends, and coworkers, yielding a more diverse sample of mothers. This technique was particularly fruitful when I needed more participants from a specific income or ethnic group in order to balance the sample.

Data Collection

Data were collected over two home visits. The primary tools for data collection were a semi-structured interview and a diary of social support (See Appendices A & B). The substantive interview was conducted during the first visit, along with gathering of demographic information. The interview had three foci. Support was the primary focus. An assessment of the level of perceived stress was another. To address the role of past experience and possible attachment history, a third focus, perceived support during childhood and family patterns of help-seeking, was added. The study participants were first asked a general question about how things were going for them to discern their perception of

whether or not and in what ways life was stressful. In addition, this gave participants an opportunity to talk about positive areas of their lives. After discussing the areas that were going well and those that were stressful, the interview then focused on support. This was done by asking participants to define support, to list the persons they felt were available to them, and to discuss what was valuable to them about the support they received. They were asked what support, if any, was lacking and were asked to describe a recent supportive interaction. Finally, participants were asked to remember a troubling, painful, or upsetting incident that had occurred in childhood and to try to remember their response in the situation along with the response from others. For this purpose, they were asked to remember how their parents handled concerns or problems as they were growing up. The interview concluded by asking what advice they could give other mothers in a situation similar to their own. The interviews lasted approximately one and a half hours.

A diary of supportive interactions kept by the women was collected at the second visit four weeks later. The diary was devised to corroborate and enrich the interview data and potentially to increase the credibility of the findings (Marshall and Rossman, 1990; Verbrugge, 1980). Similar means of data collection have been succesfully used by other nurse researchers (Duffy, 1986; Killian & Brown, 1987). It asked whether or not the woman felt she had had a supportive contact on a daily basis, requested source of contact, reason for contact, outcome, what support had been given by her, and what made it difficult or easy to accept support in that situation. In addition, there was a question related to mood, presence of illness, and presence of child illness to

help assess whether or not these factors influenced contacts. Included in the diary was a scale to assess depressive symptoms at four weekly intervals (see below).

The interviews were audiotaped and transcribed verbatim. In addition, observations of the home setting and interactive behaviors of the mother occurring during the interview were noted. Qualitative data from diaries were analyzed and coded. However, diary data was not thoroughly analyzed until the interview data had been coded and a basic analytic scheme decided upon so that neither diary data or quantitative scores would influence the ongoing analysis of interviews. Participants were asked to give thoughts and comments regarding use of the diary and these were used in analysis.

Observations were recorded in field notes based on the strategy of Schatzman and Strauss (1973) in which observational, theoretical, and methodological notes are distinguished. Observational notes record strictly what was observed, such as properties of the setting, interactions, etc. Analytical or theoretical notes "represent controlled attempts to derive meaning from any one of several observation notes" and reflect the investigator's conceptual thinking, grounded in the empirical data (Schatzman and Strauss, 1973, p. 101). Methodological notes serve to guide further data collection and analysis, and keep one up to date with operational acts and plans. Schatzman and Strauss (1973) considered these to be notes on the researcher or the research process itself. My notes tended to be more observational and theoretical and were separated by subject. If a theoretical notion was generated while making my observational note

after returning from an interview, a separate memo was made. The analytical notes were kept separately from field notes.

Quantitative Data Collection

Focusing on the secondary study aim of exploring the association between support and well-being, two self report measures that indicated health status and psychological distress were administered. The Medical Outcomes Study (MOS) Short-form health survey was chosen because of its psychometric properties and ease of administration (Stewart, Hayes, and Ware, 1988; Stewart, Greenfield, Hays, et al, 1989). It is 20 item scale reflecting six concepts of health: physical functioning, role functioning, social functioning, mental health, health perceptions and pain (see Appendix D). The physical, social, and role functioning items were devised to capture behavioral dysfunction caused by health problems. Emotional status, health perception, and pain intensity items reflect the more subjective aspects of mental health and general well-being. In this study, the intent was to examine the association of support to health status and emotional well-being. Therefore, the health perception scale and the mental health well-being scale scores were used in analysis.

The MOS scale has been used in general medical patient populations resulting in reliability coefficients from 0.81 to 0.88, and coefficients for subgroups of patients (depressed, congestive heart failure, recent myocardial infarction, diabetes) and those whose scores were hypothesized to be lower based on previous studies (less education and age over 75) remained similarly consistent. Internal-consistency coefficients were slightly lower than those of the longer version of

this scale. In terms of validity, the scale was correlated with the larger health measure (the RAND health insurance evaluation), and distinguished between patient and general populations that could not be accounted for on the basis of sociodemographic characteristics (Stewart, Hayes, and Ware, 1988). The MOS short-form takes approximately five minutes to complete. It was administered to the subjects at the time of diary retrieval on the second home visit. MOS scores ranged from 0 to 100, with a higher score reflecting better health.

To measure emotional distress, Radloff's (1977) Center for Epidemiology Scale-Depression (CES-D) was used. The CES-D (see Appendix E) was incorporated into the diary, and the women were asked to complete it once a week for the 4 weeks they kept the diary. It was administered more than once to check for variation of depression with supportive interaction over time. This scale has been widely used with strong reliability and validity, and applicability to adult populations (Devins and Orme, 1985). In four separate field tests to determine reliability, Cronbach's alpha ranged from .84 to .90 (Radloff, 1977). It gives an indication of the level of depressive symptoms from subjects in community samples, is valuable for use in research and screening, but is not to be used for diagnostic purposes (Devins and Orme, 1985).

The 20 items on this scale were taken from a larger pool of previously validated measures of depression. The scale takes about ten minutes to complete, and has been found to be easily administered to diverse populations. The scale results in a score from 0 to 60, with a lower score denoting less depression. A score of 16 or above indicates depression and has been determined as a result of many community studies of general and depressed populations. Barnes and Prosen (1984) have

suggested that scores from 0-15 be interpreted as "not depressed", 16-20.5 as "mildly depressed", 21-30 as "moderately depressed", and 31 or higher as "severely depressed".

Data analysis

As discussed earlier, qualitative data analysis began after the first interview, and continued during and after collection of data. Because sampling becomes theoretical as the study progresses, and because continued recruitment of subjects is based on findings as the study progresses, it is not appropriate to collect data on a predetermined number of subjects. However, literature on qualitative data indicates that saturation is usually reached by 30-50 subjects, provided theoretical sampling has been ongoing (Chenitz and Swanson, 1986). After 21 interviews, no new theoretical notions in the areas of support or the process of getting on with life as a single parent seemed to be emerging. To keep the committee current as to study progress and to discuss changing sampling strategies or directions for analysis, meetings were held with committee members (Norbeck and Chafetz), and interview data were sent to other committee members for comment. In addition, I continued to attend and periodically present my data and analysis in a qualitative seminar conducted by Dr. Julie Corbin during 1990 and 1991. I also continued to participate in Dr. Anselm Strauss' qualitative analysis seminar through the fall and winter quarters, and my data was used for class analysis throughout the winter quarter, 1991.

The diary data was analyzed in two manners. First the diaries were read in detail and compared to the corresponding interview to see if the diary data corroborated or added depth or explanation to the

interview data. Secondly, diaries were descriptively analyzed as to frequency, source, and outcome of supportive interactions as described by each participant. In addition, the CES-D scales were scored after qualitative analysis had been conducted. The four CES-D scores from completed diaries were examined using repeated ANOVA measures to determine if the subjects had significant variability of scores over time (Shott, 1990).

To explore the association of support to health status, frequency of supportive contacts as indicated from diary data were examined for their relationship to health status indicators using correlational statistics. Further exploration into health status examined the association of qualitative group membership to health status. This was done using nonparametric statistics (the nonparametric Kruskal-Wallis to examine association between 3 or more populations) due to the categorical nature of the independent variable. Finally, using correlational statistics, social factors such as age, income, or duration of single parenthood, were examined in relationship to qualitative groupings, frequency of supportive contacts, and health status scores.

Triangulation of the qualitative and quantitative findings was conducted after the qualitative analysis was completed. Because this is primarily a qualitative study, the qualitative findings drove the quantitative analysis (Knalf and Brietmayer, 1989; Morse, 1991). Should unexpected results or discrepancies between qualitative and quantitative findings occur, the plan was to return to the qualitative data to search for explanation or to generate alternative explanations.

Summary

This was a grounded theory study designed to explore the process by which single mothers engaged in social support. The data collection methods that were used were the semi-structured interview, the structured diary of supportive interactions over a four-week period, observations, and self-report measures of health status and depressive symptoms.

Data collection began in May of 1990 and continued through March of 1991. Piloting of the interview schedule and diary took place in January of 1990. The major focus of the investigation was on engagement of social support, with attention paid to context, strategies, conditions, and consequences of supportive interactions in a sample of single mothers.

Data analysis was done simultaneous to and following data collection utilizing the strategies of grounded theory: coding, memoing, and constant comparison. Because this was a grounded theory design, data collection and analysis occurred simultaneously, going back and forth between inductive and deductive thinking. A qualitative design was well suited to this study as its purpose was to explore, describe, and generate theoretical constructs explaining the social/psychological process of engaging social support, and because there is a paucity of previous research on the processual aspects of engaging support by single mothers. Additional training in interpretive methods of analysis, and access to a larger pool of eligible subjects may have enhanced this study, but grounded theory strategies have allowed the researcher to look indepth at interview and diary data, and to generate theoretical concepts and questions from this study.

CHAPTER 4

ANALYSIS OF QUALITATIVE DATA

General Description of the Process of Getting on with Life:

Introduction

In Chapter 3, the reader was shown how the process and focus of analysis changed over time. When the focus on social support did not lead to an analysis scheme that appeared to incorporate the varied experience of the mothers interviewed, the focus of analysis became the process of how the women were "getting on with their lives" in the context of single parenthood. Supportive interactions appeared to play a significant role in this process and were influenced by such conditions as family structure or economic status. In this chapter, a descriptive overview of the sample and findings in regards to social support are first presented. This is followed by a more specific discussion of supportive interactions, the conditions affecting these interactions, and the areas of life in which these interactions seemed to be most salient for the women interviewed.

A typology consisting of three groups of single mothers was derived from the women's descriptions of their current situations. The three groups depict those single parents who are struggling with life, those whose struggle is mixed with periods of managing, i.e., they are keeping going, and those who seem to be generally managing. These groupings are not distinct but rather form a continuum, with qualitative differences between groupings. As they are getting on with their lives, all of the women seem to experience some degree of struggle and some

feeling of managing, but different levels of struggling or managing were evident. This typology is described in greater detail in Chapter 5.

The primary aim of this study was to explore and analyze how single mothers engage support. The results presented in Chapters 4 and 5 were derived from qualitative analysis of the 21 interviews along with qualitative data provided by their diaries (fifteen diaries completed, two diaries with two weeks of data, three diaries with eight days or less). Quantitative analysis of the diary data and of the health status and emotional distress scales is discussed in Chapter 6.

Although the interview focused on support, themes that emerged from the data suggested that support was not a distinct property but was woven into the everyday experiences of the women. It seemed to stand out as one of the contexts which strongly influenced the process with which these women began "getting on with their lives" after becoming a single parent. The process emerging from the interviews was not a linear one, but one in which the women would move back and forth through levels of struggling or managing. The degree of struggle appeared to depend upon the diverse conditions under which the women lived, and upon how these facilitated or constrained them as they attempted to get on with their lives as single parents. One of the more salient conditions did appear to be their access to and involvement in ongoing supportive relationships.

Following a summary of the sample participants, this chapter provides a description of the women's experience. A general description of the experience of support, the strategies utilized, the conditions salient to the process of getting on with life, and the common areas of concern (and consequence) are given. In Chapter 5, a description of the

three groupings, including a discussion of the process of getting on with life within each grouping, is provided. The contexts and conditions which influence this process and the consequences for the women within each grouping are included in this discussion.

Before providing the reader with the participants own words, an explanation is in order. To maintain confidentiality of the study participants, no names were used in the text. In addition, details that were non-relevant to the discussion, such as locations, gender, ethnic origin, or religious affiliation, have been changed to maintain anonymity of the participants. When initials are given, they have been changed and do not correspond to the actual names.

The Sample

Data collection was carried out from May of 1990 until March of 1991. Twenty-one single mothers who had at least one child ranging from 17 months to 10 years were interviewed. All of the women had been partnered in the past although not necessarily legally married. One of the women in this sample had ended a long-term relationship at the time of pregnancy and had chosen to be a single parent during early pregnancy and was included in the sample for comparison purposes, although her experience did not appear significantly different from that of the other women. Participants in the sample ranged in age from 21 to 47. Family size ranged from one to three children, with fourteen of the women having one child, six having two children, and one woman having three children. There was wide diversity in terms of socioeconomic status with annual take home incomes ranging from approximately $6,720 to $41,460. The mean annual income for the sample was $14,280. Six of the

women received federal assistance (Aid to Families with Dependent Children-AFDC), twelve were employed outside the home, and three were dependent on financial assistance from other sources, such as family loans or savings. The women's education ranged from completion of the 11th grade to the post-graduate level. Four of the women were currently enrolled in college level courses working towards a degree. A descriptive summary of the sample can be seen in Table 4-1.

Table 4-1

Demographic Summary of Study Participants

	Mean	Median	Range
Age (years)	35	35	21-47
Income (yearly take home)	$14,280	$15,900	$6,720-$41,460
Education (years)	14.9	14	11-21
Duration of Single Parent Status (months)	50.5	44	12-124
Ethnic Origin African American-7 White-14			

Getting on with Life As a Single Mother: General Description

The experience described by the women pointed to what was finally designated to be the major phenomenon of the study. This was the process of "getting on with my life" as a single parent, a transition from sharing parenting responsibilities to being alone in these responsibilities. The typologies that emerged in this sample were based upon the women's response to the general question, "How are things going for you?" and corresponded loosely to where in this process the women seemed to be. The three groupings came from descriptions of their general experiences, in which they enumerated positive and negative aspects of their current situation, with some women describing daily life as a constant struggle or burden and others describing daily life as going pretty well.

The process of "getting on with life" was identified as women talked about how they managed as a single parent, and as they talked about support and tactics that had been useful to them once they became single parents. "Getting on with life" incorporates the broader process of functioning day to day with responsibilities of children and household. The process denotes that the women had to change expectations, and often daily activities, as they began to function without the expected partner. The process incorporates planning for the mother's current and future situation as well as for that of her children. Not getting on with life implied feeling trapped, feeling as if she could not function without a partner, and experiencing a drastic change in living conditions such as homelessness, moving to substandard housing, or having inadequate finances to cover basic costs of food or clothing.

The following examples present various views of getting on with life. A 21 year old mother of a two year old child described the tenuous nature of her future. She was living with her mother at the time of the interview and stated,

> (109)...she's (her mother) leaving in January. We'll be out somewhere. The first time I lived together with my roommate and her boyfriend; I paid $267, a 2 bedroom. The second time I was paying $375. I'm going to look for a childcare position where I can bring him and possible get paid under the table. If they can't pay me under the table then maybe I can ask them, they can get me free or just two dollars an hour, so whatever. If I work for less than 200 a month, they won't touch my income, my welfare. Cause I have to earn some money if I'm going to move out.

She was uncertain about both sources of income and living arrangements. Although she considered working and going to school, she had no specific plans. In response to the question, "Which areas in life are positive for you?", she replied, "Not much right now."

Another mother who was older and from a more financially advantaged background described her situation as follows:

> (115)...there are times like last night when I can't go to sleep cause I'm so depressed and worried about the future. So I'm real stressed out in the financial realm. When I start looking at finances, I don't know how it's going to work out and I start worrying about ever finding anyone to be with, you know, the whole area of being a single mom. All my friends are coupled, including the ones that are single. Most of them have boyfriends. So I look and think, what's wrong with me and I isolate and spend a lot of time in my house cause it's nice and cozy here and I don't have to deal with the world.

Her concerns were both social and financial, and she went on to describe some of the plans she had for managing financially and for addressing her concerns about isolation.

A mother of two children described the process she believed had brought her to her present circumstances as she tried to end a relationship that was physically and emotionally abusive. Her comments provided information about conditions that were helpful to her as she tried to get on with her life. She stated that she did not feel like she could manage,

> (110)...until he was in jail about 6 months, was when I really started to be able to pull myself out. I can't remember--he was in jail--he had already gone to jail. So he was out of my life, she (daughter) was in a good school, a friend of mine had moved in with us who was also struggling, had a young son. This was a friend from high school so we had a lot of similar interests and rapport and respect. She hadn't seen me go all the way down so she remembered me on a higher plane which made me kind of rise to that level. Little by little I started to see that there was a better quality of life and that I could get to it...It all kind of started to open up. I guess your mind opens up a space. I got a play group going with a nice group of people...It was really a healthy environment and that's when it kind of started to shift. As soon as I could I went back to school and I started taking my classes. But it's been slow.

A 28 year old mother of an eight year old child who was living in a small town provided insight into the role of a peer relationship as

she was ending an abusive relationship, trying to get off welfare, and looking for a job. She stated,

> (114) Another friend of mine had a baby probably a year after I did. This is a friend I went to high school with. We live in nearby towns and we used to talk all the time, and she was on AFDC also, and she went back probably two months before I did and I just decided it was time for me...they noticed I did a good job and I was recognized for what value I had, so that made me try even harder and made me really re-evaluate my situation and what I was doing. I was going nowhere. So I started setting some goals for myself and what I wanted to do.

When asked what advice she might have for other single mothers she said,

> (114) I just think about how it was for me five or six years ago and how it is now, and if I hadn't set some real clear goals for myself on what I wanted to achieve and did it not only for myself but for her, and that's the main thing. Where am I going with her? What's it going to be like for her in this many years?

As these examples show, the women describe change over time in a variety of areas. Their situations are diverse and the priorities and conditions differ, but they all seem to be involved in a process in which they must figure out what they need to do in order to be able to have a decent life for themselves and their children. Not all of the mothers words clearly denoted change or plans for the future, but all of the participants spoke in ways that reflected their desire for a decent life in terms of personal, social, and economic conditions.

To understand the role of support in this process, conditions which seemed to facilitate or constrain how the women were getting on with life were searched for in the data. Many conditions, for example satisfaction with housing, childcare, or job skills, appeared to influence (and be influenced by) the quality of supportive interactions with varying consequences for the women. The conditions mentioned by the women were separated into personal, family/social, and material resources and are described in detail below. Although the women's

situations were diverse, three areas stood out for all of them as more or less problematic. These areas were, having responsibility for child welfare, maintaining a household on a day to day basis, and caring for herself and are described in the final section of this chapter.

