The experience of single mothers: Resilience in their multiple roles

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The Experience of Single Mothers: Resilience in their Multiple Roles

Sharon Cheeseman

A report submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of Arts (Psychology) Honours, Faculty of Computing, Health and Science, Edith Cowan University

Submitted 25 October, 2010

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Abstract

Single motherhood has been identified as a challenging role, with disadvantages including financial hardship and poor mental health. Resilience is a multidimensional construct, where two conditions need to occur: some form of adversity and positive adaptation. Resilience may empower single mothers to face the challenges whilst leading psychologically healthy and productive lives. Participants in this qualitative research study were ten West Australian single mothers, aged 35 to 45 years. A phenomenological methodology was used to understand their experiences with information collected through in-depth interviews and the Resilience Scale for Adults, used to complement the qualitative findings as descriptive support. Qualitative data were analysed using a thematic approach. Protective and risk factors were reported in a triarchic framework to organise three levels of resilience influence – individual, family and external. A process of change in developing resilience was also identified. Developmental issues relating to the transitional and midlife transition phase identified by Levinson (1978, 1996) were also incorporated into the findings. Results suggested that participants developed protective factors which fit their individuality, context and environment whilst various risk factors were either managed or minimised. Although these single mothers faced a number of challenges, they demonstrated their resourcefulness resulting in positive adaptation, thus, resilience.

Keywords: resilience, single mother, Levinson’s theory, coping

Author: Sharon Cheeseman

Supervisors: A/Prof Lynne Cohen and Dr Cath Ferguson
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The Experience of Single Mothers: Resilience in their Multiple Roles

In Australia, between 2004 and 2006, on average 20% of families with children less than 15 years of age were headed by a single parent (Australian Bureau of Statistics [ABS], 2007). In 87% of those families the parent was a single mother (ABS, 2007). Since 1987, there has been a steady increase in single parent families, with figures reaching 23% in 2003, and dropping minimally to 22% by 2006 (see Table 1 for additional information) (ABS, 2007). Single mothers experienced more stressful life-events, together with increased mental health issues as compared to married women (Crosier, Butterworth, & Rodgers, 2007). Australian figures for labour force participation in 2006 showed similar figures for single mothers as compared to partnered mothers respectively (full time employment – 19% versus 24%; part time employment – 32% versus 39%) (ABS, 2007). However, in many instances, ongoing financial strain of a lower income was experienced as compared to households of married couples (Loxton, Mooney, & Young, 2006). A number of social pressures exist for single mothers with stigmatisation identified as having a wide-reaching negative effect on psychological well-being (Rudowicz, 2001). Single mothers are a population group that need to function in often difficult circumstances for not only the benefit of themselves but also for their children.
Table 1

An Overview of Statistical Details of Australian Single Mothers

<table>
<thead>
<tr>
<th>Population Descriptor</th>
<th>Statistical Result</th>
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<tr>
<td>Single mother families with children under 15 years of age</td>
<td>Over 17%</td>
</tr>
<tr>
<td>Single parent with child/ren under 15 years resulting from divorce/separation</td>
<td>55%</td>
</tr>
<tr>
<td>Highest age range of single mothers – 35-44 years</td>
<td>40%</td>
</tr>
<tr>
<td>Mean weekly income – single mother families vs. couple families</td>
<td>$364 vs. $534</td>
</tr>
<tr>
<td>Educational attainment – single mothers vs. partnered mothers</td>
<td></td>
</tr>
<tr>
<td>Attained less than year 12 school qualification</td>
<td>39% vs. 24%</td>
</tr>
<tr>
<td>Bachelor degree or higher</td>
<td>12% vs. 24%</td>
</tr>
<tr>
<td>Single mothers receiving child support from the father</td>
<td>51%</td>
</tr>
<tr>
<td>Single mothers receiving less than $10 per week</td>
<td>12%</td>
</tr>
</tbody>
</table>


Resilience is a construct that may empower and provide more control over life, resulting in hope and self-efficacy (Richardson, 2002). While adversity and challenges are common experiences during one’s life, some people go on to lead psychologically healthy and productive lives, this may be defined as resilience. Resilience has further been defined as “the potential to exhibit resourcefulness by using available internal and external resources in response to different contextual and developmental challenges” (Pooley & Cohen, in press).

The construct of resilience has been a highly researched phenomenon with much research in the area of at-risk children (Hjemdal, 2007). However, research into resilience across the lifespan may assist in understanding the role of resilience across the relevant
developmental processes (Luthar, Cicchetti, & Becker, 2000; Rutter, 2007). In the current research, identification of factors and processes unique to single mothers and their resilience may be identified specific to their developmental phase. For women who entered single motherhood due to separation or divorce, whether they chose to leave the relationship or were left, they encountered adversity as part of their role as a single mother, with positive adaptation the demonstration of a pattern of functional living.

**Review of the Literature**

**Single Mothers**

Single motherhood appears to be a challenging role, where a number of disadvantages have been identified (ABS, 2007; Crosier et al., 2007). Similar to international studies, Australian studies confirmed that single mothers’ psychological health was generally poorer than other women (Cairney, Boyle, Offord, & Racine, 2003; Crosier et al., 2007; Loxton et al., 2006). A study using cross-sectional data from a nationally representative longitudinal Australian household survey comprised of 354 single mothers and 1,689 partnered mothers, found nearly twice as many (28.7% versus 15.7%) single mothers experienced moderate to severe mental disability, as measured by a self-reported health and wellbeing measure, as compared to married mothers (Crosier et al., 2007). Another study found that since the psychological health was poorer for sole mothers in their late 40s to early 50s as compared to single mothers in their 20s, it may be the factors of age or duration of single motherhood associated with poorer psychological health (Loxton et al., 2006). Furthermore, with hardships experienced by single mothers, there was a greater prevalence of moderate to severe levels of mental disability together with high levels of financial hardship (Crosier et al., 2007).

Single mothers in Australia are financially worse off, with one Australian study showing young single mothers (18-23 years) twice as likely and middle-aged single mothers (45-50 years) four times more likely to experience financial stress, even after relevant
controls, as compared to other women (Crosier et al., 2007; Loxton, 2005). The term ‘feminisation of poverty’ was used to describe the tendency for women and their families to represent a higher proportion of the population classified as poor (Goldberg & Kremen, 1990a). Feminised poverty occurred in an environment where there was widespread single motherhood, together with an inadequate social welfare policy and an unfair labour market for women (Goldberg & Kremen, 1990b). Issues such as the continued battle for equal pay for women and the lower education level resulting in employment with commensurate pay obtained by females as compared to males contributed to this phenomenon (D’Ercole, 1988). An Australian study reported that being in the two lowest equivalised household disposable income quintiles was another factor strongly associated with significantly higher levels of mental disability – applying to 77% of single mothers versus 23% of partnered mothers (Crosier et al., 2007). Further, low levels of perceived social support were strongly associated with moderate mental disability (Crosier et al., 2007).

Single mothers reported less perceived social support, lower levels of social involvement and less contact with friends than married mothers (Cairney et al., 2003). Cairney et al. (2003) found that social stressors were identified as the most important factor associated between single mothers and depression. However, the role of social support for single mothers has shown to be complex (Mednick, 1987). There are certain aspects of social support associated with achieving more positive outcomes for single mothers (Mednick, 1987). For example, Lindblad-Goldberg, Dukes, and Lasley (1988) reported it was quality of the social support rather than quantity that was significant, with non-reciprocal relationships found to be more of a hindrance than support.

Another example was a study that investigated the relationship of stress, coping and social support in a group of 83 single mothers (mean age 34 years), in the United States of America (USA) with a 78% employment rate (D’Ercole, 1988). Social support came from a few friends or co-workers that contributed to their well-being by providing the opportunity to
socialise and be involved in a network of peers with discussions of similar experiences (D’Ercole, 1988). This study reported that instrumental or task-related support was received from family and neighbours, however, assistance from family was often accompanied by conflict, where in some instances, it was given with a spirit of, “if you had managed better, my help would not be necessary” (D’Ercole, 1988, p. 50). Another finding was that although support from the former husband was not related to significant strain towards the single mothers, it was not a positive influence with some reporting instances where the ex-husband used the child to hurt the single mother (D’Ercole, 1988). Tension for these single mothers was significantly predicted by a number of factors, including role overload (D’Ercole, 1988).

Role overload in single motherhood may result from the accumulation of the existing role demands of pre-single motherhood, together with the additional, often unfamiliar role demands of post-single motherhood, such as being the sole provider, often experienced as excessive (Heath & Orthner, 1999). With these competing demands, single mothers are required to reconcile the competing demands in relation to time, energy, and resources (Heath & Orthner, 1999). Parenthood related stress in a two-parent household was found to be common due to demands on time for household and child duties, economic demands for household and child care costs often related to a decreased level of well-being (Bird, 1997; Voydanoff & Donnelly, 1998). Single mothers are required to fulfill these competing demands on their own, potentially fulfilling the role of two parents. Thus, it is not surprising that research suggests that where a single mother was the sole household adult, role overload existed – being a significant predictor of strain and stress (D’Ercole, 1988). With the many roles that single motherhood brings, it is reasonable that the issue of adaptation during the transition into single motherhood may cause distress (Mednick, 1987).

Single motherhood may result from various circumstances including the end of a marriage, the death of a spouse or a child born out of wedlock. In relation to divorce, one factor in adaptation was time, with research demonstrating mixed results in adapting to
divorce (Booth & Amato, 1991; McLanahan, 1983). Previous research has suggested that some people benefited from the experience, with others experiencing temporary psychological distress (i.e. two years), with a return to a similar level of functioning shortly thereafter, yet some individuals experienced ongoing distress without recovery (Amato, 2000). Research relating to adaptation after major life events suggested that adaptation was not an inevitable outcome (Lucas, 2005; 2007). With adaptation into single motherhood, the issue of stigmatisation may arise with the title of single mother.

Stigmatisation can be defined as the negative reaction towards an individual who does not hold or present certain attributes considered important by society (Rudowicz, 2001). Historically, single motherhood was considered deviant, and although an increase in single mothers has been seen in recent times, some studies suggest it is still associated with a level of stigmatisation (Mednick, 1987; Rudowicz, 2001). One study of 43 white single-parent mothers in the USA reported feeling more stigmatisation over their poverty rather than because they were single mothers (Richards, 1989). However, another study investigating stigmatisation in single mothers used a sample of 356 Hong Kong Chinese single mothers ($M = 39.5$ years), a mean length of single motherhood being 6.7 years, using responses from a self-administered questionnaire (Rudowicz, 2001). On the questionnaire using a five-point Likert-type scale, the items referring to feelings of stigmatisation found 33% of single mothers reported high or very high, with only 2.3% reporting no agreement (Rudowicz, 2001). Stigmatisation appeared to cast a wide net of effect, being a significant predictor of nine out of a possible eleven measures of psychological well-being, showing the highest level of negative impact on social life and feelings of isolation for these single mothers (Rudowicz, 2001). It must be considered however, the limitations that may apply in comparing a study of Hong Kong Chinese single mothers and Australian single mothers, although both endorse less traditional gender roles (Rudowicz, 2001). Stigmatisation due to the role of single
motherhood may not be the only change; another aspect of considerable change may be how this group use their available time.

