

AN ANALYSIS OF THE RELATIONSHIP OF COPING RESOURCES
AND SOCIAL SUPPORT TO THE
EXPERIENCE OF DISTRESS IN SINGLE PARENT WOMEN

by

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(ABSTRACT)

Mental health research recognized that a subgroup of the general population at risk for emotional disturbance is that of single parent women. A volunteer sample of 248 women was accessed from women's support groups for this study.

The purpose of this research was to assess the extent to which the single parent woman experiences distress, and the relationship between this distress level and the coping resources the single parent woman possesses. The level of social support, both in family and work environments, was also assessed in its relationship to distress.

The cognitive, coping strengths of women were measured by the use of the three Cognitive Trait Scales (Pearlin and

Schooler, (1978). Three Family Environment Scales and three Work Environment Scales (Moos, 1986) measured the degree of support the single parent woman maintains. All nine of these scales were used as independent measures. The Brief Symptom Inventory (Derogatis, 1975) was the dependent measure and assessed the degree of somatic distress phenomena experienced by the respondent.

Research questions asked (1) whether there were differences in the degree of distress experienced by single parent women based on their demographic factors; (2) what was the relationship between cognitive strengths/coping resources and the level of distress in the single mother; (3) what was the relationship of family and work support systems to the experience of distress in the single parent woman? To answer the first question, ANOVA correlation comparisons were made by demographic distinctions; the latter two questions were analyzed by multiple regression techniques.

The Cognitive Traits Scales yielded the most significant results in this study. The demographic factors of number of children under 18, number of adults in the household, income, and number of losses experienced by the parent yielded modest but significant contributions to the model.

PROLOGUE

"My name is Mary. I work here at the day nursery. I love working with babies. My children are here; they are six and seven

I'm it; I'm alone, mother and father. My husband left me--ran out. Someone told me I could take him to court...for child support payments, so I did. It took a year and a half, and the court said, "Pay \$750.00 a month." He did . . . for two months . . . and then he disappeared.

I'm working at night--in a nursing home. I like babies better than the elderly. And I'm going to school in cosmetology. It's hard for me. There are big words to learn, like those parts of the skin. I'm not so good on words.

I used to get welfare, and it took me three years to get into federal housing, but I did it, and I'm comfortable. I feel good living there.

I don't have a boyfriend, or fiance--noone, and I won't because I don't trust men and I'll never marry again. I have friends, but they can't help me. They have the same problems I do. I feel old . . . I'm twenty-six. But I have my family, and they help me.

You know, my biggest fear is that my husband will return and take my children from me--maybe when they are grown--because he can do so much more for them.

Say, you're a family counselor. How do you think I'm doing?"

--Conversation with Mary,
March 1, 1989

ACKNOWLEDGEMENTS

To our dear children

Peg and Ray

Bob and Linda

John

Jennifer

And our beautiful grandchildren

Ryan

Bradley

Tyler

Matthew

whose love and encouragement have ever buoyed me
and challenged me to embrace my best self.

To my husband and dearest friend, Sid,

whose love, mentoring and support have constantly
prodded me to a realization of my dreams.

To my mother who has given comfort and loving support
through the years for my every endeavor.

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. . . and . . .

To all the Marys who have reached out to me

Shackled in twilight shadows.

To the resiliency of their indomitable spirits

Straining toward dawning dreams.

To the Mary's, perhaps the most valiant among us,

Who remind us

They must not struggle against their chains

Alone.

TABLE OF CONTENTS

ABSTRACT	ii
PROLOGUE	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS	vii
LIST OF APPENDICES	x
LIST OF TABLES	xi
CHAPTER ONE	1
INTRODUCTION	1
Background	2
Distress	4
Cognitive/Coping Resources	4
Support Networks	6
Problem Statement	7
Research Questions	8
Assumptions	9
Limitations	9
Definitions	10
ORGANIZATION OF THIS REPORT	12
CHAPTER TWO	14
RELATED LITERATURE	14
Divorce	16
The Rising Divorce Rate	16
Marital Dissolution	16

Post-Divorce Stress	19
Widowhood and Loss	21
Unwed Motherhood	21
Economic Hardship	22
Parental Role Stressors	26
Cognitive Traits, Coping Resources	27
The Structure of Coping	31
Social Support Networks	34
Single Parent Affiliations	36
Support Network Research	39
Summary	43
 CHAPTER THREE	 44
METHOD	44
Population	44
Sample	44
Procedure for Data Collection	46
The Research Packet	48
Instruments	53
Cognitive Traits Scale	54
Mastery Subscale	54
Self-Esteem Subscale	55
Self-Denigration Subscale	55
Social Climate Scales	57
Family Environment Scale, Form R	57
Cohesion Subscale	58
Expressiveness Subscale	58

Conflict Subscale	58
Work Environment Scale, Form R	60
Involvement Subscale	60
Peer Cohesion Subscale	61
Supervisory Support Subscale	61
The Brief Symptom Inventory	62
General Severity Index of Distress (GSI)	63
DATA ANALYSES	66
CHAPTER FOUR	67
RESULTS	67
Demographic Information	67
Employment Status	70
Demographic Comparisons on Distress	72
Non-Significant Results	72
Significant Results	74
Children	74
Losses	74
Income	74
Employment Status	74
Overview of Response Variables	75
Relationship Between Demographic-Response Variables	77
Relationship Between Pairs of Response Variables .	77
Relationship Between Pairs of Demographic Variables	79
Predictors of Distress	80
Anecdotal Evidence of Distress	84

CHAPTER FIVE	93
SUMMARY AND CONCLUSIONS	93
Summary	93
Contributions to the Literature	100
Conclusions	103
Recommendations for Future Research	104
Implications for Clinical Practice	106
 BIBLIOGRAPHY	 109
APPENDICES	
A Cover Letter	118
B Letter of Introduction	119
C Statement of Informed Consent	120
D Tear Sheet	120
E Single Parent Household Questionnaire	121
F Cognitive Traits Subscale	122
G Family Environment Subscale	123
H Work Environment Subscale	125
I Brief Symptom Inventory	126
 VITA	 127

TABLES

1.	Demographic Profile	67
2.	Demographic Profile	68
3.	Employment Status	71
4.	Demographic Comparisons on Distress	73
5.	Definition of Response Variables	76
6.	Relationship Between Response and Demographic Variables	77
7.	Relationship Between Pairs of Response Variables	78
8.	Relationship Between Demographic Predictors	80
9.	Multiple Regression Reports	81
10.	Multiple Regression Report	82
11.	Multiple Regression Report	83

CHAPTER ONE

INTRODUCTION

A major thrust of mental health research has been a focus on the effects of stressors on physical and mental health (Lazurus, 1984; Pearlin, 1983; Thoits, 1983). Stressors refer to life situations/events which are injurious to an individual's well-being or functioning. Among the general population one subgroup recognized as experiencing high exposure to life stressors, and thus being at considerable risk for incidence of mental health problems, was that of single parent women. Because the number of women who head households in the United States has risen by more than 71 percent between 1970 and 1982 (US Bureau of Census, 1984, US Department of Health and Human Services, 1988), the study of psychological distress in this population was of particular interest to the mental health profession.

Mental health researchers pointed out that the prevalence of stress was not in and of itself a sufficient explanation for the presence of mental distress/disorder in single parent women. Additional factors were seen to be involved, particularly those of inadequate

 coping resources (such as high self-esteem, a sense of personal competence, and an internal locus of control orientation) . . . and access to social support (emotional, information, and instrumental assistance). (Thoits, 1988, p.87).

Women's studies theorists suggested that women in general were at psychological risk for mental health distress when they did not possess adequate coping resources (Turner and Noh, 1983; Wheaton, 1983; Pearlin et al., 1981) and/or supportive social networks (Brown and Harris, 1978; Kessler and McLeod, 1985; Turner, 1983; House, 1981, cited in Thoits, 1988). According to the research agenda defined by the US Department of Health and Human Services publication on women's mental health in 1988 (US Department of Health and Human Services, 1988), the extent to which the woman single parent was at risk of mental health disturbance due to deficiencies in the areas of coping resources and social network support was yet to be explored. The relationship of coping resources and social support as factors in mental distress was seen as a high priority study by women's mental health researchers (Thoits, 1988; Seiden, 1988; McBride, 1988).

Background

During the last several decades, mental health research focused heavily on the pathological role of stress in women's lives, with a growing realization of the part played by stress in the fast-rising phenomenon of single parenthood. While divorce has freed women from intolerable situations they would have had to endure in the past, divorce has itself precipitated a rise in mental health problems (Seiden, 1988).

Court custody and child support battles, economic impoverishment, and the responsibility of being a single parent have been seen as exerting pressures on the single woman in the aftermath of divorce.

Other factors have also contributed to the mental stress encountered by women in their single parent status. The lack of available and/or affordable quality child care, the frequent experience of displacement of women and children from familiar home and community surroundings and the loss of former socio-economic status, and the lack of marketable skills and the need for additional education or job training of women returning to the workplace were all contributors to women's mental malaise in the post-divorce period (US Department of Health and Human Services, 1985). Perhaps the most difficult of the adjustments made by the single parent woman was that of coping with the sense of rejection, alienation, and loss of relationship inevitably felt in the severing of the marital bond.

It was recognized that many of the adjustments inherent in the life-strains of the separated/divorced woman existed for those who had never married. There was frequently in the unwed mother a feeling of alienation, rejection, and loss in not having achieved an enduring relationship in which the parents might bear co-responsibility for their children.

Distress

Single parent women in our society were, therefore, of concern for mental health professionals because of their high risk of psychological disturbance. This disturbance, named "psychological distress," consisted of anxious states, of "generalized upset" accompanied by somatic symptoms such as "poor appetite, trouble sleeping, upset stomach, dizziness, or faintness and shaking hands" (Thoits, 1988, p. 8).

Cognitive/Coping Resources

Cognitive behavioral theory posits the direct relationship between an individual's thought process and one's feelings. According to James (1984), Maslow, Rogers, and Ellis saw human beings as having "powerful tendencies to move toward growth and self-actualization;" nevertheless, it was recognized that people "sabotage their own emotional destinies" as a result of the attitudes and beliefs they have internalized (p. 192).

Feminist Eisenstein (1983) has linked the societally conditioned gender expectations of woman's historical role to women's perception of themselves as necessarily feminine and womanly. Feminine behavior has traditionally been defined as non-competitive, dependent, passive, and subordinate (Millett, 1979; Janeway, 1980; Miller, 1976). As single parent women have assumed roles in the workplace which

call for autonomy, assertiveness, self-reliance, and self-directedness, many women have experienced cognitive dissonance and distress. The degree to which the single parent female possessed cognitive strengths such as self-esteem, and a sense of personal mastery over her environment was in direct relationship to her ability to cope with the stress of the single parent/working woman state (Thoits, 1988).

Women were seen to lack self-confidence in the immediate aftermath of separation/divorce/widowhood (Wallerstein and Blakeslee, 1989). The never-married mother, as well, struggled toward a heightened sense of self-reliance in her new parental status. As the single woman assumed her dual parenting and working roles, she often gained a growing sense of self-appreciation of her own abilities to meet the challenges of her situation. As time went on, she felt a heightened sense of accomplishment, and with it a concomitant lowering of distress level. Those in lower income levels, however, often faced economic distress that was never ameliorated.

Coping resources were thus seen to be instrumental in meeting psychologically upsetting circumstances; so, too, were social support resources.

Support Networks

Thoits (1988) stated that another major factor targeted for women's research was the relationship of the single parent woman's support network to her experience of distress. Eisenstein (1983) noted that women tend to possess, and to require from others, the qualities of affiliativity, cooperation, sensitivity, nurturance, and compassion. The single parent woman has need of affirmation and encouragement from those in her support system, and a sense of their support for her personal choices and autonomy. The extent to which her support network filled these needs and those of practical instrumental assistance was in direct relationship to the single mother's experience of anxiety or distress (Pearlin et al., 1981; Cobb, 1976).

Women's support systems were multi-faceted (Moos, 1974). Single parents were in need of inter-familial support, with children offering a caring and helping relationship. Intra-familial support of the extended family and friends constituted a foundation of concern and assistance which helped the single parent to meet the challenges of her roles (Wallerstein, 1989). The relationship with one's co-workers and supervisors in the workplace provided an added base of support. The extent to which the single mother was provided nurturance, care, and emotional support by these systems was in direct relationship to the degree of distress/upset she

experienced in meeting the demands and challenges of her family life.

Problem Statement

Mental health research has long focused on the effects of stress, as measured on distress scales, due to the events of daily lives. The effects of stress were believed to be related to the coping responses/traits which people possessed (Thoits, 1988). Recent literature recognized that the connectedness of personal affiliational relationship, which was vital to women (Miller, 1986), was also strongly related to the way in which the individual reacted to stress (Turner, 1988; Kessler and McLeod, 1985, cited in Thoits, 1988).

Mental health research noted the startling rise in the number of single parent women as heads of households, and pointed out that mental distress and upset often accompanied the separation and divorce which precipitated the single woman's assumption of the head of household role (Russo, 1988; Seiden, 1988; Thoits, 1988). In addition, mental health/social research documented the rising feminization of poverty (Sojourners, 1988). For these reasons, the single parent woman was identified as being at high risk for mental disturbance, emotional upset, and distress.

Further, mental health researchers stated that the phenomena of coping resource orientation and social support networks, and their relationship to distress in the lives of

single mothers had not been researched (Thoits, 1988; Seiden, 1988; McBride, 1988). Such research was identified as necessary by mental health professionals because the single parent woman was seen as being at high risk for psychological distress and depression. The mandate to further study of the single mothers' distress phenomenon was the object of exploration in this report. In addition to the literature on this subject, the research (1) points out ways in which mental health clinicians may benefit from knowledge of the relationship between coping resources and the experience of distress, and (2) provides practical suggestions for school and mental health counselors in regard to the need for support services for single parent women and their families.

The study provides empirical evidence of the extent to which the incidence of distress in the single parent woman is in direct relationship to both her cognitive/coping resources and her social support network.

Research Questions

The following research questions are addressed in this study:

(1) What are the relationships between the degree of distress experienced by single parent women and their various relevant demographic characteristics, such as: age, the number of children living at home, income level, level of education, single status, employment status, ethnic

identification, and the number of recent losses/traumatic events in their lives?

(2) What is the relationship between cognitive strengths/coping resources and the level of distress experienced by the single parent woman?

(3) What is the relationship between family support and the level of distress experienced by the single parent woman?

(4) What is the relationship between support in the work environment and the experience of distress in the single parent woman?

Assumptions

(1) Women volunteers, self-selected for this study, possess the ability to report accurately their feelings of stress, and identify the degree to which they possess cognitive strengths/coping resources and family/work environment support systems.

(2) For single parent women, the developmental strains of a child/children under the age of 18 constitute a common base for the measurement of the level of distress.

Limitations

(1) This study provides no precise identification of women's immediate life stressors (e.g., ill health, job loss, death in the family, or multiple role strain) which may be causes of distress. However, women identify major loss and trauma experienced during the past two years of their lives

and the length of time they have been divorced, separated or widowed.

(2) This study provides cross-sectional rather than longitudinal data. Stronger predictive inferences might be expected from a longitudinal study. It is expected, however, that analytic statements should be possible from a cross-sectional study of the relationship of coping resources and support networks to the incidence of stress in single parent women.

(3) Volunteer participants for this study were single parent women in the suburban-metropolitan area of Washington, D.C., self-selected through their affiliations with single parent support groups, churches and therapy centers. Results of this study, while drawn from a specific suburban-metropolitan area, should be generalizable to like suburban populations in large metropolitan jurisdictions in the United States, through like support group affiliations.

Definitions

Stress--An "environmental demand" (Wheaton, 1985, p. 363) due to events which are unexpected, undesirable, and acutely impacting (McCubbin and Olson, 1987).