The Experience of Support

All of the women interviewed were able to describe their understanding of support or the qualities of supportive relationships, even when support was felt to be lacking. Interestingly, it seemed that the women with the largest and most active social networks were less able to articulate support during the interview, perhaps because it was more taken for granted. From women who felt they had always been supported by family and friends, the following statements were typical:

> (114)...I've always had my family to rely on...the emotional support--when you say support, that's more what I think of.

or,

> (119) (support is) Someone who'd be willing to help me if you need them, if it was just to watch my son, to watch him or if I couldn't, you know, go pick up something they would get that for me. You know, just lending a hand and being available...I've never had to say, oh, I need this or can you do this for me, so I guess they just support the decisions that I make.

Another mother who had daily contact with many family members or friends gave the following response when asked what support meant to her:

> (100) My family. (pause). My family cause my family supports me, like. They help me, you know, with my son. If I need em to watch my son, or my son needs something, you know, and I don't have no money. You know, but my friends are like that too...

For one participant who felt supported, but had worked to acquire the support she needed, the discussion of support was as follows:

> (120) I started to utilize my friends when, for instance they would babysit...they would come over. And they just sat there

> and they held her (infant) the whole evening. So, it was like, whenever friends would come by, I was so happy and I started to use people more.

A woman who felt unsupported, without close family or friends, gave a description of support which included specific areas in which she felt support was lacking:

> (102) Oh, well, in my dreams it (support) would mean a grandma that would come and visit him or a sister that would be here to take him, a father that would come and take him once a week on a regular basis. It means people understanding. It means the lady downstairs being patient when he makes noise. It means um people on the bus giving you a seat when they see you struggling with a toddler and a stroller...so support means, you know, everything from somebody helping you out to somebody being a little more patient in the line at the Safeway or a little more understanding because your kid takes, you go down the sidewalk like (gesturing) this instead of like they're going.

The description of support from this sample--in terms of sources, types, and quality of support--is consistent with that in the theoretical and research literature (cf., Duffy, 1989; Issacs and Leon, 1986; D'Ercole, 1988). As noted in other samples of mothers, women in this study most often named their mother or close female friends as sources of support, and tended to use already existing sources that had been present before they became single parents. In this sample, when asked who provided them with support at this time, eight women responded first that it was their mother or family member, and eight named friends. Three of the women named male as well as female friends. Four women named formal sources of support including therapists and parent talkline workers. One woman responded to the question by talking about her feelings of isolation and her lack of day to day support.

The women described support consistent with definitions and descriptions in the literature. They talked of emotional and tangible (or instrumental) support, with more tangible support coming from family

members in the form of housing, childcare, or money. Emotional support was most commonly provided by friends, but also by family members. Participants referred to this kind of support not only as emotional support but also as moral support, friendship, being understood and being accepted. When asked to describe what was valuable about the support received, they gave similar answers, regardless of the source of support.

They described support in terms of what it meant to them as well as why it was valuable to them:

> (107) It's mainly emotional support, it's just someone to pat you on the back. Someone who is, who's going to be there for you when the chips are down, not just when the times are good, not just for fun, but um, or socializing and having a good time but someone who really encourages you to keep going, and supports what you want to do, you know.

In the following excerpt, both tangible and emotional support is mentioned by the mother:

> (120) I think having people that can be there to help with child care is supportive, friends that can, that you can call or get in touch with for emotional, if you want to talk about things, who can be supportive on an emotional level. I guess generally just people who can be there to help you out and will not judge you or kinda do it in a nonjudgmental basis. You know, can give you some affirmation or people who you can get together with, people that seem to, that listen, that you have a good relationship with.

From another participant who had sought many formal supports such as therapy groups, but who felt informal sources were not available, support was valuable when she felt she was,

> (115) being heard in a way where someone doesn't rush in to tell me how I should feel or what I should have done. Someone who can listen without trying to fix it for me.

When talking about properties of support that make it useful or valuable to them, the women generally described relationships in which they felt understood and valued and that were characterized by honest

and nonjudgmental communication. They spoke of being affirmed and accepted. They spoke also of relationships that had a reciprocal or mutual quality to them. While speaking of the relationships that had this mutual quality, women sometimes used the word "we" as they discussed these relationships. This reference to "we" was not found in descriptions of support from women who felt isolated or unsupported. Those who felt support was lacking also tended to mention their need for someone who would listen and be nonjudgmental.

An example of the mutual, ongoing nature of relationships is provided by this participant as she tells who is available to her for support and why this relationship is considered supportive:

> (107) One of my best friends, I've known her since I was 14, and she's in a nearby city but we still keep in touch. And she's like a soul sister, we're really close. We went through a lot together in high school so there's, we had some common problems in high school and some common interest and we spent a lot of time talking about our inner feelings and how we were going to deal with things, problem solving together. And she was in a rough situation...different from what I had gone through but, um, I think we were going through a lot of pain and thinking why are we in these families, and how do we get out, you know, at a very young age.

To summarize, social support described by the participants in this study reflects the type and quality of support already described in the literature. Support was spoken of as both tangible and emotional, provided mainly through relationships with family and friends. For women who felt they had adequate support, there seemed to be a mutual or reciprocal quality to that support within an ongoing or potentially long-term relationship.

Strategies Utilized in Getting on with Life

All women, regardless of their situation, exhibited strategies as they dealt with daily life as a single parent. These were not necessarily conscious strategies. Nevertheless, they were apparent in the interviews as the respondents described their situations. The strategies obtained from the data could be categorized into those strategies that involved interactions with others and those that were primarily personal strategies. These were variably utilized by the women (see Table 4-2).

TABLE 4-2

STRATEGIES

Interactional	Personal
Establishing ties	Setting goals
Sharing experiences	Working towards goals
Reciprocating	Sifting
Utilizing social resources	Reconceptualizing
Maintaining relationships	
Seeking information	

Interactional Strategies

The strategies involving interaction with others focused mainly upon initiating, accepting, or utilizing social or tangible resources. These were given the following codes in the data: establishing ties, sharing experience, reciprocating, utilizing social resources, maintaining contacts, and seeking information. Establishing ties was coded when the mother talked about renewing an old relationship or

establishing a new relationship. An example of establishing ties was given by a woman who had run into an old high school friend after many years of separation and had then reestablished their friendship. Another example was given by the mother who called up one of her past teachers to get advice regarding school choices for her son:

> (106) I have a, um, well there's a professor at...that used to be my junior high school teacher that I can talk to and um my former junior high principle, Mr. T, I call. He's down at...now, he works down there. But I call him and I actually will talk to him about...

Many of the mothers described establishing new ties by finding women in similar circumstances, either formally through groups or informally through work or friends.

> (111) When I was pregnant, I was looking for other women that were pregnant with their first child over 40, so I sort of started a support system early on and I found a woman who--we hit it off. We were both married at the time and she had just had a baby a few months before and we were both in marriages that were not happy. I actually split up earlier than she did and then she split up... so now we have double support. We both have children at a similar age plus we're both single.

Sharing experience was a code used when a respondent talked about the sharing experience as being supportive or valuable to her. Most frequently it was in relationship to parenting issues, such as finding childcare or locating resources for single mothers. An example is given by a woman who had reestablished contact with an old friend:

> (105) I've actually known her for over ten years. We were neighbors in...and then met again after not seeing each other for seven years. We met again and we're really close friends now. And she's helped me a lot just because she was on Welfare going to school and she helps me with a lot of that sort of thing, knowing who to contact when and stuff like that.

In another situation, a mother found a small group of single mothers through a general agency for parents. She even took on the

responsibility of organizing the small group and maintained ongoing contact with this group for two years.

> (111) Through them, the other thing I found was, I was sort of walking around at this single-parent group and I overheard someone talking about Shabbat and I'm Jewish, and I said oh, is there a Jewish contingent here? And they said, yes, we're having a single-parent Shabbat.

Reciprocating was another strategy evident in the interviews. Reciprocation occurred through intangible exchanges (listening to each other, having fun together) or through a tangible exchange such as babysitting. When this code was used, there was always an exchange or mutual quality to the interaction being described. As this participant described those whom she felt were most supportive, she stated:

> (105) From all of them the most valuable thing is the moral support and just knowing that there's somebody there that I can call if I have a problem and that they will listen. With my girlfriends it's more of a two way thing where I'm there to listen to them too.

One participant had a sister-in-law who was also a single mother, and they regularly gave each other a break by watching each other's children:

> (116) And then she's there with, come weekends, I just need time away from them and she'll take them. She'll take them for the weekend and vice versa. She needs time alone from her sons.

Utilizing social resources was coded in those cases where there was evidence of accepting or utilizing either formal or informal social resources. An example of utilizing formal resources was calling a parent talkline when feeling stressed or seeking professional help for a behavioral concern about a child.

> (102) The system I use the most is Family Service Agency. They've been very very helpful. Thank God for them. They have been great. I have called the hotline many times.

Utilization of informal resources could be asking family members to babysit, or accepting money from an ex-inlaw. One example is provided in the use of a friend for babysitting:

> (113) ...and we've been real good friends for the last several years. And she isn't working...B (daughter) goes to the same school that her two go to, so I drop B off in the morning...and she takes B and spends like a half hour there every morning and then she'll take her to school...so I didn't have to deal with paying for childcare.

The code, maintaining relationships, was used when the women talked about actively maintaining relationships with friends or relatives. One mother had found the help of an elderly acquaintance with childcare, information, and moral support during her initial adjustment to single parenthood to be invaluable. Although she no longer asked her for childcare services, she made sure that she had frequent phone contact and made an effort to visit this person at least once a month. She stated:

> (116) I try to visit her 2 to 3 times a month, just to visit her. I talk to her frequently on the telephone. But I try to visit her ...she's just been like a pillar. It's good to have someone like her.

Another mother talked of maintaining frequent phone contact with a sister living far away, and making an effort to see her own mother weekly. While there may be some reciprocity in this type of contact, the primary responsibility for maintaining the contact rested with the respondent. A woman who visited her mother on weekends was asked if that was the only break she got in her week. She answered affirmatively, then stated:

> (101) Then I don't get those. I'm over there cooking. And my mother, she's been tired...

This mother went on to say that while she used the time at her mother's house to do laundry and other chores, she at least had some time in a room away from her children.

Seeking information is the final code included in strategies involving interactions with others. This code was given when the women talked of actively seeking information--about childcare, behavior management, schools, counseling, housing, etc.--that would serve to improve their current situation. To receive this code, the information sought did not necessarily have to do with parenting. Two examples are provided below. The first example is from a young mother who had been trying to find out if she could get on a waiting list for low-income housing. She told the following story:

> (109) ...but if you call there they say they're not taking applications until August. You have to go in person, you can't rely on the phone, because they are going to give you the run around over the phone. Because they've got so many people...that they are just going to play a game with you. If you want to get on a waiting list for anything. The waiting list for Section 8 is closed for 5 years. If you want to get answers, you have to go in person. I have called back 5 minutes later and got different answers, and it's like these people are supposed to help. They can't be honest...you have to find out on your own. And I hear more information on the street than I do from any organization.

The second example was obtained as a mother told how she found resources for single parents after relocating to a different city:

> (104) No, nobody gives it to me, OK. Nobody comes and says here's a good group. You should join, OK? I'm the one that goes up to other people and tells them here's a good group, you should join it. No, I look in the papers, I read things. I think I read this one maybe in Parent's Press or one of the parenting papers and it, it described it as sort of structured group or something like that and so I went...

Personal Strategies

There were many strategies that could be included under personal strategies. Described here are the ones most frequently encountered in

the data. Others are discussed as they become salient to a particular situation relating to the three major groupings of mothers.

A strategy that stood out for many mothers in getting on with life after becoming a single parent was setting goals. They talked of setting goals and priorities for themselves, and also for their children. Goals were quite variable. Some of the women talked of specific goals that they made for themselves such as moving or going to school, and there was evidence that they were working towards the goals that were mentioned. Other women had nonspecific goals without any evidence that they had made efforts to accomplish them. Still others did not mention goals at all, but talked of daily concerns without much regard for the future. An example of such goals is provided in the following example in which the participant discussed her desire to go to school or get a job:

> (109) The GAIN program doesn't pay for prerequisite courses. I was going to take nursing and I need to take the three courses before that. They don't pay for that and I don't know what I'm going to be doing. I don't want to share care because I have to study all the time for this, for chemistry, you know. You don't have time and I can get stressed out pretty easy. If I don't do that I'm going to be taking child psychology and hopefully get a loan from the government and start my own business for a daycare. Those are my two options and I have to decide between now and then or I might take one course in nursing and see if I can hack it and then decide.

The following statement is from a mother who had been able to complete her degree and find employment after becoming a single parent. Although she had not saved enough to actually buy a house, she had strategies in mind to increase her savings:

> (119) I want to move, and that's not going well. Maybe that's another stressor cause I wanna move from my mom's house. So I'm trying to save money so I can be able to try to buy a house or something by this summer. I couldn't see paying rent for two of us. My son has so much stuff, we need a house. It could be just

> something small...so maybe I need to do something different with the savings-that's another stress.

Related to this was the strategy working towards goals. These strategies were distinct because some of the women who talked about goals appeared, in fact, to have no specific goals and gave no indication of working towards goals.

Another strategy frequently noted was that of sifting. This code was used to designate a process described by the women that involved sifting between two options when problem-solving or making a decision. Sifting was coded when neither option was necessarily the best, but when the participant had to choose between options that were not optimal. It was used instead of the term balancing, because with sifting it appeared that some sacrifice or compromise must be made.

One mother described her major stressor as lack of time. She then told of how she planned to arrange an evening out. This required that she give up more time at a later point:

> (105) What I don't have extra money for is a babysitter. And I haven't found people to trade with. I have one single father who trades with me. And I take his two daughters and he'll take my two. And that works out pretty good.

Another example of sifting is provided by the mother who used the television to entertain her three year old more than she wanted to, but felt it was the only way to get a break from providing constant attention to the child. This comment was made when she was discussing what occurred after the earthquake:

> (102) But after that it was three days without power and my son didn't have TV which is, although I hate to admit it, one of the things I let him do out of being a single mother.

Another strategy, reconceptualizing, was one used by many of the women in their transition to parenting without a partner. This strategy

was designated when they talked of changing the way they saw themselves, the way they thought of their families, or the way they formed their expectations of themselves or others. It was also used when they talked of changing old patterns such as daily routine or work schedules, or the way they might have handled concerns differently than in the past. An example of reconceptualizing was given by this participant:

> (107) I get on a bandwagon where I say, I'm going to do it all by myself, and no one's going to tell me I can't and I've learned; I did that when I got divorced. I did every thing by myself, and it was hell. But so now, this time that I'm moving, I've called, in fact yesterday I spent time calling all these different people to say, hey, I'm going to be moving, I need painting, I need, you know, someone to help me sand the floors, I need moral support, I need nights out to dinner. So yeah, I'm forcing myself to try to get the support that I know that I'm going to need before I get into a situation.

The following passage also reveals a change in the way the participant sought help from others. With help from family and friends and a school loan, she was able to move to a safer neighborhood.

> (105) Well, I usually want to be able to do everything on my own but I have to realize that's not really too realistic because when I realized that I just had to get out of that neighborhood because there were just way too many drive-by shootings, drug deals going on my corner, you know? That was just too much--that I looked at my options and found that I was eligible for a loan because of the grades that I've gotten, that I hadn't had any loans, that--so I went through that process and found out how much I could get and then I started looking. Once I got that money I decided, 'Okay, this is what I can do.' And I talked to, you know, my mother-in-law and I kept everybody--knows what I'm doing at every moment, I think.

Another example is given by the woman who decided to become a single parent after ending a long-term relationship:

> (113) And usually I plan and organize and I'm real sure...I kept thinking, I have to have a husband. It has to be just right. I have to have enough money. And then one day I said, I'm just gonna have a kid and it'll all work out.

All of the strategies could actually be considered subprocesses in the larger process of getting on with life. The various strategies and how they interact with resources and influence consequences for the women, are discussed in the each of the sections describing the three major groupings.

Conditions Influencing Level of Struggle

As the interviews were examined for evidence of conditions that appeared to influence how the women experienced their life as a single mother, resources or lack of resources that facilitated or constrained the process were separated into three categories: personal resources, family and social resources, and material resources.

Personal

Personal resources that appeared to facilitate the process of getting on with life were, a) the opportunity for education, b) past experiences that had given them confidence in their ability to interact with others, and c) self-described characteristics that allowed them to seek resources as the need arose. In addition, time and energy served as resources (conditions) facilitating or constraining women in their attempt to manage, and in turn could be considered consequences dependent upon resources in the other areas. For example, a woman who has consistent time for herself because her ex-partner shares childcare responsibilities, may also have more energy to spend in ways that help her to organize or improve her current circumstances.

A mother who returned to school to get a master's degree was able to obtain part-time employment because of her education and job experience. In addition, because her ex-partner shared in childcare,

she was able to continue to work to supplement her income as she attended school. She explained:

> (120) He helps out by taking her every other weekend, and he does it regularly. If he didn't do that, I wouldn't be able to work. Because I actually cannot work, at this point, I can't work as much I was working cause I can't afford childcare the way I could when I was working; and also school work, there's just too much.

Her combination of personal and social resources influenced the way in which she was able to manage her situation.

Some personal characteristics that served as resources came from the interviews. For example, one participant described herself as a go-getter, an organizer, a "networking kind of person." She discussed how this characteristic had aided her in past jobs, and recently in starting a new job. Another noted her outgoing and engaging personality in contrast to her sibling's, and noted how she had managed to do well in spite of a very troubled family background.

Women who were struggling wished they had more self-confidence or the skills to get a job with a future. Some of these women stated that they occasionally felt depressed about their lives. In offering advice to other single mothers, one participant suggested:

> (103) If you can, get an education first off so you can (sigh) get a job with a future. The main thing is to try to get a job, cause nothing feels better than to be self-sufficient. When you don't have to be at the mercy of, I don't know what, of other people or just you know, it does so much cause I used to feel like a failure. Just, I would say the main thing is to try and get a job and to be financially independent as much as possible.

Both presence of and lack of these resources appeared important to the process of getting on with life for these mothers.

Social

Family and social resources were grouped together. Here, quality and availability of relationships with significant others, including the

relationship with the father of the child, were considered. To determine these resources, both interviews and diaries were reviewed a second time after the women had been categorized in one of the three groups. Both family and close personal relationships appeared significant to the degree of struggle the women encountered in their daily lives. Women with few albeit strong relationships were considered to be "keeping going" as they struggled or managed in their life as a single parent. Those in the group that seemed to be generally managing well had evidence of ongoing interactions with significant others, be they family or 'family-like' friends. In addition, those who were managing well continued to form new relationships while maintaining old ones. Though women who were struggling were able to point to significant relationships with a friend or family member, these relationships were limited in number and the persons named were often very stressed themselves.