A qualitative study examined the experience of time of nine Canadian full-time working single mothers ranging from 28 to 47 years of age using a phenomenological approach (Hodgson, Dienhart, & Daly, 2001). An unrelenting responsibility was reported where single mothers allocated their time with respect to their priorities by developing time strategies and plans to meet their chosen goals, with a high value placed on spending time with their children (Hodgson et al., 2001). Other themes included fragile control, where the goal was to try and balance their competing roles, such as successfully completing a morning routine together with being a good parent and comforting a child whilst also being on time for work (Hodgson et al., 2001). The issue of on-duty versus off-duty time was identified, where on-duty time was the time of direct parenting and the off-duty time was where the child stayed with the other parent, with various tasks associated with parenting continuing to demand attention (Hodgson et al., 2001). With a number of changes in the overall role from pre to post single motherhood, the role of parenting may also potentially change in a number of ways (Mednick, 1987).

Ten African-American, single mothers aged 26 to 46 years who lived in a high-risk urban neighborhood took part in a qualitative study investigating resilience (Brodsky, 1999). One domain identified as a main part of these women’s lives was their role as a parent which was reported as an important part of their life and a positive experience with consequences more of satisfaction rather than stress (Brodsky, 1999). The role of parenting motivated them to strive for more than just providing the basic needs for their family, which at times proved difficult, but more importantly they saw their parenting role as imparting their values and teaching their children the difference between needs and wants (Brodsky, 1999). Similarly, findings by Rudowicz (2001) suggested that parenthood brought with it an intrinsic
satisfaction that appeared immune from many negative influences. An important aspect that may change due to single motherhood status is the role of employment.

The role of employment for single mothers was significant for a number of reasons, first and foremost to provide financial security where positive health consequences were gained from a predictable source of income (D’Ercole, 1988; Mednick, 1987). Employment was also associated with fulfilling emotional needs, developing positive self-image, providing recognition and a feeling of competence, together with co-workers who were peer support away from the demands of family (D’Ercole, 1988; Mednick, 1987). With single mothers reporting less contact with friends than married mothers, employment could also be an indirect opportunity for that function (Cairney et al., 2003). Some positive work factors associated with single mothers’ coping ability included a reliable work environment, flexible work schedules and enjoyment of the job (Barling & Barenbrug, 1984; Bowen, Orthner, & Zimmerman, 1993; Gottlieb, 1997). However, many single mothers reported the role of main economic provider in addition to the other roles, as a challenge (Hilton, Desrochers, & Devall, 2001). This could be for a number of reasons including the time spent at work contributing to employment-family strain associated with a lowered level of well-being (Kitson & Morgan, 1990).

The above review has demonstrated the many roles that single motherhood requires, the accumulation of the pre single motherhood roles together with additional roles of post single motherhood, and other issues associated with being a single mother. Often this is without the necessary financial and social support which may lead to adverse circumstances, including hardship and an increased occurrence of mental health issues. The development of resilience may be a way to assist single mothers to deal with the challenges and vulnerability they face. The following section provides an overview of the concept of resilience.

Resilience
Resilience research emerged as a response to mental health problems, with a number of phases of inquiry taking place (Hjemdal, 2007; Richardson, 2002). One phase was the protective and risk factors of resilience, which identified certain resources that assisted resilience (protective factors) and factors that were a source of stress (risk factors) in individuals who had survived and adapted to a high-risk situation (Richardson, 2002). Another phase was the resilience process that explained the process of coping and adaptation, or, how certain factors contributed to a positive outcome (Luthar, 1991; Richardson, 2002). A more recent resilience research phase relates to the advances in biology and neurosciences, knowledge and the application of that knowledge in brain neuroplasticity and brain development (e.g., Curtis & Cicchetti, 2003; 2007). However, throughout these phases of resilience research, a number of issues continue to be argued.

Debate continues in the quest for an agreed definition of resilience (Atkinson, Martin, & Rankin, 2009; Hjemdal, 2007; Luthar et al., 2000). Resilience has been defined as “an adaptive, stress-resistant personal quality that permits one to thrive in spite of adversity” (Ahern, Ark, & Byers, 2008, p. 32), as well as “the ability to apparently recover from the extremes of trauma, deprivation, threat or stress” (Atkinson et al., 2009, p. 137). Some definitions have focused on the identification of personal characteristics, with others concentrating on the aspects of readjustment and recovery (Hjemdal, 2007). Nonetheless, general consensus is that resilience involves the interaction of two factors: first, the occurrence of a negative life event usually associated with maladjustment; and second, positive adaptation where behaviour results in a successful outcome (Luthar et al. 2000; Masten, 2001; Rutter, 2007). For the purpose of this research, resilience will be defined as “the potential to exhibit resourcefulness by using available internal and external resources in response to different contextual and developmental challenges” (Pooley & Cohen, in press). Those available internal and external resources may be described as protective factors.
Where protective factors assist resilience, there are also risk factors that impede resilience (Luthar et al., 2000). It is important to consider the relevant context within which they apply. Context can be explained in various ways including one's environment, developmental capacity, social maturity level, developmental aspects that assist in how an individual perceives the situation and whether the adversity was experienced alone or with a group of others (Blum, 1998). In relation to at-risk youth research, Blum (1998) suggested that an internal locus of control was a protective factor. Locus of control describes the extent to which people expect that an outcome is contingent on their own actions, where an individual with an internal locus of control believes they are in control of their life (Rotter, 1990). In contrast, an individual with an external locus of control believes their life is controlled by external influences, or is unpredictable (Rotter, 1990). Other protective factors found for at-risk youth included optimism towards the future, closeness to siblings, positive family interactions and involvement in the community (Blum, 1998; Murray, 2003). Ungar (2005) identified that for community resources to be protective there was a need for them to cater individually to ensure specific needs were met. Identification of risk factors within a youth population included more traditional gender roles, poverty, family chaos and few formal or informal external supports (Blum, 1998).

In contrast, Brodsky (1999) studied a group of American urban single mothers and found protective factors to be personal characteristics, activities and spirituality. Men as significant others were reported as both a protective and a risk factor providing both support and stress, with a number of risk factors including money, friends, family and neighbourhood (Brodsky, 1999). Social support and family appeared to be two areas that yield within-group differences, where a complexity exists dependent upon a number of factors including the environment (Ahern et al., 2008; Blum, 1998; D'Ercole, 1988). For example, Brodsky (1999) identified social support to be a risk factor whereas, Cheung and Lui (1997) purported social support received by Chinese single mothers to be a protective factor assisting as a stress-
buffer. Although the description or variables of protective and risk factors may be useful, the research focus has moved to exploring the processes or mechanisms within the relevant protective and risk factors (Luthar et al., 2000; Rutter, 2007).

Processes or mechanisms focus on how risks are dealt with by the individual, their usefulness during adversity and the contribution to positive adaptation, dependent upon the context (Atkinson et al., 2009; Rutter, 2007). For example, a process identified relating to 20 single un-partnered mothers in the USA in relation to adapting to their new life as mothers, was proposed by Keating-Lefler and Wilson (2004). The process consisted of a number of steps – grieving a number of losses, such as previous relationships, hopes and dreams for the future, and a loss of self (Keating-Lefler & Wilson, 2004). Then, through social support and resilience, these single mothers reformulated their life, which comprised a number of factors, including believing a future was possible, developing a new sense of self and dreaming a new dream (Keating-Lefler & Wilson, 2004). This aligns with Aldwin’s (1994) assertion that the process of resilience is associated with more than survival, rather survival together with a level of growth. Whilst factors and processes assist in our understanding of resilience, there are other characteristics of resilience that also require a level of understanding.

It appears that males and females use a similar process of accumulating protective factors, however, a gender difference may arise as to the choice of protective factors employed in developing resilience (Hartman, Turner, Daigle, Exum, & Callen, 2009; Rutter, 2007). In relation to personality and intelligence, one study investigated whether resilience was related to personality and intelligence, using the Resilience Scale for Adults (RSA) to measure resilience, the Big-Five model to measure personality, and four diverse intelligence tools for measuring intelligence, in a sample of 482 Norwegian military college students (47 women and 403 males, average age 24 years) (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005). The Big-Five model explains individual differences in personality measuring five factors – neuroticism, extraversion, openness, agreeableness and conscientiousness.
Findings suggested that intelligence was not associated with resilience however; in relation to personality, resilience factors were related positively to a personality profile that was well adjusted (Friborg et al., 2005). Limitations of this study included the restricted population of military students and the gender imbalance (Friborg et al., 2005). Although resilience has been found to be associated with certain personality traits, some argue that resilience is a personality trait.

There is research that purports identifying the resilience trait in various populations (Campbell-Sills, Cohan, & Stein, 2006; Waugh, Fredrickson, & Taylor, 2008). However, Rutter (2007) disagreed, arguing that individuals only become resilient in adversity, with different contexts creating dissimilarity throughout the resilience process. The development of resilience as a dynamic process includes the interaction of both genetics and environment, and the individual's coping styles and mental processes (Rutter, 2006, 2007). To this end, the process of resilience can therefore be developed at any age (Gillespie, Chaboyer, & Wallis, 2007). Since resilience is asserted to be a construct that can be acquired at any age, it may also be questioned whether resilience can be maintained over time and in different contexts.

Some researchers suggest that the study of resilience is a tenuous area due to resilience being unstable over time, where some at-risk children showed excellent adaptation at one point followed by substantial deterioration later in their lives (Coie et al., 1993; Luthar et al., 2000). However, although fluctuations during the lifespan occur in adaptation, evidence suggested that positive adaptation profiles are maintained over time (Luthar et al., 2000). For example, Masten et al. (1999) completed a longitudinal study investigating a 10 year interval period (childhood to adolescence) in 107 females and 82 males from an urban community sample in the USA. Resilience was examined in terms of competence in the context of extraordinary adversity, where a result of resilience was defined as average to an extraordinary pattern of functioning in areas such as academic, social, and emotion (Masten et al., 1999). The results suggested that resilience was associated with more resources and lower
adversity, with correlations between the 10 year interval indicating that continuity in competence, resources and adversity over time was considerable (Masten et al., 1999). However, due to the 10 year duration in collecting data, the ability to examine the underlying processes that may have affected the continuity of resilience was not possible (Masten et al., 1999).

In the above study, Masten et al. (1999) measured areas of functioning, such as academic, social and emotion. As resilience is considered a multidimensional construct, there can be heterogeneity in competence across those and other various domains (Luthar et al., 2000). This has been shown by at-risk individuals who exhibit competence in some areas but reveal difficulties in other areas (Luthar et al., 2000). Unevenness in development in many individuals across different domains is a common finding illustrating the importance of using specific terms to describe the area in which resilience was identified, for example, social resilience (Cicchetti, 1993; Luthar et al., 2000). Thus, an individual may be rated as resilient in one area, but not another area (Luthar et al., 2000). An important aspect asserted by some to be strongly related to the construct of resilience is coping (e.g., Rutter, 2006; 2007).

