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Single mothers' experiences in family therapy: An investigation from an ego development perspective

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SINGLE MOTHERS' EXPERIENCES IN FAMILY THERAPY:
AN INVESTIGATION FROM AN EGO DEVELOPMENT PERSPECTIVE

A Dissertation

Presented to

The Faculty of the School of Education

The College of William & Mary in Virginia

In Partial Fulfillment of
the Requirements for the Degree
Doctor of Philosophy

by

Angela von Hayek

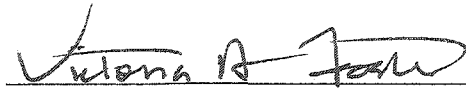
April 2004

**A PHENOMENOLOGICAL INVESTIGATION OF SINGLE MOTHERS'
EXPERIENCES IN FAMILY THERAPY**

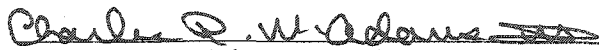
by

Angela von Hayek

Approved April 2004 by



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Roger Ries, Ph.D.

DEDICATION

This study is dedicated to my three children Julia, Daniel, and Kirsten. It was after all, my son Daniel who brought me to this field, and having three children and seeing the interconnectedness between family members led to my theoretical orientation.

The three of you grew up in a single mother household and are proof of the possibility of a positive outcome under difficult circumstances. Your unwavering belief in my ability to finish this project and your patience and support during the last two years has been instrumental to me. I hope that I have shown you that women can succeed and inspired you to “reach for the stars.”

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This project could have never come to a positive conclusion without the help and support of others. I want to take this opportunity to thank those whose support has been instrumental not just during the dissertation process but throughout my doctoral studies.

Thanks to my committee, Dr. Victoria Foster (chair), Dr. Rip McAdams, and Dr. Roger Ries for helping me limit the scope of my study, as well as standing by me and believing in my ability to bring this to fruition during turbulent times.

Victoria, if you had not seen my potential and given me a chance, none of this would have been possible. Also, you showed me the compatibility between feminism and family therapy at a time when I was struggling with these constructs. As the chair of my committee your unwavering support and belief in me has been invaluable. You were always just a phone call away. During the process of this study, you have assisted me in navigating the “qualitative labyrinth” as well as providing emotional support.

Rip, your sense of humor and quiet presence have been deeply appreciated throughout my doctoral studies. Your input during the audits has been priceless. You play the role of “devil’s advocate” well.

Roger, I appreciate your openness to dealing with a different research paradigm. Your interest in, and concern for the subject matter have been an inspiration to me. Your door is always open!

Furthermore, I want to thank Dr. Jill Burruss for introducing me to the qualitative research paradigm, which allowed me to tackle a subject matter that was and is dear to my heart.

I deeply appreciate Dr. Sharon Krumpe for helping me score the ego development data and sharing information about her qualitative data analysis procedures.

On a more personal note, I want to thank Tammi Milliken and Cheri Harrell for sharing their pain and frustration during the process and thereby normalizing mine.

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My family, my sisters Claudia and Martina, in Germany cheered me on from a distance and my children Julia, Kirsten, and Daniel cheered at home and did not allow me to quit, waiting for the day I would finish.

Last but not least I want to thank the women who allowed me to interview them and who shared intimate details of their lives with a virtual stranger. Without them this could have never been accomplished.

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ABSTRACT

The purpose of this study was to investigate the experiences of single mothers who had participated in family therapy at a university based family therapy clinic that receives its referrals from surrounding school systems. The study used a phenomenological approach to capture the essence of the family therapy experience of the single mothers. Loevinger's ego developmental framework provided the theoretical perspective to assess how the mothers made meaning of their experience. Ten single mothers who had participated in at least three family therapy sessions and had either terminated or were in the process of terminating services, were recruited for the study. Data collection consisted of two face-to-face interviews and the abbreviated version of the Washington Sentence Completion Test (SCT), to assess ego development. Questions this study aimed to answer were: What is the experience of single mothers in family therapy? What did they want to achieve in family therapy? What were their expectations? What was their perception of how the therapist saw them? What is the role of cultural values on the single mothers self perceptions? What were the mother's perceptions of the influence of family therapy on the relationship with their child/ren's school? From an ego developmental perspective, how did they construct meaning of this experience? Data analysis uncovered the following themes common to these single mothers' experience: the counselor, family therapy, single mother, relationship with school, family situation, view of self, and what others think. Limitations, delimitations, and implications for future research, counselor education and family therapy practice are discussed.

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CHAPTER ONE

This chapter will give an overview over a study that investigated the experiences of single mothers in family therapy. A short description of the theoretical constructs guiding this study as well as the rationale for the use of these constructs is given. Finally the methodology used to conduct the study is described briefly.

Statement of the Problem

Traditional approaches to psychotherapy assume that “the therapist is a rational, objective expert, who discovers ‘facts’ and prescribes corrective measures, and if the client does not agree with the therapist’s view s/he is in denial or being resistant” (Atwood, 1995, p.2). In this epistemology, family therapists compare all families regardless of their configuration against the normal, nuclear family (Anderson, 1999; Atwood, 1995). Nuclear families are characterized by employed fathers as the primary breadwinners and mothers who primarily take care of their husbands and children, even if they are employed outside the home (Leslie, 1995; McGoldrick, 1998; Walsh, 1993). In contemporary U. S. society the business world and educational systems are organized to accommodate this particular family structure, despite the fact that it represents only three percent of all households. Single parent families are viewed as flawed or imperfect versions of the “normal” two-parent families (Anderson, 1999; Gringlas & Weinraub, 1995; Walsh, 1993; Walters, 1988). The belief that a two-parent family is inherently healthier than any other family presumes that a single parent family is inevitably damaging to its members (Walsh, 1993).

Family therapists, who believe in the superiority of this idealized family constellation, may view single mother families through a particular lens, consisting of traditional family therapy constructs, and mostly unconscious, culture laden values about women and families that

may pathologize the family, and may not reflect how the family experiences itself. Much can be learned from the actual experiences of women (Lerner, 1988). No studies have explored how single mothers experience family therapy. The purpose of this study was to explore how single mothers perceive their experience of being in family therapy.

Single Parent Families

Single parent families are not a new phenomenon, since marriages have always ended through early death, separation, or desertion (Amato, 2000; Walsh, 1993). What has changed is that today 43.2 percent of single mothers were never married (U.S. Census, 2000). Among industrial nations, the U.S. has the highest rate of teenage pregnancies in the world (Amato, 2000). Due to these factors and the rise in divorces, the number of single family households has more than tripled over the last thirty years (Gringlas & Weinraub, 1995). According to the 2002 U. S. Census 21.6 million children under the age of 18 live in single parent households. Although the rate of single father families has increased children continue to be more likely to live with single mother families (Amato, 2000; U.S. Census, 2002). According to the U.S. Census (2000) 2.2 million single parent households are headed by fathers and 9.7 million by mothers.

Statistically, it is estimated that about half of all first marriages end in divorce, and of these families about 60 percent involve children under 18 years of age (Ahrons, 1994); thus at least half of today's children can expect to spend part of their childhood in a single parent household. The remarriage rates for divorced men and women are 75 percent and 65 percent respectively, which leaves a significant number of divorced individuals in the single parent category permanently and makes the single-parent family an important family configuration in contemporary society (Anderson, 1999; Goldenberg & Goldenberg, 2001).

From a feminist perspective the increase in single parent families can be seen as an indication of the growing independence of women. Women are able to leave unhappy marriages and choose to bear children regardless of marital status, due to being employed outside the home. However, simultaneously, due to continued differences in earning power between the genders, women who become single mothers are at significantly higher risk of living in poverty than men who become single fathers (Amato, 2000). Studies show that after divorces men's income often remains stable, whereas women's drops between 15 to 30 percent (Ahrons, 1994). Although single mother households represent the whole socioeconomic spectrum: poor, never married, minority women who are struggling to raise children on welfare, as well as never married, affluent, well-educated women who are choosing to raise a child without a partner (Goldenberg & Goldenberg, 2001), many single mother families live on incomes just above or below the poverty line (Amato, 2000; Bianchi, 1995). In 1991, 50 percent of children living in single mother households lived in poverty (Bianchi, 1995).

Clearly, issues for single parents differ significantly for mothers and fathers. However this is not limited to financial concerns: Overall, single fathers are seen in a more positive light than single mothers, reflecting the stereotypical gender role attributions held by contemporary culture. They are regarded as self-sacrificing and heroic, whereas single mothers are expected to take care of their children (Anderson, 1999). Regardless, of whether mothers have full or joint custody, they are more likely to bear main responsibilities for the children (Ahrons, 1994). Often single mothers find themselves in a double bind: if they work they run the risk of being seen as neglecting their children, and if they do not they are regarded as taking advantage of an overburdened welfare system, setting a bad example for their children (Anderson, 1999; Walters, 1988).

Empirical studies abound that support higher levels of dysfunction in children of single mothers (Dawson, 1991; Gringlas & Weinraub, 1995; Clark, Sawyer, Nguyen, & Baghurst, 1993; Hetherington & Clingenpeel, W, 1992; Vaden-Kiernan, Ialongo, Pearson & Kellam, 1995). However, these studies fail to control for variables such as poverty, a history of having lived in a dysfunctional or abusive family before the parents' separation or divorce, and the family's degree of adjustment to the circumstances that lead to the creation of the single parent family (Anderson, 1999; Walsh, 1993; Walters, 1988). A study by Lipman, Boyle, Dooley, and Offord (2002) found that single mother status is a significant predictor of child difficulties. However, in single mother families, household income and maternal depression were significantly inversely related with social impairment and psychiatric problems of children and positively related to math scores. Other studies have shown a relationship between the quality of social networks and maternal and child well being in single mother households (Anderson, 2003; Amato, 2000; Simons, 1996).

These studies illuminate the profound influence of social context on single mother families. The single mother family, as a social entity is more effected and more responsive to larger societal systems such as schools and work. Attitudes experienced in these systems may reverberate with great intensity in these households, since they have to rely on the cooperation and support of these systems. To understand how single mothers and single fathers are viewed in this culture, it is necessary to look at how women are viewed in society.

Women and Families in Society

Throughout history women have been dominated and oppressed in society and in the family (Baber & Allen, 1992). Over the last thirty years much has been written about the pervasive social and economic inequality of men and women. Superficially, the idea that men

and women are equal has become widely accepted in western societies. However the required fundamental alterations in belief systems underlying how life is approached are lagging behind (Chaplin, 1999). Western society has been and continues to be patriarchal in nature leading to differences in how men and women experience life (Miller, 1986). Men as the dominant group have assigned women and female characteristics an inferior position, which is reflected in theories of human development describing the male experience as normative, thereby implicitly devaluing and ascribing the female experience a subordinate position. Therefore a complete theory of human development needs to include consideration of the female experience, suggesting the need for theorists and researchers to listen to the experiences of women (Miller, 1986).

Day (1992) argued that the “external and internal world of women, the objective and the subjective” (p. 382) are fundamentally interconnected. Areas of central importance to the female experience are how motherhood and family are viewed in contemporary society. Historically, mothers have been portrayed as either “all good” – selflessly taking care of all family members and household chores or “all bad” – neglecting and abusing their children (Caplan, 1989). Furthermore, society assumes that the traditional two parent family is preferable, if not necessary to raising well-adjusted children. This is based on the assumption that if parents are an important resource for children’s development two parents are better than one. What is implied in this assumption is that healthy values and expectations for children are somehow connected to traditional families and can be maintained in these families only (Anderson, 1999). Additionally, many women end up as single mothers by default; a relationship did not work. These women carry a burden in that society sees them as having failed at one of the primary female tasks of maintaining their families intact (Anderson, 1999; Carter & McGoldrick, 1999).

Women in Therapy

Theories of human development are the basis for psychotherapy theories and practice, where women's behavior is seen as deviant and men's as normal (Hare-Mustin, 1998; Kitzinger, 1991). In particular, women's attempts to take care of and seek connection with others are viewed as pathological (Day, 1992; Knudson-Martin, 1994). Miller (1986) has pointed out that to develop fully as a person, women need to be encouraged to embrace their female qualities and not ascribe them less value, as they may have been taught. Many authors have discussed the pervasiveness of mother blaming in psychotherapy (Anderson, 1999; Caplan, 1989; McGoldrick, 1998; Walter, 1988; Walsh, 1993). Family therapy has been no exception. Family therapists often blame mothers for over-functioning in the family, paying less attention to distant fathers (Boss & Thorne, 1989). Also, therapists often 'unbalance' the family, by targeting the mother with therapeutic interventions not because they are the most dysfunctional, but because they are the most willing to change, being most invested in the change process (Walters, 1988). Bowen describes the etiology of pathology in children as

... it begins with an overanxious mother, devoted to being the best possible mother and having the most wonderful child. The child becomes anxious in response to the mother's anxiety. Instead of controlling her own anxiety, she anxiously tries to relieve the child's anxiety by more anxious mothering... (Bowen, 1978; p.434).

Family Therapy

In family therapy, interaction patterns between individual family members rather than intra psychic processes or learned behaviors become the therapeutic focus. The family is seen as a system in which the individual family members are connected and interact through prescribed rules and roles and recurring transaction patterns. All family members participate in the

interactional patterns of the family; to maintain family relationships, meet the changing needs of individual family members, and the needs of the whole family. Any change in one part of the system will affect the whole system. No specific situation or person is considered to be causing positive or negative events, rather all participants contribute equally to any particular chain of events, a construct known as circular causality. Dysfunction is viewed as the product of flawed interaction patterns, making the interaction patterns between family members the focus of therapeutic interventions (Goldenberg & Goldenberg, 1996). Symptoms allow the family to maintain homeostasis (stability) (Slovik & Griffith, 1992). Moreover, families are separated from their environment through boundaries. A healthy system has permeable boundaries that allow for information exchange with the environment, whereas in a closed system the information exchange is not sufficient, which interferes with the overall functioning of the system.

In this traditional family system's view the family is conceptualized as consisting of a parental subsystem (the mother and father) and a sibling subsystem (the children). Labor is divided with women being primarily responsible for taking care of the household and family members while men's primary responsibility is limited to taking care of the family's financial needs (Leslie, 1995; Walsh, 1993).

Shadish, Montgomery, Wilson, Wilson, Bright, and Okwumabua (1993) performed a meta-analysis of 163 random studies of marriage and family therapy conducted until 1988, concluding that family therapy works at least as well as other forms of therapy. Although the effectiveness of marriage and family therapy has been studied extensively, no studies have investigated therapy outcome with single mothers.

Family therapy represented a paradigm shift away from seeing individual behavior as linear and intra-psychically rooted toward a view of behavior as a circular, dialectic process, in

which participants mutually influence each other and are equally involved. However, it stopped short of recognizing the power differential between men and women and its importance for the family. This power differential has been the focus of feminist family therapists.

Feminist Family Therapy

Foster and May (in press) describe feminism as a philosophy that challenges all traditional counseling theories and practices to be more inclusive of diversity and focus more on social transformation. Feminist family therapy considers the broader social context of the family including issues of race, ethnicity, and sexual orientation, when examining family dynamics (Walters, 1988; Leslie, 1995). These issues have been ignored or even pathologized by traditional family therapy practice (Leslie, 1995).

Feminist theorists and therapists have provided family therapy with a new perspective on family conceptualization, by regarding gender and generation as central organizing principles in the family, making power differences in the family visible (Goldner, 1985; Hare-Mustin, 1986). Feminist therapists regard women's personal problems as rooted in the social, political, and cultural context of their lives, rather than intrapsychically rooted or maintained and reinforced by the systemic concepts of circularity, neutrality, and complementarity. More specifically, the psychic structures of women are affected by living in an oppressive culture in which sexism is institutionalized and women are the primary care givers for children (Day, 1992). Braverman (1988) and Hare Mustin (1991) describe the personal as political due to (1) the centrality of family to women's identities as mothers, (2) the tremendous benefits of families from women's labor, and (3) the family's importance to society in preparing members for their roles in society. The personal experiences of women, such as being in intimate relationships, and bearing and raising children are fundamentally political issues and change is needed (Day, 1992). Systemic

concepts like circularity, neutrality, and complementarity ignore the power differential between men and women. Especially in the case of spouse abuse, the notion that partners engage in repetitive patterns of mutually reinforcing behaviors and that all parts of the system engage equally in the production of symptoms is obviously blaming the victim – most often, the woman (Goldner, 1985).

Single Mother Families in Family Therapy

Family therapists who use a systems perspective which views families and their problems within the larger societal and cultural context are in a unique position to work with single mothers (Anderson, 1999; Richards & Schmiede, 1993). However, Anderson (1999) and Westcot and Dries (1990) have noted the lack of adaptation that the field of family therapy has made in counseling single parent families, with structural family therapy and strategic approaches being identified as most frequently used. Single mother families are referred to therapy most often due to problems surrounding a child or children. Problems inherent in single parenthood, such as visitation, parenting, custody, grief and loss, depression, adult relationships, and financial matters are additional reasons for referral identified in the literature (Westcot & Dries, 1990).

An issue that has been identified as being critical to working with single mother families is taking a second order cybernetics approach to therapy; that is, an approach which implies that each family member is bringing his/her own understanding and meaning making into family interactions and therapy sessions (Slovik & Griffith, 1996). In this view the “traditional” or “normal” family is regarded as a myth (May, 2001; Brabeck, Walsh, Kenny, & Comilang, 1997).

As previously noted, many authors have addressed that our society views single parent families as flawed or imperfect versions of the “normal” two-parent family (Anderson, 1999; Goldenberg & Goldenberg, 1998; Jung, 1996; Walsh, 1993; Walters, 1988). Jung (1996) and

Anderson (1999) suggest that many single mother families have internalized the societal view of single parent families.

Family therapists conceptualize the family as a system, which moves through certain predictable stages in time - the family life cycle. What sets the family system apart from other systems is that members can join through birth, adoption, commitment, or marriage but they can leave the system through death only. Entrances and exits of members into the system are critical periods in the family life cycle that pose challenges to the system (Carter & McGoldrick, 1999). Anderson (1999) and Kissman (1991) viewed it as critical to take a life cycle perspective, when working with single mother families, because the formation of a single mother family constitutes a life cycle transition, which puts the family on its own trajectory through the life cycle. Assuming this perspective allows therapists to normalize the turmoil experienced by the family who is in the midst of such an event. The therapist takes a longitudinal perspective, emphasizing the family's resilience and ability to adapt, which communicates the therapist's belief in the family's ability to adapt to the changed circumstances (Anderson, 1999; Carter & McGoldrick, 1999).

The literature suggests that therapists need to assist single mothers in seeing their personal situation within the larger societal context (Anderson, 1999; Becker & Liddle, 2001; Walsh, 1993; Walters, 1988). Also, family therapists need to help families let go of outdated myths of what a functional family looks like, and help them find their own creative ways to function successfully (Atwood, 1995; Carter, 1988). Since single mothers live in a society that gives them little to no support, therapists need to support the single mothers by acknowledging their needs and respecting them as persons, which in turn allows them to support, set limits, and respect their children (Becker & Liddle, 2001). Anderson (1999), Kissman (1991), and Jung

(1996) suggested using a strength-based approach to working with single mother families. Anderson pointed out that hearing the mother's story is necessary to help her see her strengths. Jung (1996) proposed an ecological perspective to family-centered work with single parent families, created through divorce, which "recognizes the importance of examining the needs of families in relation to their culture and community, their ability to acquire needed goods and services, and available support systems." (p.587). Becker and Liddle (2001) reported on using a multidimensional family therapy (MDFT) approach with single African American mothers and their teenagers. MDFT was described as addressing the mother/ teenager relational system, the self of the mother, and the self of the teen. In fact, the self of the mother is seen as essential to the goal of therapy, since it may hold the key to what stands in the way of her being competent in facing the challenges of raising a teenager (Becker & Liddle, 2001). Fulmer (1983) proposed the use of a structural approach to dealing with grief and mourning in single parent family systems. Addressing loss as an issue in therapy within the life cycle framework validates that many women end up as single mothers by default; - a relationship did not work (Anderson, 1999; Carter & McGoldrick, 1999; Jung, 1996).

None of the suggested approaches to family therapy with single mothers have been tested empirically. Also, no studies have explored how single mothers perceive their experiences in family therapy. Krumpe (2002) investigated the experiences of mothers in family therapy. Several of the others in her study were single mothers. Avis and Turner (1991) have noted the lack of research into the experiences of women in family therapy, be it as clients, counselors or supervisors.

Current approaches to family therapy with single mother families do not include a systematic approach to address the individual meaning making of the mother. However, a

common thread among the suggested family therapy approaches with single mother families appears to be the recognition that the individual development and well being of the mother influences her ability to deal with her difficult situation. Ahrons (1994), Anderson (1999), Becker and Liddle (2001), Carter and McGoldrick (1999), and Jung (1996) regard the mother's development as related to her ability to parent under difficult circumstances. Nichols (1987) discusses the need to be aware of the 'self in the system'. However, since systems theory does not provide a conceptual framework for individual development, an additional theoretical framework is needed to incorporate individual development into a systems perspective.

Cognitive developmental theory has been shown to be a useful framework to investigate adult meaning making. In particular ego development is useful to explore how single mothers construct meaning of their experiences family therapy, since this framework was developed on women.

Theoretical Rationale

Cognitive Developmental Theory

Cognitive developmental theory, which regards behavior as a function of the interaction between the characteristics of the individual and the environment, based on Lewin's (1935) field theory, may provide the theoretical basis that links individual development to systems theory. Cognitive developmental theories focus on how individuals construct meaning out of their experiences and have been shown to be a useful theoretical framework to understand differences in how individuals construct meaning of their experiences (Kegan, 1982). Different theorists have proposed discrete models of cognitive development, i. e. Piaget investigated cognitive growth, Kohlberg developed a theory of moral development, Loevinger advanced an ego development theory, and Harvey, Hunt and Schroeder explained conceptual development

(Kegan, 1982). These theories describe individual development in terms of the influence of thought processes on behavior. They share as a central construct that the complexity of an individual's cognitive and affective processes is seen as a function of the individual's stage development (Foster & McAdams, 1998; Hunt, 1975; Loevinger, 1977; Kegan, 1982; Reiman & Thies-Sprinthall, 1993; Rest, 1994). Individuals are described on a continuum of increasing conceptual complexity, self-awareness, and independence (Hunt, 1975; Loevinger, 1976; Kegan, 1982). Lower cognitive development tends to lead to more impulsive behavior and more rigid, concrete thought. Upward movement on this continuum allows individuals to evaluate situations from multiple perspectives, increases their behavioral repertoire, decreases stereotyping others, and facilitates the integration of conflicting information (Hunt, 1975; Loevinger, 1977; Labouvie-Vief, Hakim-Larson, & Hobart, 1987). According to these theories, how single mothers make meaning and react to their situation is predicated upon their individual development.

A particular useful framework to conceptualize the adult development of women may be Loevinger's ego development theory. This theory originated in Loevinger's desire to gain a better understanding of personality patterns of mothers in particular, and women in general, at a time that mothers were blamed "for the sins and personal failings of their children" (p.1, (Loevinger, 1998). This would seem to make it an appropriate theoretical framework for application in the proposed study.

Ego development

Loevinger (1976) describes ego development as the course of the individual's character development, which encompasses moral development, cognitive development, and interpersonal relationship development. The ego is seen as the "master trait", the organizing structure in personality, and the core factor behind individual differences between age cohorts (Loevinger,

1977). The ego provides the cognitive frame for how the self, others, and the environment are perceived and interpreted thereby guiding the individual's behavior in relationship to self, others, and the environment (Borders & Fong, 1989). The ego develops through a hierarchical and cumulative sequence of stages, with each stage building on the previous stage. While one's ego becomes increasingly differentiated, integrated, and internally focused, one's interpersonal style moves from being dependent to being manipulative, to being mutual in orientation (Hauser, 1976). Swensen, Eskew and Kohlhepp (1981) describe an inverse relationship between ego development and dependence on the environment.

Cognitive development and counseling. Family members bring their own understanding and ways to make meaning of experiences into the family interactions as well as into the therapy session (Slovik & Griffith, 1996). The goal of therapy is to promote change, which implies growth; therapists need to tailor interventions to the developmental stage of the client. Since an individual's developmental stage determines how the individual makes meaning of her situation, D'Andrea and Daniels (1992) stated "counselors must understand and relate to clients within the context of their meaning-making system" (p.22). Applying a cognitive developmental framework to family therapy allows meeting clients where they are, by taking the client's individual development into consideration when choosing interventions (D'Andrea & Daniels, 1992; Swensen, 1980). As suggested by D'Andrea and Daniels (1992) Loevinger's ego development theory and its measure the SCT can provide a framework for developmentally appropriate therapeutic interventions. Sprinthall, Peace, and Kennington (2001) have made specific recommendations for counseling techniques according to clients' ego development. Furthermore, how the client makes meaning of the therapeutic experience is predicated upon her cognitive development.

Purpose of the Study

The purpose of the study was to explore how single mothers' experience family therapy and how they construct individual meaning of this experience. This research provided insight into what aspects of family therapy single mothers experienced as beneficial and which they did not. The use of ego development theory as a theoretical framework illuminated the degree to which family therapy interventions 'match' the individual development of the single mothers.

The grand tour question for this study was: What is the experience of single mothers in family therapy?

Subsequent questions the study attempted to answer were:

What did they want to achieve in family therapy?

What were their expectations?

What was their perception of how the therapists saw them?

What is the role of cultural values on the single mothers self perceptions?

What were the mother's perceptions of the influence of family therapy on the relationship with their child/ren's school?

From an ego developmental perspective, how did they construct meaning of this experience?

Methodology

Avis and Turner (1991) have noted the lack of research into the experiences of women in family therapy, be it as clients, counselors or supervisors. The qualitative design of this study explored single mothers' experiences in family therapy. Participating single mothers were recruited among clients who had participated in at least four family therapy sessions in a college family counseling clinic, which receives referrals from local school systems. In addition, to two individual interviews, single mothers were given the Washington Sentence Completion Test

(SCT) to assess their ego development stage (Loevinger & Wessler, 1970). Interview data was analyzed using Loevinger's ego development theory as a theoretical framework. An analytic inductive approach to data analysis was used.

To increase trustworthiness of the information, verification of the study was conducted through member checking of interview transcriptions, triangulation of data, and external audits by members of my committee. The triangulation of data through multiple sources supported generating themes from various perspectives. Researcher bias was acknowledged.

Significance of the Study

The study provided information on how single mothers view the family therapy process and the family therapists providing the service. Shadish, Ragsdale, Glaser, and Montgomery (1995) argue for a universally applicable outcome measure for marriage and family therapy. Using a qualitative approach to explore women's experience in therapy may give information that could assist in developing such an outcome measure. Since single mothers are faced with the task of taking care of all their family's needs, it can be assumed that addressing the need to embrace male and female qualities in oneself as a therapeutic goal is of particular significance. The study gave insight into this. Using ego development as a theoretical framework for this study gave insight into the relationship between ego development stage and experience in family therapy.

Limitations and Delimitations

Participants in the study were limited to single mothers who had been referred by surrounding school systems, due to problems experienced by the children. The fact that study participants were volunteers may have increased the chance that the women had a relatively positive experience in family therapy. As with any qualitative study, this study has limited

generalizability. It is left up to the reader to decide whether findings can be applied to their particular setting.

Summary

This chapter has presented an overview over the phenomenological investigation into the experience of single mothers in family therapy. It gave theoretical and historical background information concerning the problem proposed for investigation as well as delineating ego development as the theoretical framework that was used to guide data analysis. Then it outlined the methodology of the study. The next chapter will review the literature, relevant to this study.

Definition of Terms

Bracketing: The researcher's process of setting aside preconceived notions about the experience under study, to better understand participants' experiences.

Boundary: The invisible demarcation between parts of system or systems, which is defined by explicit or implicit rules regarding participation and involvement.

Circularity: Individual behavior in a family system is seen as interactional and sequential, with each family member's behavior equally influential in the sequence.

Complementarity: The degree to which the assignment of roles and responsibilities between family members is perceived as balanced by the members involved.

Coding: A procedure in qualitative data analysis that disaggregates the data, breaking it into manageable segments and identifying names for the segment.

Constant Comparative: A qualitative method of data analysis which employs a continuous process of categorizing, sorting and resorting, coding and recoding throughout the data collection process, developing emergent themes and categories of meaning

Cybernetics: The study of methods of feedback control within a system. Systems are seen as self-regulating by using feedback loops to control the flow of information in and out of the system and within the system.

Decalage: The tendency for a person to be at different stages with respect to different issues or even at different moments.

Disengagement: A family organization with overly rigid boundaries, in which members are isolated and feel disconnected to each other, each functioning separately and autonomously and without involvement in the day-to-day transactions within the family (Goldenberg & Goldenberg, 1996, p. 422).

Double bind: An individual that receives contradictory information himself/herself or his or her actions is in a no-win conflict producing situation (Goldenberg & Goldenberg, 1996).

Equifinality: Similar outcomes can result from different ways of doing something.

Essence: Reduction of the participants' meanings of the experience to the invariant meaning of the experience.

Family life cycle: A series of longitudinal stages that mark family life. It describes sequential stages as the family moves through time.

Feminist family therapy: A form of collaborative, egalitarian, nonsexist intervention, applicable to both men and women, addressing family gender roles, patriarchal attitudes, and social economic inequalities in male female relationships (Goldenberg & Goldenberg, 1996, p. 424).

First order cybernetics: A view from outside of the system of the feedback loops and homeostatic mechanisms that transpire within the system (Goldenberg & Goldenberg, 1996, p. 424).

Grand Tour question: the overarching research question in a qualitative study.

Homeostasis: A dynamic state of balance or equilibrium in a system, or a tendency toward achieving and maintaining such a state in an effort to ensure a stable environment (Goldenberg & Goldenberg, 1996, p. 425).

Inter personal: Interactional between individuals.

Intra psychic: Within the mind or psyche of the individual.

Neutrality: A non-judgmental position by the therapist

Ogive: Frequency distribution

Paradigm: A set of assumptions that describe a specific world view, which outlines how to investigate a problem and how to interpret findings.

Phenomenon: The experience under study

Phenomenology: Describing an experience under study from the internalized subjective view points of the participants.

Second order cybernetics: A view of an observing system in which the therapist is part of what is being observed and treated rather than attempting to describe the system by being an outside observer (Goldenberg & Goldenberg, 1996, p. 430).

System: A set of interconnected components that make up a whole.

CHAPTER TWO

The previous chapter described the need to gain insight into single mothers' perceptions about their experiences in family therapy. The rationale for using an ego development perspective to analyze the women's reports of their experiences was given. A short overview over the methodology of the study followed. The current chapter gives a synopsis of what is known about single mother households. Then an overview of family therapy theory, its history, and results from family therapy outcome studies is presented, followed by a critique of family therapy from a feminist perspective and a review of the literature on how women are seen in therapy. The difficulties inherent in family therapy with single mother families and current approaches to treatment with single mothers will be reviewed. A brief overview of cognitive developmental theory and ego development will be given, followed by a review of empirical studies of women's ego development. Finally, the chapter will delineate the relevance of (1) ego development to family therapy practice and (2) qualitative research methods to family therapy studies.

Single Mother Families

Single parent families are not a new phenomenon, since marriages have always ended through early death, separation, or desertion (Amato, 2000; Walsh, 1993). What has changed is that today 43.2 percent of single mothers were never married (U.S. Census, 2000). Among industrial nations, the U.S. has the highest rate of teenage pregnancies in the world (Amato, 2000). According to the U. S. Census (2000) about half of first marriages end in divorce. Due to these factors, the number of single family households has more than tripled over the last thirty years (Gringlas & Weinraub, 1995).

Remarriage rates for divorced men and women are 75 percent and 65 percent respectively, leaving a significant number of divorced individuals in the single parent category permanently (Anderson, 1999). It is estimated that about 60 percent of first divorces involve children under the age of 18 (Ahrns, 1994). Thus at least half of the children born in the 1990s, can expect to spend part of their childhood in a single parent household (Amato, 2000). Almost 20 million children under the age of 18 live in single parent households (U.S. Census, 2002). Of these households 2 million are headed by fathers and 9.7 million by mothers (U.S. Census, 2000).

Mother headed versus Father headed Single Parent Households

Issues for single parents differ significantly for mothers and fathers, with fathers fairing better financially and mothers having better social and emotional support systems (Anderson, 1999). Most single father families are created through divorce with remarriages occurring fairly soon after the divorce (Sugarman, 1998). Studies show that after divorces men's income often remains stable, whereas women's drops between 15 to 30 percent (Ahrns, 1994). Society regards custodial single fathers as self-sacrificing and heroic, reflecting stereotypical gender role attributions, whereas mothers are expected to take care of their children (Anderson, 1999).

Although single mother households represent the whole socioeconomic spectrum, including poor, never married, minority women who are struggling to raise children on welfare, as well as never married, affluent, well-educated women who are choosing to raise a child without a partner (Goldenberg & Goldenberg, 2001), many single mother families live on incomes just above or below the poverty line (Amato, 2000; Bianchi, 1995). In 1991, 50 percent of children living in single mother households lived in poverty (Bianchi, 1995). The economic problems single mothers face, make them more vulnerable to the experience of stress and

depression (Hall, Gurley, Sachs, & Kryscio, 1991; McLoyd & Wilson, 1990). Also, regardless, of whether mothers have full or joint custody, they are more likely to bear main responsibilities for their children (Ahrons, 1994). Therefore, single mothers find themselves in a double bind: by working they run the risk of being seen as neglecting their children, and if they do not they are regarded as taking advantage of an overburdened welfare system, setting a bad example for their children (Anderson, 1999; Walters, 1988). Also, due to differences in earning power between the genders women who become single mothers are at a significantly higher risk of living in poverty than men who become single fathers (Amato, 2000).

Differences between Single Mothers and Married Mothers

Compared with married mothers, single mothers work longer hours, face more stressful life events and more economic problems, and have less emotional support (Gringlas and Weintraub, 1995). Yet, when analyzing data collected in the National Survey of Families and Households (NSFH) Acock and Demo (1994) found no significant differences in mothers expectations for their children's behavior, between randomly selected data of never married single (n = 418), divorced (n = 677), first married (n = 1085) or remarried mothers (n = 277). The authors explain differences in the group sizes as necessary for a meaningful statistical analysis and correcting for this by weighting the NSFH data. Mothers across these groups saw it as important that their children, follow the rules, do well in school, and control their temper. These findings were stable across the ages of the children, which contradict the hypothesis that single mothers become laxer in their child rearing practices as children get older due to the chronic stress inherent in their situation. In this study the single mothers were most likely to restrict television viewing if their children misbehaved. For children between 5 and 11 no differences were found for maternal control. More first-married mothers required their adolescents to do

homework before play than divorced mothers, but no more than single mothers. No differences among the three groups for reminders to do chores or requiring them to do chores before play was found. This does not support the notion that single mothers have less control over their children. In this study, the mothers' well being was highly correlated with their perception that their children were doing well, especially for single and divorced mothers.

These findings are significant when considering family therapy with single mother families, because they contradict the belief that never married and divorced mothers are less invested in the well being of their children. Also, the data showed high levels of maternal support, as evidenced in encouraging and hugging the child. This contradicts the notion that single motherhood in itself contributes to worse parenting practices, while at the same time highlighting the added stress these mothers must feel in their role as mothers. Overall more variance within the different types of families was found than between the groups.

Child Well-being in Single Mother Households

Cultural norms and beliefs assume that if parents are an important resource for children's development two parents are better than one. What is implied in this assumption is that healthy values and expectations for children are somehow connected to traditional families and can be maintained in these families, only. The belief that a two-parent family is inherently healthier than any other family presumes that a single parent family is inevitably damaging to its members (Walsh, 1993). This negative view of single parent families is reflected and reinforced by research and literature. Acock and Demo (1994) identified the family composition paradigm, which views a two parent family as essential for normal child development as a scientifically sanctioned view of conceptualizing pathology. However, levels of income and degree of social

support have been shown to influence single parents' ability to cope with their situation (Amato, 2000).

Empirical studies abound that support higher levels of dysfunction in children of single mothers (Dawson, 1991; Gringlas & Weintraub, 1995; Clark et al., 1993; Hetherington & Clingenpeel, W, 1992; Lipman, et al., 2002; Vaden-Kiernan et al., 1995). However, many studies fail to control for variables such as poverty, a history of having lived in a dysfunctional or abusive family before the parents' separation or divorce, and the family's degree of adjustment to the circumstances that lead to the creation of the single parent family (Anderson, 1999; Walsh, 1993; Walters, 1988).

Findings from the 1988 National Health Interview Survey on Child Health ((NHIS-CH), a random, nationally representative sample of 17,110 children under 18 suggest that children in single mother households have a higher risk of developing health problems, academic problems, and being suspended from school. Also, the predicted probability of needing treatment for emotional problems was two to three times higher for children from single mother households (Dawson, 1991). A study in Canada by Lipman et al. (2002) based on data from the Canadian National Longitudinal Survey of Children and Youth (NLSCY) compared children's well being, measured as social impairment, psychiatric problems and math scores, in single mother families (n = 1,286) and two parent families (n= 8,112). Results indicated that children in these family constellations develop problems for the same reasons: household income, maternal depression, and hostile and punitive parenting. However, single mother family status by itself was a significant predictor of child difficulties, which was related to lower household incomes in single mother families, higher rates of maternal depression related to lower income, and higher rates of hostile and punitive parenting related to maternal depression and lower income.

Social Networks in Single Mother Households

Many writers have discussed the relationship between the quality of social networks and maternal and child well being in single mother households (Anderson, 1999, 2003; Amato, 2000; Simons, 1996). Studies suggest a positive relationship between maternal and child well being and the strength of social support networks in single mother households (Burchinal, Follmer, & Bryant, 1996; Gringlas & Weinraub, 1995; McLanahan, Wedemeyer, & Adelberg, 1981).

Amato, (2000), Anderson (1999, 2003), and Burchinal et al. (1996), pointed out that for economic reasons often single mothers do not reside in their own households, In 1995 about one fourth of all single mothers lived in households headed by another individual, be it parent, other relative, friend, or partner (London, 1995). Aronson and Huston (2004) described cohabitation as a third family constellation. These living arrangements may entail mixed blessings, depending on the quality of relationship and the ability of family members to accept the mother's authority and autonomy (Anderson, 1999; Burchinal et al. 1996). In cohabitating families the stability of the relationship becomes a factor that needs to be considered when evaluating the quality of support this provides (Aronson & Huston, 2004).

Support systems, such as networks of friends, coworkers, and also societal institutions can provide practical and emotional sustenance for single mother families (Hetherington, Law, & O'Connor, 1993). A societal institution all single mothers have to deal with is their children's school. Epstein (1987) described schools and families as overlying areas of influence on children's education and growth. Hetherington et al. (1993) implied that the warm, structured and predictable environment of day care centers and schools can give children the necessary stability at a time when they experience upheaval in their families due to separation or divorce.

Single Mother Families in School

Yet, data suggests that children from two parent households have fewer behavior problems in school and perform better academically than children from single mother families (Lipman et al. 2002; Gringlas & Weinraub, 1995; McLanahan & Sandefur, 1994). In a study that compared teacher, maternal and child perceptions about preadolescent children's behavior and academic performance, teachers rated children from single mother families as less socially competent and less well performing academically than children from two parent households (Gringlas & Weinraub, 1995). They also reported more behavior problems for children from single mother households. However there were no significant differences between how the mothers from the two groups evaluated their children (Gringlas & Weinraub, 1995). Ricciuti (1999) found that single motherhood did not negatively affect school readiness in a sample of 700 White, Black and Hispanic 6 and 7 year-olds in a large national survey, despite the single mothers' lower income levels. No differences were found between the three racial groups.

Epstein (1990) examined the effect of marital status on parent- teacher interactions. She found that single parents reported more teacher requests for involvement in learning activities in the home than did married parents. However, Epstein found that teachers differed in their expectations and request for parental involvement: Those teachers who expected parents to be involved in their children's education, made those requests part of their normal class room activities and consequently no differences in requests were found. Those teachers who did not expect parental involvement on a routine basis made more requests of single parents than of married parents. Parental follow through in this second group was found to be lower, which was attributed to less explicit directions for the activities. A logical conclusion from these findings may be those teachers, who have lower expectations for parental involvement, because they do

not see parents as partners in their children's education may also hold more negative views of single parent families. No studies were found that examined the parent school relationship from a parental perspective.

Family Therapy

Family systems theory represented a paradigm shift away from seeing individual behavior as linear and intra psychically rooted, to a view of behavior as a circular, dialectic process in which participants mutually influence each other and are equally involved. (Becvar & Becvar, 1996). In family therapy, interaction patterns between individual family members rather than intra psychic processes or learned behaviors become the therapeutic focus.

The family is seen as a system in which the individual family members are connected and interact through prescribed rules and roles and recurring transaction patterns. All family members participate in the interactional patterns of the family, to maintain family relationships, and meet the changing needs of individual family members as well as the needs of the whole family. Any change in one part of the system will affect the whole system. No specific situation or person is considered to be causing positive or negative events; rather all participants contribute equally to any particular chain of events, a construct known as circular causality. Dysfunction is viewed as the product of flawed interaction patterns, making the interaction patterns between family members, the focus of therapeutic interventions (Goldenberg & Goldenberg, 1996). Symptoms allow the family to maintain homeostasis (stability) (Slovik & Griffith, 1992). Moreover, families are separated from their environment through boundaries. A healthy system has permeable boundaries that allow for information exchange with the environment; whereas in a closed system the information exchange is not sufficient and interferes with the overall functioning of the system.

Every family system moves through predictable stages in time, a phenomenon referred to as the family life cycle. Family systems are differentiated from other systems by the fact that members can enter the system through birth, adoption, commitment, or marriage, but exiting the system is possible through death, only. Critical periods in the family life cycle are entrances and exits of members into the system, which pose challenges to the system by requiring adaptation to changed circumstances (Carter & McGoldrick, 1999; Goldenberg & Goldenberg, 1996). The family's ability to adapt depends on its resources and flexibility, which, in turn, influences individual development of its members.

Theoretical Roots

The theoretical basis for family therapy is found in 20th century scientific theory: the cybernetics movement and General Systems Theory (Goldenberg & Goldenberg, 1996). The cybernetics movement brought together leading scientists from engineering, mathematics, and the social sciences, who were all interested in finding ways in which living or nonliving systems would correct errors through self-regulating feedback loops to achieve a predetermined goal (Goldenberg & Goldenberg, 1996). The term cybernetics was coined by Norbert Wiener, a mathematician studying information processing, who described cybernetics as the "science of communication and control" (Slovik & Griffith, 1992). Since self-regulating feedback loops control how systems maintain their stability by reentering information from past performance into the system achieving current functioning, future behavior patterns can be changed if feedback information is altered (Goldenberg & Goldenberg, 1996). In short, cybernetics emphasized the control mechanisms that regulate systems and introduced the concept of circular causality through these feedback loops (Nichols, 1984).

The biologist Ludwig von Bertalanffy, who regarded cybernetics as too mechanistic, developed the notion of General Systems Theory (Nichols, 1984). He regarded any living organism as an open, active, creative system, which takes in and puts out information (Becvar & Becvar, 1999). Appearing stable and unchanged, the organism is nevertheless in constant flux, achieving higher levels of organization and wholeness through steady exchange of information with the environment. Living organisms are seen as organized wholes, not just the sum of their parts. They actively influence their environment and do not just react to environmental stimuli. Also, differing actions and behaviors by organisms, can lead to the same outcome, a construct called “equifinality” (Nichols & Schwartz, 2001).