Stressors--Circumstances that are generally judged to be "threatening to an individual's well-being or survival" (Thoits, 1988, p. 85).

Distress Scale--A psychological screening device (e.g., the BSI, Derogatis, 1975) which weighs the frequency of somatic symptoms of emotional upset experienced by an individual.

Cognitive Strengths/Coping Resources--Traits such as high self-esteem, a sense of personal competence and an internal locus of control (Thoits, 1988). These characteristics are generally thought to enable the individual to withstand threatening encounters, in a focus on life events through a problem-solving perspective rather than through a merely emotional response.

Support System--Continuing social interactions with another individual, a family, a network, or groups, that provides high personal regard for the individual, the mobilization of one's psychological resources, a sharing in one's tasks, and instrumental assistance such as money or cognitive input for problem-solving (Caplan, 1974).

In this study, family support was translated to mean immediate or extended family or friends in the support network. Support in one's employment setting was defined in terms of involvement with other employees and with supervisory and peer support.

Economic Stress--Hardship and strain incurred when one's income does not match the demands of basic expenses. Women-headed households were more than four times as likely to live

in poverty and incur economic stress as those in other households (Public Health Service, Bureau of Census, 1985).

Feminization of Poverty--The disproportionately low economic status of women, with two of every three poor adults being women. Fifty percent of all poor households are now headed by women. (Kemper, 1988).

ORGANIZATION OF THIS REPORT

Chapter One provided the introduction and background for the study, as well as an apologetic of the need for and the purpose of the study. Research questions of the study have been addressed. The assumptions and limitations of the study have been provided. Key definitions have been given. Finally, the organization of the study is focused.

Chapter Two contains a literature review of research studies in the areas of: (1) stress, as it relates to single parent woman; (2) women's cognitive resource skills; (3) women's social support/networks; and (4) economic strain experienced by single parent women.

Chapter Three contains the conceptual methodology for the statistical study. The population, sample, data collection procedures, and research packet materials are detailed. The test instruments and their psychometric properties are described. Finally, the statistical analysis procedures are stated.

Chapter Four presents the statistical data of the study, and provides an analytic assessment of the research questions' outcomes. It presents empirical evidence gleaned from the stories shared by women in the data collection, as well.

Finally, Chapter Five (1) provides a summary and conclusions in regard to the results of the study; (2) gives implications for clinical practice; (3) makes recommendations regarding the educational development of cognitive resources in women and (4) offers suggestions which will assist educators and school counselors to meet the needs of single parent women. The study also (5) proposes research necessary for a better understanding of the relationship of cognitive resources and support systems to the experience of distress in the single parent woman. Finally, the study (6) provides a description of the ways in which this research has contributed to the body of literature in regard to cognitive theory, support network systems, and the women's studies agenda.

CHAPTER TWO

RELATED LITERATURE

In this chapter, literature relevant to the rising phenomenon of female single parenthood was reviewed. The literature about this topic dealt with stressors/distress, marital dissolution, economic hardships, cognitive traits/coping resources, and social support networks.

During past decades, mental health clinical and research studies have centered on the role stressors play in the "pathogenesis of psychological distress and mental disorder" (US Department of Health and Human Services, 1988, p. 13). Research on women's health issues in the 1980's has dealt extensively with the psychological stress attendant to the high incidence of divorce experienced in American family life.

Stressors in negative life events, chronic role strains, and daily hassles were seen to increase significantly the risk of psychological distress (DeLonges et al., 1982; Pearlin, 1983; Thoits, 1983). The more significant and prolonged the negative stress factors (e.g., in the events leading to divorce or the death of a spouse), the greater was the likelihood that an individual would demonstrate symptoms of mental distress or disorder.

Stress, defined as a "simple environmental demand" (Wheaton, 1985, p. 362), was said to pose a disjunctive experience between one's reality and that of the world, and one's personal desire (Fisher, 1986). Stress could sometimes connote an "excess demand relative" to the individual's "usual response capacity" (Wheaton, 1985, p. 363). Stress endangered the individual's equilibrium and prompted an attempt to restore balance, homeostasis. One who was in stress generally pondered the actions which might be taken to counter the stress-provoked imbalance. This critical self-appraisal was termed "worry" (Fisher, 1986, p. 4). It was generally agreed by researchers that the longer the stress-inducing events, the more the risk of mental disturbance. Feelings about current life situations have been reported to have a more direct relationship to poor mental health than have memories of past events (Kaufman and Richardson, 1982).

The assessment of one's distress, in reaction to the stress/stressors in one's life, was measured through the self-ratings of somatic complaints, such as difficulty sleeping, feelings of paranoia, mind going blank, trouble concentrating, etc. A number of self-report inventories such as the Minnesota Multiphasic Personality Inventory (MMPI) (Wiggins, 1966) and the Tryon Cluster Scores (Tryon, 1966) have assessed the degree to which an individual was in distress and at risk for mental disturbance. The BSI (Brief

Symptom Inventory) of Leonard Derogatis (1975) was the self-report instrument utilized in this research.

Divorce

The Rising Divorce Rate. It was clear that marriage was experiencing a major shift in contemporary society; the steady rise of single parent households was the most radical phenomenon on the American family scene in the past three decades.

A dramatic increase in the number of single-parent families occurred between 1960 and 1988; 7% of white children and 22% of black children under 18 lived in one-parent families in 1960, as contrasted with 19% of white children and 54% of black children in single-parent homes in 1988. Single parent families were headed by women in 90% of the cases (Rich, 1989). By 1995, it was predicted that single-parent families "will exceed never-divorced parent families" (Flach, 1989, p. 15).

Marital Dissolution. The reasons for divorce were much debated by sociologists and demographers. The causes for the divorce revolution were multi-dimensional. There were no criteria which inevitably led to the divorce court, but there was a general acknowledgment that a number of identifiable factors had an adverse impact on the marital relationship.

Each couple/family has been seen to encounter normal developmental stresses in the routine passages of the family

life cycle (Carter and McGoldrick, 1980). Disruptions of the family balance have occurred in the horizontal transitions of sudden death, chronic illness, job loss, drug addiction, and separations due to war or job displacement. Given enough stress in these areas, any family might become dysfunctional.

Stress has also been experienced from the vertical transmission of intergenerational patterns of interaction which were dysfunctional, anxiety-producing life scripts. The sexual revolution, family mobility, displacement from families of origin, role strains, feminism, and dual career marriages were examples of the stressors which might threaten marital stability (Carter and McGoldrick, 1980).

Adjustments within varying cultural, gender, and religious perspectives also may have a serious effect on the marital balance. And perhaps, more importantly, the view of marriage as a virtually revolving door may have permitted couples to exit their relationship rather than commit themselves to working seriously to repair it.

Perhaps at the base of most marital breakdowns was the struggle for power. Women who were gender conditioned to a subservient role might, with developmental change, challenge the power dynamics of the relationship, causing marital disruption. As women gained more independence and autonomy, there was an inevitable shift in the family system which could be stress-inducing. The issue did not entirely revolve

around the threat of women's evolving independence, but spoke out of a male fear that husbands would lose their dependent relationships which were necessary to the well-being of the traditional gender/role interactions. Such a shift could rupture the marital relationship (Rubin, 1983).

The decision to divorce occurred frequently in an experience of intense emotional fusion, one in which one or the other of the spouses experienced a compromise of one's "autonomy and ability to function" within marriage. A physical distancing and emotional severing might then develop between the spouses, leading ultimately to divorce (Beal, 1980, p. 245).

The divorce rate was highest among couples with young children, because divorce usually occurred after an average seven years of marriage (Carter, 1988). Two career couples experienced the highest rate of divorce in the United States (Carter, 1988). For women employed outside the home, marriage might be a stressor. Lack of time for one's spouse, too little emotional support, and career competition were seen to be precipitating factors in divorcing couples (Nadelson and Eisenberg, 1977; McLaughlin et al., 1988). Typically, the wife/mother suffered from work overload as she struggled with the multiple role strains of being a spouse, parent, and career woman. Despite the fact of dual careers in a household, the major responsibility for home and

children was in the majority of cases held by the wife and mother (Maracek and Ballou, 1981; Tryon and Tryon, 1982). Career and family goals and demands often came into conflict for the working mother (Carter, 1988), and were contributing factors in marital dissatisfaction.

Instability in marriage commonly occurred in cases where women had less than a college education, and in those marriages where women had graduate level education (Glick, 1977).

Post-Divorce Stress. Women who experienced marital dissolution left behind them shattered dreams and expectations (Carter, 1988) and found it necessary to gain a new sense of identity as single woman and sole head of household. The new identity might have been one forged in dread that in leaving marriage behind something worse in post-divorce circumstances might occur. According to Chesler (1976), these fears often became, in fact, reality with the "non-payoff of divorce" matching "many women's nightmare expectations" (p. 110). The non-payoffs of divorce often resulted from what Guttentag and Salasin (1982), in their study of the long term consequences of stress in women's lives, identified as "life conditions such as single parenthood, low income, poor education, and responsibility for young children" (p. 120).

The new identity developed by women in post-divorce restabilization was one built upon one's personal resources, transcending the grief, guilt, and sense of failure and rejection experienced in the breakup of marriage. One's adaptive response to the "dislocation of the family cycle" through divorce must have been that of autonomously seeking independent survival for one's self and for one's children (Carter, 1988, p. 256). This shift often led to a profound sense of disorientation and loss; indeed, it was reported that women and children often suffered depression for years following separation and divorce (Seiden, 1988). Complete resolution of emotional attachment issues was, in the main, elusive for most divorcing families (Beal, 1980).

For children, as well as their mothers, the sense of grief and loss was pervasive following marital dissolution. Children's recovery from divorce was a process that required time as well as the supportive interaction and the love of both parents. Where such an interaction was absent, there were deep wounds for both child and parents, a situation that has been called the "divorced child syndrome" (Flach, 1989, p. 15). Following divorce, there may have been a familial taking of sides, with children suffering the loss of some significant family attachments. Children often experienced a sense of helplessness, anger, guilt, bewilderment, and loss in marital dissolution. Dealing with her children's trauma

has placed additional strain/stress on the single parent mother as she suffered her own emotional duress in divorce.

Widowhood and Loss. Widows, too, reported a profound sense of disorientation and grief in the loss of their spouses. Few ruptures of life's rhythms were as devastating as that of loss of one's husband or wife. On the Social Readjustment Rating Scale of Holmes and Rahe (1957), the death of a spouse received the highest stress score of all stressor events on the scale. Shock, anger, guilt, loneliness, and depression often accompanied bereavement (Kuenning, 1987). The main difference in recovery from death of a spouse and healing from the dissolution of marriage was that death imposed a final breaking of the bond, an irreversible reality. Divorce, on the other hand, has been said to be a "death that is never complete" (Erickson, 1983, p. 35).

Unwed Motherhood. The unwed mother has often experienced a sense of betrayal of trust, a sense of rejection and alienation, a loss of the dream of establishing a family unit. The loss of her relationship was similar to that suffered by the divorcee. Many women in contemporary society, however, chose motherhood without a desire for marriage. The incidence of adoption, artificial insemination, and motherhood by choice was an established phenomenon. The most recent Health and Human Services report

(1988) stated that of 3,756,541 live births in the US in 1986, 106,492 were to single women in their 30s and 40s. This number was 1,015 more than in 1985. According to Adoptive Families of America, Inc., "3% of the 60,000 non-relation adoptions annually occurring in the United States were to single parents, most of them women" (Washington Post, January 1989, p. C-6).

Economic Hardship. Perhaps the main non-payoff of single parent status was the economic hardship often experienced by single mothers. A major stressor for the divorced or separated woman was her well-documented drastic reduction of income (Weitzman, 1985). Men as singles often had increased disposable incomes (Kemper, 1986). Rarely was a woman awarded "more than a third of the family's financial assets" for the reestablishment of a single parent household (Carter, 1988, p. 255). Yet, 92% of the children were in the custody of their mothers following divorce.

In the most recent year for which the Census Bureau published figures on child support, 1985, statistics showed that of the 8.8 million custodial mothers living with children under 21, only 61% (5.4 million) had been awarded child-support payments (Berman, 1988). Fewer than half of these received the actual payments. The non-support of children has had the greatest impact on families which had little resources, both in income and education. The non-

performance of fathers in providing their fair share of the support for their children has affected not only the poor but children of every class. For too long, it has been easy for non-custodial parents to avoid paying their share of the financial burden of their children (Berman, 1988). When child support payments have been ignored, many women and their children have been reduced to poverty. According to 1988 statistics, one in every four American children under six years of age, and one in every two black children under six were poor, "with 50 percent of all poor families, minority and white, now headed by women" (Kemper, 1988, p. 16).

If a woman was without adequate financial resources, and without the skills and training necessary to earn an income sufficient to support her household, she would be among the "nation's new poor" (Carter, 1988, p. 255). For those working women at the poverty level, there was no "safety net;" their earnings scarcely met fundamental family needs. Few working-poor women were able to afford health insurance for themselves or for their children; an emergency could tip the balance of stability within their families (Department of Health and Human Services, 1985).

In 1988, 44% of the labor force was female, with 2/3 of these women as providers of sole support for their families, or in a family where their husbands earned less than \$15,000

per annum. Over two million of these women worked full time for wages below the poverty line. Because two of every three poor adults in the country were women, the term "feminization of poverty" has been coined (Kemper, 1986, p. 15). It is predicted that by the year 2000, "virtually all of the American poor will be women with dependent children" (Carter, 1988, p. 255).

Pearce considered the feminization of poverty a "process of institutionalization of sexual inequality" ("Feminization," 1986, p. 2). If a woman single parent entered the marketplace, she could be expected to occupy a job with a lower salary for comparable work than that paid to men, and with less chance for promotion (Hartigan, 1988). In 1988, women's average earnings were approximately 69% of men's average earnings (Seiden, 1988). "Occupational segregation by gender" was "as widespread as it was in 1900," and continued to "depress wages" in those areas of work in which women predominated (US Department of Health and Human Services, 1985, p. I-16). More than 1/3 of women were in clerical jobs in 1985. Despite achievements in education and in employment opportunities, women remained overwhelmingly concentrated in low-paying female jobs.

The 1985 Health and Human Services report on women's health stated that economic inequality in the marketplace must be seen as stemming from the "concentration of women

into the bottom of the hierarchy" (Department of Health and Human Services, 1985, p. I-15). The gap in earnings between men and women continued to increase. This occurred, the report stated, because both females and males "downgrade women's performance and devalue women's worth" (Department of Health and Human Services, 1985, p. I-15). This phenomenon, the report concluded, stemmed from the view that men were "innately superior in logic, business skills and decision-making" (Department of Health and Human Services, 1985, p. I-15). This attitude prompted educators to push male rather than female students toward areas of study which were increasingly in demand, such as mathematics, science, and computer technology. Recent employment forecasts stated that technological displacement of jobs would far outweigh the creation of jobs, and that the new jobs would not absorb women at the same rate as men.

Another cause for poverty among women was directly related to their child-rearing responsibilities. By 1990, the Economic Planning Council predicted that approximately half of the labor force would be female and that over half of the workers would be parents with children under 18 years of age living at home (Hartigan, 1988). For the sole parent head of household, there might be a necessity for readily available child care. Yet the national figures on child care were alarming, with "fewer than one million child care slots

available nationwide" (Hartigan, 1988, p. 9). Some mothers reported payment of up to 1/3 of their salaries for child care. Where child care was neither affordable nor subsidized, the lower income woman was unable to work and was forced to accept welfare support.

Family support systems which once provided child care for the woman single parent were often unavailable. One-time neighborhood sitters were often in the work force themselves. For those fortunate enough to find affordable day care for their children, there was always the fear and reality of sub-standard care. The child care problem was as serious a problem as any the single parent faced in her quest for stability for her family (Hartigan, 1988).

