

## **CHAPTER III**

### **METHODS**

#### Design of the Study

In this study, I explored how certain parents experience the process of a transition to adolescence. The main intent of the study was to describe how parents perceive, respond to, and interpret changes occurring in their young teenager. A multiple case qualitative approach was used for this study, to generate descriptive material, and explore links between constructs. Qualitative methods are well suited to this topic because they are designed to increase understanding of how families assign meaning and interpret experience (Daly, 1992). Qualitative research offered an appropriate way to “get close” to the research interest and to “dig deep,” according to Gilgun (1992), and so this method was chosen because it is consistent with what I planned to accomplish.

Qualitative research in family therapy is also consistent with the theoretical frameworks used to inform my study: systems theory and family stress and coping. Support for qualitative approaches gained momentum during the 1980s, when a number of theorists challenged the positivistic nature of quantitative research on families (Sprenkle & Moon, 1996). Qualitative methods are also viewed as being more consistent with revised family stress theory, and this sort of research is called for due to the “subjective nature of meaning making” (Patterson & Garwick, 1994, p. 302). In this study, in keeping with these frameworks, the participants were considered the “experts” on experiencing a transition to adolescence. Further, this study assumed that different couples—as well as the individuals within these couples—will have varying interpretations of this shared experience. The narrative nature of qualitative research was conducive to the research questions in this study, which sought data that reveal previously unexplored patterns and perceptions of family processes.

These processes are often difficult for researchers to access, because family boundaries tend to be closed and protected against outside scrutiny (Daly, 1992). The qualitative approach taken in this study was designed to allow me to build relationships with participants that contribute to trust and rapport, and to approach a clearer understanding of the parents’ interpretation of their experience of this transition.

Another challenge in qualitative design involves how a researcher's own experiences and perspective may affect choices involving data collection, such as interview questions, and data analysis, such as how responses are interpreted in the coding process. Gilgun (1992) addressed this by recommending that theory guide data analysis as well as data collection. The theoretical frameworks outlined previously helped guide data collection and analysis.

### Participants and Recruitment Process

The families selected to participate in this study were a criterion-based sample, purposefully chosen to adhere to a set of particular attributes (Newfield, Sells, Smith, Newfield, & Newfield, 1996). The study was designed to explore transitional processes in the context of normal family life, so the criteria excluded families involved with the court for issues such as domestic violence, drug use, or delinquency. The sample families selected were not seeking mental health assistance at the time of the study, although previous experience with therapy did not exclude them. They perceived themselves as experiencing the normal ups and downs of a transition to adolescence.

Demographic criteria called for the oldest child in the household to be between the ages of 13 and 16. This took into account varying levels of maturity due to gender differences and other factors. It also gave participant parents a chance to develop perspective about the transition to adolescence, because those with 15- and 16-year-olds were generally past the transitional phase. In selecting sample families, I attempted to include a diversity of ethnic and racial backgrounds.

I recruited participants by contacting youth-group leaders at two metropolitan-area churches and one synagogue to ask for recommendations of families who met the criteria and might be interested in volunteering (see sample letter, Appendix A). The synagogue supplied a list of 17 names, and one church sent a list of 13 names. I wrote letters to the parents on these lists, and five of my participant families responded to my letter. All of them met my criteria and agreed to participate. Two other participant families came via word-of-mouth from the church that did not supply a list. I also ran a classified advertisement in the Health section of *The Washington Post*, and two of my participants were among those who responded to it. My tenth participant was a neighbor who met the criteria and agreed to substitute for a focus group participant who could not come at the last minute.

When volunteers responded, they were screened via a telephone interview (see Appendix B). I explained to parents that I was seeking families who were experiencing what they considered the normal ups and downs of a transition to adolescence. Because of my research questions, I told potential participants that I was interested in selecting families who were not court-involved and not currently seeing a therapist. During this telephone conversation, I described the purpose of the study: to explore the process of this transition in terms of what parents expected; how they are adapting to it; what strengths their family draws upon; and how changes in their child affect other aspects of their lives.

Parents who agreed to participate were asked to attend a focus group, lasting approximately two hours, which would be audiotaped and transcribed. I also told them, during the telephone screening, that after the focus group some parents would be selected for an additional interview in their homes. I said I would decide whom to interview at home based on achieving diversity in my sample in terms of family structure, gender of the adolescents, and ethnic and racial identification. If the parent's response to one or more of my telephone screening questions disqualified them from the study, I explained why.

In response to the newspaper advertisement, I received eight phone calls. Two callers met the criteria and participated in the study. Two others met the criteria but chose not to participate. The remaining four were currently participating in therapy with their teenagers or were seeking therapy. I told them they did not meet the criteria.