Historical Perspective

Gregory Bateson, an anthropologist and ethnologist, applied cybernetic principles to human communication and introduced the idea that the family could be seen as a system (Slovik & Griffith., 1992; Goldenberg & Goldenberg, 1996). The interest in studying families rather than individuals was related to the problems encountered during the reunification of many families after World War II. Professionals working in the Child Guidance Movement, who regarded psychological problems in children as caused by overbearing mothers, treating mothers and children separately and focusing primary on treatment of the disturbed child, began to view the family as an extension of the child. Nathan Ackerman, a child psychiatrist, working in this movement, first recommended studying the family as a means to understand the child. The family gradually became “the basic unit of treatment” in his view (p.22, Nichols & Schwartz, 2001). Ackerman suggested that therapists engage emotionally with families and make implicit family conflict explicit during sessions (Nichols & Schwartz, 2001).

At the same time, family researchers began to be interested in the relationship between family dynamics and the development of psychopathology in individual family members (Slovik & Griffith, 1992; Goldenberg & Goldenberg, 1996). Specifically, early family research focused on interactional patterns of families with a child suffering from schizophrenia. Bateson studied communication patterns in his schizophrenia project in Palo Alto, where he differentiated between report and command functions of communication. In 1956, Bateson, Haley, and Weakland published a paper on the double bind construct, which described how a child may repeatedly receive contradictory messages from a care giving adult. This was felt to eventually lead to the development of symptoms of schizophrenia due to the child losing the ability to comprehend the meaning of any communication (Goldenberg & Goldenberg, 1996). Murray Bowen also studied communication patterns in families with a schizophrenic child. He observed that parents of schizophrenics maintained what he called “emotional divorce”, an emotional detachment from each other, which was masked by their concern for their disturbed child. The child’s disturbance functioned to cause dependence and allow the parents to stay connected, maintaining homeostasis in these families (Goldenberg & Goldenberg, 2001).

Salvatore Minuchin, an Argentinean born psychiatrist, was the first family therapist that worked specifically with single mother families. He developed his theory of structural family therapy while working with delinquent youths at the Wiltwyck School for boys in New York. He observed two predominant interaction patterns in dysfunctional families: family members were either enmeshed (too involved with and close to each other) or disengaged (isolated from each other). Also, these families were lacking in a clear hierarchy (Nichols & Schwartz, 2001).

Paradoxically, Minuchin and Haley came to conceptualize families as ‘natural organisms’ that need protection from social welfare and mental health programs, regarding such programs as

intrusions into private spheres that threaten self determination, individuality, and personal integrity (Goldner, 1991). These early family therapists stressed the importance of families being self-sufficient and self-regulating, de-emphasizing the need for connection.

During the late 1960 women began to take note that white men dominated the field of family therapy, and that gender and race as organizing principles of families were being ignored (McGoldrick, 1998). Since systems theory was developed by white men, in a world dominated by them, women were defined as wives, mothers, and “other” only, making the female experience in the family invisible (Walsh & Scheinkman, 1989).

First Order versus Second Order Cybernetics

What has come to be known as first order cybernetics moved the unit of study from the individual to the system. However, the observer i.e. therapist stayed outside the system, attempting to understand what goes on in the system from a frame of reference that did not include herself and assumed that she knew what needed to happen (Becvar, & Becvar, 1996; Featherstone, 1993; Slovik & Griffith, 1996). In this view the family is conceptualized as consisting of a parental subsystem, the mother and father, and a sibling subsystem, with the children. Labor is divided traditionally with women being primarily responsible for taking care of the household and all family members and men’s primary responsibility is limited to taking care of the family’s financial needs (Leslie, 1995; Walsh, 1993).

In single parent families, one parent is absent from the household, through either death, birth out of wedlock, or divorce or separation. In these families a “parent-ghost can exist for either the parent or the children... when there is no contact with the absent parent (p.41, Atwood & Genovese, 1993). Atwood and Genovese suggest that the gap existing in these families is generally filled by the “parental child’ which leads to cross-generational coalitions and a child

that is overwhelmed and overburdened by adult responsibilities. Acock and Demo (1994) identified the family composition paradigm, which views a two parent family as essential for normal child development as a scientifically sanctioned view of conceptualizing pathology. “Families are viewed through a particular lens, which can perceive the unit as appearing to be pathological (James & MacKinnon, 1984), although this appearance may not always be the actual experience of the individual family members (Palazzoli, 1985)” (p.16; Featherstone, 1996).

In contrast, second order cybernetics views each family member as bringing his or her own understanding and ways to make meaning of experiences into the family interactions as well as into the therapy session (Slovik & Griffith, 1996). Within this framework, the observer, i.e. therapist, is no longer seen as an objective observer, but as herself influencing and being influenced by the system, as well as bringing her own experience to therapy. In a second order cybernetics view, understanding how the client makes meaning of her experience of family therapy, as well as what that experience is becomes important, reflective of a constructivist epistemology and feminist orientation. In this view the “traditional” or “normal” family is regarded as a myth (Luther, Doyle, Suchman, & Mayes, 2001; Walsh, 1993). Families can take on many forms and structures: single parent, extended, blended, divorced, lesbian, and gay (Anderson, 1999; Boss & Thorne, 1989).

Feminist Family Therapy

Foster and May (in press) describe feminism as a philosophy that challenges all traditional counseling theories and practices to be more inclusive of diversity and focus more on social transformation. Feminist therapists see women as an oppressed group in society and are concerned with the psychological effects of oppression (May, 2001). The concern with

oppression extends to issues of race, ethnicity, and sexual orientation, which have been ignored or even pathologized by traditional family therapy practice (Leslie, 1995). Leslie (1995) identified three groups that have been ignored or even pathologized by traditional family therapy practice: “women in families, racial-ethnic minority families, and gay and lesbian families” (p.359). Furthermore, he argued

As traditionally practiced, marital and family therapy (a) does not take into consideration the broader social context when examining family dynamics, (b) ignores power differences both within the family and in the larger society, and (c) works from an assumption of a monolithic family form (p.360).

Feminists believe that men as the dominant group have controlled access to power and resources throughout history, enabling them to assign inferior status to female characteristics and social roles. Goldner (1991) describes family therapists as acting as if power differences between the genders end when families and couples return to the privacy of their home. The systemic concepts of circularity, neutrality, and complementarity ignore the power differential between men and women. Especially in the case of spouse abuse, the notion that partners engage in repetitive patterns of mutually reinforcing behaviors and that all parts of the system engage equally in the production of symptoms is obviously blaming the victim (Goldner, 1985).

Feminist theory has provided family therapists with a different lens to conceptualize families, regarding gender and generation as the central organizing principals in the family, thereby making power differences within the family visible (Goldner, 1985; Hare-Mustin, 1986). Sex and generation are predetermined, but the roles attributed to gender are socially constructed. All individuals, regardless of their sex are profoundly affected by these social constructions (Fox & Murr, 2000). In fact, many problems for which families present for therapy originate in

contemporary gender socialization and subsequent power inequalities between men and women (May, 2001). A feminist perspective to family therapy assumes that instrumental and expressive tasks are equally important to healthy family functioning and are not tied to gender roles, but can be fulfilled by men and women (Boss & Thorne, 1989). Feminine and masculine qualities are seen as equally important and all individuals are encouraged to integrate their male and female qualities (Fox & Murr, 2000; May, 2001).

Problems in any area of life are seen as politically and culturally connected, “reflecting and expressing ideologies and power relations in society” ([p.19, Featherstone, 1996). Feminist theorists regard the personal as political due to (1) the centrality of family to a woman’s identity, as a mother, (2) the tremendous benefits of families from female labor, and (3) the family’s importance to society in preparing members for their roles in society (Braverman, 1988; Hare-Mustin, 1998). If families are seen out of context, family pathology is located completely within the interpersonal relationships in the family, ignoring broader patterns of oppression in society and culture (Avis, 1988; Lerner, 1988). However, family relations are influenced on a daily basis by work place policies and the differential earning power of men and women. Since the family functions within the larger societal system, concentrating on the family system in isolation entails a partial system analysis only (Avis, 1988; Featherstone, 1996). Areas of central importance in women’s lives are how motherhood and family are viewed in contemporary society. Historically, mothers have been portrayed as “the Angel of the house” who made it her life’s mission to take care of all family members and household chores selflessly and single handedly or “the Wicked Witch” who neglected and abused her children (Caplan, 1989). Between these two extremes it becomes easy to blame mothers, regardless of their marital status.

Therapists' View of Mothers

With the advent of object –relations and attachment theories, which view the mother-child relationship as the “cradle” for pathology, mother blaming became psychotherapeutically sanctioned. In family therapy, more often than not, mothers are blamed for their children’s problems (Anderson, 1999; Walters, 1988; Walsh, 1993). Many family therapists blame mothers for over functioning in the family, paying less attention to distant fathers (Boss & Thorne, 1989). Also, therapists often ‘unbalance’ the family, by targeting the mother with therapeutic interventions not because they are the most dysfunctional, but because they are the most willing to change, being most invested in the change process (Luepnitz, 1988; Walters, 1988).

Caplan & Hall- McCorquodale (1985) examined the degree of mother blaming in the professional literature by reviewing 125 journal articles, published in nine major mental health journals in 1970, 1976, and 1982. These journals were chosen from 71 mental health journals on the Union List of Scientific Serials, on the basis of containing articles that dealt with the etiology of pathology and were available in Toronto, where the study was conducted. Reasons for selecting the specific years were given as 1970 being at the beginning of the feminist influence on psychotherapy and 1982 being the last full year, when these journals were available, with 1976 being halfway between those two years. Obviously, they did not use a representative or random sample of journals. They set out to answer the following questions: (a) What is the extent of mother blaming in major mental health journals and (b) has mother blaming decreased due to the feminist movement?

The authors were unable to detect a pattern of decreased mother blaming over time. It is unclear however, whether they directly compared they articles from 1970 with the articles from 1982. Moreover, their analysis was limited to giving frequency counts and percentages. They

found differences in how mothers and fathers are viewed in contributing their children's psychological maladjustment. Overall, 72 different psychopathologies were attributed to mothers. Only 17 percent of the time the father was mentioned as the cause of the problem, when father or mother was mentioned as the cause of the problem. Mother's pathology was seen as affecting the family in 64 percent of the articles, compared with 34 percent for father's pathology. Due to the small and non-representative sample of nine journals, their findings cannot be generalized to the mental health literature at large. Despite those limitations, what is of interest for the proposed study is the finding that father absence was noted, but seen as not contributing to the problem in 24 percent of the articles, whereas mother absence was only mentioned in 2 percent of the articles as not contributing to the problem. Overall, mother absence was regarded as a problem in 54 percent of the articles, compared with 33 percent for father absence. The authors voiced concern over how this affects single mothers, who bring their children to treatment, making themselves available to be pathologized. They point out that for all involved; it is easier to blame a child's problems on the available parent, rather than investigating the effect of parent absence (Caplan & Hall-McCorquodale, 1985).

A study that compared family counselors (n=15) and non family counselors (n=50) attitudes toward women and motherhood found that family counselors had significantly ($p < .001$) more liberal attitudes toward women than non-family counselors (Hare-Mustin & Lamb, 1984). The authors administered the short version of the Attitudes toward Women Scale (AWS) (Spence, Helmreich, & Stapp, 1973) and the Motherhood Inventory (MI) (Hare-Mustin & Broderick, 1979) to 65 mental health professionals in community-based programs for adolescents. Significant differences ($p < .005$) between men and women across the two groups as well as within the two groups were found, with women being more liberal than men. The authors

conclude that younger family counselors are more liberal in their attitudes toward women than non-family counselors, however it is unclear on what they base this claim.

Unfortunately, the authors did not state their hypotheses or research questions. Also, the article would have more clinical relevance, if validity and reliability data were given for the two instruments that were administered. Since the authors did not specify how this sample was selected; the assumption is made that this is a convenience sample, which precludes generalizability of the findings. Moreover, the difference in size of the two groups under investigation may have influenced the results. Despite these limitations, this study is of relevance to the proposed study, due to it raising the question of potential differences in therapist's attitude toward women.

This section reviewed the scarce empirical investigations into the notion that therapists hold mothers responsible for the problems of their children. Although the empirical findings are inconclusive, there seems to be enough evidence to warrant further exploration. Avis and Turner (1996) have pointed out that very few studies have looked at the experiences of women as clients, counselors, or supervisors.

Family Therapy Outcome Studies

Although the effectiveness of marriage and family therapy has been studied extensively, no studies have investigated therapy outcome with single mothers. Shadish, Ragsdale, Glaser, and Montgomery (1995) conducted a meta-analysis of 163 random studies of marriage and family therapy conducted until 1988, concluding that family therapy works at least as well as other forms of therapy. Of these studies 62 treated couples and 101 families. In 71 studies the treatment group was compared to an untreated control group, and 105 compared differing marriage and family therapy (MFT) approaches. Since some studies compared different MFT

models with a control group, the number of comparisons was higher than the actual number of studies. A moderate effect size ($d = .51$) was found for the studies comparing MFT with families receiving no treatment. Since the proposed study will investigate the experience in family therapy, only the findings related to family therapy are discussed here.

Family therapy was more effective than no treatment for child conduct disorders ($n = 18$, $d = .53$), working with aggressive children ($n = 5$; $d = .61$), global family problems ($n = .60$), and communication and problem solving ($n = 2$; $d = .52$), phobias ($n = 1$; $d = .80$), symptoms of schizophrenia ($n = 1$; $d = .48$), and global psychiatric symptoms ($n = 1$; $d = .50$). The authors note that these are statistically, though not clinically significant effect sizes, since the outcome measures taken were not compared to measures with average non-distressed families. Family therapy was not effective in the treatment of delinquency ($n = 3$), school achievement ($n = 1$), alcohol abuse ($n = 1$), substance abuse ($n = 1$), and coping with medical conditions ($n = 1$). The authors pointed out that family therapy treated more behavioral presenting problems and used more outcome measures than marital therapy, which may have lead to smaller effect sizes.

Hampson and Beavers (1996) evaluated family therapy outcome at a sliding –fee clinic in Dallas, Texas ($n = 434$). Data were collected over a 15-year period. The total number of families seen in this time period was given as “more than 600” (Hampson & Beaver, 1996, p. 350). Families were assessed with the Beavers System Model, based on 25 years of clinical and research work (Beavers & Hampson, 1990, 1993). The authors described their model as conceptualizing family process, not a treatment method. Assessment consisted of a family self report measure, the Self-Report Family Inventory (SFI; Beavers & Hampson, 1990), family observational measures, the Beavers Interactional Competence Scale, and the Beavers Interactional Style Scale (Beavers & Hampson, 1990). The SFI contains 36-items measuring five

family domains: health/competence, conflict, cohesion, leadership, and emotional expressiveness. All family members over 10 years of age completed it. The SFI's reliability was high: (Cronbach alpha: .84 to .93) and test-retest reliability $\geq .85$. Clinical validity has been established by discriminating groups of psychiatric patients (Hampson et al. as cited in Hampson & Beaver, 1996). Family competence and family style were further assessed by observing how the whole family interacted when charged with discussing, what family members would like to see changed in their family, for a ten minute period. This interaction was videotaped and rated by teams of trained raters and the therapist using the *Beavers Interactional Competence Scale*, a 12-item structured rating scale that assesses family's overall health and competence and *Beavers Interactional Style Scale*, a 8-item structured scale with seven subscales, which measures Centrifugal (CF) and Centripetal (CP) family style (Beavers & Hampson, 1993). CF families openly express conflict among family members and individual family members seek satisfaction outside the family. CP families seek satisfaction within the family and suppress conflict. The authors claim that the Competence Scale discriminates between clinical and non-clinical families as well as a high degree of construct validity with the SFI ($R = .62$). However, no other specific validity and reliability data is given. During the course of the study inter rater reliability for the Competence Scale never fell below 85 percent and was as high as 90 percent during training. The Style Scale was still being validated at the time the article was written. Inter-rater reliability reached .85 in training.

In addition to using the Beavers Model families completed the *Family Adaptability and Cohesion Evaluation Scales –Third Edition* (FACES III; Olson, Portner & Lavee, 1985), a 20-item questionnaire with two subscales measuring adaptability (the degree to which the family can adjust to changing circumstances) and cohesion (the degree of closeness between family

members). Olson (1986) reported internal consistencies for the cohesion and adaptability scale of .77 and .62 respectively. The very weak correlation ($r = .03$) between the subscales indicates that they measure two separate constructs. The FACES- III seems to discriminate effectively between clinical and non-clinical families (Edman, Cole, & Howard, 1990). Concurrent validity is reported to be low between family members (Edman et al., 1990). Demographic data was collected, and the families were asked to evaluate the treatment they had received, either at their termination session or after their final session via mail. In addition, therapists rated how they perceived their relationship with the family after the third session and they evaluated their treatment after termination of treatment. The authors stated that during the last two years of data collection observational measures were repeated after the sixth session and at termination ($n=101$).

The study seems impressive at first glance, due to the large number of families involved and the amount of data collected. However, the study did not employ a random sampling procedure, but included those families for which they had “enough data from initial, third session, and/or termination evaluations to be included in the analyses” (Hampson & Beavers, 1996, p. 350). The authors did not address reasons for incomplete data sets or how many families were excluded due to incomplete data. Also, reliability and validity information for the measures taken appear weak, since some of the measures were still in the piloting stages.

Despite the methodological flaws and limitations of the administered instruments this study is important to the proposed study: Outcome measures for single parent families differed from outcome measures for other family constellations, demonstrating that the family therapy process affects different family constellations differentially. More specifically, single mothers who rated their families low in competence at the onset of treatment had significantly better

treatment outcomes than single mothers who rated themselves high. In two-parent families' mothers and fathers, who rated themselves high at the start of treatment, had significantly better treatment outcomes. These findings indicate a difference in relationship between the self of the single mother and the selves of parents in two parent families to family therapy outcome. It may be an indication that family therapy as practiced in this clinic was a better fit for single mothers who experienced their families as less well functioning, because this was more congruent with the perceptions of the therapists. Interestingly, the authors did not discuss the relevance of these findings. However, the findings signal the necessity of further investigations into the efficacy of family therapy with single mother families.

Clients' View of Therapy

Kuehl, Newfield, and Joanning (1990) conducted a qualitative study that described the family therapy process from the clients' perspective. An opportunistic sample of 12 families, who had stopped therapy between 1 to 13 months prior to the study, was involved in 3 moderately structured interviews. All family members were interviewed separately. The Developmental Research Sequence (DRS) was used to conduct the interviews and analyze the data. Participants described the therapeutic process as evolving in 6 phases, (a) the introductory meeting, (b) the assessment, (c) the getting down to basics and generating suggestions, (d) the sharing successes with the counselor, and (e) the troubleshooting and follow-up. Families, who did not terminate therapy prematurely, were satisfied with therapy outcome and described the therapist as caring and able to make pertinent recommendations. Moreover, these therapists seemed to be able to hear what the clients' were saying and adapt, instead of rigidly adhering to their agenda. The families appeared to regard the therapist's lack of flexibility as resistance. It would have been interesting if the authors had analyzed their data separately for mother, fathers,

and children. The authors stress the scarcity of therapy outcome studies from the client's perspective. Despite its limitations, this study is important to the proposed study, since it points out that differences may exist between what clients and therapists perceive as successful therapy.

Krumpe (2002) completed a qualitative investigation into the experience of mothers in family therapy, using an ego developmental perspective. She interviewed ten mothers who had recently terminated family therapy at a university based family therapy clinic, which received its referrals from six surrounding public school systems. In addition to two interviews with each participant, she administered the short version of the Washington Sentence Completion Test, to assess participants' ego development stage. Participants ranged in age from 28 to 52 years. Seven of the ten participants were White, three were biracial. Four of the mothers involved in her study were married and living with their partner. Of the four single mothers one was living with a male partner. Two participants were living with each other in a same sex relationship.

Participants in the study came to family counseling because their children needed some assistance. They were surprised by the focus on the family as a whole and did not see this as an opportunity to deal with their personal difficulties. However, during the course of therapy they began to understand the benefits of family participation.

Participants preferred a female counselor, because women understand each other better than men do. This was especially true for the single mothers. All mothers considered the counselor's ability to form relationship with the children as a most critical element. Three of the mothers regarded the counselor's involvement with school as beneficial. All participants, but especially the single mothers felt supported and reassured by the counselor about their ability to parent. The mothers attributed support and validation to what the counselor said not what the

counselor did. The participants reported receiving help with parenting issues related to discipline and nurturing, communication skills, and specific suggestions in dealing with ADHD.

The mothers described their 'ideal' counselor as someone who could be a friend to them personally and show respect to all family members. He /she would need to be flexible and take the mothers view points and ideas into consideration.

Negative aspects of their experience were related to logistical concerns, such as difficulties in scheduling sessions due to other commitments, length of drive, and size of the treatment room.

The participants ego development stages as measured on the SCT ranged from E4, conformist (n=1), E5, self-aware (n=3), E6 conscientious (n=4), E7, individualistic (n=1), to E8, autonomous (n=1). When comparing interview data with results from the SCT, Krumpal (2002) found evidence that the individuals' constructions of the counseling experience mirrored the complexity of their ego development stage.

This study focused a great deal on how the participants constructed their view of themselves as mothers and women in general. Interestingly regardless of ego development all women struggled with defining their roles as mothers and women. All women in this study reported a positive counseling experience. Women who had a negative experience in family therapy may not have been willing to participate in a study like this. Despite its limitations this study has implications for my study since it gave insight into how women perceive family therapy.

Single Mothers in Family Therapy

Although findings from the 1988 National Health Interview Survey on Child Health ((NHIS-CH) suggest that a fair number of children who live in single mother household are seen

in family therapy, family therapy treatment approaches developed specifically to working with single mothers are scarce and not supported by research (Anderson, 1999; Atwood, 1995; Kissman, 1991; Westcot and Dries, 1990). "From a feminist perspective most of the problems women face following divorce are based in a patriarchal society that is hostile to women's independence" (Rawlings & Graham, 1988; as cited in Brewer & Rawlings, 1993, p.27). Single parent families can only be understood within their larger social and physical context (Hetherington & Blechman, 1996).

Reasons for referral

In their review of 18 articles, Westcot and Dries (1990) identified the most frequent reason for referral of single mother families as problems surrounding a child or children. This was followed by problems inherent in single parenthood, such as visitation, parenting, custody, grief and loss, depression, adult relationships, and financial matters, and issues related to low-income (Westcot & Dries, 1990). Although, this review looked at data from the 70s and 80s, reasons for coming to therapy probably have not changed much over time. Other authors have identified the period of marital dissolution, during which the family struggles to deal with loss and the creation of a new structure, as a time when single mother families come to counseling (Anderson, 1999; Carter & McGoldrick, 1999; Walsh, 1993). Downey & Coyne (1990) and Anderson (1999) identified parents troubled by depression and/or role overload as a problem for which single mother families present to family therapy.

Treatment Approaches

Family therapists who use a systems perspective which views families and their problems within the larger societal and cultural context are in a unique position to work with single mothers (Anderson, 1999; Richards & Schmiede, 1993). Yet, Anderson (1999) and Westcot and

Dries (1990) have noted the lack of adaptation that the field of family therapy has made to counseling single parent families. The descriptions of treatment approaches can be categorized broadly in (1) specific theoretical orientations, (2) issues to be addressed, and (3) working with specific groups of single mothers. However, overlap between these categories exists.

Theory based Approaches

In their literature review, Westcot and Dries (1990) identified structural and strategic family therapy approaches as most frequently used with single parent families. Since the reviewed articles were written more than 15 years ago, this may not reflect current “state of the art” approaches to family therapy with single mothers. However, this is the only literature review available on this topic.

Structural family therapy. Structural family therapy may be regarded as a useful framework to working with single mother families, since Minuchin developed this approach while working with single mother families in the projects of New York (Nichols & Schwarz, 2001). His therapeutic goals with these families were (1) establishing a hierarchy, that put the parental subsystem on top, (2) establish effective communication between parental and sibling subsystem, and (3) modify dynamic function and value system of the sibling subsystem (Minuchin, Montalvo, Guerney, Rosman, & Schumer 1967). However, Minuchin came to conceptualize families as natural organisms that need protection from social welfare and mental health programs, regarding such programs as intrusions into the private spheres that threaten self-determination, individuality, and personal integrity (Goldner, 1991). Minuchin and Haley, the father of strategic family therapy stressed the importance of families being self-sufficient and self-regulating, de-emphasizing the need for connection. This seems a rather myopic view of families. McGoldrick (1998) calls this view of families as needing to be independent and self-

sufficient as a fallacy of the dominant culture, which does not recognize its own dependence on societal institutions, such as schools, libraries etc.

From a structural perspective, in the single mother family one parent is absent from the household, through either death, birth out of wedlock, divorce, or separation. In these families a “parent-ghost can exist for either the parent or the children... (p.41, Atwood & Genovese, 1993). Atwood and Genovese describe the gap existing in these families as generally filled by the “parental child,” leading to cross-generational coalitions. The child is overwhelmed and overburdened by adult responsibilities and feels responsible for the mother’s emotional state. Many authors discuss the need to help single mother families restructure their family after the marital break-up (Anderson, 1999; Atwood & Genovese, 1993; Carter & McGoldrick, 1999; Kissman & Allen, 1993; Jung, 1996). The single mother may have to rely on older children’s help with childcare and household chores. (Anderson, 1999; Carter & McGoldrick, 1999; Kissman & Allen, 1993; Jung, 1996). Anderson (1999) and Walters (1988) stress the importance of the mother being the ultimate authority and finding a balance between children’s responsibilities and their need for peer relationships, if the children have to take on new responsibilities. A goal in family therapy then becomes helping the mother figure out what is reasonable to expect of children depending on their age and the family circumstances. The children’s added responsibilities may actually foster their independence and resiliency.

Fulmer (1983) proposed the use of a structural approach to dealing with unresolved mourning in single mother family systems. He contends that implicit family rules may prevent necessary mourning, resulting in depression in the single mother, which in turn is concealed by the children’s behavioral symptoms. The children act out to draw the mother out of her depressed mood. Their mother’s anger may be easier to tolerate than her sadness. Also, the mothers may

prevent children from sharing their feelings, due to their own inability to handle their own grief. The therapists' goal in such cases is to change the structure of the family to allow unresolved mourning. Fulmer (1983) recommends joining with the mother, normalizing her grief, and reframing the children's behavior as "'sympathy' or 'loyalty' or a 'sacrifice' to help mother from becoming depressed" (Fulmer, 1983, p. 264). Then, mourning is enacted during the session and permitted to reach a new level of intensity, with the support of the therapist. This allows family members to experience that they can tolerate the emotional intensity. Furthermore, all family members are encouraged to become more involved with peers, since Fulmer regards the reluctance to build relationships with non-relatives as a characteristic of families who have suffered a loss.

Specific Issues

Recognizing the single mother family as a family constellation in its own right includes recognizing that these families deal with a unique set of issues, not encountered by other family constellations. Anderson (1999), Carter and McGoldrick (1999), Goldenberg and Goldenberg (2001) and Kissman and Allen (1993) have identified (1) the formation of a single mother household as a life cycle change, (2) society's view of the single mother family, and (3) supporting the mother as issues that need to be addressed in family therapy.

The family life cycle in single mother households. Family therapists conceptualize the family as a system, which moves through certain predictable stages in time- the family life cycle. What sets the family system apart from other systems is that members can join through birth, adoption, commitment, or marriage but they can leave the system through death only. Entrances and exits of members into the system are critical periods in the family life cycle that pose challenges to the system (Carter & McGoldrick, 1999). It depends on the families' resources and

flexibility how well they can adapt to these changes, which in turn influences individual development of family members.

The creation of a single parent household creates such a life cycle crisis, which puts the single parent family on its own trajectory through the life cycle. This makes it essential to take a life cycle perspective when working with single mother families (Anderson, 1999; Kissman, 1991). It allows therapists to normalize the turmoil experienced by the family who is in the midst of such an event as well as taking a longitudinal perspective, emphasizing the family's resilience and ability to adapt (Anderson, 1999; Carter & McGoldrick, 1999; Hetherington, et al. 1993).

Within the life cycle framework, the issue of loss needs to be addressed by validating that many women end up as single mothers by default, - a relationship did not work. These women carry the burden that society sees them as having failed at one of the primary female tasks of maintaining their families. They need to be given the chance to mourn the loss of the relationship, even when they were not married (Anderson, 1999; Carter & McGoldrick, 1999; Jung, 1996; Kissman, 1993). Loss can be very ambiguous in single mother families: If the relationship ended because of abuse and after prolonged conflict there is relief coupled with sadness. The father's ongoing involvement in the children's lives makes it hard for them to understand how his relationship with their mother has changed, but not his relationship with them. When the father was never actively involved in the family, it creates ambiguity about who is there to miss (Anderson, 1999; Carter & McGoldrick, 1999).

Society's view of the single mother family. Many authors have addressed that our society views single parent families as flawed or imperfect versions of the "normal" two-parent family (Anderson, 1999; Goldenberg & Goldenberg, 2001; Jung, 1996; Kissman & Allen, 1993; Walsh, 1993; Walters, 1988). Jung (1996) and Anderson (1999) suggest that many single mother

families have internalized these negative messages about their family constellation, making it essential to address this negative social view of single mother families. Therapists are working against the negative social image that these families live in, which makes it essential to address the negative social view of single mother families in family therapy. Therapists can assist single mothers in seeing their personal situation within the larger societal context (Anderson, 1999; Becker & Liddle, 2001; Walsh, 1993; Walters, 1988).). “Society’s failure to provide single parents with financial, social, or psychological support not only contributes to their distress, but requires that each single parent family individually address and conquer problems that could better be addressed collectively” (p.399, Anderson, 1999). Also, family therapists need to help families let go of outdated myths of what constitutes a functional family, help them define what that means to them and find their own creative ways to successful functioning (Atwood, 1995; Carter, 1988). Regrettably, these notions have not been supported through research. The proposed study will contribute to the body of knowledge by providing insight in how single mothers view their place in society

Support for the mother in therapy. Anderson (1999) regards the well being of and support for the mother as major issues in therapy. If the mother feels supported and sees herself as capable and strong, she is better able to support and nurture her children. The therapist needs to encourage the mother to take care of her own needs, in order to raise her well-being, by explaining that mothers need to take care of their own needs, before they can take care of their children’s needs. This can be achieved by using a strength-based approach (Anderson, 1999; Jung, 1996; Kissman, 1991). A therapeutic goal is to point out the mothers’ competencies and that “they have all the skills necessary to take care of their families” (p. 407, Anderson, 1999). Acknowledging and validating the inherent difficulties in being a single mother can increase

their self-esteem. Hearing the mothers' stories is necessary to help them see their strengths (Anderson, 1999). Kissman and Allen (1993) reframe a mother's negative views of herself and her family as her lack of confidence, rather than her lack of ability. Since single mothers live in a society that gives them little to no support, therapists need to acknowledge the difficulties inherent in being a single mother, validate their needs and respect them as persons, which in turn allows the mothers to support, set limits, and respect their children (Anderson, 1999; Becker & Liddle, 2001; Goldenberg & Goldenberg, 2001).

Most likely, single mothers come to family therapy feeling, "invalidated, blamed, and disapproved of" (p.309, Walters, 1988;), especially, when the family was referred due to the child/ children exhibiting problems. In order to avoid premature terminations, therapists need to build strong therapeutic alliances with the single mothers by avoiding to (1) align themselves with the children at the mothers' expense, and (2) getting caught in triangles between mothers and children, mothers and absent fathers, or the single mother family and the family of origin (Anderson, 1999; Becker & Liddle, 2001). Unfortunately, these authors have not developed their suggestions for treatment into a monolithic treatment approach. However, the suggestions are important to the proposed study since they highlight the importance of incorporating the mother's development into treatment.

Group based Approaches

Single mother groups that are discussed in the treatment literature are divorced mothers, poor African American mothers and teenage mothers. Approaches dealing with teenage mothers appear to focus more on group counseling and parent education; therefore these are not discussed in this paper.

Divorced mothers. As described earlier divorce precipitates a life cycle crisis, which consists of two interconnected phases, the separation and the legal divorce. Much of the literature dealing with divorce focuses on the adjustment periods after the separation and during the legal divorce. The task for the family is to form two functional single parent households. The stress on children is mediated by how well parents are able to work out how to cooperate as parents (Ahrons, 1994). Emotional tasks that divorcing families face throughout their life cycle can be “visualized as a roller-coaster graph with peaks of emotional tension at the transition points” (p.376, Carter & McGoldrick, 1999). According to Carter and McGoldrick’s (1999) clinical experience it takes at least two to three years to for the family to adjust to their new structure, if the adults are working together. This time of transition is when children are most likely to exhibit behavior problems, especially when not given an explanation regarding the disappearance of their absent father (Goldenberg & Goldenberg, 2001). Hetherington, Stanley-Hagan, and Anderson (1999) found that despite the initial difficulties children adapt better to a well-functioning single parent household than to a conflictual two-parent household.

Jung (1996) proposed an ecological perspective to family –centered work with single parent families, created through divorce, which “recognizes the importance of examining the needs of families in relation to their culture and community, their ability to acquire needed goods and services, and available support systems.” (p.587). Troubles are conceptualized as arising from lack of resources, “to adapt to external and internal stressors” (p.587). He identified four resource issues that become foci in treatment: financial security, household and child care responsibilities, extended family relationships, a new support system for the mother. Other issues that he regarded as crucial were unresolved divorce issues, and overburdened parentified children. In his view, the degree to which these issues stress the family is related to the parents’

level of functioning before the marital break up. He suggested six “practice principles” to working with single parents: joining with the family, empowering parents, enlarging the therapeutic circle by involving significant family members, resource allocation, changing little things, and increasing self–efficacy of the single parent. The author stressed the importance of connecting the parent with community resources, which implies that they are available. In his introduction, he described differences between mother and father headed single households. However, in the description of his clinical approach he consistently wrote “ the single parent,” giving the impression that he considers this approach applicable for single mothers and single fathers. Yet, the four case vignettes used to illustrate his treatment approach all deal with single mother families. Despite its limitations, the article is useful to the proposed study, due to the author’s awareness that the single parent’s level of functioning influences coping and his belief in the necessity to see single parent families within their larger societal context.

African American mothers. According to statistical estimates 80 percent of African American children grow up in single mother households (Amato, 2000). When regarding these figures it is surprising that not more of the literature focuses on how to work with these families. Becker and Liddle (2001) reported on using a multidimensional family therapy (MDFT) approach with single African American mothers and their teenagers. The article appears to have grown out of the authors’ clinical work, using client/therapist “voice” to illustrate theoretical issues. It is unfortunate that the author’s did not apply enough rigor to their data, to do a qualitative analysis. MDFT was described as addressing the mother/ teenager relational system, the self of the mother, and the self of the teen. In fact, the self of the mother is seen as essential to the goal of therapy, since it may hold the key to what stands in the way of her being competent in facing the challenges of raising a teenager (Becker & Liddle, 2001). Mothers are assisted in

seeing how their internal as well as external experience may be contributing to problems.

According to the authors:

It is a strengths-based approach that supports parental competency in the areas of consistent and age-appropriate limit-setting and monitoring of the adolescent's activities while acknowledging barriers to the exercise of that competence that exist within the parent/adolescent relational system and the parent's self-system (Becker & Liddle, 2001; p.415).

A particular difficulty encountered in the clinical application of this approach, was encouraging the mother to balance increased awareness of the need for self care with the need to set appropriate limits. One of the mothers apparently excused her lack of limit setting, which was seen as challenging and emotionally draining, as a way to have taken care of self (Becker & Liddle, 2001). Also, single mothers may be reluctant to efforts to address their personal needs in family therapy, since they have been socialized to take care of others (Anderson, 1999; Becker & Liddle, 2001).

The MDFT approach supports the necessity, to gain insight into the relationship between mother's development and her experience in family therapy, since the self of the mother in the system is seen as central to the success of therapy. The authors regard the mother's own development as related to her ability to parent under difficult circumstances. Moreover, they point out that the therapist's awareness and sensitivity to the mother's experience in therapy is essential to a successful therapeutic outcome. However, the authors do not address mothers' perceptions of their experiences in family counseling or the degree to which the mothers' individual development influence their perceptions.

A common thread in family therapy approaches to working with single mother families appears to be the recognition that the individual development and well being of the mother influences her ability to deal with her difficult situation. Ahrons (1994), Anderson (1999), Becker and Liddle (2001), Carter and McGoldrick (1999), and Jung (1996) regard the mother's development as related to her ability to parent under difficult circumstances. Yet, since systems theory does not provide a conceptual framework for individual development, an additional theoretical framework is needed to incorporate individual development into a systems perspective. Cognitive developmental theory, which regards behavior as a function of the interaction between the characteristics of the individual and the environment, based on Lewin's (1935) field theory, may provide the theoretical basis that links individual development to systems theory. Cognitive developmental theories focus on how individuals construct meaning out of their experiences and have been shown to be a useful theoretical framework to understand differences in how individuals construct meaning of their experiences (Kegan, 1982). How single mothers make meaning and react to their situation is predicated upon their individual development. In order to understand the individual experience of the single mother the therapist needs to understand how she makes sense of her experience.

This section of the chapter discussed the difficulties associated in working with single mothers, issues that are particular to this family constellation, and current approaches to working with single mother families. No studies have investigated the actual experiences of single mothers in family therapy. Also, current approaches to family therapy with single mother families do not take the individual development of the mother into consideration. Further insight is needed into how single mothers experience family therapy from a developmental perspective. Cognitive developmental theory has been shown to be a useful theoretical framework to

understand differences in how individuals construct meaning of their experiences (Kegan, 1982). The next section will give a general overview over cognitive developmental theory with particular emphasis on ego development.

Cognitive Developmental Theory

Cognitive developmental theories focus on how individuals construct meaning out of their experiences (Kegan, 1982). They describe individual development in terms of the influence of thought processes on behavior. Different theorists have proposed discrete models of cognitive development. Piaget investigated cognitive growth, Kohlberg developed a theory of moral development, Loevinger advanced an ego development theory, and Harvey, Hunt and Schroeder explained conceptual development (Kegan, 1982). A central construct of these theories is that the complexity of an individual's cognitive and affective processes is seen as a function of the individual's stage of development (Foster & McAdams, 1998; Hunt, 1975; Loevinger, 1977; Kegan, 1982; Reiman & Thies-Sprinthall, 1993; Rest, 1994). Other shared assumptions are:

1. Individuals are born with the intrinsic drive to make meaning of their experiences.
2. Cognitive development occurs through an invariant sequence of qualitatively different stages, with each stage representing the individual's currently preferred way of understanding the world.
3. The differences between stages describe qualitative not quantitative change. Each stage is unique and builds on the previous stage.
4. Movement through these stages takes place on a continuum from least complex to most complex.
5. Development along the continuum is unidirectional. Once one has achieved a certain level of development one can only perceive experiences through this level.

6. Growth is a function of the interaction between the individual and the environment.
7. Behavioral choices are influenced by the individual's stage development.
8. Cognitive development requires psychological and physiological change.
9. Growth is domain specific and functioning is modal. No individual is completely in one stage at any time. It is this 'looseness' in the stage that makes growth possible (Loevinger, 1977).
10. Cognitive development is universal across cultures.

Cognitive development describes individuals on a continuum of increasing conceptual complexity, self-awareness, and independence (Hunt, 1975; Loevinger, 1970; Kegan, 1982). Individuals of lower cognitive development tend to be more impulsive, rigid, and concrete in their thinking. Upward movement on this continuum allows individuals to evaluate situations from multiple perspectives, increases their behavioral repertoire, decreases stereotyping others, and facilitates the integration of conflicting information (Hunt, 1975; Loevinger, 1977; Labouvie-Vief, Hakim-Larson, & Hobart, 1987). A significant body of research supports the claim that higher stages of cognitive development provide better tools for decision making. Sheehan, Husted, Candee, Cook, and Barger (as cited in Duckett & Ryden, 1994) found pediatric residents at higher levels of moral reasoning to perform better clinically. Similarly, nursing students' Defining Issues Test (DIT), a measure of moral reasoning, scores were predictive of their scores on a measure of their clinical work (Duckett & Ryden, 1994). Holloway & Wampold (1986) found significant support for the claim that counselors of higher cognitive development performed better at a variety of counseling tasks. Given that, an individual's developmental stage determines how the individual makes meaning of his/her

situation, the assumption can be made that the experience of being in family therapy would vary among individuals due to differences in their level of cognitive development.

Loevinger's theory of ego development with its measure the Washington Sentence Completion Test (SCT) provides a way to assess individuals' cognitive development. The origin of her theory is found in her desire to gain a better understanding of personality patterns of mothers in particular, and women in general, at a time that mothers were blamed "for the sins and personal failings of their children" (p.1, Loevinger., 1998). As such, it seems appropriate to use this theory as a theoretical basis to gain understanding of single mothers' experience in family therapy.

Ego Development

Loevinger (1976) described ego development as the course of an individual's character development, which encompasses moral development, cognitive development, and interpersonal relationship development. The ego is seen as the "master trait", the organizing structure in personality, and the core factor behind individual differences between age cohorts (Loevinger, 1977). The ego provides the cognitive frame for how the self, others, and the environment are perceived and interpreted thereby guiding the individual's behavior in relationship to self, others, and the environment (Borders & Fong, 1989). The ego develops through a hierarchical and cumulative sequence of stages, with each stage building on the previous stage. While one's ego becomes increasingly differentiated, integrated, and internally focused, one's interpersonal style moves from being dependent to being manipulative, to being mutual in orientation (Hauser, 1976). Swensen, Eskew, and Kohlhepp (1981) described an inverse relationship between ego development and dependence on the environment. Loevinger (1976) identified the following four characteristics of her conception of ego development:

Firstly, stages are potential fixation points and hence define types of children and adults. Secondly, the stage conception is structural; that is there an inner logic to the stages and to their progression. . . .Thirdly, there are specific tests, experiments, or research techniques that become the instruments for advancing knowledge in the domain Fourthly, the conception is applicable to all ages and is particularly rich in its description of the events of adolescents. (p. 11)

Ego development is a construct, measurable on the Washington University Sentence Completion Test (SCT), which was designed by Loevinger and Wessler (1970). The development of the SCT has allowed classifying ego development into the stages presented in Table 1. The stages describe the sequential nature of development and operationally define the typical behavior for each stage, in terms of impulse control, interpersonal style, conscious preoccupation's, and cognitive style (Hauser, 1976).

The Impulsive stage (E2) is the lowest stage that can be ascertained through the SCT. It describes an individual driven by physical needs who understands others and self in simple dichotomies such as good and bad, only, poorly understands rules and regards punishment as arbitrary. Individuals in the Self-protective stage (E3) seek immediate gratification and fear being caught, assigning blame to external causes only. The Conformist stage (E4) exemplifies the acceptance of rules for their own sake. What is conventional and socially approved is seen as right, which extends to how gender roles are viewed. People in the Self-aware stage (E5) begin to recognize that complying with stereotypical expectations is not always possible. Behavior is categorized into being appropriate for certain groups. Interpersonal relationships are described in terms of feelings. Individuals in the Conscientious stage (E6) live by self evaluated standards, which are more important as group imposed rules. They are reflexive of self and others having

reasons for their decisions. Multiple possibilities are recognized leading to a sense of choice. In the Individualistic stage (E-7) tolerance for individual differences between self and others grows. Differences between physical, financial, and emotional dependence are acknowledged, with particular concern for the last. Individuals can hold differing roles simultaneously. The Autonomous stage (E8) is typified by the recognition of the complexity of people and situations, and by respect for others and their ways. Conflicts between needs and desires are seen as part of being human. The Integrated Stage (E9) can be compared to Maslow's self-actualized stage, which few people reach (Hy & Loevinger, 1996).