Material

The association of low levels of support to lower economic status has been found in previous research (Thoits, 1982). It has been discussed in terms of overburdened social networks and the presence of chronic stressors that effect the expectations of support as well as the access to and availability of potentially supportive relationships. Material resources in this analysis included income, housing, availability of transportation, and resources available for recreation or personal development (therapy, job training, education). There was diversity of material resources within each grouping, but in general, those managing with single parenthood had more material resources in all areas than did the women who were just keeping going or struggling.

Common Areas of Concern for Single Mothers

In order to more fully understand the impact of conditions and resources on the lives of the women, this study examined the stressors named by the women and observed how resources or strategies appeared to influence the stressors or level of stress discussed. Among answers to the question, "How are things going for you at this point?," three areas stood out as more or less stressful for all of the participants. The areas related to, a) having responsibility for child welfare, b) attending to the needs of every day living for the family, and c) caring for oneself in spite of the burdens often encountered as sole provider and parent. Although these are probably areas of concern for all parents, they become especially burdensome when parenting without a partner. The concerns noted within these areas and the level of struggle encountered was influenced by the conditions (the resource categories) in which the women lived. A brief description of each area is provided below. Specific examples are provided in later sections.

Child Welfare

The women talked of the problem of finding flexible, adequate daycare. They voiced concerns about management of the child's behavior and emotional well-being, and the responsibility of being the only one available to the child. Women with school-aged children voiced concern about after-school care or activities, and the child's relationship with his or her father. The following is a powerful example:

> (106) But for me it's just that I don't need to hear negative things. I don't need things blown out of proportion because I'm really trying to do my damnedest to be, to cover all sides and I know that it's not possible to do everything perfectly even when you have two parents, but I really try to bend over backwards to be adequate and to be you know, sufficient when it comes to you know, teaching H the things he needs to know and the social skills

> and manners and addressing negative behavior and things like that. And I just you know, I feel like what's the use of being a parent if you're not going to do it right. And it's just, um, it's hard when you're doing it by yourself. And you're trying to do it, cause I'm the disciplinarian as well as the nurturer, you know.

Both social and material resources influenced the level of stress expressed in this area of concern.

Daily household management

In this area of concern, mothers talked about never being able to catch up with housework, dealing with scheduling of family members, not having regular mealtimes, or dealing with less than satisfactory living arrangements. For those mothers who had to share bedrooms with their children, patterns of sleep were a concern. As might be expected, mothers with less financial resources and less respite from childcare voiced more concern in this area.

Caring for Self

Of all the areas studied, caring for self seemed to be the most neglected. Women talked of having no time for recreation away from children, of having no energy, and of feeling constrained from attaining personal goals or seeking formal services such as therapy. Women talked about being unable to attend therapy or a twelve-step program due to lack of finances, time, or childcare. Often women talked of not missing work when they themselves were ill, because they needed to reserve their sick leave for dealing with their children's illnesses.

Chapter Summary

Through asking single mothers about support, a process, getting on with life, was derived from the interview data. Women used different strategies for getting on with life after becoming a single parent, and

for each woman, the particular set of circumstances varied. These circumstances were viewed as resources for purposes of analysis. Three resource categories, personal, family and social, and material incorporated the circumstances described by the women. In the analysis, three areas of concern seemed to stand out regardless of the particular circumstances. The level of concern, and the consequences for the women in these areas appeared to be influenced by the circumstances (resources) surrounding her home life and the strategies she utilized in moving on as a single parent. From analysis of the interviews, three groupings, based upon the level of struggle the women described in their day to day life as a single mother, were identified. These groupings, along with salient strategies, resources, and consequences for the women in each group are described in the following chapter.

CHAPTER 5

ANALYSIS OF QUALITATIVE DATA

The Process of Getting on with Life: Somewhere Between Struggling and Managing

Introduction

In this chapter, a more detailed description of the three levels of participant functioning is presented. As I analyzed the data, I searched for a way to organize it in a manner that would include the diverse experiences of the women. Their experiences did not seem to fall into consistent categories based upon age, income, father's involvement with child, duration of single-parent status or availability of family support, although therr did seem to be patterns within these areas. When the overall quality of their lives was considered, however, three groupings, that seemed to incorporate the range of the participants' experience.

These groups were based upon the participants' responses to the question, "How are things going for you?." An initial, general response was typically followed by more specific responses about areas that were generally going well and those that were not. The three groups, derived through qualitative analysis, depict the level of struggle or ease with which the women were getting on with their lives in the context of single motherhood. The groups were identified as 1) those with participants who were <u>struggling</u>, 2) those who were <u>keeping going</u> in which case functioning was mixed with some degree of struggling and managing, and 3) those who were <u>managing</u>. Within each group, supportive interactions were different, as were the strategies for dealing with

life on a day to day basis and the consequences for the mothers. The groups, the resources, the strategies, and the consequences for the participants are described below.

Struggling

The participants were categorized as struggling if they gave the impression that their lives were generally difficult and stressful. Women in this group talked of life as hard, with little or no respite from childcare, with no time for themselves, and often with few financial and social resources. There was little optimism in these interviews. Examples of statements indicating that all was not well were common:

> "It's been rough, but as long as I get my counseling, I'm OK".
>
> "Right now, I'd say I'm lucky (currently housed with her family), but after that, I don't know."
>
> "...ninety percent of the time, life is stressful."
>
> "...I can't sleep cause I'm so depressed and worried about the future"

Women in this category talked about isolation, depression, and exhaustion. They had concerns about their relationships with the fathers of their children. They spoke of uncertain futures. They were concerned about finding affordable, satisfactory childcare. They generally had less income and inferior housing than those in the other categories, though financial issues were not necessarily felt to be the primary stressors. As one participant stated:

> (105) I've become real resourceful and I know how to be poor. The financial thing isn't stressful right now.

Seven of the twenty-one women interviewed seemed to fall into this category. In terms of income, four of the seven were dependent upon public assistance (AFDC and/or SSI), one mother had recently left public assistance after finding work, and another had been employed in a clerical position for five years. One of the women in this group was from a more advantaged socioeconomic background and had been separated for only a year. However, without family loans, her economic status was uncertain and her future in question. Three of the seven mothers had two children (with different fathers); the rest had one child. Their children ranged from 13 months to eight years and eight months. Each of the women had a toddler or preschool aged child in the home. Duration of single parenthood ranged from 12 to 60 months, the median being 24 months. They ranged in age from 21 to 42 years. All but one had completed a high school education and four of the seven had had some education or training beyond high school. The mother who had come from a more advantaged background had had schooling beyond college.

Resources

In general, women in this group seemed to have fewer personal and material resources than the women who were considered to be keeping going or managing. Some of the women were relatively isolated. Those who could name social or family resources noted that their social networks were often stressed or unavailable.

Personal

As discussed in Chapter 4, personal resources that seemed to influence the degree of effort or ease with which the women were getting on with their lives were a) past opportunities for education and

employment, and b) what can be described as a personal quality that enabled them to feel they could be successful. This quality has been has been variously described as optimism or a sense of competence although it is not limited to these concepts. In terms of personal resources, only one of the women had had the opportunity to complete a college degree. Some of the women had obtained technical training beyond high school and had past employment experience they considered successful (102, 105, 110). Two of the women were currently enrolled in college classes, but this added a great deal of stress to their lives, took away valuable energy and time, and stretched their already limited financial resources. A mother of two had recently returned to work and was also in school. In discussing the benefit of moving into a bigger home one year earlier, she spoke of getting settled and of her feelings of stress and lack of time and energy. She related:

> (110) I grind my teeth at night...I'd love to be able to see someone but I had a dental appointment but I couldn't go because I had to make it a month and a half in advance and I had an exam. It was before I started school, then I had an exam so I didn't go. So, you just feel crazy.

The other participant, who was enrolled in college, spoke of her feelings of having to moving recently, having to deal with children's behavior, and,

> (105) ...being in summer school, which is very intense. It's everyday and it's an advanced math class so it's like three hours of homework. So I usually spend from 10 in the morning until four o'clock when I pick up the kids from where they are. That's just school work.

Two of the women were employed, but struggled with decisions about childcare and managing when their child would fall ill. Both noted that they had to take sick leave to care for their children and had no leave left in the event that they should become ill.

As one participant said:

> (118)...absenteeism (is) low 'cause I like saving my sick days in case H. gets sick. In that way they (supervisors) are not supportive...For sick leave, I have to lie and say I'm sick, 'cause if I say H. is sick, I won't get paid.

Two of the women on AFDC voiced a desire to work, but did not have specific job skills, nor was there evidence of confidence in their ability to obtain jobs that might provide a decent standard of living. In discussions about work, the issue of balancing cost of childcare and health care with limited income was an issue in their struggle to get off public assistance.

Although difficult to define, there were examples of personal characteristics that helped them cope but were not sufficient to overcome the burdens that seemed to keep them struggling. One woman told of having to stand up for herself and to insist that the social services worker treat her with more respect:

> (101) I mean, it's like, I'm this woman that always used to get dumped on, you know, when I called her well "didn't you just call me," you know, "I'm tired of talking to you," and I even had to get really verbally abusive with her and tell her "no, it was not me so, you know, stop it. I'm giving you respect, so give me the same respect that I give you." Ever since then, she's been giving me respect, you know, when I call, I tell her "this is N., how are you doing," you know? She gives me that same respect because I really got fed up. She was always dumping on me, you know.

In many interviews, there was evidence that the women were self-aware and knew where their problem areas lay, what their limits were, and when they needed to seek help. However, limited resources in other areas, both social and material, hindered their ability to make use of this self-awareness. In the following excerpt, the mother refers to a situation in which she felt she could not manage her son's behavioral disturbance. She had talked to family members and had tried to get help

through the school system, but felt like no one believed or understood her. She told this story by way of explaining what made her seek professional help:

> (101) This was, I couldn't believe what I was going through. It made me feel like, you know, just going in the corner and just shrivel up. You know I just felt really bad. Then I had to go in the bathroom...and I would just go in the bathroom and calm down. I just couldn't take it. It was just too much. I mean, I was at the, to me, I didn't know if I was having a nervous breakdown or not, because I was truly there. I knew I kept myself together so I knew you know, I wouldn't hurt the kids or nothing.

This mother was a relatively isolated person. Except for seeing her family on weekends, her diary reflected that she rarely had a social contact which she considered supportive. When asked who, other than her therapist, was supportive, she replied:

> (101) Um, nobody. That's why, I mean, I got to the breaking point. Nobody. (then said) I mean, cause I couldn't talk to my mother about (son). It's like, "no there's nothing wrong with (son)," you know.

So, even though she was aware of her situation, her limited social resources did not enable her to seek assistance. She lived in a studio apartment with two children, and was dependent on public transportation. She noted that she very much wanted to improve her housing situation, but did not have job skills or financial resources to enable her to do so. So although she seemed to possess self-awareness and the ability to speak up for herself, her lack of educational and employment opportunity hindered her from attaining the standard of living which she desired.

In addition to evidence suggesting that women is this category had some personal resources, there was also evidence that, in general, they felt a lack of personal confidence in some areas. In discussing how she and her sisters compared to their own mother, one participant said:

> (118) All of us are pretty weak, you know? I should say that. Actually one sister has three kids and she's managed to complete two years of college and so she's had just--it's been a lot of struggle in her life. Far more tense than my struggles. And she's managed it. She has managed to finish school which is something that I haven't even done.

Family and Social

The women in this group described family and friends that they considered supportive, but the support was not always available and the number of persons with whom they had contact was fewer than for the women in the other two categories. Although some of these women had family nearby whom they saw on a regular basis, this contact was not always supportive nor did it appear to buffer the level of stress that they felt in other areas. Three of the women's mothers lived in the area. The woman quoted above (101) every week visited her mother, who lived in a high crime neighborhood but felt her mother preferred to rest or went about her cooking or housework when she visited. In addition, she did not feel her family approved of the way she tried to manage her oldest child.

Another mother talked of visiting her parents irregularly, and pointed out that they refused to babysit (110). However, she felt that her parents would help her with financial problems if she asked. Another was currently living with her mother but this was on a temporary basis only as her mother planned to move out of state (109). She talks regularly to her paternal grandmother by telephone (long distance), but has no other relatives she felt she can count upon for support. Therefore, she felt uncertain about her future and about whom she could call on for support after her mother moved away.

The other four women in this category did not have immediate family nearby. Although they spoke of having some friends available, these did not seem to be family-like friends, except in one case (118). One woman (102) appeared to have few supportive relationships except for acquaintances, neighbors, or professionals, and her diary confirmed this. Furthermore, she did not maintain what she would consider supportive phone contact with family out of the area. Another, who attended therapy, talked of isolation and did not feel she had many close relationships:

> (115) It's funny, because when I talk it feels like I'm well supported. I have several support groups which I can tell you about...I have a few friends that I can call, but I often feel um pretty isolated (weepy). It's hard to go out, um, (crying) It's funny, at 2 o'clock last night when I wasn't sleeping and I was reading and reading, I thought, if I were suicidal, there'd be hotlines to call, but I'm not, I'm not going to kill myself. But there's nobody to call...In terms of support, I don't feel, I feel very much alone.

One participant noted that she had maintained a close relationship with her mother and sister through telephone contact, and had developed close friends in this area (118). However, she stated that one of her major stresses was isolation and "lack of a social life." In giving advice to other single mothers, she said:

> (118) There's not a great deal of support out there, that's what they should be aware of. I'd say just really, you know, become well read. You have to go out there and find the resources yourself.

Although she felt her family and friends provided some emotional support, she felt overwhelmed due to a difficult housing situation, isolation, conflict with her child's father, and no respite from her childcare responsibilities. The fourth woman maintained frequent telephone contact with her own mother and the paternal grandmother of

her second child, but named other situational stressors and lack of time and energy as primary stressors. Again, in general, social and family resources appeared limited for women in this group and the lack of social resources appeared to aggravate the burden of daily responsibilities experienced by these mothers.

When examining social and family resources, it was not simply the number of people available that influenced the way a woman experienced her life but also the quality of those relationships. During the interviews with women in this group, conflictual relationships with family members, fathers of the baby, or other close friends were mentioned by six of the seven women. Participant 118 was currently in a legal battle with her child's father to try to get some financial support. Participant 115 had ongoing conflict with her ex-husband as they worked to settle child visitation rights and financial matters. She does not feel that her own mother was particularly supportive at this point in her life. She also had problems relating to an old friend due to a comment she made about a personal matter. Participant 102 had stopped communicating with her own family, had developed extremely negative communication with the father of her child, and had recently lost contact with a woman friend due to some misunderstandings. Participant 109 would not attend a single-parent group because it was located in the neighborhood of an ex-roommate with whom she did not get along. It is possible that the combination of limited social contacts and lack of personal confidence made the unpleasant interactions seem especially distressing for these mothers.

Material

As noted above, this group had fewer material resources than the other participants in terms of income, housing, and transportation. Four of the women had cars, which were being maintained with help of family. The others were dependent on public transportation or on obtaining rides. Three of the women lived either in studios or a group housing situation that required sharing sleeping quarters with their children. The woman who lived with her mother shared the house with three other adults and slept with her child in the living room. She mentioned that nap time was a problem. The annual take-home income for this group ranged from $6,720 to $41,200, with six of the women having an annual income under $15,000. Although housing was cramped for some of the families, all of the homes visited had a comfortable feeling and contained toys and pictures of family members.

Strategies

The women who were struggling used strategies similar to those used by the women whose lives seemed easier but they tended to use strategies that involved acting alone rather than employing strategies that could provide some opportunity for supportive interaction with others. Among the strategies utilized by the women considered to be struggling were planning, utilizing formal social resources, maintaining relationships, seeking information and sifting.

Planning was a strategy utilized by this group, but to a lesser extent and not as specifically as mothers who were managing with less struggle. When discussing the desire to get further education and employment, this mother (101) said,

> "I want to go and get my, um finish going to school, and uh, I don't know if I want to become an officer, or, I don't know."

Her planning involved only the immediate future. Except for one mother (105), the women in this group tended to have uncertain futures in regards to sources of income, living arrangements, and lifestyle. Planning more often involved short-term issues such as transportation, budgeting for the week, or making weekend arrangements (as opposed to specific goal setting, which is more global and long-range).

Seeking information was noted for many women. Information was usually sought regarding child behavior, childcare services, financial information, or public service. One mother was particularly persistent in trying to find out about school options for herself, subsidized housing and childcare (109). She said of support, that "there's not much out there anyway" and she advised other single mothers in similar situations to keep calling, to "ask tons of questions and don't worry if you're bugging them (the agencies) too much". She added, "You have to find out on your own." About living on welfare, she said, "I'm trying to make it." Other women reiterated their frustration with the lack of information about general services and the time and energy required to find out about such essentials as education, health care, childcare, and housing.

Except for one woman in this group (105), sharing experiences or reciprocating were strategies not commonly used. Instead, when interactional strategies were coded in the interviews, these were likely to be utilizing formal social resources or maintaining relationships. When these strategies were noted, the mother usually had had to initiate the contacts. When seeking formal services, this was appropriate and

helpful. Describing a family service agency that she felt was supportive, Participant 102 stated:

> ...I called them...I lucked out. I connected with somebody who did regular follow-up, and she called me once a week.

But when discussing her contact with family members who lived far away, she noted that she was the one who had to call. Another mother in this group exclaimed, "I do pretty much have to call them" (118), or "There's nobody calling me." (115).

Evidence of <u>sifting</u> was found throughout these interviews as women talked of having to give up time to themselves because of lack of childcare, time spent at work, the need to attend to the house and children. Two of the women spoke of giving up therapy or a 12-step group. The sifting usually took place due to lack of money, time, or energy, all of which seemed especially burdensome when aggravated by a sense of isolation.

Participant 110 described many situations in which she felt she was compromising. At the time of the interview, the father of her first child was staying at her apartment in the living room. He was unemployed and a burden to her financially, but he was able to babysit. In addition, she had been continually threatened with physical violence by the father of her second child and felt safer because there was another adult in her household. As she spoke, she seemed to be sifting between the lesser of two evils, having him in the house or having no one to watch the children. Although she would not have chosen to have him there had he not asked, she was willing to let him stay until her situation improved.

Also in evidence were strategies that tended to lead to further isolation. Two of the women mentioned avoiding contacts with others because of their situation. One woman talked about being depressed and feeling as though no one would call her. When discussing her loneliness and uncertain future, she said:

> (115) So I look and think, what's wrong with me and I isolate and spend a lot of time in my house cause it's nice and cozy here and I don't have to deal with the world.