Parental Role Stressors. Post-divorce and post-death changes in lifestyle often affected the ability of the woman head of household to function as a parent (Camara et al., 1980). These parents were often unable to communicate assurances and love to their children because of the depth of trauma they themselves suffered. The sole parent mother might have experienced difficulty in assuming authority in the family (Hetherington et al., 1978). Often the child has had to provide emotional support for the mother and offer surrogate companionship as well. Frequently, children in the sole parent family have been depended on for adult responsibilities, decision-making, and self-care. Greater

pressure was often placed on these children; when this has occurred, adolescents have erupted in anger as restrictions are made on their freedom (Weiss, 1979). Working single parent mothers often have had little time to spend with their children, and have been fatigued and emotionally drained when returning to parental roles and responsibilities in the evening. Many of the children of divorce were latch-key children and felt a sense of loneliness and isolation, not only from interaction with their fathers, but also from their working mothers. "Family disorganization and a lack of cohesion" may have been the heavy cost of establishment of the single parent household (Camara et al., 1980, p. 112).

Cognitive Traits, Coping Resources

The term coping resources referred to the means people employ to avoid being psychologically harmed by life stressors (Pearlin and Schooler, 1978). Coping was a term that "presumes that stress has occurred" (Wheaton, 1985, p. 362). Coping was not a uni-dimensional behavior, but had as its goal an attempt to "minimize the discomforts engendered by problems" (Pearlin et al., 1981, p. 7).

Coping resources were seen to be generalized attitudes, beliefs and skills which were considered to be beneficial in any kind of difficulty (Worden and Sobel, 1978). These attitudes included perceptions about one's self, such as the possession of self-esteem, an internal locus of control, and

a sense of competence/mastery in one's interactions with the world. Shanan and co-researchers (1976) defined these skills as intellectual skills, cognitive traits. For Lazarus and other cognitive theorists, emotions and stress were products of cognition; once aroused, emotions affected cognition (Lazarus, 1984). Interpersonal characteristics, such as social competence, and conflict resolution skills were defined as coping resources as well (Linden and Feuerstein, 1981).

The path to self-development and self-definition of women, leading to cognitive skills which can become for them coping resources, has historically been fraught with obstacles. For boys and girls, female characteristics have been associated with low self-concepts, and male characteristics with high self-concepts (Sears, 1970). In a patriarchal society, the male role has been defined as more rewarding than the female role. Society's positive definition of the male role has emphasized "mastery and competence," whereas society has seen the female role negatively as "dependent and submissive" (Sears, 1970, p. 252). The image of what men and women were to be was rooted in the gender stereotypes of societal definition.

Other literature spotlighted the same gender socialization differences:

boys are more apt to be socialized and reinforced for behaviors that are independent, objective, risk-taking, competitive, logical, skilled and decision-oriented. Girls are more often reinforced for behaviors that are more gentle, sensitive, tactful, dependent and passive (Brenner, 1971, p. 22).

In a study of more than 100 school systems, it was found that teachers still ("unwittingly") favored male students over female students. Generally teachers "involved boys more in learning . . . , called upon boys more, (and) rewarded boys, but not girls for assertive, independent, creative behavior" (Safran, 1983, p. 12).

Women who were societally conditioned to be dependent and passive, subordinate to the male patriarchal order, learned few coping skills and strategies. In their conditioning to dependent and passive behavior, such women suffered low self-esteem and a sense of powerlessness/helplessness (Seligman and Garber, 1980).

In the last 15 years, it has been deduced from psychological studies that this form of socialization has led women to "internalize self-concepts that predispose them to higher rates of depression." This passive, dependent behavior of women has been termed "learned helplessness" (Department of Health and Human Services, 1985, p. I-5).

The feminine role has been defined in terms of attachment, nurturing, compassion, empathy, and relatedness, but in a social context of "inequality and domination" (Greenspan, 1983, p. 226). Men have been conditioned by

society to become individuated, autonomous, and independent. Men were more self-directed, less relational; women's relatedness and attachment were devalued, their "inherent strength missed" (Greenspan, 1983, p. 229).

In adulthood, the dependent woman and independent man were seen as the norm for social arrangements;

not only are women economically and socially disadvantaged when compared to men, but societal gender role definitions insist that passivity and dependency are the core of femininity, while aggressiveness and independence are the central features of masculinity (Rubin, 1983, p. 141).

Hare-Mustin (1987) suggested that gender role definitions have provided the basic control mechanisms for power relationships between generations, socio-economic classes, and religions. Gender roles for women were seen as affiliative and expressive; men were seen as instrumental, rational agents.

The goal of becoming a person has traditionally been defined as becoming more "independent, objective, and competitive, male characteristics for success" (Carter, 1988, p. 125). When women have been helped to become autonomous, it has been important for them to realize that their relationality and expressiveness were positive characteristics, not traits to be discounted or subordinated. To become less expressive and "emotionally disconnected" (Carter, 1988, p. 126) was as dysfunctional for women as it was for men. But to define women as requiring less autonomy

in life's decisions, or as having less need for coping skills and resources was clearly erroneous, especially for the woman single parent. Where the definition of femaleness has been accepted as inferiority, the adult woman has had difficulty believing in her own sense of self-worth, autonomy, and competency. Selfhood for the single parent woman must be defined in terms of her potential for self-reliance, autonomy and mastery of her environmental stressors. The self-reliant woman must build positive self-concepts and enjoy the "redistribution of power" (Carter, 1988, p. 126) which has come in asserting one's autonomous choices, exerting as much control over her life as men typically do. The holistically healthy endeavor for women has been to experience both connectedness and attachment, as well as to build autonomous, cognitive competencies.

The Structure of Coping. Environmental situations have "set the stage" for the initiation of an adaptive stress response in individuals (Everly and Sobelman, 1987, p. 17). Coping strategies were "those behaviors which are consciously used by an individual to handle or control the effects of anticipating or experiencing a stressful situation" (Stone and Neale, 1984, p. 193).

According to Lazarus (1984), any situation contained three elements to which individuals react: "demands, constraints and resources" (p. 139). Anyone experiencing a

stressful situation would deal with these elements in a "balance between demands, and the power to deal with them without unreasonable or destructive costs" (Lazarus, 1984, p. 139). Lazarus saw three modes of stressful appraisals of environmental demands: those of (1) harm/loss, referring to injury already past (e.g., loss of self-esteem, bereavement, or loss of physical function); (2) threat, dealing with the same kinds of loss, but projecting them as an anticipated event; (3) challenge, pertaining to opportunity for "growth, mastery, or gain" (Lazarus, 1984, p. 139). For one person, a challenge might pose a threat; for another a threat might present a challenge. Stressful appraisals provoked "negatively toned emotions, such as anxiety, fear, anger, guilt, envy" (Lazarus, 1984, p. 139). Such emotions incited in the individual a "secondary appraisal," one which put into action the decision-making process by which coping strategies/options were reviewed and selected to meet the environmental demand. Sometimes a stressor was beyond one's ability to cope strategically, as in the death of a loved one. Coping strategy would then have been for the "self-regulation of emotional distress" (Lazarus, 1984, p. 144). But, in the main, coping resources would seek to change aversive conditions for the better, or ameliorate the effects of the stressor event.

For Lazarus, coping strategies were four in number: (1) seeking information to form a best judgment/plan of action; (2) using direct coping actions (e.g., dieting to improve one's health, seeking revenge, fleeing one's environment, deciding to divorce; (3) using inhibiting actions (e.g., holding back from impulsive, conflict-producing action); and (4) engaging intrapsychic modes, which included defense mechanisms such as denial, reaction formation and projection, and might also include avoidance and detachment from a supposed threat (1984).

Pearlin and Schooler (1978) distinguished between social resources, psychological resources, and specific coping responses. Social resources were defined as those experienced in the interpersonal networks of which the individual is a part. Psychological resources referred to the personality traits that people drew upon in an effort to withstand stressful encounters. The Cognitive Trait Scales (Pearlin and Schooler, 1978) defined three kinds of psychological resources: (1) self-esteem, the positive affirmation of one's self-worth; (2) self-denigration, the extent to which one holds negative views about oneself; and (3) mastery, which referred to the extent to which one perceives one's life choices as being under one's control (Pearlin and Schooler, 1978). Coping responses referred to

specific cognitions/attitudes and behaviors which people brought to bear on their life stressors.

Three bi-polar sets of behavior constituted coping mechanisms for Pearlin (1981): (1) emotional venting versus a "controlled reflexiveness" (p. 7); (2) passivity versus open confrontation of issues for conflict resolution; and (3) helpless resignation to the danger/threat versus an attitude of mastery over the situation, aggressively seeking behavioral adaptation or change (p. 7).

Thus, while one individual might seek to accommodate stress, another might seek to confront circumstances which were stress-producing to modify them. Pearlin (1981) believed that a coping response which acted to modify the environmental stressor was the most direct way to cope with life strains.

For the divorcing woman, dissolution of the marriage was an action to modify the environmental stressors inherent in an unhappy marriage. To act to modify one's painful situation might be to create another, however, as typically seemed to be the case when women assumed single parenting roles and experienced economic strains which were in themselves debilitating.

Social Support Networks

In her monograph on women's psychological development, Miller (1986) cited women's need to "make and maintain

relationships" as fundamental to their mental health (p. 9). Most women, she asserted, grounded their sense of self and self-worth in their connectedness with others. To the extent they were in relationships with others, women found both satisfaction and a sense of personal effectiveness.

Women's relationality emanated from the deep societal roots which defined gender roles and expectations. Women were raised to be in relationships, to be in caretaker roles, to be in "intra-familial attachments" with others, to be in affiliation as "family gatekeepers" (Walters, 1988, p. 35). Socially, the activities of private family life have been seen as apart from the instrumental, economic agency of the marketplace and inferior to it. Thus, women's relational needs have often been trivialized and subordinated to the "real" needs of the "dominant and more significant activities" of the wider world (Walters, 1988, p. 35).

Societal gender expectations have been named "cultural stereotypes" (Silverstein, 1988, p. 230), with accepted definitions prescribing men as rational instrumental agents, oriented to the outside world, and women as more sensitive, affectively connected, and familial in role. Because social attachments and activities were so important to the well-being of women, it was important to assess the impact that dissolution of marriage has had on these relationships.

Single Parent Affiliations. The female single parent has suffered high stress. She has lost her primary relationship, one which had at one time been nurturing and fulfilling. The divorcee may have felt the pangs of rejection, a sense of betrayal, of violation. The widow, as well, may have known a sense of abandonment, betrayal, and anger in the loss of her marriage partner. Both the divorcee and the widow have experienced an acute separation from an intimate other. They have suffered, as well, the trauma of their children's loss of their cohesive family unit.

The turmoil of divorce or death has often left the woman desolate, feeling alone, abandoned, and disoriented. Rarely has her world continued in the same social patterns and rhythms of interaction as previously constituted. Friends and social contacts may have diminished; sources of moral, physical, and social support have frequently disappeared. Where a married woman has been identified with her husband's career, there has been a shift in her sense of identity as well as in her social relationships.

In many instances, divorcing women and widows have found themselves economically distressed, with moves to lower income housing a necessity. With this downward mobility there has been a loss of former neighborhoods with the friends and support systems known there. Many women have been anguished by the relinquishment of their homes and

status and the identity they knew in marriage. Changed lifestyles have occurred when women become disadvantaged. The loss of affiliative relationships has frequently meant a loss of one's sense of self-worth.

Many divorcing women and widows have not had the skills and education to enter the workplace in a job that would provide a lifestyle commensurate with the one they left behind. These women, therefore, have lost the socio-economic class status determined by their husbands' educations, incomes, and positions. They have entered a lower socio-economic class by virtue of their own lack of marketable skills and the lack of husbands' support. For many women who have experienced this shift in status, there has been much anger and bitterness in losing not only their affiliative relationships, but their defined identity as well.

Women were said to be more "socially and psychologically dislocated" by marital disruptions than were their husbands (Weitzman, 1985, p. 335). Work served as an anchor for a man's identity and provided a structure for his life. When a woman lost her affiliation with her husband, their neighborhood, and their support networks, there was little sense of continuity as she moved forward to reestablish her family.

In divorce and the death of a spouse, the woman has needed to re-image her sense of self. Relinquishing the

hopes and dreams that she had invested in her husband, she has found it necessary to "reinvest these hopes and dreams in herself" (Carter, 1988, p. 257). To find herself and begin the process of redefining her roles and her identity, she has needed the supportive encouragement of her family and friends. In building a new life, the single woman has had to become autonomously self-directed, a task that often has been counter to a woman's experience.

Although some divorcing women were already self-defined in their careers, the majority of these women experienced a radical shift within their lifestyles and relationships. Within marriage itself, there was, for all women, the common denominator of the wife/mother being the "emotional and physical caretaker" of her family (Carter, 1988, p. 257). To have left or lost one's marriage was to have given up a portion of that affiliative relationship, relinquishing a part of one's own self, and to have mourn that loss.

There was in marital loss, whether through divorce or widowhood, a feeling of being bereft of the spousal dependence one has experienced in the relationship. The loss of the need to be needed engendered in many women a lack of trust that they would ever be needed and attached again (Rubin, 1983). There was as well a sense of loss of one's dependence on an intimate other, with the paralyzing loneliness that brought. Finally, for many women there was

also a traumatizing sense of having been rejected by their spouses, producing an insecurity about their innate self-worth and their ability to establish and maintain a committed relationship.

Support Network Research. Stress researchers agreed that the intensity of distress an individual experiences was not "adequately predicted solely from the intensity of its sources" (Pearlin et al., 1981, p. 340), but was linked to the presence/absence of stress mediators, e.g., coping resources and social networks. Pearlin pointed out that the degree to which people count on a support system was "not necessarily coextensive with the social network" itself (Pearlin et al., 1981, p. 340), but rather on the availability of instrumental assistance within that network. One with a large family network might or might not have expected an automatic offer of assistance in times of trouble, such as divorce. More crucial was the degree to which there was supportive interaction within one's network of family and friends. Qualities necessary for supportive social interactions were those which contained the "exchange of intimate communications, and the presence of solidarity and trust" (Pearlin et al., 1981, p. 340). Both coping resources and social support activities may have intervened at different points and in myriad ways to affect the experience of distress.

The view that supportive networking was important to a person's health and well-being has been widely recognized, but only since the late 1970's has research suggested that social support might be an effective buffer or mediator of life stress (Dean and Linn, 1977). Other researchers have reported their findings that social networks were of benefit for psychological health independent of level of stress or difficulty (Henderson, 1980, and Mueller, 1980).

In a 1978 study, Gottlieb presented 26 types of helping behaviors, separating them into four general categories: "emotionally sustaining behaviors, problem-solving behaviors, offers of availability to help, and environmental action" (Insel, 1980, p. 48). Weiss (1979) described the attributes of attachment, social integration, nurturance, reassurance of worth, feeling of alliance, and availability as criteria for social networking.

Research clearly suggested that social networks exert multiple effects on an individual's life. The outcomes of research studies, however, have not always supported the premise that social support is in direct relationship to the effects of stress on individuals. In a 1980 study, Hirsch concluded that, among women who were undergoing life transitions, the presence of "higher density networks" was associated with "lower self-esteem, less support, and less successful adaptation" (Insel, 1980, p. 47). He suggested

that a high-density support system might exert more pressure on members to maintain existing roles than do less dense networks. (A high-density support system has been defined as one in which a family system is a controlling environment which precludes individual expressivity and choice. In an enmeshed high-density framework, approval of one's actions is predicated on the individual's willingness to conform to the dictates of the family system. An example would be a family which would give no support to an individual's intent to divorce because of rigid, no-divorce strictures.) Therefore, it might be expected that a divorcing woman with a high-density support system might have less support for her transition than would the woman with a less dense support network.