Bursik (1991), Hauser (1976), and Schames (1993) have identified another transitional stage, between the self-protective and the conformist stage, which is called ritual/traditional (I-Delta/3). The stages describe the sequential nature of development and operationally define the typical behavior for each stage, in terms of impulse control, interpersonal style, conscious preoccupations, and cognitive style (Hauser, 1976).

Table 1

Some Characteristics of Levels of Ego Development

Characteristics				
Stage	Code	Impulse Control	Interpersonal Mode	Conscious Preoccupation
Impulsive	E2 (I-2)	Impulsive	Egocentric, dependent	Bodily feelings,
Self-protective	E3 (Δ)	Opportunistic	Manipulative, Wary	"Trouble," control
Conformist	E4 (I-3)	Respect for rules	Cooperative, Loyal	Appearance, behavior
Self-Aware	E5 (I3/4)	Exceptions allowable	Helpful, self-aware	Feelings, problems adjustment
Conscientious	E6 (I-4)	Self-evaluated standards, self-critical	Intensive, responsible,	Motives, traits, achievements
Individualistic	E-7 (I4/5)	Tolerant	Mutual	Individuality, development, roles
Autonomous	E8 (I-5)	Coping with conflict	Interdependent	Self-fulfillment, psychological causation
Integrated	E9 (I-6)		Cherishing of individuality	Identity

Note: the code for the previous version used I-levels and Delta; the current code uses E-levels. Adapted from Loevinger (1976, 1987) [as cited in Loevinger 1998, p.5]

Research

Empirical evidence of the relationship between higher levels of ego development and better functioning exists for numerous areas of functioning. In an investigation of ego development of young mothers (average age: 21) and their effectiveness as parents, Bielke (as cited in Sprinthall & Collins, 1995) found mothers at higher stages of ego development to be more sensitive to their babies' needs. Seventy percent of the lower stage mothers were rated mildly to severely neglectful. These findings lend support to the notion that an intervention that raises mothers' ego development would benefit the mothers as well as their children.

A year-long study of 104 women, ranging in age from 22 to 62, who were going through a divorce, examined the effect of a stressful life event such as divorce on ego development (Bursik, 1991). The women in the sample were all white, predominantly well educated, middle class or upper middle class. They had been married for at least five years and had separated within less than eight months. This study was based on the assumption that a stressful event can be growth producing when it results in accommodation: Accommodation occurs when old schemas to deal with the situation no longer work, which leads to psychological disequilibrium and the development of new schemas. The study tested the following hypotheses: (1) women who had not adjusted to the separation, but who adjusted well to the changed situation over the course of the year would grow in ego development; (2) women who were low in adjustment and remained low in adjustment would not make gains in ego development; (3) women who were high in adjustment and remained high would experience ego level stability; and (4) women who were well adjusted at the onset and maladjusted after one year would experience regression in ego development, of no more than one stage. The WUSCT was administered as a pretest/posttest measure. Level of adjustment was measured by the following instruments: Rosenberg's

Self-esteem Scale, a Life Satisfaction Rating, the Profile of Mood States (POMS), a stress symptom measure developed by Gurin, and a self report questionnaire on physical health. Pretest ratings on the WUSCT ranged from self-protective (I-Delta) to autonomous (I-5), with the modal stage being conformist/conscientious (I-3/4). At post testing, participants ranged from ritual-traditional (I- Delta/3) to integrated (I-6) with the modal stage remaining (I-3/4) conformist/conscientious. Analysis of variance of the adjustment measures yielded significant results for the POMS data only. Median split scores from the POMS were used for classification of subjects in low and high adaptation groups. Results indicated that women who moved from low to high adaptation over the course of the study increased in their ego development with a mean increase of about half a stage (statistically significant at $p < .05$). Ego development of women who were low in adaptation and remained low over the course of the study showed no statistical significance. However, this group demonstrated the greatest amount of variability in ego development: 34 percent increased, 50 percent remained stable, and 16 percent decreased. Ego development for the women who were high in adaptation throughout the study did not change significantly. The women who went from high to low adaptation showed a significant decrease in ego development ($p < .05$), however they remained within the same stage. Results from this study cannot be generalized since this was a very homogenous sample, not representative of the general population. The study provides some evidence that a stressful event can produce changes in ego development. It did not control for other factors that may have influenced adjustment. However, since this study investigated the ego development of women who were going through a divorce, it is of significance to the proposed study. Many single mother households are created through divorce.

In a correlational study (Schamess, 1993) investigated differences in views of and in relationships with men, between married mothers and unmarried adolescent mothers. She hypothesized that adolescent single motherhood would be positively correlated with a tendency to have unstable and destructive intimate relationships, problematic views of men and marital relationships, and family histories including abuse and divorce. Her sample included 30 white mothers, 16 adolescents, and 14 older married women, who had conceived their first child before age 26. Mean age for the adolescent mother and married mothers at time of delivery was 17.6 years and 22.6 years respectively. Data was collected through the use of a demographic questionnaire and the WUSCT. Results indicated significantly higher ego development for the married mothers. Their scores fell in the conformist (I-3) to conscientious (I-4) range with the mode being in the conscientious stage. Adolescent mothers score ranged from ritual/traditional (I-delta/3) to conscientious (I-4) with the mode being in the conformist/conscientious stage (I-3/4). The author reports significant positive correlations between subjects' age and ego development ($p < .0001$), age at birth of the first child ($p < .0001$), and education ($p < .002$). Significant differences were found in the marital status of the parents of the two groups: 85.7 percent of the married mothers and 43.8 percent of the adolescent mothers parents were still married to each other. The author compared the answers to those sentence stems that related to gender roles and perceptions on parenthood and family. She concluded that the answers given by the adolescent mothers support her hypothesis. Generalizability of these findings is limited due to the small sample. A further limitation of the study is that it is not clear how much of the difference in ego development is a function of the age difference between the two groups.

Summary

The present chapter described how women are seen in therapy. It gave an overview of theory, history, limitations, and outcome studies of family therapy. Then it described the current approaches to working with single mother families and the many unanswered questions in working with this group of clients. Finally it discussed cognitive development theory in general and ego development in particular. The next chapter will describe the proposed methodology for the planned study.

CHAPTER THREE

The preceding chapter reviewed the literature pertinent to this study. It reported data regarding how women are conceptualized in therapy and gave an overview of theory, history, limitations, and outcome studies of family therapy. Also reviewed were current approaches to working with single mother families and the many unanswered questions in working with this group of clients. Finally, cognitive development theory in general and ego development in particular were presented.

The present chapter will explain the rationale for using a qualitative approach for this particular study as well as review the assumptions of qualitative research. The study consisted of (1) a phenomenological investigation of single mothers who have terminated family therapy treatment, comprised of two interviews; and (2) the administration of the Washington Sentence Completion Test (SCT) to assess participants' ego development. Additionally, the research setting, participants, and research procedures are described. Finally the time line for the proposed study was outlined.

Rationale for Using a Qualitative Research Paradigm

Traditional quantitative research methods, which are linear and reductionistic, have been called insufficient in capturing the complexity of the change process in family systems (Hazelrigg, Cooper, & Borduin, as cited in Moon, Dillon, & Sprenkle; 1990). Moon et al. (1990) called for a research method more consistent with systems theory, pointing out the isomorphism between qualitative research approaches and cybernetic concepts underlying systems theory:

Research is especially "messy" in a field like family therapy, which is concerned with complex, systemic change in human beings. Qualitative research designs may provide a

systemic, scientific way of looking at therapy holistically, with all the “messiness” in tact.
(p. 364)

Strauss and Corbin (1998) broadly define any type of study where conclusions were not drawn on the basis of numerical measures or other ways of quantification as qualitative research.

Creswell (1998) describes a qualitative study as follows:

an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (p.1-2).

A qualitative paradigm is regarded as constructivist and naturalistic in its approach (Lincoln & Guba, 1985). Research questions in this paradigm often begin with “how” or “what”, in contrast to the why questions of quantitative research (Creswell, 1994). The research questions, which deal with how single mothers, construct meaning of their experiences in family therapy called for a qualitative methodology.

Given the diversity among single mothers, the constructivist notion that each individual makes unique meaning of her experience, the lack of literature reporting on single mothers’ experiences in family therapy, and the clear need to know more about their perceptions, the qualitative paradigm was the best fit for an investigation into the relationship between single mothers’ experiences in family therapy and their ego development. Furthermore, the difficulties that many single mothers face can be regarded as a social problem, which warrants description. A qualitative tradition is attractive to feminist researchers because women’s interpretations are given center stage (Bogdan & Biklen, 1992). A feminist approach to family therapy research is

often constructivistic and explores how prevailing and repressive cultural messages about gender reverberate in family therapy theory and practice (Avis & Turner, 1996).

In the review of the literature, no studies were found regarding how single mothers make meaning of their experiences in family therapy. In order to explore the relationship between the complexity of single mothers' situations, societal messages about this particular family constellation, and perceptions about usefulness of therapy a qualitative research design was employed in the study, since this is the paradigm that fits best with the social constructionist and feminist notions underlying these issues.

Assumptions of Qualitative Research Designs

It is essential to understand the assumptions underlying a qualitative research approach, before undertaking such an endeavor. Creswell (1998) identifies five assumptions that are central to any qualitative research study:

1. Reality is seen as constructed by those involved in the condition under investigation. The existence of multiple realities are acknowledged and reflected in the voices and interpretations of informants.
2. The researcher is part of this meaning making, through her interactions with the informants, attempting to minimize the distance between researcher and informants. In contrast, the quantitative paradigm assumes a singular objective reality, apart from the researcher. The researcher is seen as independent from the phenomenon under investigation and efforts are made to control for bias and efforts are made to keep the researcher's values from interfering in the study.
3. Research is seen as value laden and personal biases and values are presented as part of the study.

4. Reports are written using personal, and informal language.
5. In qualitative research inductive logic is used and categories emerge from the information given by the participants. The intent is to help explain a phenomenon, which is seen as context bound and assumptions about generalizability are left up to the reader. In contrast, quantitative research uses a deductive method, which tests theories and hypotheses. The research design is chosen before research begins and stays fixed. The intent of the study is to be able to generalize and predict.

Essentially, all qualitative research aims at developing an understanding of how informants construct their world. A study that focuses on single mothers' experiences of being in family therapy fits this assumption. Specific qualitative methodologies that focus on the meaning through which individuals construct their realities are grounded theory and phenomenology (McLeod, 2001).

Type of Design

The study employed (1) a phenomenological investigation of single mothers' experiences in family therapy, to capture the essence of this experience, and (2) the administration of the SCT. Creswell (1998) described phenomenological studies as examining personal "lived" experiences through detailed descriptions of the individuals involved. He prefers a psychological approach to phenomenology, which focuses on extracting general meaning from individual experiences rather than group experiences. "Phenomena are the building blocks of human science and the basis for all knowledge" (Moustakas, 1994, p. 26). A phenomenological design describes the meaning of a phenomenon or concept as experienced by several individuals, with the recognition that perception is the unassailable primary source of knowing. Through the

process of data analysis, the researcher reduces the experiences to a central meaning, or “essence” (Moustakas, 1994).

Phenomenology originated in philosophy with Edmund Husserl who set out to create “a phenomenological understanding of the world” (p. 35; McLeod, 2001). This involves engaging extensively with a small number of participants to describe the “essence” of their experience with the phenomenon under study (Creswell, 1998):

Researchers search for the essential, invariant structure (or essence) or the central underlying meaning of the experience and emphasize the intentionality of consciousness when experiences contain both the outward appearance and inward consciousness based on memory, image, and meaning (p.55).

Creswell further outlined the major procedural issues involved as (1) the need to understand the philosophical perspectives underlying the approach, (2) questions are designed to explore the meaning of an individual’s lived experience, (3) data is collected from individuals who have experienced the phenomenon, (4) individual statements are grouped together into clusters of meanings, which are joined to form broader descriptions by way of themes, and (5) resulting in a better understanding of the essence of the lived experience by the reader of a phenomenological report.

Little is known about how single mothers who have participated in family therapy actually make meaning of this experience. The administration of the SCT allowed drawing conclusions about the relationship between the effectiveness of family therapy interventions and the mothers’ ego development stage.

Research Questions

The grand tour question for this study was: What is the experience of single mothers in family therapy?

Subsequent questions the study attempted to answer were:

What did they want to achieve in family therapy and what were their expectations?

What was their perception of how the therapists saw them?

What is the role of cultural values on the single mothers self perceptions?

What were the mothers' perceptions of the influence of family therapy on the relationship with their child/ren's school?

From an ego developmental perspective, how did they construct meaning of this experience?

Site and Sample Selection

In contrast to quantitative research methods, which are based on employing random samples of participants, qualitative research employs purposeful selection methods of participants. Miles and Huberman (1994) have identified 16 purposeful strategies for participant selection:

1. A maximum variation sample documents variations and identifies important common patterns.
2. A homogenous sample elicits participants on the basis of their sameness to focus, and simplify the interview process.
3. A critical case sample selects participants because of a specific characteristic. It allows logical generalization and maximum application of information to other cases.

4. A theory based sample finds examples of a theoretical construct to elaborate and examine it.
5. A confirming and disconfirming case sample allows to elaborate on an initial analysis. It seeks exceptions looking for variation.
6. Snowball or chain sampling identifies cases of interest from people who know other cases that are rich on the sought information.
7. Extreme or deviant case sampling allows learning from unusual expressions of the phenomenon under investigation
8. Typical case sampling highlights what is normal.
9. Intensity sampling uses cases rich in information that manifest the phenomenon intensely but not extremely.
10. Politically important case sampling attracts desired attention or avoids attracting undesired attention.
11. Random purposeful sampling adds credibility to a sample when the potential purposeful sample would be too large.
12. Stratified purposeful sampling illustrates sub groups, facilitating comparisons.
13. Criterion sampling uses all cases that meet a specified criterion. It is used for quality assurance.
14. Opportunistic sampling follows new leads, taking advantage of the unforeseen.
15. Combination or mixed sampling allows triangulation and flexibility, meeting many interests and needs.
16. Convenience sampling saves time, money and effort, while sacrificing information and credibility.

In qualitative studies participants are chosen because they have experienced, are currently experiencing, or have knowledge about the phenomenon under investigation, which enables them to describe this experience in detail (Creswell, 1998). The study used a criterion based sample of single mothers, who had either terminated or were in the process of terminating family therapy.

Participants and Sampling Procedures

Convenience sampling is acceptable in qualitative research, although some information and credibility are sacrificed (Creswell, 1998). Participants and setting for this study were chosen for convenience and out of my personal interest. I was curious how single mothers experienced family therapy at the New Horizons Family Counseling Center and as a student director I had ease of access and familiarity with the setting. Participants were single mothers who respond positively to my request for participation in the study and were able to follow through to completion.

Ten participants were recruited from among the single mothers who had terminated or were in the process of terminating family therapy at a university-based family therapy clinic. Criterion for inclusion in the sample was operationally defined as having participated in at least three sessions of family therapy prior to termination. The assumption was made that families who have participated in three therapy sessions have formed an opinion about the counseling process. Single mothers who self-selected to terminate family therapy were included in this sample, because their experiences may have given information into why single mothers choose not to participate further in therapy. Prospective participants were sent a letter informing them of the nature and purpose of the study and requesting their participation in the study (see Appendix

A). After approximately two weeks possible participants were sent a second letter asking for their participation again .

Setting

The study was conducted at New Horizons Family Counseling Center (NHFCC), which is located at the College of William & Mary. NHFCC is grant funded through New Horizons Regional Educational Center, a consortium of 6 local school systems with the purpose of providing services to students that individual school systems are unable to provide. Families of students enrolled in these school systems can receive free family counseling for a variety of issues, ranging from academic and behavior problems of a child to adjustment problems at home or at school. Referrals to NHFCC can come from teachers, administrators, counselors, or parents. Counselor Education faculty, a clinical supervisor, and doctoral student directors, form NHFCC's administrative staff. Counseling services are provided at 2 locations on campus and several sites in the referring school systems. Advanced master's degree and doctoral students while receiving individual and group supervision for their clinical work, provide counseling services. Therefore, the clinic serves a dual purpose: it provides counseling services to members of the surrounding communities as well as training novice family counselors enrolled in the university's master's degree program in community counseling and in the Ph.D. program in counselor education, enabling students to receive the clinical experience necessary for fulfillment of their internship requirements.

The clinic was originally established and funded in 1980 to provide clinical services to families of children with Autism. The referral base has expanded to the student population at large. More than 300 families are referred for counseling and no cases are screened out. Not all families who are referred actually elect to participate in counseling. But those families that wish

to receive services will be served, although there often is a waiting list. The clinic serves between 200 and 250 families in a typical year and has seen a dramatic increase in the number of single mother families that are referred.

Researcher's Role

Since qualitative research is interpretative in nature, the biases, values, and opinions of the researcher are stated explicitly in the research report (Creswell, 1994). I have personal experience as a single mother and find this role often challenging. From my perspective this society is organized to accommodate two parent families. This is evidenced by expectations for parental involvement in school and the lack of affordable before and after school child care programs. My children have discussed prejudicial treatment in school of students who are coming from a single parent household. Descriptions of single mother households in family therapy texts and class discussions have raised my awareness of how family therapists may perceive the collaborative decision making process in my family as pathological, whereas it seems functional to me. Since my clinical caseload has consisted of single mother families, predominantly, I have become keenly aware of the difficulties that other women face in juggling childcare and taking care of the financial needs of the family. This becomes particularly problematic when children experience difficulties in school and working mothers find it difficult to make contact with teachers. Comments in group supervision have made me keenly aware of the danger of pathologizing this family constellation with traditional family therapy theory. I realize now more than ever, that often the difficulties faced by single mother families are located in the larger social context.

Bracketing

Qualitative research recognizes the integral part the researcher plays in any project. The relationship between researcher and participant is accepted and often considered to be useful (Bogdan & Biklen, 1992). In fact, the researcher is the primary instrument of data collection. Denzin and Lincoln (1994) point out that bias-free research designs do not exist. However, an integral part of a phenomenological study is the “*epoche*,” the setting aside of all pre-suppositions, prejudgments, and preconceived notions by the researcher, thus bracketing his or her own experience, biases, or expectations of how others construct an experience. The goal of bracketing is the creation of new ideas, awareness, and understandings. The suspension of judgment begins with the researcher’s personal statement. Though the process is difficult and seldom perfectly achieved, the qualitative researcher, through the attempt, is more able to see things, events, and people afresh, as if for the first time, naïve and unhampered “by voices of the past that tell us the way things are or voices of the present that direct our thinking” (Moustakas, 1994, p. 85). For the family therapy researcher, pondering how our own family experiences affect what we choose to study and what questions we ask is an appropriate activity (Daly, 1992). The first step in the data analysis in the proposed study consisted of bracketing as suggested by Creswell (1994).

Entry

The study was conducted in the clinical setting in which I have provided family therapy for five years. As student director of New Horizons Family Counseling Center, I was in a unique position to access single mother clients as well as their counselors. Specifically, I informed family therapists who provided services at the clinic of my study by attending supervision groups and requesting that they inform me of single mothers who had terminated or were terminating

family therapy. When a student counselor identified an appropriate family, I sent a letter to the single mother, introducing myself, explaining the proposed study, and requesting that they contact me by phone (Appendix A). After approximately two weeks I sent a follow-up letter repeating my request for participation in the study.

Reciprocity

At the conclusion of the second interview I gave participants a \$25.00 phone card as a small token of my appreciation for their efforts. Also, I provided participants with copies of their transcribed interviews and Sentence Completion Test to check for accuracy, and at the conclusion of the study, I sent a summary of findings to each participant. NHFCC offered further counseling, if they so desired. Since the clinic's faculty director chaired my dissertation committee, the information gained by this study directly benefited clinical services in the setting in which the study was conducted. I will prepare and offer a workshop for NHFCC staff. Also, the findings will inform my future clinical work with single mother families. Furthermore, I intend to disseminate the findings of this study through professional presentations and publications to ensure that other clinicians and educators can benefit from them.

Ethical Considerations

Institutions, which receive state and federal funding, are required to have institutional review boards, which are charged with ensuring compliance with regulations for the protection of human subjects involved in research. The Human Subjects' Committee at the College of William & Mary requires the following to be covered in the consent form that participants sign:

1. A statement that the participant is part of a research project
2. An explanation of the purposes of the research
3. The expected duration of the subject's participation

4. A description of any reasonably foreseeable risks or discomforts
5. An explanation of compensation or treatments
6. The name of the individual to contact for questions or redress
7. A statement indicating that participation is voluntary, that refusal to participate will not result in penalty, and that the subject may discontinue participation at any time without penalty
8. A statement describing how confidentiality will be maintained
9. A disclosure of appropriate alternative procedures
10. A description of benefits to be reasonably expected from the research

The study was approved by the Human Subjects Committee of the College of William & Mary.

Moreover, participants were treated in accordance with the ethical standards set forth by the American Counselors' Association. They were volunteers, and confidentiality was maintained by allowing them to replace names with pseudonyms to protect their identity. Before participating in the study, participants signed letters of consent (Appendix A), which indicated their voluntary involvement and their right to withdraw from the study at any time.

Data Collection

Data collection in qualitative research can take many forms, which are continually expanding (Creswell, 1998). However, four primary types of information gathering have been identified: observations, interviews, documents, and audio-visual materials (Creswell, 1998)

This study employed two data collection methods: (1) semi-structured interviews with single mothers, who have received family counseling through NHFCC, to explore their experiences in family therapy and (2) the administration of the SCT, to assess their ego development stage.

Interviews with Single Mothers

Two semi-structured face-to-face interview approximately one hour in length were conducted with each participating single mother for the purpose of getting at the essence of their experience in family therapy (see Appendix D & E). Before the first interview was conducted, participants gave informed consent (Appendix B), provided demographic information, and chose a pseudonym (Appendix C). The interviews took place in a location convenient to participants, ranging from participants' homes, the counseling sites, one participant's place of employment, to the public library. The composition of interview questions was guided by feminist family therapy theory, ego developmental theory, and the grand tour and sub questions.

Relevant themes related to 1) the nature of the client-counselor relationship, 2) the role of culture in the counseling experience, 3) the relationship between stage of ego development and the process by which the client constructs meaning from her counseling experience, and 4) the relationship between the client's perception of the counseling experience and her stage of ego development. Interviews were audio taped and transcribed.

Approximately two weeks after the first interview, the second interview was conducted and the Washington Sentence Completion Test (SCT) was administered (Appendix F). Transcriptions of the interviews were given to the participants to check for accuracy and for further reflection, if they wished.

Washington Sentence Completion Test (SCT)

The SCT, first developed by Loevinger and Wessler (1970), assesses ego development stage according to Loevinger's (1976) ego development theory. Cohn put together the best items from previous SCT versions as Form 81 for Women and Form 81 for Men. These two versions differ in the use of pronouns (Hy & Loevinger, 1996). The SCT is a semi-projective paper and

pencil test, which requires the test taker to complete 36 sentence stems and provides different forms for men and women. The “core” ego level is determined by categorizing and rating responses according to the characteristics of the ego development stages, which are provided in the test manual (Redmore & Waldman, 1975).

Loevinger and Wessler (as cited in Williams and Vincent, 1985) reported a high inter rater reliability ranging from .90 to .96. Inter rater reliability between professionally trained raters and raters who were self taught using the manual ranged from .89 to .92. In a study of 81 college students test-retest reliability was .81 (Redmore & Waldman, 1975). Internal consistency ranged from .88 to .92 in the same study (Redmore & Waldman, 1975). Blasi (1993) examined the construct validity finding significant correlations between scores on the SCT and independent ratings for level of psychological maturity. Hauser (1976) reported limited evidence for construct validity in his extensive review of studies comparing ego development with other personality and cognitive measures. Despite the apparent overlap between ego development and other constructs, the SCT is seen as robust (Young, 1998).

A shorter alternate form, consisting of 18 sentence stems can be used (Hy & Loevinger, 1996). Its use maintains the instrument’s validity, but loses some reliability due to the shorter length (Foster & Sprinthall, 1992; Novy & Francis, 1992). The study used the short version. Since it looked at the relationships between ego development stage and descriptions of family counseling experience, but did not include quantitative analyses, the short form was adequate.

Field Notebook

Since the nature of qualitative research is interpretative and the interpretation occurs through the researcher’s perspective, Creswell (1994) described it as imperative to keep a field notebook. This allows the researcher to record thoughts, feelings, reactions, reflections, hunches,

and experiences throughout the research process (Bogdan & Biklen, 1992). Bogdan and Biklen (1992) voiced concern that audio recordings do not capture the general feel of the interviews “the sights, the smells, the impressions, and the extra remarks said before and after” (p. 107).

Therefore, a field notebook was used during the study, to maintain a record of the researcher’s impressions and reactions.

Data Analysis Procedures

Creswell (1994) described qualitative data analysis procedures as “eclectic” (p.153). The researcher must be able to evaluate and categorize information, and be open to differing interpretations. Qualitative data analysis occurs through four more or less simultaneous activities: data reduction, data display, conclusion drawing, and verification (Miles & Huberman, 1994). During data reduction data were sorted, ordered, simplified and transformed. Data were displayed in form of tables. Conclusions were verified through specified verification procedures, which are explained in detail later (Creswell, 1994; Miles & Huberman, 1994, Moustakas, 1994).

Interviews

Data analysis in this study occurred simultaneously with data collection, developing tentative hypotheses as data was collected. Moustakas’ (1994) modification of van Kaam’s method of analysis of phenomenological data was adapted for the within-case analysis of each participant’s interviews to establish relevant themes for each participant. Data analysis began with analyzing participants’ answers for common and uncommon responses to the interview questions (see Appendix G for this analysis). Then, transcribed interviews for each participant were broken down into statements that were relevant to the phenomenon, with each statement

having equal value (horizontalization). The relevance of the statements, was established through asking

- a. Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?
- b. Is it possible to abstract and label it? If so, it is a horizon of the experience.

(Moustakas, 1994, p. 121).

Statements which did not meet these requirements as well as overlapping, repetitive, and vague expressions were removed. Remaining horizons are the invariant constituents of the experience. Coding and clustering the constituents' lead to four to five core themes for each participant, which were further organized into relevant sub themes. Comparing the invariant constituents and their accompanying themes with the transcript by asking 'are they expressed explicitly in' or 'compatible with' the transcript validated the themes.

SCT

Data from the SCT was not scored until after the interview data had been analyzed, to prevent interpretation of the interview data being contaminated by results from the SCT. The researcher was trained in the scoring procedures outlined in the scoring manual (Hy & Loevinger, 1996). To ensure inter rater reliability another rater scored the data. SCT protocols were scored as following: Individual items of the SCT were scored for the entire sample instead of scoring each protocol separately. After all items were scored the individual test protocols were reassembled. "Given a rating for each of the items, an algorithm is needed to translate that distribution into a rating for the whole protocol (TPR)" (Hy & Loevinger, 1996). A cumulative frequency distribution (ogive) for the item ratings was set up and the TPR was determined using ogive rules from Table 2 . In cases of discrepancy between the TPR score and the ogive score,

the ogive score was used to assign an ego development stage, because it better represented the ego development stage of the majority of responses for the individual.

Table 2

Automatic Ogive and Item Sum Rules to Assign TPR for 18-Item Forms

Code	Name	Item Sum	Automatic Ogive	Explanation of Ogive
E9	Integrated	119 up	No more than 17 Ratings at E8	1 or more E9
E8	Autonomous	109-118	No more than 16 Ratings at E7	2 or more E8 or higher
E7	Individualistic	101-108	No more than 15 Ratings at E6	3 or more E7 or higher
E6	Conscientious	91-100	No more than 12 Ratings at E5	6 or more E6 or higher
E5	Self-aware	82-90	No more than 9 Ratings at E4	9 or more E5 or higher
E4	Conformist	76-81	Other Cases	Other Cases
E3	Self-protective	68-75	At Least 3 Ratings at E3	3 or more E3 or lower
E2	Impulsive	36-67	At Least 3 Ratings at E2	3 or more E2 or lower

Table 3 in the Appendix contains participants' ratings for the sentence stems, item sums and cumulative frequency distributions.

Textural- Descriptions

Individual Textural- Structural Descriptions

An individual textural description presenting the validated themes ordered by how strongly they emerged and using verbatim examples from the transcription was created for each participant. Ego development level was compared with the themes in the structural description.

Composite Structural Description

"The Composite Structural Description is a way of understanding how the co-researchers as a group experience what they experience." (Moustakas, 1994, p.142). It seeks to present a

structural description of underlying factors that make up what is being experienced develop Moustakas (1994), described the process that leads the researcher to the composite structural description as “imaginative variation” (p.97), which seeks to identify possible meanings of the phenomenon by employing differing perspectives and frames of references. In this study themes, sub themes, and invariant constituents from the individual textual-structural descriptions were re analyzed and reduced further to establish themes that capture the “essence” of the mothers’ experiences for the group as a whole (Miles & Huberman, 1994; Moustakas, 1994).

Verification

There is no singular approach to addressing validity and reliability in qualitative research (Creswell, 1994). “Trustworthiness” and “authenticity” are a better fit with the assumptions of qualitative research (Lincoln & Guba; Erlandson, Harris, Skipper, & Allen as cited in Creswell, 1994). Creswell (1998) identified eight verification procedures through which “trustworthiness” and “authenticity” can be operationalized (p. 201-203):

- *Prolonged engagement and persistent observation* in the field. This includes building trust with participants, learning the culture, and checking for misinformation that stems from distortions introduced by the researcher and informants (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Erlandson, Harris, Skipper & Allen, 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1988). In the field the researcher makes decisions about what is salient to the study, relevant to the purpose of the study, and of interest for focus...
- In *triangulation*, researchers make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence (Ely et al., 1991; Erlandson et al., 1993; Glesne & Huberman, 1994; Patton, 1990). Typically this

process involves corroborating evidence from different sources to shed light on a theme or perspective.

- *Peer review and debriefing* provides an external check of the research process (Ely et al., 1991; Erlandson et al., 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1988), much in the same spirit as inter rater reliability in quantitative research. Lincoln and Guba (1985) define the role of the peer debriefer as a “devils advocate”, an individual who keeps the researcher honest; asks hard questions about methods, meanings and interpretations; and provides the researcher with the opportunity for catharsis by sympathetically listening to the researcher’s feelings. This reviewer may be a peer, and both a peer and the researcher keep written accounts of the sessions, called peer debriefing sessions (Lincoln & Guba, 1985).
- In *negative case analysis*, the researcher defines working hypotheses as the inquiry advances (Ely et al., 1991; Lincoln & Guba, 1985; Miles & Huberman, 1994; Patton, 1990) in light of the negative or disconfirming evidence. The researcher revises initial hypotheses until all cases fit, completing this process late in data analysis and eliminating outliers and exceptions.
- *Clarifying researcher bias* from the outset of the study is important so that the reader understands the researcher’s position and any biases and assumptions that impact the inquiry (Merriam, 1988). In this clarification, the researcher comments on past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach to the study.

- In *member checks*, the researcher solicits informants' views of the credibility of findings and interpretations (Ely et al., 1991; Erlandson et al., 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1988; Miles & Huberman, 1994). This technique is considered by Lincoln & Guba (1985) to be "the most critical technique for establishing credibility" (p. 314). This approach, was employed large in most qualitative studies, involves taking data analyses, interpretations, and conclusions back to the participants so that they can judge the accuracy and credibility of the account....
- *Rich, thick description* allows the reader to make decisions regarding transferability (Erlandson et al., 1993; Lincoln & Guba, 1985; Merriam, 1988) because the writer describes in detail the participants or setting under the study. With such detailed description, the researcher enables readers to transfer information to other settings and to determine whether the findings can be transferred "because of shared characteristics" (Erlandson, et al., 1993, p. 32).
- *External audits* (Erlandson et al., 1993; Lincoln & Guba, 1985; Merriam, 1988; Miles & Huberman, 1994) allow an external consultant, the auditor, to examine both the process and the product of the account, assessing their accuracy. This auditor should have no connection to the study. In assessing the product, the auditor examines whether or not the findings, interpretations, and conclusions are supported by the data. Lincoln & Guba (1985) compare this, metaphorically, with the fiscal audit, the procedure provides a sense of inter rater reliability to a study. (Creswell, 1998; p. 201 –203).

Seven of the above described verification procedures were used in this study. Data were triangulated: Participants were interviewed twice. The administration of the Washington University Sentence Completion Test, allowed assessing the participant's ego development stage from a different perspective. Negative case analysis was employed to revise initial hypotheses in light of disconfirming information. A colleague, trained to score the SCT assisted with interpretation of the sentence stems, to provide peer review. Asking participants to verify the accuracy of the transcribed interviews and making necessary changes constituted member checking, to ascertain the credibility of information. Also, the researcher discussed her biases and values, pertaining to the study, which clarified researcher bias. External audits were conducted through members of my committee. Chapter four and five provide a rich thick description of the findings.

Procedures

The following describes the sequential steps of this study:

- The dissertation proposal was presented to the doctoral committee for approval at the end of October 2002.
- Forms were turned into the Human Subjects Committee Representative the first week of November 2002.
- Approval from the Human Subjects Committee was received by the middle of November.
- Interview questions were piloted.
- Possible participants who had received family therapy within the last year were identified in the NH database. Letters asking for participation in the study were sent

out. The researcher went into the group supervision classes and asked counselor interns to inform her of terminations of possible candidates for participation.

- Data collection with single mothers began in December 2002 and ended in April 2003. After transcription of interviews, participants were asked to verify the correctness of transcripts and make any changes. Transcription and member checking occurred simultaneously with data collection.
- Data analysis and interpretation began in June 2003 and continued through February 2004
- Writing occurred simultaneously with data analysis and interpretation and ended in March 2004.

Summary

This chapter has given a rationale for using a qualitative design for the study of single mothers' experiences in family therapy and described the underlying assumptions of qualitative research. Furthermore, it has given an overview over the methodology of the study, which consisted of (1) two semi-structured interviews with single mothers who have participated in family therapy and (2) the administration of the SCT to interview participants. Additionally, the research setting, participants, and research procedures were described. Finally the time line for the study was given.

CHAPTER FOUR

WITHIN-CASE ANALYSIS

The preceding chapter has described the rationale for using a qualitative design for this study as well as the assumptions underlying qualitative research. An overview over the methodology of the study which consisted of (1) two semi-structured interviews with single mothers who have participated in family therapy and (2) the administration of the SCT to interview participants was given. Additionally, the research setting, participants, and research procedures were described. This chapter describes findings of the within-case analysis for the ten participants. A textural description is provided for each participant using words of the participants and including ego development level on the Washington Sentence Completion Test (SCT). Themes in the textural descriptions are ordered by how strongly they emerged. Sub themes are ordered by how important I felt they were.

Ego Development

Ego development stages of participants as measured on the SCT ranged from E4 the Conformist to E7 the Individualistic stage. The modal stage for this particular group of single mothers was E5 the Self-Aware stage (six women), which is the modal stage for the population at large (Hy & Loewinger, 1996). One participant scored in the E4 stage, one individual in the E7 stage, and two participants scored in the E6 stage.

Scoring of the SCT

Scoring of the individual test protocols followed the steps outlined in Chapter 3. As Hy and Loewinger (1996) pointed out no individual's responses to the sentence stems fall into only one stage of ego development, because no individual is completely in one ego development stage. The SCT aims to identify the individual's modal functioning. For specific ratings of the

individual items for each participant see Table 3 in the Appendix. Examples of the modal stage are provided in the description for each participant as well as descriptive evidence of functioning on the modal level in the interviews.

Ego Development Stages of Participants

Conformist Stage (E4)

The Conformist Stage is characterized by cognitive simplicity. The individual identifies with the group or its authority. Rules are accepted for their own sake. The world is seen in dualistic terms. There is a right way and a wrong way to behave based on social conventions. This includes adherence to conventional gender roles or strict conformity to unconventional gender roles. Appearance, material things, reputation, and social acceptance are very important and people are perceived in terms of stereotypes based on social groups rather than individual differences. The way people are and the way people ought to be are not sharply differentiated. Interpersonal relations are described in terms of actions, not feelings, and the predominant action is talking (Hy & Loevinger, 1996).

Self-Aware Stage (E5)

At the Self-Aware Stage an examination of self begins. An individual in this stage has realized that no one conforms perfectly to prescribed stereotypes. Also, the individual becomes acutely aware of the distinction between self and group. The individual becomes aware of alternative possibilities in many situations and begins to qualify and see contingencies, however still in broad demographic terms. The self-aware stage is still a version of conformity (Hy & Loevinger, 1996).

Conscientious Stage (E6)

Individuals in the Conscientious Stage have made a major cognitive shift. They live by self evaluated standards, while often choosing conformity in their behavior. Self and others are described in reflective terms. Multiple possibilities in situations are recognized, leading to a sense of choice. Decisions are made for reasons. Individuals strive for goals, try to live up to ideals, and try to better themselves. They are self critical, but not rejecting of self. They perceive complexity and display complex thinking. They are more likely to think beyond personal concerns, but may also feel extremely responsible for others. Relationships with others become deeper (Hy & Loevinger, 1996).

Individualistic Stage (E7)

Persons in the Individualistic Stage see individuals in terms of personality as a whole or a life style. Individual differences are better tolerated and polar ideas are reconciled. Physical and financial dependence is distinguished from emotional dependence with more importance placed on the later. The tension between interpersonal relations and achievement orientation becomes evident to the individual and are recognized as changing over time. Individuals at this level are aware of the possibility for psychological growth. Also, the concept of having and being different in different roles begins to emerge.(Hy & Loevinger, 1996).

Table 4

Ego development stages of participants

Participant Names	Ego Development Stage
Liz	Conformist (E4)
Renee, Debbie, Jasmine, Ann, Edith, Trish	Self-Aware (E5)
Angel, Danielle	Conscientious (E6)
Sam	Individualistic (E7)

Description of Participants and Individual Case Analyses

Demographic Overview of Participants

The following table shows the demographic characteristics of participants.

Table 5

Participant Demographics

Participant #	Name	Age	Race	Occupation	Marital Status	# children	# sessions	Counselor Gender	Termination status
1	Angel	32	C	Homebased childcare provider	Single	3	6 s 6 ns	Male	Counselor graduated
2	Rene	37	C	Manager	Divorced	3	4s 1ca	Female	Client elected
3	Debbie	48	C	Real estate manger	Divorced	1	6s 2ca	Female	Mutual
4	Jasmine	36	C	Navy	Single	1	7s 3ca	Male	Mutual
5	Edith	40	B	Supervisor	Single	1	9s 3ns	Female	Mutual
6	Ann	34	C	Student	Separated	3	22s 3ca	Male	Ongoing
7	Sam	39	C	Clerk	Separated	3	16s	Female	Mutual
8	Liz	37	C	Restaurant Owner	Separated	2	8s 4ca	Female	Counselor graduated
9	Danielle	33	B	Family Crisis Hotline Counselor	Divorced	1	18s 1ca	Female	Counselor graduated
10	Trish	39	C	Dispatch Operator	Divorced	1		Female	Mutual

s = seen; ns = no show; ca = cancelled

Participant #1: Angel

Angel, a 32 year-old White mother of three children, a 13 year-old boy, a 3 year-old girl, and a 6 month-old girl gave her occupation as home based childcare provider. She had never been married. Angel and her son had moved to the area from New York in 1995. Angel was a recovering addict who had experienced many setbacks in her attempts to better her lifestyle for

her kids. Since being in recovery she had encountered chronic health problems, related to an inoperable brain tumor and a back injury which led to her having to give up being head of a cleaning crew for a large cooperation. She was receiving food stamps and social security due to her disability. Angel described her relationship with her family-of-origin, as strained. At the time of counseling she was pregnant with her third child. The family was referred to therapy due to her son's escalating physically and verbally abusive behavior toward her. Moreover, he had a long history of academic and behavior problems in school, which appeared to be increasing during his mother's pregnancy. Angel had made many attempts to get help with her son over the years. In this quest she found out about free family therapy through a referral by the school system and requested a referral. The family received therapy for about six weeks, toward the end of the academic year. The counselor was a White male in his thirties, who was finishing his Master's level internship. Interviews took place Angel's home about six months after family therapy was terminated. Counseling was terminated due to the counselor's graduation. Referral to another family therapist was offered but declined, because neither Angel nor her son wanted to start over with another counselor. At the time of the interviews the son was no longer living with her. A juvenile judge had ordered he move to New York to live with his father. The son had become involved with the court system after termination of family therapy.

Themes

The following themes and sub themes emerged from the interviews:

Table 6

THEMES					
Theme 1		Theme2	Theme 3	Theme 4	Theme 5
Battle		A different way	Not a bad Mom	Communication	People assume
Subtheme A	Frustration	At ease/comfortable	Recovering addict	Intimidation	They blame me
Subtheme B	Do what I have to	Changed things a lot	Single Mom	Brainwash myself	It depends
Subtheme C	Resources	Didn't much like	My Mom	Females	

Battle. Angel described the situation that brought her family to therapy as "... yet another battle, first the drugs then my emotional problems that I was covering up with drugs and then, now I'm trying to overcome the problems that I caused for my child." In "94...I found out I had a brain tumor ...cannot be removed, then I injured my back and it [financial security] was gone! And it's been an ongoing battle since ..." Angel felt that

the more difficulties I go through the more issues I seem to have, emotionally and mentally, more depression, panic attacks, anxiety attacks, uhmm, someone is gonna hurt my children, and I'm gonna be flat on my back after surgery and not be able to help them, not be able to protect them.

She was aware, that her health problems affected the whole family

...I know my son went through a lot with my health. I know, it takes a toll on him, takes a toll on my 2 year-old too. When you're in pain constantly...and a 3 year-old is being a 3 year old, I catch myself wanting to scream at her. 'Please, leave me alo...' I don't Since moving to the area "it's been an ongoing battle with teachers" at her son's school:

I got no help. You know they wouldn't help me get school therapy... just things they didn't inform me was available to me. There's just wall after wall after wall. I've been very frustrated with the whole situation for about three years. I have begged the schools I have begged ah, the juvenile courts, everything trying to get help with my son before he got to a point where he had to be locked up.It was very frustrating very frustrating, and I just really felt like the school didn't do much to and didn't have much in the way of resources for me at all, you know.

Particularly frustrating to her was that "there is no preventative measures available to keep our children from getting to the point where they have to be locked up, you know what I mean. It just seems like there's no help available in the area until the child has crossed the line."

Angel recounted

times when my health was so bad when he[son] was going through trouble I couldn't get there [school] to say look you're not gonna treat my child that way. It's not acceptable. I couldn't stand up for him and there was times when I could and I was so emotionally exhausted I just didn't.

However, she realized that she had been doing "as a parent what you have to. When I injured my back, I said, well I can always do at home childcare." Moreover, Angel tried to make up for not "giv[ing] them the perfect family, so I can give them friends and play groups and other things like that, you know what I mean? So that's the best I can do (laughing)." Angel felt that her family's situation was ameliorated by community resources, which Angel discovered "through my parenting class, early Head start, the CHIP program, they hooked me up with so many resources, as far as Uhhh, support." She "found out just by listening and saying I need help. And you know, I listened I looked for it, I found it, and from there I found another one, and

I just branched out. Yeah, if you really want something you need to look for it.”

Yet, Angel recalled that

the biggest resource that I’ve never been able to tap into since I’ve been into [name of state] is a mentoring program for my children. My son needed it; he needed a positive male role model. I called the marines, the Air Force, I called the college, I called all around. I called the big Boys. Big Brother big sister program had a list like you would not believe. Even with referrals from therapists and any thing else, I could not jump ahead on that list. Even with referrals from Avalon, I could not get into that list, you know, jump ahead on that list. I just really feel that there is not enough resources as far as mentoring for the children. And I mean I can’t say it no clearer than that. There needs to be more.