Coping

Coping may be defined as the individual’s efforts to manage internal or external demands that are appraised as exceeding the individual’s resources (Folkman & Moskowitz, 2004). Lazarus (1991) proposed a process used when making the decision to cope, whether it be managing the practicalities of an issue (problem-focused coping), or managing the emotional effect of the issue (emotion-focused coping). Problem-focused coping was usually instigated when the individual felt the situation or condition could be improved, whereas emotion-focused coping was often utilised when the person felt a need to endure the situation, addressing the emotional part of the situation (Carver, Weintraub, & Scheier, 1989). One style of coping may be used as a standalone process, or both styles employed concurrently, with one style more adaptive in a particular situation dependent on context (Folkman &
Research has suggested that problem-focused coping was associated with a high level of perceived control and resilience, whilst emotion-focused coping reflected a low level of perceived control and resilience (Campbell-Sills et al., 2006; Folkman & Moskowitz, 2004). Leipold and Grieve (2009) argued that both coping and development were important for resilience.

**Development**

Levinson's developmental theory describes the adult lifespan and originated using a biographical interviewing technique, to understand the adult lifespan development of both males and females (Levinson, 1978, 1986, 1996). Similar developmental periods were proposed for both males and females, but the periods contain different developmental tasks and other content reflecting the social and biological gender differences (Levinson, 1978, 1996). This developmental theory has received some criticism due to the developmental periods being linked by age and the difference in time between developing the male and female version of the theory (Minter & Samuels, 1998; Roberts & Newton, 1987). However, some research has supported the age-linked periods together with the theory as a whole, for it to be seen as a mainstream adult developmental theory (Minter & Samuels, 1998; Roberts & Newton, 1987).

There were four eras that Levinson (1996) asserted, roughly 20 years in length, with nine developmental periods ranging in length of five to seven years, as shown in Figure 1. These developmental periods alternate between structure-building periods that form a life structure to meet certain goals and structure-changing periods requiring the current life structure to be redefined to appropriately fulfil needs of a new upcoming developmental period (Levinson, 1978; 1996). One developmental period is the culminating life structure for early adulthood for ages 33 to 40 years, positioned at the end of the early adulthood era (Levinson, 1996). It is characterised by a realisation that early adulthood was fulfilling and rewarding in some ways together with disappointments in other ways (Levinson, 1996). One
element related to this developmental period was whether the individual had, and/or followed their ‘Dream’ which was usually born in the late teens (Levinson, 1978, 1996). The ‘Dream’ for women usually related to both marriage and career, but may also combine marriage, family, career, and personal items (Levinson, 1996).

**Figure 1.** Levinson’s developmental periods and eras. Adapted from “The seasons of a woman’s life,” by D. J. Levinson, 1996, New York, NY: Ballantine Books, p. 18.

The mid-life transition, or moving from early to middle adulthood at age 40 to 45 years, is a time of re-appraising life and considering the direction taken so far (Levinson, 1986). It comprises terminating the structure laid down in the thirties and forming a new structure to set the scene for the middle adulthood era (Levinson, 1996). Four developmental tasks, referred to as polarities are confronted during this transition period (Levinson, 1996). The polarities comprise two terms representing opposing conditions that require reconciliation between oneself and the outside world (Levinson, 1978). Both of the conditions within each polarity exist in each individual, with each polarity causing conflict requiring
integration within the self (Levinson, 1978). These polarities are involved in all the transition periods in context of the relevant developmental period (Levinson, 1978).

During the mid-life transition, the polarity young/old refers to feeling older than a youth, but not ready to join the middle-aged category (Levinson, 1978; 1996). Destruction/creation refers to destructive behaviour directed towards oneself and one's own destructive behaviour towards others, with a desire in becoming more creative and loving, advancing the welfare of others and contributing to the next generation (Levinson, 1978; 1996). Masculine/feminine relates to the gender roles, where the goal is to create a more balanced self, with the final polarity, engagement/separateness, being where individuals engage in the world whilst equally gaining separation from it (Levinson, 1978; 1996).

Another issue that arises during the mid-life transition is related to the 'Dream', where the 'Dream' born in the late teens requires adjustment or re-integration to become more achievable and aligned appropriately to the current self (Levinson, 1978; Minter & Samuels, 1998). Therefore, between 33 and 45 years, Levinson's theory suggests a time of bringing to fruition the efforts of the early adulthood era whilst launching into the next era with re-assessed goals and a re-evaluated 'Dream' (Levinson, 1996).

A transitional period of life can occur at any age, precipitated by a life event such as separation or divorce, which may result in single motherhood (Levinson, 1996). A process occurs that requires separation and termination of the existing life structure followed by initiation of a new life structure, requiring the confrontation of the four polarities in context of the relevant transition (Levinson, 1978). Whilst this developmental theory explains development across the adult lifespan, a particular framework may assist in examining and explaining resilience.

Framework and Measures

Three frameworks have guided most resilience research (Luthar et al., 2000). As much of the resilience research was originally based on empirical findings, no specific theoretical
framework underpins resilience (Hjemdal, 2007; Luthar et al., 2000; Richardson, 2002). The commonality between the frameworks has been the multiple levels of influence on individual adjustment, and the interaction between the different levels of influence and domains of individual adjustment (Luthar et al., 2000). One of the three frameworks utilised has been the triarchic framework, organising protective and risk processes within three levels of influence – the individual level or psychological and dispositional attributes, the family level comprising family support and cohesion, and the community or external systems of support level, with consideration for the situation and context (Luthar et al., 2000; Werner & Smith, 1982). Together with the lack of a theoretical framework, resilience research has also been impeded by issues of measurement.

Measurement issues have arisen due to the lack of agreement on the resilience definition, age group variations, diversity of contexts studied, and, that the majority of research into the measurement of resilience has utilised qualitative methods, resulting in a lack of quantitative measurement exploration (Gillespie et al., 2007). Two main issues exist in relation to measuring resilience in its operationalisation: first, the level of adversity experienced due to adverse situations ranging in a single stressful life event to multiple life events, and second, resilience measure which is related to its multidimensionality and the manner in which it is defined in all areas or dimensions of life (Atkinson et al., 2009; Luthar et al., 2000; Luthar & Cicchetti, 2000). Children are usually measured by their developmental stage achievement, whereas resilience research in adults has relied on self-reported well-being and distress measures (Luthar, Sawyer, & Brown, 2006). Although measurement issues continue, scales have been developed to measure resilience in specific populations, i.e., children, adolescents, or adults (Ahern, Kiehl, Sole, & Byers, 2006).

One scale that was developed to measure resilience and was evaluated at an acceptable level for use in adults was the RSA (Ahern et al., 2006; Hjemdal, 2007). Underlying the rating scale is the understanding that it is healthy resources that protect during
the adversity in its context, rather than the removal of adversity (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003). Acknowledging the multidimensionality of resilience, the RSA measures protective factors in six dimensions, namely perception of self, planned future, social competence, structured style, family coherence, and social resources (Friborg et al., 2003). The six dimensions may be fitted into the triarchic framework, where individual influence comprises of perception of self, planned future, social competence and structured style, the influence of family is measured by family cohesion, and the influence of external factors may be broadly measured by social resources (Friborg et al., 2005). The RSA has changed over time to a semantic differential-based scoring format using a seven point scoring measure for each question, incorporating six dimensions of resilience with internal consistency for all six factors reported as adequate to high ($\alpha = .76$ to .87) (Friborg et al. 2003; Friborg, Martinussen, & Rosenvinge, 2006).

**Summary**

Single mothers are a population that experience disadvantage in areas including psychological distress and mental health issues, financial difficulties and issues surrounding role overload. When single motherhood was the result of divorce, adaptation issues arise in relation to the loss of a significant other and the change in the day to day functional life. Other issues that impact upon single mothers include employment, parenting, social support and time. Single mothers are not only required to complete most of the roles they held before their divorce, but are also required to complete additional roles to manage their daily lives of sole responsibility. One construct that may assist single mothers when confronted with these challenges is resilience.

There have been a number of phases of inquiry into resilience, however a number of challenges remain related to the construct of resilience, including its definition. However, there is agreement in the research that some form of adversity must occur followed by positive adaptation. Research has identified resilience as a multidimensional construct. Two
relevant areas of research have been inquiry into protective and risk factors, where context plays an important role, and the processes or mechanisms questioning how resilience has been achieved. Resilience was considered in terms of coping processes and how resilience occurs whilst accounting for lifespan development in context to the relevant population. The triarchic framework was discussed as a way to organise the influences of individual, family and external factors in resilience. Finally, issues surrounding measuring resilience were outlined, and the RSA is one scale which measures resilience in adults, investigating resources that protect during the process of positive adaptation.

**Present Research**

This research was designed to potentially identify risk and protective factors and processes that occur in a Western Australian single mother sample, aged 35 to 45 years, whilst highlighting some of the developmental issues relating to the transitional and midlife transition phase suggested in Levinson’s theory (1996). Much resilience research has considered at-risk children with less research investigating an adult population, therefore expanding understanding of relevant developmental processes and mechanisms affecting resilience (Luthar et al., 2000; Rutter, 2007). An additional element of coping has been included, as it was asserted by Leipold and Grieve (2009) that resilience was an important aspect of both coping and development. Few studies were identified in the current Australian research where single motherhood, although still a minority group, is a substantial population. The questions proposed investigate aspects of single mothers’ lives using a phenomenological approach similar to Brodsky (1999); however that research specifically investigated the components and processes of resilience in terms of a risky neighbourhood in which the participants resided, and was completed at least ten years ago.

**The Research Question**

Qualitative methods of study have shown to be well suited in contributing to the understanding of resilience, particularly in uncovering mechanisms or processes related to
resilience in the relevant socio-cultural contexts of the participants (Ungar, 2003). The purpose of this research was to examine the phenomenon of resilience in the context of the challenging role of single motherhood. The proposed study aimed to explore, through qualitative methodology, the experiences of single mothers in order to understand the factors and processes that contribute to their resilience.

The specific research questions were:

1. What are the experiences of single mothers relating to their resilience in their multiple roles?
2. What are the factors which contribute to the resilience of single mothers?
3. What are the processes which contribute to the resilience of single mothers?

Definition of Terms

A ‘single mother’ refers to being a single, sole or lone individual, and mother, being a female parent (Turner, 1984). The sole adult in the household was where the single mother was the only adult living in the house with children under 16 years of age (Loxton et al., 2006). Where types of support are discussed, support was divided into three broad types, namely, tangible or instrumental support meaning support of a financial or material means, appraisal or informational support where advice or information may be provided to assist in everyday life, and emotional support made up of social and self-esteem (Cohen, 1988; Cohen & Wills, 1985).

Since the women in this study range in age between 35 to 45 years which is between two phases of Levinson’s theory, the theory will be linked to the findings in terms of the four polarities as these are active during both the transition from married life to single motherhood, and the mid-life transition during the age of 40 to 45 years.

Conceptual Framework

Qualitative methods were chosen to investigate resilience as Ungar (2003) identified this methodology as being able to contribute considerably to understand this phenomenon,
encompassing the sociocultural context in which resilience occurs and enable identification of potential processes of resilience.