Another participant tended to isolate herself as life became more stressful, and mentioned not wanting to ask for help or burden her friends, although she would call professionals or agencies for help. She remarked:

> (110) Let me tell you what my problem is. I can't call people when I have problems. I have a really hard time with that and I don't do it. I went into a relationship thinking that things would be like they were with my parents, which is you stay together and work it out or whatever, but in fact that wasn't the way it worked out and I didn't know what to do. I can ask for help from agencies or schools because it's impersonal and I feel like, if I can qualify I deserve it. But to burden a friend with my problems or my issues that I feel are my fault, doesn't seem fair to do to a friend.

Reconceptualizing was not frequently found in interviews with women in this group. When reconceptualizing was observed, it was usually in relation to changing the way the women had interacted with others. When describing positive aspects of her current situation, Participant 110 explained, "I'm starting to consider healthy relationships. I'm starting not to feel so scattered." It is possible that the uncertainty in their future is due to a lack of a clear sense of themselves or families in the present, and hence the inability to reconceptualize in these interviews.

Consequences

Child Welfare

In examining the areas of concern for these women, one realizes how concerns in one area, such as child welfare, influence concerns in another, for example caring for the self. The major concern in regard to child welfare was the lack of any consistent respite in caring for children with no glimpse of a relief from this responsibility in the future. Limitations of social and financial resources added to the frustration. This lack of respite, understandably, was detrimental to the mother's ability to care for herself. As one woman stated:

> (102) But I'm trying to do what's right for (child), and in a lot of ways, I've cut off a lot of my needs because I've done so much for him. But (pause), and there has to be a happy medium and I haven't hit it.

The other concerns mentioned in this area were problems relating to childcare (102, 105, 109, 110), managing child behavior (101, 102, 105), school and scholarships (101, 110), and the child's relationship to his or her father or other male figures (101, 102, 105, 109).

In the following excerpt, the mother told of her tendency to get depressed and described her feelings:

> (118) I just feel really like this is darkness. I just can't get it out of the way. And I pretty much just keep to myself. I can't start anything and if I do start anything I can't finish it. I'm just--(what kind of things?)...things around the house. Projects, you know. "Let me figure out my bills." Forget it! "I'm gonna go wash clothes." Can't do that. So what I usually do is just stay in my room with the door closed. I just have to find a way to get out of it.

Although she did not want to discuss details, she said that issues affecting her "self-esteem, self-confidence...those kinds of issues" /were usually what precipitated her depression. When asked if she had these types of concerns before she was a parent, she responded,

> (118) Yes. But being a parent just enhances it...you just notice all these things that you're--you just feel like you're not accomplishing much. You wonder if you're ever going to get anywhere or be anybody.

The pervasive responsibilities of single parenthood, and the impact of these on the mother are also reflected in this participant's words, "I feel pretty locked in and it's like I don't have time or I don't know where to go to like, meet a boyfriend."(105)

Household

The concerns about daily household management were talked about less than concerns about children or lack of time for self, but were mentioned, nevertheless. One mother felt tired and as if she were constantly behind in the housework:

> (105) The main stress for me comes in not having enough time to do everything...the majority of my time is spent either doing school work or taking care of the kids..."

Another talked about the need to schedule everything and talked of the considerable planning entailed in getting her oldest child off to school, doing her household chores, grocery shopping, etc., while, at the same time, seeing to the needs of her younger child (101). Scheduling involved extra work when the mother needed to arrange visits with two fathers or the fathers' families. In these cases, the visits were rarely simultaneous, so she was almost never without responsibility for one of her children (105, 110).

Self

Although it has been mentioned many times before, it was the area of caring for the self that was most neglected by mothers who were struggling. These women had to give up time with friends (105, 109, 110, 118), therapy sessions (105, 118), sleep, and sick leave even when

ill. Recreational activities were almost nonexistent as time to one self was usually spent with children, or catching up on housework, schoolwork, or sleep. The only exception noted occurred in the case of the woman who was financially more advantaged. She had the benefit of time without her child when the child was with her father and the money with which to enjoy herself. During the interviews, several of the women found it difficult and painful to discuss their situations. Three became weepy when discussing their loneliness or issues related to parenting alone. However, this was true for some women in the other two groups as well. Discussion of the depression scale scores within groups is included in the next chapter.

Keeping Going

This category included women who described themselves as managing fairly well with intermittent periods of struggle. They did not feel as though everything was going well but were able to talk about areas in their lives that had improved since becoming a single parent, and could see that other areas were improving. For example, although one participant still struggled with what appeared to be difficult daily circumstances as the mother of three children on a limited income, she felt that life was improving because she had managed to get her family out of public housing and prided herself on having maintained a close relationship to her children.

Within this group, respite from childcare responsibilities was more frequent than for those struggling. Five of the women in this group had the means of affording time to themselves, being able to leave their children with family members or friends. Also, there was more

evidence of socializing and recreation than with those who were struggling. These women mentioned vacations, talked of going shopping or on picnics with others. One mother even talked of a weekly get-together with a long-term friend and her family (112).

Responses to the question of how things were going provided examples of the mix between struggling and managing. A mother of two stated:

> (104) That's a hard question. In some ways I do really well and in some ways I do really poorly.

Another said:

> (106) ...I could say, oh, great and then tomorrow it would go whooo. Things...fluctuate a lot. I mean, there are days that are good days and days that are bad days...right now, because I seem to be getting my son's needs taken care of, it's, you know, better."

A third responded to the question by answering, "Things are going OK. Money and childcare are always a problem" (112).

Eight women were included in this group. This group, understandably, had more diversity than the other two. It seemed that the women were both on their way to managing while still struggling with areas of their lives that were extremely problematic. This is congruent with the complexity of their lives and with the variety of influences that determined how they were experiencing life on a daily basis.

The women in this group ranged in age from 21 to 47. Three were dependent upon public assistance, one was a full time student receiving grants and family support, one was employed in a clerical position, and three had jobs in teaching or nursing. Duration of single-parent status ranged from 12 months to 10 years, six months. All but one of the women had education beyond high school. The woman who had not completed high

school was applying to a program that would direct her towards a community college. Four of the women had college degrees and two had completed course work towards advanced degrees. Three of the women who were currently employed had spent some time in the past on public assistance when their child was younger. Two of the women had two children of the same father, one had three children from different fathers. The remainder had one child each. Only three of the mothers had a toddler or preschool aged child, and the mother of three children had a one year old, a schoolaged child, and a teenager.

Resources

Personal

In terms of personal resources, the women in this group seemed to be slightly more advantaged than those who were struggling. As noted above, the educational achievements were greater, and those in school generally seemed to have more financial reserves. One of the women had no financial safety net but displayed a degree of self-reliance, self-awareness, and optimism that was remarkable. She described past experiences that helped her face current difficulties. Although she came from a troubled family background and was chronically ill, she continued to set goals for herself and to call upon past teachers and counselors for support and guidance while she started a new program (106). Other women in the group a similar degree of self-awareness and seemed to be able to apply this as they dealt with the concerns of daily living with children. One mother explained how she managed to locate childcare resources after relocating but felt she was lacking the emotional support she needed. She explained,

> I've moved enough in my life to realize that you need to be someplace for two years before you really get connected...I'm actually good at getting babysitters. (104)

Her past experience helped her to understand that it would take time to develop new supports and she was able to describe how she was going about establishing new connections.

For most of those who had returned to school after becoming a single parent, there seemed to be a sense that they would succeed. They felt that they had the support of teachers, co-workers, and family. It was as if the combination of personal and social resources complemented one another. However, when there were no social or family resources, personal accomplishments alone were not enough to enable them to overcome some of the limitations. One mother of three had managed to return to school and complete her BA degree and intended to enter a graduate program. However, she became pregnant with her third child and did not return to school. When asked about areas of stress in her life, her first response was: "I'm kind of ashamed that I don't have any kind of career..." (108).

An example of the way education was seen as a personal resource is reflected in the following. This mother had not had the opportunity for a good education, had a clerical job, and had experienced a dramatic decrease in income as a result of becoming a single parent. She gave this advice to other single mothers:

> (103) ...get an education first off so you can (sigh) get a job with a future. The main thing is to try to get a job, cause nothing feels better than to be self-sufficient...I used to feel like a failure.

When asked if she had personal goals, her response was, "another job with a future, ... and doing my best by B. (her son)." (103)

When speaking of their feelings of accomplishment resulting from efforts to change their situations, it was clear that the personal cost to these women was less than for the women who were struggling. A woman with limited financial resources and no family nearby had been able to set priorities for herself and live within the limitations imposed by financial constraints:

> (106) Basically, I have a little bit more confidence because of my ability to have this priority check and also because I know I have the ingenuity. And I'm also not, I'm not too proud to ask for help. That's another thing that, you know, I've learned.

Family and Social

Women in this category were more advantaged, both in terms of quantity and quality of social resources available to them, than were the mothers who were struggling. As one mother stated, "I've always had a core of three or four good friends." (113) One woman who was living in her mother's home had regular help with childcare from other family members. She felt that her mother and older sisters supported her in her parenting efforts and in her effort to attain personal goals. In one diary entry, she named her family (mother and sisters) as her supportive contacts, and noted that they supported her by giving "advice about being a good mother." When describing her reaction to this advice, she wrote, "I felt great because I thought about the things I've learned about being a mother in such a short period of time." (100)

Many women in this group did not have mothers available. Four of the women's mothers had died. Two others lived far away and, in any case, were emotionally distant. These women talked about their relationships with other family members or close friends who provided support.

For example, Participant (112) talked about the relationship with her best friend: "My friend, L...has really been a tremendous source of support. I've known her since I was ten." She visited L's home on a weekly basis and, occasionally, was relieved from watching her child when L's husband would take them for an outing. Another participant did not have contact with her mother but talked of offers of financial help from a brother. She had recently reconnected with her sister as well. She was currently living next door to a best friend who occasionally watched her children and served as her confidant.

Three of the women appeared more isolated than the others in this group. Participant 117 had recently relocated, but had one close friend of long standing in the new location. However, she talked of beginning to make new connections through her children and work. Another did not appear to have any close friends, but rather acquaintances, and she named professionals rather than friends as a primary source of support. She also named her oldest child as a strong source of emotional support. A third was making an effort to reconnect with friends but, due to a chronic illness and her recent return to school, she seemed to spend most of her time alone with her child (106). Most of these women seemed to be dealing with interpersonal conflict (i.e., with a friend, with an ex-partner), but not to the same extent as for those struggling. In talking about conflict with her ex-husband, Participant 117 said, "It's improving. He used to always tell me I was a rotten parent. ...But we're improving." By comparison with those categorized as struggling, the mothers who were keeping going appeared to have more diverse social networks available to them. Conceivably, they were able to turn to

others when dealing with interpersonal conflict, thus avoiding the isolation experienced by the struggling mothers.

Material

The women in this group were more often employed, had higher incomes and better housing situations than those in the previous group. The annual take-home income ranged from $6,720 to $24,000. Four of the women made above $15,000. No one in this group could be considered well-off, but the homes or apartments appeared larger and more comfortable. Two of the women owned homes; the rest rented. Describing the apartment that she had been living in for approximately six months, one woman said:

> (117) Just...my home is peaceful. It's the way I like it. It's quiet and nice.

However, three of the women had to share their bedroom with their child, and in their cases, financial concerns dominated the interviews. These ranged from keeping up with basic bills (e.g., rent and utilities) to being able to buy a birthday gift for a child. The financial stress of childcare was of concern to those in school and those who worked. The worry over finances is seen here:

> (103) For the past six months, I've been trying to pretend it'll get better...like "don't look at the checkbook". But it may get to the point where I have to rent a room downstairs.

Strategies

Strategies common to this group were utilizing both formal and informal resources, planning, sharing experience, and reciprocating. Two of the women also evidenced reconceptualizing. One discussed how she had changed her idea of a "normal family" after becoming pregnant.

She was in the process of deciding about career. She had completed a degree and found a job as a teacher, hoping that this would make her reasonably secure and allow her time with her daughter. The job was not satisfying, however, and she was not certain she had made the right choice. She said:

> (113) ...I'm beginning to think that I might have to let go of some of that and think more about what I need...I'm trying to be more open to the world and what comes in it. And to build bridges instead of always isolating.

When enumerating the positive aspects of her life, the first item she listed was "my personal growth" (113). Participant 106 had to make a conscious effort to call on people. She described how she was attempting to reestablish ties to past friends who had been helpful to her in her youth. She observed, "I think I've had to learn how to call on people..." and described how she had recently called on people in situations she would have handled alone before.

Sharing experience was coded for many of the women in this group, and was discussed in terms of work, school, and parenting issues. Participant 113 told of meeting a neighbor during her pregnancy:

> ...I was like three months pregnant. She was already five months pregnant and we just started sharing the experience. And we got to be good friends...We spent a lot of time together and talked about our kids endlessly...so we shared that...And we continue to be real good friends.

Another mother described sharing time during her child's early infancy with a close girlfriend:

> (100) ...it was fun to me, cause both of us didn't know anything about babies...we were learning...and it was fun. And now she's having a baby...we go shopping...and she's asking me.

Women in this group also resorted to utilizing both formal and informal resources. The pattern of utilization seemed somewhat

different from that of the previous group in that there were more resources available and a more selective use of these resources. When women talked of using a parent talk-line, the situations did not seem as urgent nor did the women seem as isolated as those in the previous group. Participant 106 explained that, when she called the parent help line, "it's usually for a specific problem" (e.g., legal issues, a problem with a Big Brother, parenting advice, etc.).

As was true for the struggling group, there was utilization of formal resources. By comparison, however, those keeping going had better access to and greater use of informal resources. For example, one mother allowed her friend to keep her child overnight when she had to go to the hospital. However, she described waiting until her situation was desperate before she called for help. In another instance, the woman who lived with her own mother described how she had to analyze her mother's subtle communication before deciding whether or not she could count on her to babysit for the evening:

> 100...I have to like beat around the bush...Where, if she's busy, well, even though, she'll wait for me to ask, even though she knows she's gonna do it. Cause, like, I notice if she's got something to do she'll come right out and say...

In contrast to the women struggling, those who reciprocated tended to do so with intangibles such as listening, "being there", and socializing, as well as with child care. For almost all of the women in this group, <u>reciprocating</u> did not seem to be a concern, but an expected part of relationships. When asked what was supportive about a relationship with a particular friend, Participant 113 responded, "We sort of, it's mutually supportive." Participant 112, who got to visit

a friend's home on a regular basis, described one of the ways in which their friendship was valuable to her:

> (112) ... So I can go over there and just pretend I'm single again because her husband takes the children, and we go off and do things.

Later in interview, she explained about the same relationship,

> (112) It's easy for me to be there because it's not a big deal to them. I don't feel guilty that I'm imposing. There are ways that I can reciprocate to them that it's not trading childcare, which is hard for me...

Another participant described what was valuable about two friendships she named as supportive:

> (117) ...it's really intangible. Just that they're there...she called me and it was just so good to talk to her cause she knows me...She's supportive in ways that I couldn't be without. She's...we're really helping each other.

For the women in this group who seemed more isolated (i.e., had fewer social resources), reciprocation was voiced as a concern. Speaking about her relationship with her sisters, one participant said:

> (103) ...I feel that they get kinda short changed because I, there's just so much I can do...they give more to me than I think I do to them.

Concerns about the cost of support came from women who were not as isolated as the woman above, but who had consciously learned how to reach out to others since becoming parents. Their concerns were expressed in responses to the question, "What makes it hard for you to accept support?."

> (112) When people make a big deal about it; that I really need this help and they're really going to bail me out this time. ...when I don't really have a clear idea on how I can pay them back and knowing that I'll have to or that I perceive that somehow I'll have to...I also have realized that you don't always have to pay back in kind.

> (113) It's hard for me to take--it has to be real even...but that's always been hard for me to not have an even exchange of

> favors. It's hard for me to take. I'm learning to do that too ...it all comes out in the end. I don't have to be quite so compulsive about having a way to pay someone back.
>
> (104)...it's hard for me to ask for help to do something socially. It's also hard for me to ask people who I know I can't exchange with...

Planning was evident throughout the interviews both in the immediate sense (planning for day to day activities) as well as in the setting of more long range goals. Women talked of goals they had for themselves and their children. There was evidence of active progress in working towards goals, with women applying to school, going to therapy, finding new jobs, or improving housing (100, 103, 113, 117). One participant described the strategies she found helpful:

> (106) You have to really know what you're doing. And think things out. I have goals and I have a plan. Things are good for H.(her child) and he has goals which is, you know, positive for a child to have goals. That says something about the environment.

Consequences

Child Welfare

In the area of child welfare, many concerns were expressed, but these were concerns that the mothers were clearly acting upon. Finding appropriate and affordable childcare was a problem for women in all of the groups. As the mother who was able to depend on her friend for childcare stated:

> (117) My childcare...I have that so much more than other people because of D. (friend). I couldn't even do--I couldn't do it! There's no extended hour daycare for what I need; 6 AM if I'm working days to 4:30...If it wasn't for her, I don't know what I'd do.

Issues such as child behavior, emotional concerns, or finding satisfactory schools were talked about by many women. For one mother, her priority was that her

> "kids are...comfortable and...stable...I put a lot of energy into that...I'm not the perfect mother but I've really made an effort to make them feel secure. And that has been a primary agenda of mine..." (104).

Mothers talked of seeking therapy for their children for behavioral and emotional problems. Two of them described great improvement in the children after therapy (103, 106), so much so that they decided to seek counseling for themselves as a result of seeking help for their children.

A third mother had a very active child and behavior management required ongoing energy and patience (112). Because of this behavior, finding a child care facility that would accept her child and was affordable was a constant source of worry. At the time of the interview, none of the daycare or health care facilities had been very helpful, although one developmental specialist had taken her concerns seriously and was considering a trial of medication. Until recently, her family did not believe her concerns were valid. She said that it was "their idea was that I just wasn't coping well...that I wasn't equipped to be dealing with going to work and having a child" (112). After spending more time with her child, family members had become more supportive and called and visited her more often.

As with those struggling, an important concern of mothers in this group was the relationship, or lack thereof, of the child to his or her father. Two of the families in this group had regular visitation from the father. Before these visits, one mother noted that she "worried

about it. What it would be like for her not having a father around?" (113).

Mothers whose children did not have ongoing contact with their fathers described conflictual situations or complete lack of involvement on the part of the father. Occasionally, there was no contact whatsoever. For example, one mother chose to break off contact due to the father's unstable mental health. Another noted that the child's father had not tried to contact his child for many years. A third maintained contact with the family of her oldest child's father after his death, but had no contact with the fathers of her younger children.

In a fourth family the child had regular contact with his paternal grandfather, but only sporadic and problematic contact with his father. In another situation, the mother had obtained a restraining order to protect herself and her child from the father on drugs who had attempted kidnapping in the past. In the sixth family, visitation was being established although communication between the parents was still very difficult.