A Different Way Of Going About It. Angel compared her experience in family therapy to previous family therapy experiences as a child and described it as “ a different way of going about it” she thought “the counseling experience... it was fun. Yeah it was fun. You know it wasn’t soo let’s get into everything in your heart and mind he made it more like ... he made it fun through games and activities.” Whereas

“When I was a child and in counseling it didn’t work that way. I did family counseling as a child with my mother and father and it was terrible. It was terrible. So, I was afraid first, going into the experience, ok what are we gonna, you know, I know we need to do this... I was hoping not to repeat what it was like for me as a child. I was like please God don’t let it be that way.”

Angel attributed these differences to the counselor: “my relationship with him [counselor] was really, I felt really at ease with him and comfortable and he was very friendly.” Whereas “our

therapist [childhood] was just stiff, you know.” The current family therapist

didn't seem that way. He was just really, he wasn't so seriously professional. You know, he was in jeans and a shirt, you know that was cool, you know, and he sat relaxed, and he would get on the floor with us, you know what I mean?”

Angel liked that the counselor “got involved and that makes the children comfortable, which makes me comfortable.” She elaborated,

you're there for family counseling because the family needs help you know what I mean, the parents the children, not just the child. And that's what I think family counseling is about. It's not for the parent to sit there and say you talk to him, he needs help.

She liked that the therapist “had a sense of humor, uh which you really need with my family. So he caught on to that real quick and jumped right in, so that made us all feel comfortable even my thirteen-year-old. Uh, which was really a good thing that he did.”

Angel felt that counseling had “changed the way I think about my family. She met her goals “in a manner of I did learn like I said, new parenting skills, and ways to communicate with my kids.” However, she did not meet her “ultimate goal” which was

breaking down this huge wall with me and my son and anything was going to be, you have this huge fantasy as a mom- I better break these walls down between me and my son and we're gonna bond so so well, and everything gonna go, you know, honkey dory, and he's gonna grow up and be president of the United States of America.

One thing she

did not like so much was the like the homework.... And homework was always: I need you to find an hour to do this and this and this. And if [name of son] wasn't feeling good and I wasn't feeling good, then homework didn't always get done. Well, we would try,

but it wasn't always... And that kind of... you know... it felt like... I was pushed to make something happen that neither one of us felt like doing at the time. You know... I didn't like that too much...

Not a bad Mom. At the onset of family therapy Angel “looked at myself as a not good parent.” Her son’s difficulties “... kinda made me feel like I had to face the fact that as a parent I was failing somewhere.” These feelings were reinforced by having “made a lot of mistakes raising him. Uhm, I’m a recovering addict, and he was growing up seeing a lot of things that really he shouldn’t have seen.” Also, she described her own mother as the reason for her “fear that I’m not gonna be a good parent, because my mother was a terrible parent.”

Counseling allowed Angel to see that “I’m not failing somewhere because I’m doing something I can about it, what I can DO about it. Whatever the problems are in my family I’m trying to fix them.” The counselor enabled Angel to see herself as “not a bad Mom, I made some bad choices, but I’m not a bad Mom. If I was a bad Mom I would not have gone there [to family therapy] in the first place.”

Angel discussed what she saw as her difficulties in being a single mother “It’s kind of hard to be a single Mom with a thirteen-year-old boy, because they’re into things that you’re not into. Really, the only thing that [name of son]” and me were into together was WWF (laughing) was our wrestling we wanted to watch our wrestling.” She thought her “health problems” were “a challenge as a single mother, that a lot of single mothers don’t have” which are “ongoing and constant pain and depression from the pain and just tiresome.... Therefore she felt the

hardest role for me going through that as a single Mom and not being well is taking time for myself, because emotionally I need more time for myself or the depression gets really bad and also evening out my time for my kids.

These health problems have led to her having to deal with another “big challenge for any single mother” which was “having to rely on the state, it’s hard. Nobody wants to. And then once you get into it it’s so hard to get out and believe me, if I could get up and go to work every day I would! I would work, you know.”

Angel discussed the effect that her mother has had on her life. She thought “I’m always been bullied by the other role model in my life and that was my Mom, ” expressing that she “didn’t have much of a role model as far as parent went.” Therefore she described as her “worst fear ... that I’m not gonna be a good parent, because my mother was a terrible parent. She portrayed her mother as “very judgmental” giving Angel a “guilt syndrome” from “the constant put me downs...”while also recognizing that “she [her mother] didn’t do any of those things, you know what I mean?”

Communication. Angel described the difficulties with her son and with the school as related to communication.

I think there was a communication block between me and my child my son that I was trying to fix. Basically, I didn't know how to communicate with him, I didn't know how to get him to talk to me, you know.

The school failed to communicate with her about the extent of her son’s behavioral problems and did not follow their own procedures in dealing with her son:

My son was in trouble many many times and was written up for behavior problems about 15 times before that school called me. Ahh, and normally there's a certain amount of in school suspensions or referrals to the office before they'll give you in school suspension, they let him... they gave him chance after chance after chance and never called me until

it got to a point where they were ready to- well he's gonna have to leave the school if he doesn't. Well why haven't you contacted me? I don't know.

Equally important was that her son's school "did not hear me as a parent. I don't know why they would not listen to me. And they would not hear me, I don't know. I just don't know why!"

Angel recognized that being "intimidated" contributed to the "communication block" between her and the school

Teachers, uhmm, like I said sometimes I get to a point I feel kind of intimidated and I shouldn't, you know. As a parent I have to be able to speak up for my child and not be intimidated and not getting angry at the same time... And I had to learn slowly and its still a process, to work through that... for my children. I have to do that I have to be there for them and not be intimidated for them, so ... I'm dealing with it now. I'm getting there; I'm getting there."

She ascribed being intimidated to her health problems "just because someone has a role in society and I have this insecurity cause I can't have a role in society with my health, doesn't mean I should be intimidated, you know what I mean?" Angle further realized that her self-perception of "not a good parent" might have contributed to her feelings of intimidation. "I looked at myself as a not good parent and I thought that's how they saw me. So I felt like they're not gonna have any respect for me."

Angel saw herself as her "own worst critic," recognizing that she had "to talk [herself] out of those thoughts...sometimes I have to overlook that little voice in my head that tells me..." She described this process, as "I have to like brain wash myself. Look, stop thinking this way. It's an ongoing process: talking to myself positive talk, yeah."

People assume the wrong things. Angel acknowledged the impact that others' opinions have on her. She describes it as

Uhhh... it's not that I think they're gonna see me with my kids and I'm doing something wrong, it's more that people look at me and they automatically all my life have assumed the wrong thing. I have tattoos, I've got blond hair, I dress like a biker sometimes, you know, I got... so it's automatic ... oh my God... and then for some reason I draw this attention to me that I don't want.

In therapeutic settings assumptions are being because of her sexual abuse history,

Uhhh, at my other therapy office when I called uhhh because of my childhood issues and being molested and being a survivor of incest and stuff, they automatically assumed I wanted a female [therapist].

When asking for help with her son, Angel "felt blamed" by teachers and other professionals. "It was like it was my fault (laughing)." Angel interpreted their suggestions as they felt

I wasn't doing nothing ... counseling, we're doing that, you know. Medication, we got... he's on Prozac, and what do you want me to do? You know. I would sit down make him do his homework; he wouldn't turn it in (laughing). I mean, ah what more do I, do I do I carry it to school?

Furthermore, Angel had

weird feelings about my... I always think people look at me in a bad way, so, you know. OK there, they go to family counseling, she's a screwed up Mom, you know, that type of thing... As far as the school, ah and people outside of friends and family... I do know... I kind of feel like... the way they... they... talk to me, the way they deal with me 'OHH

how pitiful.’ That’s the impression that feeling I get from them... Maybe that it’s a sad story... I don’t know.

Angel recognized that her assumption that others see her in a negative light might be related to her self-perceptions. Also, she was aware that not everybody saw her in a negative light:

I think it depends on the teacher. I’ve seen teachers that looked at me and said you know I don’t know how you do it. You’re in so much pain, and you’re really trying, God bless you, I don’t know how you’re doing it. You know what I mean? Then I think I’ve had some teachers that just look at me like I’m a piece of white trash and literally that was an attitude to me.

Angel’s family has their “version of what they felt was going on “ in Angel’s life. “The way they see me, it affects me it hurts, so I try to put a wall up. Furthermore her “ family has a problem with separating their feelings towards me with my children. They talk about me in front of my children.”

In summary Angel described her life as an “ongoing battle” spanning from her drug abuse and recovery to her attempts getting help for her son, to mediate the effects that her behaviors have had on him. She described family therapy as “a different way” of going about effecting change. She attributed these differences to her comfort level with the counselor, which was related to his willingness and ability to involve her children in the therapeutic process. Family therapy helped Angel recognize that she was “not a bad parent, despite the mistakes she had made earlier in life. She acknowledged her difficulties as a single mother, struggling with health problems and having to accept public assistance. It was difficult for Angel to communicate effectively with her son as well as her son’s school. Angel recognized that she was

influenced by how others saw and often felt blamed for her son's problems. However, she was aware that not every one saw her in a negative way.

Ego development

SCT. Angel scored at the E6 the Conscientious as measured on the SCT. A breakdown of specific scores can be found in Table 3 in the Appendix.

The following responses to the sentence stems demonstrate the E6 level.

Raising a family is a fulltime yet rewarding job.

Education is very important but you are never told.

When people are helpless it's because they choose to be.

Interview. Hy and Loevinger (1996) describe an individual at the Conscientious stage (E6) as somewhat self critical, self-aware, able to reflect on self and others, and able to see multiple possibilities leading to choice. During the interviews Angel presented herself as an individual who was attempting to better her life "...first drugs then my emotional problems that I was covering up with drugs and then, now I'm trying to overcome the problems that I caused for my child." She expressed as her worst fear that she was not going "to be a good mother, reflecting on how "the more difficulties I go through the more issues I seem to have, emotionally and mentally" and she showed awareness how her difficulties affected her children "...I know my son went through a lot with my health. I know, it takes a toll on him, takes a toll on my 2 year-old too." She seemed keenly aware of the effect of choices she had made on her life: I've been through a lot, me and my family. I've gone through a lot of changes to better my lifestyle for my kids and bumped into a lot of walls." She described her present situation as "wasn't so much that I didn't try but that [name of son] has emotional problems ... {name of son]hasn't dealt with his emotional problems."

Participant #2: Renee

At the time of the interview Renee, a 37 year-old White mother of three boys, ages 18, 12, and 8, was divorced and employed as a manager in a fast food restaurant. She was living with her boyfriend and her two younger sons' in the marital home. Interviews took place about a year after the family had participated in family therapy in the family's home. The family had attended four and cancelled one session. The therapist was a young attractive White female, in her Masters internship. According to clinical records the therapist and Renee made a mutual decision to terminate therapy during a phone conversation. At the time the family was receiving services Renee recently had separated from the children's father and her boy friend had just moved in with the family. The boyfriend participated in family therapy, the children's father was not involved. Renee's oldest son had been struggling in school for many years. He had attended private school for eight years and had encountered difficulties in public school since the transfer. During elementary school he had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), for which he had received individual therapy and medication. However, as he got older he would no longer take the medication. He had attended several high schools and had just been transferred to an alternative high school, when the family was referred to family therapy by the principal there. Reasons for referral were ongoing academic problems in school and deteriorating behavior at home. According to Renee the family stopped counseling because the therapist didn't see what the problem was and Renee was too frustrated to contradict her. About two months after terminating family therapy Renee's son dropped out of school and two months after that he moved out of his mother's house. He has lived with about eight different people since then, working different jobs. At the time of the interview he was living with Renee's sister and had registered for the GED.

Themes

The following themes and sub themes emerged from the interviews:

Table 7

THEMES					
	Theme 1	Theme2	Theme 3	Theme 4	Theme 5
	Fell through the cracks.	A negative experience	Open to counseling	My expectations	Moved out
Subtheme A	ADHD	Focused on son	Putting forth effort	Counselor /doctor	Not with Daddy anymore
Subtheme B	Giving up	A lot left on the table	Learned from experience	Don't know what I expected	What other people think
Subtheme C	Most challenging		Asks for help		

Fell through the cracks. Renee described her son's experience in public schools as he just fell through the cracks at school... He had started his first year in high school at a different high school and was getting excellent grades for him. ...He was at the magnet program and because of his grades, because he didn't maintain a 2.0 average ... they deselected him. And that was very very devastating to me and to him because he had his best school year ever at [name of school] ...I assumed, and I shouldn't have done this, that because he had a learning disability he could have stayed there, because that was the best environment for him. ...And I even fought it at the school board. Uh-huh but they turned us down... He's been through depression; he's been through... he's been through, what's it called, self-mutilation, stuff like that. I said this is his best year he feels good, he sleeps better, he shows an interest to put forth some effort, and he had C and Bs, which was excellent for him, excellent. So he ended up going to [name of zoned school].

Despite his difficulties in school and his medical diagnosis "he has attention deficit and he's in a very high category for that, like in the 98th percentile of ADHD" the school system did not

inform Renee about available accommodations for her son: "A friend of mine...was saying to me but [name of son] is on a 504 plan, that's how I found out about it." However, despite being on a 504 plan at the zoned school, the situation deteriorated further: "I was fighting them it seemed like constantly, with issues. He was on a 504 plan, and there was only one out of six teachers who was helpful with that."

Renee remembered that "by the time he began at [name of alternative school] he [son] had just given up," and "after a while you know, with [son's name] we just kind of gave up." Her son ended up "just go[ing] to school and spend[ing] his time there. Renee describes that her reaction to her son's difficulties as "So I got very discouraged, and lost interest."

Due to this experience she described it as her greatest challenge to "making sure the kids are on the right track with their education. Because I didn't want the same thing to happen to the other two that happened to the oldest." Renee acknowledged that she has changed her behavior in regards to how she deals with her sons' school issues. "I'm asking them a lot more questions on a regular basis being very consistent, being very open with their father to make sure that he is involved also with the whole school process.'

A negative experience. Renee described family therapy as

The experience was... what I would say probably a negative one. Every time we had an appointment I had to fight with the kids, you know, they didn't want to go. Once we got there they were arguing or fighting about something and they weren't very patient especially [name of oldest son]. And I would get frustrated during the sessions, I didn't want to feel like, I was the one that was in control and had to, you know what a mean?

And I think that I was more frustrated at that point than when we started and I guess I just

gave up. At that point, I think I was more frustrated, not just with the situation but also with the kids not wanting to be there, so I gave up.

Renee attributed her negative experience to “I guess I don't feel that it [family therapy] was handled thoroughly. I don't think she [therapist] knew enough about our family. So, if she did, she didn't let me know, if she did, it wasn't communicated that she really understood what was going on. I felt that there was a lot left on the table.” She was disappointed

that the issues of the ADD, something like that wasn't brought up at all. And that was the basis of the whole experience. I don't feel that she got to the heart of the matter and I guess was every day that we went I was starting to feel, not feel comfortable going also. When the lady that we met with said that she didn't see any problems that we couldn't handle on our own, I didn't feel like we had accomplished anything at that point.

Renee acknowledged that in her eyes “the problem centered around Danny and I wanted help with him and hoped that it would help him.... to be a better member of the family, for the household.” However, she thought that

if the whole family had to be there ... if the kids... you know, the other kids were involved... I don't know, I think it was more geared toward Danny than the family as a whole. That was the kids' opinion on that. They saw it as everybody had to come but then it was focused on [name of son].

If Renee “had to do it all over again, if I was to spent time on counseling” she thought, “it would just be with Danny. Danny needs counseling, I think, kind a one-on-one, and then we could take it from there, and maybe do family counseling” On the other hand Renee was also aware that her son had “been in and out of counseling and treatment all kinds of things since he was six years old.”

Open to counseling. Despite their negative experience in family therapy Renee expressed that “whether that was a good experience or a bad experience I would still be open to counseling, doctors advice or whatever...” she might consider family therapy in the future: “Sometimes I think we may be able to benefit from family counseling, maybe not now, but maybe later on sometimes the future.” Renee thought that “because it wasn't what I expected doesn't make it bad. I would recommend counseling for anybody who asked me.”

She “felt good about going to counseling. I mean, I felt good about trying to put some effort into making a situation better. I kept thinking that things might get better, that one day...” Her experience with her son caused her to “sometimes feel like I failed in some areas like with [name of son] but then again like I said before there's got to be the effort on his {son's} part too.” Specifically, Renee experienced her children as unwilling “to put in the effort” into going to therapy. “It was the kids who didn't want to go...” and “there's got to be the effort on his {son's} part too and that wasn't there.” Renee saw it as necessary “to continue to put forth effort. I know that there's people out there that can help you.”

Moreover, Renee stressed that she “learned from it from the whole experience” of being in family therapy, changing her awareness of her role as a single mother

it made me realize that yes I'm a single parent, and I've got a lot more responsibilities now, and having a child not do so well in school.... try to focus a little bit more on him and, in turn, on the other two on their schooling too.

Additionally, she “got to learn a little bit more about how the kids how they felt. They opened up a little bit, ” as well as giving her specific ideas about what to do differently “I learned, little things like spending time, spending a little bit more time with your family.”

My expectation. Renee described herself as a “more structured person, when it comes to things like counseling.” She expected the counselor “to have a set of questions.” When the counselor gave the family a project to work on, Renee’s expectations were met:

There was one thing that she did... and I guess this was my expectations... She had a project for us to do and that was very very helpful and we all enjoyed it [name of boyfriend] enjoyed it the kids enjoyed [name of son] enjoyed it, I enjoyed it. She got the kids involved, she asked them some questions.

Renee thought she “may have expected too much from family counseling. I guess I thought everything was can be put together Mhm, but it didn't work out that way...” In her opinion the role of the counselor compared to the role of a doctor

I don't know I guess it's like when you take your child to the doctor, it's like you can and hand that child over to the doctor and the doctor does all the... taking blood pressure and all that. When he's not sitting right to the doctor says can you sit up, you know.

However, her actual experience during the session was quite different

It was just left up to us to kind of do the sessions, so to speak. There was no control of the situation. I expected her to be in control, and that was for my expectation, I don't know whether that's the way it should have been. There wasn't a whole lot of questions on her part, which I thought that would be. It was kinda like we all got together and we had our own little discussion, does that make sense? If [name of boyfriend] brought up a subject of the kids misbehaving or something and he would bring up an event that we went to or did something, then we would just talk about that. It kind a... we were less focused, I think than we should've been..... And, we didn't talk a lot about school, it was just kind of like, everything would just fall where it would.

Renee was surprised that they “didn’t talk a lot about school. I expected more questions and suggestions I don’t know, maybe getting involved with school, maybe even interviewing the counselor, or teacher or something.” Also, she thought that if “you have a child with ADD, here are some ideas or here are some suggestions or recommendations. I don’t know. I just thought I would get some materials or brochures or something. “

Yet, Renee stressed that she “could be wrong.” She expressed that she had “never been to family counseling “so I didn’t know what to expect” and she didn’t know whether “the counselor did or didn’t do what she was supposed to do.”

Moved out. Although family therapy was initiated due to Renee’s son’s problem with school, the changes that the household had undergone within the last two years emerged as a theme in the interviews: “my husband and I had just separated and he [son] was going through some behavior problems in addition to his behavior problems he already had.” Renee understood “when you’re going through a divorce and you’re not with Daddy anymore... there was the anger and all that at first.” Yet, Renee recognized “for some reason I think my kids might look at me in a little bit better way now. At first they didn’t... but now I think they look at me differently, probably looking more up to me, more than just being a mother.”

In addition Renee’s oldest son “moved out in July of last year” which was “a mutual decision, a mutual agreement, we can’t live together, you know.” Renee remembered “at first it was really difficult but I thought well he needs to learn he needs to learn living on his own, because he wasn’t obeying by the house rules.” Renee expressed that “I missed him, I still miss him” while at the same time considering “maybe he needed that time. Sometimes the best thing we can do for our kids is to let them go. At first I didn’t realize that, and it was very hard for me.” She acknowledged “with [name of son], I still haven’t given up, on developing a relationship

with him and trying to teach about how important it is to stay together as a family. And that even if he's not living here he can still contact his family and say hello and see what's going on.'

Renee sensed that how others see her has changed since her son has left the family home. "Even though it was a mutual agreement. I know, like a lot of my friends, don't agree that [name of son] doesn't live here anymore. They feel that, some of them feel that I shouldn't be as giving to him as I am. And some feel that I shouldn't have anything to do with him." She feels judged by them "But now that he's not living here, it's like I'm the bad guy now. Yeah.... I think they probably think I might not have been a good parent at some point and that affects me. Doesn't make me feel good sometimes, I've had people make negative comments before." Renee tried "not to think about how what other people might think about me and my family." and she did not "ask them for their opinion but they give it to me anyway." while acknowledging "I'm more sensitive to words than I am towards anything else, because of what's happened in the past."

Despite her recent separation from her husband and her boyfriend joining the family in the home, Renee described the problem that brought the family to counseling as her son's problems in school: he had fallen "through the cracks." Family therapy was a "negative experience" for her, because the counselor never "communicated that she understood what was going on." However, Renee stayed "open to counseling in the future" and thought she was "very open to someone else helping her." She was aware that her expectations for family therapy differed from what she experienced. She expected the counselor "to be in control" and "did not want to feel like I was the one who was in control." Renee acknowledged that she was affected by others opinions of her, particularly around her son no longer living with the family. "but now that he's not living here, it's like I'm the bad guy."

Ego development

SCT. Renee scored at the E5, the Self-aware stage of ego development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses show her at the E5 stage:

When a child will not join in group activities a mentor may be able to assist and be helpful.

Raising a family is a rewarding experience.

When I am criticized I try to handle it in a positive way.

Interviews. The way Renee discussed her struggle around her son no longer living with the family, illustrated her being in the Self-aware (E5) stage: she described it as a “mutual decision” between her son and her, but realized that others “don’t agree that he’s not living here anymore.” She was struggling with what she knew to be right for her situation and cultural expectations. Also, she was keenly aware of being judged differently, for making a decision that went against cultural norms. “I think they probably think I might not have been a good parent at some point and that affects me. Doesn't make you feel good sometimes, I’ve had people make negative comments before. But I try not to let it affect me.” She described herself as more sensitive to words than anything else” She expressed awareness of multiple possibilities in situations; despite her overall negative experience in counseling she was still “very open to counseling and very open to someone else helping me.” She described her reaction to her son moving out of the household as “it was really difficult, but I thought well he needs to learn... maybe he needed that time....” And she still “hadn’t given up on developing a relationship with him. Also, she expressed that her son’s difficulties have caused her to alter her behavior towards the children’s school “asking a lot more questions.” Also, Renee wanted to be helpful to others,

she agreed to the interviews, despite her negative experience in counseling because “this can help someone in the future.”

Participant #3: Debbie

Debbie, a 48 year-old White, divorced mother of a 15 year-old daughter was employed as a real estate manager, who spent about two hours commuting to work each day. She had been married to a country musician for twenty years. During the marriage the family had lived in Arizona and Debbie had been a “stay-home Mom.” The father was remarried shortly after the divorce to a woman, 16 years his junior. The parents had joint custody but the daughter spent much time with the father and his new wife. When the couple moved to Tennessee and Debbie’s daughter went with them, Debbie moved back to this area, to be closer to her family. A physical altercation between the Debbie and the new wife led to Debbie’s decision to take her daughter to live with her. However, after the move, the situation quickly escalated to the point where the daughter was failing in school and her behavior at home seemed out of Debbie’s control. Shortly after the family had started family therapy, Debbie found a condom in her daughter’s room and decided to send the daughter back to live with her father because she would have the supervision of two parents there. The girl did not know she was being sent back to live with her father. Debbie’s daughter only attended one session of family therapy. Debbie elected to come by herself, finding support from the therapist in making the difficult decision to send her daughter back to live with her father. The counselor was a young, attractive, biracial female, who was working on licensure requirements. Interviews took place within two weeks of termination of counseling, at the counseling site.

After careful consideration I decided to include this participant in my analysis since the focus of therapy was on interpersonal issues and many therapists actually do family therapy with just one individual present.

Themes

The following themes and sub themes emerged from the interviews:

Table 8

THEMES				
	Theme 1	Theme2	Theme 3	Theme 4
	Daughter needs counseling	Bad kid/ bad parent	I can't do this	Very kind and loving
Subtheme A	respect	Two of me	A hard time	Did right thing
Subtheme B	Kept coming by myself	Not involved in school	Love is not enough	Being a Mom
Subtheme C	Learned some things		Different kind of relationship	

Daughter needed counseling. Debbie “had been in with the school counselor several times” and told her “[name of daughter] needed some counseling.” For her “it really was about [name of daughter] at this point I thought [name of daughter] needed some counseling! I mean I wouldn't know whether she was in the house, sneaking people out, sneaking people in, you know, I couldn't live that way. ” Debbie described changes in her daughter

when she got here she was this child dancing in the living room, making choreographed routines with her friends to songs. And when she left she was a pot smoking, you know biracial relationship, you know, didn't care about school, just amazing.

Debbie was “scared” for her daughter; “she's me at 15 years old, all over again. I see that she's looking for love, you know, looking for approval, popularity, wondering what other people think

more than what you or your family think.” She was “hoping that maybe another party could help point out some things to her.”

When Debbie found out about family therapy she “felt really good about it. I thought it was something that needed to happen and was grateful it was available.” Debbie

wanted to be able to get to a point where [name of daughter] and I could live together.

So we could respect one another and that she would get the help that she needed ... I

expected that we could at least sit together and.... Talk about what was going on, my

expectations for her and her of me; you know try and learn to have respect for one

another.

However Debbie’s daughter attended only “one session”. After that first initial session she refused to come back. And I mean literally I could not pick her up and bring her here.” Debbie remembered that she was “really looking forward to family therapy” and thought that it “would have been a fantastic experience. It would have helped; she [daughter] just wasn’t willing. Since [name of daughter] wouldn’t come to counseling, we never worked on our relationship.” She regretted that her daughter did not try “a little harder to want to work on it. I so wanted for it to work! But she didn’t work.”

When her daughter refused to go to therapy, Debbie “just kept coming by myself.” She remembered:

I needed to continue to come, at least I knew I could go somewhere with a neutral party that would at, would do their best not to judge what was going on or give their opinion particularly but it... Just to be able to sound things off. I knew that I could count on that the following week. So that was, it was good...

Also, “at first when she refused to come was an issue. We thought that we could get her back...”

But Debbie recognized that the therapeutic focus shifted to “supporting me in the decision [to send daughter to live with her father] and helping me walk through the feelings behind it, you know, the guilt and the shame, the remorse and all of that.” Debbie asserted that counseling helped her

make the right choices, and talking through and figure out you know like, she[counselor] could say, she’d ground me by saying you know you’re doing this because you are a good parent. Because you love your daughter, you want her to be in a safe place.... I think it came at the right time for me and when I needed it most and when I needed to be able to vent and when I needed to be able to be objective about what was going on, it was very helpful. I think overall it was a very positive experience. It was a relief.

Debbie “learned from this experience.” She learned that “I don’t take time for myself. I need to do that, I need to learn how to do things for myself other than eat and drink, you know.”

More than that Debbie

learned a lot about myself, my inability’s, then my abilities and...it has helped me to see things more clearly. I think a lot of that has to do with, the abandonment that I felt when she left with her father and stepmother and moved to [name of town]. . I think that I let my fear of her leaving again, not thinking I was cool enough, that kind of stuff, so I think I compensated for that. I knew it up here [pointed to head] but I didn’t know it in here [pointed to heart], I think that I know now what my job is or would be.

“Through the counseling “she became “more aware ... of the things that I did right and the things that I did wrong. And it was helpful in that regard, because sometimes you do things as a

parent, that you wouldn't think are right, but they are, like sending a child away.... Debbie concluded, "if I had to do it over again, I'd insist that she come. Most definitely." Debbie felt that she failed to "set boundaries" and allowed "her to run all over me."

Bad kid/ Bad parent. Debbie deliberated that her daughter's behavior reflected on her as a parent.

It was embarrassing and hurtful. Just, you're a mom; you take on your kid's actions as yours sometimes. I think that's kind of how I felt. I felt like she's being a bad kid, you know, and they'd think that I'm a bad... or I'm contributing ... or I'm being a bad parent, that kind of thing.

She was aware that "they [teachers, neighbors, etc.] saw me as lacking in parenting skills that were necessary with the way teenagers ..." This led to her feeling "a little inadequate about that [parenting], ... maybe it felt like being a little less than other women who can do this and with grace and you know whatever." Debbie acknowledged that she "felt weak, it was like I had no skills, I didn't know what to do."

Her feelings of inadequacy appeared further related to her earlier drug use, her sobriety, and her current use of alcohol. Debbie had "started drinking [again] a couple years ago." She felt: "Well, I guess there's two of me, there was the mom that was clean and sober for 17 years and then there's the mom that she came home to that had wine from time to time." Debbie admitted "my way to cope with that [difficulties with daughter] was to drink." She had doubts about

And part of me just thought, you know what, she doesn't need to be around that, and not that I would get blasted or anything, but condoning it maybe. I'm drinking, so maybe she thought you might as well... you know I can't really get on her for doing this...

However, Debbie was 'bothered' by the therapist's attempts to include her drinking in the therapeutic conversation:

Okay you know that she would concentrate on my alcohol consumption bothered me. She was concerned about it, but I was like, this is my way to manage.... This isn't about me, but it is, and I know that. At first, when we first started talking about that, about the second or third week, it was like so how is your alcohol consumption this week? And I would be oh fine I haven't drunk in a while. And I lied through my teeth; I just didn't want to talk to her about that. But then you know, I opened up about it and said this is going on. I can't lie to you, it doesn't help me. I think she [counselor] had, she was very guarded about my drinking. She had a right to, the right to be.

Debbie described her parenting and involvement with her daughter's school as "I think I was pretty apathetic. I think apathy is the word, I just couldn't get into, you know, I was embarrassed, I think. And then I just... I was apathetic. She compared this to her parenting in Arizona "I was never like that [apathetic] when she was younger, I was always involved. I volunteered I went to everything." She explained that "my relationship with [name of daughter's] school at that time was "kind of crisis intervention. I would have to go talk to a teacher about her misbehavior, talk to guidance counselors about her misbehavior that kind of thing, pretty much that was the relationship I had with the school." Debbie remembered being "embarrassed. You can always tell when they don't agree, you get the ... ahh... kind of thing, and I got that quite a bit." In retrospect Debbie thought: "I, I failed in some areas to be more involved, and I'm seeing it now, to be more involved with the school. Not so much for activities, because I went to basketball and things like that, but just following up with Cary and finding out what was going on it and talking to the teachers and stuff like that."

I can't do this. When Debbie “found a condom ... I said I can't do this, I work on the other side of the water! I just couldn't do it anymore, and so I thought she needed the supervision of two parents, not one.” She recognized that she “really didn't have a lot of control over her [daughter].” People around her were aware of this as well “I’m quite sure that they thought that she was running the show and I was giving into everything, you know, everything she wanted, desired. It was out of control. And I know that they saw that. I know that they saw that it was out of control.” Her parents and grand parents let her know “she needs to go, it's not good for her, it's not good for you.” Debbie felt

like it was, it was better for her to go somewhere where there were more boundaries than here. Someone who doesn't buy into... You know.... I love you mommy.... she knew where to...oh to the nth degree. She can play me like a fiddle.”

Sending her off “was a very hard time” Debbie recalled, “It was very, very hard to send her off. She didn't even know. I had to do it like under the cloak of you're going to visit a friend... And never coming back.” Debbie struggled with the decision:

Yes, and I feel like I betrayed her by making her go back. I'm getting over it, yeah. It was hard!! And I'm sorry that it took drastic measures, you know, but.... So it is hard not to feel a little guilty about that. What did I do, or not do? But I'm sure that will come in time. I had the opportunity to take the easy way out to, because there was another concerned parent that I could send her to. But if I hadn't had that, things could have been different.

Also, she sees her daughter as sharing responsibility “It is hard, but I'm pretty strong in the feeling that I don't own all this. She owns a lot of this too. I told her, I talked to her, her friends

talked to her, her family talked to her. It didn't have to go the way it went. I was more than willing to work at it, to work it out. She is the one that did all the wrong things”

Debbie “always thought love would be enough” in raising children “but it's not.” She admitted that “I question my mothering, not loving, but my parenting skills. She expressed that “... if love was enough I'd be the best mom in the world because I love that kid like nothing else in the world. But it isn't. It made me realize that parenting is a lot harder and is not one of those things that comes naturally.” This recognition led to the realization that “Learning how to be a good parent to a teenager, that's the most challenging, learning how to set boundaries, how to say no, how to say yes when you, you know when it's right.

Despite her difficulties with her daughter, Debbie thought as a single mother

It gives us a different kind of relationship [name of daughter] and I, as opposed to a three-person family only now it's a two-person family, and you know that's not a bad thing. I think, you get, you get a really close bond with your child. You know, many many times when my daughter was with me, she would say ‘my mom is my best friend I can tell her everything.’ You know, I never said that. That's a good thing. That's cool.

She also liked that “you can run the show, you don't have to always take someone else's, you know, you do it your way, right or wrong and learn by it. so I like that part.”

Very kind and loving. For Debbie it was “the counselor, I think it was the counselor” who made being in therapy a positive experience: “Her personality she's just very kind and very good at what she's doing and she really cared. She was very understanding. Just very kind and loving without being mushy or anything like that. I really knew she cared ...” At the same time the counselor “kept [Debbie] on task, you know.” Debbie felt understood and supported: “She just listened but she'd always come back to the let's see you really made this kind of progress.

This is what were gonna do and we've done that. And I'm really glad and proud of you, you know she was very encouraging and supportive." This extended to Debbie's decision about her daughter: "I do know that she thinks I did the right thing" and "that I was willing, that I wanted to do the best for my child. I think she had a respect for that. "Debbie thought that the counselor saw her "as getting stronger. Just being able to do what I did, sending [name of daughter] back and then to stick to my decision and, because there was one weekend where I wanted to run... go get her... And I had a session with [name of counselor], we talked it through, so I'm sure that she saw me getting stronger."

The counselor's gender played a role for Debbie: "I like that she was a woman and I particularly like that she was a Mom. I knew she wasn't a Mom of a teenager, but boy she'll be ready with clients like us." Debbie thought

being a Mom made her [counselor] more sensitive how it must feel to have to say goodbye to your daughter. I think because... that may be stereotypical, but she's a Mom. And, so that helped, what another mother thought... you know was compassionate.

Although Debbie came to family therapy because her "daughter needed counseling," family therapy became the place where Debbie found support "in the decision" to send her daughter back to live with her father and "help in walking through the feelings behind it... the guilt and the shame, the remorse and all that." She experienced the counselor as "very kind and loving" and family therapy "came at the right time for me and when I needed it most." When living with her daughter, Debbie felt "I can't do this," because she had "No control over" her and her daughter needed the "supervision of two parents." Debbie experienced her situation as "embarrassing and hurtful" because as a Mom "you take on your kids action as yours sometime" and seemed astonished that parenting required more than "love."

Ego development

SCT. Debbie scored at the E5, the Self-aware stage of ego development, measured on the SCT. For a specific breakdown of scores see Table

When I am criticized I feel hurt but put on a brave face.

Being with other people makes me happy.

My mother and I are best of friends.

Interviews. Throughout the interviews Debbie exhibited self awareness in recognizing that her fear of her daughter “leaving again, not thinking I was cool enough,” got in the way of her doing what she now “knows my job is or would be.” She ascribed her failure to her stereotypical notion of what it means to be a mother, finding out in this situation that “love is not enough.” Similarly to Renee, Debbie also felt judged by others for her perceived failure as a mother “well it embarrasses me that, because people, you can always tell when they don’t agree, you get the.... Kind of thing and I get that quite a bit. ”At the same time, she expressed “I’m pretty strong in the feeling that I don’t own all this. She [daughter] owns a lot of this too. ... I was more willing to work at this, to work things out. She is the one who did all the wrong things.” Debbie thought that she “learned a lot from this experience, about my inabilities and abilities.” In hindsight she was considering what she would do different “I’d insist she’d come.”

Participant #4: Jasmine

Jasmine, a 36 year-old White mother of a 13 year-old son worked as a “torpedo man in the Navy.” She had never been married and had “17 years in the Navy”. Jasmine and her son had been separated for two years due to a sea deployment. During this time he was living with Jasmine’s sister’s family, which had proved to be very difficult. Jasmine’s son had had differing mental health diagnoses starting at age 3, which were treated with medication, therapy, and

special education services. Jasmine's sister apparently did not believe in the validity of these interventions and had taken Jasmine's son off his medications and out of special education. The son's condition deteriorated to the point where Jasmine had to come back early from her deployment and was stationed at a large Naval base an hour's commute from where the family resided. She was in the process of securing appropriate mental health and educational services for her son when his behavior in school deteriorated to the point of suspension and involvement in the juvenile court system. The family's therapist was a good-looking, White Male in his thirties, who was a Licensed Professional Counselor fulfilling requirements of his doctoral internship. Interviews took place in the participant's home about 2 months after termination of counseling.

Themes

The following themes and sub themes emerged from the interviews:

Table 9

THEMES				
	Theme 1	Theme2	Theme 3	Theme 4
	Counselor was greatest part	Some kind of recovery	Battles	Just me and him
Subtheme A	Gender	Communication	Son's emotional problems	Single Mom
Subtheme B	Concerned	It was all worth it	Worst school	Do right thing
Subtheme C	Different things	frustrating	Special education	Homebodies

Counselor was the greatest part. For Jasmine having

[name of counselor] as a counselor was the greatest part about it. That is what got us through it. This counselor, his personality and everything it was really good. Because of

the way he is, he is so down to earth and everything else, so it was all good. He made the counseling ... great, we enjoyed the counseling, and we looked forward to going.

Her son told her “man I wish he was Dr.... We would get so much more done mom. He doesn't even want to see his regular counselor.” Jasmine admitted that going to family therapy “at first was a bear, we really didn't want to go... when we walked into the office and [name of counselor] was there, it just seemed like it was all worth it, that kind of thing. [Name of counselor] was you're here! Let's get the ball rolling! Were here to have a good time as well as learn something new, you know.” Also, Jasmine liked that the counselor had “... a child of his own, so he knows kind of how to kind of work things around kids and things to that effect “

Jasmine felt accepted and appreciated by her counselor:

From what he said, and it seemed genuine, he told me that he thought that I was a good mother... he'd seen the hard roads that I traveled to get my son into special Ed and all the fights that I was going through to get him in there. I think he had a lot of respect for me, for traveling the roads that I have with [name of son] and getting him where I've gotten

The counselor's gender did not matter to Jasmine “it doesn't bother me having a male counselor at all. As long as they have the right attitude it doesn't bother me if they're male or female. ...I mean, with me being military I don't get to be picky.” However, she thought that

I think it helped [name of son] having a male more than anything else; I was kinda relieved knowing that we had a male. For [name of son] and him you know, not having a father figure here, or a male figure around, I think that was good. Also with [name of son's] age and everything I think, I don't think he would have been open, because he still into that quirky stage. He gets so embarrassed right now, when it comes to all girls and

things to that effect you know. I don't think it would have worked as well, I really don't think so.

Jasmine experienced the counselor as "... genuinely concerned, he put in the effort to do something outside of what was going on too, and you could tell he had done some homework outside of what we were doing there." This enabled him to give her

a lot of different, different, different things. He just came up with a lot of ideas you name it. He would go on the Internet and give me different handouts and things that he printed out for kids that were ADHD and teenagers, things to that effect. Let's see, he also came to class, one night, and brought us a big brother... the association of big brothers, things to that effect.

Not all of the counselor's suggestions were well received "My son wanted nothing to do with Big Brothers. My son just shot him down with that one, completely shot him down." Activities that were particularly helpful to Jasmine were making

a collage in there one night of family and different things like that and explain it, things to that effect. [Name of son] made one too, I liked that. That was kind of interesting what [name of son] came up with. We also played another game; a board game and I forgot the name of it. That you had to, when you landed in certain places you had to draw card and you had to explain certain things about your day or your feelings or something to that effect, and that was usually about someone in the room and I liked that.

On the road to some type of recovery. For Jasmine being involved in family therapy meant "at least we were on the road, to some type of recovery.

It came at a point "where he [son] needed something, and I needed something because it was to the point where I didn't have any control over anything at home in any way shape

or form. And I didn't, I just didn't want him to hurt anymore. I mean he was threatening suicide. I mean every single day he was coming home from school crying and there was nothing I could do for him in any way shape or form.

Family therapy gave her

the insight that every situation that we have, is, is a situation that can be repairable if you have the patience and the time to put into it. It might not be the way that you wanted to repair it, you just have to give it the time and the patience that... you have to, you know... You're not going to get it fixed overnight. And the pain and the frustration isn't going to go away in the amount of time that you think it should."

According to Jasmine "[name of son] still needs counseling and anger management and he is in individual counseling, but I really don't think he cares much for his counselor." Jasmine reported that her "stress level is a lot lower." Her boyfriend and coworkers have commented that they have seen "the stress levels go down and everything. He [boyfriend] couldn't believe the changes in me."

Jasmine had been told that family therapy was supposed to help with communication; it was supposed to help with... help bring the family together, that's what it supposed to do, more than anything else. And that was where I wanted to go, wanted to achieve some type of communication, cause at the time all we were doing was yelling at each other and there was no communication at all, I mean it was just frustration, screaming and yelling, screaming and frustration.

Jasmine expressed that "the communication part of it [family therapy] was a good thing, you know. I enjoyed it because it taught us a lot about communicating." However, her

son “didn't really grasp the concept of it [communication], but the more I explain things to him outside the counseling he started, start picking up on it, you know.”

Jasmine and her son had been in counseling “for years and years and years.” What made this experience worth it was “It felt kind a good, once we started seeing results. Uhhh, we've hadn't really seen a lot of results coming coming from counseling before.” Jasmine

got to the point where I started realizing that our biggest problem well as, we both have really bad tempers. And our biggest problem was we're both too much alike. ... We both have explosive anger problems, both me and my son. And the best thing to do is, if I have to send him to his room and I sit here and smoke a pack of cigarettes that is the best thing to do until I get calm down. Once we calm down then we can sit down and talk.

And if we can talk it out that's the best thing to do. And if he starts back up, fine, then he goes back up to his room and then I can sit here and talk all I need to talk ... to myself ... whatever. Smoke cigarettes... And I think what we both learned was our limits. You know, once we both get our tempers up to the raised point, we both learned that were not gonna get anywhere. I think the calm down effect before approaching a situation. You know, stay calm, don't scream and yell at each other because you're not getting anywhere. I think that's the best thing I think we learned out of the whole situation, it's to stay calm and if you going to get frustrated, if you see it getting to the point where you can't control your temper anything you can just drop that and come back to that later. That's the best thing I think we learned out of all of this. And that we have to give each other our own space and learn to realize you need to go you're way when you're little attitude comes up and I need to him go my way when my little attitude comes up. You know, figure each other's little quirks out here and there, instead of just pushing each other's little buttons

when we start seeing those little quirks. That will go a lot further. We need to work with each other's little quirks instead of working against each other.

Jasmine and her son have found new ways to help them “calm down”. Jasmine “like[s] to just go for drive. Or I pick up the phone and call [name of boyfriend].” Her son “likes to take a walk when he gets mad. And that separates us too.” Overall Jasmine has learned “ Just try to be as calm as I can in every situation. I try to... the calmer I am to deal with him, the calmer he is to deal with me. If I started screaming and yelling at him, he is going to screaming yell at me. The more volatile we get, the worse is situation is.