The design choice was a constructionism epistemology which explains that each individual’s meaning was gained not through discovery, but via the construction of one’s own reality, where each person potentially has a different reality (Crotty, 1998). The theoretical perspective, or the way in which the world was made sense of, was phenomenology which aims to understand peoples’ experiences from their perspective by exploring meanings and interpretations given to their actions, thus, the inquiry of a phenomenon – resilience (Becker, 1992; Crotty, 1998). Phenomenological research shaped the choices of this research and was the research methodology employed, where the strategy was to uncover the lived experience applicable to the phenomenon of resilience in the context of a single mother population (Crotty, 1998; Moustakas, 1994). Since the goal of this research was to investigate individuals’ meanings, the method chosen was primarily in-depth interviewing with a supplementary resilience scale which enabled exploration of each participant’s subjective experiences and the ability to cross reference those experiences with each individual’s reported resilience dimensions (Crotty, 1998). This methodology was chosen to ensure theoretical and conceptual rigour, which is the consistency between the research problem together with the methods and strategies employed (Liampittong & Ezzy, 2005).

In addition, a triarchic framework underpinned the research which assisted in categorising the findings and discussion into three levels of influence – individual, family and external, where both risk and protective factors affect resilience in single mothers (Luthar et al., 2000; Werner & Smith, 1982).

**Trustworthiness of the Data**

In using this methodology, the researcher is seen as the instrument of research, therefore to establish researcher credibility, disclosure of relevant personal and professional information that could potentially affect the research process follows (Patton, 2002). The
researcher was first interested in psychology through her own experiences and how adaptive individuals can be in their changing circumstances. The researcher is a mature-aged, fourth year psychology student who is a single mother of a three year-old daughter who has a chronic medical condition. The researcher presents with a positive attitude towards single motherhood and a pragmatic outlook towards every day life hassles. Although the research was approached with a passion, it was also appreciated that a balanced approach was crucial. Throughout the research process, whether asked of, or offered, the researcher found that once identified as a single mother, a higher level of openness was offered by each participant.

There were also other aspects of data trustworthiness that require mention.

Credibility, or the aspect of truth value and ensuring the findings are valid, was met by the researcher spending 30-60 minutes with each participant, developing rapport together with the use of basic counseling skills (Guba & Lincoln, 1981). Whilst an interview schedule (Appendix A) was used, questions were asked to confirm understanding. Auditability, which is the aspect of consistency, where work could be evaluated by another researcher concluding that these findings are verifiable, was assisted by both in-depth interviewing and the RSA, thus employing triangulation of the data (Guba & Lincoln, 1981). An audit trail also assisted where attention was given to the process of recording and categorising the data which included tapes, transcripts, questionnaires, field notes, and the entire coding process, resulting in the development of the trustworthiness (Guba & Lincoln, 1981). Confirmability, or the aspect of neutrality which is the ability to report the data in a way that may be confirmed by other sources, was done by the method triangulation together with establishing the audit trail (Guba & Lincoln, 1981).

To ensure rigorous reflexivity, and more specifically to minimise personal biases in the interview process or interpretations of the data analysis and reporting, constant personal reflection took place using a journal (Liamputtong & Ezzy, 2005). Towards rigour, the researcher used an Epoche process that was to view participant’s experiences with openness,
whilst putting aside pre-judgements, and further, “to stay away from everyday habits of knowing things, people, and events”. (Moustakas, 1994, p. 85).

The goal of phenomenology research has not been to produce a set of data that another may replicate to enable generalisability, rather, to seek rich data that described and explained a phenomenon in context to the lived experience of the participants (Creswell, 1998; Schofield, 2002). With this in mind, applicability was more relevant, which questions whether an opportunity arises for the findings to ‘fit’ with other contexts (Guba & Lincoln, 1981). For others to evaluate the ‘fit’ into another context, substantial detail relating to contextual information has been provided at the beginning of the findings and interpretation to allow for assessment (Guba & Lincoln, 1981).

Methodology

Participants

Recruitment of a purposive sample was through personal contacts, word of mouth and snowballing with the use of a flyer (Appendix B). Ten female participants were identified as eligible through screening of the three following criteria. First, length of time as a single mother – ten years or less was acceptable, as research suggested adaptation rates were variable, and adaptation was not inevitable (Amato, 2000; Lucas, 2005). Second, the target age range was 20 to 48 years. Third, sole adult in the household, as research suggested role overload to be a significant strain predictor (D’Ercole, 1988).

The participants were ten West Australian residents aged between 35 and 45 years who had been single mothers for a period of between 20 months and ten years ($M = 5$ years), with single motherhood being the result of divorce/separation. Demographic details of the participants, using pseudonyms have been provided in Table 2. Those pseudonyms will also be used in the findings and interpretations. Daytime activities were mixed; having one to three children aged two to fifteen years, with all women being the sole adult in the household. Subjective socioeconomic status (SES) varied at the time of interview ranging from one
participant living in government housing who went to source food stamps before attending
the interview, to other single mothers who were living in an owned duplex or flat in a middle
class suburb. Four of the single mothers had not completed their financial settlement so it was
unclear whether they would have to relocate, but most expected to relocate to a lower SES
neighborhood.
Table 2

Demographic Factors

<table>
<thead>
<tr>
<th>Name (pseudonym)</th>
<th>Time as single mother</th>
<th>Marital status</th>
<th>Daytime activity</th>
<th>Subjective SES</th>
<th>Age</th>
<th>Number of children</th>
<th>Education level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiona</td>
<td>2 years</td>
<td>Divorced</td>
<td>Part-time paid employment / part-time study</td>
<td>Mid</td>
<td>42</td>
<td>2</td>
<td>Year 11</td>
</tr>
<tr>
<td>Helen</td>
<td>10 years</td>
<td>Divorced</td>
<td>Contract paid employment</td>
<td>Mid</td>
<td>41</td>
<td>1</td>
<td>University degree</td>
</tr>
<tr>
<td>Jenny</td>
<td>4 years</td>
<td>Divorced</td>
<td>Part-time paid employment</td>
<td>High</td>
<td>44</td>
<td>2</td>
<td>Year 12</td>
</tr>
<tr>
<td>Joanne</td>
<td>8 years</td>
<td>Divorced</td>
<td>Full-time paid employment</td>
<td>Mid</td>
<td>45</td>
<td>1</td>
<td>University degree</td>
</tr>
<tr>
<td>Kate</td>
<td>8 years</td>
<td>Separated</td>
<td>Part-time study/volunteer work</td>
<td>Low</td>
<td>35</td>
<td>2</td>
<td>Completing university degree</td>
</tr>
<tr>
<td>Liz</td>
<td>8 ½ years</td>
<td>Divorced</td>
<td>Part-time paid employment / part-time study</td>
<td>Mid</td>
<td>45</td>
<td>2</td>
<td>Completing university degree</td>
</tr>
<tr>
<td>Sylvia</td>
<td>2 ½ years</td>
<td>Separated</td>
<td>Part-time paid employment</td>
<td>High</td>
<td>44</td>
<td>3</td>
<td>University degree</td>
</tr>
<tr>
<td>Theresa</td>
<td>2 ½ years</td>
<td>Separated</td>
<td>Full-time mum</td>
<td>High</td>
<td>40</td>
<td>3</td>
<td>Unfinished university degree</td>
</tr>
<tr>
<td>Tracey</td>
<td>3 years</td>
<td>Divorced</td>
<td>Full-time paid employment</td>
<td>Mid</td>
<td>35</td>
<td>1</td>
<td>University degree</td>
</tr>
<tr>
<td>Trish</td>
<td>20 months</td>
<td>Divorced</td>
<td>Part-time study</td>
<td>Mid</td>
<td>38</td>
<td>2</td>
<td>University degree</td>
</tr>
</tbody>
</table>
Procedure

Permission to conduct the study was obtained from the Faculty of Computing, Health and Science Human Research Ethics Committee of Edith Cowan University, Western Australia. Potential participants contacted the researcher either by telephone or email as detailed on the flyer (Appendix B) that had been placed in two approved venues – (a) the staffroom at North Metropolitan Community Drug Service and (b) the entrance of Woodvale Child Care Centre. However, the researcher gathered all participants using personal networks together with the snowballing technique. In this regard, potential participants were sent a copy of the flyer via email, and at their discretion, they contacted the researcher by phone where eligibility to participate was determined. If participants satisfied the criteria as detailed in the section above ‘Participants’, arrangements were made to conduct the interview at a mutually agreed time and place.

At the commencement of each interview, rapport was established and the researcher outlined the nature of the study. Each participant was provided with an information sheet (Appendix C) and required to sign the informed consent form (Appendix D). Permission was obtained to audio record the interview. All participants were assured that their participation was voluntary and that they may withdraw from the study at any time without any adverse consequences. They were assured of confidentiality, where names used during the interview would be changed to pseudonyms.

Participants completed a questionnaire which comprised of demographic questions and the RSA (Appendix E) which was used to complement relevant findings and interpretations. A semi-structured interview schedule (Appendix A) with open-questions provided participants with the opportunity to detail their personal experiences as a single mother. When necessary, the researcher asked for clarification of some of the comments. The combination of in-depth interviews and the RSA allowed investigation between different
dimensions measured in the RSA together with the interview data. Finally, a list of
counselling services (Appendix F) was provided to each participant should they be required.

Interviews took between 30-60 minutes, were audio-taped and transcribed by the
researcher within 48 hours of recording. This process assisted in immersion and provided
initial insights into the data (Patton, 2002). All interviews occurred over a five week period.
Field notes of observations followed each interview which enhanced the interpretation of the
data (Patton, 2002).

Analysis

Phenomenological data were analysed using thematic analysis. Analysis evolved using
a cyclical approach, specifically using a method of analysis of data which was a modification
This method was developed by Moustakas (1994) modifying the methods of analysis by three
researchers, Stevick, Colaizzi and Keen.

This method entailed initially writing a full description of the researcher’s experience
of single motherhood and resilience to be able to consider biases in a more concrete way. All
the transcripts were read multiple times, with the researcher noting any biases, together with
other issues that came to mind (Creswell, 1998). The following process was then completed
for each transcript. The step of horizontalisation commenced where significant statements
were identified that explained resilience in single mothers, commencing with detail of the
basic protective and risk factors, with each statement having equal worth (Creswell 1998).
Meaning units were then identified by grouping the significant statements into the triarchic
framework of the three influences – individual, family and external. With a deeper
understanding of the data and the assistance of the field notes, various factors which
contributed to resilience, processes and mechanisms were connected by linking specific
meaning units with a ‘good fit’ found between those linked meaning units (Creswell, 1998).
Textual description was developed to describe ‘what happened’, followed by structural
description or imaginative variation identifying possible meanings relating to resilience and describing how the phenomenon was experienced (Creswell, 1998). Finally, a summary statement reducing the textural and structural descriptions of the experience of all the participants was completed, which formed the ‘essence’ reported in the triarchic framework format (Creswell, 1998).

Findings and Interpretation

Context

There were wide differences among the participants for this research. As a group, these women appeared highly resourceful in a pro-social manner and understood how different systems could be accessed for assistance. Some mothers were required to relocate their family, whilst some were able to remain in the family home, with all but one expecting to move in the near future once financial settlement was completed. A number of mothers did not work before their separation, but now required paid employment to financially support their family.

In addition to experiencing some level of grieving for the end of a relationship, a number of single mothers disclosed additional significant life events that occurred concurrently. For example, post natal depression that had been undiagnosed for six months; looking after a two month old baby not thriving or feeding, recently released from an intensive care neonatal hospital ward, a positive diagnosis of HIV with ongoing management necessary, and depression resulting from the death of a parent. A number of the single mothers noted they had lost more than their marriage, where some participants reported having to start their life over as they had lost their friends, associates, and employment.