A total of ten families were selected to participate, and their oldest children ranged in age from 13 to 16. Four of the ten had one child; one family had three children; and the remaining five each had two children. There were two single mothers in the sample, one of whom had a teenaged daughter and a younger son, and the other, one teenaged son. The single mother of the only son was the youngest parent in the sample (age 33) and had the lowest income range (\$20,000-\$40,000). All other participants reported annual incomes of over \$80,000. The young single mother came to the United States with her family from Latin America when she was a girl. The other participants were born in America, of European descent. Both single mothers were divorced from their children's fathers and were not currently in a relationship. One of the married participants had been married

previously, and the other seven remained in their first marriages, ranging from 17 to 25 years of marriage. All were well educated, with 11 having master's degrees or higher; three with bachelor's degrees, and one with a high school diploma. Four of the mothers work part time, and the remainder of the participants work full time, mostly in professional careers.

Out of my 10 participant families, the fathers from three of them were unable to attend a focus group, so my total participation included 15 individuals. I selected families for in-home interviews based on the gender of their adolescent child, so the sample included equal numbers of families with daughters and sons, and also was balanced in terms of only children and teens with siblings.

My study criteria excluded highly stressed families, and my recruitment procedures relied upon parents taking the initiative to respond to an invitation to participate. Perhaps because of these factors, my participants shared one trait in common that seemed especially relevant to the findings. They all appeared to be highly engaged parents, meaning that they took an intense interest in their role as parents and in the direction their children were heading. They would seem to fit in the "balanced" range of the Circumplex Model described by Olson (1993), operating primarily from a stance of flexible connectedness.

### Procedures

I conducted two focus groups, each of which lasted two hours and included parents from four participant families. Three of those eight families were selected for in-home interviews, which also lasted two hours each. Another two families were selected as participants but could not attend either focus group due to schedule conflicts. They were both interviewed one time each, at their homes. Narrowing the sample for indepth interviewing is consistent with case study approaches to family research (Moon & Trepper, 1996).

The use of focus groups in family therapy research accomplishes several objectives. They are convenient, inexpensive, and generally represent a positive experience for participants (Piercy & Nickerson, 1996). The purpose of convening such a group for this study was to generate data from the participants' points of view rather than my own. Focus groups tend to have a snowballing

effect, generating more ideas in less time than individual interviews, and this can result in a wealth of ideas that may be missed in individual interviews or quantitative research, according to Piercy and Nickerson.

Piercy and Nickerson (1996) recommended that focus groups be limited to no more than 12 people, and they advocated for homogeneity among group members. My recruitment process resulted in four families participating in each focus group. In both groups, one father participated along with his wife; one participant was a single mother, and two participants were married women whose husbands could not attend. They told me ahead of time of schedule conflicts that prevented both spouses from attending, and I said they could still participate. The participants who were selected agreed that both partners would participate in the at-home interview, if they were asked to do so. Among the five sets of parents interviewed at home, one was a Hispanic single mother and the rest were married couples, in which both husband and wife participated throughout the interview.

At both focus groups, I reviewed the study's purpose and procedures with the participants. They signed informed consents (see Appendix C) and had an opportunity to ask questions about what was expected of them. They also completed a one-page Family Information Form (Appendix D). An assistant helped me at both focus group sessions by handling the forms, monitoring the tape recorder, and keeping a running list of who was speaking. After each session, I processed the data by discussing it with my assistant and recording these observations in memos.

I encouraged focus group participants to interact with one another as well as answer my questions, and they needed little prodding to do so. Through open-ended questions, group members were guided to discuss how the transition to adolescence was affecting them as individuals and/or as couples (see Appendix E for interview questions). The sessions were lively, and it seemed as if most of the participants were eager to share their stories. The two single mothers who participated seemed to be the most reserved. The one with a teenaged daughter made comments at the first focus group that suggested she views her child negatively and is struggling with parenting issues perhaps more than the other participants. The other single mom, who attended my second group, seemed reluctant to speak up unless I asked her a question directly.

I selected parents for at-home interviews based on gender of the adolescent, family structure (how many children in the home), and ethnic diversity. Among the in-home interviewees, two had only sons, one had a teenaged daughter with two siblings; and two had two children with a teen daughter in one family and teen son in the other. I selected a second family with an only son to provide diversity, because his mother is Hispanic and is not married. Married parents selected for in-home interviews complied with my requirement that both spouses should be present for the full interview. Interview questions used at home with focus group participants followed up on conversations from the group session, and also explored couple dynamics in more depth. With one couple who did not attend a focus group, I did not show them consent forms or questions ahead of time. I felt as if that interview was more difficult to initiate, so before visiting the other family that was not in a focus group, I mailed the paperwork to them, including my interview questions. My interview with them seemed to get off to a better start, and less time was spent explaining the study and completing the Family Information Form.