Jasmine “didn't expect to take as long as it was taking for us to mending our ways and working through what we had to work through.” Counseling appeared to be off to a slow start “because of all the holidays and all that garbage, so we only got to see each other maybe a couple of times in November and December.” She acknowledged “the frustration, a couple of times that we went, it was horrible. And things would just kind of unravel, and yes some nights we had a really bad night and we left there a little bit more frustrated.” However, the counselor instructed them

when we left the classroom, I don't want you two to talk to each other, on the way home at all (laughing) . You two did not get anything out of tonight's session. All you two did is argue while you're here. And I don't want you to talk at all, all the way home. And, that's it, you guys don't talk, do your normal evening routine, and tomorrow you two talk.

Because I don't want you to talk out of anger or anything to that effect.

Contributing to her frustration at times, was her son's behavior “ there was nights when I just wanted to pinch my son's head off, because you knew that he wasn't getting anything out of the counseling, it was like, he was just sitting there with his arms like this [crossed over his chest].

He wasn't really participating.” Jasmine did not like the location where family therapy took place “ the [name of location] was full, and [name of son] really needed the help. I mean he was threatening suicide. The location, definitely... The time of day...” Once they got to the location Jasmine disliked that

the office was full of people. It was the frustration of everyone seeing us there. You know, everyone knows what you're there for. You, you already, you already going through everything that you're going through, you got along drive, plus, I do know exactly how to explain it, it is just all those frustrations are all built up and you're tired and you walk in there and you see everyone else sitting there and then.... And you're going I think I'm just wasting my time, that type of thing.

A lot of battles. Jasmine shared that she has “fought a lot of battles, a lot of battles and I won some and I lost...” Her son “started at three years old, he went from stabbing children in the hands with pencils to trying to poke children's eyes out with anything from coat hangers to you name it. And I have went...through hell and back with his child.” She attributed this to “... it's because of his emotional disorders and the ADHD that he has, and he hasn't really dealt with them.” She recounted

I mean, they've tried to diagnose him with everything from Autism to you name it and I went through... me being military... I had a captain in the Navy, that was ah... giving him too much Ritalin, and me being an inexperienced parent didn't know the.... I knew the side effects, but I didn't know how much Ritalin he should be getting. And, and they were giving him too much, and he started blacking out and beating the crap out of his peers and out of the teachers, and it got him kicked out.

Jasmine explained, “kids with ADHD usually have really high IQs “and “the problem is you just can't get them to behave.” According to Jasmine, her son “has 140 IQ and it’s because he's got the ADHD and the ADD and because of that he has a rather hard time.”

What brought them to family therapy at this point in their lives were “the problems” they were having “after being separated for two years, 2 1/2 years.” Jasmine had “expected there to be problems getting back together, but I didn't expect the problems we were having...I was ready to give up.” The family had “a lot of money problems and things like that” and her son “was getting beat up at the bus stop, they were having out bursts in classes from my son and at the time he wasn't on any medication... I started getting phone calls form the teachers that he was distracted by his own pencil. I mean there was just a lot of frustration in the air.”

What bothered Jasmine most was

the way he was reacting to all of it. Because he just knew he was going to jail and I was gonna go to jail with him. And, he could not stop hurting, nothing, it just kept compiling, more and more hurt, and I couldn't do anything to stop it, stop the hurting, and I couldn't get any kind of counseling soon enough to help him, you know.”

Jasmine described the school her son was attending at the time as “the worst school I've ever seen. The principal had a very poor attitude toward my son from the beginning, because of the incident that got him kicked out of school.” Jasmine was “very frustrated because the principal wasn't putting out any of the information, at all, none of the teachers were aware” of her son’s

situation at all. I would have them call here and tell me that he was written up for something in school today, and I'd say are you aware of the situation? ... and they're like no, I'm not aware of that. And I'd say are you aware that we have an IEP open right now

and that we are talking, and trying to get him into special Ed before January. Well no I'm not aware of that either. You know, and it's like Well why haven't you been informed of this?

Jasmine attempted to get help from the school counselor:

I said look I have put my son in to see a psychiatrist, I have called a psychiatrist I couldn't get him in for a month ...and he's doing this this and that at home, I would greatly appreciate you calling him down and speaking with him at least once a week, since he's having all these problems. These are the things I'm getting called with at home from the teachers and until I can get him in to a psychiatrist.... And, this lady, she is the head counselor at the school, and she's telling me yes these are very severe problems but you know we've got too many students here at the school to be able to call him in here every day. I'd say I'm not asking you to do that I'm asking you to call him down at least once a week maybe twice a week to help him and she is like well, we can do that. I said okay, and two weeks went by and they never called him down to help him in anyway shape or form.”

At this school the “teachers were allowed to give punishment homework....and if it didn't get done they were given detention.” Jasmine's son was “accused of” threatening the teacher, over an incident with punishment homework. Her son was saying, “under his breath my mom is going to kill me” because

I go to work at six o'clock in the morning and she gave it to him that morning. And there was another child sitting there that he always has problems with and the teacher turned around and says ‘what did you just say?’ And this kid pops up and says ‘he said he's gonna kill you that's what he said,’ like that, and he got suspended for that. He was

charged in juvenile court and that child is a witness as well. And he was suspended for screaming and yelling and cursing at the teacher and I talked to all of the teachers and explained the situation. I talked to the principal, and I requested an IEP so he could be put into special Ed and nothing. Nothing got started until after he came back from a ten-day suspension.

Jasmine “was thankful that I got my son out of that school, into Special Ed at a [different] school. Her son “was very much against going into special Ed again. He feels that special Ed is for dummies and things like that. He doesn't want to be seen as a weirdo, or retard.” Jasmine’s son “blames me for being transferred form regular school to Special Ed.” However, being in Special Education and on medication had “completely turned around” his grades, having brought “an F in Math on his last report card ...to a B.” Jasmine attributed this to “his teacher is an awesome teacher”, who “does really neat things for the kids... and does a lot of those things to let the parent know that the kids are doing really well. Or that the kids are doing poorly, that the kids aren’t turning in their homework and things to that effect.”

Just me and him. Jasmine liked “that it's just me and him.” She liked that “all we have to do is just pack up and go we don't have to tell anybody, we can just pack up and go and be gone for however long we want to be gone for.” She articulated, “we have our ways, you know. Nobody, nobody... it's kind of like being in your own little club. [Name of boyfriend] hasn't figured out our little ways yet, between the two of us, and that frustrates him sometimes.” Also, she described her son as

a little bit more independent than other kids. He already knows how to cook; he knows how to do his own laundry. He knows how to do things that other kids wouldn't know how to do. I have the time to teach him.

Jasmine had

never been married. I've never, I got pregnant with [name of son] when I was 22. And I've been a single Mom and... it's always been my job to take care of my son more than anything else. I don't feel like a woman I always feel like a Mom. And I don't know, I just never, I've just always seen myself as a single Mom.

Jasmine and her son "had always lived together for all of his life. We had maybe been separated for a couple of months here and there every year, because of my job or him going to go with his grand parents or something to that effect." In this time Jasmine had

never allowed a man to live with me, the whole time that I've had [name of son]. I might have allowed a man to sleep over, but I never allowed a man to live in my house, I've never allowed him to leave belongings at my home. Ummm, I've never, I've never done anything that most women do I guess... I just, I went a long time without dating or anything like that because of my son's problems.

Jasmine talked about how others see single mothers. Specifically, Jasmine shared that: "Well, my sister and my parents may feel that [name of son]'s problems are they have quote unquote ... what you call it ... the single parent problem, I guess is what you'd call it. Because the feel his biggest problem is that he doesn't have a father." However, she felt that counselor had

seen that I've put in a lot of effort and he'd seen that I wanted all the negative things to stop at home and that I was willing to put forth the effort to stop them. You know, and that I would do just about anything to stop the negative things from happening. I think that was a positive thing that [name of counselor] saw, because some parents won't do that. You know what I'm saying, there's a line they won't cross, they're set in their ways

and I'm not that way. I'm open to do anything if it works; you know I think that's a good thing that he saw that was a positive influence as far as [name of counselor].

Jasmine and her son “are pretty much homebodies, we don’t go anywhere or do anything. You know we don’t really associate with anybody or anything like that. We stay at home pretty much the whole time. We don’t have a lot of friends like that.” Although the son’s individual counselor had recommended that her son “get involved in sports,” Jasmine explained that her

son doesn’t play any sports [because] with my son every time I've enrolled him in sports it costs like 45 bucks, which I don't mind spending the money if my son is going to be involved. But my son gets involved and all the kids make fun of him and then he doesn't want to play after that. And I'm not gonna spend the money to enroll him in something that you're not gonna be involved in.

Jasmine felt challenged

trying to do the right thing. ... Sometimes I work a lot of hours and depending on what time I come home from work, suppose I'm really tired and then it's just easier if I walked in and have my son tell me that he did the wrong thing and me to just nod it off and say I'm really tired right now and just go on, because I don't want to deal with it. Sometimes, you know it's hard not to do that. And that's what I caught myself doing that, when he was younger, because of the hours I worked. I worked from 6 o'clock in the morning till ten o'clock at night for three years. And he was, was three years old that the time and that's when the ADHD started. And it was hard to stop and think I know I'm tired but it's time for [name of son] to sit down and have my little conversation with him, and paddle his little behind, put him in timeout, whatever I need to do, and get him straightened out right now, instead of putting his little behind in bed.

As much as Jasmine saw therapy as necessary, she described the process of getting to family therapy as difficult:

if I had to work late, if I had late stay or something like that, which I don't have any control over, they make their own schedule for things to that effect, so if I end up having late stay I wouldn't get home before 5 o'clock. And then on top of that with his homework and things like that, and he had to eat, and we had to get in the car by 5:30 / 6:00 and we had to drive out there to get there by 7 so we'd be there on time.

Ego development

SCT. Jasmine scored at the E5, the Self-aware stage of ego development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

When I am criticized it can hurt.

Being with other people keeps the loneliness away.

My mother and I are very close.

Interviews. Jasmine described her family situation at the onset of counseling as “we were just yelling at each other and there was no communication at all. I mean it was frustration, screaming, and yelling. And everything I said was just wrong,” being aware of her involvement in the situation. Although Jasmine had never been married and was in the Navy, she adhered to traditional gender role behaviors in her personal life “I don't see myself as a woman, even at work I take on the Mommy role. I adopt all the young kids there and the geographical bachelors.” As can be expected in the Self-aware stage, she was struggling with what others thought about her “the office was full of people. It was the frustration of everyone seeing us there. You know, everyone knows what you're there for.” Jasmine also had awareness of multiple possibilities in a situation. She tried “to do the right thing. ... sometimes it's just easier

if I walked in and have my son tell me that he did the wrong thing and me just nod off and say I'm really tired right now and just go on, because I don't want to deal with it. "

Participant #5: Edith

Edith, a 40-year-old Black mother of an 18-year-old daughter was employed as a cafeteria manager in a local 4-year college. She had been divorced for many years. Her daughter had suffered a traumatic brain injury when she was 2 years old. She was receiving special education services at her high school and was scheduled to graduate the following school year. Her teacher had found a letter in which she expressed suicidal ideations, which led to the referral for family therapy. Edith and her extended family had lived in this area all their lives. Interviews took place in the family's home within two weeks of termination of counseling. The therapist was a White female in her thirties, who was fulfilling requirement of her doctoral internship as well as licensure requirements.

Themes

The following themes and sub themes emerged from the interviews:

Table 10

THEMES					
	Theme 1	Theme2	Theme 3	Theme 4	Theme 5
	Went through a lot	Guardian angel	Close knit family	Ongoing relationship with school	A safety net
Subtheme A		Acceptance	Rather be single Mom	Appreciative	Help daughter understand
Subtheme B	Big difference	Race/ woman	My only child	Special education	Has really helped
Subtheme C	Independence	The way she did teaching	Using a helping hand	Senior	

Went through a lot with her. Edith summed up her life as a mother as “I went through a lot with her” due to her daughter having been

hit when she was 2 and she has been in a special Ed program since then. She twisted the stem of her brain, so she has a learning disorder and she doesn't hear out of her right ear.

And she [daughter] went through a lot because she had to learn to walk all over again, learn to use her bowels all over again, and then as she grew that's when we found out the rest of the things.

Edith described the day of the accident as

the worst day of my life because when she got hit I was there and ...I could have stopped her fall but I couldn't move, when she hit the floor, she went 75 feet in the air and then hit the ground. We really went through a lot and I thank God that she is still here, because it could have gone either way they said.

Edith explained, “dealing with that [daughter's injuries], it's an ongoing thing.” She hoped that her daughter “sees the strength it brings out of me, the motivation and the will to go on.”

Edith described her daughter as “she wants to try people and we have to let her know, that NO, that is not how that works, because you have the special needs and you have to abide by some rules in life. And these are the guides and the plans I have for her to live by them or I will have somebody to help you understand that you're not the one in control.” Edith was “stressing” to her daughter “its one thing that when you are capable of doing those things it's fine. But when you have the disability that you have, and people are gonna look at you differently” while at the same time “I don't want her to feel that she can't go on, because there's no limits to your learning ability. There is no limits to what you can achieve if you just strive for it. . And so these goals she's going to have to reach, but at the same token I'm her steppingstone to get to those goals.”

Edith believed that

[name of daughter] is at... , [name of daughter] is 18 but she's really at the stage of a 16-year-old in her brain, because her brain is not caught up with her body. Her doctor said that it's going to take time, he cannot predict when it's going to catch up and when it's not gonna catch up. He said, that we have to basically help her.

“After the accident” Edith noticed “a big difference with her [daughter]. She was so very independent at 2 and then after the accident she got very, very clingy. [Name of daughter] was outgoing at two, she was very self-sufficient at 2... but once she had the accident she starts clinging to people.” This became a concern “ when she started school she started clinging to her teachers and they felt that it was okay. But when it was time to go to the next level, she never wanted to go because she didn't want to leave those teachers. She did not want to experience new teacher's, she always wanted the same teachers. ... We had to make her realize that you have to make changes and do things in a different way.”

Since the accident Edith's daughter has “ always been a quiet child, she was never a busy child, always a quiet child. She always pretty much stayed to herself. The main friends she had was my nieces and nephews that she played with. ”

Edith felt that

she [daughter] was a good girl until she get into high school. Her four years in high school has really been a challenge for me, because this is where I really see her independence trying to come out. And it's coming out the wrong way and we're trying to bring her back the right way. [name of daughter] feels because she's 18 she can do what [name of daughter] wants to do. But I monitor her different. And she don't want to hear

that, because her other friends that are 18 and 19 their mama let them go... and I keep stressing to her we're not that type of parent.

Edith realized that her daughter's wish for more independence was

normal, but at the same token you want to protect her, because of her learning disability, and you want her to realize that everything is not painted the way you think it should be painted. I'm not trying to make her backslide but at the same token I want her to realize you're taking steps too fast for you, and you may not realize that.

My guardian angel. Edith regarded her counselor as her “ guardian angel. She is a very, very unique person. So, she'll always play a significant role in my life, now. And I hope to stay in contact with her, because she, she is my guardian angel.” Edith described the counselor as a person that goes

with your heart to, you know, right from wrong and to know what's good for you. [Name of counselor] is a very unique person. She's very open and calm and honest. She's down-to-earth. I mean, she's my angel, she's my angel, and she'll always be there for me and [name of daughter].

She was impressed “How honest [name of counselor] was.” As well as “[name of counselor's] calmness and her being upfront. Edith “just felt comfortable, she made me feel comfortable talking about my life and that played a big role in it, the way she approached us when we first went in, it wasn't anything...”

Edith believed that “they chose [name of counselor] for me. They [school] gave me the number to call and I gave them the information they needed, and they chose [name of counselor] for me.”

Edith described the counselor as

one-of-a-kind for me. She's a lifeline that saved my child from destruction. [Name of counselor] was a more vital person than anything in it, to make [name of daughter] ... make her realize that we weren't the bad guys and that we weren't doing this to hurt her, that we were only doing this to help her to be independent and to understand her goals."

Edith felt accepted and appreciated by the counselor

she looks at me being a single mother and taking care of [name of daughter] all by myself that [name of daughter] has more advantages with me being a single mother than a mother with two kids, with two parents. She, I think she sees me as a very independent mother and she, she has said that she wished more parents were involved in their child and were interested in their children's well-being like I am.

At the same time the counselor was able to communicate that she accepted her daughter as well:

She accepted what [name of daughter] had to say and how she felt from day one, not wanting to be there.... And she saw that [name of daughter] is not a bad child it's just that she was angry with me and she did something that was a spur of the moment thing and she thought it was okay to do it and it wouldn't bother anyone, but it did."

Edith explained that she raised her daughter to

never judge the book by its cover. You have to open it up and read it. If she met someone, if she didn't like what they were, she didn't like them and now she knows that's not true. You have to open it, the book and not judging by its cover, its code, its religion or any of that, you judging by opening it up and seeing what's inside.

For Edith the race of the counselor "didn't play a significant role with me because I have a white godfather and I've lived in both sides so it didn't affect me at all. And I don't think it affected her

[daughter] at all either. Because I've raised her to be equal, everyone's equal. Edith thought "there's never been a race issue in our family. Because we have the mixed-race in our family, so it's never ever been a question." She further shared that her daughter

has always been a child that to me has always attracted the opposite. All her little friends when she was younger were little white kids. There was never black kids and was always little white kids. They carried her to church, they carry her to this, play soccer and stuff and it's always with her little white friends. She had sleepovers with them, in fact she was part of the family, I think it was no different. So I don't think her color meant anything to her. It was an equal setting to her.

However, Edith admitted that she "was more comfortable with a woman, more so than I think it would've been with a man." Also, her daughter would not "have been as open" with a male counselor. Edith explained: "I see men as the dominant person where women I don't. I feel that we trying to just level out, make things more even. And its because that's the way we were raised." Edith concluded, "I think our steps wouldn't have been as smooth as they were if it had been a male. I think it would've been a lot harder with a male."

Edith credited her family's successful experience in counseling to the counselor. "[Name of counselor] had a lot to do with it... the way she did her teaching." According to Edith, both she and her daughter learned from this experience. Edith "felt" that the counselor

made me understand that she [counselor] could show [name of daughter] the right way to go about doing things. And that I'm not necessarily the one that is gonna be in control all the time, and that I'm not gonna always be there for her. That she will have to stand on her own. I learned that more ... people other people can be on the outside and still see things.... [Name of counselor] help me realize, that I could listen and at the same time as

I'm telling her [daughter] what I think. I can hear her [daughter], not just see her talk, I hear her. So it's a lot better. [Name of daughter] has told her a lot of things that she didn't tell me. I think she showed me that I'm more willing to do what is necessary to make a healthy and honest life for [name of daughter].

Edith described that how the counselor dealt with her daughter

[Name of counselor] took it slow. She let [name of daughter] open up on her own pace... and gave her the baby steps she needed to, you know. You know, ...[name of counselor] made her realize that she could open up and be herself and not be afraid of a new person, a different environment, even though you did not want to be there. She made her think ... [name of counselor] made her listen ... [name of counselor] made her understand what it was to listen and accept what was said, not to just listen and let it go.

Ongoing relationship with school. Edith shared that she has had “an ongoing relationship with her [daughter’s] school because of her accident, and I've been dealing with them from day one when she first started school.” She explained “ every year, every six months, we meet with her special teachers. Now we plan out her life as far as school and what she does and how she grows with it and if she chooses to go to college.” Edith thought the teachers “see [her] as a strong person that wants the best for [name of daughter] and that [she’s] not willing to stop, no one can tell me that this is it, and this is how it's going to be, because I know that there's more.”

Edith described the school system in the town where she lived as “a very strict school system that I really enjoy because they're really careful with their kids and it opened up alarms for them as far as the suicide and things like that.” She explained that her daughter’s “teacher got a hold of a letter saying that she wished she was dead... and they called me and suggested”

family therapy. Edith was appreciative that “the schools... picked it up. What if they hadn't saw that we would have never known that she felt that way...”

Although Edith's daughter is “a senior, she won't graduate until next year because of her disability, she's had such a hard time learning.” Edith recounted her daughters

famous words: I'm not going back to school and I said you have no choice baby, you have to go back, and I have the law on my side, you are not considered grown until you're 22. I said just because you turned 18 baby that doesn't mean anything, I said, by law, because of your accident and your special needs your gonna always be protected.

In school her daughter “has the special help, things like that, just for her to grow and get better, and she does.” Being in family therapy alerted Edith to the fact that her daughter was not using

her special teacher, resource, like [name of daughter] can take tests in class or she can go to her special teacher and take it. If she doesn't understand something they are supposed to read it to her and things like that and like in math she can use a calculator and stuff like them to do her tests where is regular kids can't do that. [Name of daughter] never used them. She never wanted to use them because she didn't want to feel different. She felt she felt different and she felt people were gonna look at her different and that she was a special kid, she never tried to use them.”

The counselor played an important role in helping the family deal with this. “She (counselor) calls her special teacher and gets upgraded on how [name of daughter] is doing and things like that. What [name of daughter] is not getting out of it and where we can change it. She's been a big help with that, really a big help with that. I thought that was good and [name of counselor]

acted on it and then the school would call me and ask me did I know that this was that this was this and this was this way.

Close-knit family. Edith described herself and her daughter as part of her extended family

a fun loving family, we're close knit family, and that everybody has a different stability part. To me, everybody, it's six of us, and we all different, but we all... in the same token; to me we're all the same. We just have little different clauses, that makes us unique and we can grow and pull from each other with that. It's four girls and two boys (her siblings). I'm the baby girl and I have a baby brother and we ...our ages run from 39 to 45. ... I'm the quiet type and the observant one, I observe everything, so I take in a lot. And they don't even realize that I observe them like that. And there's Mom and Dad. So, we, we a very, very close-knit family. We do a lot of things together. It's never a dull moment during the holidays, never a dull moment during the holidays thank goodness, if you get all of us together. So that's how I look at my family.”

Edith thought “ the way I grew up” shaped her “ because I watched my older siblings do everything and run back home and, you know, I guess being the last girl and you see this, it's not something you want...” Edith described herself as “always” having

tried to do everything on my own and only when I really, really needed it, I would ask for help. I'm very closed; I don't like to air my troubles. They [my family] know I'm not one to come to people. I think I'm not [dominant], but they say I am. They say if someone tells you that it can't be done, you show them that it can be done. And you're not afraid to hit heads to make things happen. And that's how people see me they say I'm very dominant.

Although Edith remembered that she “was afraid at first to be a single mother. And always felt like I couldn't do that, be a single mother,” she came to realize that she had “coped very well. I adjusted well once I realize that I could do it and that I didn't need someone else to hold my hand.” She “thought” that other “people see and say as far as with [name of daughter] how I've raised her single-handed and not been broken down and needing to have other people there to hold my hand.” At this point in her life Edith had no regrets “And in general, I am, if I had to do it all over again I would rather be a single mom, because I teach her everything that she needed and as far as a man figure in there I've felt like she got the most she could get from me, even though her father was not an adamant picture in her life. So, I feel that I got more out of being a single mom then I did when I was with my spouse.” Edith

[knew] of a lot of organizations out there that can help you, single parents and families, it's a lot. So, I, in my place I think the teenage organizations that deal with the teenagers themselves to keep them off the streets and get them to organizations like basketball... as far as school goes and after school program there is a lot of different programs that you could get into with your kids to keep them on the right road.

However, she “thought but if you don't know about them you won't get into them for your children and your children will suffer I think.” Moreover, she believed that “a lot of people won't, and have been misguided about these organizations. Where I can honestly say they help they don't hurt you, they help you. “Since Edith had her family she did not have to rely on community resources: “I never gave [name of daughter] no, because I had my nieces and nephews they were always older than her and they helped her. So I never really had to get her a big Brother or a big sister.”

Edith described other “people don't realize that you can get help being a single mother quicker than you do having a family. You have a lot of people and organizations out there that are willing to help you and a lot of people don't know that. And if you don't know that you're not gonna look for it.” she acknowledged that “I had a lot of help with her, and being that I was a single mom, and after her accident to realize that she could get the help she needed. Where I had friends the other day they didn't understand that you can get the help.”

Edith believed that her daughter “is a spoiled child, because she's an only child and if things don't go [name of daughter] way, [name of daughter] acts out for attention.” Edith admitted that since her daughter was “my only child” she had “clung to [her] and, you know, that was bad.” She thought her family

would say I'm very overbearing when it comes to her. Overbearing, domineering and very loving. Too loving they say sometimes, because they say [name of daughter] has me wrapped around her finger. Because that's my only child and they [her siblings] have more than one child.... After her accident, they all say I was overbearing a lot too, because I was afraid that she'd fall, I wouldn't let her do anything because I didn't want her to hurt herself anymore.

A safety net. Edith felt that family therapy “was like a safety net to make sure that she was not really destructive or wanting to hurt herself.” She thought

it was something she [daughter] needed, ...to help her. And maybe we are taking it too far and maybe we're not. But at the same token we want to be on the safe side ... because after that letter nothing else happened where if you were suicidal more would have happened, I think. And it didn't, so that was a blessing.”

Edith wanted “to make sure that” there wasn’t “something that was life threatening to her, that she would want to do bodily harm to herself. Because it was the first time we’ve ever heard her get that angry with me.”

Edith had hoped for “more stability ... a open relationship where she [daughter] could be open and honest in what she felt, and not afraid to say what she felt and feeling that she's going to be punished for what she felt. So, that was my main goal, to make her understand that it is okay to express your feelings and you're not gonna be punished for it.” Also she

expected from it [family counseling] to help[name of daughter] understand what she was doing. And her thoughts and the letter that she wrote what impact it had on society, not only me, not only her family, but on society as a whole. I wanted, I want out of it for her to understand that what she do effects not only you but other people too. You're entitled to your own thoughts and that they don't hurt everybody, they can help people.

Family therapy “had really helped, we really, we really come along” according to Edith. Edith talked about changes in her relationship with her daughter as well as changes in her daughter and her, personally. Edith’s relationship with her daughter was “more open now. She doesn't hold everything in any more. We can talk about how she really feels.”

Edith thought family therapy

opened a lot of doors that were closed with [name of daughter], because [name of daughter] holds in a lot and it has brought her out more because she talks more now. And she's not as angry and she's not as bullheaded as she used to be. She started using them [accommodations in school] and she's getting better grades. In my eyes I've seen her [daughter] grow in the last four months and mature more than I would have expected.

Her daughter “ realizes exactly what she needs and what she needs to do, and to me, she's not hitting brick walls any more, and to me it's a relief to know that she's not hitting brick walls anymore.”

Edith felt that family therapy changed me a lot in some ways, because I was always independent and I'm gonna always be independent, but I can always use a helping hand. When at one point, I wouldn't allow people to help me. It was always me doing it. So it's helped a lot with me personally as far as letting people in, so...I'm thankful for that. It has taught me that I can't solve everything by myself.”

Furthermore family therapy has given her a new outlook. She recognized what I may be thinking could be just tunneled one-way and they [other people] give you different outs, keeping you from destroying yourself or beating yourself up. Actually you can't... there are different obstacles to go through, whereas I was tunneled toward one obstacle making her [daughter] realize that I was the head person.

Ego development

SCT. Edith scored at the E5, the Self-aware stage of ego development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses show the E5 level

The thing I like about myself is I can teach other people and learn from other.

My mother and I are good friends to each other.

Rules are never give up on life.

Interviews. Edith shared in the interviews the differences between how she perceives herself and how others perceive her. Edith thought that “I am the quiet type and the observant

one, I observe everything. So I take in a lot.” In contrast” that’s how people see me they say I’m very dominant.” Edith was aware of her own strength but conceptualized this in stereotypical ways. “ I’ve adjusted very well once I realized that I could do it and that I didn’t need someone else to hold my hand. , because if it wasn’t for God and giving me the strength , because he doesn’t give you anything that you cannot bear .”

Participant #6: Ann

Ann, a 34 year-old White mother of three children, an 11 year-old boy, a 9 year-old boy, and a 4 year-old girl was training to be a medical assistant at a local career institute. She had separated from her husband in April 2002, after a 5-year marriage. Since her husband refused to move out of the family home, Ann had spend about three months saving up enough money to move herself and her children. She had moved from another state to this area, to be close to a cousin, whom she thought was supportive of her. Ann and her children were living in the cousin’s home, which proved to be very difficult. This was her first marriage. Her husband was the daughter’s biological father and had adopted her sons. At the time of the interview the family had lived in this area for about a year. They had been in counseling for several months and expected to continue with family therapy over the summer. The counselor was a White Male in his thirties, who was fulfilling requirements of his doctoral internship. Interviews were conducted in a private study room at the public library of the town where the participant lived.

Themes

The following themes and sub themes emerged from the interviews:

Table 11

THEMES					
	Theme 1	Theme2	Theme 3	Theme 4	Theme 5
	Pretty stressed	Good experience	Counselor is great	I'm it	A bad Mom
Subtheme A	Just moved here	Wasn't too crazy about it	Want to be there	Relationship with kids	Not that bad
Subtheme B	Live with cousin	Harmony	Comfortable/took an interest	I hate being single	Typical kids.
Subtheme C	Problems since Kindergarden	We're not done	Gender.	Resources	

Pretty stressed. Ann expressed that everyone in her family was “pretty stressed.” She explained, “the kids were pretty stressed” because when she had told her husband she wanted a divorce

he refused to move out. So I had to wait until I had the money together to move out, to get out, and get a place of my own or whatever. So for those four months that we were there, it was just completely miserable. You know, the kids saw everything that was going on and then the day that we left him, was the day we moved here.

Since the move her husband has had “nothing to do with them [children], nothing at all. In fact the last time he called ...I told him the kids weren't home but I could have them call him when they got home from school if he wanted. He says don't have them call me... My son will call him but he won't call back.”

Before the move, the family lived in “a small town,” where “I went to school with some of these teachers, ... you know, some of the people that I met through ... our kids were on the same sports teams ...so I mean, we were all really close, we weren't like here.... and you know I

did the PTA, I did the volunteering... The teachers would send stuff home if they needed stuff cut out or colored or whatever and I would do it at home.”

Since their move, Ann and her children had “lived with my cousin and her family. We live downstairs and they live upstairs and my kids know if I'm upstairs don't come upstairs unless it's like an emergency or whatever. Anything, anything that my kids do they have a problem with.” Ann described the cousin's family as

they're both military, I don't know whether that's got something to do with that... They have two kids of their own, but of course one is just about a month old and the other one is she is a year and a half. They're like textbook parents. Everything they do they've learned, they've gotten off the Internet or off books or videos or whatever.”

This living arrangement affects Ann's relationship with her children: “There is usually a big stress level between the kids and me when my cousin's around. It is very stressful.” Additionally, where they live “has caused so many problems with the school.... Teachers would call and talk to my cousin about what the problem was; they were having with my kids. Well the first thing my cousin does, you know, take the teacher's word for it, doesn't question nothing and then gets on the kids about it.”

Since their move Ann had enrolled in an “accelerated school” where she “can only miss so much school,” and if you miss a day you really miss a lot.” Therefore she was “always tired and stressed, and they're tired, they're stressed. They don't get enough....” She told her children

I know you hate living here, you hate not going places, but those are just sacrifices we have to make. I explain to them with school, you know, you gonna realize one day, you gonna not realize but you'll understand one day, you know, when I'm working and

making better money, you know, then maybe you'll understand why things were the way they were when they were.

Ann explained that her oldest son has “always had problems since kindergarten with his attitude towards authority. Every new year, every new teacher, I kept getting the same reports on him.” She remembered that she was

very upset with him because it kept re-occurring. I had really had hoped that he was gonna straighten up. That he wasn't gonna have this problem. But, so here we are, new everything, new state, new school, you know...it was only just that couple of months till June or July, from April until whenever school was out... when the teacher had already, you know, saw that he was in need of some kind of counseling.

Ann had “met all his teachers. I've talked to them on the phone. They always call on the phone and they always have something bad to say about him. They never say anything good about him.” Therefore Ann admitted she didn't “have a really good attitude to let them [teachers] know that I am concerned about my kids. I've not really taken a big effort in being involved with the schools like I used to.” At the same time Ann considered “that school probably doesn't make too much effort either now that I think of it.” she recalled:

[Name of oldest son] was having some problems so I was supposed to go in there and talk to them, but the way they set it up is, you have to go in there and talk to the teacher and the counselor that day at certain times of the day, and you know I can't do it. So, I told them I couldn't do it, meet at these times. I told them look I get out of school at 1:30. Can we meet then? NO no no you can't do that, you have to... so then I'm sorry I can't do that!

Although the family was referred due to behavior problems in school and Ann “did not want to talk to the teachers” also, she didn’t “really see where there's a need yet, that he [counselor] would have to talk to the school or the teachers.”

A good experience. Ann felt that family therapy has “been good, we've had a good experience with it. Although she Ann realized that the amount of stress she is under has inferred with her feeling successful in counseling

sometimes, there is days that I leave there [counseling] and just don't think I've gotten anything out of it. But I think it's more, it's just that I'm stressed than... You know... the kids have done something to aggravate me and I am just major attitude and I just want to get out of there.”

Ann described “being in there” as “a really comfortable feeling.” She ascribed this to “the comfort zone that we have when we go in there. We don't go in there and just right away start talking about the problems and you know.” Another contributing factor was the sessions were “not structured, that makes it more comfortable. If we get off track, it's okay, you know ...if the kids, when they bring up something that we did or whatever, you know it's okay, we talk about it. I don't feel like I'm being cut off and then back on track.” Also, she

Liked how where we get together, how everything is set up. I like the way; we're all sitting in a circle. And then the interacting that we do, I enjoy that, we do our things and if something's going on and he [counselor] just kind a like, sits back and let's it go on and I don't know how to explain it... Instead of us sitting there looking at him and listening to him telling us how we should do things or how we shouldn't do things, he's kind a like lets us do it, and he intervenes when it's necessary.”

Ann admitted that

Uhhh, at first I wasn't too crazy about it [family therapy], because I really didn't think the problem was with all of us. I didn't think we all needed it. Well, not to point to blame, but it was my son who was having the attitude problem, you know. I knew I had problems but I would never thought that those were things that would be addressed in family counseling. I just thought that that would be addressed in individual counseling.

Therefore family therapy was not “something I sought out, it was something that the school thought, it was suggested to me, so I never...” Also, at the time the referral was made she

didn't know it was family counseling, I just thought [name of son] was gonna go... when I called up and made the appointment, I made it just for my son, but that's when the Lady told me, explained to me that no, we don't just do the ... the individual, we do the whole family.

Ann admitted that “ Uhhh, well see, with the attitude I had going into it, I really didn't expect a whole lot” and she “ really wasn't looking forward to it.” Ann thought that she would like sessions “to be longer, cause it is, you know we get in there and we sometimes get off track, the kids will bring up something, you know... Like the photo album that we brought in the last time, the scrapbook, we had gotten so involved in the scrapbook that we didn't get to finish what we had started the week before, which was a list of things that we were going to work on. So I mean it would just be nice if it was ...was longer.

Ann's goal for being in family therapy was to “get some kind of like... just harmony, between me and the kids. Uhhh, just like, how do I say it... the kids and I, and the kids among themselves, it seems like we fight a lot you know... I wanted us to learn to work together and be

a close strong family. Yeah, to just kind of... like depend on each other.” To Ann “harmony” meant, “we can actually be a family not just more people together.” Ann

wanted a textbook..., the kind you see on TV,... the family. The little family you see on TV, you know. Where they're all so happy and perfect, you know. I just wanted us to be, just be a family, work together and live together and not going to kill each other and hate each other.

However, at the time of the interviews Ann “felt really successful with this.” She saw “a lot of good that we've gotten out of it. You know, it's given me ideas on what's going on. I really feel like we're gonna get out of this.” The “teachers have noticed a change in her son. The last time I saw them [teachers], they actually said something good about [name of oldest son]. I've heard it from them a couple of times; his attitude with them is not as bad as in the past.” For Ann “the best experience of it” was after the sessions “on the way home, everybody is just so happy and we're in the car and we're singing and acting goofy. You know, there's that harmony that I want.” she compared it “with the attitudes that we have going in, when everybody is all mad, on the way up there, I'm reaching back, trying to calm down the kids. And we go in there for that little half-hour 45 minutes and we come out and everybody's just happy we're happy and we're giddy and we're laughing.”

Ann didn't “feel that we're done [with family therapy]. We still have... we still have a ways to go. We're not done. Cause it's still, there's still things that we have to address and haven't been worked out, but we're getting there.” Specifically Ann thought

the way, that the... way, that the kids and I talk to each other. I know I get very impatient with them, which I know I shouldn't. And I see, that the way that I talk to them, is exactly

the way they talk to each other. You know, so that's definitely something that I want to continue to work on.

Ann described as another “big problem that I want to continue to work on, that I want my kids to understand that I am the authority in the house, that I'm not just like a big sister.” She was particularly concerned with “like if I tell them to do something, I want it done, I don't want to have to explain it all. I don't want to have to tell you over and over again, I want it done. Well, when I ask you to do something, do it. You know, things like that just don't happen.”

Counselor is great. Ann thought,

They could not have matched us up with a better person. I would hate to think, you know, if we gotten somebody else, we probably still would have gone to counseling but it wouldn't have been the same... it's just, there is that bond, that the kids and I have gotten with him, that I don't think would have been with anyone else. Well, I can't say that, but I can't imagine having that relationship with somebody else.

Ann thought that her family was

going to be very disappointed when we have to leave, but I'll be happy for him when he gets his own practice or whatever. But when we have to stop seeing him, it's going to be a disappointment. I just don't see us finding that kind of relationship with a counselor again, you know. If we decide to pursue family counseling after he... or you know, later in life, if we ever need it again.

Ann thought, “he really truly wants to see us succeed.” She didn't “feel like we're just credit hours to him or whatever. I feel like he really legitimately wants us, wants to help us and wants to see us succeed.” He was willing to meet with Ann “once by myself” because “there were things that I wanted to talk to him about that I didn't want to talk in front of the kids and he

was, you know, he made arrangements for us to get together and talk... at a different time, I met him up at the school, at [name of college]." She and her

kids love him, they look so forward to going to see him. He is, he is, and the kids are really enjoying him. They really like him. I am really enjoying him... I like him. I don't feel like that I'm there or that he's [counselor] there because he has to be there either. It's like we want to be there, which is really neat. Ummm, he [counselor], he seems to have a great time when we're in there. It seems, that he looks as forward to it as we do, if not, he's been...he's putting on a good front (laughing), he does! I don't know whether you have been to his office but I'm sure he has my kids' pictures hanging up there...

Ann admitted that she had "quit quite a bit of counseling." She compared this counselor to previous counselors "that the kids have had, before coming here" and that "I've had, I have had many counselors before." She thought that "there's been other counselors, the ones that I felt uncomfortable with, I don't feel like I was really getting what I needed by the counseling, you know" or her children "weren't really too excited about" going to counseling, which made it "like a chore" for Ann. "With all the other counselors that we have been to before I always felt like I had to be there and not that I wanted to be there."

Ann described the relationship with the counselor as "really comfortable." She thought her children were "really comfortable with him..." as well as "I feel really comfortable, and I like the way he made the kids feel comfortable." She thought that with this particular counselor her children would have tolerated longer sessions: "[name of daughter], she is only four, she'd be fine too. With him they would last. But I don't know, I don't know if they would, you know I can't say, we've never been in family counseling before. But I don't think they would probably

hang out as good with someone else.” Ann liked the way the counselor had “really gotten to know” them, had taken “an interest” she described that

...we went in there last week, and I had a scrapbook that I had made where all the kids have their own section. And I brought that to show him. And he seemed like he really took an interest in it, had the kids tell their own stories about their pictures... he really shows an interest... an interest in what the kids are saying. It's like he takes an interest in my kids. He picked up, he hooked onto, what am I trying to say... caught onto what they like. Like my son likes to draw, and [name of counselor] encourages that. And my daughter with her stories, never-ending stories, you know, he's into that with her. I like the way he's done that. I like the way he's actually gotten to know what the kids.... and their personalities. And he can tell that there is days that I go in there and things are great, and there is days that I go in there, ready to kill the first person who looks at me wrong.

You know, he's caught onto that too. He's picked up on that, that's what I'm trying to say.

Further contributing to the comfort level was that the counselor was “easy to talk to. There's things, there's problems that I've had, that I've been able to talk to him about and feel comfortable, you know.” Also, although Ann was “honest with him, about how things go at home, he's [counselor] never made me feel that way [that she is a bad parent].” In fact she thought “he [counselor] sees me a lot better than I see myself. He's told me in the past, you know, that I'm doing good or something. Or if I say something to one of the kids, he tells me that that was good. That I did a good job, that he likes the way I handled it, that it's good when I'm doing it. You know, he really makes me feel good about what I'm doing.”

Ann admitted that “she was not happy about” the counselor's gender. When she “first heard [name of counselor], I thought that isn't gonna work.” Although Ann knew “he is not

allowed to be judgmental” she knew “he's gonna be. I'm a single Mom, he's gonna be against me from the get go. She decided to

give him a chance and see, because, I thought well the kids, you know, it might be better for the boys. But for the boys it seems like everybody in their life has been female that has been a major role model in their life. And I thought maybe it would be good for them.

Ann couldn't remember whether her gender preference for the counselor was discussed during her initial contact.

I think when they asked me I told them I didn't care. But really I would have preferred a woman. If asked, I would have probably taken a woman over a man. But, I mean I'm glad, that I wasn't given the choice, I don't think they asked me.

Ann thought,

a woman probably would have been a little bit more sympathetic you know. Maybe a little man hater or something. You know, maybe that, a little bit more compassionate about me trying to do what I do with my kids. And I just totally stereotype. Or is it prejudice is that the word? But yeah, I would have thought that a woman would be more understanding and more, more compassionate. I don't know you just don't picture men to be warm and understanding. I would've pictured him to be more textbook. “

I'm it. Ann described her current situation, as

Right now I am Mom, Dad, Grandma, aunt and Uncle. I'm it, that's just ... that's the way it is. What I mean is I'm it, I'm the only family they have, they don't have any other family. . I've got my Dad, they live in Ohio. We haven't seen them in a couple years. Got my cousin, and you know right now we're not too crazy about her. When other kids can

go well grandmother can give them anything they want, she can spoil them... In our case, it's me.

She felt like "being single" the children were "there all the time." Ann described it as particularly difficult "when something bad is going on with me, I don't mean to take it out on them, but, you know, they're there, they're asking me a question at the wrong time or..." She mulled over that as far as the stresses of handling them by myself, not being able to provide for them like I'd like to, I don't deal with that, I keep it in. It's going to be a very slow death, because like I said I have no outlet, I've got nobody I can depend on. It's not like I can leave my kids with her [cousin] so I can have some me time.

Since Ann is a single mother she described herself as "I am the authority figure, I'm all they got" and "I want to be treated that way, I want to be shown that respect." To her this would mean: "You know, just when I tell you to do something, do it, don't asking a million questions, don't argue about it, do it. Well you know something reasonable, something simple, like cleaning their room." However, "it does not get done! For an hour, I don't know what they do, but it does not get done." Ann felt "my kids do respect me, but I don't feel like my authority is taken seriously." She shared that she had a different view of what respect meant than her cousin: "When I see, when I hear the word disrespect, I expect them to be calling me names, screaming at me, you know, but that's not the way it is. They're not rude to me. Like I don't feel like, like they disrespect me."

Ann saw "as my only advantage" that being

head of the household, I don't have anybody to disagree with me on the way I'm raising them or, you know, something I say to them or something I do with them or whatever...

there's nobody to argue that with. You know, what I say goes. If I say the kids are going to eat cereal for dinner, they're going to eat cereal for dinner.