RSA Results

In line with the multidimensionality of resilience, the RSA measured six different areas or dimensions of resilience, which was divided into the three influences (Friborg et al., 2005). Table 3 provides individual mean scores for the relevant set of questions for each
dimension and influence, with each of the 33 questions in the RSA having a possible score of seven. The influence of personal comprised of four of the resilience dimensions – perception of self, planned future, social competence and structured style, whilst the influence of family was measured by the dimension of family cohesion and the influence of external was broadly measured by the dimension of social resources.

Participants’ Understanding

To provide a sense of the level of understanding of the participants, all single mothers were asked to explain their perception of the term resilience. Some of the explanations given included, “a strength and barricade without letting anything or anyone get to me”, “bounce back from something negative without falling in a heap”, and “to keep walking forward with strength but softness”. Another added similar themes to the above, but noted that it was “enjoying the journey rather than the end product”. One participant who was particularly visual explained, “what comes to mind is something bouncing off, like when Wonder Women places her arm bands at the beams directed at her, and the beams bounce off”. Another participant of the cohort explained resilience as, “facing adversity and sucking it up and getting on with it. You have two choices. I believe everyone is met with challenges that they can get over, its whether you have it inside you, the ability to want to get over it or not”.

Although diverse responses were given to this question, all single mothers reflected an understanding of the construct of resilience.

Data Overview

Data from the qualitative interviews were analysed. Themes emerged which were then categorised into the relevant influences and organised into the triarchic framework, and further categorised into protective and risk factors. Table 4 provides a summary of the protective and risk factors.

Each of these themes will be discussed together with the relevant literature. As Table 3 has shown, RSA mean scores for this group of single mothers suggested strength in at least
one, if not all the resilience dimensions or influences. In this following section, these results will be used to complement the qualitative findings.
### Table 3

*Individual RSA Mean Scores*

<table>
<thead>
<tr>
<th>Name (pseudonym)</th>
<th>Perception of self</th>
<th>Planned future</th>
<th>Social competence</th>
<th>Structured style</th>
<th>Total for previous four factors</th>
<th>Family cohesion</th>
<th>Social resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of questions</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>(20)</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Fiona</td>
<td>5.2</td>
<td>4.8</td>
<td>5.7</td>
<td>4.5</td>
<td>5.1</td>
<td>4.7</td>
<td>5.4</td>
</tr>
<tr>
<td>Helen</td>
<td>5.8</td>
<td>5.3</td>
<td>6</td>
<td>6.3</td>
<td>5.9</td>
<td>5</td>
<td>6.1</td>
</tr>
<tr>
<td>Jenny</td>
<td>5</td>
<td>6.3</td>
<td>6.5</td>
<td>3.3</td>
<td>5.3</td>
<td>6.5</td>
<td>6.6</td>
</tr>
<tr>
<td>Joanne</td>
<td>5.5</td>
<td>6.5</td>
<td>5.5</td>
<td>3</td>
<td>5.2</td>
<td>6.3</td>
<td>6</td>
</tr>
<tr>
<td>Kate</td>
<td>5.8</td>
<td>6</td>
<td>5.2</td>
<td>5.8</td>
<td>5.7</td>
<td>3</td>
<td>4.7</td>
</tr>
<tr>
<td>Liz</td>
<td>6</td>
<td>5.5</td>
<td>4.7</td>
<td>5.3</td>
<td>5.4</td>
<td>3.8</td>
<td>6</td>
</tr>
<tr>
<td>Sylvia</td>
<td>4.5</td>
<td>5.5</td>
<td>6.2</td>
<td>5.3</td>
<td>5.4</td>
<td>2.7</td>
<td>4.3</td>
</tr>
<tr>
<td>Theresa</td>
<td>2.2</td>
<td>1.8</td>
<td>4</td>
<td>2.5</td>
<td>2.6</td>
<td>4.8</td>
<td>6.3</td>
</tr>
<tr>
<td>Tracey</td>
<td>4</td>
<td>5.3</td>
<td>4.7</td>
<td>5</td>
<td>4.8</td>
<td>2.7</td>
<td>5.9</td>
</tr>
<tr>
<td>Trish</td>
<td>6.2</td>
<td>6.5</td>
<td>6.5</td>
<td>6</td>
<td>6.3</td>
<td>6.2</td>
<td>6.6</td>
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<tr>
<td>Group average</td>
<td>5</td>
<td>5.4</td>
<td>5.5</td>
<td>4.7</td>
<td>5.2</td>
<td>4.6</td>
<td>5.8</td>
</tr>
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</table>
Table 4

*Summary Findings: Protective and Risk Factors*

<table>
<thead>
<tr>
<th>Individual Influence</th>
<th>Factors</th>
<th>Theme</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Protective</td>
<td>Personal characteristics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coping strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internal locus of control</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Optimism for the future</td>
</tr>
<tr>
<td></td>
<td>Risk</td>
<td>Personal issues</td>
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<td></td>
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<td>Role overload</td>
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</table>

<table>
<thead>
<tr>
<th>Family Influence</th>
<th>Factors</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective</td>
<td>Parent support(^a)</td>
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<tr>
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\(^a\)Themes identified as both a protective and a risk factor.
Individual Influence

Theme: Personal characteristics
Factor: Protective

The theme of personal characteristics was identified as a protective factor by Brodsky (1999, p. 156), who provided the following explanation “a sense that while life was not perfect, it could be worse”, and it was the resources within that motivated individuals to move forward.

In this study, all single mothers noted that they had either become stronger, increased in their self belief and/or increased in their inner strength. A number of other characteristics had been developed, for example, two participants noted improved boundaries since becoming a single mother. Tracey reported an experience with her father:

“he spoke to my son really nastily one time and it was like, I can put up with you treating me like ....but you don’t treat my son like that, then I realised, well how come you think its alright that he treats you like that ... I just realised my own worth, to set my own boundaries”.

This aligns with Levinson’s (1978) polarity - masculine/feminine, with a quest to create a better gender balance, these women became more assertive resulting in healthy boundaries for themselves.

Other attributes that assisted included balance, flexibility, perseverance, a ‘glass-half full’ mentality and tolerance. Many of the women reported self discovery and value. For example, Fiona noted: “probably discovering myself a lot more ... accepting that I deserve things”. Sylvia spoke more of a whole new beginning, “I guess what has got me through is this idea that life is a journey, and I had not started the journey before - ever”.

These findings support Aldwin (1994) where resilience was described as more than survival, and was considered a process resulting in personal growth.
Theme: Coping strategies
Factor: Protective

Coping strategies that were used to manage demands included both task-focused strategies associated with more perceived control and resilience, and emotion-focused coping associated with less perceived control and low resilience (Campbell-Sills et al., 2006; Folkman & Moskowitz, 2004; Lazarus, 1991).

All participants reported a diverse range of strategies employed in areas such as finance, self care, coping and parenting. For example, task-focused strategies in the area of self care ranged from reading books to keeping active with a sporting activity, enjoying painting or artwork, or just a simple strategy of going to bed early and eating well when one felt run down. Task-focused coping strategies included both personal, such as Joanne reporting “I read a lot of fiction ... and I also keep pretty active with swimming” and other task-focused coping strategies that related to the family such as Theresa, “I think rules and routines have really helped me survive on my own”.

Emotion-focused coping strategies included “I end up ringing friends all day long, wanting to talk about the children” whereas Fiona reported “speaking positively and watching mental thoughts ... being nice to self ... and redefining success”.

Some participants mentioned that there were areas of their life they were unable to control, where others had partial control such as the ex-husband, or a court of law. For example, Theresa reported:

“I find it really difficult to hand them [my children] over, when I don’t know where they are and what they are doing ... I usually cry, I get angry ... I blame“ ... but then,

“I wash all the sheets, I clean the house, I shut their bedroom doors, because if they’re bedroom doors are open I really miss them whereas if I shut the bedroom doors, and I sort of make it an adult household for the weekend, then I just feel as though I am having a little bit of a break”.

In these instances, women acknowledged they were unable to change the situation and reported using emotion-focused coping to deal with these occurrences, in this case, both emotion-focused and task-focused coping was utilised. Generally more task-focused strategies than emotion-focused strategies were employed, but in some instances, as above, both types of strategies were employed concurrently, as supported by Folkman and Moskowitz (2004).

Participants reported a diverse range of task-focused coping to address the various demands of single motherhood, which have been associated with resilience (Campbell-Sills et al., 2006). However, participants also acknowledged they were not in control of every aspect of their life in such things as shared care, and it was in those cases, that they used emotion-focused coping.

One important task-focused strategy discussed by most participants was asking for help. Participants reported feeling more comfortable in asking for help when it was reciprocal, similar to findings relating to social supports, where reciprocity in helping each other was important for positive outcomes (Lindblad-Goldberg et al., 1988). Three participants noted their weakness in asking for help, Trish reported, “I believe I should be able to do it on my own”. This example of not asking for help highlighted the difference between having resources available but not having the resourcefulness, or the ability/desire to reach out, ask and accept assistance. All these women except one noted many resources available, but without the ability/desire to ask and accept help, these resources were useless. This aligns with the resilience definition of Pooley and Cohen (in press), where the utilisation of relevant resources in response to one’s environment and context reflect resilience.

**A Process of Change Developing Resilience**

A number of participants noted initial dysfunctional strategies and behaviour during the early stage of single motherhood. For example, some reported increased or newly taken up drinking and/or smoking since becoming a single mother. Others reported a return to their 20s
in relation to socialising and dating, which may relate to the young-old polarity, where these individuals were re-assessing and possibly holding onto their past, fitting into the transition and the mid-life transition phase (Levinson, 1978). For example, Fiona reported, "I have done some outrageous things, kissed a boy on a motorbike ... kissing a boy and after three weeks he took me to New Zealand ... I have been quite destructive in my mental health ... I think I just started getting back into that zone of when I was in my 20s". Others reported abusing new found freedom, and partaking in risky social behaviour, where Sylvia stated "I had this new found freedom ... I didn’t really deal terribly reasonably with that in some ways". In general, these women reported trying to “find who they were” and “trying to redefine myself”. After a period of time, they acknowledged their dysfunctional coping strategies and behaviour and replaced it with newly-found, more adaptive strategies, as shown in Figure 2. Similar to the process identified by Keating-Lefler and Wilson (2004) of new mothers adapting to their new life, these women were developing a new identity and self definition. This aligns with Levinson’s theory (1996), that during the Reassess stage, the four polarities were being considered and re-integrated into a new context, together with a reassessment and update of their ‘Dream’.

It must be highlighted that although most reported some dysfunctional coping initially, not all reported that pattern, thus missing the Dysfunction stage. However the Dysfunction stage may have been undertaken in unreported ways, requiring further investigation of how this process may operate across individuals.
Internal locus of control is where an individual believes they are in control of the outcomes in their life, which has been associated with resilience in youth (Blum, 1998; Rotter, 1990).