Household

Being able to maintain an organized household or a reasonable daily schedule when combining work and parenting were concerns often expressed in these interviews. Scheduling time away from the child to attend a self-help group or enjoy some recreation, was a challenge. When childcare was provided by facilities, this was a bonus. These women talked about having more activities away from the home than the previous group. They were more likely to have a car and to have friends to do things with, so that day to day activities such as shopping, going to school, to work, or to a park may not have seemed as difficult. For

the woman with the fewest resources in this group, household concerns were an important stressor:

> (108) Housework is about the most boring thing in the whole world, especially because you can get it done and just as you get it done it's being undone right out from under you.

Although this statement could be made by most parents, maintaining the household was named as a major stressor for this person.

Self

There was more evidence that women in this group were able to set clear goals and work towards those goals. The women who were "keeping going," frequently mentioned backup by family and friends. They also spoke of having developed personal resources to help them accomplish their goals. The amount of foresight and energy required to change their situation was extraordinary in some cases. When one respondent discussed her past struggles, she noted that setting goals and planning were what help her to keep going.

> (106) When I found myself realizing that I was going to be raising H. by myself..the first thing I did, was I did a priority list. And I felt that as long as I stick to that priority list, it doesn't mean things won't go wrong, but it means that at least the priorities...at least we won't be without a place to stay.

Another mother noted one of her personal strengths, while, at the same time acknowledging the cost to herself: (104) "I'm very good at planning and organizing but it takes a lot of time and a lot of energy."

Caring for the self was more evident among women in this category than among those who were struggling. Several of the women mentioned attending therapy or self-help groups. In one instance, the child's father was willing to schedule time with his daughter during the time the mother attended her sessions. More women in this group talked of being in school or taking job training courses. There was evidence that

they were spending time in leisure activities with friends or family (100, 103, 104, 112, 113) and making conscious choices to care for themselves through exercise, diet, or trying to arrange time alone. Because of greater financial or social resources available to them, some of the women felt they were occasionally able to have time to themselves. However, the responsibility they felt for their children as the sole parent did affect their views of self as the following quotes show:

> (117) I'm starting to get some time for recreation...I'm starting to but a lot of times I feel like I shouldn't; I should do things with the kids when I'm off.
>
> (108) (referring to an argument with her oldest child) It's like being painted into a corner. It makes me feel really bad. I feel really bad for her because I know a lot of things she's going through are my fault...just the mistakes I made.

Personal, social, and material resources clearly have an impact on the ways in which a single parent cares for herself. Resources provide women with opportunities to pursue education, or look for jobs that provide benefits such as health care coverage. These advantages, in turn, may provide opportunity for therapy or money for childcare while attending therapy. Not having these resources, on the other hand, has an impact on the level of burden experienced by single parents. The following quotes are reflective of the opportunities that resources provide, but within the excerpts is the evidence that the sole responsibility for parenting remains a burden, one which may be detrimental to caring for oneself:

> (103)...it's easier now that I have a car. I feel more independent. That's really opened up a lot of things.
>
> (103) (about seeing a therapist)...it's been an emotional (support), even though I have to pay for it...I can just let it all hang out...it's easier to accept help because...I'm paying him

> for it...and I also don't think I'm bothering the person cause that's their job. They're paid to be bothered. You know, I just don't want to add another burden to people...
>
> (106) (referring to a problem at her child's school)...that caused me to have to figure out what I was going to do and that was the first time I realized that having to make a major decision about your child's future...having to deal with that and sit down and make that decision all by yourself without someone to talk to about it is really hard...not just someone to talk to but someone who is mutually concerned about his future. (Later she said) ...anytime there's a problem, I take it a little bit, I take it a little harder because I'm dealing with it by myself. It always overwhelms me more.

The mother of the very active five year old, recovering from a significant illness, gave this advice:

> (105) Do not let the child become number one and the focus of your life...He was just absolutely number one to the exclusion of anything else, and I didn't take care of myself...I don't know what would have happened to me emotionally and what would have happened to C.(son) had I not realized that taking care of myself was a whole lot more important that I had given it credit.

Managing

Six women expressed in the course of the interviews that life was going fairly well for them. The types of responses that they gave were unquestionably more optimistic. Their responses--"in general, I think I'm pretty successful with my life" or "things are going OK" or "basically, I feel really positive" or "...things are going well. I have an optimistic view of my life and my future"--were distinct from those of women in the other groups, and the discussions that followed were more positive.

Women in this group were generally more advantaged, but this was not true in every case and had not always been true. One of the mothers was able to get out of an abusive relationship, get off welfare, and was currently putting herself through college while working (114). Another

had grown up in a troubled family with a history of alcohol abuse and violence, but had done well in high school and gone to a respected university. At the time of the interview, she was back in school for a master's degree (107). Another was from a run-down neighborhood where many were unemployed but she was able to get a college degree and had a job that allowed her to live comfortably and put her son through private school (119). Only one of the women in this group was from what one might call a "typical" middle class background with a home in the suburbs and parents who had supported her through college.

Mothers in this group ranged in age from 28 to 45 years while duration of single parent status ranged from 24 months to 8 years 11 months. Only one woman was the mother of a preschooler; the rest had school-aged children. One mother had two children, the rest had one child each. This group was generally more educationally advantaged. Four of the six had college degrees (two of these were in a master's program at the time of the interviews), and the two remaining women in this group had taken college level courses.

Resources

Personal

Women in this group had had more opportunity for education as noted above. Although these women were not without stressful situations, they came to single parenthood with experience that seemed to provide them with some level of self-confidence. They seemed to cope well with work or school performance, or issues surrounding acceptance by friends and/or family.

> (111) I'm a networking kind of person...I think part of it has to do with the work I did...
>
> (107) I was the one who just charged forward...I had a teacher...It made me feel really good...knowing that she spent the time because she really believed I could do well.

Another participant talked about having been an outgoing child and also remembered teachers who were supportive, in particular a scout leader who gave her "a really good sense of me" (120).

In addition, women in this group were self-aware and were conscious of their role in establishing or maintaining relationships. As one mother said in discussing developing supports for herself after her separation, "I still had my old friends but I had to dredge them out" (111). They seemed generally aware of their needs and were willing to seek help as warranted. Having the advantage of more social and material resources seemed to enhance this ability.

Family and Social

Social and family resources were more evident in this group. Not only did they have long-term relationships with family and friends, these relationships were less conflictual than those described by the women struggling or keeping going, e.g., "I have a friend that I talk to every night," or, "But I've always had my family to rely upon for babysitting" (114). When asked who she had available to her for support, Participant 119 answered, "I have my family, my brothers, my sisters...my mother" and then she continued and named many friends. "I have a lot of friends", she explained, and went on to name three or four with whom she could confide, socialize or ask to babysit (120). In their diaries, participants reported numerous contacts with a variety of

friends and family and noted that the support given included tangible aid and emotional support (107, 111, 119, 120).

Four of these women felt they had supportive relationships with their own mothers, and a fifth felt she could call on her mother in times of stress, such as illness. The sixth woman in this group did not have a close relationship with her mother, but talked about supportive relationships with friends, and described her available support as,

> "friends, not family...I'd say my friends who are professionals, they're kinda my support system and my role models, them, more so than my family."

Four of the women had been able to arrange regular visitation schedules for the fathers of their children; two stated that their children had no contact with the father. However, in one of these situations, the children had ongoing contact with their paternal grandparents (116). Even though there had been conflict in negotiating the divorce settlement or visitation rights with the fathers, these women had often taken active steps to resolve differences and custody issues as smoothly as possible. One participant had gone to therapy with her ex-husband after they separated, and had recently worked out a new child visitation agreement. Another had arranged a court appointed mediator at the time of divorce, and although felt there was still tension between her and her ex-husband, she felt that the situation was improving and that her child was doing well.

In terms of social resources, these mothers had a more diverse network of friends and acquaintances and saw them in a greater variety of places. One mother described looking for others who shared her situation after she became separated. She continued to keep up with one

of the women she met at that time (111). In evidence was an ability to meet different needs and to use a larger network to do so. One did not get the sense that the individuals available were as burdened or stressed as those who supported the women struggling. No one in this category named a professional as her source of support.

Material

Incomes were generally higher for women in this category. Annual incomes ranged from $13,200 to $41,460, and only one participant in this group had an income below $20,000. The mean income was $25,421. All of the women in this group owned cars, and two had recently purchased new cars. Two of the women owned their own homes, and four were renting. One woman lived in her mother's home along with her child and brother, but was trying to save money towards her own home. In general, these families had more space and lived in better neighborhoods than those who were struggling or keeping going. Except for the child of the woman who was sharing her mother's home, all the children had their own rooms. Although concerns about financial matters were mentioned as stressors, the constraints were not for basic necessities but rather applied to an inability to afford such things as buying a home, affording a vacation, or paying school tuition.

Strategies

As with the women keeping going, the strategies of women who were managing were more likely to involve interaction, particularly informally, and usually did not result in adding more stress to their situation by taking away energy or time. In fact, each interview

exposed some degree of sharing experience as well as planning, either in the form of setting, working towards, or accomplishing personal goals.

There was also evidence of utilizing formal and informal resources. Women talked of being able to ask neighbors or friends to babysit. They had friends to talk to while problem-solving or when they wanted to discuss their day. They talked openly of using counselors or parent groups when they felt they needed specific support. There was also little evidence of sifting in any of the six interviews, except in dealing with a childcare situation. The general consensus was that life was manageable, and problems could be handled without crisis. Two women even stated that they couldn't think of any major problems or crises they had experienced since becoming a single parent.

One mother explained how she came to understand the need to reach out, especially as a single parent. She observed,

> (120) I think I have always been very independent, and being independent, not asking people for help and I had to realize that when you have a child, you need help. You cannot raise a child by yourself. I don't raise M. by myself. I realized that when my mother had just left...and I realized that you cannot (raise child alone) and keep things going.

This woman is an example of someone who is self-aware, reflective, and willing to change her way of relating to others in order to adapt. As she continued to talk, she gave further examples of how she called friends to babysit, found potential babysitters through the after-school program, and developed relationships with people who could share non-child related activities with her.

Reciprocating was also found in all of these interviews, but as with the women who were "keeping going", it seemed to be of an intangible nature. Possibly due to the diverse social networks of

mothers in this category, there was no evidence that they were as concerned about the cost of support as were those considered to be struggling or keeping going. They did not appear to be concerned about burdening friends or worrying about repaying people. As one participant noted about her relationship with her best friend, "...we know that no matter what happens, we're going to stick together as friends" (107).

Consequences

Child Welfare

Although daily life seemed a bit for this group, concerns about childcare were ever present. One woman had found a daycare that she described as a "gold mine" and had used it for four years. As she said, "I never had to worry about the daycare dilemma after I got hooked up with her. That was a big load off my mind" (107).

However, another woman continued to struggle with childcare after four years, and also with the lack of father involvement with her two children:

> (116) I never thought I'd be raising these two (children) alone. ...He (father of children) used to always say to me, "I don't care what happens, I will always be there for my (children) because my father was never there for me." And look!

About her efforts to obtain safe, affordable childcare, she stated,

> (116) ...you would not believe--stress in my life has been daycare...you would not believe the anxiety attacks I have had with daycare because I have to work...daycare has made me cry.

One of her major areas of concern, in addition to finances, was the fact that the father spent no time with his children and the children, "won't talk about it." As in the other two categories, some mothers in this group voiced concern about being the only person available to their

children. The burden of being the sole person responsible was evident despite the real advantages they enjoyed.

A comparison of the experiences of two of the women in this group provides an example of how resources affect the degree of concern about child welfare. Both of these women had similar incomes but one of them had family nearby and had been able to call on them for childcare. The mother with no family to assist her gave a long detailed explanation of the energy and planning involved in obtaining childcare, and commented that if she lived near her family, "It wouldn't be a problem."

Household

Mothers talked often of problems for their children related to having to go back and forth between the homes of two parents. However, the benefit of having the child know his or her father ultimately outweighed these concerns. References were made to concerns about picking up children after school or when the mother was ill, but the women who voiced these concerns mentioned the existence of backups they had established with family, friends, or childcare workers to deal with this eventuality. Again, there was evidence of a willingness and ability to call on others to help life at home move smoothly. There was no mention of concerns about housekeeping or burdens related to maintaining the household.

Self

Throughout this group's interviews, statements made about the self were generally positive. When discussing the goals she had set and those she had attained, a mother of a nine year old made this comment:

> (114)...I set some high goals and then took little steps to get there. I felt good every time.

Women in this group were more likely to be involved in activities that were for themselves, rather than for their children exclusively. They went to exercise classes and took time to see friends and be away from children. These types of activities were almost non-existent for those struggling, and infrequent for those keeping going. There was also mention of getting out with others in activities with their children. They commented that they felt their children were developing well and this made them feel good.

Participant 114 noted that when she was feeling stressed, she tried to do something for herself. The outcome for her is reflected in the following:

> (114)...I wasn't nearly as frazzled because I did something for myself, for me, besides just running errands...so when I feel that way, I try to do something for myself.

In both the diaries and the interviews, there was less mention of being tired or depressed. By contrast, exhaustion was mentioned frequently by the women who were struggling.

There was evidence that available resources or lack thereof had an impact on the degree to which women were able to care for themselves. Both financial and social resources afforded them opportunities to get out for recreational activities. Having a steady income allowed one mother to get her own apartment after living with her parents for three years. She talked about how the new housing situation had been good for her relationship with her child, and added, "I'm just much happier, too" (114).

Chapter Summary

In this chapter, the qualitative analysis of interview and diary data was discussed in terms of single mother's levels of struggle in the process of getting on with their lives. Three levels of struggle were identified: struggling, keeping going, and managing. Personal, social, and material resources appeared to influence the specific strategies used by these women and the resulting consequences. Interactional and personal strategies were delineated. Consequences were examined in terms of child welfare, daily household management, and care of self.

There were many differences in the way single mothers experienced daily life. This was especially apparent when struggle was looked at in the context of personal, social, and material resources. Although differential use of strategies was observed, the data implied that resources very likely played a role in which strategies were employed in regard to energy required versus the benefit gained and outcome expected. Consequences to the woman were troubling. Mothers without resources were more tired and less satisfied with themselves in terms of their work or child rearing. They spoke of the future as if they believed there were little chance of improvement.

Those with both personal and social resources were more likely to be able to work past material deficits, while those lacking in more than one resource area seemed tired and discouraged about their lives. Personal resources were less easily identifiable than were social or material resources, and it is possible that personal resources are more of a reflection of past family and social resources. Both women who had the support of their families (105, 111, 116, 119) and those who had the

support of other adults (106, 107, 120) exhibited evidence of personal resources and characteristics such as competence or resilience.

The significance of conflict in primary relationships emerged as important and needs to be examined further in future studies. There was evidence that interpersonal strife was not as accentuated when women had a more diverse social network (100,112), or when they had evidence of personal success (107, 114, 116). The findings presented here stress the importance of social relationships to the experience of single mothers and point out the complexity of factors that influence how the women view their experience.

Although the initial aim of the study was to explore the process of engaging social support, the data indicated that support was better understood if it was viewed within the conditions, strategies, and consequences that emerged in analysis. Support, if considered as the process of being involved in supportive relationships, was certainly salient to managing as a single mother. What was compelling was that support could not be looked at without considering how the conditions influence both the support available (e.g., existing burden and quality of relationships) and the ability (e.g., energy, skills, time) to engage in potentially supportive relationships. This analysis resulted in findings that strongly associate deficits in external conditions with constraints on the interpersonal experiences of families. There is a strong need to broaden our conceptualization of support and its association to health by examining the process of involvement in supportive relationships over time.

CHAPTER 6

QUANTITATIVE ANALYSIS OF DATA

Introduction

In this chapter, the association between support and well-being is discussed and descriptive statistics of the diary data are presented. This information is derived from the analysis of this study's quantitative data. The exploratory analyses presented in this chapter are secondary to the qualitative analysis, and are driven by the qualitative findings. Because purposive convenience sampling occurred, and because the sample is small and not necessarily normally distributed, use of parametric statistics was inappropriate and non-parametric tests were selected for the majority of the analyses.

Results of Statistical Analyses

In this chapter, the following questions are explored. First, "How are the qualitative groupings based on the level of struggling/ managing associated with the health status indices that were administered?" This was examined by looking at the association of qualitative group membership to scores from the health status measure (MOS-Short Form) and the score from the depression scale (CES-D). Secondly, "Is group membership related to the number of supportive contacts, indicated as such by the women in their diaries?" The Kruskal-Wallis test for differences among three or more populations was used because of the categorical nature of the independent variable and the interval scale scores of the dependent health status measures (Shott, 1990). When a significant difference was indicated by this

test, a Mann-Whitney U test was used to determine which population(s) differed.

In past research, the incidence of depression has been found to be greater in women, especially women with low incomes who had young children at home. Therefore, one would expect that mental health scales from the MOS and the CES-D scores would indicate more emotional distress and depression than that gathered from more diverse community samples. Further, one would expect that the mothers with lower income would show a higher incidence of distress and depression.

Mean Scores and Correlations

Not all respondents completed the diary data. Full diaries with the four completed CES-D scales were gathered from 16 participants, and these are the CES-D scores that were used in analysis. Because a repeated ANOVA did not turn out to be significant on the four CES-D scores (within subjects df,48; F, 1.504; p=0.226), the mean of the four CES-D scores (CES-DM) for each of the 16 participants completing the diaries scales was used in analysis. Of the scores included in missing data, one was from Group 1 (Struggling), three were from Group 2 (Keeping Going), and one was from Group 3 (Managing). Nineteen of the respondents completed the MOS health status measure and these 19 scores are included in analyses. The two participants who did not complete the MOS scale were included in Group 2.

The MOS subscales of mental health (MOS-MH) and health perception (MOS-HP) are included in the Table 6-1 along with CES-DM mean scores for the sample as a whole and within each group. The health perception score (5 items) was included because it indicated the participant's

perception of her current, overall health. The MOS-MH scale (5 items) assessed areas similar to that of the CES-D, particularly psychological distress and well-being.

TABLE 6-1

Mean CES-DM and Health Status Scores

	CES-DM	MOS-MH*	MOS-HP**
Total Sample	20.94 (n=16)	58.74 (n=19)	67.00 (n=19)
Group 1	27.71 (n=6)	42.28 (n=7)	53.14 (n=7)
Group 2	24.5 (n=5)	54.67 (n=6)	55.83 (n=6)
Group 3	11.15 (n=5)	82.00 (n=6)	94.33 (n=6)

* MOS mental health score.
** MOS health perception score

For the sample as a whole, the mean CES-DM score was 20.9 with mean scores ranging from 2.75 to 41.50. Table 6-1 provides the means for scores within each qualitative group. The scores are similar in Groups 1 and 2, and lower (having less evidence of depression) in Group 3. The mean total sample CES-DM score is above the cutoff for depression as established by previous testing, indicating that women in this sample had more indications of emotional distress than the general population. Mean values for community samples ranged between 7.5 and 12.7. Barnes and Prosen (1984) found a mean (n=1250) of 13.3 in a

sample from a family medicine practice. In many studies, elevated CES-D scores have been significantly correlated with gender (women) and lower levels of socioeconomic status, education, and income (Radloff, 1977; Devins and Orme, 1985). Higher scores are also reported from separated and divorced individuals as compared to their married counterparts (Devins and Orme, 1985; Radloff and Rae, 1979). The mean score for this sample was consistent with these reports.