Ann disclosed that she “did not want [her] kids to be raised in a single... I didn't want them to be raised that way, you know, just me, I wanted more for them.” She admitted “I hate it... being single. You know, I don't enjoy being single at all. Not at all, I hate it, being single. I hate it for my kids, and I just hate it for myself.” She thought “it would be nice to have somebody else with them, and to share that with them.” She felt that her

kids are missing out not having somebody else there. I really think that they would benefit more, you know, not only having somebody else there, but having another income too. So we can actually do stuff, do more stuff. And then they can have somebody else to turn to when, you know. You got to have somebody else there; you got the Mom you got the Dad. YEAH!!! You know. I don't know, just to have a role model. It'd be nice to have somebody else there to help out with everything. ... [name of oldest son] is really involved with sports, it would be nice to have somebody else there to help him, you know.

Nonetheless, Ann didn't “have a lot of encouragement for myself, as far as getting involved with somebody at this point, because of the kids.” She explained,

that's always been an issue. The people that I've met so far up here that was always they're concerned, you know, you do have three kids. As if that was news to me. I thought I only had one. And I mean I don't see where that's ever going to happen, with my kids being as old as they are, I don't. Now, my kids are getting to the point where they're getting to that difficult stage, I really don't think that they would warm up to

somebody to the point that there was... not having a problem with that person disciplining them... I don't know, I really don't see...

Ann revealed that she “didn't have that [harmony in the family], growing up, and the things that happened in my growing up, I don't want that happening to my kids.” She thought, “they [kids] know how people talk to them and how people treat them.” Since Ann felt: “I know my kids, I know what they do and what they don't do. So when the teacher tells me something that doesn't sound right I have to talk to my son and get all the information. I don't just get automatically on him.” When talking about her children, Ann described “Not that I have favorites, you know, but [name of oldest son] is just so much easier to get along with than the other ones.” Ann did not see any problems with his attitude: “it's not towards me, that's why I get defensive sometimes, when people say something about it.” She did not “know whether it's just because he knows better than to take it out and me....” Therefore, of her three children “if I got rid of any of them for awhile it wouldn't be [name of oldest son]. She described her relationship with him, as

he's been my buddy. Before we moved here, I used to get really lucky on the radio with winning stuff, trips and things like that. If I didn't have anybody to go with, [name of oldest son] always went with me.

In Ann's opinion, it “would be so helpful” to her and her children

if there was other things that the kids could do like the big brother program are something like that, like if they had more outlets...I think that would be the big one, if the kids could be involved with somebody. That would be soooo helpful, because that would give me my me time and that would give the kids that other person, you know, without me having

to be involved with this person, you know. That would give them somebody a mentor, to hang out with, but of course there's like a mile waiting list just to get on the waiting list. Also, Ann wished there were "some parenting skills classes that would definitely help out with all of us. Parenting skills classes would definitely be helpful." She admitted that she had "not really looked into that. I've got the number to call, but I've not made any effort to do anything about that, but that would definitely help out with all of us."

A bad Mom. Ann saw herself as "being a bad Mom and as a failure, the one, who is constantly on the kids, yelling at them, doesn't spend enough time with them, doesn't do stuff with the kids." She explained that she had "really bad parenting skills from my parents. I don't have that that experience, that example to follow on how to do right with them and what not to do." Ann remembered that before

moving I never thought my kids were that bad until I started hearing some of things that they [cousin] say... they said. They think that I let my kids run all over me and that I'm not, I don't have the, I don't have the parenting skills, which they let me know a lot. They don't hold back anything.

Her "vision of the way my family is" was influenced by "the way my cousin sees us and has been telling me. You know, I see us as that, you know disrespectful and yadayadayada... raising rotten kids." Also, she suspected that teachers at her children's schools "might not think too highly of me, they call and talk on the phone, but they, I don't know... I'm not as active with the school as I was back home, you know." In turn "that image of being a failure as a mother" had affected how Ann felt "so as far as, you know, being a woman, you know, my relationships."

However, "Counseling, and having us altogether, you know, and [name of counselor] and everything..." has allowed Ann to "see, that we're really not that bad, you know. We are not as

bad as I thought; we're actually capable of having that nice little unity, having that nice little family." Also, Ann's friends "from school that the kids and I spend a lot of time with" have told her "how great my kids are, and you know... that I got good kids. What a great job I did. How respectful they are." Ann acknowledged that "someone on the outside looking in would say oh yeah she's a single Mom, going to school, trying to better herself, now I'm working, you know..."

Family therapy helped Ann realize that her children are "just typical kids. They are not as bad as I thought they were or as bad as they seem to me." Ann attributed her thinking her kids were bad to them being "the first kids I've ever been around..." she shared that she didn't "know how a 12-year-old is supposed to... I know what I was doing when I was 12 years old... You know, which is definitely not what I want him to be doing when he is 12 years old." She declared that she definitely

saw that I was much harder on them [kids] then I needed to be, and that my kids are really typical kids. And when I'm in there talking about some of the things that they're doing that I don't like, I realize that's what I do. So I realize that I need to ease up, I need to back off and realize that [name of daughter] is 4, [name of middle son] is 9, and [name of oldest son], [name of oldest son] is really mature for his age but he's only 11.

Ann thought that family therapy helped her to realize that "the problems that I thought I had with my kids, weren't as bad as I thought they were ..." and to "understand them [kids] more."

Ego development

Ann scored at the E5 level, the Self-aware stage on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses show the E5 level:

Raising a family is the hardest job anyone could have, the benefits are good though.

A girl has a right to be anything she wants to be.

Rules are good but sometimes hard to follow.

Interviews. Ann recognized that her self perception was strongly influenced by how her cousin saw her “I see myself as being a bad Mom and as a failure, because I went a lot by what my cousin said...” however, she was able to acknowledge that others saw her in a different light “...saying good things about how I was raising them.” She struggled with being seen as :the stereotype, your kids are going to be convicts, they’re going to be failures, because they’re missing out on Dad.” Like the other mothers in the Self-aware stage Ann held stereotypical views about families “I don’t like being single, this isn’t the way I wanted my kids to be raised, I didn’t want them to be raised in a single You know I wanted more for them.”

Participant #7: Sam

Sam, a 39 year-old White mother of three sons, age 13, 10, and 7 was employed as a clerk in a grocery chain store. She had separated from her husband and the father of her children in August 2003. Her middle son had exhibited behavior problems in school, which led to Sam requesting help from the guidance counselor. The relationship between the parents had been very explosive at times since the separation. Unexpectedly the husband had died the day before the first interview of a massive heart attack. Interviews took place in the family’s home within two weeks of termination. The therapist was a White female in her thirties, who was fulfilling requirements for her Masters internship.

Themes

The following themes and sub themes emerged from the interviews:

Table 12

THEMES				
	Theme 1	Theme2	Theme 3	Theme 4
	Divorce	It was good for us.	Good relationship with school.	Mom and Dad in one.
Sub theme A	Respect	Made me stronger	School counselor	Anchor of family
Sub theme B	Anger against me.	Participation	Help school understand	Love my children

Divorce. Sam's family came to therapy because of "the hurting that the children were experiencing through us separating." Her son had "had a real bad attitude in the classroom and was givin the teacher a hard time. Of course we had just separated." Her family was "concerned, they get aggravated when the kids fight." Sam felt "like her husband would put them [children] against me. He would come to the door and scream at me.... show some authority and not encourage them to misbehave. We went to court over that..." According to Sam "We didn't know how to co-parent." Sam thought her middle son "knew, when it started, he was really showing it. He was really kicking it up." She tried "talking to him but he didn't understand." She didn't "know how to talk to them about that."

Sam expressed that getting "respect from the kids" had been her "biggest challenge" even before the separation. Sam described her children as "just tak[ing] things for granted, like it's like, like it's my job to do things for them. And to not even say thank you and that bothers me."

She shared that when she was growing up "for a child to back talk, well like in my home, you didn't backtalk to my mom, my daddy tear us up. That was something they wouldn't tolerate." In her eyes "Dad had automatically earned his respect by being Dad, and I guess Mom

it's easier just to walk all over, and if we did that in my house, you got trouble. And I think as a father you already have that respect. It just comes with your job, I guess. And I think to teach your children that you don't do this, you don't do this to your mother and you don't do this to your grandparent. You just don't do that. I think that was his role.

"However it

wasn't like that here. Uhhh, [name of husband] felt that it was my problem to correct if they were disrespectful to me. He said because I allowed it. And even though if I was to spank them or whatever and it didn't work, uhh, he still... and even with my mother... she babysat 'em and if they would talk ugly to her, treat her disrespectful, he blamed that on my mother. That was her fault. She allowed it to happen.

It was good for us. Sam thought that family therapy "was good for us. Well, being in counseling and coming to talk about things that we needed work on, I guess helped get it off your chest." She wanted to achieve "harmony, some kind of harmony" which to her meant "the fighting to stop, uhhh with them constantly fighting with each other... Uhhh, how to walk away from an incidence like that before it escalates into something that is out of control." Sam "knew that counseling wouldn't make us perfect but would help us along maybe in areas that we weren't real good at." She felt things had improved since "things haven't gotten out of control, ah since counseling." Her son "improved real quick and he's been great since we've got that little problem worked out that he experienced in school. Family therapy helped the children realize that they still had those two parents and the divorce, yeah us separating and them realizing they still had two parents they're just in two different places, that both parents love them very much and I think talking through that and all helped us, helped them to

understand that you know, it wasn't that you know, it wasn't one of us missing, that we were always still around.

Furthermore the therapist "pointed out to the kids, the respect, rather than just hearing it from me. You know, how to be respectful, what it means to be respectful, uhmm, how to show respect. She did demonstrations like for example: how would you show respect and you know."

However, "at first" although she "knew [they] needed it, I felt I was failing, cause someone else had to step in and help smooth out the wrinkles." She "guess[ed] it's a pride thing, an embarrassed issues, we're dysfunctional, we needed someone else to uhmm..... You know... be involved in your life to help you get things right. I guess uhh wanting to be able to handle it yourself, without having to drag people in from the outside, feeling like you're failing, because someone else has to intervene.

Sam talked about the personal gains she made being in family therapy. She came to realize that "bottling things up inside isn't good, it's not healthy. You have to be able to talk about it." She thought

it makes me stronger, knowing that when I try to do things by myself and not talk about it and you know try to carry the weight of the world on your shoulders and all you can think about is how am I gonna do this, how am I gonna do that, what am I gonna do, and then when I finally talked about it, I realized that I'm not alone, people's been through this. I'm not the only one. That just made me stronger.

Sam recognized "that some jobs, sometimes if you just talk about it with someone else, they've been through it and they can say: you know what I did and sometimes that helps." In family therapy Sam realized:

I stress out over things that it's just because I try to do too much. I understand I have limits and what all I can do I mean so... But I also understand that I can do things that I feel like are impossible. There is a way to get things done, Uhhh and that's just made me stronger emotionally.

Sam would have liked "more involvement of the kids, more participation from them" during the sessions. She thought that

they didn't get enough out, but that was just them not... you know... when they're asked a question they were given the opportunity to, when they were asked a question they were pretty... I mean their answers weren't any kind of depth any kind of ... you know.. I dunno.

Sam thought that it

was hard for them, to just sit down and talk and spill your guts and(laughing)

Uhhh let out all your thoughts I guess , that was hard. But when you did it like in a game,

I guess it provoked more, more thought. They did real good when we played the game

when they were asked questions. I guess the games, the games help them participate.

Because they had fun with that and it would ... I guess help.

Good relationship with school. Sam described her relationship "with the school [as] pretty good." She explained, "we communicate through writin' little notes or a phone call. But normally when it's just a problem or .. if he didn't understand something on his homework than maybe wasn't real clear about it I sent notes , a note in and she'll send me a note back. If she [teacher] notices something bothering him in the classroom she'll contact me or send me a note.

Sam recalled that when her son was misbehaving during the parents separation “I tried informin’ her [teacher] what all was goin’ on at home, so she’d understand where that was comin’ from. Sam thought this

helped them to understand that there’s things, issues in their home life that are out of their control and that affect them emotionally. I guess, so their a little more understanding of the kids and their feelings and not just if something occurs that they just a bad boy they’re just bad kids, when they are... on an off day. I mean there may be a consequence also, but they’ve also tried to help him. They’re very understanding.

Since, Sam “had been in counseling before, and it helped,” she “called and got the guidance counselor involved. I told her about our situation and asked for any suggestions that she had. I said we needed counseling and I couldn’t pay so she came up with New Horizons.” Sam thought the guidance counselor “didn’t know a whole lot about it. She gave me the number to call. She told me to call and when I called they told me to go back to the counselor and fill out paperwork.” Sam was not aware that it was family counseling: “I had asked for one-on one sessions - they said that the whole family had to be there.”

Mom and Dad in one. Sam could only “think of the disadvantages” of being a single mother. To her it meant being “Mom and dad in one. Having to do it all.” She thought, “it’s better for a father to be around.a mother and father supporting each other... Sam attributed this belief to “maybe that’s just my upbringing (laughing). I came from a family with both parents..... it seems like they’re stronger, it seems like they’re stronger.”

Sam shared that she “loved her children” and that she wanted her “kids to be taken care of. I don’t want someone else to have to raise them and do things for them.” She thought: “it

bothers you more when they're doing something that you think they shouldn't be doing, when you love them. If I didn't care it wouldn't bother me, but because I care it bothers me.

Sam described the mother's role in the family as "the Anchor in the Family." Sam thought "if you read the bible, it portrays the woman as ... I don't know to me as a ... the anchor in the family." To Sam being a mother means doing "what you have to do for the kids. I just know that's something I got to do. It's our responsibility in life. I got to do it. I just do it. Because people can't come do that for me. That is my job. So I just do it.

Ego development

SCT. Sam scored at the E7, the Individualistic level of development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses demonstrate the E7 level.

When a child will not join in group activities try to point out something that may interest them, don't force them you will get no participation, spark some interest something they can relate to.

When I am criticized at first my feelings are hurt, but after thinking about it I try to understand and improve so that no one ever has to criticize me for that again.

When they talked about sex I used to get embarrassed, now I joke about it. Intimate details I believe belong just between the couple.

Interviews. During the interview Sam showed an understanding for underlying causes for behavior. She was aware of the children's "anger against me... due to divorce." When her son was having problems with his behavior in school she "tried informin' her [teacher] what all was goin' on at home, so she'd understand where that was coming from." Sam described another son as getting irritated "about simple things like homework" and she tries "to see it before he gets really, really angry and maybe pull him away from it, tell him to take a little break... "However,

despite being in the Individualistic stage, Sam adhered to stereotypical gender roles. She saw taking care of children as “our [women’s] responsibility in life. I got to do it. It’s my job. So I just do it.” She thought “Dad had automatically earned that respect by being Dad, and I guess Mom, it’s just easier to walk all over.”

Participant #8: Liz

Liz, a 37 year-old White mother of two daughters, age 6 and 7 owned a local Pizza restaurant, jointly with her sister. She had separated from her husband two years prior to being in family therapy. Her husband was a Turkish National. Liz described him as a Muslim, who is “very set in his ways, in his religion....” The children were attending a private parochial school in the town where they were living. The school had referred the family because of concerns over the older daughter. This was the family’s second referral; the mother had decided not to follow up on the first referral, during the previous school year, regarding family therapy as not necessary when she was contacted. The counselor was a young attractive White female, who was fulfilling requirements of her Masters internship. Interviews were conducted at the same place as family therapy, within two weeks of termination. The counselor was graduating and the family did not want to receive therapy over the summer. However, the mother was debating whether to continue counseling at the beginning of the next school year.

Themes

The following themes and sub themes emerged from the interviews:

Table 13

THEMES					
	Theme 1	Theme2	Theme 3	Theme 4	Theme 5
	Every family struggles.	Looks like it's helping.	As long as we're happy.	Sweet person.	What's best for them.
Sub theme A	Separation	She learned	Fences	Kids like her	Felt blamed
Sub theme B	Don't understand it	Scratching the surface	Wants friends	Requested woman	Happy with school
Sub theme C	Hard being single parent	Expectations	The kind of person I am		Not as attentive

Every family struggles. Liz thought “every family struggles when they have children, because it's not about you anymore. It's about them, it's about all of you, but it's more about them.” Liz regarded it as

hard being a parent. Sometimes, because you don't want to be mean but yet you know, you don't want them turning around and looking and acting like some of these kids I see today. You have to teach them, it's a constant... it's constantly reinforce them. And sometimes it looks like I'm just a Harper, you know, don't do that, don't do that, don't do that.... But then we go out, I mean other people see us ... then I'm like whui ... it paid off, you know. So, you know, I do know.

She noted, “all families I think have things they need to work on. So I know we have things we have to work on, and we try every day and hope the next day be better.” The particular difficulty that brought Liz's family, to family therapy was their “issue with our family, being separated that's hard, that's been really hard.” Liz acknowledged,

We can't live together, we just argue too much. It was really ugly; it really got ugly, ugly.

And I know, I know that had... [name of younger daughter] was a little younger, but I

know that had to have affected [name of older daughter]. So I'm sure that's part of the reasons why we're here in counseling, because of the things that she saw, things that she heard, things that no 5-year-old should have to even be around. Things I wasn't exposed to as a child, and I don't think she should have been either.

Liz "had a happy childhood" and she wanted her children's "childhood to be happy too." She didn't "want her daughters to be saying "20 years from now, when they went to counseling, oh you know my family, they're dysfunctional and this or that ..." Although, Liz thought: "Now we don't argue in front of them" and she told her daughters that the difficulties between her and her husband were "big peoples", big peoples' issues big peoples...." the school thought that "maybe counseling would help [name of daughter] with the separation of the family, because she was having a few problems in school."

Liz thought it was "hard being a single parent, getting everybody up and to bed. And getting them ready, rushing around, packing lunch, it's just you know... rush, rush. Just rush, rush to get everything done all at once, you know." Also, when the children "get upset or they get mad at me, then they go 'I want my daddy I want my daddy' you know, they're upset or they're mad at me so they want their daddy. And I'm sure he tells me when they're over at his house they go I want my mommy, so...."

Liz described finances as her "biggest trouble. Because you know it's one income instead of two, so that makes a difference." She now had "bills... bills that I didn't have to pay before, now I have to pay it," which "has given me a different perspective. I mean I understand what all he had to pay and everything and now I'm paying them myself." She handled this by

just try to plan really good. I go I can pay this and than I'll pay that this month. I mean just like everybody else, I guess, you do the best that you can do, as long as the bills are paid ...we still go out every Sunday and do something fun.

Since Liz knew the children "love their father" he was "still part of their lives." Liz didn't want to be "like some of these parents that okay we're separated you won't see them anymore... we'll go to court to get the kids, you know ..." she didn't "think that's good for them." In fact she thought "that's really bad for them." However, this created another set of difficulties for Liz: "I mean, he comes over, things, like the other night, well he did get out and leave, but sometimes he still spends the night with them and everything." Liz recalled, "he was like over every night, it was starting to drive" her "crazy." She "thought like he's controlling that, in the house, is still controlling the house even though he was gone." Liz "had to ... finally... had to... you want to stay till they're asleep, that's fine but when they fall asleep you need to leave, because" she "couldn't just lounge around or... you know..."

Liz described herself as "confused" about her relationship with her husband

And I think gosh it's been two years and we're still not divorced, and if we get divorced is that really what I want? So then I think I will put all of my feelings and my differences aside and say to him come home, you know for [name of daughters]. But then I think, you know God, and then I'll wake up another seven years from now and then I'm 43 years old, and I think God ... you know like one day I'm gonna wake up and be, gosh, life passed me by, and what did I do with it? Why did I do this?

Liz had told her daughters "it's confusing, it's... I don't understand it myself, how can they understand?" Liz felt that this has helped her oldest daughter who now "understands it now that

it's not her fault." She thought, "[name of daughter] for a long time blamed herself that that's why we were separated."

Looks like its helping. Liz was "glad sometimes that we come, because some days I see where it looks like its helping them when we can refer back to 'remember when we were playing that game and how someone will feel..." she thought "if it helps than it's a good thing, then it is not that it's a big waste of time." Also, during sessions she heard "things that I wouldn't hear at home." Liz had noticed some changes: "Sometimes now when I ask [name of daughter] things or [name of daughter]... you know, they always talked to me, but now they tell me even a little more than they were before. So it's been good." Liz thought she

learned a few more things like how do you... just try to be a good listener to them. But of course I'm human and sometimes you gonna... I feel a little more that I know how exactly to ask them things instead of saying oh that's good, but... go oh really that made you feel like that then they can

However, Liz did not know whether her daughters difficulties in school had been improved

Well, maybe it's getting better I don't know, but maybe I am just illusioning myself...

I wish I could be a little fly on the wall at school... But the real test will come at the end of summer when school starts again in September... That will be when we will be able to see for sure

Liz thought:

We met our goals. I think so. Uhhh, because [name of daughters], we, we talk about the things, that we talked about here. Or like little things come up and like when we leave here, whenever we play the games, then they want to play the game in the car when we leave. You know, act out little scenarios on like they'll say: So and so wouldn't play with

me, and they said they would, so what should I do? Well, I think I'll play with this person, because they were nice. That's good, because acting out is a form for them to release. So I think it's good.

Although the family was terminating therapy Liz thought “right now with [name of counselor], she is still building their trust and getting to know them and I think they're opening up to her and everything, so I think the more that we come, the more that we talk, the more things will come out. So, I think it will take a little time, and... I guess the more times we come and the more that we talk with the counselor, then I guess the more in-depth it will become. Because right now I feel like we're kinda scratching the surface.” Liz acknowledged that she expected “more like really in-depth intensive questioning or something.” However, she also realized that “sometimes when you ask me lots of questions I start freezing up and little kids are a little like that too, you know.”

Liz had “never been in counseling before” therefore she didn't “know what to expect.”

She thought it was

not ... when you watch TV and you see, you know, the stereotype... you're laying on the couch and you're telling you know... I don't know what I expected ... the next thing you know I am going to sleep... but I guess you know with the kids, I didn't really know what to expect.

However, she thought that “maybe you know, you being a neutral third party you may, you'll see things differently than I do, because I'm so close at hand with them. So you may have suggestions or ideas that I wouldn't have thought of because I'm too... it's easier on the outside looking in, then when you're inside. I think it be easier if sometimes maybe she'd say no, no this

is how it is supposed to be done. Instead of like ah okay now what do you think? Or, how do you feel? Oh my God, I hate that. It's much easier if it's like do that and then I can do that...

As long as we're happy. Liz expressed that she didn't care what they [teachers, neighbors, etc.] think. ... I don't want to sound... As long as we are happy as a family, what is the right... who is the judge of what is a proper family or a good family? Do you know what I'm saying? So, so really what they think I don't care. Oh, I mean as long as we're happy and you know we're doing fine then really what others think is really immaterial. They can think whatever they want to think; I mean that's fine with me. I don't worry about what other people say. I mean, as long as I know we're doing the best we can do and it's right then who cares what they think really.

“Instead of worrying about what everybody thinks,” Liz thought it was more important what we think as a family. Are we functioning and happy as a family and are we trying to resolve our issues? So as long as we can deal with it and work with it and are happy and that's what I feel is more important.”

Liz did not think her children “are really affected by that [how others see them], because like I told [name of oldest daughter] as long as you're happy with yourself you don't have to worry about what the other people think whether they like you or don't like you.” Liz saw it as important that her children do “the best” they can do...it's not important if someone doesn't like you.”

Liz would “rather not be bothered with” her neighbors. She explained, “fences make good neighbors...” and not wanting “to get all chummy with the neighbors. Because then they want to be over at your house every second or bothering you.” Liz explained that

the people that live on one side they just moved in too, not too long ago, and there's all kinds of people coming and going. So I like I don't know what's going on over in that house, I don't want to be bothered with them. The house on the other side they are okay but their little kid gets on my nerves. I found him in... the other day... looking in my garage and I'm like 'what are you doing? Na, try to ignore them all, I'll just hi and bye so they can really think whatever they want. I mean as long as they don't come over and try to get on my property I'm not bothered by them either.

Liz thought that her daughter "is kind of a lot like I was when I was little. She remembered:

When I was in school, I always wanted friends, you know, but I didn't really know about how about going about it, how about getting friends. You know, not that I didn't have friends but I always wanted more and more ...I mean... I like try to tell her... mommy was the same way. You just be like ... and say who cares and find another friend. You know, find someone else to play with. And then I start naming off all the little kids that are in her class, you know, and she's like oh yeah she was nice and I say well she is a very nice little child why don't you play with her? Don't worry about the other one, I say, you watch, they'll come to you. Try to play that little game, try that.

Liz described herself as someone who "either like something or I don't. So I'm not a good person to put on little fake fronts for somebody, you know what I mean? You either gonna know that I'm OK with something or that I'm not." As far as coming to counseling, she expressed, "if I wasn't [pleased] with it, I wouldn't have come."

Sweet person. Liz "liked [name of counselor], she's really a sweet person she's really soft-spoken, which is good." Liz "liked her personality, She's real easy-going, you know, real

easy natured person.” She recalled liking her when she “first met her” and telling her daughters “that she reminds me of the lady who taught you how to swim, because she was real soft-spoken and just a real gentle type of... Liz hoped that if they “continued counseling that the next person that they put us with be the same type of person. “

Liz described the counselor as “she listens, and she’s nonjudgmental.” Liz thought:

if I was to tell [name of counselor] something and I didn't want her to discuss this with the school, I think she would respect that confidence. And I can trust her for that. If I didn't want something, you know, not that I'm trying to hide something, but you know some things you just don't want discussed. Some things are just not everybody's business. Because even though they're supposed to be under a code of ethics, you don't know what people are gonna say... but I feel like I can trust her. So if I wanted to tell her something, talk to her about something, if I didn't want it to leave the room, I think like she's professional enough where it wouldn't. And ...

Liz knew the counselor “had several conversations with the counselor, uhmm the guidance counselor over at the school.” She did not know “what exactly they discussed” but was satisfied that “there's an open line of communication between either one of them.” Liz hoped “everybody working together will help... hopefully help us achieve our goals...we all have one main goal to work with... so counseling and school is the same, you know, getting everybody on track.”

Liz “liked how” the counselor interacted “with the girls... she’s really good with [names of daughters]. When they have something to say, she'll listen to them and like she'll give them her attention and everything.” Liz thought her daughters “really like” the counselor. She

could tell the first time we came here, the girls really liked her, because they were giving her hugs and stuff. They weren't intimidated by her or threatened by her you know or anything like that. So when your children like someone it's... like...

Liz had "requested that a woman be our counselor" because she thought "for the children, I think [name of daughters] would've felt more comfortable with a woman than they will with a man. Maybe I'm wrong but that's just how I feel." Liz added: "like when we had swimming teachers we always went with the girls, because I think they just do better with them." Liz thought "because they're [her daughters are] little and you know, women they're more motherly or like a big sister, you know... After further deliberation Liz added

well, maybe even for me, not to be funny or anything, but I mean if it was a man and they were gay, that would've been okay, because then they could see a woman's point of view and a man's point of view. But I think women, we see things and we feel things different than men do. So, I think they can relate more to issues, more than a man.

Women can be more sympathetic and more understanding, more catty too, but you know...

Liz didn't think having a male counselor "would've been as good an experience. Maybe I'm wrong, maybe next time will have a male and I'll be like oh gosh they opened right up to him, because, because then it would be a male's point of view." She said: "I don't know, I think they might have been more judgmental." Liz thought that for any further counseling she "definitely request a female again, because I think that will be less intimidating for them [daughters], like a big sister or like a mother because when your six or seven everyone else seems bigger.

Liz imagined that the counselor was "probably confused sometimes" about the parents' current separation:

Well, I mean I'm confused myself, so if she wasn't confused I might be a little surprised. So I'm sure, she probably wonders sometimes what is going on, and you know, I don't know. I don't know, I'm probably a little confused too. I don't know, maybe I'm way off base too.

Also, she thought that the counselor and her differed in their view of "family."

One day we were talking and she says 'What kind of family would you like to or some kind of question like that' and I said 'well you know sort of leave it to Beaver... they came in June and Wood and they all set down there was no confusion'.... And she is like 'Liz you know that's TV.' I say 'I know' but you know, I mean, you know that is how families were, but nowadays everybody is just like that commercial, where everybody crabs something and eating and running out the door, its more rush, rush, so... you know sometimes it would be easier.... But she is like 'that's not real, that's not life....'

What's best for them. Liz indicated that she "wants what's best for them [daughters]. She explained, "that's why we're here. I'd rather be at home or at work or somewhere." She was sure the counselor knew that "I want what's best for them." She had "hoped" that family therapy "will make me more aware or be a better ... be a better parent for them." Liz wanted her daughters to "feel good about themselves. More comfortable, more confident, more self-esteem."

Being referred to family therapy had "been a little hard" for Liz. She admitted:

At first, when they first suggested it last year; I felt like well what did I do or what have I not done? Maybe I didn't listen, or maybe I wasn't.... When I say listening and, maybe I wasn't hearing what they said because I was listening. Maybe I was listening, but I was not hearing what they were telling me. You know, or I don't know, maybe I was too

wrapped up in myself and I should have been maybe more wrapped up in them. Or maybe there was nothing I could've done any different, I don't know.

When Liz was told "that everybody that lives in the house has to come," she was surprised: "So first I thought oh God everybody in the family has to come, we got to all come you know, I was like oh no." She had expected "it would be just" her and her older daughter. However, she thought, "it's true that [name of younger daughter] is affected by it, she holds things inside sometimes. So even though I don't see it on the surface it's there."

Liz described herself as "more of a private person" therefore finding it "a little harder to discuss problems or you know what " she thought " are problems." " So first" she felt like "under a microscope or something, when they're trying to find out background on your family." Liz was "real happy with their school. They generally care because if they didn't they wouldn't have anybody." She regarded the referral to family therapy as an example of this: "they didn't have to say maybe this would help or not help. I know they cared, so I'm real happy with that."

Ego development

SCT. Liz scored at the E4, the Conformist stage of ego development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses show E4 level responses

When I am criticized I shut down.

What gets me in trouble is my mouth.

A good father takes care of his children.

Interviews. As typical for someone in a lower ego development stage, Liz lives in a world that is dichotomous. She described herself as "I either like something or I don't." She described having "a real good relationship with the school. I go over there and help at the school

and I volunteer... so I love helping at the school. It's fun, because you know you get to see them [her children]." And to Liz "fences make good neighbors." During the interviews, she gave long elaborate accounts of what she had told her daughter to do, without any recognition or acknowledgement of her daughter's feelings about her lack of friends. "I like try to tell her... and say who cares and find another friend, find someone else to play with and then I start naming off all the little kids that are in her class..."

Participant #9: Danielle

Danielle, a 33 year-old Black mother of a 6 year-old daughter was employed as a family crisis hotline counselor/ education trainer by a local Domestic violence shelter. She had been divorced for about one year at the time of the interview. Her ex-husband was in the military and the family had been stationed in Germany. When leaving Germany, the husband had had the family's belongings shipped to California, where her was going to be stationed. Danielle and her daughter came to Virginia to spent time with her family on their way to California. However, after arriving in the US her husband informed her that he did not want her and their daughter to join him in California. The father had remarried shortly after the divorce became final. The interviews took place at Danielle's workplace and at the counseling site; the family was expecting to continue counseling through the summer months. The counselor was a young, attractive White female, who was fulfilling requirements of her Masters internship.

Themes

The following themes and sub themes emerged from the interviews:

Table 14

THEMES					
	Theme 1	Theme2	Theme 3	Theme 4	Theme 5
	A Mom first.	daughter's world	Very beneficial.	Wonderful relationship.	Still a family
Subtheme A	survivor	Having just a Mom	Safe	Could hear us	Strong bond
Subtheme B	Be everything	I needed help	Let down guard	Voice on the side	How we communicate
Subtheme C	Product of single mother	World is very narrow	Solely for her	White woman	Shopping for Dad

A Mom first. Danielle described herself as a “Mom first” because “I concentrate so much on protecting her and making sure that she is okay that I put [name of daughter]'s needs before my needs. So I'm definitely a mom first... I don't date, I don't go out.” Danielle explained that she was

very concerned about the life that I lead and just being a model, a role model for my daughter. So that, she knows that I'm not gonna say one thing but do another, and so when I try to teach her to be good when I try to teach her what is good and what is not. I have to lead by example. I have to... I have to walk... my walk must be the same as my talk.

To her it was “almost like I'm a woman because I am a Mom uhmm ... I don't really put a lot of effort into appearing as a woman... But I put more effort into appearing to others as a good Mom. You know, that's more important to me.” Despite her efforts Danielle did “not feel like a wonderful Mom.” However she acknowledged that “the comments that I hear are normally positive and very supportive.” In turn these “positive comments actually, actually drive me to be

a better parent.”

Danielle “has always doubted herself”, seeing this as related to being a “survivor of domestic violence...that’s my background, that’s where I’m from, and it’s also my present because that’s what I do.” In the past, she had “often heard” that she “just wasn’t a good mom.” She described her and her ex-husband’s “parenting styles” as “totally different.” “After a while” Danielle began “to believe that [she was not a good mom], probably still carries too much of that around with me, and probably parented that way, because I was expected to parent that way.”

Danielle “had no desire to raise a child alone.” She remembered that she had been “really apprehensive about raising a child alone, of being a single parent and then when it happened, I just really [was] not very sure of myself.” During the year of separation before the divorce she was thinking “maybe it will happen, maybe it will not happen.” It’s only been since the divorce that she has “said, okay I’m a single Mom, where do I go from here?”

According to Danielle

the scariest part is that, when I say something in my house there is nobody else to bounce things off. I don’t really get, I I don’t really have anything to gauge by, you know. So if it’s totally wrong, it’s totally wrong. You know, there’s no second opinion. It’s so much more trial and error, I think as a single parent, because you just don’t have that input coming in. And that’s hard, that’s hard.

Danielle experienced being a single mother, as “I have to be everything at the same time. I feel that, you know it doesn’t stop for me, you know. I have to take care of the child, the house, the yard, the car, the garbage; you know the list just goes on and on and on. It’s exhausting ...” In her current situation, being a crisis counselor during the day meant that Danielle “lived in crisis constantly 9-to-5 and then come[s] home to a 6-year-old or seven-year-old with her own issues.

So, it was a 24-hour crisis world.” She thought: “It’s like my brain didn’t really get time to shut down, you know, constantly thinking about... and not resting...

Danielle grew up as “a product of a divorced family, a product of a single-family with a single mother, a single-family home.” Danielle knew “that she did not “have to do things the same way that you know... It’s to start breaking some of those cycles and traditions is very important and hopefully that’s going to terminate some of the self-esteem issues, things that I dealt with as a child.” She had made” a conscious effort to make sure that my parenting is a little different from how I was parented, and and some of the things that we’ve implemented when [daughter’s name] father and I were together, I try to do things a little different now.” Danielle had tried to give her daughter less “responsibilities” than her “mom put on” her.

Make daughter’s world a little easier. Danielle wanted to make her daughter’s “world a little easier.” She hoped to make “sure that she enjoys being at child, making sure that I’m not expecting too much from her, so she fits in and she is okay.” In order to keep her daughter “safe, our world is pretty limited, pretty much consists of work, home, and church.” Danielle had not “allow[ed] too many people to come into our world, because I wanted to make sure [name of daughter] is okay.”

In Danielle’s view one of the difficulties in her daughter’s life was “having just a Mom.” Her ex-husband had asked that Danielle not “use his last name anymore. I refuse to do that. It’s hard enough I think with having just a mom, but for your mom to come to school and her name is totally different... Because kids pick up on that.” She wished there were different places where we could go and not be the single mom, the only single mom.” Danielle explained: “[Name of daughter] plays softball and they put out the roster, it’s like Bob and Christie Jones, you know, Bill and Linda, and then it’s Danielle.” Her daughter has asked her

'Mommy how come I don't have a daddy?' You know, and her dad is in California it's not like I'm gonna call him, and I probably could list his name, but I don't think I would appreciate someone calling my house and saying 'may I speak to Jim', and 'I would say he doesn't live here. He doesn't contribute to this household, he doesn't live here.' So, yeah that, just to be in an environment where that's not something that is like frowned upon or ... which is... Sometimes I do, sometimes I do. I .. This is the second-year Jordan's played softball you know, and is like well where's Jordan's dad, you know. And I'm like well Jordan's mom is here! I just pretty much say Jordan's mom is here and leave it at that. I don't think it's necessary information, you know. They're other kids that their mom really only come to their games but there's no question where their father is, because their name's on the roster, you know. And I've had issues with that.

Danielle acknowledged "there are times when I just have to realize, I can't fix it, I can't do it alone, I... and sometimes it's a battle that I know I can't win and there come times when I have to say I need some help. Sometimes when things are hard I just... you know... I... I have a very strong faith in God ..." for Danielle "one of the most difficult things has been knowing when to reach out for help, because before to cope with difficult times I would just suppress it and hold it in." . Her daughter's behavior problems in school where to "the point where I knew that I couldn't fix it. I couldn't figure out what to do... and I needed help. I needed help with trying to help [name of daughter] get through this. Danielle had to allow

other people, different people, to come into our circle. People who are so very different from who I am and the experiences that [name of daughter] could gain from just knowing the people in our family. So, we've opened the door to a lot of different personalities, different lifestyles, just different people just recently I've allowed others... other people

in. Because I know that [name of daughter] needs, she needs... that she needs different perspectives coming in, that's only to help her with her growth.

In her efforts to make her daughter's world easier, Danielle started

creating a better relationship with her teacher, to the point where she calls me if she sees red flags. I have given her heads up on things, especially lately and we've had better communication, so that hopefully the two of us together ... because then she brings in the necessary personnel from the school system. And so we've created this like team atmosphere that were all working together that we're all giving each other input and bouncing things off each other kind of checks and balances.

Danielle acknowledged that her daughter "probably hasn't even grieved; you know, the loss of her father, because in a sense there has been that loss, he is not coming back." That was "definitely something" Danielle was "still working on, allowing her [daughter] the space to express herself whether it's through crying for... Whatever... Whatever it is... Whatever you know, whether she's verbally communicating, playing, singing, drawing, whatever it is, I have to allow her that that much space to express herself. And I need to be prepared for however it comes out, not trying to shut it down. Danielle realized that she "still has to practice just active listening and rephrasing and verifying her feelings, validating her you know."

Very beneficial. Danielle thought their "counseling experience has been very beneficial." Danielle "never really called it counseling. That way I would not put a negative connotation on it, so [name of daughter] wouldn't pick up on it. We just called it going to talk about our feelings and so that helped and so... And that changed the mood for me." Danielle explained the counseling process as

in our counseling sessions we had days where it concentrated on me, we had sessions where it concentrated on [name of daughter], we had sessions where it was about how we interact together. So really it gave us what we needed. It was a safe place for us to get things out and to talk, knowing that it was safe. The whole safety issue is important. I can appreciate that... Obviously [name of daughter] feels very safe; because she disclosed things to [name of counselor] that she didn't tell, feel comfortable telling me. That's more important to me than anything, that she feels very safe.

Family therapy “has changed how I think about it my family as far as how I handle Jordan and how I listen to her and validate her feelings how... I make a conscious effort to do things a little different, just...” It was “a good way for me to hear what Jordan is saying without her telling me directly and to hear it from a different perspective.” In family therapy, Danielle had come to realize that

I can't, I can't quench her spirit just because she's not expressing herself in a way that I think she should express herself. That is probably one of the most important things that I am going to take from this experience, is just allowing her, and not only just when she's sad, but across the board, in life... I need to allow her to express herself, she's not gonna become a whole person unless she can. So, that's probably the most important thing.

When they began counseling Danielle's “goal at that time was how to help Jordan work through her anger. You know, how we can get to the point where she is accepting of all people regardless of who they are their background.” However, at the time of the interviews she had come to understand:

We worked through more than what I thought we were going to work through. I've gotten more out of it than I thought possible, because as I said this wasn't for me in the

very beginning. This was supposed to be about [name of daughter]. It's a surprise that it affected me, it's a surprise that I've had a favorable outcome, that you know, the outcome of all that, of my analysis has actually lead to growth, where I'm at peace about things. I don't think that I was expecting that.

Furthermore, Danielle had noticed a change in her daughter "since we started this counseling she has days when she gets very upset and loses control and she is able to regroup."

Danielle "really didn't think it was going to be so much family. I thought it was going to be solely just for her, and I was so surprised that she kept engaging me in the conversation as well. I actually came into the first session; I had a book in my bag. It was like she's gonna talk to [name of daughter], I am just gonna sit on the sofa and read, this is where I was, because this had nothing to do with me this was somebody's... can help my baby work through this.

Therefore Danielle "wasn't as open in the beginning and a little guarded in the things that I said, how I expressed things." But eventually "I just said well okay Danielle if you want this help and you want to be able to help [name of daughter] then you're just gonna have to throw your pride out, you're gonna have to throw all your caution out, because, you can only receive as much help as you're willing to allow to come in. You know ... I realized that it is goin to take both of us to really talk and to grow and to learn in order for the counseling to be successful.

Wonderful relationship. Danielle thought her family had a "wonderful relationship' with their counselor." it's been wonderful, very supportive, very understanding." Danielle stressed that "[name of daughter] has a special bond with our counselor, so it's like ... I realized she looks forward to her sessions with Miss [name of counselor] on Tuesday that she looks forward to going to go talk about her feelings" She thought their "relationship with the counselor has truly

blossomed, you know. So we've really gone from initially a bit guarded to just really truly trusting her and being able to hear her and to listen to her advice.”

The counselor’s personality played a role in this: “I just took for granted she'd understand, because she has a very soothing personality, she's very laid-back and not pretentious and she has a very soothing voice... which allowed me [Danielle} to relax.” The counselor truly worked with Danielle: “I've had some crazy hours here, and she worked around my schedule, always, you know...” For Danielle “one of the best things” was that the counselor

actually could hear us , she could hear us. She could hear our needs and even when [name of daughter] and I were probably talking from two different directions, but possibly saying the same thing, somehow she was able to decipher all that and actually hear what it was that we were actually saying.

“It seemed” to Danielle that

she constantly steered as in the direction we needed to go. it's almost like our counselor made a conscious effort of working on what we needed when we first arrived, to get us to what my goal is now. You know, we kind of worked through how [name of daughter] handles her anger, but at the same time she still works on me being able to better communicate with my child. So she kind of did both things even though I wasn't in that place. But it helped to get to where I am now when it comes to doing both things simultaneously.

Danielle experienced the counselor during the sessions as “ this little voice over beside me. When [name of daughter] and I would interact and it was like [name of counselor] became this little voice over to my side. And she was saying how about phrasing it this way.” “In the beginning” Danielle was

like well... I know how to talk to my child. But it was helpful because I... it helped me to understand that I probably was... I practiced active listening so much at work that I was not bringing it home. So that, it was like this little voice over off to the side how about trying this that was probably one of the best parts. Because Jordan didn't always hear and oh well it was cool because it sounded like it just came from me that was good. And then it gave me things to think about as well once we left.

The counselor's gender was important to Danielle, who "was very thankful that... that we didn't have a man. If we had had a man we would not still be here." She explained that her daughter "craved male attention, so I don't think she would have expressed as many things had we had a male counselor. She would have been more clingy and more inclined to please him, and not for him to see her in a negative light." However, what was more important to her though was the counselor's race: "it was good for me because I think that I have grown from it" Danielle explained

it also helped that she was a White woman for me, because I was dealing with my own issues with my ex-husband and the fact that he left us for the person that he is married to now. You know, I was getting to the point where I was just like doing my own little shutdown thing... So, and it caused me to have to work on myself, and she's younger than me, and my husband wife, my ex-husband's wife is younger as well, she's in her 20s. So, you know, there is this parallel. [Name of counselor] is beautiful...

Danielle realized that the counselor's

presence in my world caused me to do more and analyze what I am and the ways that I was thinking at the time ... so I did a lot more self-evaluation, self examinations, outside of our counseling sessions.