Mitchell, Billings and Moos (1982) stated that social support has a definite buffering effect on stress, "but the types and sources of support differed so widely" that research was unable to generate a coherent theory "about the particular conditions under which a support system will serve to change one's level of stress" (Gottlieb, 1983, p. 39).

Several studies have reported that the presence of social support has a positive influence on people's health regardless of their stress level. The socially isolated were seen to be at greater risk for ill health than those with adequate social contacts. Furthermore, those who lacked

support suffered a stressor of considerable impact, one which might affect their health and well-being adversely (Gottlieb, 1983, p. 46).

Thus, it might be concluded that the single parent woman and her children must, of necessity, reach out for affiliative support and affirmation to protect themselves from an isolation which would place them at risk for serious mental health disturbance.

A fairly recent phenomenon for this needed social interaction was the rise of support group systems for single parent men and women. Emanating from the "me-firstism" of the 70's and 80's (Treadway, 1990, p. 42), this movement represented a return to community-building values. These groups provided the single parent a self-help model which met commonly shared needs, i.e., education, social interaction, instrumental assistance, sharing of spiritual values, and a place of safety for recovery from the trauma of loss.

The assumption upon which the Social Climate Scales of Moos (1974) was designed was that social "environments have unique personalities just as people do," and that the "personality of the environment" could be measured as accurately as any individual personality (Dreyer, 1978, p. 555). In the assessment of the family, work, and extended support systems, the single parent woman's patterns of relationship, dimensions of personal growth, and methods of

dealing with conflict were important indicators of the degree to which her environmental support systems were supportive of the single mother's needs.

Summary

The high incidence of divorce in contemporary society has seriously affected the family unit. Both mothers and their children have borne emotional distress in the shift to single parent family status. Research has suggested that the way in which individuals were affected by an experience of distress was related to their coping resources/cognitive strengths and to the support of their families and extended family systems.

CHAPTER THREE

METHOD

The conceptual framework for the statistical research is provided in Chapter Three. The population, sample, and procedures for data collection are described. The research materials are reviewed, and the instruments utilized in the study are detailed, together with their psychometric properties. Finally, the data analysis procedures for the study are delineated.

Population

Data for this study were drawn from a volunteer population of single parent women residents of the District of Columbia and the greater metropolitan area, which includes the Washington suburbs and small cities in the area beyond these suburbs. Responses from single parent households were received from Manassas, Va., Frederick, Md., Washington, D.C., Fredericksburg, Va., and numerous other locales.

Sample

The initial design of this study called for a random sample of single parent women to be effected through a cluster sample of Fairfax County classrooms. This plan was rejected by the Fairfax County School Board Office of Research as encroaching on privileged and confidential subject matter. Therefore, voluntary participation of single parent women was sought for the study.

Participation in the study was limited to those single parent mothers, whether divorced, separated, widowed, or never married, who have at least one child, under eighteen years of age, living at home.

Of a total of 518 research packets mailed to those who volunteered, 48% were completed and returned. The total sample consisted of 248 single parent women from the Washington metropolitan area who volunteered to participate in the study.

Procedure for Data Collection

The early weeks of preparation for data collection were spent in the design and compilation of the research packet materials. Once these materials were printed and ready for mailing, a canvass was done of single parent support groups within the wider Washington metropolitan area to solicit volunteers for the study.

Data collection extended over a six month period (mid-May to late November 1989), and was accomplished in two protocols: (1) Women identified as single parents by leaders and members of single parent household support groups were contacted by the researcher; (2) Volunteers were solicited through the researcher's giving brief introductions to the study at meetings of single parent support groups.

In the first protocol, single parent support groups were contacted to identify possible participants for the study.

These groups included Parents Without Partners, Seasoned Singles, Divorced, Widowed, Separated Catholics, Friends in Action, A Woman's Place, Fellowship of Separated and Divorced Catholics, Presbyterian Single Parent Women Support Group, Western Fairfax Singles and Single Parents (Hebrew), New Beginnings, Methodist Single Parent Women in Support, Coping Support Group, and the Association of Single Adoptive Parents. Mental health therapists familiar with this study have been supportive and encouraged their clients to participate. Newsletters and bulletins of these organizations and churches carried an appeal for voluntary participation in the study, and study volunteers provided the names of friends and co-workers who were willing participants in the study.

In the second protocol, the study was introduced at single parent group meetings in an effort to solicit volunteers, and research packets were distributed to those present who indicated an interest in participating in the study.

These initial dissemination methods produced an extremely low rate of response (in the 20% range). Therefore, the data collection procedure was changed to include a personal interview with each prospective volunteer. Participation rates increased markedly when the prospective volunteer was asked, "Tell me about you. How are you and your family

managing?" While this approach was time-consuming, the rate of return of results was gratifying, with the response rate increasing to 48%. The researcher documented stories of interest and reflections the women made in the hope they would be utilized in the study.

As research packets were returned, missing data in the responses were noted, and the volunteers contacted for the missing information. These contacts were made either by telephone or by mail. By mid-December, 1989, most missing data were collected and incorporated into the data base. In all, 258 packets were received. Of these, 10 were rejected because the respondent did not have a child under 18 at home or, in one case, because several pages of the test forms had not been completed. A sample of 248 single parent women constitutes the base for this research analysis.

The Research Packet

The research packet sent to each volunteer was comprised of introductory materials, a demographic questionnaire, and the research instruments.

Introductory Materials

A cover page (see Appendix A) introduced the study as "Women Helping Women: A Focus on the Single Parent Woman" and identified the researcher, the University, and the department conducting the research. This was accompanied by a letter of introduction to each participant which stated

that in the study "we will look together at the stress you encounter, the way you cope in your daily life, and the kinds of support you have at home and in the workplace" (see Appendix B). The letter pointed out that this study was viewed as a way in which women may help women, with the resultant information providing agencies and institutions with the data needed to provide better support and services for single parent households. The letter also indicated that the study responses would be number-coded to prevent name recognition and to insure confidentiality. The letter provided information regarding directorship of the research, and invited the volunteer to call the research director and/or researcher for additional information, as needed.

A statement of informed consent (see Appendix C) was also included in the packet. The consent form stated that responses, once grouped, would be destroyed. This statement also provided an additional description of the number-coding system by which the study replies were to be identified, to protect the respondents' confidentiality. Volunteers were advised that the results of the study would be forwarded to them upon request. A detachable sheet (see Appendix D) provided space for the participant's name, address, and assent to receipt of the results of the study. When the tear sheet is detached from the study, the questionnaire and response forms for the test instruments are without

identification by name, and are then number-coded for data input.

Single Parent Household Questionnaire

The questionnaire (see Appendix E) was designed to yield demographic information. It asked the single mother the number of children under 18 living at home and the number of children living in her household. Participants were also asked their age at last birthday, marital status, and the number of months in this status. The latter question was judged relevant since the research might be expected to show those in recent transition to the single state to be in more distress than those who have had single parent status longer.

The volunteers also were asked how many adults besides themselves live in their households, and what the relationship of the other adult(s) is/are to the single parent woman (significant other, sibling, relative, or none of the above). The presence of other adults in the household might or might not offer supportive assistance to the single mother, but presented another factor in the relationship between the single parent woman's support system and her distress level.

Respondents were asked to specify the number of years of education they have attained, and the highest degree they have earned (no degree, high school diploma, GED, bachelors degree, masters degree, doctorate). Educational levels

selected for questionnaire inquiry represented realistic strata in the American education as far as employment potentials are concerned. For example, those with less than an eighth-grade education would be expected to be in the lower paying jobs, and in the most economic stress. It was assumed that the 8 to 11 grade levels of education would be scarcely more beneficial in salary potential, since many jobs require a high school diploma. Those with 12-15 years of education would be expected to have an edge over the high school graduate, but would generally be considered to be less competitive for a moderate to high income job than those with college degrees.

It was assumed that middle and higher management incomes would be earned in the college degree-earned strata. Those with graduate level educations/degrees would be expected to be at even higher income levels, and, perhaps, in stress-producing job situations. There was liable to be job stress for the single mother in lower paying positions and a high degree of economic distress as well (US Department of Health and Human Services, 1988).

Participants were requested to identify their employment status (non-working, part-time, or full-time). They were asked to indicate their level of employment (white collar - professional/technical; blue collar-operational; or pink collar-clerical, sales employee), and their level of income

for the past calendar year (under \$10k, \$10k-24,999, \$25-50k, above \$50k). Income levels were expected to be commensurate with employment status and employment strata levels.

Income categories selected for the study represented realistic strata in salary for the Washington metropolitan area. Those earning less than \$10,000 per annum represented the poverty level (March, 1989, Bureau of Census figures posit the poverty level for a household of three to be \$9,430 per annum). Incomes which were below \$10k per annum were expected to be earned by those with little education and to be accompanied by the high level of distress generally associated with those in the poverty level of society.

A majority of women were expected to be working in clerical and retail sales positions, in an income range of \$10k-24,999 per annum.

Middle management status was seen to be within the \$25,000-50,000 income range, and those above \$50,000 in annual income were expected to have attained a corporate management or professional level.

The questionnaire also requested that each participant identify her ethnic background. Inasmuch as the Bureau of Census (1989) reported an estimated 34% non-Caucasian, ethnic population in the Washington metropolitan area, it was seen as necessary to have adequate representation of various

ethnic groups (African American, Asian American, Hispanic and others) in the sample for analysis of their data in relationship to that of the majority Caucasian population.

Finally, the questionnaire asked the participants to report the number of losses (such as death or divorce) they have experienced in the past two years. Divorce was said to be a "death that is never complete" (Erickson, 1983, p. 35). The recurrence of grief was experienced with each subsequent contact, when the relationship died again. A person who had experienced one or two traumatic events within a two year period was likely to experience a high level of distress; one who had suffered three or more painful losses was prone to acute distress and perhaps to depression. The degree to which one's distress level correlated with one's experience of traumatic loss was appropriate for this study in order that the source and impact of one's distress might be adequately understood.

Instruments

The balance of the research packet consisted of the four test instruments which formed the data base for this study: (1) the Cognitive Traits Subscale of Rosenberg (1965), revised by Pearlin and Schooler (1978); (2) the Family Environment Scale Revised of Moos (1986); (3) the Work Environment Scale Revised of Moos (1986); and (4) the Brief Symptom Inventory General Severity Index of Derogatis (1975).

Cognitive Traits Scale

The Cognitive Traits Scale (CTS) measured an individual's psychological resources (see Appendix F). The CTS scale, developed from the Self-Esteem scale of Rosenberg (1965), was revised by Pearlin and Schooler (1978). These researchers defined psychological resources as:

personality characteristics that people draw on to help them withstand threats posed by events . . . in their environment. (p. 5)

These psychological resources, constituted by Pearlin as characteristics which helped the individual to withstand environmental threats, were often defined as coping/cognitive strengths. In this study, psychological resources have been identified as coping and cognitive strengths.

The Cognitive Traits Scale has three subscales, those of Mastery, Self-Esteem, and Self-Denigration. The three subscales collectively were comprised of 17 items. These scales were utilized as independent variables in this study.

Mastery Subscale. This seven item measure assessed the degree to which "one's life-chances" were viewed as being under "one's own control, other than fatalistically controlled" (Pearlin and Schooler, 1978, p. 5). Also included were measures that indicated the inclinations of people to be in denial, or in escape from their problems, and their tendencies to move toward or away from people when they were in trouble. Sample items included, "I have little

control over things that happen to me," "There is no way I can solve my problems," "I can do about anything I set my mind to" (Pearlin and Schooler, 1978, p. 20).

Self-Esteem Subscale. This six item measure related the degree to which one maintained positive attitudes toward oneself. Specific questions asked for agreement or non-agreement with one's feeling that she was a "person of worth," "has a number of good qualities," and was "satisfied with oneself" (Pearlin and Schooler, 1978, p. 20).

Self-Denigration Subscale. This scale measured the degree to which one held negative attitudes about oneself. Sample statements on the five item scale asserted, "At times I think I am no good at all," "I certainly feel useless at times," and "I feel I do not have much to be proud of" (Pearlin and Schooler, 1978, p. 20).

Scoring. Scores were computed by adding the respondents' scores for each answer on the 0-4 Likert scale. Pearlin's scoring system assigned values of 0=strongly disagree, 1=slightly disagree, 2=no opinion, 3=agree quite a bit, and 4=strongly agree. This scoring mode was reversed for negative items (statements 6 and 7 on the Mastery Subscale, and items 13-17 on the Self-Denigration Scale)(Pearlin, phone conversation, April, 1989). Response to the 17 item subscales could be completed in an average of ten minutes.

Reliability of Rosenberg Self-Esteem Scale. Rosenberg (1965) reported a test-retest reliability of .85 for his self-esteem scale for a group of college students who were retested after two weeks in a study by Silber and Tippett (Robinson, 1968). Using the Guttman procedure, the reproducibility of this scale was 92% and its scalability was 72% for Rosenberg's sample of 5,024 students (Robinson, 1968).

Validity of Rosenberg Self-Esteem Scale. Validity was assured in several studies, one at the National Institutes of Health in which a significant association was obtained between self-esteem scores and depression on the Rosenberg scale and on a comparative instrument, the Leary scale (Robinson, 1968). Robinson's study stated that Rosenberg, in his sample of 5,024 students, reported "a significant correlation between self-esteem and depressive affect in a comparison with items measured on another self-administered (self-esteem) scale" (p. 98).

Reliability of CTS Revised Scales. Pearlin reported a .82 reliability coefficient for his revised CTS scales, and construct validity as well (Pearlin, phone conversation, March 1989).

The Cronbach alpha coefficient of reliability for the CTS of this study was a high .91, with individual alpha

coefficients for the Mastery, Self-Esteem, and Self-Denigration scales .82, .90 and .84.

Social Climate Scales

Ten separate scales made up the Social Climate Scales. The Family Environment Scale (see Appendix G) and the Work Environment Scale (see Appendix H) were used in this study. The Social Climate Scales were originally developed by Moos, Insel, and Humphrey (1974). Now in their second edition, the Social Climate Scales R were copyrighted under R. Moos and B. Moos (1986).

Family Environment Scale, Form R

The Family Environment Scale (FES) (see Appendix G) was utilized as an independent variable in this research design. The scale measured the degree of support the individual experienced in the social environment of immediate and extended family. "Extended support family" was defined as being "parents, brothers and sisters and their families, or friends who are family support" for the single mother (see Appendix G). The respondent was asked to note whether she had answered the FES questions in terms of her: (1) extended family; (2) support network of friends and neighbors; or (3) a combination of both.

The FES subscales utilized in this study were those of Cohesion, Expressiveness and Conflict. These subscales were selected because they dealt with family support, and with

one's ability to be one's own person in dealing constructively with areas of disagreement.

Cohesion Subscale. This subscale was a nine item scale which measured the degree to which family members were involved with each other, and the degree of support the individual received in the family network. Sample questions included, "Family members really help and support one another," "There is a feeling of togetherness in our family," and "Family members really back each other up."

Expressiveness Subscale. The Expressiveness Subscale of the FES measured the degree to which the individual was encouraged to express herself within the extended and immediate family support system. Items stated that members "keep their feelings to themselves," "talk about personal problems," "are able to act spontaneously and independently," and "Someone becomes upset when one complains." The Expressiveness Subscale was comprised of nine items.

Conflict Subscale. This subscale measured the ways in which family and extended support members expressed and dealt with conflict and anger in the family environment. Items stated that "family members lose their temper," "criticize one another," sometimes hit each other," and that there was "an attempt to smooth things over when there is disagreement in the extended family network." The Conflict Subscale was comprised of nine items.