Eight participants expressed an internal locus of control. This cohort of women appeared to be strong and capable, who if they were unable to successfully move forward in life, realised it was their responsibility to find relevant resources that would assist them. For example, Fiona noted that a more positive aspect of being a single mum was “I can now make decisions, I am in control”. Another participant reported, “I am going to define my happiness”. Joanne stated, “I have always been really independent anyway, but just being comfortable in that knowledge that I can do it ... that I’ll always kind of manage and survive ... its kind of ... empowering”. The two other participants reported an external locus of control, both explaining their success was, “100% luck”, whilst Sylvia also reported, “we consider life to be highly unpredictable”. Similar to research into youth (Blum, 1998), it appeared that some resilient single mothers used an internal locus of control, however, as
discussed in coping strategies, many participants also used a process of defining what they were able to control and acknowledging what was out of their control and finding ways to manage those issues.

**Theme:** Optimism for the future

**Factor:** Protective factor

Optimism or a positive outlook for the future has been identified as a protective factor in a number of studies, including in a high-incidence disability youth population (Murray, 2003).

In this study, nine participants yielded a RSA mean score of 4.8 to 6.5 (of a possible score of 7) on the dimension of planned future which is part of the individual dimension of resilience (Table 3). There were many remarks made in relation to their future. For example, “I really like the optimism of, well, that life is not going to be like this forever”. Sylvia explained, “I have hope”.

Many single mothers had specifically set diverse goals to achieve. Kate noted that her emphasis for the future surrounded her daughters: “everything that I do and try and achieve is aiming for that goal that my daughters are not going to grow up and look back at their childhood the way I do”. A more personal goal was explained by Sylvia,

“I want people at my 50th birthday to be able to say that in all these years, you are someone now who says what you mean and who means what they say, and have the ability to stand on my own two feet and make my own decision and actually be the person that I am”.

In relation to potential partners for the future, Trish talked about the possibility of a new relationship, stating that “hopefully ending up with someone who is more me, who is more in line with what I want for my future.” Conversely, Liz stated “I think I am going to find it very difficult to end up back in a relationship, so that’s my goal, before I hit 10 years single, find me a man”. In line with the ‘Dream’ in Levinson’s developmental theory, the
‘Dream’ that was born during the 20s and 30s was going, or had gone through re-evaluation, with a new alignment in a direction more compatible with current goals, situation, personal characteristics and growth (Levinson, 1996).

Theme: Personal issues

Factor: Risk

Two personal issues, finances and mental health have shown to both be areas of continued disadvantage for single mothers as compared to married mothers (Crosier et al., 2007; Loxton et al., 2006).

There were various personal issues and struggles reported however only two of these will be discussed below. A major problem reported was financial concerns, with seven participants explicitly stating that they had financial worries. For example, Helen commented:

"Finances, that’s a big one. The first couple of years I didn’t have a job, so I was just living on that amount of money which is a pittance, and having to pay rent ... Then I got a job and my settlement, that changed everything, but I still have financial issues".

Theresa was currently in a dire financial situation stating, “I really don’t know how I will handle the finances onwards from here”. These findings need to be interpreted in context, where many of these women were in a positive financial situation before becoming single mothers, demonstrating how ‘feminisation of poverty’ may happen in practice (Goldberg & Kremen, 1990a).

The issue of mental health was reported by four participants. One mother reported, “I wasn’t doing too well, it was all very black and bleak and I had no energy and I could not move physically at all, it was just horrendous”. All four participants received assistance with continued management required for their symptoms. The above participant noted, “I am much better at knowing what I need to do, I still don’t have the freedom or the drive always to circumvent those times, but it is getting better”. The mental health issues reported align with
the prevalence of mental health issues suggested in previous research into the single mother population (Loxton et al. 2006).

**Theme:** Role overload

**Factor:** Risk factor

Research suggested that role overload in single mothers was a significant predictor of stress and strain (D’Ercole, 1988). The lack of time available was identified as a concern. Similarly to Hodgson et al. (2001), most participants reported that parenting and spending time with their children was a high priority. Sylvia noting, “I now sit down and play a game of cards [with my children] rather than do the dishes”. Further many reported a better relationship and “more love” towards their children, which may be explained by the destruction-creation polarity, where there was a desire in becoming more loving, in this case directed at these single mothers’ children (Levinson, 1978).

Many single mothers used strategies to reduce role overload. For example, Fiona reported, “this week while the children are away with their father, I prepare about a month’s worth of sandwiches to freeze for children’s lunches and restock the freezer so there are choices, I just walked in with a pot of béchamel sauce and I have already fixed a lasagna mix”. This reflects the findings of Hodgson et al., (2001) in relation to single mothers’ on-duty versus off-duty time, where although Fiona was not involved in direct parenting, her time was spent preparing for her children’s meals upon their return. This also allowed her to spend more time with her children.

In relation to time, role overload together with priority towards their children, resulted in a lack of time for themselves. For example, Trish noted that, “not having that time on my own to do things I need to do”, or Tracey, “lack of time for myself ... I don’t have any free time”. Another area that suffered was social life, with seven participants reporting that their social life had been redefined, either decreased or as Joanne stated, “put on hold”.

Most women experienced role overload, however it appeared to be experienced in different ways. Some reported they were able to handle many of the roles whilst juggling the other tasks but lacked the free time, some did not like having sole responsibility, whilst others reported not being able to satisfactorily complete the various roles involved.

**Family Influence**

**Theme:** Parent support  
**Factor:** Risk and Protective

Previous research suggested that parents may be either a protective or risk factor depending on the context (Ahern et al., 2008; Blum, 1998; Brodsky, 1999; D’Ercole, 1988).

Parent support had mixed findings, thus both a risk and a protective factor. Table 3 showed that RSA scores for the family resilience dimension were varied, with mean scores ranging from 2.7 to 6.5, out of a possible score of 7. Only two participants noted supportive parents in a positive manner to the degree that they had hoped. Many participants appeared disappointed at the level of input from their parents, with Sylvia noting, “I wanted my family to be far more involved in this, but they have not been and they do not really want to”.

Although limited support by parents was reported, six participants reported tangible support in a financial way, ranging in level of support. Financial assistance was given in relation to home mortgage payments, items purchased such as children’s clothing and paying various bills, such as car maintenance.

Other forms of parental support were tangible support of a practical nature such as limited babysitting. A number of participants reported difficulties once assistance was accepted from parents. For example, Tracey in regards to her mother babysitting her son, reported: “she is really helpful but everything comes with strings attached ... I find that really difficult because I have to do things by her way, or else I don’t get the support”. Similar to D’Ercole (1988, p. 50), family assistance often appeared to be paired with conflict, or a hidden message, possibly, “if you had managed better, my help would not be necessary”. This
may also explain why some of these single mothers did not ask for help from family and the RSA scores for the influence of family were mixed.

**Theme:** Sibling support / other

**Factor:** Risk and protective

Sibling support may be defined as support received from brothers and sisters, with different research identifying it as both a risk and protective factor (Ahern et al., 2008; Blum, 1998; Brodsky, 1999).

Although eight participants reported that they had siblings, little support was received. Five participants reported limited emotional support, with only Joanne reporting limited practical support, usually babysitting in one-off situations. The other three participants reported no support. Although sibling support was negligible, there were a diverse range of reasons for the lack of support, and many differences in closeness of family. Examples for the lack of support included Helen noting, “I have two sisters, but we actually all fight with each other”, whereas Joanne expressed, “I don’t ask, they don’t want to impose, so we kind of sit there”.

Other extended family was mentioned by only two participants, mentioning uncles, aunts and ex-husband’s family, but little support of any kind was reported. The general sentiment was reported by Trish, “I would more likely ask friends for help than I would family.” This reports similarly to Brodsky (1999) finding that sibling relationships were not close with little support described.

**External Influence**

**Theme:** Employment

**Factors:** Protective and risk

Employment has been associated with meeting a number of needs including financial and emotional, together with a positive self image, therefore a protective factor (D’Ercole, 1988; Mednick, 1987).
In this research, employment showed to be both a protective and risk factor. Seven participants were in paid employment - four in a part-time capacity, two in a full-time capacity, and one contract.

Two participants spoke positively and highly of their place of employment, stating that flexibility was important, aligning with Barling and Barenbrug (1984) asserting that flexible work conditions positively related to single mothers' coping. Three participants specifically expressed the importance of an interesting workplace, where Tracey found employment enjoyable, "I work in a specialty area and I enjoy it a lot more". Previous research identified enjoyment of the job as a factor towards single mothers' coping ability (Bowen et al., 1993).

A number of single mothers had to return to work, and/or have had to seek more work, for example, Jenny reported, "I was working two days a week ... but I need to make more money". Others needed to, or are currently re-skilling, with Fiona explaining, "So I have been studying because I am determined that my economic situation will change ... I come from a rather low education background, everything has been self taught so I really am starting from the bottom which is a big challenge.

Similar to findings by Hilton et al. (2001), many participants noted difficulty in adding the role of breadwinner for varying reasons such as having to return to study to be employable, children still too young to let themselves in the house on their own (as discussed in the next theme, Community – services/facilities), doing enjoyable work that was employed mainly on contract terms meaning income instability, for example, Helen, and a general realisation of having to add more to an already overloaded day.

Theme: Community – services / facilities
Factor: Protective and risk

Community systems, including the structural influences around the environment, were reported as protective, specifically in an at-risk child population (Ungar, 2005). Community
was identified as a protective factor for most participants. Half of the participants reported support from a traditional community, with a diverse range of activities or groups including schools, toy library, playgroup, daughter’s dance studio, mother’s group, free community activities and various sports activities. Two less traditional communities identified were an on-line sports science blog, and the arts community. Helen reported the support by the arts community was, “not just like-minded, they actually understand what you are saying. It’s like a mental kind of support, they get what we do”. Two other services identified as protective were psychology services and the family doctor.

Services identified as a source of frustration included those that did not tailor their advice to the individual and their circumstances. For example, Tracey requested assistance for her son’s sleep issues from Ngala:

“they were trying to help but it was like this is your problem, this is your solution ... if they were actually able to listen to what I was saying and come up with a plan that actually fitted into my lifestyle as opposed to saying, well all your problems are related to the fact that he has not got enough sleep and you need to sort his sleep out ... if they had actually listened to me, I don’t finish work each week night until 6 o’clock at night” with advice that he had to be in bed by 7pm, “I can’t afford to do anything but shifts that I work”.

This left Tracey feeling vulnerable, frustrated and disappointed. Another service with two areas of difficulty reported was child care facilities - no child care centre could be found to accommodate shift working hours, even daytime hours and week days, leaving single mothers to find other arrangements, such as Tracey, “mum cares for Jack while I work”. Second, children grew too old to attend child care, but were not old enough to get into an unattended house safely after school finished, with Helen reporting, “my daughter would be coming home and I would be freaking out and ringing her to make sure she got into the house safely”. 
Ungar (2005) identified that community services needed to be in tune with what was required by a diversity of individuals, where in the above experiences, this was not the case.

**Theme:** Friends

**Factor:** Protective

Similar to family, friends were reported under social support, where findings were mixed depending upon a number of variables including context (e.g., Blum, 1998; Brodsky, 1999).

The RSA showed a good level of social resources where mean scores ranged between 4.3 and 6.6 (possible score of 7), as shown in Table 3. Another aspect related to social resources is the ability or skill to be social, where single mothers rated their social competence in the RSA ranging from mean scores of 4 to 6.5, also shown in Table 3.