In an article reporting reliability and validity of the MOS heath scales, descriptive statistics were provided for a sample that included both those suffering from chronic health conditions and the general population (Stewart et al, 1988). With higher scores indicative of better health, the mean score for the MOS mental health scale in the sample of 11,186 respondents was 72.6. The mean health perception score was 63 (Stewart,et al, 1988). In this study, the mean MOS mental health score was 58.7 with scores ranging from 28 to 96. The mean health perception score for this sample was 67 with a range of 17 to 100. Mean scores, arranged according to qualitative groups, are included in the Table 6-1.

The health indicator scores in Table 6-1 show a trend in the data that suggests that those in the managing group had better health than those in the other two groups, although there did not appear to be a large difference in scores between those women who were considered struggling and those who were keeping going. When demographic data were examined in relationship to health status, no indices were significantly correlated with the health indicators (see Table 6-2). However, in the following section, the association with income and qualitative group membership suggests an influence on health status.

TABLE 6-2

Correlations of Health Status and Demographic Indices

Cell Contents: Pearson Corr/Two-tailed P-value/ Number of obs.

	Income	Age	Education	Duration*
CES-DM	-0.393	0.241	-0.050	-0.250
	0.132	0.370	0.854	0.351
	16	16	16	16
MOS-MH	0.129	-0.135	0.173	-0.055
	0.598	0.581	0.479	0.824
	19	19	19	19
MOS-HP	0.291	-0.203	-0.021	-0.034
	0.227	0.406	0.933	0.891
	19	19	19	19

* Duration of single parent status

Qualitative Group Membership and Health

Using the Kruskal-Wallis test for differences among three or more populations, the results indicated a significant association between qualitative group membership and health status. CES-DM scores were significantly related to group membership ($H(2) = 7.964$, $P < 0.019$) as were MOS scale scores for mental health ($H(2) = 10.418$, $P < 0.006$) and health perception ($H(2) = 10.168$, $P < 0.006$). When these associations were evaluated further with Mann Whitney U tests to determine which of the three accounted for the significant differences, the results indicated that those women who were managing perceived their overall health to be better than those in either of the other two groups (See

appendix F). In addition, results from both indicators of mental health suggested that women in the third group experienced improved mental health (less emotional distress) than the women who were seen to be struggling or keeping going. There were no significant differences between Group 1 and Group 2 on any of the health status indicators.

To determine if qualitative group categorization was related to demographic variables, non-parametric correlations were conducted. Only income appeared significantly related to group membership (Kendall's Tau = 0.656, p 0.002). However, this strong association became insignificant when the Kruskal-Wallis test was used (H(2) = 5.785, p < 0.055). Neither level of education, age, or duration of single parent status was associated with qualitative group membership. (See Table 6-3).

TABLE 6-3

Correlation of Qualitative Group with Demographics

Cell Contents: Pearson Corr/Two-tailed p-value/Numb. of obs.

	AGE	INCOME	ED*	DUR**
QUALGP	0.121	0.705	0.419	0.375
	0.655	0.002	0.106	0.153
	16	16	16	16

* Years of education
** Duration of single parent status (in months)

Frequency of Supportive Contact and Health Status

Frequency of supportive contacts was determined by reviewing the diary data of those subjects who completed the diary (n = 16). This frequency score represented the number of days that a contact was mentioned in the 28 day period. Although some women mentioned more than one contact on a given day, the references were still counted as one. Frequency of supportive contacts (SCF) was correlated with the demographic indices of age, income, education, and duration of single parent status. In bivariate analyses, both income and education were significantly related to SCI ($r = 0.685$, $p = 0.004$ and $r = 0.873$, $p = 0.001$ respectively), indicating that women with more resources had greater opportunity for social contact that they considered supportive. SCF was not significantly associated with any of the health status indicators (See Table 6-4). A Kruskal-Wallis test was conducted to determine if there was an association between SCF and the qualitative groups, and this was not significant.

TABLE 6-4

Frequency of Supportive Contact with Health Status

Cell Contents: Pearson Corr/Two-tailed P-value/ Number of obs.

	CES-DM	MOS-MH	MOS-HP
SCF	-0.147	0.423	0.327
	0.589	0.103	0.216
	16	16	16

Summary

The quantitative results indicated that those women struggling were more likely to have decreased well-being. Decreased well-being was also related to income but not significantly so in this small, non-random sample. Examination of the frequency of supportive contacts did not result in a significant association of contact frequency to qualitative group, although the data indicated that managing women have more contacts than do those who were keeping going or struggling.

Both a frequently used measure, the CES-D, and the mental health scale from the MOS found those struggling to be more distressed. This was expected, but the level of distress as reflected in the high scores was striking. That women who seemed to be beyond struggling also showed significant levels of distress is troubling. The MOS-HP mean score for this sample was higher (perception of better general health) than the score given in Stewart's article, however, in that instance, the standardization of scores was based on a sample that included a large number of subjects with diagnosed chronic illness. Three women in this sample had significant medical problems. One of these was categorized as managing, the other two as keeping going. In spite of this, the struggling women still had a perception of their overall health as worse. This suggests the need to consider additional factors in the determination of health perception.

CHAPTER 7

CONCLUSIONS AND DISCUSSION

This final chapter provides a summary of the findings presented in Chapters Four and Five. These findings are then discussed in view of existing related literature and in terms of clinical and theoretical implications. A discussion of limitations with suggestions for further research is provided.

Summary of Findings

Interviews with 21 single mothers living in diverse situations were analyzed using grounded theory methods. Although the interviews focused on supportive interactions, the analysis revealed the diversity of experience among the women and the need to view supportive relationships within the broader conditions of their lives. The analysis did not result in development of a theory of engaging social support in the context of single motherhood. Instead, the findings provided an expansion of our understanding of the conditions and consequences of supportive interactions for single mothers. Support was seen as an integral part of daily living, woven into everyday experience, and not fully understood when viewed as a concept separate from the single mother's relationships and living circumstances.

In this sample, the mother's experience was best viewed according to how she was "getting on with her life" as a single parent. The diverse ways of managing as a single parent were categorized into three groupings based on the women's descriptions of how things were going. The three levels of their experience that emerged from the data were

struggling, keeping going, and managing. There were qualitative differences between the experiences of the mothers within each group, and among those differences were the nature and quality of ongoing interpersonal relationships. The three levels could be viewed along a continuum of functioning, with women getting on with their lives with more or less difficulty depending on life conditions.

The mothers' experience was viewed according to conditions that appeared to influence her ability to function. The conditions were discussed in terms of personal resources, social and family resources, and material resources. Strategies that the women used in getting on with their lives were discussed within each grouping. Consequences for the women were considered in terms of their concerns about having responsibility for child welfare, managing the household, and caring for themselves.

Struggling

The mothers who appeared to be struggling most had less diverse relationships available to them, and those persons who they had to call upon were often stressed themselves. In addition, these women had fewer material resources available, and persistent effort was required in daily living, leaving them tired and isolated. Their energy was spent dealing with the daily concerns of caring for children and the household and having to live with limited resources. They did not feel that they had time, energy, or money to pursue leisure activities for themselves.

The deficits in social and material resources left them without a sense of future, without goals for themselves or their families, and with little confidence that they could improve their situations. It

appeared that the persistence of disadvantaged circumstances, along with the responsibility of caring for their children alone, contributed to the level of struggle. In addition, women in this group were more likely to be responsible for a preschool aged child. These data suggest that the presence of preschool children might be a factor in perceiving daily life as difficult, but this notion needs to be examined within the context of material and social resources that might provide respite from responsibilities of childcare.

Keeping Going

The group of women who were categorized as "keeping going" also talked of struggle in their lives, but gave the impression that things were going to go well. These women were actively working to improve their situations and talked of having goals for themselves. Although their general well-being, as indicated by CES-D and MOS scores, was not significantly better than those who were struggling, their descriptions of life were more optimistic and contained less evidence of isolation or burden with parenting activities. The resources for the women in this group were sometimes scarce, but were less likely to be from public sources than for the women considered to be struggling. There was evidence of a view of life beyond childcare and concern about financial burdens. They were beginning to be involved in activities that they felt would improve life for themselves and their children, such as counseling or returning to school.

Managing

The group of women who felt that things in life were going well for them were generally more advantaged economically with more opportunities for education. Those categorized as managing also had more past experiences both in family and non-family settings that would give them confidence in their ability to relate to others and to be successful. They talked of having numerous friends, and had the feeling that support was available to them. They were also more likely to be aware of various types of support that they could expect from people in their network. For example, they spoke of people whom they could speak with about work concerns, dating concerns, or child rearing issues. They often differentiated between people who provided tangible support versus those who provided emotional support. Beyond this, there was an expectation that support would be available and that they were aware of responsibilities in their supportive interactions. They talked of their part in supportive interactions: of being there for friends or family, of being the organizer, the listener, etc.

Being involved in supportive relationships was part of their daily existence, whereas, for those in the struggling group, support from others in their world was not taken for granted. Those in the managing group gave evidence of being active in their relationships, of having energy and confidence to work on personal development, and of having the ability to handle problems should they arise. There was evidence of more "support", but also of more interaction in the context of daily living. Consequently, women in this group felt supported, both tangibly and emotionally, as they took care of themselves and their children. This was evidenced by their participations in a variety of social

settings and by their effort to care for themselves by attending therapy, exercise classes, job training, etc.

Diary Data Compared with Qualitative Findings

When the diary data were analyzed, results indicated that those women who do not feel that they are managing were more likely to have evidence of emotional distress and to perceive themselves as less healthy than others. The frequency with which they had supportive contacts did not account for the differences in health indices, nor did demographic indices, though there was a trend in the data suggesting that those with lower income had poorer health ratings. It is significant that women who describe their daily lives as difficult report more emotional distress and poorer perceived physical health than those who were managing. Because there were qualitative differences in the relationships discussed by the women in each group--differences in the degree of conflict, in mutuality, in the diversity of relationships, in access and availability--these properties need to be considered when relating social support to health.

Due to the nature of the data and the sampling procedures, statistical comparisons of support were not made among the groups. However, qualitative differences did stand out in the analysis. The women who felt they were managing talked of many types of functional support that were available through their ongoing social relationships. They discussed emotional support, socializing, problem-solving, and practical support. Women who were in the keeping going group had fewer social resources than those in the managing group but talked of having ongoing, close relationships with family or friends. Women in the

struggling group were more likely to have a limited social network available, with more evidence of interpersonal conflict or burden from the people to whom they had access. However, looking at number of contacts or aspects of the network alone did not give an indication of the quality of relationships. It appeared that it was the qualities and properties of relationships that were important to the women in their perceptions of their daily lives and in their reports of emotional distress and health perception. These findings are discussed in light of current literature in the following section.

Discussion of Findings with Existing Literature

The findings of this study warrant discussion in three areas. The women interviewed represented diverse ways of experiencing single motherhood with varying consequences for their well-being. The variation of difficulty with which the women were functioning in their daily lives appeared to be influenced by social and economic contexts. Furthermore, the degree of struggle was associated with increasing levels of reported emotional distress. Therefore, the first area for discussion examines the role of social relationships to health, focusing on (a) the influence of contexts and conditions on supportive relationships, particularly for single parents, and (b) the relationship of supportive interactions to health, particularly to emotional distress.

The second is the association between economic status and well-being, particularly emotional distress. In this study, the diversity of experience of single motherhood was evident. Although women with lower income were more likely to be considered struggling and to have evidence

of psychological distress, other factors, such as the quality of their ongoing relationships or the age and behavior of their child, warranted consideration.

The third area to be examined is the role of person-environment interactions as they influence well-being. The findings of this study point to a person-environment interaction that is influential to perceived health and managing for a group of single parents. However, if taken alone, neither personal nor environmental factors could account for differences in how the women were getting on with their lives or for their level of emotional distress.

Social Relationships and Health

The literature provides abundant evidence that being involved in social relationships, particularly marriage, is associated with improved health status and lower incidence of depressive symptoms (Broadhead et al, 1983; Brown and Harris, 1978; Hall, Williams, and Greenberg, 1985; House, Landis, and Umberson, 1988, Kessler and McLeod, 1985). However, for women in particular, the relationship of support to mental health is inconsistent and varies with life stage (Shumaker and Hill, 1991) and with ongoing stressors such as poverty, or having pre-school children (Belle, 1982, Weinraub and Wolf, 1983). What remains unknown is indepth knowledge about the processes or mechanisms through which involvement in relationships promotes health and well-being.

Affective Qualities of Relationships

In a recent review of social factors and psychopathology, Coyne and Downey (1991) suggested that it is not being involved in social relationships that serves as the protective factor against psychological

distress. Rather, it may be that negative social interactions are a stronger determinant in the occurrence of mental distress. In this sample, the women who exhibited the higher scores of emotional distress also showed evidence of having social relationships that had ongoing negative qualities. For some, the problematic relationship was with the father of the child, though this was not always the case. For the few who had high distress scores without evidence of a negative ongoing relationship, various other stressors potentially accounted for the distress. Of the ten women with CES-D scores above 16, seven reported current conflictual or problematic relationships. In the case of the three whose interviews did not provide signs of conflict in their relationships, concerns were expressed that could be indicative of problematic relationships, e.g., problematic child behavior, past substance abuse, or a feeling that current relationships were not adequate for the developmental needs of their child or that there was no father figure at all.

Past research has documented the relationship between negative aspects of social relationships and psychological distress. In these studies, negative aspects were as strong or stronger in their association to emotional distress than positive or supportive aspects of a person's available social network (Brown, Bifulco, and Andrews, 1990; Pagel, Erdly, and Becker, 1987; Rook, 1984; Sandler & Barrera, 1984; Schuster, Kessler, and Aseltine, 1990; Tilden & Gaylen, 1987). As Coyne and Downey (1991) have suggested, the concept and role of social support may need to be viewed in a much different light in terms of the association of social relationships to health.

Bursik's (1991) longitudinal study of correlates of women's adjustment to the divorce process suggests that those women who had ongoing problematic interactions with their spouse (termed inter-spouse acrimony), or were socially isolated, were more likely to have evidence of psychological distress. In Hall's (1990) study of correlates of depression in young mothers, one of the chronic stressors associated with increased levels of distress was problems in interpersonal relationships. The women from Hall's study who were experiencing higher levels of distress appeared to have a build up of stressful factors (measured by an everyday stressors index), and the association of relationship quality to distress remained complex.

In the present study, women who were managing had evidence of mutuality in their relationships. This quality was not evident in the relationships of those who were struggling. It is possible that it is not the lack of this quality per se, but the absence of mutuality due to the presence of conflictual interpersonal relationships that is more important to well-being. There is clearly a need to consider negative aspects of relationships as a source of ongoing stressors.

It is possible that social support, as it is generally conceptualized in current literature, constrains our ability to understand the association of social relationships to well-being. That relationships have supportive aspects is undeniable. Difficult to demonstrate consistently or strongly is the fact that the supportive aspects of relationships function to directly promote well-being, indirectly maintain health through serving as a stress buffer, or mediate stress by serving as a coping resource (Thoits, 1986). It seems that researchers in this area should instead try to address the

questions asked by Unger and Powell in 1980; that is, when and under what circumstances are social networks functional. Continued assessment of negative and conflictual, as well as supportive aspects of interactions is needed in future research in this area, with promising tools for assessment currently being developed (Tilden, Nelson, & May, 1990).

Qualities of Social Networks

Along with negative aspects of social relationships, two other properties of relationships emerged as salient to the level of struggle and well-being for this group of mothers. Being involved in diverse networks and having access to available networks was important. Mothers who felt they were managing well talked about being involved in a variety of ongoing social relationships, some of which had been cultivated since becoming single parents. Research findings on divorced women showed that one of the correlates of a healthy adjustment to divorce is involvement in a wide range of relationships. This is in contrast to reliance on dense, kin-filled networks that tend to have a stronger association with emotional distress (D'Ercole, 1988; Leslie and Grady, 1988; Wilcox, 1981). In studies of mothers, not limited to those experiencing divorce, there is a greater likelihood of depressive symptoms among those who have smaller social networks or fewer possibilities for social contact (Hall, Greenberg, and Williams, 1985; Quittner, Glueckkauf, and Jackson, 1990; Weinraub and Wolf, 1983).

In order for women to benefit from social interactions, they must have access to a variety of networks. Due to limited time and financial constraints of the women interviewed, many felt that they were unable to have the social contacts they desired nor could they maintain the same

level of contact that they had prior to becoming single parents. Because of this, the telephone became an essential means of contact with others. The importance of structural aspects, such as limited numbers of persons available, and potential barriers to maintaining contact, such as lack of transportation or childcare, was noted.

Income and Emotional Distress

In this sample, the qualities of relationships were associated with not only the degree of struggle in daily living, but with other factors such as financial concerns as well. Many previous studies have confirmed the association of lower income to increased levels of emotional distress (Brown and Harris, 1978; Kessler and McLeod, 1985; Ross and Huber, 1985). However, the point has been made that it is not low income per se, but daily conditions associated with lower income status that affect the individual's view of the world (Belle, 1982; McLeod and Kessler, 1990; Ross and Mirowsky, 1989).

This study confirms that those women who lived with less income and less material resources perceived more emotional distress. The women with the highest mean CES-D scores (over 25) were in the group considered to be struggling. However, women who felt they were keeping going and managing also had elevated CES-D scores. Three women in the managing group and five women in the keeping going group had mean scores between 16 and 25. Even though their experience was more positive and felt more manageable, they were still susceptible to symptoms of distress.

In this study, some of the mothers who had a limited income also lived with young children and perceived that other resources from family

or friends were not available. These were the women who had the more elevated CES-D scores and lower MOS mental health well-being scale scores, indicating that they experienced more emotional distress than the other participants. Consideration of mechanisms that might explain the association of low income to emotional distress could include examination of how living with lower income influences the perceived stress of parenting.

Parenting Stress and Low Income

Parenting a small child can be stressful due to the constant physical and emotional demands. If, in addition, one lives with a chronically low income, the accumulation of stressful daily living would be expected to be associated with psychological distress. Studies that examined parenting and distress
provided interesting data that is somewhat confirmed by the experience of women in this sample.