FES Validity. Several studies supported "good construct validity" of the FES; trained raters reported a significant correlation between the self-reports of clients and clients' spouses in the areas of "family cohesion, expressiveness, and conflict" (Spiegel and Wissler, 1983, p. 34). Sandler and Barrera (1984) found that individuals who judged their families as "more cohesive" reported receiving "more socially supportive behavior from family members" (Moos, 1986, p. 20). The Locke-Wallace Marital Adjustment Scale (MAS) (Waring et al., 1981) and the Spanier Dyadic Adjustment Scale (DAS) (Abbott and Brody, 1985) corroborated this finding, citing a positive correlation between FES Cohesion and the perceived support from family members and friends.

FES Expressiveness and Conflict Subscale results were seen as related to the DAS findings. Dancy and Handal (1980) and Brown, Yelsma, and Keller (1981) found that individuals "who handled conflict constructively" tended to report "low family conflict" (Moos, 1986, p. 20).

FES Reliability. Moos reported test-retest reliabilities of individuals' scores for the Social Climate Subscales calculated for 47 family members in 9 families who were tested on FES twice, with an eight week interval between tests. Tests were in an acceptable range with a high of .86 for Cohesion, .85 for Conflict, and a .73 for Expressiveness. Reliability scores for a four month test-retest interval

registered a moderately high .72 (Cohesion), .70 (Expressiveness) and .66 (Conflict) (Moos, 1986, p. 20).

The Cronbach alpha coefficient of reliability for this study was found to be a .86 coefficient for the FES scales as a whole, with individual scores of .82, .81, and .64 for the Cohesion, Conflict, and Expressiveness scales. When item #9 was omitted from the Cohesion scale, the alpha coefficient changed from .82 to .84; with the omission of item #21 from the Expressiveness scale, the alpha coefficient changed from .64 to .74.

Work Environment Scale, Form R

The WES (see Appendix H) instrument (Moos, 1986) utilized in this study as an independent variable measured the individual's perceptions of the social environment of her work-setting. Relationship factors were assessed in respect to the type of support and friendliness enjoyed by the worker in the workplace in terms of both peer and supervisor interactions. In this study, the three WES subscales of Involvement, Peer Cohesion, and Supervisor Support assessed the degree of interpersonal support the single parent woman enjoyed in her work environment. The True-False answer format was employed for test response. The 27 test item responses could be completed in approximately 10 minutes.

Involvement Subscale. This nine item subscale measured the extent to which "employees are concerned about and

committed to their jobs" (Moos, 1986, p. 2). Sample statements included, "My work is really challenging," "People take pride in the organization," "It's hard to get people to do any extra work," and "There's not much group spirit" (see Appendix H).

Peer Cohesion Subscale. Statements in this nine item scale were concerned with the extent to which one's co-workers were friendly and in support of each other (Moos, 1986). Sample statements were, "People go out of their way to help a new employee feel comfortable," "Employees who differ greatly from the others in the organization don't get on well," "Employees often talk to each other about their personal problems," and "Employees rarely do things together after work."

Supervisory Support Subscale. This scale was comprised of nine statements designed to assess the degree to which management was supportive of its employees and encouraged employees to be in support of one another (Moos, 1986). Sample statements asserted that "Supervisors tend to talk down to their employees," "Supervisors often criticize employees over minor things," "Supervisors usually give full credit to ideas contributed by employees," and "Supervisors really stand up for their people."

WES Reliability. In a study of 1045 employees in "representative general work settings," the internal

consistencies (Cronbach's alpha) for each of the subscales were in an acceptable range, with Involvement rated at .84, Peer Cohesion at .69, and Supervisory Support at .77 (Moos, 1986, p. 5).

Test-retest reliabilities of individual scores on the ten subscales of the WES were calculated on 75 employees in four workplaces at one month intervals. The scores were in a moderately high range with Involvement reliability rated at .83, Peer Cohesion at .71, and Supervisor Support at .51 (Moos, 1986, p. 5).

The Cronbach alpha coefficient of reliability for this study for the WES subscales was .87; the individual alpha coefficients for the Involvement, Peer Cohesion, and Supervisory Support scales were .83, .58, and .80.

Scoring. The 27 items on each of the Social Climate Scales (FES and WES) utilized a True-False answer format. Those items scored true or false which were congruent with the scoring template were coded as a numerical value 1. These values were totalled for each individual on each FES and WES scale. The scales could be completed by someone with a sixth grade education and answered in an average time of ten minutes for each scale.

The Brief Symptom Inventory

The Brief Symptom Inventory (BSI) of Derogatis (1975) (see Appendix I) was utilized in the calculation of the

dependent variable, the General Severity Index (GSI) score, in this research study. Fifty-three items constituted the BSI "self-report symptom inventory" and measured symptomatic psychological distress (Derogatis, 1988, p. 1).

General Severity Index of Distress (GSI)

The BSI yielded scores on nine subscales and on three global indices of distress, the General Severity Index (GSI), the Positive Symptom Distress Index, and the Positive Symptom Total.

In this study, the GSI score was employed as the criterion index score of the single woman's overall distress level. The GSI has been stated to be "the most sensitive single indicator of the respondent's current distress level" (Derogatis and Spencer, 1982, p. 30), and "should be utilized in most instances where a single summary score is required" (Derogatis and Melisaratos, 1983, p. 601). In a study by McLaughlin, Cormier, and Cormier (1988), the GSI was the only score used from the BSI and served as the indicator of subjects' levels of distress.

Scoring the BSI/GSI

The BSI was scored on a 0-4 Likert scale, where the scoring values were 0=not at all, 1=a little bit, 2=moderately, 3=quite a bit, and 4=extremely. The respondent was asked the extent to which she was distressed by each of the symptoms of psychological distress indicated on the BSI

scale. Test items reflected the degree of severity (on a 0-4 scale) experienced during the past seven days, including today, with distress phenomena such as headaches, nervousness, dizziness, poor appetite, nausea, hot or cold spells, feelings of loneliness, hopelessness about the future, trouble falling asleep, trouble concentrating, feelings of guilt, etc. The total of each test score was divided by 53 (or by a lesser number, should there be missing responses) to achieve the General Severity Index (GSI) score. The GSI index of distress constituted the dependent, criterion variable of this study.

Analyses which have randomly deleted items from the completed tests have demonstrated that up to 25 percent of the responses might be deleted from the scale "without substantially affecting the GSI" providing the missing items are subtracted from the total number of responses for each individual (Derogatis and Spencer, 1982, p. 19). Resultant scores estimated what the General Severity Index measure would have been, had all items been answered.

Completion of the BSI should be possible for those with at least a 6th grade education, and should take approximately 15 minutes.

Validity of the BSI.

Kremer and Atkinson (1981) have demonstrated "high convergent validity with a number of scales" in predicting

distress among chronic pain patients (Derogatis and Spencer, 1982, p. 29). A study of 209 symptomatic test volunteers showed "impressive convergence validity for the BSI with the MMPI (Minnesota Multiphasic Personality Inventory)" (Derogatis and Spencer, 1982, p. 24), with the relationship pattern between the two instruments clearly evident. According to Derogatis and Spencer (1982) that the BSI has also had substantial predictive value in a counseling center setting.

Reliability of the BSI

An internal consistency coefficient was established on a sample of 719 psychiatric outpatients, using Cronbach's alpha. Alpha coefficients for all nine dimensions of the BSI were "very good" (Derogatis and Spencer, 1982, p. 22), ranging from .71 to .85. For the present data, the alpha coefficient for the 53 item scale was .97.

Derogatis and Spencer (1982) pointed out that psychological symptoms of distress tended to endure for "moderate to substantial periods of time if untreated," therefore, a test which measured signs of psychopathology should have register high test-retest coefficients over a two week period. His results showed that for a sample of 60 non-patient test respondents, coefficients on the GSI revealed an "excellent stability coefficient of .90, giving strong

evidence that the BSI is a consistent measure across time" (p. 23).

Alternate forms reliability was also demonstrated by Derogatis and Spencer (1982) in a study of 565 psychiatric outpatients who took both the BSI test and the SCL-90-R test form. These two tests measured "identical symptom constructs" (p. 23) with the test dimensions of the SCL-90-R and the BSI producing high correlations on all symptoms tested, from .92 to .99.

DATA ANALYSES

Data generated in this study were analyzed using the NCSS (Number Cruncher Statistical System) statistical analysis package (Hintze, 1987). Additionally, SPSS-X was used to determine scale reliabilities.

Descriptive statistics were calculated on the demographic information for the sample of 248 single parent women. Secondly, Pearson Product-Moment correlation coefficients were computed, to assess the strength of relationships between pairs of the three Cognitive Trait Subscales, the three Family Environment Scales, the three Work Environment Scales, and the BSI Distress Scale.

Next, a stepwise multiple regression was performed with the General Symptom Inventory (GSI) score of the BSI utilized as the predicted variable, and the demographic variables, CTS, FES, and WES subscale scores as the predictors.

Variables that did not make significant contributions to the accuracy of the prediction of the GSI distress level were systematically dropped.

Exploration of the multiple regression results was performed in both forward and backward regression analysis techniques to compare the results of the contributions of the predictors on the predicted distress level GSI score. A final regression was performed using only variables that contributed to the explanation of the dependent measure.

Lastly, a regression analysis was performed which utilized the total scores of the three response scales and the relevant demographic variables as independent predictors and the GSI as the dependent variable. The relative contributions of the three response scale scores to the GSI distress score were discussed.

CHAPTER FOUR

RESULTS

The results of the analytic procedures are provided in this chapter together with interpretations of the results. Descriptive information for the samples of 248 single parent women, for whom complete data was available, is presented first.

Demographic Information

Table 1 offers a demographic profile of the sample with regard to means, standard deviations and range of values, and the mode and median of the factors. Table 2 provides numbers and percentages of selected demographic variables utilized in the study.

Table 1

Demographic Profile						
Descriptive Category	Mean (s.d.)	Range		Mode	Median	
		Low	High			
Age	40.06 (6.56)	19	53	38,41 42,46	41	
Months in Single State	47.7 (43.05)	1	192	36	36	
Children under 18	1.57 (.73)	1	4	1	1	
Children living with you	1.69 (.77)	1	5	1	2	
Years School Completed	15.6 (2.5)	7	23	16	16	

The mean age of the single parent women in this sample was 40 (s.d. 6.56) with their ages ranging between 19 and 53.

Table 2

Demographic Profile		
Descriptive Category	N	%
Marital Status:		
Divorced	164	66.1
Separated	44	17.7
Widowed	17	6.9
Single	23	9.3
Relationship of Adults:		
Significant Other	6	11.3
Sibling	4	7.5
Relative	24	45.4
None of above	19	35.8
Highest Degree Earned:		
No Degree	2	.8
H.S. Diploma	83	33.5
GED	7	2.8
Bachelors Degree	92	37.1
Masters Degree	51	20.6
Doctorate	13	5.2
Total Income (1988):		
Under \$10,000	14	5.7
\$10,000 - \$24,999	75	30.4
\$25,000 - \$50,000	131	53.
Above \$50,000	27	10.9
Ethnic Identification:		
African American	11	4.4
Asian American	4	1.6
Caucasian	227	91.5
Hispanic	1	.4
Other	5	2.
Adults in Household:		
0	198	79.8
1	32	12.9
2	2	6.
3	3	.4
4	3	.4
5	3	.4
Traumatic Losses in Past Two Years:		
0	119	48.
1-2	113	45.6
3 or more	16	6.5

The mothers reported having been single for a mean 48 months (s.d. 43.05), ranging from one month to 16 years.

The single mothers reported 1.6 children under 18 (s.d. .73), with a range of 1-4 children in that category. Living with these women were an average of two children (s.d. .77), with a range of 1-5 children at home.

Divorced women made up 2/3 of the sample, while 17% were separated. The remaining women were in the widowed (7%) or single (9%) categories.

Less than 20% of the women had adults living with them, with 0-5 additional adults present in their households. Of these, 11% were significant others; 8% were siblings. Nearly half of the adults were relatives, and over 36% were not related.

The women had completed an average of 16 years of education (s.d. 2.50), ranging from a low of 7 years to a high of 23 years. Only two women reported they had earned no degree; one-third had a high school diploma. The largest percentage of the women (37%) had attained a bachelors degree. An additional 20% had earned a masters degree, and 5% reported having earned a doctorate.

Of the 248 women, only a few were at or below the poverty level of \$10k (6%); and only slightly more earned high incomes (over \$50k, 11%). Thirty percent were in the \$10-\$24,999 range; while 53% earned \$25k-\$50k/year.

The distribution of the sample, by ethnic group identification, showed almost all were Caucasian (91.5%); only eleven were African American (4.4%), four were Asian American (2%), and one was Hispanic (.4%). Two percent of the women indicated they were in the "other" ethnic category provided.

In the category of losses suffered in the past two years, nearly half the women reported no losses (48%); a nearly equal number reported one to two losses (46%); and three or more losses were reported by only 6% of the women.

Employment Status

Table 3 presents a descriptive profile of the employment status and classification of the study sample.

Of the 248 woman respondents, 94% were employed. Of the employed women, 88% were in full-time work status, while 12% reported a part-time work status. Three-quarters of the women stated they were in a white collar (professional/technical) status. Of these 90% were employed full-time, and 10% were part-time employees. One-quarter of the employed women worked in pink collar positions. Over 80% of these were in full-time work; only 16% were in part-time employment.

Table 3

Employment Status		
Category	N	%
Not Employed	14	5.6
Employed	234	94.4

Employment Classification:

		<u>Full Time</u>	<u>Part Time</u>	<u>Total</u>
White Collar	N:	155	18	173
	%:	89.6	10.4	73.9
Pink Collar	N:	51	10	61
	%:	83.6	16.4	26.1
Total	N:	206	28	234
	%:	88	12	100

Demographic Comparisons on Distress

To answer the research question, "Are there differences in the degree of distress experienced by single parent women based on their . . . income level, number of children, number of adults living in the household, employment status, age, marital status, and the number of recent traumatic events in their lives?" analysis of variance (ANOVA) tests were performed.

In the following table, Table 4, the GSI mean distress scores were to be understood in light of the 0-4 Likert scale scoring system presented in Chapter Three. In this system, a value of 0 represented no manifestation of distress symptomology, and a value of 4 demonstrated a high degree of reported distress.

Non-Significant Results

The demographic factors of age, marital status, months in status, number of children living with you, years in school, and high degree did not bear significant results in this study ($p > .05$).

It should be noted that although there were no significant differences in distress levels for single women depending on how many adults lived with them and their children, this variable did enter into a regression analysis, indicating that it may have been an added factor to distress when other variables were present.

Table 4

Demographic Comparisons on Distress				
Category	Mean ^a	(s.d.)	N ^a	
Children				
1	.64	(.58)	134	F= 3.01
2	.79	(.58)	91	p= .03
3	.98	(.58)	17	
4	.98	(.58)	6	
Adults in Household				
0-1	.73	(.58)	230	F= .01
2-5	.71	(.58)	18	p= .91
Losses				
0	.58	(.56)	119	F= 9.54
1-2	.82	(.56)	113	p= .00
3 or more	1.11	(.56)	16	
Income				
1 \$10k or below	1.01	(.56)	14	F= 6.83
2 \$10k-\$24,999	.89	(.56)	75	p= .00
3 \$25k-\$50k	.67	(.56)	131	
4 \$50k +	.39	(.56)	27	
Employment Status				
0 Pink Collar	.89	(.55)	61	F= 9.49
1 White Collar	.64	(.55)	177	p= .00
Age				
1 19-35	.81	(.58)	66	F= 1.89
2 36-53	.69	(.58)	182	p= .17
Months				
1 0-12	.83	(.58)	57	F= 1.78
2 13-60	.72	(.58)	124	p= .17
3 61 or more	.63	(.58)	67	
Live You				
1	.65	(.58)	115	F= 1.69
2	.78	(.58)	104	p= .19
3-5	.81	(.58)	29	
Years School				
7-12	.86	(.58)	43	F= 1.49
13-16	.66	(.58)	126	p= .22
17-18	.78	(.58)	54	
19-23	.68	(.58)	25	
Marital Status				
1 Divorced	.69	(.58)	164	F= 1.25
2 Separated	.78	(.58)	44	p= .29
3 Widowed	.96	(.58)	17	
4 Single	.71	(.58)	23	
High Degree				
1 High School or below	.82	(.58)	92	F= 1.77
2 Bachelors	.64	(.58)	92	p= .15
3 Masters	.69	(.58)	51	
4 Doctorate	.83	(.58)	13	

^aFor entire sample: Overall mean = .72; N = 248

Significant Results

The following demographic variables yielded significant results in the ANOVA comparison of mean scores of distress: Children. The mean GSI distress scores for those mothers with three and four children (.98) were 1 1/2 times the mean of those with one child (.64). Apparently there was little change between the distress levels of mothers with three and four children, but an incremental rise in distress level between those with 1, 2, and 3 children.