All participants spoke in a positive manner in relation to friends, with diverse experiences of support reported, many finding friends the most supportive in all areas, other than financial. For example, Fiona noted that friends were supportive in every way, "from the basic casserole to pruning my roses". Theresa summarised her experience, "in fact a lot of friends have just been remarkably supportive, friends have been family".

However, a number of practical constraints were identified such as lack of time and energy. Fiona highlighted, “I do not have the energy to go put into perhaps the relationships as much as what I would have before” and also “not the time to pursue any interests to meet new people”. Another participant found that due to the time constraints, it was a choice between spending time with friends or treasured alone time, with the latter being chosen most times. In this context, Levinson’s engagement-separateness polarity may be in effect, moving towards a new balance in separateness from the world (Levinson, 1978). In relation to time demands, priority was given to time-alone rather than socialising, with the lack of time demanding a choice, similar to findings by Hodgson et al., 2001.
Theme: New boyfriend

Factor: Protective

Previous research suggested that a new boyfriend was a protective factor, offering different levels of support, possibly emotional, financial, and parenting. However women were sometimes cautious after their previous experiences (Brodsky, 1999).

Half the participants reported that they were involved with a boyfriend, all reporting him to be an emotional support. There was a wide range in level of commitment, “I am in love with the things he can provide ... I get to go to all these lovely restaurants”, whereas Trish explained that her boyfriend was being viewed as a potential husband. Most participants noted that a lowered priority towards a boyfriend was inevitable due to their commitments and priority to their family. Helen summarised the boundaries of her relationship:

“he’s great with [my daughter], not trying to be her father or anything ...he plays games with her ... he’s a good resource, and he does not live here, we can kick him out whenever”.

Similar to role overload and literature regarding time, the children were prioritised as highly important in the context of these single mothers (Hodgson et al., 2001). However, Levinson’s theory asserts that a ‘Dream’ may include marriage or a life partner, and during the transition and mid-life transition phase when the ‘Dream’ was re-evaluated, a new boyfriend in some of these cases may be the first step in the current, reassessed ‘Dream’ of a new partner (Levinson, 1978, 1996).

Theme: Neighborhood

Factor: Protective

Neighborhood in previous research was identified as both a protective and risk factor depending on various factors such as environment (Brodsky, 1999; Blum, 1998).

In this research, half the participants mentioned the neighborhood as a resource or a protective factor, noting the importance of their neighbors. There was a diverse range of roles
the neighborhood played for the single mothers, including emergency babysitting and school pick up duties. Joanne identified her neighborhood, namely six houses in her street, as both social support and ‘man-power’ for home repairs:

"we meet for champagne every other Friday" and "I have like three husbands come up and kind of rescue, which is really nice".

Theresa reported many of her neighbors supported her, finding that:

"like when we were married I did not have the same relationship with my neighbors, now the community around me have rallied around".

Finally, Theresa made a statement where the sentiment was shared by many, "my neighbors, ... but I would call them friends, they are great". In contrast to Brodsky (1999), the neighbourhood was viewed as a resource, or a protective factor.

Theme: Ex-husband

Factor: Risk

In previous research, the father of the children was regarded as a risk factor to the single mother (D’Ercole, 1988; Richards, 1989). In some cases, the father was using the children to hurt the single mother (D’Ercole, 1988). Other research reported the lack of support received from the ex-partner, albeit economic or emotional support and attention towards the children (Brodsky, 1999; Richards, 1989).

Most participants in this research reported having some level of difficulty with their ex-husband. Communication with the ex-husband was reported to be difficult and stressful. Theresa reported,

"our ability to communicate now is sending emails, I make them bullet point, because if I write something in a sentence, it is always misconstrued I can’t believe how much time I waste scripting emails ... it is very stressful to communicate".
The process of settlement and arrangements for at least half of the participants was a difficult period, for example, “settlement and arrangements were probably the yuckiest time of my life”.

The shared care arrangements involved a number of issues, with seven households having the arrangement of the children with the father every second weekend, and three households having no visitation by the father. Joint parenting was reported a difficulty, with issues such as different parenting styles. For example, Theresa reported,

“I also think it is really difficult when the kids are able to play you against each other, like we’re allowed to stay up till 8.30 at Papa’s house, and I am not suggesting he is a ‘Disney dad’, but certainly he does, ....”

Many participants identified emotion-focused coping in these circumstances, as discussed in coping strategies. Similar to D’Ercole (1988) and Brodsky (1999), most participants identified the ex-husband as a source of stress, thus a risk factor.

Theme: Stigmatisation
Factor: Risk

Stigmatisation was found to be experienced by single mothers in a number of studies, with stigmatisation being associated with many measures of lowered psychological well-being, therefore considered a risk factor (Mednick, 1987; Rudowicz, 2001).

A number of comments were made about how these single mothers felt they were perceived by others, in a diverse range of situations. For example, Kate noted “I am looked upon differently ... they look at me as the stereotypical single mum, government housing ... that stereotype is not accurate, by no means ... but mentioning being a university student really does make a difference”. In relation to a social setting, many reported a level of discomfort and feelings of being judged due to their single motherhood status. There were a number of ways this was managed, for example, Fiona reasoned, “I think you threaten people as a single mommy ... you are just different, you are a different dynamic to bring to a dinner
party ... your focuses are different”. Helen had found her daughter’s school environment particularly difficult in relation to being a single mother amongst married mothers, summarising her experience as, “they are all married and middle class ... whereas I’m not married and under classed [laughing] ”. These findings support the stigmatisation reported in Rudowicz’s (2001) paper, suggesting a level of stigmatisation towards these single mothers existed in a diversity of situations.

Summary and Concluding Discussion

The experiences of single mothers in their multiple roles are diverse. Maintaining the different responsibilities resulted in role overload whilst experiencing other issues including financial and mental health. This all occurred in conjunction with a balancing act concerning family, friends, and external influences all competing for attention together with the underlying high priority given to the children. Resilience was not a matter of taking away adversity but managing the challenges by taking advantage of, and increasing the number and value of protective factors (Friborg et al., 2003). One aspect that appeared to mediate some of the risk factors was the age of the children, where many of the participants expressed that younger children required more direct care.

All the participants appeared to have a good awareness of their situation, including the available resources together with an acknowledgement of the difficulties. Some of these could be overcome using task-focused coping and others required management, utilising emotion-focused coping. A positive element was that all participants acknowledged personal growth and a strength that had increased since the transition to single motherhood, with optimism towards their future. These aspects may be explained by the four polarities mentioned in Levinson’s theory that required reassessment and reintegration into their lives, together with their personal ‘Dream’ that also would have been re-evaluated to fit into their new stage in life (Levinson, 1978; 1996).
The phenomenon of resilience was experienced uniquely by each single mother, who was able to develop protective factors appropriate to their context, whilst minimising or at least acknowledging their relevant risk factors. The multidimensionality of resilience, or its heterogeneity, was shown in this research, as each single mother showed a unique profile in the various influences reported in the RSA. Participants displayed a different pattern of protective and risk factors yet the results suggested some form of positive adaptation and therefore resilience (Luthar et al., 2000). Participants also viewed or valued their protective factors differently depending on their circumstances. These single mothers utilised and increased their protective factors in a number of different areas, for example, developing the coping strategy of asking for help. In some cases, a process of change in developing resilience occurred where dysfunctional coping strategies were initially employed followed by a phase of re-assessment, where more adaptive strategies replaced the dysfunctional ones, together with a re-evaluation of the four polarities and the 'Dream', whilst developing a new self identity resulting in a more adaptive way of living, thus resilience.

**Contribution to Knowledge**

This research contributed to resilience knowledge specifically in relation to the experiences of older single mothers in relation to protective and risk factors and a process that contributed to their resilience. Further, the inclusion of Levinson's theory assisted in understanding how the process might be motivated, and highlighted the four polarities and the 'Dream' that underpinned these women's development throughout the transition into single motherhood and beyond. The use of developmental tasks and resilience has previously been attached to child research into resilience, whereas most adult populations utilises self-reporting of well-being and distress measures, where this research has attempted to report both (Luthar et al., 2006).

The findings supported some previous research, specifically where single mothers were disadvantaged in a number of areas including financial and psychological health
Other findings that were similar included issues such as competing roles or role overload and being time-poor, together with stigmatisation that was still attached to single motherhood (D’Ercole, 1988; Hodgson et al., 2001; Rudowicz, 2001). This research found a numbers of themes identified as both risk and protective, for example, family, employment and community services and facilities, with mixed findings also in previous research (Ahern et al., 2008; Blum, 1998; Brodsky, 1999; D’Ercole, 1988; Murray, 2003). In this research, most single mothers reported friends as a much needed source of support in a diverse range of areas, and in some cases friends had replaced the role of family. In contrast to previous research, religion or church network was not identified as a protective factor nor reported as a resource (e.g., Brodsky, 1999).

A new finding was the process that occurred in many of the single mothers in their transition from married life to single motherhood, met with a time of utilising dysfunctional coping strategies followed by a change to more adaptive strategies and the process of redefining who they were in their new role. Some participants found the transition easier than others. Some participants were confronted with more challenges than others, which also may have resulted in a bigger shift in self-definition or self concept.

**Future Studies**

As asserted by various researchers including Rutter (2007), although qualitative methods are valuable in identifying potential mechanisms and processes, these findings are most powerful when linked with quantitative methods to confirm their mediating effects to enable support for proposed hypotheses. To this end, these findings could be used as a base to investigate the strength of the proposed factors and their mediating effects in the context of single motherhood.

More specifically, in this research some of the participants could have benefited from asking for help but reported not doing so. Research could investigate and potentially identify two relevant processes – first, the process of asking for help and second, the process of not
asking for help. These processes could be associated with a number of aspects including level of coping or the timing of any relevant crises that may have warranted requesting help.

Limitations

One limitation of this study was the single mothers recruited were mainly middle to upper SES women provided with financial assistance by various parties. These women appeared highly resourceful and able to source and meet most needs that arose, which may be different to a younger single mother cohort (e.g., Keating-Lefler & Wilson, 2004).

Nevertheless, a number of participants still reported many difficulties they continued to face illustrating the challenging role of single motherhood, and that resilience was a construct that could assist these women during that role, not just the transitional time between married and single motherhood status.

A number of questions relating to the RSA were raised for the purpose of clarification. For example, participants asked how to answer question 21, “I am at my best when I – have a clear goal to strive for / can take one day at a time”. They noted they did have a clear goal but they were also taking one day at a time. Another area of query was questions relating to family members where some of the participants were close to some of their family but estranged from other family members. These issues could have altered the scale of resilience for some participants, as most of the single mothers chose to answer at mid range.

Implications

The results of this study suggest that to effectively intervene to assist single mothers in their daily lives, a multi-faceted approach with a range of resources are necessary to effectively address the apparent diversity. As asserted by Brodsky (1999), interventions must address the individual need to be effective, which also supports Ungar (2005) who identified that services need to be in tune with a diversity of individuals for an effective outcome. The within-group differences shown in these single mothers emphasised the need for a number of resources offered, where a few of these participants reported family was a resource or a
protective factor, whereas others reported that friends had turned into their family. This shows how important it is for policy not to hone in on one factor, limiting the usefulness for many single mothers who do not have a supportive family for one reason or another.