In Belle's (1982) study of low income women, those women lacking childcare assistance were more depressed than the other participants. Analyzing data from 680 husbands and wives, Mirowsky and Ross (1989) found that women with young children had the highest incidence of emotional distress, particularly if they were employed, if it was difficult to arrange childcare, and if the husband did not share the household chores and childcare.

In another study, Lennon et al (1991) had similar findings. In a sample of 327 mothers of one year old children who were surveyed by mail, they found that depressive symptoms were related to responsibility for childcare and the husband's participation in childcare. Interestingly, the husband's participation seemed most important to

maternal well-being in what they termed "auxiliary child care": disciplining children, supervising or playing with children, and taking children on outings (Lennon, Wasserman, and Allen, 1991). Furthermore, they found that the presence of additional children at home aged three or younger was associated with increased depressive symptoms, regardless of the husband's participation.

Mauldin (1991) examined data from a cohort of low income women following divorce or separation. Using discriminant analyses, she searched for resources or characteristics that would help explain a woman's ability to move out of poverty following divorce. Among the most important discriminators was the presence of a child under six years.

Findings in the current study are congruent with those of Mirowsky and Ross (1989), Mauldin (1991), and Lennon et al (1991). The mothers who were managing generally had older children. For those who had younger children, childcare or finances for childcare were not a problem, and they were regularly relieved of the burden of childcare by the father or another adult. For mothers who were struggling and who had the highest distress scores, there was little or no respite from childcare. They voiced concern about the adequacy of available daycare, and finances were usually so limited that nothing beyond basic needs could be considered. These difficulties were often exacerbated by isolation or feelings of inadequacy as a parent or adult.

Beyond support, it is necessary to look at the accumulation of stressors that women encounter daily in order to understand the association of both social relationships and economic factors to well-being. Because of the demands of motherhood, the burdens normally

associated with this role, and the lack of another adult to help manage the household and child, single mothers are at risk for increased emotional distress. This is particularly true for those with conflictual relationships who are living with restricted incomes. This was demonstrated in the scores on the emotional distress scales and reconfirmed in their description of how things were going in their daily lives.

Person-Environment Interaction and Health

Within this sample, some of the women appeared to have resilient qualities manifested by an attitude that they would manage and a feeling of confidence in their ability to do so. This was noticeable even for women who had grown up in homes with family conflict, substance abuse, and poverty. Without extensive longitudinal data, it is impossible to know if these particular women have always been resilient or if certain aspects of their personal histories have led them to develop those qualities as a result of having dealt successfully with difficult situations in the past.

However, before one examines personal qualities associated with health or well-being, one must examine the social or environmental contexts in which these qualities have developed. Current data focused on gender and distress, or on parenting, show that women are more distressed than men, but this is most likely related to the caring functions of the social roles that women assume (Baruch, Biener, and Barnett, 1987; Gerstel, Reissman, and Rosenfield, 1985; Mirowsky and Ross, 1989; Thoits, 1987; Turner and Avison, 1989; Stevens and Meleis, 1991).

To focus on personal characteristics while overlooking the persistent work involved in caring for a preschooler with inadequate finances or with negative social relationships, would be to ignore powerful daily conditions that may be more salient to psychological well-being and functioning in the maternal role. For women in both the struggling and managing categories, there was evidence that an accumulation of conditions had an impact on their current perceptions and experience. For those struggling, there was an accumulation of stressful circumstances which led to a view of life as a struggle and as offering little future or hope. Not only were there financial strains, there were also the daily tasks of caring for young children, often with no one to talk to except the occasional professional. In this group, few of these women had the opportunity for education or career, and, therefore, they could not visualize that directing their energies in these areas might result in improved conditions. Often, social contacts did not result in their feeling better, but rather in a sensation that their parenting or lifestyle choices were being judged. The social contacts available to these women did not alter the stressors in their lives and often added to their feelings of stress.

For those managing, there was an accumulation of positive experiences in many areas--relationships, job acquisition, personal growth--that helped to provide them with a sense that life is manageable and positive. Just as stressful circumstances seemed to accumulate, positive circumstances did so with the opposite effect. Although separation from the child's father led to a feeling of loss, relationship skills were often gained in learning how to communicate with the ex-partner for the child's benefit.

New skills gained in managing children, returning to school, or holding a job left one with a sense of competence. As one mother said,

> (120)...one of the things I feel good about is the fact that I'm in school and it took quite a decision for me to do that... The fact that I was able to accomplish some things makes me feel better.

Compare this to a mother who felt that her life was improving recently, but stated, "I'm ashamed that I don't have any kind of career." Or compare the mother with the sense of accomplishment to the mother who describes daily life as follows,

> (102) The hard things are that you have to do it all the time. It starts at 6:15 with demands and you're the only one to answer them. And I feel the weight of being the only one all the time,
>
> of, you know, feeding him, cleaning up after him, ...all that stuff falls on me.

This same mother, who was considered to be struggling, talked about not being able to afford satisfactory childcare and said she wished there,

> (102)...had been some way that childcare was federally subsidized instead of the way they do it, which is to put you on AFDC and humiliate you and degrade you. I find it's a real hard system to deal with. Cause I wasn't poor before and it's new to me and it really keeps you down.

Her stressors of low income, daily responsibility for an active three year old, and relative isolation are related and seem to compound one another. In her opinion, the conditions of single parenthood and a father who refuses to pay child support are what led to her low income status and to her increasing isolation. Her scores on the CES-D and MOS indicated a high level of emotional distress.

Whether or not the distress has a stronger association to lower income, parenting, or lack of personal or social resources is impossible to determine. The point is that personal characteristics that appear to

be associated with distress, such as a lack of confidence, may have arisen from the context of persistent stressors of poverty or single parenting. This is not to deny that personal qualities influence interaction and choice of strategies in coping with single parenthood. But in this study, the conditions under which women lived, along with the relationships available to them, appeared more consistent and powerful in guiding their view of the world than a personal characteristic such as extroversion or a sense of competence.

The concept of coping is useful in examining the person-environment interaction. In much of the coping literature, coping strategies have been categorized into emotion-focused or problem-focused strategies (Lazarus and Folkman, 1984). However, in this study, because the method requires the data to guide the direction of analysis, (coping) strategies were categorized by their consequences in terms of social interaction. Furthermore, when going back to the data to examine strategies along with resources, it appeared that strategies were more congruent with social and material contexts than with personal qualities. Those women who were sharing experience or reciprocating had available persons for these interactions, along with access to contacts. Indeed, one participant talked of gaining an increased sense of worth when she was able to have contact with others after taking a job.

As an example, consider the mother who felt unsure of her mothering skills and regarded family members as judgmental. For her, the strategies of maintaining contact or initiating interaction might only increase her feelings of inadequacy. In terms of personal characteristics, one might say that this mother is not a help-seeker, and tends to turn others away by her negative self evaluation or by not

mobilizing potential supports. On the other hand, if the pervasive stress of daily living has not been manageable and she feels like she has no control, then not seeking help from others who have been previously unhelpful is an expected response to this constraining environment.

Research examining chronic stress versus acute stress and studies of personal qualities, such as a sense of control, suggest that the conditions leading to psychological distress are also responsible for the lack of feeling in control (Avison and Turner, 1988, Ross and Mirowsky, 1989). In discussion of support, stress, and coping and the incidence of psychopathology, Coyne and Downey (1991) noted the need to examine the relationships that give rise to feelings of stress and support. In this study, this also applies to stress that gives rise to the strategies one would use to cope with stressful conditions. The major stressors for the mothers appeared to be related to personal relationships, caring for children, and financial restraints. Coping was considered in the strategies that were used by the women as they managed life within the context of single parenthood. The stressors and strategies emerging in the data are congruent with those in past research. What is noteworthy about the strategies in this sample is that they seem more directed by material and social resources than by personal characteristics or specific stressors.

Summary

In discussion of findings in the current literature, one is left to conclude that the factors associated with well-being must be examined within the context of daily living and the social role of the person

experiencing distress. Because the women interviewed were single parents with primary responsibility for their children, their experience could not be understood outside of the context of the resources needed to manage life with children. The correlates of psychological distress are known, but to further understand these correlates, examination in context is essential.

Limitations

Due to the qualitative nature of this study and the purposive sampling procedure, the findings presented here are not generalizable to the larger population of single mothers. However, the strategies of grounded theory did allow a view of the data that took the researcher beyond a view of support seen in the literature. The study adds to our understanding of the diversity of experience of single mothers and the important role of social relationships and material conditions for women in this situation. The study also confirmed that women in this situation experience a high level of distress, and that distress was strongly influenced by social, personal, and material resources.

A major limitation exists in the cross-sectional nature of the data. Although the women were selected, whenever possible, using those who were 18 months out of their relationship to avoid the initial transition period of separation, there was still evidence of an ongoing adjustment process in their interviews and diaries. It is unknown whether or not women who are struggling ever begin to feel that they are managing, or even what circumstances (e.g., a job, new relationship, child getting older) might lead to that perception. Some of the participants who were categorized as keeping going or managing talked of

past experiences when they were struggling and felt depressed. Changing conditions might lead them to revert to feeling as they did when they were struggling, or they may continue to manage because of development of new skills. Those struggling seemed to have lived under chronically difficult circumstances. Two of the women had periods of economic well-being before becoming parents, but both of these described their pasts as stormy, with periods of instability interspersed with calm.

Because involvement in relationships is an interactive, dynamic process, it should be looked at over time. Women in this study were at different life stages, of different ages, and had been single parents for varying time periods. These factors did not seem to be as salient to well-being as did qualities of relationships or economic concerns, but, without a longitudinal look at this process, the most salient conditions can only be hypothesized from this data set.

Another limitation, that is also occasionally an advantage in qualitative studies, is the lack of uniformity of data collected from each subject. Although the same interview guide was used at each interview, the direction of the interview could change depending on the respondent's perspective of what was relevant to her situation. However, in general, the multiple types of data, including the diary and emotional distress scales, served to confirm the findings emerging from the interviews and lent strength to this study.

At the outset of this study, a strong interest was in family patterns of help-seeking as this related to the woman's supportive interactions and well-being. No such pattern emerged from the data. It seems impossible to know whether this is related to a flaw in data gathering, the nonrandom small sample, or the fact that no consistent

patterns exist. The quality and availability of personal relationships over time stood out as important to managing and well-being. At times this appeared to be of greater importance than the influence that could be attributed to economic status.

Implications

Implications are discussed in terms of both theory and clinical practice, and directions for future research will be explored. Theoretical discussion is focused on implications of the relationship between social factors and health. Clinical implications will be discussed in regard to programs for populations at risk for psychological distress because of economic or social status.

Theoretical Implications

The findings generated by this study raise questions as to how to proceed in searching for explanation of the relationship of social factors to health. Much past work has focused on the concepts of stress, support, and coping (Coyne and Downey, 1991). Researchers have noted the need to look at both stress and support in context, and to consider situation-specific examinations of stressors and supports (Caspi, Bolger, and Eckenrode, 1987, Coyne and DeLongis, 1986, Thoits, 1986, 1987) as they relate to well-being. Research on parenthood confirms that having children is a source of both stress and satisfaction and that family networks are also sources of both stress and support (Belle, 1982; Belsky, 1984; Pittman & Lloyd, 1988; Stack, 1974). The findings from this study support that contention.

Almost by definition, parenting is stressful, particularly if one

is a single parent, has young children, or is living in poverty. The more chronically stressful the conditions associated with parenting, the more likely one is to experience distress. From this sample of women, the diversity of response and level of well-being under similar circumstances was apparent. One of the differences appeared to be in the ongoing nature of interpersonal relationships, but the influences of financial concerns could not be ignored.

To focus upon the quality of relationships available across incomes and family structures may continue to give insight into links between social factors and health. Though many studies cite the strong association of being involved in problematic relationships to psychological distress, more needs to be known about the properties and dimensions of the relationship and the personal histories associated to development of these types of relationships.

In this study, there were women who had been involved in physically and psychologically abusive relationships. However, some of the women had been able to terminate these relationships, end all contact with the abusive person, and feel as though they were managing. Other women were unable to terminate conflictual interactions, though friends and family encouraged them to do so. No obvious patterns of interaction emerged that would distinguish between the two ways of dealing with abusive relationships, but there did seem to be subtle differences in the emotional availability of family members and in the level of intimacy evident in friendships. On the other hand, the abusive person may have had characteristics that made it impossible to terminate contact unless he was incarcerated or moved.

Coyne and Downey (1991) note that psychological distress (as opposed to psychopathology) has more correlates with social factors than does diagnosable psychopathology. However, they note that the presence of depressive symptoms is influential to health and social role functioning, and the high incidence of these symptoms in chronically stressed individuals, such as single mothers living in poverty, cannot be ignored. Qualitative studies incorporating a life-course perspective may be able to provide insight into the process, properties, and conditions of relationships that influence well-being over time within the context of the single parent role.

Research in this area should be at many levels and should utilize multiple methods. Research that could guide policy needs to be continued because the economic associations to well-being and the likelihood of having conflictual relationships were apparent in this and past research. Research focused at the individual level with evaluations of women who are already utilizing services is needed. Past programs have been successful for certain individuals in improving maternal and child health indicators. More detailed understanding of who the programs reach and why they are successful may help to further theoretical understanding of the relationship of social relationships to health while considering more broadly the socio-economic context. More detailed evaluation of a subsample of families in these programs using qualitative methods may be fruitful in the generation of theoretical links that would supplement known correlations from survey research.

At the present time, it would not be useful to focus on coping per se, but rather on the conditions associated with coping strategies. If a single mother has limited social contacts, no money for

transportation, and a family also stressed by poverty and violence, it seems only logical that the options for managing in this situation are also limited. The fact is, many women did manage and were very creative and resourceful in the ways they found to manage. Continued investigation into how and why, and ways to support them in this process, are needed.

Clinical Implications

Clinical implications can be separated into those that relate to assessment and those that relate to intervention. Continued work is needed to be able to distinguish between women at risk for distress and those who have the necessary resources to help them manage with the stressors associated with single parenting. It is often those at greatest risk for severe depression that remain the most isolated and difficult to reach clinically.

Women in this sample did not generally find that their health care providers were helpful, particularly their pediatric providers. Often, women with young children did not have time to seek out care for their own concerns. Thus, there is a valuable opportunity for health care providers to begin to address the needs of mothers through pediatric or family health care services.

Tools have been developed that could be useful in assessing chronic stress levels of mothers whose children are being seen at clinical facilities (Hall, 1990; Orr, James, Burns, & Thompson, 1989). Continued evaluation of the usefulness of these tools, and examination of their association to broader social factors and well-being, should be conducted.

Methods to improve assessment of women's well-being during obstetrical, gynecological, pediatric or other encounters with the health care system are needed. Two of the mothers who asked health care providers for advice or aid regarding stressors related to parenting felt misunderstood and negatively judged by their providers. Increasing awareness of the need to assess stress and acknowledge the stress associated with single parenting should be a priority in the training of health care workers and become an expected part of clinical practice. As reflected in the literature, too often the effects of parenting stress or maternal depression are evaluated only in terms of infant and child outcomes and fail to adequately address the needs of the mothers.

Intervention research, such as that developed by Olds (1986, 1988) and Dawson (1982) needs to be continued and expanded. Because of the complex nature of the development of distress related to parenting and poverty, continued interdisciplinary research is appropriate and necessary. In addition, intervention strategies should be developed in various settings and at many levels, including individual, family, and community. Those at greatest risk for distress or parenting disturbance may require home-based intervention. Both lay and professional home visitors have had some degree of success in improving health outcomes for mothers and children.

Many of the women interviewed for this study found phone consultation for child-related stress sufficient. Others needed therapeutic intervention from a mental health professional. Some needed tangible mechanisms that provided a break from child care and an opportunity to find socialization with other adults. Still others did not feel the need for any information or support outside of their own

resources. Being able to assess the needs of mothers, and develop appropriate interventions is a major challenge, particularly in view of current economic constraints in health care.

Conclusion

The findings from this study of single mothers and social support confirm the need to pay attention to the quality of relationships that a mother has available to her and to consider the stressors associated with her parenting role and economic circumstances. For those mothers having young children and no respite from childcare responsibilities, the incidence of depressive symptoms was higher than for the others in the sample, particularly for those with restricted income. Upon examination of interview and diary data, it was found that mothers who experienced more difficulty in managing were also more likely to have evidence of psychological distress. One of the factors found to be associated with distress was the quality of social relationships, characterized by problematic relationships and less diverse social networks.

The literature that deals with stress, support, and coping in relationship to psychological distress is congruent with the findings of this study. This is particularly true for those studies that investigate parenting stressors and the factors associated with development of distress. In addition to the role of the quality of relationships, age of the child and economic stressors appeared to be strongly associated to the well-being of this sample of mothers.

Future research should continue to investigate the association of relationships to well-being and to the ability to function in the

parenting role. This needs to be done in longitudinal designs that allow for incorporation of a life-course perspective and inclusion of the broader social contexts within which women are mothers.

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APPENDIX A

Interview Guide

APPENDIX A

Interview Guide

A. Demographic

1. Age (birthdate)____

2. Age of children (birthdates)
   ____, ____, ____, ____, ____

3. Marital status
   ____ separated
   ____ divorced
   ____ widowed
   ____ never married

4. Number of times married or partnered ____

5. Duration of single parent status (months)____

6. Length of time married or partnered ____

7. Educational level
   Highest grade of regular school completed

Grade school	High school	College	Graduate school
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20 21

8. Occupation _____

9. Current monthly income _____

10. Sources of income

    Employment ____ Grants ____
    Child support____ Partner support ____
    AFDC ____ Other ____

    Primary source of income _____

11. Parents
    Education
      Father ____
      Mother ____
    Occupation
      Father _____
      Mother _____

12. Ethnic background

B. Substantive

This part of the interview will focus on your experiences. Since many single mothers have previously indicated that social support is important to them, much of the interview will focus on the supports you believe or feel you have available to you, what is valuable to you about your support, and how you go (went) about getting or receiving the support you feel you need. In addition, you will be asked about your memories of your relationship with your parents or the person who raised you, since that was an important supportive relationship when you were growing up.

I. Problems

1. First of all, how would you say things are going for you? What areas of your life are going well for you? What areas of your life that you would consider stressful or a problem for you? (give examples; bring out day to day and major problems)

II. Support

2. a) When you think of support, what does that mean to you?
   b) What support do you feel you have available to you?

3. Who do you feel provides you with this support?

4. What about this person or your relationship with this person is supportive? (If more than one person named, what type of support from those most valuable to you)

5. How long have you known him/her?

6. What is most valuable about support you receive from this person; from others?

7. What do you feel is lacking?

III. Engagement:

8. How did you become involved with the persons you have named who are supportive to you?

CAN YOU GIVE AN EXAMPLE OF A RECENT SITUATION IN WHICH THAT YOU FELT SOMEONE WAS SUPPORTIVE? (Why, how did you feel supported?)