Losses. The incidence of traumatic loss seemed to have a substantial effect on the mean GSI level of distress of single parent women. Nearly half reported no significant loss in the past two years (mean GSI .58). For the 6% who experienced three or more losses in that period, the GSI mean score was nearly twice (mean 1.11) that of the women who reported no loss (.58). An incremental rise in mean distress scores was seen in the three categories.

Income. In the four income levels, from \$10k and below (poverty level) to \$50k and above, there was a progressively lowered distress level mean score. Women at the poverty level reported a mean score of 1.01 on the GSI; women in the highest income category registered a low .39 GSI mean score.

Employment Status. A quarter of the women in the study sample categorized themselves as pink collar workers. These women manifested a mean score distress level of .89, one and

a half times the magnitude of those in the white collar employment status (.64 mean distress score). It was therefore evident that those in the upper income/higher employment status levels experienced lower distress levels than did those in more restricted income and employment levels.

The mean distress scores for all demographic variables for the entire sample of 248 women was in the .7 - .72 range, a low-moderate GSI response level score.

Overview of Response Variables

Table 5 provides a summary overview of the ten subscales utilized in this research study. Nine subscales comprise the independent measures (Three subscales of each of the CTS, FES, and WES scales); one scale (GSI) was utilized as the dependent measure.

Table 5

Definition of Response Variables

	Independent Measures	Subscales
	Cognitive Traits Scales (CTS, Pearlin, Schooler, 1978)	Mastery (Mstry) Subscale--Assesses degree to which one's life circumstances are viewed as being under one's own control Self-Esteem (SEst) Subscale--Measures the degree to which one maintains positive attitudes about oneself Self-Denigration (SDng) Subscale--Relates the degree to which one holds negative attitudes about oneself
SOCIAL CLIMATE	Family Environment Scales (FES, Moos, 1986)	Cohesion (Coh) Subscale--Measures the degree to which there is involvement with and support for each other in the family unit Expressiveness (Exp) Subscale--Assesses the degree to which the individual is encouraged to express oneself within the extended and immediate family system Conflict (Con) Subscale--Measures the ways in which family and support members express and deal with conflict and anger in the family
SCALES	Work Environment Scales (WES, Moos, 1986)	Involvement (Inv) Subscale--Measures the extent to which employees are involved with and committed to their work Peer Cohesion (PCoh) Subscale--Assesses the extent to which one's co-workers are friendly and in support of one another Supervisory Support (SSup) Subscale--Measures the degree to which supervisors are in support of employees and urge employees to support one another
BRIEF SYMPTOM INVENTORY	Dependent Measure	Subscale
	General Severity Index (BSI, Derogatis, 1975)	GSI Subscale--Measures somatic distress symptology, which indicates the respondent's current level of distress

Relationship Between Demographic-Response Variables

The following table, Table 6, provides a correlation matrix which demonstrates the relationship between the demographic and response variables utilized in the study.

Table 6

Relationship Between Response and Demographic Variables

Demo Vari- ables	Independent Measure									DepVar
	CTS			FES			WES			GSI
	Mstry	SEst	SDng	Coh	Exp	Con	Inv	PCoh	SSup	GSI
Age	.01	.05	-.16	.06	.15	-.11	.16	.03	.04	-.10
Months	.04	-.04	-.04	.05	.00	.04	-.03	-.15	-.06	-.11
Childr	-.03	.07	-.05	.00	.02	.09	-.01	-.01	-.02	.10
LiveYo	-.02	.03	-.02	.02	.05	.07	.06	.00	.00	.06
Adults	-.10	-.08	.14	.08	-.05	-.02	.02	.06	.10	-.03
YearSc	.00	.05	-.05	.04	.04	-.08	.10	.03	.02	-.09
HiDgre	.00	.08	-.09	.06	.07	-.06	.12	.02	.04	-.11
EmpSta	.18	.13	-.11	-.01	.02	-.05	.21	.04	.01	-.23
Income	.18	.05	-.17	.11	.13	-.09	.16	-.02	-.03	-.26
Losses	-.17	-.10	.16	-.19	-.15	.16	.04	-.01	.01	.25

All response-demographic variable correlations were in a low range, .21 or less, showing little relationship between them. Three demographic variables showed significant though modest strength of relationship with the dependent variable, the GSI. These were: Employment Status (-.23), Income (-.26), and Losses (.25).

Relationship Between Pairs of Response Variables

The following table (Table 7) presents the means and relationships between pairs of the nine response predictors and the criterion measure, the GSI.

Table 7

Relationship Between Pairs of Response Variables

Response		CTS			FES			WES			Means
Variables		Mstry	SEst	SDng	Coh	Exp	Con	Inv	PCoh	SSup	
CTS	Mstry	1.00									20.3
	SEst	.56	1.00								17.2
	SDng	-.61	-.76	1.00							4.9
FES	Coh	.34	.30	-.39	1.00						6.0
	Exp	.37	.31	-.36	.57	1.00					5.3
	Con	-.18	-.12	.16	-.27	-.08	1.00				3.2
WES	Inv	.12	.21	-.17	.25	.18	-.13	1.00			6.6
	PCoh	.18	.12	-.11	.24	.15	-.16	.56	1.00		5.6
	SSup	.03	.07	-.12	.19	.12	.04	.49	.52	1.00	5.9
DEP	GSI	-.57	-.52	.65	-.42	-.36	.18	-.23	-.23	-.19	.72

Pairwise correlations among the predictor variables were moderately high within two of the three major scales (-.76, -.61, and .56 for CTS subscales, a .56, .52, and .49 for WES subscales). For FES only the Cohesion and Expressivity subscales were in moderately high correlation (.57). Pairwise correlations for these variables across major scales were in the low to negligible range.

Predictor variable correlations with the criterion GSI score in the moderately high range included those of Mastery (-.57), Self-Esteem (-.52), and Cohesion (-.42). Highest in correlation to the GSI was the Self-Denigration Subscale (.65).

Mean scores on the CTS Mastery and Self-Esteem subscales were in a high range, showing that women possessed a high degree of belief in their mastery of their environmental demands, and a high level of self-esteem. Mastery registered a high mean score, 20.3 of a possible 28; self-esteem measured a mean score of 17.2 of a possible 24. The degree to which the women were self-denigrating was measured by a mean score of 4.9, of a possible 20, a low mean score.

FES subscales 1 and 2, Cohesion and Expressiveness, were in the moderate mean score range, 6 and 5.3 of a possible 9. FES 3, Conflict, had a low mean score, 3.2 of a possible 9.

All three WES subscale scores were in the moderate range, 5.6, 5.9, and 6.6 of a possible 9. These mean scores of Involvement, Peer Cohesion, and Supervisory Support indicated moderate levels of support in the work environment, matching those support levels found in the Cohesion and Expressiveness subscales of the family environmental system.

Relationship Between Pairs of Demographic Variables

The following table (Table 8) presents the relationships between pairs of the demographic variables and the criterion measure, the GSI:

Table 8

Relationship Between Demographic Predictors

	Age	Mons	Chil	LivU	Adlt	Yrsc	HiDg	EmSt	Inc	Loss
Age	1.00									
Months	.18	1.00								
Children	-.05	-.18	1.00							
Live-You	.12	-.16	.79	1.00						
Adults	-.20	-.08	-.02	.00	1.00					
Yearschl	.17	-.11	.00	-.01	-.10	1.00				
Hi-Degr	.23	-.11	-.01	-.02	-.15	.83	1.00			
Emp-Stat	.11	-.05	-.05	-.10	-.05	.40	.41	1.00		
Income	.29	.14	-.06	-.03	-.16	.27	.29	.41	1.00	
Losses	-.07	-.37	.13	.03	-.02	.06	.08	.08	-.07	1.00
GSI	-.12	-.12	.13	.06	-.04	-.08	-.09	-.21	-.26	.27

The highest correlations between demographic variables is seen in the relationship between highest degree and years of school (.83), children under 18, and children living with you (.79). Moderate relationships are seen between losses and months (-.37), and highest degree and employment status (.41). Correlations between demographic factors and the GSI are in the low-moderate range, with the highest being those with losses (.27), income (-.26) and employment status (-.21).

Predictors of Distress

To evaluate the predictive value of demographic variables separately from that for the nine response variables, separate stepwise regression analyses were used. The results are seen in Table 9:

Table 9

Multiple Regression Reports					
Response Variables		Beta	Seq R Square	Simple R Square	Change in R Square
CTS 1 3	Mastery	-.25	.33	.33	.33
	Self-Dng	.44	.47	.43	.15
FES1	Cohesion	-.16	.50	-.17	.02

p <.05

Demographic Variables		Beta	Seq R Square	Simple R Square	Change in R Square
Losses		.27	.07	.07	.07
Income		-.18	.13	.07	.06
Emp Status		-.14	.15	.04	.02

p <.05

Two CTS subscales (Mastery and Self-Denigration) and one FES subscale (Cohesion) produced an R^2 of .50. The three demographic variables with significant coefficients only produced an R^2 of .15.

In combining the three most significant demographic variables and the three best response variables in a stepwise regression, an R^2 of .51 was obtained. All six variables remained in the model. Next, based on my theoretical judgment that the number of children and number of adults might yield predictive strength to the regression model, these two demographic variables were entered together with income, employment status, and losses, and the three significant response variables (Mastery, Self-Denigration and Cohesion). In this analysis, Cohesion (FES 1) and employment status dropped from the model. Based on this series of stepwise and forced entry forward regressions (see Table 10) Mastery and Self-Denigration remained, yielding a predictive R^2 value of .51.

Table 10

Multiple Regression Report				
Independent Variables	Beta	Seq R Square	Simple R Square	Change in R Square
Mastery	-.22	.34	.34	.34
Self-Dng	.52	.51	.48	.17
Children	.15	.54	.03	.03
Adults	-.11	.56	.00	.02
Income	-.12	.57	.08	.01
Losses	.12	.58	.07	.01

p < .05 F=54.97

Four demographic predictors (children, income, adults, and losses) remained, as well, accounting for 7% of the predictive relationship with the GSI. Together the six variables accounted for 58% of the variance in the GSI distress scale.

Within the three sets of subscales there was moderately high correlation between pairs of the CTS subscales, and the WES subscales. Across major scale components, correlations were in the low to negligible range. These intercorrelations within major scale components could influence the regression results. Therefore, the total scores of the three sets of subscales, together with the significant demographic factors, were entered into a regression analysis with the GSI, producing the following results (Table 11):

Table 11

Multiple Regression Report				
Independent Variables	Beta	Seq R Square	Simple R Square	Change in R Square
Total CTS	-.61	.45	.45	.45
Income	-.17	.48	.08	.03
Total WES	-.14	.51	.07	.03
Losses	.13	.53	.17	.02
Children	.11	.54	.02	.01
Adults	-.09	.55	.00	.01

p= .05 F= 45.12

In this model, the CTS subscale total produced an R^2 of 45%. Income and the WES total score each added an additional 3%. The FES total score, moderately correlated with the CTS

score, dropped from the model. The three remaining significant demographic variables (losses, children, and number of adults) produced an additional 4% of variance in the GSI.

Anecdotal Evidence of Distress

In data collection, I queried mothers about their well-being and that of their families. Excerpts from their stories which pertain to the results obtained in this study are highlighted herein.

One conclusion from this study was that the length of time in single status was in inverse relationship to one's distress level. Although not statistically significant, this trend was evident in the distress scores. This was also borne out by the fact that women who have been separated, divorced, or widowed for a number of years stated that healing has occurred in the years since they ended their marriages. These women have asserted, "If I had been filling this out nine years ago, it would have been another story;" "It's been rough in the past, but I'm doing better and better as time goes by," "I wish I could fill this out for the time just after the divorce. I well remember how terrible it was. It's another story now." Another woman spoke of her need for "two years of group therapy" post-divorce, and said that at the present she was supportive of others who were going

through the same anguish she had endured in the divorce process.

This study has defined the family support system as that of immediate and extended family and friends. The women who participated in the research corroborated the diversity of their family network affiliations. Not all families of origin were capable of serving as support systems, one woman explained, "dysfunctional families tend to produce children with problems, children who as adults are divorce-prone." She stated that dysfunctional families were "incapable of supporting the needs of the divorced adult child," therefore "my friends have become my family." Another woman, the daughter of an alcoholic father, stated that her family system was incapable of providing support for her, and that she, too, had found it necessary to "pull together my own family" support system. And yet another mother spoke of the "supportive network of friends" with whom she had surrounded herself as she planned for the legal adoption of her children, knowing she would "need their assistance."

Self-esteem and the mastery of one's environment were in moderately high relationship in the results of this study. This relationship was borne out in the stories of a number of women. Three mothers expressed their pride in themselves and their children as they prepared their young people to depart for college. They were grateful for the lives they had

shared with their children, saying they had pulled together as a team. These women stated they knew they had done a good job raising their families alone. One woman shared quite another sense of accomplishment; she was excited in her mastery of her once excellent tennis game, and in her new-found biking endurance--sports she had left 25 years previously because her husband had not been interested in these pursuits. She said her children are excited about these new activities and are joining in them with her.

The ability to master one's environmental stresses was correlated with the single mother's distress level in this study. The stories told by two women, though of a contradictory nature, illustrated this connection. One woman, who had a physical disability, told me of her trauma at the birth of her child; unable to care for the infant and without physical help, the woman became deeply depressed. Another woman, the mother of two adopted, physically-handicapped children, stated she had been able to find the support she needed to meet her daily pressures, and thus felt comfortable enough in her management of her children's and her lives that she desired to adopt another physically-handicapped child.

Cohesion, the ability to find family/communal support necessary for function in one's life, was moderately correlated with one's experience of distress in one's life in

the results of this study. In anecdotal experience, this connection could also be made. One woman showed bitterness at the "lack of societal support," stating, "There is prejudice in society against us and though it's not out in the open, we are considered lepers in disguise." Another respondent, who was separated from her husband, complained that her former friends were neglectful; "Two of my special friends have not phoned me in the two years of my separation." This woman was distressed at the loss of two friends with whom she had been close, and whom she believed would stand by her.

Other stories presented a dire need for structural support systems in the community and the distress attendant to their being none. A single mother, injured in an auto accident, reported she had needed help desperately for her children. She reported there was no support system for her in her medical emergency. Furthermore, she stated, there was no assistance to help her to return to an "effective status as a single parent." She lamented that in physical disability or a time of great vulnerability, there was no way in which the single parent woman could keep her home and her family together. She stated that physical injury for the single parent women was a "way to homelessness, to being on the street." Still another mother complained that there was no adequate bureaucratic system to facilitate the procurement

of child support on a timely basis. She stated that the waiting list was three months long for court attainment of financial reimbursement, and that she was never able to be caught up in the payment of her bills.