#### Data Collection

Data collection for this study consisted of two focus group sessions and five semi-structured, in-depth interviews. The questions were based on a family systems theoretical framework as well as a literature review that took place concurrently with the interviewing process. The focus group sessions were audiotaped and transcribed, and so were the in-home interviews. Using open and axial coding and the constant comparison method (Strauss & Corbin, 1990), I revised my questions between focus group sessions and interviews and sought to further develop themes that emerged. Also, throughout the data collection process, I kept a journal of personal memos to record my reactions to the focus group sessions, the responses of individual participants, and the in-home interviews, including observations about nonverbal communication and emotional intensity. The personal memos served as a useful “guidebook” for each subsequent interview, by directing my questions more specifically toward themes that were shared by most participants. In this way, consistent with qualitative research techniques, I became an instrument of data collection as well (Sprenkle & Moon, 1996). My personal interest in this research study increased as it progressed, because I have a pre-teen child and began experiencing incidents similar to the ones my participants described as I collected my data. Also, my clinical experience has included a number of parents with teens or pre-teens. My work on this research project has confirmed to me that an

understanding of normal family processes at the time of a transition to adolescence may provide useful tools for therapy.

The tapes and transcripts resulting from this study were accessible only to me and my faculty advisor, Dr. Karen Rosen. I transcribed all the tapes myself and kept the raw materials in a locked desk at my home. In written materials pertaining to this study, pseudonyms were used for all of the participants and their children. Other potentially identifying details about their lives, such as their ages and occupations, also were changed. When this project is complete, the tapes and transcripts will be destroyed.

After I finished writing the Results section of this thesis, I sent a Summary of Results to participants interviewed at home, and I invited them to call me with any responses or corrections to my portrayals of them. I placed follow-up phone calls to the five sets of parents interviewed at home, and spoke with four of them. The remaining one did not respond to two voice mail messages. The four I spoke with responded positively to the summary and did not offer any changes or corrections. One mom said she found it enjoyable to read, and another said her participation was “a totally positive experience.” The single mother of a son said she found comments regarding gender differences intriguing, and shared the summary with a friend who has an adolescent daughter. The fourth mom said the process of participating in a focus group and an at-home interview was “wonderful” because it initiated further conversations with her husband about parenting issues. She said, “It was a real springboard for us, to talk before we react. I feel like you did us a favor.”

#### Unit of Analysis

The primary unit of analysis for this research project was the parent as an individual. The questions focused on how individual parents experienced their child’s transition to adolescence. Married participants also were considered from the standpoint of a dyad, when they were asked how this transition seemed to affect their marital satisfaction and how they shared the parenting role.

## Data Analysis

Data analysis for this project occurred recursively with data collection, consistent with the constant comparison method described by Strauss and Corbin (1990). An iterative process of asking questions and making comparisons began at the time of the initial focus group. When transcripts from the focus groups were open-coded, or organized into concepts and categories, the results shaped the questions I asked during the in-home family interviews. Those interviews were open-coded and categorized as well. Theoretical memos prepared during the coding process helped me identify categories, organize concepts, and examine relationships among categories (Strauss & Corbin, 1990).

I used *The Ethnograph v4.0* (Seidel, Friese, & Leonard, 1995), a computer program designed to organize and sort qualitative data, to assist in the process of coding and categorizing data. The use of *The Ethnograph* allowed me to compare participants' responses and develop a sense of the range of their experiences. Coded interview transcripts were recoded by my faculty advisor, and we discussed these interpretations in weekly meetings. I recoded portions of my focus group and interview transcripts as a result of my advisor's input. Approximately 15 hours of taped interviews were transcribed, and 225 pages were coded for analysis. All transcripts were cross-coded by my advisor, Dr. Karen Rosen.

Finally, axial coding linked categories and provided a structured way to understand the data and see how they fit with other studies on parents coping with a transition to adolescence. It also helped identify core categories that encompass most of what the study describes and that generalize to theory. This process is consistent with grounded theory methodology, as described by Strauss and Corbin (1990). As such, data collection and analysis continued until theoretical saturation was approached, meaning that new data no longer produced new information. When coding was complete, I had four core categories, a set of contextual factors moderating the core categories, and a total of 15 subcategories that defined this transition for the parents in my study.

This study is meant to contribute to a growing area of research on systemic processes and adaptation by parents during the transition to adolescence, which has not been previously explored in detail. Adding qualitative data to the work in this area was especially significant at a time of

changing familial and social contexts in American life. It also anticipated clarifying both the difficult challenges and the rewarding growth possibilities this transition may represent for parents, and was pursued in a way that respected complexity and diversity in families. Finally, this study could inform clinical work with families at this stage by illuminating “normal” processes in which family strengths and coping abilities not only ease the transition, but also enhance growth and family relationships at a crucial stage of life.