Still a family. Danielle wanted her daughter to know that “no matter what even with two people we’re still a family, there’s still love there.” She felt that they both were “working on” being “comfortable with that.” She thought “I need to learn to be and she needs to learn how to be comfortable with that before we can bring a third party into our world.” This was a concern to Danielle who felt her daughter “was shopping for a Daddy without my permission. Once she found out that her father had remarried it was like, all of a sudden what is wrong with you mom there's no daddy here... And even had some anger with me for not just bringing one [Dad] home. So she went on her own little campaign to find us one”

“During one counseling session” the counselor “used the dolls” to talk “about different kinds of families. “The counselor put different races together, different people together, different kinds of families, from your typical family, to a single Mom, a single Dad, mothers with children, and children of different races.” This showed Danielle’s daughter that “no one family is perfect and that families come in all shapes and sizes.” Danielle thought that it “helped her [daughter] realize that you don't have to have a daddy in the house” to be a family, which “eased a lot of tension that was going on in the house”

Danielle has gained strength and self-confidence from knowing that she “can actually say I can do this alone.” Being a single mother “has its ups and downs but to at least I know that if it's good and if it worked I'm a part of that now.” when it works I'm like YES, you know. And that’s great and that and that helps me to know that okay I decided that, I did that and look at the positive outcome of it, so it does have its positive side as well. Because sometimes I see now that I have more answers than I thought I had.

Danielle thought that there was a “Very strong bond between” her and her daughter. “So much so that Jordan is very in tuned to me, she picks up on when I'm stressing, which I don't

know how to stop that from happening, but sometimes she worries when I worry.” Danielle described the relationship with her daughter as “ a mother kind relationship, but we also have a friend kind relationship, where she knows that I'm gonna be a Mom first but I still care about you regardless, even when you have done something I didn't approve off or whatever I still want to be there.

Ego development

SCT. Danielle scored at the E6, the Conscientious stage of ego development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses show the E-6 level

Raising a family is difficult but worth the effort.

A man's job is to be the best he can be.

What gets me in trouble is speaking my mind.

Interviews. As appropriate for this stage of ego development Danielle appeared to be living by “self evaluated standards.” She has chosen to focus her energies on raising her daughter “I concentrate so much on protecting her and making sure that she is okay that I put [name of daughter's] needs before my needs. ... I've been very concerned about the life that I lead and just being a model a role model for my daughter. So that she knows that I'm not gonna say one thing but do another...” She has spent time reflecting on the effect of her growing up in a single mother household and having lived in an abusive relationship.

I try not to make the same mistakes I saw made as a child. And then but also understanding that I'm not in my Mom's world now, as I walk in the same shoes.... I am a survivor of domestic violence and verbal abuse and have often heard that... just wasn't

a good Mom. And after a while the urge is to believe that. And I probably parented that way.

Participant #10: Trish

Trish, a 39 year-old White mother of a 7 year-old daughter was employed as a dispatch operator of a local utility company. She had divorced her daughter's father four years ago after a 15 year marriage during which he had severely physically and mentally abused her. Her ex-husband had been incarcerated for an attack that left Trish severely injured. The family came to family therapy because the daughter had asked her mother to help her overcome her fear of strangers, which had prevented her from going trick or treating on Halloween. The mother had asked the school counselor for help, who in turn had referred them to family counseling. At school the daughter's shyness was not considered a problem. Interviews took place within two weeks of termination, at the counseling site. The counselor was a White female in her thirties, who was fulfilling requirements of her Masters level internship.

Themes

The following themes and sub themes emerged from the interviews:

Table 15

THEMES					
	Theme 1	Theme2	Theme 3	Theme 4	Theme 5
	A hard life.	It was worth it.	Not a nut case	Single parent family.	A better Mom.
Subtheme A	Daughter	learned	Daughter liked her	Relationship with Dad	Know my faults
Subtheme B	Support	Didn't like	gender	Live through her	Want her to be ok
Subtheme C	money	Not a cop out		Get her to myself	Proud of her

A hard life. Trish described herself as having had a “hard life”

I grew up really poor in Alabama, I mean really poor. I mean we had, we didn't have electricity, we had an outhouse, we ate hot dogs and beans, to me that is poor. We had shoes with holes in the bottom and my mom would put cardboard in there and in the wintertime sneakers mind you. ... Nobody talked about things going on in the house. Nobody cared, we were kids, we didn't really have an opinion or thoughts or feelings or anything.

Then Trish was married to a man who “doesn’t respect anybody. He is a, a drug addict, an alcoholic.” Their life together “was a life of... it wasn’t so bad, because I was... I drank too and I smoked dope. I didn’t do that stuff he did ... I drank, sometimes from the time I got up in the morning till I went to bed... drugs.” Trish described her ex-husband as the “only man in my whole life that I was ever in love with” who she “had no choice” but to leave him, because “... it was domestic violence in front of [name of daughter].”

Trish did not “regret having his child, because I still I loved him, I loved him crazy. I wish I didn't have to do it by myself. She didn't ask to be brought into this world by two people who were... been and up divorced. She never asked for that. ...I regret that we brought a child into this world, especially when we were already a rocky couple.” Trish thought

with all that crap that I have going on I should be so depressed I can't get out of bed in the morning. But, I get up, I make it through the day, most of the time I'm happy. I have a very stressful job, I'm hoping to find something less stressful because it it wears me out, by Friday I'm exhausted. I think that we're lucky we get to eat, because I'm so tired after working all day, you know. I just drag her out of bed in the morning, I don't say ‘honey

get up' and I'll fix the breakfast, I'm just not that kind of conventional Mom. But... I would like to be that way, but I just think at 40 years old, you run out of energy and you're tired, and there's other things always on your mind.

Moreover, Trish thought that her daughter had a hard life in seven years, very hard life. No child should go through what that girl's been through. It's not fair, don't get me wrong Angie, it's not fair. No 7-year-old should've went through that, nobody.

Trish regretted that her "daughter had to go through that." She believed that "the drama and all the stuff that she's had done to her, did change her personality. She was the kind of baby that would run to anybody. Almost kind of scary, no fear of strangers, or anything. And then when that happened, she didn't talk for like thirty days and screaming and all, except for screaming at night." Trish saw her daughter as "holding a lot of stuff in and having a lot of anger she holds in. Her stomach hurts all the time, you know.

Trish described her relationship with her own mother as "mother can't stand" and she "doesn't think I'm a very good mom." Since Trish held the belief that "you're supposed to have your mother to fall back on" she thought it was "hard because I don't have anybody. I mean if we had trouble with the car, thank God we have AAA, because my mother would not help us." Moreover Trish saw her daughter being affected by how "critical" her mother was "it's not fair that my daughter hears that all the time." However, Trish felt "pretty lucky with school," her daughter had "a great teacher ... and the counselor's always been there for me."

To Trish her family's problems "revolve around money." She thought, "the most challenging thing is money. Bottom line I'm obsessed with it, I'm tired of not having it, uhmm, I'm tired of the days when you're hungry, and there is nothing you can do about it. You are not

blowing your money.” Trish “never wanted to ever say to her [daughter], we don't have the money.” When Trish “got laid off from my good paying job,” they lost “their better place to live and all of a sudden” were not able to “go shopping all the time for things” she had to tell her daughter that “there's things that we need and things we don't need. We need to worry about the food, and we need to worry about having enough quarters for laundry, those are the most important things .” she thought it was difficult when you “don't have...the normal yuppie life...you got a child who is raised surrounded by kids with parents who are taking them to Aruba or Bermuda or whatever... Disney World. I wish at times that we, you know, that... it all revolves around money. You can't do that on one single income. And I wish she could come home to a nice house, you know and big furnished rooms and the huge yard and stability, you know.

It was worth it. Trish thought going to family therapy “was fine, it was worth the time.” She appreciated the school offering the service “I thought that was great” and she had hoped for “a quick cure. We go to counseling, we work this out, we're gonna be OK.” While “it wasn't like that” Trish has seen improvement:

I think she's getting better, since she's come here. I think she's been getting better because we can go out in a crowd, which used to really freak her out. She kind of has a hypersensitivity to things, too much noise, too much movement, she can't handle it.

She'll flip out on you. But we've been going out in public and stuff, and she's doing a lot better, you know. She is. I think probably because we acknowledged that there was a problem.

Trish experienced family therapy as “less stressful this time. Probably because [name of counselor] didn't diagnose, didn't say this is why you are the way you are.” She liked “to do that

game we played, I forget I don't remember the name, but that emotions game...when they don't want to speak out, there they have to speak out."

Trish revealed that her daughter as well as she learned from family therapy. "Well I think I learned a lot, about my kid,. a lot more about her emotional emotions, you know." She had not been aware that

there's been a lot of times in her life, that she's ... wants to lash out, she wants to have the right to be mad, she wants to not be the sweet little angel that I think she is. And, there was a real major therapy session with us in here about that. And trying to explain to her it was okay to get mad it was okay ... you don't have the right to hurt another person, but you have the right to say exactly how you feel.

She learned

not expect so much out of her, and also realize, which is real hard on me, cause we've been together so long, we've grown up, we're learning everyday together, that she's the child... You have to say to yourself all the time in your head, that' that's a child and I'm the adult and the things that I'm dealing with, she doesn't have to know or she doesn't need to know, even though that I've raised her honestly and I'm very blatant with her, I have to let her be that child. She doesn't need to be so responsible, having so many worries, that she does. And also allow her to act out every once in a while. She doesn't have to be perfect. And those are the things you have to say every day.

Trish also came

to see that there was something I was doing that was enabling her not to have to move forward and and not to have to come out: You know, I speak for her a lot, rather than

making her speak, because I know she's shy and I don't want her to be nervous, because when she's shy and embarrassed then she'll start crying...

Trish's daughter "learned through that game that it was okay to not like that kid to want to strangle her, but that you couldn't strangle her." Also, the counselor taught

Her [daughter] a lot on how to express her feelings and emotions towards him [father]. You know, she can't, can't say to him I'm mad you did this because you treat me this way, she still won't be able to do that. But like last weekend when he brought her home and she said I want to tell you [Trish] how I feel about this, and she told me that he had broke her heart, uhmm, didn't get her anything for Easter, had told her he was getting her something for Easter, but then did not get her anything. And how she was disappointed and it hurts her feelings. So she was able to say that stuff.

Trish wished her family "could have found [name of counselor] sooner." She felt that their time in family therapy "was too short. It feels like... you need more time. Trish was under the impression that "you guys run a semester or two semesters or something like that. We came in kind of late in the program; we didn't come in on a full semester." "At times" Trish experienced it as "difficult" having her daughter in the session,

because there were things that I would want to say that I couldn't say in front of [name of daughter], because I just don't think at seven years old you should ... You know what I mean, you know she has experienced what I was talking about, but there's a lot of feelings that I don't want her to know about. You know. But I guess she does anyway. She does, she knows a lot more than she should.

Trish explained that "a lot of times when you're in therapy one of the things therapists try to do is blame events... for the reasons, such as with me: my childhood." She didn't like (1)

“therapists who always want to blame the past. Past is over and done, your experience in the future is... you know... our chance to change it” and (2) when therapists “try to say to you well your child is that way because you are the way you are, and blame it on that.” Trish thought it was very important not to regard “events” in one’s life as “cop outs” she explained that “things, bad things happen to good people all the time. They’re not excuses they’re not cop outs... you choose to work on it, dwell on it, or deal with it and learn from it and go on.” Although the family therapist talked to her “about some things that have gone on in my life all my life [name of counselor] never did that [blame the past].

Not a nut case. Trish thought, “[name of counselor] did a fine job.” She did not “seem like a nut case” whereas “[name of daughter’s] last counselor was a nut case (laughing).” Trish was concerned “Cause I’m ... well... there’s a lot of people in the world that have great book knowledge, but, and can ... for... anyway. But there's not a lot of people who've actually had life experiences...” It was helpful that the counselor “has kids my daughter’s age. I thought that was pretty cool, so , I knew, she knew , at least she knew the mentality of it. She.... She was kind of... Oh I don't know... Low-key, “Trish admitted that “I’m more impressed with her than I thought I would be. I thought the first time I come and talk with her, probably I’ll be ready to go, I won’t be back, I’ll get out of the program. But I think there's hope for her (laughing if I didn't really like her I would have never come back at all. I would have been calling and something would have came up...”

Trish’s daughter “took to [name of counselor] immediately.” This was important to Trish because she felt her daughter had “that kind of instincts,” where “she can tell me if something is good or bad and I listen to her instincts.” Therefore Trish “actually knew immediately that there is a good person in there, there is a trusting person, there is a person worthy of trusting.” Trish’s

daughter “has had therapists therefore, where [name of daughter] didn't relate as well to them. After the sessions, Trish remembered her daughter as “usually bubbly and so happy,” which made Trish “feel good. I felt like it's working, because she is this little chatterbox, she won't shut up.”

Trish recalled that the counselor “made me think about things that, I didn't know I was here for at the time. She made me think about the things I didn't want to think about, but...” She also, did not

allow you to escape the question. She doesn't let you, she won't let you... change the focus. You know, you try to weasel around it, she... I don't know how she does it, because you try to talk circles around her and she always just comes back to the same point. I kind of liked that, cause I can talk circles around somebody.

Trish did not “like it when [name of counselor] tried to talk to me about my stuff. No. You know, I didn't like it when she'd say, you know, what do you want, or what do you feel, or what do you think? But I don't like that with anybody, any therapist.

The therapist's gender was very important to Trish: “I wouldn't have been here had she been a man. I wouldn't have done it. My daughter cannot talk to a man.” Also, although Trish recognized “that's biased” she thought, “how would a man know? How a child feels?” only if the therapist was “a single father with his child, children living with him” could “he understand.”

Single parent family. Trish thought that “maybe being in a single parent family is too rough on kids. No 7-year-old should go through divorce, because parents can't get along.” When people tell Trish that her daughter “acts like an adult” Trish attributed it to “it's probably because I don't talk to her like a kid.” She wondered whether she “stole some of her silliness or her childhood. Maybe it's hard on her.” Trish recalled her daughter writing her “a card on Mother's

Day. She said that I always listen, and I always understand what she really thinks, she knew my job was hard, but she loved everything I did, or something like that.” Also, her daughter” seems to be consumed with me dying, she seems to feel like I’m gonna die. She wrote a note, ‘Mom, if you died, my heart would die and I would die too.’” Trish “thought that was a little too intense, and didn't like that.”

Trish regarded her daughter as “a gift that... I'm fortunate to have. I enjoy being around her. I enjoy being around her, I miss her when she has to go.” ” Having her daughter gave her a “purpose.” “She gives me a reason to get up in the morning and want to get up in the morning. There’s a difference: you can get up in the morning but to actually want to get up in the morning.” Others have told Trish

that's too much, no parent should feel that way, that's too involved with your child. But...

I don't think that's too involved, I think that's enjoying it everyday and being thankful that you have a child that you love.

Being “too involved” and “living your life through your daughter” to Trish meant “parents [who] push their kids and want them to be like No. 1 in sports or the brightest kid in the world.”“

Trish did not “expect

[name of daughter] to make up the things that I didn't do, you know, how people want their kids to be better than them? I don't want my daughter to be what I never was. If she wants to be a doctor then I say fine. You know, whatever, I don't want her to be, in other words, I don't want her life, I want her life to be better than mine, but I don't want her to live my life, and the way I would have wanted to live it. I want her to find, to be happy on the inside.

Trish liked that she got her daughter “all to myself.” She did not “really want anybody in that” because she did not “feel like I see her enough as it is.” She thought she had “such little time being a working mom as it is, you know, in the evening you get your child for a couple hours, then they go to bed. I have her every other weekend, so there's only a couple of hours in the evening and then two days on the weekend” also, she liked that she did not “have to watch your partner discipline your child in a way you don't want them disciplined or don't believe in.”

Trish thought her daughter needed “to have a relationship with Dad no matter how bad he is, as long as he doesn't abuse her.” Trish has “never denied him visitation. I let him get her anytime she wants to go.” However, if her daughter “doesn't want to go and it's not the court ordered time I don't make her.” Trish made clear: I never put him down, I never told, told her that he went to jail, I never had him down for anything. He is the one who told her that I put him in jail.” She thought this “worked out better because” now her daughter tells her “Dad talks so ugly about you, but you never say anything bad about him. And I think, I think she respects me for that”

Trish did not think that her ex-husband understood “no matter how many counselors talk to him, that he's responsible for the fear in her.” The daughter “is scared to sleep, uhmm, she knows his temper, so she doesn't want to act out around him when she's with him”

A better Mom. Trish knew she is “a better mother. I'm a better mother then my mom and I'm a better mother then my sister. She attributed this to “the way” her mother “raised” her: “I spend all my life trying to please my mom, you know. That's why I am the way I am with [name of daughter]. That's why I listen” although Trish thought “the neighbors think I'm great. They think I'm a great Mom” she expressed that she did not “think people realize how hard it is and that I do go the extra mile with her you know.” I want my daughter when she grows up to say,

you know what, my Mom had it hard, but my Mom did a terrific job. That's the greatest gift I can ever get.

Trish saw herself as "a mom, a mom" which she thought was "not cool...Because if you thought of yourself more as a woman you would take time for yourself, if you felt more like a woman. But you know, there is days, Angie, you just put your shoes and go. That's a mom. Knowing her "faults" contributed to Trish belief that she is a "better Mom" Trish admitted that "there's times where I blow up.... but I mean, I apologize to her, don't get me wrong. I do say [name of daughter] 'I lost it, I lost control, I got angry over what you were saying'" When Trish apologized to her daughter she "never says, but. I don't do that. I don't say but behind it. The bottom line is I lost control, I got mad at what you said, and I apologize to you for it. Not your fault. But you have to learn, you have to understand, don't put the but in there when you're talking to them. But the issue is you don't take care of your things and this is what I need you to do.

At times Trish wished she was a more "conventional Mom" Trish felt she was not "organized," which meant to her she did not say: "its 8:00,8 o'clock is your bedtime. I don't say [name of daughter] dinner's ready now it's time to sit down and have a meal. I say are you hungry, and she says Yeah.and if she says yeah I'm hungry, usually she watches TV in her bedroom and she eats... cause... we don't have that conventional, you know, lifestyle."

What seemed most important to Trish was "I just want her to be ok" She did not "want to believe that what Casey's father did in 1995 is gonna mess her up for the rest of her life. I would like to think that despite what happened, she's gonna turn out ok." Her "biggest challenge" was "raising a child who has respect for themselves and the people around them."

She realized that “there is no guarantee how your child is going to turn out, but I think ... I can see things that she says to me, which are things because of the way I’ve raised her. And I’ll say you know what, she stops and thinks about what I’ve taught her in 7 years and she follows it. I try to make sure that I build her self-esteem or make her responsible for her stuff, and make sure that she has morals and things like that.

Ego development

SCT. Trish scored at the E5, the Self-aware stage of ego development, measured on the SCT. For a specific breakdown of scores see Table 3 in the Appendix.

The following responses show the E5 level.

Being with other people makes me happy.

My mother and I are total opposites.

When people are helpless I want to help them.

Interviews. Trish described herself as keenly aware of her not “normal yuppie life” and her not “conventional life style.” Despite these feelings she got upset when her daughter complained about: “we don’t have any money, we don’t have this....” being adamant that “we’re not poor. I show you poor....” Trish was very defensive about her close relationship with her daughter “I enjoy being around her... I’m not living my life through my daughter... she gives me a purpose, a reason to actually want to get up in the morning..., clearly having gotten the message from her environment that she “needs to get a life.”

Summary

This chapter has described findings of the within-case analysis for the ten participants. Textural descriptions were provided for each participant using words of the participants. Also participants’ ego development levels as measured on the Washington Sentence Completion Test

(SCT) were presented. The relevance of these findings in relation to the interview findings were discussed briefly.

CHAPTER FIVE

ACROSS CASE-ANALYSIS/ COMPOSITE THEMES

The previous chapter presented findings from the within case analyses of the ten participants as well as their ego development level as measured on Loevinger's Washington Sentence Completion Test (SCT). Themes and sub themes that emerged in the interviews were presented in a textural description of participants, using participants' voice. In the within case analysis themes and sub themes were presented in the words of the participants. This chapter will describe findings from the cross case analysis of themes. These themes are presented using the researcher's words

Analytical Procedure

The analytical procedures employed for the cross-case analysis were discussed in detail in Chapter three. The across case analysis aimed at arriving at a composite structural description that captures the underlying factors that make up what is being experienced . It involves imaginative variation, which seeks to identify the possible meanings of the phenomenon by employing differing perspectives and frames of references. In this study, themes, sub themes, and invariant constituents from the individual textural-structural descriptions were re-analyzed and reduced further to establish themes that capture the "essence" of the mothers' experiences for the group as a whole (Miles & Huberman, 1994; Moustakas, 1994). Table 16 shows how themes, sub themes, and coded statements from the within case analysis were used to develop composite themes. Table 17 depicts the composite themes with their sub themes derived from re-analyzing the within case analyses.

Table 16

Composite Themes							
Participants	Counselor	Family therapy	Single Mom	Relationship with school	Family situation	View of self	What others think
1	<i>At ease/ Comfortable Females</i>	<i>A different way Changed things Didn't like</i>	<i>Single Mom Resources</i>	<i>Battle Frustration</i>	<i>Battle Communication Recovering addict My Mom</i>	<i>Not a bad Mom Do what I have to Brain wash</i>	<i>People assume Blame Depends Intimidation</i>
2	<i>Counselor/d octor</i>	<i>A neg experience Focused on son A lot left Learned Expectations</i>	<i>{More aware} {more respect}</i>	<i>Fell through the cracks ADHD Most challenging</i>	<i>Moved out Not with Dad anymore</i>	<i>Open to help Giving up Putting forth effort</i>	<i>What others think</i>
3	<i>Very kind & loving Did right thing A Mom</i>	<i>Kept coming Learned {expectations }</i>	<i>I can't do this Different kind of relationship</i>	<i>{crisis mode} not as involved</i>	<i>Daughter needs counseling 2 of me Hard time {told her she neede to go</i>	<i>{less than others} Love is not enough</i>	<i>Bad Kid /Bad parent</i>
4	<i>Greatest part Gender Concerned Different things</i>	<i>Some kind of recovery Communicati on Worth it Frustrating</i>	<i>Just me and Him Single Mom</i>	<i>Worst school Special ed</i>	<i>Battles Son's emotional problems {Not good}</i>	<i>Home bodies {mother}</i>	<i>{single mother problem}</i>
5	<i>Guardian Angel Acceptance Race/woman Teaching</i>	<i>A safety net Help daughter Has helped</i>	<i>Rather be Use Help</i>	<i>Ongoing Appreciative Special ed Senior</i>	<i>Went through a lot Big difference Independenc e Close knit family</i>	<i>My only child {never give up}</i>	<i>{domineerin g, overprotectiv e}</i>
6	<i>Great Want to be there Comfortable gender</i>	<i>Good experience Not too crazy Harmony Not done</i>	<i>I'm it Relationship with kids Harmony Hate being single</i>	<i>Problems since Kinder garden</i>	<i>Pretty stressed Just moved Live with cousin {just a group of people}</i>	<i>Not that bad Typical Kids</i>	<i>A bad Mom {not everybody}</i>
7		<i>Was good for us Participation</i>	<i>Mom and Dad in one Made me stronger</i>	<i>Good relationship School counselor Help school understand</i>	<i>Divorce Respect Anger concerned}</i>	<i>Anchor of the family Love my kids</i>	<i>{Like us} {Ilove my children}</i>
8	<i>Sweet person Kids like her Gender</i>	<i>Looks like its helping Learned</i>	<i>Hard being single parent</i>	<i>Happy with school Not as</i>	<i>Every family struggles Separation</i>	<i>What's best for them {private</i>	<i>As long as we're Happy Fences</i>

		<i>Scratch Surface Expectations</i>		<i>attentive</i>	<i>Don't understand Wants friends</i>	person}	<i>Felt blamed</i>
9	<i>Wonderfl relatship Could hear us Voice White woman</i>	<i>Very beneficial Safe How we communicate</i>	<i>Be everything Product of Shopping for Dad Still a family</i>	<i>I needed Help {worked on improving relationship}</i>	<i>World is very narrow Daughter's world Having just a Mom</i>	A Mom first Survivor	<i>Strong bond {spiritual}</i>
10	<i>Not a Nut case Daughter liked her Gender</i>	<i>Was worth it Learned Didn't like</i>	<i>Single parent family Relationship with Dad Live through her Get her to self</i>	<i>Support {great school}</i>	<i>A hard life Daughter Money Want her to be ok Not a cop out A better Mom</i>	Know my faults	{good Mom} {My Mom can't stand me }

Within case themes
 Within case sub themes
 {coded statements}

Table 17

Composite Themes

	Counselor	Family therapy	Single Mom	Relatio nship with school	Family situation	View of self	What others think
1	Personality	Expectatio ns	Challenges	Quality	Family of origin	Mother/ woman	Effect
2	Intervention	Quality of experience	Relationship	Person nel	Family life cycle transitions	Self blame/ doubt	Prejudices/ Assumption s
3	validation	Process	Resources	Special Ed	Individual Issues	Strengths	Validation
4	Gender	Outcome	Advantages	Impact of therapy			
5	Previous counselor	Logistics					
6	Expectation						

Composite Structural Description

*Composite Themes**Counselor*

Nine participants discussed perceptions of their counselor. This composite theme is constructed of seven participants' within case themes and three sub themes from two participants (see Table). Participants conversed about the counselor's (1) personality, (2) interventions, (3) validation, (4) gender, (5) previous counselors, and (6) expectations for a counselor. Seven of the ten mothers attributed their positive experience in family therapy to the counselor. Edith thought that the counselor "was a more vital person than anything in it."

Personality. Several participants talked about the counselor's personality traits. Debbie said "it was her personality; she's just very kind and loving without being mushy." Trish described their counselor as "low key... not pushy" and Liz thought her counselor was "a sweet person, she's really soft spoken. I like her personality." Edith described their counselor's "calmness and honesty and her being upfront and [she is] a very unique person, the type of person , who goes with her heart, you know, to know right from wrong and to know what's good for you.... I just felt comfortable." Angel's counselor "wasn't so seriously professional. He was in jeans and a shirt, you know that was cool, and he sat on the floor with us..." and Trish thought the counselor did not "seem like a nut case. I like somebody that looks like they got their act together. "

Interventions. When the mothers discussed what the therapist did they talked about their relationship with the counselor, which seemed to depend on the counselor's ability to join with the family. Edith recalled "she made me feel comfortable talking about my life and that played a significant role in it, the way she approached us when we first went in there." Angel remembered

he asked some very specific questions the first time we went there and that kind of got to the point of...ok what kind of family am I dealing with? What type of problems am I dealing with and what is that I think the mother wants and what is that I think the son wants? And I think those questions were very good questions, because it got him to exactly what we're there for and start working on that."

Angel's "relationship with him [counselor] was really... I felt at ease with him and comfortable." These feelings were shared by Ann, Edith, Jasmine and Debbie.

The counselor's ability to connect with the children was mentioned by all participants. Angel noted "he [counselor] got involved and that makes the children comfortable, which makes me comfortable. A great technique when you're working with families with kids." Ann recalled "the kids love him; they look so forward to going to see him. He is, he is, the kids are really enjoying him. I like him..." and Trish said "my daughter took to [name of counselor] immediately." Danielle was "thankful that someone else was there that she [daughter] felt comfortable talking to. That's truly made me appreciate our counseling sessions and the whole experience."

Several participants explained how the counselor worked with them throughout the counseling process. Angel liked that the counselor

worked with both of us. That was good, cause I was there for me too, not just my child.

I'm here to learn , I'm here to accept that I'm not perfect and there was things that I was doing as a parent that needed to be changed and that's exactly what he did. And he did that in a nice way. So if I'm doing something wrong, nicely tell me please.

Trish acknowledged that the counselor "made me think about things, that I didn't know I was here for at the time. She made me think about the things I didn't want to think about." Also the

counselor “doesn’t allow you to escape the questions. She doesn’t let you, she won’t let you... change the focus. You know you try to weasel around it.” Danielle felt “ it was almost like our counselor made a conscious effort of working on what we needed when we first arrived , to get us to what my goal is now.” Jasmine was impressed that the counselor “gave me a lot of different things, he just came up with a lot of different ideas... it didn’t just stop with the counseling in the class room, he gave us web sites to go to ...”

Validation. Several mothers conversed about feeling accepted by their counselor. Debbie, who made the decision to send her daughter to live with her father, knew “she [counselor] thinks I did the right thing.” Danielle thought

one of the best things is that she can actually hear, she could hear us. She could hear our needs and even when [name of daughter] and I were probably talking from two different directions, but possibly saying the same thing, somehow she was able to decipher all that and actually hear what it was we were actually saying.”

Ann liked “the way he’s really gotten to know all of us. He seems to have a great time when we’re in there. I t seems that he looks forward to it as much as we do. If not, he’s putting on a good front....”

Eight of the ten participants felt validated by their counselor in their role as single mothers. Edith recalled the counselor telling her that “she wished more parents were involved in their child and were interested in their children’s well-being like I am.” Edith felt the counselor “looks at me being a single mother and taking care of [name of daughter] all by myself that [name of daughter] has more advantages with me being a single mother than a mother with two kids with two parents.” Angel’s counselor made her “feel easier about” herself “as a mother.” She thought he saw her “as a Mom who was really just trying to overcome the emotional damage

I've caused my child." Ann credited the counselor for "I really see we're not that bad. We're not as bad as I thought. We're actually capable of having that nice little unity, that nice little family." Furthermore, Ann began to realize that "the problems I thought I had with my kids weren't as bad as I thought they were... and my kids aren't as bad as I thought they were, they're just typical kids."

Gender/Race. The nine participants, who talked about their counselor, all discussed the counselor's gender. Reactions varied widely. Several participants shared Trish's view, who said "I would not have been here had she been a man," she thought "...how would a man know, how a child feels?" Ann admitted "when I first heard [name of the counselor] I thought that isn't gonna work. I'm a single Mom he's gonna be against me from the get go. I was not happy about it at all." Yet she decided "to give him a chance, because I thought it might be better for the boys

Several participants differentiated between their own preferences and what they saw as more advantageous for their children. Like Ann, mothers of sons preferred male counselors for their sons. To Renee "it didn't matter whether it was a man or a woman." However, she thought that for her son "a man would have had a better effect on him. I think [name of son] would have been more focused and willing to listen and pay attention." Mothers of daughters thought that a female counselor would be better for their daughters. Liz "requested a woman... for the children... [name of daughters] would have felt more comfortable with a woman, then they will with a man.. Because you know they're little and you know, they're more motherly, or like a big sister." Only Angel "requested a Male." She elaborated "I relate better to men, for whatever reasons (laughing). Just... I can talk easier about my feelings, about my emotions, without feeling that I'm being judged."

The participants reacted positively when counselors disclosed that they had children of their own. Debbie said “I liked the fact that she was a woman and I particularly liked the fact that she was a Mom.” Jasmine thought “he has a child of his own, so he knows kind of how to kind of work things around kids.” Trish hypothesized “unless he is a single father with his children living with him, can he understand.”

Edith and Danielle, the two Black mothers in the study had White female counselors. For Danielle whose husband had recently married a young, White woman, the race of the counselor was an issue. She explained “it helped that she was a White woman.. and it cause me to have to work on myself. Her presence there in my world caused me to do more, and analyze what I am and the ways that I was thinking at the time ...” Edith thought that race

didn't play a significant role with me because I had a white godfather. There's never been a race issue in our family, because we have the mixed race in our family, so I've lived in both sides and it didn't affect me at all. And I don't think it affected her at all either. Because I've raised her to be equal, everyone's equal.

Other Counselors. Seven of the ten participants had had previous experiences with counselors either for themselves or for their children. Sam “had been in counseling before and it helped.” Ann recounted that “there's counselors the kids have had before coming here... but it was like a chore, they weren't really too excited about it.” Trish also, felt that her daughter “didn't relate as well” to her previous therapists. In particular her “last counselor was a nutcase (laughing) God sometimes they just... they're flaky!” Angel remembered childhood experiences in family therapy where “our therapist was just stiff.” Trish discussed that what counselors in the past have “tried to do, is blame events ... for the reasons such as with me, my childhood... I understand all that, but to me that's not my cop out, that's not my excuse.” She did not like

“therapists who always blame the past. Past is over and done, your experience is in the future, is... you know... a chance to change it... [Name of counselor] never did that.”

Expectations. A few participants brought up specific expectations for an ideal counselor. Angel did not “want to go to a counselor, so that counselor can tell my child what I want to tell my child. He’s not there to brainwash your child into saying this is what your Mom wants to do and you’re gonna do it.” Renee “expected the counselor to be in control” and “I just always thought that the counselor would ask a lot of questions.” Liz wanted

suggestions or ideas that I wouldn’t have thought of because I’m too... it’s easier on the outside looking in, then when you’re inside. I think it be easier if sometimes maybe she’d say no, no this is how it’s supposed to be done. Instead of like ah ok now what do you think? I hate that. It’s much easier if it’s like do that and then I can do this....”

Family Therapy Experience

The ten participants talked about their perceptions of family therapy. The composite theme is composed of within case themes from the ten participants (see Table). When participants talked about family therapy they talked about (1) their expectations, (2) the quality of the experience, (3) likes and dislikes about the therapeutic process, (4) the therapeutic outcome, and (5) logistics.

Expectations. All participants talked about their expectations for family therapy. Six participants did not understand that family therapy required participation of “all family members living in the household.” Ann remembered “when I called up and made the appointment, I made it just for my son, but that’s when the lady explained to me that NO, we don’t just do the individual, we do the whole family.” After being told that “we want to bring you both in and we’re going to talk about some of the things you’ve been experiencing” Danielle still

didn't think it was going to be so much family. I thought it was going to be solely just for her, and I was surprised that it was family because she kept engaging me in the conversation as well. I actually came to the first session; I had a book in my bag. I was like she is going to talk to [name of daughter], I am just going to sit on the sofa and read..."

Renee expected family therapy to be "like one on one only with the two of us there." Liz and Renee "didn't know what to expect." Liz recounted "... you're lying on the couch and you're telling ... you know I really don't know what I expected... the next thing you know you're going to sleep... but I guess you know with the kids I didn't really know what to expect." Since Ann "would have never thought to do family counseling," she "didn't expect a whole lot and really wasn't looking forward to it." Only Angel had conceptualized family therapy as "you're there for family counseling, because the family needs help, the parents the children, not just the child. That's what I think family counseling is about. It's not for the parent to sit there and say you talk to him, he needs help."

Several participants had expectations about the immediacy and degree of improvement from therapy. Jasmine "didn't expect to take as long as it was taking for us to mending our ways and working through what we had to work through" and Trish "thought immediately that I was gonna have a quick cure, everything would be fine." Angel's "ultimate goal" was "breaking down this huge wall with me and my son and anything was going to be... you have this huge fantasy as a Mom... we're gonna bond so well, and everything is gonna go, you know, honky dory..." Sam agreed with Ann, who hoped to "get some kind of like ... harmony between me and the kids." In addition Ann expected to learn some skills "when there was problems, you know, we can deal with them better."

More than half the mothers anticipated help with their children's problems. Renee "wanted help with" her son and "hoped that it would help him to be a better member of the family, for the household." Danielle expected that "somebody can help my baby work through her anger."

The quality of the experience. Eight participants described being in family therapy as a positive experience. Danielle said "our counseling experience has been very beneficial to us." And Sam thought "it was good for us." For Debbie, who came to family therapy without her daughter,

it came at the right time and when I needed it most and when I needed to be able to vent and when I needed to be able to be objective about what was going on, it was very helpful. I think overall it was a very positive experience"

Liz appeared to be ambivalent about the overall experience "sometimes I'm glad that we come because some days I see where it looks like it's helping.... I'm real pleased with it, if I wasn't I wouldn't have come back." Only Renee reported an overall negative experience:

The experience was... what I would say probably a negative one.... I don't feel that it was ... I guess it wasn't handled thoroughly. I was surprised that if the school's referred us that the counselor would say that she didn't see what was wrong. I was disappointed.... That the issue of the ADD, something like that wasn't brought up at all. And that was the basis for the whole experience. I don't feel she got to the heart of the matter."

Process. More than half the participants talked about what was done during the sessions. Several mothers recalled specific topics addressed during the sessions. Trish described a session that focused on explaining to her daughter that "it was okay to get mad it was okay ... you don't

have the right to hurt another person, but you have the right to say exactly ...” Danielle remembered

talking about what constitutes a family... and we used dolls and put different races together, different peoples together, different kinds of families together from your typical family, to a single Mom, a single Dad, mothers with children, mothers with children of different races. It was able to show her that families come in all shapes and sizes....

Debbie

I knew I could go somewhere with a neutral party that would do their best not to judge what was going on. And so it was more about supporting me in the decision and helping me walk through the feelings behind it, you know, the guilt and the shame, the remorse and all that.

Ann

liked how where we get together, how everything was set up. We're all sitting in a circle and you know we're doing our things and if something's going on and he just kind a like sits back and lets it go on and I don't know how to explain it ... it's a really comfortable feeling being in there.

Involvement of all family members, contributed to the mothers experience of family therapy as positive. Renee's children who all had to come to therapy felt that “it was more geared towards [name of son] than the family as a whole. They [siblings} saw it as everybody had to come but then it focused on [name of son].” However, when all family members were involved in a “family activity ...the collage that we did ... we all enjoyed it, ... it was so simple... it kinda reminded me , even just 20 minutes a day, just do something different is good for everybody's well-being.” Several mothers discussed their children's comfort level during the

session as contributing to the positive atmosphere. Angel recalled that because her son “felt like you know what my feelings count [during sessions] and then he slowly started talking.” Trish “liked the game we played, because it forces kids who don’t want to talk to talk.”

Eight of the ten mothers conversed about negative aspects of the process. Renee did not like that “it was just left up to us to kind of do the sessions, so to speak that there was no control of the situation.” Jasmine felt “the frustration, a couple of times that we went it was horrible. Things would just kind of unravel, and yes some nights we had a really bad night and we left there a little bit more frustrated.” Angel “didn’t so much like the homework.. it felt like I was pushed to make something happen that neither one of us felt like doing at the time”

Outcome. Participants appeared to relate a positive experience in family therapy with improvements in their family. Ann thought “there is a lot of good we’ve gotten out of it.” Angel learned “that [spending time] can open up communication, so... it has changed things a lot, in that way. Changed the way I think about my family.” Danielle described “we worked through more than what I thought we were going to work through.” And Sam said “things haven’t gotten out of control, since counseling...” After the sessions Ann appeared to get a glimpse of what she saw as her overall goal for family counseling,

the best experience of it, is the attitudes that we have going in, when everybody is all mad and we go in there for that little half hour, 45 minutes and we come out and everybody is just happy, we’re happy and we’re giddy and we’re laughing and singing and acting goofy or whatever.”

Also, several mothers described changes in the relationship with their children. For Danielle “it changed how I think about my family as far as how I handle [name of daughter] and how I listen to her.” Sam thought it helped her children “realize that they still had two parents

they're just in two different places, that both parents love them..." Angel learned "it's not always what I want; sometimes you have to compromise with your child."

Four participants talked about gaining insight and growing personally as a result of therapy" Danielle told me " It's a surprise that it affected me , it's a surprise that I've had a favorable outcome, that the outcome of all of that, has actually led to growth, where I'm at peace about things. I don't think that I was expecting that." And Sam thought she "got stronger. I've realized that I stress out over things that it's just because I try to do too much I try to do it all myself. Without saying can you help me?" Similarly Edith recognized

it's changed me a lot in some ways, because I was always independent and I'm gonna always be independent, but I can always use a helping hand. When at one point I wouldn't allow people to help me. But now I know that it's okay to get a helping hand when you need it and not be afraid to ask.

Logistics. Several participants discussed logistical aspects of their family therapy experience. Two participants did not like the time commitment that was required in coming to counseling. Jasmine disliked "the location... the time of day." She often "did not come home until 5 o'clock and then on top of that with his homework and things like that, and we had to eat, and we had to get in the car by 5:30/6:00 and we had to drive out there to get to therapy by 7." Trish also did not Like "driving all the way, you know flying on the interstate to get here..."

Three participants mentioned their discomfort with discussing certain issues in their children's presence. For Trish it was "difficult at times [having her daughter in the session] because there was things that I would want to say that I could not in front of her She has experienced what I was talking about, but there's a lot of feelings that I don't want her to know about."

Several mothers would have preferred to receive services for a longer period of time. Two out of the ten mothers were under the impression that services could only be provided during the semester. "You guys run a semester or two semesters or something like that" this made "time was too short" according to Trish. And Liz thought she would have "liked to start earlier, more time, because it went really fast." Angel's family

could have used more time. He [counselor] was leaving the college and then they wanted to switch to another therapist and that was just a little too much for, I think for my thirteen year old to have to get used to another person, again. That was kind of not a fun part. And that's one of the things I hated as a child going to group therapy, family therapy, that I would hate to change [therapists].

Single Mother

All participants shared aspects of their personal experiences as single mothers. This composite theme consists of five participants' within case themes and seven sub themes from four participants (see Table). Participants discussed (1) the challenges they face, (2) their relationships, (3) the availability of resources, and (4) perceptions of advantages of being a single mother.

Challenges. All participants discussed the difficulties and challenges they faced in being single mothers. Several mothers admitted reacting with fear to the possibility of being a single mother. Edith said "the most challenging thing I had was ... I was afraid at first to be a single mother. And always felt like I couldn't do that, be a single mother." Sam thought "it's better for a father to be around... a mother and father supporting each other." Danielle also brought up challenges she saw facing her daughter

this is the second year that[name of daughter]played softball, and it's like where's her Dad? And I'm like well her Mom is here! ... There other kids that their Mom really only come to their games but there's no question where there father is, because their father is, because their name's on the roster.

Liz, Trish, and Sam agreed with Danielle, who felt she "had to be everything at the same time" Danielle elaborated: "I feel that, you know it doesn't stop for me. I have to take care of the child, the house, the yard, the car, the garbage; you know the list just goes on and on and on. It's exhausting..." Danielle also thought that being a single mother meant "so much more trail and error, because you don't have that input coming in." Jasmine considered balancing her responsibilities as a provider and as a parent as challenging:

Sometimes I work long hours, and depending on what time I come home, suppose I'm really tired and then it's just easier if I walked in and have my son tell me that he did the wrong thing and me to just nod it off and say I'm really tired right now and just go on because I don't want to deal with it. Sometimes you know it's hard not to do that."

Relationships. When talking about relationships, the participants shared thoughts about (1)intimate relationships, (2)their relationship with their children, and (3)their children's relationship with their father. Few mothers expressed a clear preference for being in an intimate relationship. Ann "hate[s] it, being single. This isn't the way I wanted my kids to be raised; I did not want them to be raised in a single... I wanted more for them.... Not to say that I can't do it being single, because I can." However, she felt

I don't see where that's going to happen, with my kids being as old as they are, I don't. I really don't see somebody else coming in from the outside and taking on that role... I

really don't think that they [children] would warm up to somebody to the point that there was...not... having a problem with that person disciplining them ...”

All participants expressed having chosen not to be in intimate relationships or to limit them. Angel said “I'm a decent looking woman. I can be in a relationship if I wanted to.” Jasmine felt that “it matters more to me, what happens between me and my son.” Danielle who “at times ... would really appreciate having a partner there in the house” faced a particular challenge: her daughter was “shopping for a Dad. ” Danielle saw this as “not her place” and wanted “her to be comfortable with who we are, just the two of us, before we can bring a third party into our world. Several participants agreed with Trish who said “one of the things I don't like and one of the reasons I don't go back in a relationship, is I don't like someone telling me how to raise her or saying you're too easy on her.”

The way all participants discussed their relationships with their children fell into two categories, (1) difficulties in parenting and (2) the closeness of their bond.