Many women complained about their inability to master their financial problems; their frustration levels seemed to mount as they discussed this issue. One woman, the mother of four small children, spent more than \$700/month on day care expenses; her secretarial salary and child support payments combined did not cover her monthly bills. One interviewee asked, "You're a marriage and family therapist; can you tell me how to force my husband to pay our son's tuition bills?" The latter complaints were not isolated events; a number of women were distressed that their ex-spouses were not meeting their financial obligations, and thus they were unable to attain any sense of mastery of their financial responsibilities.

Communal, structural support systems were needed in the lives of single parent women. In some cases they were present; in others, they were not. One woman was struggling to find adequate, affordable day care; another woman reported she has such a center in her building at work in the District. Another woman lamented that there was no after school care for her children, and no transportation for them to go to the recreational/educational center. How could she

prevent them from being latch-key children, she worried. The need for cohesive, communal support as a vehicle for mastery of life's situational demands was very real for the single mother.

In this study, there has been only a marginal relationship between the need for cohesion in one's family and or extended support system, and one's distress level. Some women reported that they prefer to be alone and independent; working long hours, they had little time for interaction with others. One woman, who had a son by artificial insemination, reported, "I am a loner, and happy with my situation. I feel little stress." Still another stated that she had no one to turn to in her divorce, and that "my children gave me the courage to go on, or I would have gone under." Other women said they were lonely; one, a widow with three children, wished for a hotline where she could talk to someone at 11:00 at night. Another woman wrote me that "loneliness is my biggest problem." Obviously, the need for cohesive support varies greatly in this sample of single parent women.

Occasionally, women spoke of their ex-spouses as having become friends and partners in the raising of their children. Others cited that psychological abuse by their ex-spouse made their lives miserable. One woman sighed, "It is better to be where I am, than where I was. but I have difficult days" in

relationship with her ex-spouse. A woman who had never been married speculated that if she had had an ex-spouse, she might have had "help, respite, support . . . as other women do." Another woman countered such an argument and said her situation was "better and worse, up and down" in regard to spousal support for her children and herself. There was in the overview of such women's stories no common thread of appreciation of relationship with one's ex-spouse, one's communal support structures, one's cohesive family unit. The stories were as complex, varied, and contradictory as human life itself. This paradox lent credence to the study results which showed only marginal relationship between cohesion and distress.

The report has shown a marked relationship between the cognitive, coping strengths of women and their level of distress. One story, in particular, established this linkage. In a telephone interview, a divorcee traced her journey from her traditional, feminine, passive, nurturant, compassionate personality traits to an acquisition of the more aggressive, competitive, masculine characteristics necessary for the marketplace. "Over a ten year period, I have found a career path. I had a sense of need to abandon my female side of myself, but now I know the female sensitivity and strength I possess are assets. I embrace them. And at the same time I have been successful in

business. I never fail to get what I want, and I've learned there's no need to use strong-arm tactics." She stated that she now earns more than \$100,000 a year, and mused, "I've been so fortunate, but I know there are women out there in need of assistance for financial planning. If you know any single parent women I could help, send them to me, so I can be of assistance. I'd like to help."

A continuing thread throughout the stories seemed to be that single parent women were willing to help and support one another. There was much interest in my study. Women said again and again, by phone and by mail, that "if there is any way I can help, let me know." These women, sensitized by their own struggle, deeply cared about other single parent women.

Perhaps the greatest single common denominator for me, as I listened to women's stories was the sense that the women I interviewed had attained a deeper meaning in their lives which provided a fuel for their continuing striving for health and peace. Single parent women have reached for an inner sense of harmony and balance through disparate avenues of search. For nearly all, their children were their central core of meaning and concern. For many, religious faith offered strength, comfort, and support in their life's journey. For others, support groups provided a central impetus to healthful recovery. For a great number, a

supportive network of family and friends were for the single parent families an anchor, and a sense of hope that they as families could be whole as an entity. For most, their ultimate sense of meaning seemed to come from within, in an indomitable spirit of survivorship, of resiliency, of conviction, and of hope.

This anecdotal evidence of distress is utilized, together with the results of the data analysis, as a basis for recommendations for clinical practice, and for school counseling, in Chapter Five.

CHAPTER FIVE

SUMMARY AND CONCLUSIONS

In Chapter Five is provided a summary and conclusion to the results of this research study. Implications inherent in these conclusions are drawn for clinical practice, and for future research. Finally, recommendations for school counselors and mental health practitioners are presented.

Summary

In this report, the GSI mean score of distress was, at .72, in the low-moderate range of a possible GSI mean score of 4. The BSI Administration and Procedures Manual (Derogatis and Spencer, 1982) indicated the mean score distress level of .72 for female non-patients to be on the lower threshold of positive measurement of distress, or caseness. Caseness was defined as that value or score on the GSI that indicated a positive case of distress (p.41). Thus the women in this sample could be described as being marginally below the spectrum of measurement for abnormal distress.

Of the variables included in this study, the Cognitive Trait Scales of Mastery and Self-Denigration were the best overall predictors of distress in the single parent woman. With the GSI distress score as the criterion measure, these two scales accounted for 51% of the predictive variance in the distress scale. In addition, while marginally

significant, four demographic variables added a combined predictive value of 7%, for a total of 58%.

The CTS Mastery and Self-Denigration scales were measures of coping/cognitive strengths. Their statistical significance in this model suggested a direct relationship between the single parent woman's thought patterns and her feelings, bearing out the cognitive behavioral theory upon which this study was based. Cognitive theory proposed that persons with highly developed cognitive/intellectual skills have coping strengths with which to meet environmental stressors and demonstrate lower levels of distress than do those with fewer cognitive/coping strengths. This study confirmed that theory; the mean score on the Mastery Subscale was a high 20.25 (out of 28); this score correlated negatively with the low-moderate mean distress score of .72.

Nearly 3/4 of the women in the study sample identified themselves as being of white collar status; women in this classification could be defined as oriented to problem-solving, and possessing cognitive resources. Nearly 2/3 of the women in the sample had college degrees or higher education levels. The results of the study indicated that this sample was a highly cognitive group of white collar women which employed a high level of coping resources. With a high level of cognitive/coping strengths, there was expected to be a low level of distress. This, in fact, was the case. Such a group would also be expected to register a

low capacity for self-denigration; the mean score for self-denigration, at a low 4.9 (out of 20) bore out this distinction, with its negative relationship to the distress score.

While only of marginal significance, four demographic variables added a combined predictive value of 7%. The demographic variables showing most strength in the regression model were those of the total number of children, the number of losses experienced by the single mother, the number of adults in the household, and the total household income. In the model, experienced losses was the least important variable, adding just 1% predictive strength. The number of household adults and total income were negatively related to the distress level.

The number of children a single parent woman was raising showed a direct relationship to the level of generalized upset she felt in her life. Nearly 70% of the single families in the sample had one child; the mothers experienced significantly less stress (GSI mean=.69) than those with 3 or 4 children (GSI mean=.98). The distress level escalated with the number of children living in the household, a predictable phenomenon.

The distress levels of the single parent women were also directly related to the number of adults living in the household. Nearly 80% of the sample households reported no additional adults in their homes. The mean distress level

for those with none or one adult was a low .73; those with 2 to 5 adults experienced a distress level in the same range, .71. Apparently, the presence of adults in the household was a marginally significant factor in this sample.

A third demographic factor, which was of low predictive significance to the regression model, was that of total income. Income showed a negative relationship to the level of distress in single parent women; the higher the single mother's income, the lower her distress level. In the sample, the 6% who were in the poverty level range, below \$10k, measured a mean score distress level (1.01) 2 1/2 times larger than that of women in the \$50k+ range (.39). Nearly 2/3 of the women in the sample earned more than \$25k/year; their distress level appeared to be at a low level (mean=.67), midway between the means of the lower and higher income brackets. Therefore, the theory that income was in inverse relationship to one's distress was borne out in the study.

Lastly, losses experienced in the past two years was the least significant, yet still important, variable in the model. Those who have suffered no losses reported a low mean level of distress (.58); with those who experienced 1 to 2 losses, the mean distress score (.82) was 1 1/2 times greater than that of the first group. The women who experienced 3 or more losses reported distress levels (1.11) twice that of the first group. Such findings corroborated

the theory that the number of losses was in direct relationship to one's experience of distress.

The two test instruments which were seen as marginally significant did not appear in the regression report. As step-wise, forced-entry forward regression models were run, Cohesion (FES 1) and Peer Cohesion (WES 2) were in a regression model at times; they were not in the best linear model. Family and extended family cohesion were judged theoretically to be important factors in the study. Family was defined as family members and/or friends in the extended social network who served as one's source of support. Cohesion and Peer Cohesion were not highly correlated (.24); neither of them showed high correlation with the dependent, the GSI score (Cohesion -.42; Peer Cohesion -.23) It appeared that the scales were marginally insignificant to the regression model. The scores were negatively related to the dependent variable; therefore, the premise that cohesive support systems were in direct, inverse relationship to the experience of distress was at least marginally confirmed.

Additionally, the mean score of 6 (out of a possible score of 9) showed a moderate level of cohesive support (FES 1) experienced by the respondents. That the women experienced a low-moderate mean level of distress (.72) indicated they were not distressed with their level of support.

The mean scores for each of the three WES subscales were also in the moderately high range (5.6 to 6.6), out of a possible total score of 9. This level of support in the work environment was consonant with that experienced in the family environment, and in inverse relationship to the mean distress score.

It seemed plausible that peer and family support systems would be judged as implicitly important in this study, for it was through single parent women's support groups that the sample was solicited. Presumably, the low-moderate mean score of distress of this sample (.72) had in some degree been affected by the support the single mother experienced in her peer support group.

Income and employment status were two demographic variables which exchanged places in the multiple regression runs of this study. They were moderately correlated with each other (.41), with income correlated only slightly higher with the GSI (-.26) than was employment status (-.21). It seemed evident that income and employment status contained similar, redundant information. The value more highly correlated with the dependent variable (income) was retained in the regression model.

The study's sample consisted of 248 women, the majority of whom were white, suburban and middle to upper middle class. They had a mean age of forty, were in white collar jobs, college educated, and earned middle class incomes.

They had 1 to 2 children, and the majority of these women had no additional adults living with them. The women registered a high level of cognitive, mastery skills, and a low tendency toward self-denigration. Most of these women were affiliated with single parent support groups, with church affiliations, or with therapy centers.

Admittedly, this sample reflected a narrow range of the single parent women who were in the general population. Several reasons emerged as a rationale for this sample as the group targeted for the research. First, when inner city agencies were called for solicitation of volunteers, each group identified itself as working with people in emergency relief situations. Administrators stated that the single parent women being served by their agencies were one step away from the streets, and that participation by these women was highly unlikely because those in extreme distress lacked the power of concentration to cooperate in such a study. Inner city churches, in phone call after phone call, stated there were no support groups for single parent women in their churches or neighborhoods. Only two groups of social support which offered a base for solicitation in the inner city were found; only a few volunteers agreed to participate in the study from these groups. Thus, the decision was made to contact women's support groups in the wider metropolitan suburban area.

Second, those women who volunteered for the study seemed to have done so because they were not in severe distress. A number of interviewees expressed their concern that they "could not fill out anything in the state I'm in." Their responses were never received. Somatic responses on the GSI response scale included one's having trouble concentrating, feeling so restless one can't sit still, feeling blocked in getting things done, feeling no interest in things, and having difficulty making decisions. If such distress phenomena were present in an individual, it would be doubtful that there would be an ability for the person to participate in such a study.

Finally, the sample was generated through affiliational bonds. This networking evidenced an openness to new friends and new modalities of problem solving present in single parent support groups. The cognitive resources of the individual were enhanced by the informational assistance given in such groups, and participation in such a search was typically the interest of the person with highly developed cognitive resources.

Contributions to the Literature

The results of this study seem to be consistent with the research theory on which this study was based:

(1) Cognitive theorists, Pearlin and Schooler (1981), Wheaton (1985), and Lazarus (1984) have identified coping resources/strengths as behaviors which seek to minimize the

distress engendered in meeting environmental problems and demands. Positive cognitive attitudes, beliefs, and skills give one a sense of competence and mastery in one's interaction with the world. Distress scores were expected to be in the low range for those with high mastery/competency scores (Pearlin and Schooler, 1981). This expectation was borne out in this sample of 248 single parent women who registered high mean scores on the cognitive trait subscales and a low mean distress score. Thus, this study can be said to confirm cognitive theory.

(2) The view that support systems are important to a person's health and well-being has been widely recognized (Henderson, 1980; Insel, 1980; Gottlieb, 1983; Moos, 1986. Mitchell, Billings, and Moos (1982) stated that social support has a definite effect on the experience of distress. Gottlieb stated, however, that "the types of social support differ so widely" that research is unable to generate a coherent theory "about the particular conditions under which a support system will serve to change one's level of stress" (Gottlieb, 1983, p. 39). Pearlin (1981) stated that the degree to which one may count on a support system is "not necessarily coextensive with the social network itself" (Pearlin et al., 1981, p.340), but rather depends on the availability of instrumental assistance within that network. Hirsch (1980) pointed out that high density networks may be aversive rather than supportive of the needs of the

individual because of the expectation of rigid adherence to support network strictures. Thus, it can be seen that the value of the support system is one which is highly individualistic and complex, though generally theorized to be of importance to the well-being of the individual. The complexity of assessment of individual/personal needs for a supportive network was borne out in the anecdotal comments of the single parent women. For some, support was marginally necessary, for others, vital. For some, community support systems were of importance; for others, personal safety nets were of most concern. The marginal importance of cohesion in both the family and work environments (FES 1 and WES 2) was borne out in the results of the regression model of this study. These results corroborate the theoretical base upon which the study was designed.

(3) Finally, Thoits (1988) called for a study which would explore the evidence of distress in a subgroup of women considered by mental health researchers to be at risk for mental health disturbance. In calling for this study, Thoits pointed to factors which are involved in the presence of distress in the single parent woman, particularly those of inadequate

 coping resources (such as high self-esteem, a sense of personal competence, and an internal locus of control orientation) . . . and access to social support (emotional, informational, and instrumental assistance)(Thoits, 1988, p. 87).

This study presents an analysis of the extent to which these factors have been important in their relationship to distress for the single parent woman sample accessed through the single parent support group network of the metropolitan suburban Washington area. Presumably, this study will add to the body of research called for by the Health and Human Services research agenda on women (1988).

Conceivably, the results of this work are of interest not only to mental health researchers such as Thoits (1988), McBride (1988), and Seiden (1988), but also to women's studies and feminist authors/researchers such as Rubin (1983), Hare-Mustin (1987), Carter (1988), Walters (1988), Silverstein (1988), and Wallerstein and Blakeslee (1989). Perhaps most signatory for women's studies research was the extent to which cognitive resources/strengths were prevalent in the white collar, well-educated, middle class population of women who comprised this study. That there was a direct relationship between the woman's cognitive strengths and her level of distress was noteworthy. That these women have responded to the two decade challenge of women's research studies to be autonomous, self-reliant, and self-directed in asserting mastery over their environmental demands seemed evident.

Conclusions

This study represented a narrow range of women in the population, a group which was white, middle-class, well-

educated, middle income, and affiliated with women's support groups. They experienced a low-moderate level of distress.

The results of this study have led me to conclude that when women are well-educated, in white collar employment, and earn middle to high incomes, they are likely to possess a moderate to high level of coping resources and mastery skills. Such individuals generally seek out support groups, as seemed to be the case with many women in this sample.

Family/extended family support systems were operative in the lives of single parent women. These systems were of more importance to some women than to others. While cohesion in support systems was of marginal significance in this study, it must be assumed that their affiliation with single parent support systems in some way contributed to the low level of distress experienced by the single mothers.

Women experienced distress in their role as single parents. The larger the single parent family, the more distressed was the single mother. Finances, too, contributed to the distress level of the single mother. The higher her income, the lower was her distress level. Finally, one may conclude that the number of losses experienced during the last two years was directly related to the distress of the single mother.