 Whilst it is easy to emphasise the individual influences of resilience due to our Western-culture values, many of these women reported a number of protective external sources particularly neighbourhood, highlighting the need to value community and for it to be kept in mind for policy development. One option identified was a single mothers group, which would enable learning from other single mothers, with the opportunity for social support and to brain-storm as a group to deal with issues that could potentially develop self-confidence and assist in the process of resilience.

 Two aspects of difficulty were financial issues that appear prominent in most of these single mothers’ lives, where various provisions for these single mothers, and for the children, may need to be addressed. Second, higher prevalence of mental health issues was documented in much of the literature (e.g. Crosier et al., 2007; Loxton et al., 2006), but like many target populations, services continue to be stretched. Nonetheless, in this population, early detection and treatment may assist both single mother and family, and in the long term, be demonstrated as a cost effective strategy.

 Outcome

 This research demonstrated that each individual accumulated resources or protective factors reflecting their individuality and context, resulting in positive adaptation. An underpinning of much of this research was that these single mothers placed a high priority on their children, and that time and finances were often lacking. Although there were many risk factors identified, many protective factors were recognised including personal growth and inner strength together with optimism for the future. Coping strategies were highly valued, where task-focused coping associated with higher resilience, was employed most often (Campbell-Sills et al., 2006). In relation to Levinson’s theory, nearly all single mothers had a
positive and optimistic view of their future, where it could be proposed that these women had reassessed their ‘Dream’ in relation to their current context, with their future relating to many factors including a new career path, and/or a new life partner. The four polarities could all be seen in these women’s lives, but it appeared that the polarity of masculine-feminine appeared often, with these women becoming more autonomous, dominant and assertive in a number of areas of their life (Levinson, 1978, 1996). These single mothers reported a promising future, together with a number of challenges they would need to bear and overcome, but reported having the resources and ‘know-how’ to move forward in their chosen direction.
References


Appendix A
Interview Schedule

Thank you for agreeing to participate in this interview.

1. I am interested in your experiences as a single mum. Please tell me your story from where you would like to begin (e.g., pregnancy or giving birth)?
   - What difficulties have you experienced during single motherhood? How did you manage these difficulties?
   - What have been some of the positive aspects during single motherhood so far?
   - What factors have contributed to your success as a single mother?

2. What role did family play in your experience?

3. What role did the community play in your experience?

4. What role did other resources e.g., religion, play in your experience?

5. What do you understand by the term resilience?
Appendix B

Flyer for Recruiting Participants

SINGLE MOTHERS' EXPERIENCES RELATING TO RESILIENCE IN THEIR MULTIPLE ROLES

Are you a single mother?

Would you like to participate in a study being completed at Edith Cowan University relating to single mothers’ experiences in their multiple roles?

Involvement required

Involvement requires completing a questionnaire, followed by an interview discussing your experiences of being a single mum (approximately 30-60 minutes).

Contact

If you are interested in participating in this research or if you have any questions, please feel free to contact me, Sharon Cheeseman on [email protected] or by email on scheese0@our.ecu.edu.au, or my supervisors at the School of Psychology, Associate Professor Lynne Cohen on 6304 5575, or Dr Cath Ferguson on 6304 5728. If you are interested in speaking to someone independent of this research, please contact Dr Justine Dandy, the fourth year coordinator on 6304 5105.

This study has been approved by the HREC.
Appendix C

Information Sheet

My name is Sharon Cheeseman and I am currently completing my Psychology (Honours) degree at Edith Cowan University, Joondalup Campus. As part of my degree I am required to complete a research project.

The aim of the proposed research is to investigate the experiences of single mothers. I am seeking your participation in this research. This will involves completing a questionnaire and participating in an interview relating to your experience of single motherhood.

This study has been approved by the Ethics Committee of the Faculty of Computing, Health and Science. Participation will involve a single interview of approximately 30-60 minutes duration. All information will be treated as strictly confidential, with interviews tape recorded and transcribed verbatim. No names or identifying information will be used to ensure privacy. A pseudonym may be used if required.

Your participation is entirely voluntary. You are free to withdraw from the study at any stage without any adverse consequences. At the end of this study, a report of the results will be available upon request. This report may also be published, but in no way will you, or any other participant, be identifiable.

If you are interested in participating in this research or if you have any questions, please feel free to contact me, Sharon Cheeseman on [redacted] or by email on scheese0@our.ecu.edu.au, or my supervisors at the School of Psychology & Social Science, Associate Professor Lynne Cohen on 6304 5575 or Dr Cath Ferguson on 6304 5728. If you are interested in speaking to someone independent of this research, please contact Dr Justine Dandy, the fourth year coordinator on 6304 5105.

Yours sincerely

Sharon Cheeseman
Appendix D

Notice of Informed Consent

I, ____________________________ (name), on ____________ (date), state that I have read and understood the information sheet for the research thesis entitled: “Single mothers’ experiences relating to their resilience in their multiple roles”. In addition, these details have been verbally explained to me by the researcher, Sharon Cheeseman, along with the requirements of participation. Any questions that I have had have been fully answered.

I further understand that I am under no obligation to participate in the study. As a participant, I have the right to refrain from answering any questions, and am free to withdraw from the study at any stage without adverse consequences. All of my information will be treated as confidential, with interview tapes and transcripts kept in locked storage, and computerised documents adequately secured. I agree to the interview being audio taped and transcribed.

I hereby consent to participate in this research project.

_________________________ (participant signature)

_________________________ (researcher signature)
Appendix E

Questionnaire and the RSA

Demographic questions

Age

How long have you been a single mother?

How did you become a single mother? (divorce, separation, widowed, unmarried)

What do you do during the day? (paid employment, study, other)

What was the highest education you achieved?

Are you the sole adult in the house?

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Resilience Scale for Adults
Created by: Friborg, Hjemdal, Martinussen, Rosenvinge & Stiles (Hjemdal, 2007)

Instructions: Please think about how you usually are, or how you have been the last month, how you think and feel about yourself, and about important people surrounding you. Please cross the option box that is closest to the end statement that describes you best.

**Example**

When I'm at home, I feel Bored

By crossing the 6th box along, you are suggesting that when you are at home you mostly feel excited.

If you were to cross the 2nd box along, you would be suggesting that when at home you mostly feel bored. If you were to cross the 4th box along, you would be suggesting that you feel neutral about being at home.

<table>
<thead>
<tr>
<th>1. My plans for the future are</th>
<th>Difficult to accomplish</th>
<th>Possible to accomplish</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. When something unforeseen happens</td>
<td>I always find a solution</td>
<td>I often feel bewildered</td>
</tr>
<tr>
<td>3. My family’s understanding of what is important in life is</td>
<td>Quite different than mine</td>
<td>Very similar to mine</td>
</tr>
<tr>
<td>4. I feel that my future looks</td>
<td>Very promising</td>
<td>Uncertain</td>
</tr>
<tr>
<td>5. My future goals</td>
<td>I know how to accomplish</td>
<td>I am unsure how to accomplish</td>
</tr>
<tr>
<td>6. I can discuss personal issues with</td>
<td>No one</td>
<td>Friends/family members</td>
</tr>
<tr>
<td>Question</td>
<td>Response Options</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
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<tr>
<td>7. I feel</td>
<td>Very happy with family out of Very unhappy with family</td>
<td></td>
</tr>
<tr>
<td>8. I enjoy being</td>
<td>Together with other people out of By myself</td>
<td></td>
</tr>
<tr>
<td>9. Those who are good at encouraging me are</td>
<td>Some close friends/family members out of No where</td>
<td></td>
</tr>
<tr>
<td>10. The bonds among my friends is</td>
<td>Weak out of Strong</td>
<td></td>
</tr>
<tr>
<td>11. My personal problems</td>
<td>Are unsolvable out of I know how to solve</td>
<td></td>
</tr>
<tr>
<td>12. When a family member experiences a crisis/emergency</td>
<td>I am informed right away out of It takes quite a while before I am told</td>
<td></td>
</tr>
<tr>
<td>13. My family is characterised by</td>
<td>Disconnection out of Healthy coherence</td>
<td></td>
</tr>
<tr>
<td>14. To be flexible in social settings</td>
<td>Is not important to me out of Is really important to me</td>
<td></td>
</tr>
<tr>
<td>15. I get support from</td>
<td>Friends/family members out of No one</td>
<td></td>
</tr>
<tr>
<td>16. In difficult periods my family</td>
<td>Keeps a positive outlook on the future out of Views the future as gloomy</td>
<td></td>
</tr>
<tr>
<td>17. My abilities</td>
<td>I strongly believe in out of I am uncertain about</td>
<td></td>
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<tr>
<td>18. My judgment and decisions</td>
<td>I often doubt out of I trust completely</td>
<td></td>
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<tr>
<td>19. New friendships are something</td>
<td>I make easily out of I have difficulty making</td>
<td></td>
</tr>
<tr>
<td>20. When needed, I have</td>
<td>No one who can help me out of Always someone who can help me</td>
<td></td>
</tr>
<tr>
<td>21. I am at my best when I</td>
<td>Have a clear goal to strive for out of Can take one day at a time</td>
<td></td>
</tr>
<tr>
<td>22. Meeting new people is</td>
<td>Difficult for me out of Something I am good at</td>
<td></td>
</tr>
<tr>
<td>23. When I am with others</td>
<td>I easily laugh out of I seldom laugh</td>
<td></td>
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<tr>
<td>24. When I start on new projects/things</td>
<td>I rarely plan ahead, just get on with it out of I prefer to have a thorough plan</td>
<td></td>
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<tr>
<td>25. Facing other people, our family acts</td>
<td>Unsupportive of one another out of Loyal towards one another</td>
<td></td>
</tr>
<tr>
<td>26. For me, thinking of good topics for conversation is</td>
<td>Difficult out of Easy</td>
<td></td>
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<tr>
<td>27. My close friends/family members</td>
<td>Appreciate my qualities out of Dislike my qualities</td>
<td></td>
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<tr>
<td>28. I am good at Organising my time</td>
<td>Organising my time out of Wasting my time</td>
<td></td>
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<tr>
<td>29. In my family we like to Do things on our own</td>
<td>Do things together out of Wasting my time</td>
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<tr>
<td><strong>30. Rules and regular routines</strong></td>
<td>Are absent in my everyday life</td>
<td>Simplify my everyday life</td>
</tr>
<tr>
<td><strong>31. In difficult periods</strong></td>
<td>View everything gloomy</td>
<td>Find something good that help me thrive/prosper</td>
</tr>
<tr>
<td><strong>I have a tendency to</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>32. My goals for the future are</strong></td>
<td>Unclear</td>
<td>Well thought through</td>
</tr>
<tr>
<td><strong>33. Events in my life</strong></td>
<td>I manage to come to terms with</td>
<td>Are a constant source of worry/concern</td>
</tr>
<tr>
<td><strong>that I cannot influence</strong></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix F

List of Counselling Services

Lifeline (24 Hrs Crisis) 131114
Salvo Care Line (24 Hrs) 94425777
Mental HealthDirect 1800220400
Kinway (Anglicare WA) 92632050
Royal Perth Hospital Social Work Department 92242711
Edith Cowan University Psychological Services Centre 93010011
Women’s Information Services 92641900