9. What about this particular interaction with this person, either what you did or what the other person did, that made this contact supportive to you?

10. When you feel you need support, what do you do? (probes) Is this usual for you? Give an example. (probe to get day to day interactions and those during crises).

11. What type of situation or feeling makes you try to get support?

12. When someone offers support to you, what do you usually do? Is this the same if that person is a family member or friend?

13. What kind of situations make it easy for you to accept support?
What kind make it hard for you?

IV. Family Patterns

14. When you were growing up, what was the usual pattern of dealing with problems for your family? For your mother, for your father?
(Were they likely to use family members or friends for support?) Can you give an example.

As a child, can you remember a situation in which you were upset, worried or hurt? What happened in those situations.

15. Are there any persons other than family or friends that are supportive to you? Can you explain how they are supportive? How did you become connected to this person? (Ask about: Use of formal supports such as public health nurse, involvement in head start or other child care through parent participation, welfare worker, teacher, therapy, parent support groups.)

16. Are there any other comments or thoughts you have about the importance of support for yourself? What advice about this would you give other single mothers?

Appendix B

Support Diary

APPENDIX B

Support Diary

You are being asked to keep a diary that will give more detailed information about the day to day interactions that you believe are supportive for you. We are trying to find out about situations in which support would be useful and also about situations, people, or other things such as your mood that might affect your getting support.

Instructions

For each day in the next four weeks, take a moment to consider contacts that you had that were supportive to you. At the top of each page, check whether or not you had a supportive contact, what was the general mood you were in, and whether or not you were physically ill.

Then, for contacts you felt were supportive, please provide the information requested by the questions asked.

Thank you for participating in this project.

SUPPORT DIARY

Date:

Did you have a contact that you felt was supportive? Yes___ No___

How would you describe your mood today?
Very happy___ Happy ___ Neither happy or sad ___
Sad ___ Very sad___ Anxious or nervous___
Other (describe)_____

Are you sick today? Yes ___ No___ If so, what are your symptoms?

Is a child of yours sick today? Yes___ No___

For the contact you felt was supportive, briefly describe the circumstances of that interaction answering the questions below.

Who was it with (how is this person related to you--for example, a friend, your sister, a social worker?)

How or where did the contact happen? telephone___ at home___ At work___ At child's school or daycare___ in neighborhood___ other___ If OTHER, Please explain.

What kind of support did this person give? listened to you___ babysat___ gave advice or information___ OTHER___ If OTHER, Please explain.

What was the situation that led to your contact with this person today?

Who began the contact? (For example, did you call this person or did she/he call you?)

What was the outcome of your contact with this person? For example, did you feel better about yourself, get information, etc..

What support did you give in this situation?

Was there anything about this person or situation that made it easy for you to feel you got support?

Anything that made it hard to get support?

APPENDIX C

Consent to be a Research Subject

APPENDIX C

University of California, San Francisco

CONSENT TO BE A RESEARCH SUBJECT

A. PURPOSE AND BACKGROUND

Rosalie Hammond, a doctoral student, and Dr. Jane Norbeck, a professor in the School of Nursing in the School of Nursing, are conducting a study of social support and single motherhood. Because I am a single mother, I am being asked to participate.

B. PROCEDURES

If I agree to participate in the study, the following will occur:

1. I will be interviewed by Ms. Hammond in my home or place of my choice.

2. I will be asked about my social support and how I go about getting the support that I need. I will also be asked about conditions that may influence the support that I get, such as stress that I experience or my relationship with my own family.

3. The interview will be audiotaped.

4. In addition, I will complete a short scale giving an indication of depression, and will keep a diary of my health complaints for a four week period.

The interview should take about two hours to conduct, and another meeting will be scheduled at the time of the interview to complete the data collection and retrieve the diary. The second meeting should take about 30 minutes. It should take about 10 minutes to answer the short list of questions.

C. RISKS/DISCOMFORTS

1. Because some of the questions are of a personal nature, they may make me uncomfortable or upset. I am free to decline to answer any questions, or to stop the interview at any time.

2. Confidentiality: All study material will be kept confidential. No individual identities will be used in reports or publications resulting from the study. Participant information will be coded and kept in locked files. Only the researchers will have access to the files and audiotapes. The tapes will be destroyed after the study has been completed and all data has been transcribed from them.

D. BENEFITS

There will be no direct benefit to me from participating in this study. The anticipated benefit of this is a better understanding of my use of social support that I have available to me and the circumstances which may influence my obtaining support.

E. COSTS

There will be no costs to me as a result of taking part in this study.

F. REIMBURSEMENT

I will be reimbursed $15.00 for my participation in this study. If I withdraw from the study prior to completion of data collection, or the researcher decides to terminate my participation, I will receive no money.

G. QUESTIONS

I have talked with Rosalie Hammond about this study. If I have further questions, I may call her at 415-664-3637.

If I have questions or comments about this study, I should first talk with Rosalie Hammond. If for some reason I don't wish to do this, I may contact the Committee on Human Research, which is concerned with protection of volunteers in research projects. I may reach the Committee office between 8:00 AM and 5:00 PM, Monday through Friday at 415-476-1814, or by writing to the Committee on Human Research, Suite 11, Laurel Heights Campus, Box 0616, University of California, San Francisco, CA 94143.

H. CONSENT

I have been given a copy of this consent form to keep.

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. I am free to decline or to withdraw at any point. My decision as to whether or not to participate in this study will have no influence on my present or future status as a patient, student, or employee at UCSF.

_____ _____

Date Participant's Signature

_____

Person Obtaining Consent

CHR-H953-05281-01
2/26/90

APPENDIX D

Health Status Scale

APPENDIX D

HEALTH STATUS SCALE
(MOS Short Form)

1. In general, would you say your health is:

1 ☐ Excellent
2 ☐ Very Good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

2. For how long (if at all) has your health limited you in each of the following activities?
(Check one box on each line)

	Limited for more than 3 months	Limited for 3 months or less	Not limited at all
a. The kinds or amounts of vigorous activities you can do, like lifting heavy objects, running or participating in strenuous sports.....	☐	☐	☐
b. The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries, or bowling.....	☐	☐	☐
c. Walking uphill or climbing a few flights of stairs.....	☐	☐	☐
d. Bending, lifting or stooping.....	☐	☐	☐
e. Walking one block.....	☐	☐	☐
f. Eating, dressing, bathing, or using the toilet.....	☐	☐	☐

3. How much bodily pain have you had during the past 4 weeks?

1 ☐ None
2 ☐ Very Mild
3 ☐ Mild
4 ☐ Moderate
5 ☐ Severe
6 ☐ Very Severe

4. Does your health keep you from working at a job, doing work around the house, or going to school?

1 ☐ Yes, for more than 3 months
2 ☐ Yes, for 3 months or less
3 ☐ No

5. Have you been unable to do certain kinds or amounts of work, housework or schoolwork because of your health?

1 ☐ Yes, for more than 3 months
2 ☐ Yes, for 3 months or less
3 ☐ No

For each of the following questions, please check the box for the one answer that comes closest to the way you have been during the past month.
(Check one box on each line)

	All of the Time	Most of the Time	A Good Bit of Time	Some of the Time	A Little of the Time	None of the Time
6. How much of the time, during the past month, has your health limited your social activities (like visiting with close friends or relatives)?.....	☐	☐	☐	☐	☐	☐
7. How much time, during the past month, have you been a very nervous person?.....	☐	☐	☐	☐	☐	☐
8. During the past month, how much of the time have you felt calm and peaceful?.....	☐	☐	☐	☐	☐	☐
9. How much of the time, during the past month, have you felt downhearted and blue?.....	☐	☐	☐	☐	☐	☐
10. During the past month, how much of the time have you been a happy person?.....	☐	☐	☐	☐	☐	☐
11. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?.....	☐	☐	☐	☐	☐	☐

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12. Please check the box that best describes whether each of the following statements is true or false for you.
(Check One Box on Each Line)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I am somewhat ill.....	☐	☐	☐	☐	☐
b. I am healthy as anybody I know.....	☐	☐	☐	☐	☐
c. My health is excellent.....	☐	☐	☐	☐	☐
d. I have been feeling bad lately	☐	☐	☐	☐	☐

APPENDIX E

CES-D

APPENDIX E

CES-D

Circle the number for each statement which best describes how often you felt or behaved this way—DURING THE PAST WEEK.

DURING THE PAST WEEK:	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4 Days)	Most or All of the Time (5-7 Days)
1. I was bothered by things that usually don't bother me	0	1	2	3
2. I did not feel like eating; my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4. I felt that I was just as good as other people	0	1	2	3
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future	0	1	2	3
9. I thought my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3
11. My sleep was restless	0	1	2	3
12. I was happy	0	1	2	3
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life	0	1	2	3
17. I had crying spells	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not get "going"	0	1	2	3

APPENDIX F

Kruskall-Wallis Tests

APPENDIX F

Kruskall-Wallis Tests

Group 1 = 1, struggling
Group 2 = 2, keeping going
Group 3 = 3, managing

CESDM, mean of 4 scores

GROUP	N	Mean Rank	Mean	S.D.
1	6	11.3	27.708	11.5463
2	5	10.0	22.600	2.3293
3	5	3.6	11.150	5.5073

Analysis of Variance
$F(2,13) = 6.165$ $p < 0.0131$

Kruskall-Wallis
$H(2) = 7.964$ $p < 0.0186$

MOSWBMH, WB-mental health

GROUP	N	Mean Rank	Mean	S.D.
1	7	5.6	42.286	14.3963
2	6	9.4	54.667	18.0073
3	6	15.7	82.000	13.7993

Analysis of Variance
$F(2,16) = 10.985$ $p < 0.0010$

Kruskal-Wallis Test
$H(2) = 10.418$ $p < 0.0055$

HP, health perception

GROUP	N	Mean Rank	Mean	S.D.
1	7	6.7	53.143	19.7353
2	6	7.8	55.833	27.2793
3	6	16.0	94.333	7.8663

Analysis of Variance
$F(2,16) = 8.261$ $p < 0.0034$

Kruskal-Wallis Test
$H(2) = 10.168$ $p < 0.0062$

```
Module: MANNWHIT, Mann-Whitney Tests
File: BOTH, demo and scores

FILTER: None

Group 1: QUALGP = 1, struggling
Group 2: QUALGP = 2, keeping on
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDBDDDDDDDDDDDDDDDDDDDDDDDDDDDD
CESDM, mean of 4 scores                                   3 Pooled Variances T-Test
Group   N   Mean Rank          Mean               S.D. 3 T:   0.965          P< 0.3610
  1     6     6.8             27.708           11.5463
  2     5     5.0             22.600            2.3293
Difference:                    5.108            5.2953 Mann-Whitney          Exact P
Exact 95% Conf. Int.:    -10.250, 17.250               3 U:      10.0        P< 0.4286
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                     3
Absolute: 0.66667           Z: 1.101   P< 0.1770  3 Standardized U
Positive: 0.33333           Negative: 0.66667      3 Z:   0.915          P< 0.3602
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDD
INCOME, net annual income                              3 Pooled Variances T-Test
Group   N   Mean Rank          Mean               S.D. 3 T: -0.249          P< 0.8074
  1     7     6.2          15394.857       11794.3953
  2     8     9.6          16560.000        5704.9983
Difference:               -1165.143         4678.8533 Mann-Whitney          Exact P
Exact 95% Conf. Int.:  -9648.000, 5988.000             3 U:      15.5        P< 0.1520
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                     3
Absolute: 0.60714           Z: 1.173   P< 0.1275  3 Standardized U
Positive: 0.60714           Negative: 0.14286      3 Z: -1.450          P< 0.1469
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDD
MOSWBMH, WB-mental health                              3 Pooled Variances T-Test
Group   N   Mean Rank          Mean               S.D. 3 T: -1.379          P< 0.1960
  1     7     5.5             42.286           14.3963
  2     6     8.8             54.667           18.0073
Difference:                  -12.381            8.9783 Mann-Whitney          Exact P
Exact 95% Conf. Int.:    -32.000, 8.000                3 U:      10.5        P< 0.1778
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                     3
Absolute: 0.52381           Z: 0.942   P< 0.3380  3 Standardized U
Positive: 0.52381           Negative:-0.00000      3 Z: -1.510          P< 0.1309
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDD
HP, Health perception                                  3 Pooled Variances T-Test
Group   N   Mean Rank          Mean               S.D. 3 T: -0.206          P< 0.8407
  1     7     6.7             53.143           19.7353
  2     6     7.3             55.833           27.2793
Difference:                   -2.690           13.0563 Mann-Whitney          Exact P
Exact 95% Conf. Int.:    -31.000, 25.000               3 U:      19.0        P< 0.7266
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                     3
Absolute: 0.33333           Z: 0.599   P< 0.8654  3 Standardized U
Positive: 0.33333           Negative: 0.23810      3 Z: -0.286          P< 0.7748
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDADDDDDDDDDDDDDDDDDDDDDDDDDDDD
```

```
Module: MANNWHIT, Mann-Whitney Tests
File: BOTH, demo and scores

FILTER: None

Group 1: QUALGP = 1, struggling
Group 2: QUALGP = 3, managing
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDBDDDDDDDDDDDDDDDDDDDDDDDDDDDD
CESDM, mean of 4 scores                           3 Pooled Variances T-Test
Group   N   Mean Rank        Mean          S.D. 3 T:  2.923          P< 0.0174
 1      6     8.0          27.708       11.5463
 2      5     3.6          11.150        5.5073
Difference:                16.558        5.6663 Mann-Whitney        Exact P
Exact 95% Conf. Int.:    0.000, 31.250          3 U:       3.0       P< 0.0303
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                3
Absolute: 0.66667          Z: 1.101   P< 0.1770  3 Standardized U
Positive:-0.00000          Negative: 0.66667     3 Z:  2.211         P< 0.0270
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDD
INCOME, net annual income                         3 Pooled Variances T-Test
Group   N   Mean Rank        Mean          S.D. 3 T: -1.666          P< 0.1245
 1      7     5.0       15394.857    11794.3953
 2      6     9.3       25421.000     9508.8633
Difference:            -10026.143     6017.2203 Mann-Whitney        Exact P
Exact 95% Conf. Int.: -22548.000, -260.000      3 U:       7.0       P< 0.0457
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                3
Absolute: 0.69048          Z: 1.241   P< 0.0919  3 Standardized U
Positive: 0.69048          Negative:-0.00000     3 Z: -2.003         P< 0.0452
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDD
MOSWBMH, WB-mental health                         3 Pooled Variances T-Test
Group   N   Mean Rank        Mean          S.D. 3 T: -5.053          P< 0.0004
 1      7     4.1          42.286       14.3963
 2      6    10.3          82.000       13.7993
Difference:               -39.714        7.8603 Mann-Whitney        Exact P
Exact 95% Conf. Int.:   -56.000, -16.000        3 U:       1.0       P< 0.0021
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                3
Absolute: 0.85714          Z: 1.541   P< 0.0174  3 Standardized U
Positive: 0.85714          Negative:-0.00000     3 Z: -2.865         P< 0.0042
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDD
HP, Health perception                             3 Pooled Variances T-Test
Group   N   Mean Rank        Mean          S.D. 3 T: -4.773          P< 0.0006
 1      7     4.0          53.143       19.7353
 2      6    10.5          94.333        7.8663
Difference:               -41.190        8.6293 Mann-Whitney        Exact P
Exact 95% Conf. Int.:   -65.000, -23.000        3 U:       0.0       P< 0.0010
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                3
Absolute: 1.00000          Z: 1.797   P< 0.0031  3 Standardized U
Positive: 1.00000          Negative: 0.00000     3 Z: -3.017         P< 0.0026
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDADDDDDDDDDDDDDDDDDDDDDDDDDDDD
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Module: MANNWHIT, Mann-Whitney Tests
File: BOTH, demo and scores

FILTER: None

Group 1: QUALGP = 2, keeping on
Group 2: QUALGP = 3, managing
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDBDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
CESDM, mean of 4 scores                             3 Pooled Variances T-Test
Group   N   Mean Rank          Mean            S.D. 3 T:  4.282        P< 0.0028
  1     5     8.0             22.600         2.3293
  2     5     3.0             11.150         5.5073
Difference:                   11.450         2.6743 Mann-Whitney       Exact P
Exact 95% Conf. Int.:      4.750, 20.500            3 U:       0.0     P< 0.0073
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                  3
Absolute: 1.00000             Z: 1.581    P< 0.0135 3 Standardized U
Positive: 0.00000             Negative: 1.00000     3 Z:  2.611        P< 0.0090
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
INCOME, net annual income                           3 Pooled Variances T-Test
Group   N   Mean Rank          Mean            S.D. 3 T: -2.180        P< 0.0503
  1     8     5.9          16560.000      5704.9983
  2     6     9.7          25421.000      9508.8633
Difference:                -8861.000      4065.2023 Mann-Whitney       Exact P
Exact 95% Conf. Int.: -17460.000, 1800.000          3 U:      11.0     P< 0.1079
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                  3
Absolute: 0.58333             Z: 1.080    P< 0.1938 3 Standardized U
Positive: 0.58333             Negative:-0.00000     3 Z: -1.686        P< 0.0918
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
MOSWBMH, WB-mental health                           3 Pooled Variances T-Test
Group   N   Mean Rank          Mean            S.D. 3 T: -2.951        P< 0.0148
  1     6     4.2             54.667        18.0073
  2     6     8.8             82.000        13.7993
Difference:                  -27.333         9.2623 Mann-Whitney       Exact P
Exact 95% Conf. Int.:     -48.000, -4.000           3 U:       4.0     P< 0.0260
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                  3
Absolute: 0.66667             Z: 1.155    P< 0.1389 3 Standardized U
Positive: 0.66667             Negative: 0.00000     3 Z: -2.254        P< 0.0242
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDEDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
HP, Health perception                               3 Pooled Variances T-Test
Group   N   Mean Rank          Mean            S.D. 3 T: -3.322        P< 0.0079
  1     6     4.0             55.833        27.2793
  2     6     9.0             94.333         7.8663
Difference:                  -38.500        11.5903 Mann-Whitney       Exact P
Exact 95% Conf. Int.:     -65.000, -10.000          3 U:       3.0     P< 0.0152
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD4
Kolmogorov-Smirnov Two Sample Test                  3
Absolute: 0.66667             Z: 1.155    P< 0.1389 3 Standardized U
Positive: 0.66667             Negative: 0.00000     3 Z: -2.436        P< 0.0148
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDADDDDDDDDDDDDDDDDDDDDDDDDDDDDD
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