Recommendations for Future Research

The following research questions need to be addressed in future study of the relationship of cognitive strengths/

coping resources and support systems to the experience of distress in single parent women:

(1) In order to assess the impact of distress on single parent women, future study samples need to be more representative, including women at varying distress levels, and in diverse groups, races, and socio-economic classes.

(2) Some subset of the following variables should be considered in future research:

- (a) Identification of respondents by locale, school, church, or support group;
- (b) Differentiation of children by age;
- (c) Measurement of support (financial, operational) of father for the single parent family;
- (d) Measurement of role strain of the single mother;
- (e) Assessment of health of the single parent mother;
- (f) Measurement of factors of oppression (i.e., racism, classism, or sexism).

(3) A study which researches the relationship of coping resources/cognitive strengths and support systems to the experience of distress in single parent men would be useful as a comparison of men and women in single parent status.

(4) Women interviewees were strong in expressing the importance of their faith and other factors (e.g., faith in

their children, faith in themselves, participation in church and support group activities, and interest in job, career and recreational pursuits) which have been meaningful in their healing processes. A measurement of these elements of meaning for single parent women would be of value in future research.

(5) The creation of an assessment instrument for the measurement of functional distress, based on various need factors (e.g., financial, psychological needs), might be of value for future research.

(6) Some potential respondents who were highly distressed could not or would not participate in the study. Responses from these women might be achieved in interviews in community centers within the inner city or in arranging for the interviewer to assist the interviewee in filling out the study instruments.

(7) A comparison of the comments gleaned in the interviews and the GSI responses of these same women might be of value for future research.

Implications for Clinical Practice

Numerous implications for clinical practice were gleaned from this study:

(1) Cognitive behavioral strengths are in direct relationship to an individual's distress level. In treatment one in distress, the application of the tenets of behavioral/cognitive theory will be effective.

(2) Because the degree to which one is self-denigrating is in direct relationship to the individual's distress level, the counselor will build heavily on the strengths of the individual, affirming gifts, talents and successes which are a part of each individual's experience, in order to effect changes in self-perception, self-confidence, and self-reliance. Building on one's strengths and past accomplishments brings women trust and hope in their ability to identify and deal with stressors in an effective way.

(3) The needs of the single parent woman are multifaceted and dynamically changing. The clinician must help clients to deal with grief and loss, and facilitate the emergence of a healthy self-awareness in the single parent woman. Use of the dynamics of ACOA/DYS (Adult Children of Alcoholics/Dysfunctional Families) as a tool for helping the single parent woman to understand her history and the dynamics of past and present relationships will be key to the emergence of this healthy self-awareness.

(4) Women should be taught cognitive skills to enhance their self-esteem and self-reliance in building resources for problem solving and mastery of their environmental stresses.

(5) Single parent women who come to the mental health clinic are often at risk for mental distress and/or depression; they can no longer cope with their problems. They are frequently without funds or insurance to pay for

their clinical visits. It seems to be an ethical imperative for clinicians to be open to the need for their pro bono services, and for their advocacy, as well, in court testimony and professional consultation.

(6) Group counseling at affordable fees would be beneficial for many single parent women. Such counseling affords a forum for bonding and networking as well as personal problem solving. Group support reduces the individual's sense of personal helplessness and empowers women for advocacy for social and structural change in areas of need, such as child support and child care legislation.

(7) Within the counseling setting, informational assistance around areas of concern, such as career search, parenting assistance, and financial planning will be extremely important.

(8) Mental health and school counselors should be aware of the need for counseling support services for children of divorce and bereavement within the mental health and school counseling systems. Too few children's counseling/support groups are operative, according to the interviewed mothers.

(9) In this study the single parent woman has expressed the presence of faith and/or other meaning structures in her life. To be effective, therapy will focus on these strengths, building on them a hope for recovery and healing.

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Women Helping Women

A Focus on the Single Parent Woman

A Research Project by:
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VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

COLLEGE OF EDUCATION — NORTHERN VIRGINIA GRADUATE CENTER

Dear Parent,

If you are a female single parent, I need your help! I am a graduate student at Virginia Tech and the director of a study which is of concern to you.

Let me explain. As you undoubtedly know, there is a marked increase in the number of households headed by single parent women, and a high incidence of stress reported in these households. In my experience as a marriage and family counselor, I have seen the tremendous demands placed on women who bear the sole responsibility for their families and their jobs.

If you help me, we will look together at the stress you encounter, the ways you cope in your daily life and the kinds of support you have at home and in the workplace. This information will enable agencies and institutions to provide better support and services for you.

I am doing this study as a way of women helping women. But I cannot do this alone. I need the input of women who are single parents for the study to become a reality.

Please help me by returning the questionnaire, the informed consent form, and the four survey forms. Completion of these will require less than an hour of your time. Your answers will be number coded to prevent name recognition and ensure confidentiality.

This study will be completed under the direction of Dr. Johnnie Miles of Virginia Tech. Please feel free to call her (698-6055) or me (620-4437) if you have any questions regarding this study. You may obtain results of the project if you desire them.

I know you have a lot of responsibility and are extremely busy. But your input in this study is very important. I believe that in our work together we will gain information about the real needs you experience so that we can improve the kind of help single parent women and their children receive.

I thank you in advance for the help you will give.

Sincerely,

Johnnie H. Miles, Ed.D.
Assoc. Professor, VPI and SU

M. Jeanne Steele, M. Div., Ed.D.(cand.)

STATEMENT OF INFORMED CONSENT

I, _____, HAVE BEEN ASKED TO PARTICIPATE IN A STUDY EXAMINING THE RELATIONSHIP OF PERSONAL AND DEMOGRAPHIC VARIABLES TO THE INCIDENCE OF STRESS/DISTRESS IN SINGLE PARENT WOMEN. AFTER ITS COMPLETION, THE RESULTS OF THE STUDY WILL BE AVAILABLE TO ME.

I UNDERSTAND THAT THE INFORMATION I AM PROVIDING IS TO BE USED AS PART OF A DISSERTATION IN COUNSELOR EDUCATION AT VIRGINIA POLYTECHNIC INSTITUTE AND THAT NO INFORMATION PROVIDED BY ME WILL EVER BE LINKED WITH MY NAME.

I ALSO UNDERSTAND THAT I DO NOT HAVE TO PROVIDE ANY INFORMATION ABOUT MYSELF OTHER THAN THAT REQUESTED IN THE QUESTIONNAIRE, AND THAT NO ONE OTHER THAN M. JEANNE STEELE WILL EVER SEE ANY OF THE FORMS ON WHICH I PROVIDE MY ANSWERS. ALL DATA OBTAINED THROUGH PARTICIPATION IN THIS STUDY WILL BE IDENTIFIED BY CODE NUMBER SO THAT ANONYMITY AND CONFIDENTIALITY WILL BE ENSURED.

FURTHERMORE, I UNDERSTAND THAT NO ANALYSIS WILL BE DONE THAT DEALS WITH MY RESPONSES ALONE AND THAT ALL DATA WILL BE GROUPED FOR PURPOSES OF ANALYSIS. ONCE THE DATA ARE GROUPED, THE INDIVIDUAL FORMS THAT I PROVIDED WILL NO LONGER BE USED AND WILL BE DESTROYED.

I UNDERSTAND THAT THERE ARE NO RISKS INVOLVED IN PARTICIPATING IN THIS STUDY. THE ONLY INCONVENIENCE WILL BE THE AMOUNT OF TIME REQUIRED TO COMPLETE THE QUESTIONNAIRES. WHILE THERE ARE NO IMMEDIATE BENEFITS, THE RESULTS OF THIS STUDY MAY HELP COUNSELORS AND EDUCATORS BETTER UNDERSTAND THE FACTORS WHICH CONTRIBUTE TO THE INCIDENCE OF STRESS EXPERIENCED BY WOMEN WHO ARE HEADS OF SINGLE PARENT HOUSEHOLDS, AND THAT EXPERIENCED BY THEIR CHILDREN, AS WELL.

I UNDERSTAND THAT PARTICIPATION IN THIS STUDY IS COMPLETELY VOLUNTARY AND THAT I AM FREE TO WITHDRAW FROM THE STUDY AT ANY TIME.

IF I HAVE ANY QUESTIONS AT ANY TIME DURING THIS STUDY, I UNDERSTAND THAT I MAY CALL M. JEANNE STEELE AT 620-4437 OR DR. JOHNNIE H. MILES, ASSOCIATE PROFESSOR OF COUNSELOR EDUCATION, VIRGINIA TECH AT 698-6055.

I HAVE RECEIVED A COPY OF THIS CONSENT FORM.

I VOLUNTEER TO PARTICIPATE IN THE ABOVE STUDY.

Subject's signature

Investigator's signature

Date

Date

===== APPENDIX D

NAME _____

ADDRESS _____

Do you desire the results of this study? Yes _____
No _____

PLEASE COMPLETE AND RETURN THIS COPY OF THE CONSENT FORM TO THE RESEARCHER.

SINGLE PARENT HOUSEHOLD QUESTIONNAIRE

Please respond with a short answer or an X in the appropriate blank:

What was your age at your last birthday? _____

What is your marital status? Divorced _____
Separated _____
Widowed _____
Single _____

How long have you been in this status? (in months) _____

How many children do you have under the age of eighteen? _____

How many children live with you? _____

How many adults besides yourself live in your household? _____

What is their relationship to you? Significant Other _____
Sibling _____
Relative _____
(e.g. parent, aunt) _____
None of the above _____

How many years of school have you completed? _____

What is your highest degree earned? High School Diploma _____
GED _____
Bachelor's Degree _____
Master's Degree _____
Doctorate _____

Are you employed? Yes _____ No _____
Full time? _____ Part time? _____

What is your employment status? White Collar _____
(Professional, technical) _____
Blue Collar _____
(Operative) _____
Pink Collar _____
(Clerical, Sales) _____

What was your total income last year? Under \$10,000 _____
\$10,000 - \$24,999 _____
\$25,000 - \$50,000 _____
Above \$50,000 _____

What is your ethnic identification? African American _____
Asian American _____
Caucasian _____
Hispanic _____
Other _____

How many losses (such as death or divorce) 0 _____
have you had in the past two years? 1 - 2 _____
3 or more _____

COGNITIVE TRAITS SUBSCALES: Self-Esteem, M. Rosenberg, 1965; Scale Revised, L. Pearlin and C. Schooler, 1978. Reproduced by permission, L. Pearlin, March, 1989.

Please answer the statements below with your degree of agreement or disagreement. Please answer all questions.

Strongly	_____	Strongly
Disagree	_____	Agree
0	1 2 3 4	

MASTERY

- ____1. I have little control over the things that happen to me.
- ____2. There is really no way I can solve some of the problems I have.
- ____3. There is little I can do the change many of the important things in my life.
- ____4. I often fell helpless in dealing with the problems of life.
- ____5. Sometimes I feel that I'm being pushed around in life.
- ____6. What happens in the future mostly depends on me.
- ____7. I can do just about anything I really set my mind to do.

SELF-ESTEEM

- ____8. I feel that I have a number of good qualities.
- ____9. I feel that I'm a person of worth, at least on an equal plane with others.
- ____10. I am able to do things as well as most other people.
- ____11. I take a positive attitude toward myself.
- ____12. On the whole, I am satisfied with myself.
- ____13. All in all, I am inclined to feel that I am a failure.

SELF-DENIGRATION

- ____13. All in all, I am inclined to feel that I am a failure.
- ____14. I certainly feel useless at times.
- ____15. At times I think that I am no good at all.
- ____16. I wish I could have more respect for myself.
- ____17. I feel that I do not have much to be proud of.

FAMILY ENVIRONMENT SCALE

Please answer these questions in regard to your extended support family, whether that be your parents, brothers and sisters and their families, or your friends who are family support for you.

Answer with an X in the appropriate blank. An example is provided.

TRUE FALSE

- ___ ___ Q. Christmas falls on July 4th.
- ___ ___ 1. Family members really help and support one another.
- ___ ___ 2. We often seem to be killing time at home.
- ___ ___ 3. We put a lot of energy into what we do at home.
- ___ ___ 4. There is a feeling of togetherness in our family.
- ___ ___ 5. We rarely volunteer when something has to be done at home.
- ___ ___ 6. Family members really back each other up.
- ___ ___ 7. There is very little group spirit in our family.
- ___ ___ 8. We really get along well with each other.
- ___ ___ 9. There is plenty of time and attention for everyone in our family.
- ___ ___ 10. Family members often keep their feelings to themselves.
- ___ ___ 11. We say anything we want to around home.
- ___ ___ 12. It's hard to "blow off steam" at home without upsetting anybody.
- ___ ___ 13. We tell each other about our personal problems.
- ___ ___ 14. If we fell like doing something on the spur of the moment we often just pick up and go.
- ___ ___ 15. Someone usually gets upset if you complain in our family.
- ___ ___ 16. Money and paying bills is openly talked about in our family.
- ___ ___ 17. We are usually careful about what we say to each other.
- ___ ___ 18. There are a lot of spontaneous discussions in our family.
- ___ ___ 19. We fight a lot in our family.
- ___ ___ 20. Family members rarely become openly angry.
- ___ ___ 21. Family members sometimes get so angry they throw things.
- ___ ___ 22. Family members hardly ever lose their tempers.

- ___ ___ 23. Family members often criticize each other.
___ ___ 24. Family members sometimes hit each other.
___ ___ 25. If there's a disagreement in our family, we try hard to
smooth things over and keep the peace.
___ ___ 26. Family members often try to one-up or out-do each other.
___ ___ 27. In our family, we believe you don't ever get anywhere by
raising your voice.

I have answered these questions in terms of:

- ___ 1. My extended family--parents, brothers and sisters and their
families.
___ 2. My support network of friends and neighbors.
___ 3. A combination of both.

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WORK ENVIRONMENT SCALE

TRUE FALSE

- _____ 1. My work is really challenging.
 _____ 2. There's not much group spirit.
 _____ 3. A lot of people seem to be just putting in time.
 _____ 4. People seem to take pride in the organization.
 _____ 5. People put quite a lot of effort into what they do.
 _____ 6. Few people ever volunteer.
 _____ 7. It is quite a lively place.
 _____ 8. It's hard to get people to do any extra work.
 _____ 9. The work is usually very interesting.
 _____ 10. People go out of their way to help a new employee feel comfortable.
 _____ 11. The atmosphere is somewhat impersonal.
 _____ 12. People take a personal interest in each other.
 _____ 13. Employees rarely do things together after work.
 _____ 14. People are generally frank about how they feel.
 _____ 15. Employees often eat lunch together.
 _____ 16. Employees who differ greatly from the others in the organization don't get on well.
 _____ 17. Employees often talk to each other about their personal problems.
 _____ 18. Often people make trouble by talking behind each others' back.
 _____ 19. Supervisors tend to talk down to their employees.
 _____ 20. Supervisors usually compliment an employee who does something well.
 _____ 21. Supervisors tend to discourage criticism from employees.
 _____ 22. Supervisors usually give full credit to ideas contributed by employees.
 _____ 23. Supervisors often criticize employees over minor things.
 _____ 24. Employees generally feel free to ask for a raise.
 _____ 25. Supervisors expect far too much from employees.
 _____ 26. Employees discuss their personal problems with supervisors.
 _____ 27. Supervisors really stand up for their people.

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BRIEF SYMPTOM INVENTORY

Below is a list of problems people sometimes have. Please read each one carefully, and circle the number to the right that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully.

HOW MUCH WERE YOU
DISTRESSED BY:

Not at All	Little Bit	Moder- ately	Quite a Bit	Extre mely
0	1	2	3	4

1. Body aches
9. Thoughts of ending your life
25. Trouble falling asleep
30. Hot or cold spells.
45. Feeling tense or keyed up
50. Feelings of worthlessness
53. The idea that something is
wrong with your mind

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