Several participants had difficulties controlling their children's behavior at home. Debbie described that her daughter “didn't obey house rules, talked badly to me, was getting in trouble, failing school, and uhh... I found a condom wrapper in her room.” Angel “was pregnant with my third child... and his, his violence and abusive language got worse towards me.” Edith thought her daughter “was fine until she got to high school. Until she got into her high school years and she wanted to try everything....”

At the same time, the participants agreed that being a single mother gave them “a different kind of relationship.” Debbie described “a real close bond with your child.” Her daughter would say “my Mom is my best friend. I can tell her everything. You know I never said that. That's good, some things you don't want to change....” Trish felt that her daughter “is a

gift, a gift I'm fortunate to have...she gives me a purpose. She gives me a reason to get up in the morning and want to get up in the morning, there's a difference: you can get up in the morning, but to actually want to get up in the morning." Danielle, who felt that her daughter was "very in tuned to me," recognized the negative aspects of this close relationship: "She picks up when I am stressing, which I don't know how to stop that from happening... she worries when I worry." Similarly Ann admitted "being single... they're there all the time. You know when something bad is going on with me, I don't mean to take it out on them, but you know, they're there, asking me a question at the wrong time ..." Although Angel recalled that "the only thing we were into together was our wrestling we wanted to watch our wrestling," she realized that "he worried and he does, even now , he's in New York and he calls and says Mommy I'm just worried about you I want to be there to help you."

Several of the mothers discussed their children's relationship with the father. Sam and Liz recognized that the children "love their father." However, Sam felt the children's "father, he would, I felt like he would put them against me."

Liz and Trish stressed that they wanted their children "to have a relationship with their father." Trish said "she needs to have a relationship with her Dad no matter how bad he is as long as he doesn't abuse her. Therefore Trish

never put him down, I never told, told her that he went to jail, I never had him down for anything. He is the one who told her that I put him in jail. But she'll tell you: no I was there I saw what he did. I never denied him visitation, I never..., he's only supposed to get her right now every other weekend, and one week in the summer. I let him get her anytime she wants to go. If she doesn't want to go and it's not the court ordered time I don't make her. You know, he'll get mad but he'll be all right.

A few fathers had no relationship with their children, Ann's estranged husband

has nothing to do with them [children], nothing at all. I told him the kids weren't home but I could have them call him when they got home from school if he wanted. He says don't have them call me. We've been here a year now, a little over a year, and he's talked to them maybe four times, and never once did he call them just to see how they're doing. My son will call him but he won't call back. He has never made any effort to come see them or talk to them or anything.

Jasmine reported that her son's father has "had nothing to do with him since he was six. Edith did not think that the lack of relationship negatively affected her daughter.

[Name of daughter] has gotten just as much out of life or more than if she had both of us in her life. Because like after me and her father split, he may have seen her twice, so he wasn't a big factor in her life. And it didn't face her on way or another like I was the dominant person when I needed to be dominant and, but a loving mother when I needed to be the loving mother."

Resources. All participants discussed the lack and availability of resources, which included the families' finances as well as community resources. Eight participants felt that their families' situations were exacerbated by financial concerns. Trish spoke extensively about her lack of financial resources

the most challenging thing is money. Bottom line I'm obsessed with it, I'm tired of not having it, uhmm, I'm tired of the days when you're hungry, and there is nothing you can do about it. You are not blowing your money... [Name of daughter] asked me can we have water country passes, she asks me every year... that's probably not a reality for us, and I wish at times that we, you know, that..... it all revolves around money. You can't

do that on one single income. And I wish she could come home to a nice house, you know and big furnished rooms and the huge yard and stability, you know. Before I got laid off ... money was never an issue... Then we lost our, our better place to live

Jasmine's family was "going through a lot of money problems" and Angel identified a big challenge for any single mother who has to rely on the state. It's hard, nobody wants to. And then once you get into it it's hard to get out. And believe me if I could get up and go to work every day I would! I would work! Trying to support my family financially and feeling bad because I can't do it is one of my biggest challenges."

Only Renee felt that "financially... I am working and that's working out well right now."

More than half the mothers talked about community resources they felt would be helpful to them. Ann and Debbie considered "Parenting skills classes would definitely be helpful." Half the mothers agreed with Ann who thought "programs like the big Brothers, big sisters thing that would be soooo helpful, because that would give me my time and that would give the kids the other person, you know without me having to be involved with the person." Jasmine however, mentioned that her son "wanted nothing to do with that." Liz and Sam thought that "church" would be helpful. Liz's family had "just started going to church, which was really good... I mean when I was little I went to Bible school ... I used to like Sunday school ... so I think that will be good.

Edith and Angel stressed that there were many resources available to single mothers. Angel believed that "if you really want something you need to look for it." She "found out just by listening and saying I need help I need help with my kids." Except for finding a mentor for her son "all the other resources that I basically need I get through my parenting class, early Head

start, the CHIP program, they hooked me up with so many resources, as far as support..."

Likewise Edith thought

that people don't realize that you can get help being a single mother quicker than you do having a family. You have a lot of people and organizations out there that are willing to help you and a lot of people don't know that. And if you don't know that you're not gonna look for it...I had a lot of help with her, and being that I was a single mom, and after her accident to realize that she could get the help she needed. Where I had friends the other day they didn't understand that you can get the help."

Advantages. Eight of the ten mothers believed that being a single mother brought certain advantages. They agreed with Angel who said "no one dictates to me. It's what I need to do when I feel it should be done." This included for Angel "you don't have a man saying the dishes need to be done" and for Trish "you don't have to watch your partner discipline your child in a way you don't want them disciplined or don't believe in." Trish really liked having her daughter "all to yourself." Edith expressed

if I had to do it over again I would rather be a single mom, because I teach her everything that she needed and as far as a man figure in there I've felt like she got the most she could get from me, even though her father was not an adamant picture in her life. So I feel I got more out of being a single mom than I did when I was with my spouse."

Jasmine also thought it was an advantage that it was "just me and him." She saw her son as having "a little bit more independence than other kids do. He knows how to do things that other kids wouldn't know how to do. I have the time to teach him."

Danielle recognized that being a single mother has allowed her to see that “I have more answers than I thought I had. I think I’ve probably gained more self-confidence in being a good parent, just not doubting myself so much.”

Relationship with School

All participants talked about their relationship with their children’s school. This composite theme consists of five participants’ within case themes and five sub themes from four participants (see Table 16). Participants discussed (1) the quality of the relationship, (2) interactions with school personnel, (3) involvement in special education, and (4) impact of family therapy.

Quality of relationship. The participants’ relationship with their children’s school appeared to be either good or bad. Edith liked that the school system “is a very strict school system that I really enjoy because they’re really careful with their kids.” Liz was real “happy with their school” and Trish felt “pretty lucky because she’s at [name of the school].” However, other participants described a history of negative interactions with their children’s schools. Angel shared thoughts about her “ongoing battle with teachers here, since we moved here from [name of city] ... in 95.” Ann’s son had “problems since kindergarten” and Jasmine thought “[name of school] is the worst school I’ve ever seen.”

There appeared to be a relationship between the quality of the relationship and the mothers’ involvement in their children’s school. Sam who described her relationship with her sons’ schools as “pretty good,” felt free to tell her son’s teacher “a little bit of what was ailing” him, when “the teacher called” and “just thought he was a brat.” In turn “that helped them to understand that there’s things, issues in their home life that are out of their control and that affect them emotionally. So I guess, they’re a little more understanding of the kids and their feelings.”

Renee whose son “ was doing poorly in school, went to school a couple of times to observe... and I thought no wonder he does not like school ... so I got very discouraged , and lost interest...” Ann didn’t “want to see them [son’s teachers]... they always have something bad to say about him.” Furthermore Ann recognized during the interview “the school doesn’t make too much effort either now that I think of it.” She recalled an incident where she

needed to go in there and talk to them about {name of son’s } behavior... but the way they set it up is, you have to go in there and talk to the teacher and the counselor at a certain time of the day, and I can’t do that. I told them look I get out of school at 1:30 p.m. can we met then? NO, NO, NO you can’t do that...

School Personnel. The mothers talked about the degree to which school personnel had been helpful to them and their children. Trish’s daughter “got a great teacher this year, she had a great kindergarten teacher....and the school counselor has always been there for me.” Liz, whose children were going to a private school, knew “they care... they didn’t have to say maybe this [family therapy] would help or not help.”

On the other hand, Angel’s son “had 15 referrals and the state guide lines are the third one they’re supposed to contact the parent.... And they didn’t they didn’t inform me until there was 15 referrals and I found that outrageous.” Angel thought “they did not hear me as a parent. I don’t know why they would not listen to me. And they would not hear me.” She “called the guidance counselor asking for help” with her son and was told “we don’t deal with that kind of problem; we get to guide the children through their courses and stuff like that. We don’t deal with the emotional problems of the children.” Jasmine recalled a similar experience with her son’s guidance counselor. Ann said

I met all his teachers, I couldn't tell you their names; I've met them all, talked to them all, I've talked to them on the phone. They always call on the phone and they always have something bad to say about him. They never say anything good about him... with everything else going on, if the teacher wants to call me up and tell me that he's going to the bathroom too much, I don't really have time for that."

Jasmine thought that her son's problems in school were exacerbated by "the principal [who] wasn't putting out any of the information, none of the teachers were aware of the situation," that her son had to go through the eligibility process for special education, since he had just moved into the area, and had been taken out of special education by his aunt who was his guardian at the time.

Special Education. Several of the participants' children appeared to have psychiatric diagnoses and conditions that might have warranted special education services. Jasmine and Edith's children had been in special education since their preschool years. Getting information about the availability of services seemed to be a particular problem. Angel whose son who had "encopresis" and "15 discipline referrals... asked for an ADHD assessment, they kept putting that off, putting that off. I asked for him to be put in a special class with less students more teacher time, they couldn't do that." Although, Jasmine got calls from teachers that her "son was distracted by his own pencil in class," it fell on her to "request an IEP, so he could be put into special ed and nothing got started until after he came back from a ten-day suspension for screaming and yelling and cursing at the teacher." Renee, whose son had ADHD, "found out from a friend" about 504 plans, although he had been "deselected" from a magnet program "because of his grades." Her request to let him stay at the magnet program where "he made C and Bs which was excellent for him" was denied by the school board because her son "didn't

maintain a 2.0 average.” At the zoned school “one class they did not have enough desks for all these students and you know with a child with ADHD, a lot of times it doesn’t work that way. It doesn’t work well for all the other kids, but it doesn’t work for a kid like him. Once he was on a 504 plan “there was only one out of six teachers that was helpful with that.” Even Edith, who was “in her school 80 percent of the time” did not realize that her daughter “never used it ... her special teacher, resource... she never wanted to use them because she didn’t want to be different.”

Impact of family therapy. Few participants felt that their children’s school performance or the mothers’ relationship with the school had been impacted by family therapy. The mothers did not attribute any changes that occurred to the therapeutic process. Ann had been to a school assembly because

my son was getting an award for honor role and the teachers were all there and all of them ganged up on me. And I thought oh my God, they’re all going to tell me all these rotten things about him. But they all said something good about him.

Renee, who had had a negative experience in family therapy, changed her behavior because she “did not want the same thing happen to the other two that happened to the oldest. I’m asking them a lot more questions on a regular basis being very consistent, being very open with their father to make sure that he is involved with the whole school process.” Edith reported her “relationship with my child’s school hasn’t really changed, “although her daughter “started using them [accommodations] and she’s getting better grades. Furthermore, she learned that “I could be more open with them [teachers] I had rights, my child had rights. And I’m not just gonna let you run over... Debbie whose daughter did not participate in family therapy thought that “[name of daughter] would have had an ally” in the family therapist under different circumstances.

Family situation

All participants talked about their family's current situation and difficulties. This composite theme is made up of nine participants' within case themes and sub themes from five participants (see Table). Participants discussed their (1) family of origin, (2) Family life cycle transitions the family had undergone, (3) issues faced by individual family members

Family of origin. Nine participants talked about how their family of origin had shaped them as individuals and influenced their current situation. Several mothers discussed how the interaction patterns in their family of origin influenced what they wanted for their family. Sam "came from a family with both parents ... seems like they're stronger." Liz claimed "she had a happy childhood and I want their childhood to be happy too."

Ann described her family of origin as "just a group of people living together. That's what it felt like growing up. I didn't have that [harmony] growing up, and the things that happened in my growing up, I don't want that happening to my kids. Trish "grew up really poor in {name of state}. I had a hard life, my mother, we didn't talk. Nobody talked about things going on in the house." Danielle was a

product of a single family with a single mother, so I know some of the responsibilities my Mom put on me, and I'm very cautious not to do the same things because it's like a vicious cycle and I just need to make sure , you know, I don't pass on some of those things.

Several mothers echoed Angel's fear "that I'm not gonna be a good mother, because my mother was a terrible mother. I had a really bad childhood and I had a mother who really was not there for me and as a child growing up." Trish thought "the way she [mother] raised me, is why I am better parent to her [daughter]."

The participants discussed how the past continued to play a role in their families' interaction patterns with their family of origin. Angel's family of origin has a problem with separating their feelings towards me with my children. They talk about me in front of my children and whether what they're saying is true or false. It's not things my children need to know. And if I feel they need to know, it's my place to tell them.

Therefore Angel's children

go without Nana time, they go without uncle time, you know what I mean and I put a limit to how much time they can be around my children and they're not allowed alone with my children. My mother can come here and visit my children, because in the past they have said so many things to my 13-year old that he didn't need to know."

Trish's daughter "knows, that my Mom is critical of me. It's not fair that my daughter hears that all time."

Family Life Cycle Transitions. Seven participants were dealing with the effects of separation or divorce. Trish exclaimed "it's not fair. No 7-year-old should go through divorce, because parents can't get along. For several participants this had happened just recently. Sam said "my husband and I separated due to divorce... and my children had a lot of anger against me." With Renee's children also "there was the anger and all that at first." Ann

left my husband the same day we moved... we knew for the last couple of months that we were together, you know . I told him about three months before we moved that I wanted a divorce... But he refused to move out. So I had to wait until I had the money together to move out, to get out, and get a place of my own. For those four months that

we were together it was just completely miserable. You know the kids saw everything that was going on.

Several mothers had been divorced or separated for several years but were still dealing with the effects. Debbie and her husband “had divorced in ’97. He remarried in ’98. It was very rapidly, and she was 16 years his junior. [Name of daughter] had lived with her father for about one and half years and came back to me as a result of a physical altercation between her [step mom] and me.” Although Liz and her husband had been separated for more than 2 years, she admitted

I’m indecisive about... you know it’s just hard... I mean we don’t argue now in front of the kids. Bbut I mean it was ugly, it got really ugly... and that had to have affected [name of daughter]. So, I think, you know that’s hard it’s hard because you know, forget about how I feel, just think , you know what’s best for the children for the next 18 years, because it’s about them I want them to be happy.

Two participants had been in physically abusive relationships. Trish “had no choice ...it was domestic violence in front of [name of daughter]... He was the only man in my whole life that I was ever in love with.”

Individual Issues. Several participants struggled with individual issues either of the mothers, the children, as well as the combination of the two. Three mothers described themselves as “recovering addicts.” However, Debbie “had started drinking a couple of years ago.” She described herself as

two of me. There’s the Mom that was clean and sober for 17 years and then there’s the Mom that she came home to that had wine form time to time.... My way to cope was to drink. And part of me just that you know what she doesn’t need to be around that.”

In addition to being a recovering addict, Angel was suffering from “health problems and they’re ongoing... since ’94. When I first went into recovery I found out I had a brain tumor... my back gave out in ’95.”

Several participants were dealing with their children’s psychiatric diagnoses of varying etiology. Jasmine’s son “started when he was 3 years old, he went from stabbing children in the hands with pencils to trying to poke children’s eyes out...and they’ve tried to diagnose him with everything from Autism to you name it.” Edith’s daughter “was hit when she was 2. She twisted the stem of her brain, so she has a learning disorder and she doesn’t hear out of her right ear.” Angel was aware of the effect that her previous life style as a recovering addict and her son’s problems “What I did while [name of son] was growing up hurt him, scared him, confused him, and he didn’t know how to deal with his emotions, and he held them in for so long that he started to blow up when puberty hit.” Trish “just wants her [daughter] to be ok and all that, you know. I don’t want to believe that what [name of daughter’s] father did in 1995 is gonna mess her up for the rest of her life. I would like to think that despite what happened, she’s gonna turn out ok.” But, she felt that her daughter’s “personality did change. When she was 2 she was a happy go lucky baby and then when... after what happened, she became very serious. Usually she closes down; you know what I’m saying? She closes down, there is too much she holds in for a 7 year old.”

View of self

The participants discussed their self perceptions. This composite theme is made up of seven participants’ within case themes and three sub themes from two participants (see Table). Participants talked about (1) their view of the relationship between being a mother and being a woman, (2) self blame and self doubt (3) their strengths, and (4)

A mother/ woman. The ten participants struggled with how to conceptualize the relationship between motherhood and womanhood. More than half the participants expressed views similar to Jasmine's: "I've been more of a Mom than I've ever been a woman. It's always been my job to take care of my son more than anything else. Danielle saw herself "as a Mom first that's because I concentrate so much on protecting her [daughter]... I put [name of daughter's] needs before my needs." Two of the ten participants did not differentiate the two concepts. Sam said "I guess to me a woman is a mother, a mother is a woman."

Several participants appeared to equate being a woman with the world of work. Debbie thought "that there is kind of two roles in my life it's Mom and then there are my work relationships all of that kind of stuff..." Jasmine did not "see myself as a woman even at work I take on the Mommy role. I adopt all the young guys and the geographical bachelors." Angel saw her view of herself affected by "I'm not working... I'm not a productive member of society." However, she asserted that her view of herself "my self esteem in the world as far as I'm not working, does not affect my ability to parent or how I feel about my parenting right now." However, several participants discussed that their struggles as mothers affected their view of themselves as women. Ann thought "I still have that image of being a failure as a mother, so as far as, you know being a woman... it 's affected, you know, my relationships." Debbie felt

a little less than other women who can do this with grace... so I kind of question myself what kind of a Mom I really am. I am a Mom and I am a woman I can't really distinguish... I know, well and how it affected me over here as a woman ... thing is... I think I've gotten pretty insecure... just really questioning ... what kind of a woman am I and what I want out of life.

Self blame /self doubt. More than half the participants expressed self blame and self doubt. Angel said

Because I have done so much to hurt others, I thought I have to make it up to them and do for them... I'm feeling pretty crappy the way my life has turned, ah in the last couple years, ah not just with [name of son] having to go with his dad but I'm not working full-time, I'm waiting for disability, I need another surgery on my back, major surgery...

Ann saw herself "as a bad Mom and a failure... I see the one who is constantly on the kids, yelling at them, doesn't spend enough time with the kids, doesn't do stuff with the kids. You know I am raising rotten kids." Trish expressed "I know what my faults are. I don't make her clean up after herself. I don't make her have a structure, which I need to do." Debbie questioned her "mothering" she admitted "I just always thought that love was enough, but it isn't. If love was enough I'd be the best mom in the world, because I love that kid like nothing else in the world, but it isn't."

Several mothers discussed how they were affected by the referral to family therapy. Liz questioned herself

maybe I didn't listen, or maybe ... maybe I wasn't hearing what they said because I was listening. Maybe I was listening but I was not hearing what they were telling me. You know, or I don't know maybe I was too wrapped up in myself and I should have been more wrapped up in them. Or maybe there was nothing I could have done different, I don't know... It's been a little hard at first when they first suggested it last year. I felt like well what did I do or what have I not done?"

Although Sam "knew we needed it... I felt I was failing, cause someone else had to step in and help smooth out the wrinkles."

Strengths. The participants described what they saw as their strengths. Angel realized “I have come along way, thank God. A lot of work though, lot of work. ...” She was aware that you know, I’m not failing somewhere because I’m doing something I can about it, what I can DO about it. Whatever the problems are in my family I’m trying to fix them. I tried to rectify my mistakes, yes; I tried to better my parenting skills. I have to give myself a pad on the back. So I’m not really failing as a parent, you know.

Renee realized “I need to continue to put forth effort’ and she described herself as “very open to someone else helping me I know there’s people out there that can help you.” Likewise Edith saw herself as “the kind of person that I’m willing to take one step at a time and I’m open to any suggestions that will help me and my child.”

The mothers who had been afraid to be single mothers gained confidence from being a single mother. Edith said “I think I coped very well. I’ve adjusted well once I realized that I didn’t need someone else to hold my hand.” Sam understood “ I have limits and what all I can do I mean so... but I also understand that I can do things that I feel like are impossible. There is a way to get things done, Uhhh and that’s just made me stronger emotionally.

What others think

Participants discussed perceptions of how others see their families This composite theme is consists of four participants’ within case themes and three sub themes from two participants (see Table). Participants discussed (1) how they were affected (2) prejudices and assumptions, (3) judgments and (4) validation.

Effect. More than half of the ten mothers struggled with how others thought of them. Renee tried “not to think about how what other people might think about me or my family.” She elaborated “they probably think I might not have been a good parent at some point and that

affects me. Doesn't make me feel good sometimes, I've had people make negative comments before." Angel thought

teachers, uhmm, it affects me. Like I said sometimes I get to the point I feel kind of intimidated and I shouldn't you know... As far as my family goes, the way they see me it affects me it hurts, so I try to put a wall up. ? So the way they see me and the way they treat me affects my family that way, because I then put a wall up.

Several participants agreed with Debbie's view "I felt like she's being a bad kid, you know, and they'd think that I'm bad... or I'm contributing... or I'm being a bad parent." Only Liz claimed "what they think I don't care. She expressed "as long as we're happy and you know we're doing fine then really what others think is really immaterial. They can think whatever they want to think, I mean that's fine with me."

Participants appeared most affected by how they and their families were perceived by their extended families. Ann saw herself "as being a bad Mom and a failure" because she "went a lot on what my cousin was saying." Angel said "my mother still sees me as that 14 year-old that left home and got in the streets.... She doesn't see me as a woman, she doesn't respect me for my accomplishments." Debbie was influenced in her decision to send her daughter to live with the father by what she was "hearing from my parents, from my grandparents, she needs to go. It's not good for her, it's not good for you."

Prejudices /Assumptions. The participants shared prejudices and assumptions that other people had made about them and their families. Angel thought "all my life people have assumed the wrong thing. I have tattoos, I've got blond hair, I dress like a biker sometimes, you know, I got... so it's automatic ... oh my God... and then for some reason I draw this attention to me that I don't want." All participants felt judged by others in some way. Angel said

as far as the school, ah and people outside of friends and family... I do know... I kind of feel like... the way they... They... talk to me, the way they deal with me OHH how pitiful. That's the impression that feeling I get from them. Maybe that it's a sad story... I've had some teachers that just look at me like I'm a piece of white trash and literally that was an attitude to me. And then that attitude took to my child.

Debbie felt that because her daughter was 'being a bad kid, you know, they think that I'm a bad ... or I'm contributing ... or I'm being a bad parent, that kind of thing.' Debbie "they saw me as lacking in parenting skills that were necessary with teenagers... Renee recalled "I've had people make negative comments before...they think I might not have been a good parent at some point. Trish felt that people made judgments about her relationship with her daughter. "and people say that's too much , no parent should feel that way, that's too involved with you child."

In Angel's and Trish's experience therapists make assumptions about clients related to the issues they bring. Angel recalled "at my other therapy office when I called uhmm because of my childhood issues and being molested and being a survivor of incest and stuff, they automatically assumed I wanted a female." Trish remembered being told

... you got to live your own life, and not live through your child, you got to get a life and you can't worry about her so much. It was constantly all things I shouldn't do. But... I don't think that's too involved, I think that's enjoying it everyday and being thankful that you have a child that you love.

Also, some participants expressed concerns over how others see individuals who go the therapy. Angel thought that because "there, they go to family counseling, she's a screwed up Mom, you know, that type of thing. Similarly Jasmine disliked being seen by the people in the waiting room because everybody "knows what you're here for."

Validation. Several participants realized that not everyone saw them in a negative light.

Angel thought

it depends on the person, as an individual. I don't try to portray myself in a bad way, but I think some of them just... people are human... you know what I mean? I've seen teachers that looked at me and said you know I don't know how you do it. You're in so much pain, and you're really trying, God bless you, I don't know how you're doing it. you know what I mean?

Renee's children "look at me differently, probably looking more up to me, more than just a mother." Danielle heard "a lot of your doing a good job, you know, support" The mothers felt validated by positive comments. It made Renee "feel good to know that somebody else might value my opinion on something as far as teaching with the kids or school, or anything." Edith was "thankful for what people see and say as far as with [name of daughter] how I've raised her single handed and not been broken down and needing to have other people there to hold my hand." Angel had

so many friends who I do childcare for or so and so forth that appreciate who I am as a Mom, you know, and as a child care provider. I mean, if they need help or in a hospital I'm the first person they call. Please I trust you with my children that feels so good to me, you know what I mean? And when someone calls and says look I have a family emergency and I really don't trust anyone else with my children, it makes me... feels good...It's so good to know people really see me as a good person, put aside everything I've been through, because I don't hide anything, you know, with my friends. They all know I was into prostitution, I was into drugs, I went through this, I went through that,

because I want them to know who I am as a person, and why I feel the way I feel about certain things, you know.

Danielle thought that being validated by others “actually drives me to be a better parent.” Edith who felt that others saw her as “strong-willed, determined to make things work right” felt that her daughter “sees the strength it brings out in me, the motivation and the will to go on.

Summary

This chapter presented findings from the cross case analysis of the ten participants. The composite themes were: counselor, family therapy experience, single mother, relationship with school, family situation, view of self, and what others think. The next chapter will discuss implication of findings from this and the previous chapter.

CHAPTER SIX

Discussion

The previous two chapters presented findings from the qualitative analysis of interview data with single mothers who had participated in family therapy as well as the mothers' ego development stages as measured on the SCT (Hy & Loevinger, 1996). More specifically, chapter four described the within case analysis and ego development stage of each participant, as measured on the SCT and evidenced in the interviews. Chapter five presented the composite themes taken from all participants. This chapter will review the purpose of the study; discuss findings in regards to research questions and existing literature, describe limitations and delimitations of the study, and explain implications for future research, counselor education, and the field of family therapy.

The purpose of this study was to explore how single mothers experience family therapy and how they construct individual meaning of this experience, using Loevinger's (1976) ego development theory as a theoretical framework for meaning making. The study employed a phenomenological approach to data analysis. It aimed to glean those elements that make up the essence of the experience of being in family therapy for the single mothers involved in this study. Findings from this study are not intended to be representative of the experience of all single mothers in family therapy. As with any qualitative study, the reader needs to decide on the applicability of the study's finding to their setting.

The following research questions were posed in order to gain insight into single mothers' experiences in family therapy in relationship to their ego development stage: The overarching grand tour question for this study was: What is the experience of single mothers in family therapy?

Subsequent questions the study attempted to answer were:

1. What did they want to achieve in family therapy and what were their expectations?
2. What was their perception of how the therapists saw them?
3. What is the role of cultural values on the single mothers self perceptions?
4. What were the mother's perceptions of the influence of family therapy on the relationship with their child/ren's school?
5. From an ego developmental perspective, how did they construct meaning of this experience?

As appropriate for qualitative research the sample for my study was small (ten women) and criterion based. Despite the small number, the participants in the study reflected some of the diversity found among single mother households (Goldenberg & Goldenberg, 2001): Participants were divorced, separated, or never married. Nine of the ten mothers were employed outside the home. Two of the ten mothers were Black, two of the mothers had come out of abusive relationships, three of the mothers were in varying stages of recovery, one mother was on welfare due to health problems, and five of the ten mothers were dealing with serious financial difficulties despite the fact that they were employed fulltime. Anderson (2003), McGoldrick and Carter (1999) and others suggest that when looking at demographic data the assumption can be made that many single parent households are a temporary arrangement only. This did not appear to be the case for the majority of the mothers in my study. They seemed wary of the difficulties inherent in bringing another adult into the household with its possible conflict over child rearing practices. In fact the mothers recognized the ability to raise their child/ren according to their personal value system as an advantage of single motherhood.

Research Questions

Grand Tour Question: What is the experience of single mothers in family therapy?

Elements that contributed to the single mothers' experience of family therapy in this study were the family therapy experience, the counselor, being a single mother, their current family situation, the mothers' view of themselves, and how they thought they were viewed by others. All but one mother involved in this study experienced family therapy as beneficial, however the mothers differed in degree of ascribing benefits to the experience. The quality of the family therapy experience for these mothers was related to the counselor, family therapy outcome, and logistics related to the family therapy experience. The integral element in the family therapy experience was the counselor. Participants discussed the counselor's (1) personality in relationship to being able to relate to the family, (2) ability to validate the mothers, (3) gender, and (4) interventions used and (5) comparisons to previous counselors.

For the mothers in this study, the relationship with the counselor appeared to be central to the family therapy experience, which supported empirical findings that show the quality of the counseling relationship as the common factor among outcome studies across diverse theoretical orientations (Bachelor & Horvath, 2002; Beutler, Machado, & Alstetter Neufeld, 1994; Lambert & Bergin, 1994). In my study, the counselor's ability to join with the entire family, not just the mother emerged as the central element in the family therapy experience. The single mothers, who had been in counseling either for themselves or their children, compared the current counselor with previous counselors in terms of building a relationship with the entire family.

The mothers described personality traits that made them comfortable with the counselor and aided in forming a relationship with them as well as with their children. The counselors were described as "not so seriously professional" (Angel), "a sweet person" (Liz), "calm and honest"

(Edith). All participants regarded directly involving all family members present in the session as essential. Games and art work gave the mothers opportunities to learn more about their children as well as new ways to interact with them. Similarly, Krumpe (2002) found the counselor's ability to involve the children in family therapy greatly contributed to the mothers' positive experiences in family therapy. This may indicate the usefulness of Becker and Liddle's (2001) multidimensional family therapy (MDFT) approach which addresses the mother/ child relational system, the self of the mother, and the self of the child with adolescents and older children or an integration of play therapy and family therapy as proposed by Gil (1994) and Kraft and Landreth (1998). These approaches to family therapy address the mother's and the child/ren's intrapsychic needs as well as the interpersonal, relational system between the parental and the sibling subsystem.

Those counselors who had joined with the families were described by the mothers as having shown interest in the families. Listening and being able to hear all participants, involving the children in the therapeutic process, and providing the mothers with educational materials or information about additional resources, specific to their particular situation, were interpreted as showing interest. Additionally, the degree to which family therapy was a positive experience appeared related to the counselor's ability to address issues that were of concern to the mothers in a way that was conducive to the participants' family situation and that allowed the mothers to observe changes in the family dynamics. This included acknowledging and addressing what the mothers regarded as the presenting problem. Likewise Kuehl, Newfield, and Joanning (1990) found that families, who did not terminate therapy prematurely, described the therapist as caring, able to hear them, and able to adapt therapeutic goals to the family's needs instead of rigidly adhering to a preconceived agenda.

The failure to address the presenting problem might be interpreted by the mothers as not understanding their situation, which in turn interferes with the counselor's ability to join with the family. Anderson (1999) and Becker and Liddle (2001) ascribed premature terminations to the therapists' inability to build strong therapeutic alliances with the single mothers. An additional factor in premature terminations may be the counselor's ability to include children in the therapeutic alliance and process, according to my study and Krumpe's (2002) study.

Westcot and Dries (1990) identified problems with their children, as the most frequent reason for referral and problems inherent in single parenthood and the second most frequent reason for referral of single mother families. All the mothers in this study were referred for child related problems. However, concurrently they were dealing with those problems inherent in single parenthood, which highlights the interconnectedness between the mothers' overall difficult situation, due to financial concerns, role overload etc. and difficulties with children. Findings from my study might indicate that the children in these single mother families became the symptom bearers for the family, due to problems inherent in single motherhood, giving credence to Minuchin's (1967), Richards and Schmiege's (1993), Atwood's (1995), and Anderson's (2003) claim that a family systems perspective may be particularly beneficial to working with members of this family constellation. However, Goldner (1991) pointed out that Minuchin viewed families as needing to be self sufficient and self regulating, deemphasizing the need for connection. The mothers in my study did not seem to regard social welfare and mental health programs as intrusions into their lives. On the contrary they were looking for more support in the community and deeply appreciated the support that was available to them. Indeed they talked about the need for more support by social institutions such as school and the court system, which supports McGoldrick's (1998) notion of the family as independent and self-regulating as a

fallacy of the dominant culture. These mothers were grateful for an approach to family therapy that connected them to available community resources as proposed by Jung (1996). Several mothers described experiencing “unexpected” personal growth from the experience, which translated to an increased awareness of the need for outside assistance and the ability to ask and accept this assistance. The mothers saw it as a relief that they no longer felt they had to do everything on their own in order to appear strong, which supports claims by feminist researchers and therapists that the emphasis of autonomy as a quality to strive for is sending the wrong message to women who are functioning in many different roles in contemporary society.

Several mothers in this study echoed Walters’s (1988) notion of feeling blamed and invalidated in their efforts as mothers by the sheer fact of being referred to family therapy. However, in this study these feelings were mitigated by the counselor’s ability to validate the mothers’ efforts on behalf of their children. Several mothers in this study had dealt with longstanding mental health or disability related issues of their children. These mothers in particular, savored the counselor’s acknowledgment of their efforts on behalf of their children. For the ten mothers, the counselor’s ability to validate the mothers emerged as another prominent aspect of their family therapy experience, which will be discussed in more detail under sub question two.

The mothers in this study attributed changes in their relationship with their children such as improved communication, conflict resolution, and clearer demarcation between the parental and the sibling subsystem to the family therapy experience. Anderson (1999) and Walters (1988) stressed the importance of the mother being the ultimate authority and finding a balance between children’s responsibilities and their need for peer relationships. The children’s added responsibilities may actually foster their independence and resiliency. One mother in this study

described her son as having more independence than would be expected in his age group. Several mothers involved in this study, experienced it as beneficial when the counselor helped them determine what was reasonable to expect of children depending on age and family circumstances, which was identified as a goal of family therapy with single mothers by Anderson (1999) and Walters (1988).

More than half of the mothers involved in this study were in various phases of what Anderson (1999), Carter and McGoldrick (1999), and Walsh (1993) described as the period of marital dissolution. During this transition the children are most likely to exhibit behavior problems (Goldenberg & Goldenberg, 2001). Many authors discuss the need to help single mother families restructure their family after the marital break-up (Anderson, 1999; Atwood & Genovese, 1993; Carter & McGoldrick, 1999; Kissman & Allen, 1993; Jung, 1996). According to Carter and McGoldrick's (1999) clinical experience it takes at least two to three years to for the family to adjust to their new structure, if the adults are working together. Several mothers in this study had been separated longer but were still struggling with the reorganization. This may indicate that reorganization is an ongoing process, since families change as they move through the family life cycle .

All participants in this study, regardless of marital status, acknowledged that family therapy had raised their awareness of their struggle to balance being the authority figure with having a closer relationship with their children, which was seen as an advantage of being a single mother. The mothers who were divorced or separated described problems in the family structure during their marriage, such as mental and physical abuse or disengaged fathers. Sam felt that she had been "a single mother even when I was married." It seems to me that the hierarchical structure of the family continuously needs to be adjusted in all families as families move through

the family life cycle trajectory, regardless of marital status. Helping single mothers understand that they can be in charge and still have close relationships with their children may be the goal in working with single mother families.

The counselor's gender played a significant role for the participants in this study. More than half of the single mothers would have preferred a female counselor for themselves. A few mothers claimed they would not have participated in family therapy with a male counselor. But several mothers thought having a male counselor had advantages for their sons. These findings are similar to Krumpe's (2002). In her study all mothers preferred a female counselor, but thought their sons' might have benefited from a male counselor. In my study, the counselor's gender seemed to be mitigated by the counselor's personality and ability to join and by the mother's ego development stage. The ability to adjust to a counselor's gender, if it is not the desired one, may be more difficult at lower ego development stages. Conversely, Gregory and Leslie (1996) found a trend toward a deepening and more meaningful family therapy experience over the course of therapy for female clients with a female therapist when compared to female clients with male therapists. .

Three single mothers in this study differed racially from their counselors, which was described as either not being an issue or as beneficial. One Black mother (Danielle) was able to work through her issues with young white women by having a counselor who fit this description. The other Black mother (Edith) with a White counselor felt that "race had never been an issue in her family." A White mother (Debbie) who was counseled by a biracial therapist claimed she "never even noticed," which may be an indication of Katz and Ivey's (1977) and Gregory and Leslie's (1996) findings that White individuals do not relate the issue of race to themselves.

The three mothers differed in their recollection whether the counselor addressed racial issues at the start of therapy. According to the two mothers who did not feel that race was an issue in their relationship with the counselor, the counselors never mentioned race as an issue between the mother and the counselor. The Black mother, who felt that having a counselor from a different race was beneficial, remembered that the counselor brought up their racial differences at the onset of counseling, but the mother did not acknowledge her trepidations at the time. I consider this an indication that addressing issues of race may have been too threatening for clients and counselors alike. In their study of race and gender of client and therapist, Gregory and Leslie (1996) found that at the onset of therapy black female clients preferred a black therapist. However, by the fourth session there was no longer a difference in smoothness of session between the two groups, which may be an indication that issues of race are mitigated by the counselor's ability to join with the family, which in this case is further mitigated by the counselor's training in and awareness of multicultural issues in family therapy.

All mothers discussed negative aspects of the family therapy experience, which ranged from the counselor not being in control of the session to logistical concerns such as difficulty in scheduling sessions due to busy family as well as counselor schedules. Logistical concerns were also mentioned by Krumpal's (2002) participants. In addition, the mothers in my study did not want to leave the counseling session more frustrated than when they came in. Leaving more frustrated was attributed to the lack of control and direction during the session, the counselor not fully understanding what brought the family to counseling, and the level of emotional intensity during some of the sessions. Another concern for the mothers involved in my study, was discussing certain issues in front of their children. Mothers appreciated when the counselor

followed the mother's lead in deciding what she was comfortable discussing in front of her child and what she was not and provided the opportunity to meet separately if this was necessary.

Several of the mothers would have liked counseling services to continue when they were ended due to the semester ending. This illuminates the need for more support for these mothers. McLanahan, Wedemeyer, and Adelberg (1981) discussed the relationship between functioning support networks and well being in single mother families. The literature encourages family therapists to help single mothers strengthen relationships with their extended families (Anderson, 2003; Jung, 1996). However several of the single mothers in my study had strained relationships with their family of origin, which further complicated the relationship between the mothers and the sibling subsystem. Encouraging these mothers to ask for more help from their families' of origin might have undermined the therapeutic relationship. Several of these mothers were in the process of developing or had developed friendship networks in place of their family of origin. Interestingly, a number of the mothers would have liked for the clinic to offer a single mother support group as well as a support group for their children that they could have joined when therapy ended.

In summary, the quality of the therapeutic relationship was the central element of the family therapy experience, as has been extensively discussed in the psychotherapy literature. This particular group of single mothers benefited from the counselors' including their child/ren not only in the therapeutic work but in the relationship. Furthermore, effective work with single mother families appeared to require the counselor to be flexible in many ways, such as flexibility in scheduling sessions, flexibility in what was being addressed in therapy, i.e. he/she needed to be able to address the presenting problem as well as those issues underlying them.

Sub questions

1. *What did they want to achieve in family therapy and what were their expectations?* The mothers talked about their expectations for therapeutic focus, therapy outcome, and the therapist. All mothers expected therapy to focus on the child, looking for help with their child, hoping for immediate improvements and miracle cures. Besides a focus on the child/ren, the mothers, especially those who were less happy with their overall family therapy experience, did not know what to expect, claiming this was a new experience for them. Those mothers who had dealt with therapy before were basing their expectations on previous experiences.

The mothers who had initiated the referral had actually looked for individual therapy for the child. The mothers of the children where the school had initiated the referral felt a certain amount of coercion. All but one mother came for their child/ren and did not expect to make personal gains in family therapy. They expected the therapist to “fix the child,” which fell in line with my clinical experience as a family therapist. Initially it was a stretch for the mothers involved in this study, to understand how the problems of their child/ren would be addressed within the family context. During the course of therapy through the counselor’s ability to involve the children in the therapeutic process, they came to realize their capacity to influence the child’s behavior. Only, then more interpersonally oriented expectations for outcome such as improvements in communication, problem solving skills, and overall improved relationship between all family members began to emerge.

The single mothers discussed their expectations for the counselor. Several mothers would have preferred for the counselor to be more directive, not just having control over the session, but telling them how to handle their problems and giving advice. To the contrary, mothers in Krumpe’s (2002) study wanted the counselor to take a collaborative stance. The mothers in this

study expected counselors to behave according to cultural prescribed gender roles: female counselors were to be more sympathetic and understanding, and male counselors were to be more dominant and less sympathetic. The single mothers did not expect male counselors to be understanding of their current situation.

I found no studies that examined the expectations of single mothers for family therapy. Miller and Prinz (1990) discussed the lack of research into client expectancy factors in family therapy. However, research with clients in individual psychotherapy has shown that the relationship between client expectations of their role in therapy and the counselor's role in therapy was related to early drop out (Miller, 1985; Sweet, 1984).

2. *What was their perception of how the therapists saw them?* It appeared that perceptions about how the therapists saw them were related to the quality of the relationship they had with the counselor. Mothers, who felt validated by the counselor in their role as single mothers, reported a positive experience in family therapy. The counselors' perceptions about the mothers emerged under the composite sub theme "validation."

Validation of the single mothers came in form of (1) acknowledgment of the difficulties the single mothers faced, (2) acknowledging the mothers efforts on behalf of their children, and (3) sharing information about family processes particular to single mother families and child behavior. Mothers in his study felt understood and validated by their counselor when the counselor was able to hear their story and acknowledge the enormous difficulties these mothers faced. Those mothers, who felt validated by their counselor, felt that the counselor saw them as strong and as more able to handle their families' difficulties than they saw themselves. These findings gave credence to Anderson's (1999; 2003), Atwood (1995) Becker & Liddle's (2001) and Goldenberg and Goldenberg's (2001) claim that validation of the single mother's difficult

role is an important element of family therapy with single mothers. Krumpe (2002) identified the need for validation, the source of validation and the effect of validation as an essential element of the family therapy experience for the mothers in her study. Validation for these mothers came from their counselors and positively affected them in their role as mothers. Counselors in my study appeared to use strength based approach in their work with the families, as suggested by Anderson (1999), Jung (1996), and Kissman (1991). It appears to me that the counselors were using a second order cybernetic approach in line with a feminist view of family therapy. Interestingly several mothers discussed that the counselor saw their children in a more positive light than the mothers saw them.

3. *What is the role of cultural values on the single mothers self perceptions?* The influence of cultural values on the single mothers emerged under the composite themes (1) “single mother,” sub theme “challenges,” (2) view of self, sub theme “mother/woman, and (3) what others think. The mothers in my study appeared to have internalized society’s view of single parent families as flawed or imperfect versions of the “normal” two-parent family as suggested by Jung (1996) and Anderson (1999). Several mothers described their fear of being a single mother when they were first faced with this possibility. They did not see themselves as capable to raise a child without a male partner. Several mothers expressed the belief that it would be better for their children to live in a household with a mother and father.

Another issue that was raised by several mothers was the difficulties of raising a child on one income when living in a society that values material goods. The mothers felt guilty for not being able to provide more for their children, which echoes concerns raised by Pipher (1994) on what is valued in this society. Also, these findings illuminate the relationship between

socioeconomic status and functioning of single mother households (Ahrons, 1994; Anderson, 2002; Bianchi, 1995; Hall, Gurkey, Sachs, & Kryscio, 1991; McLoyd & Wilson, 1990).

As in Krumpe's (2002) study, the mothers in my study had difficulty differentiating between their roles as mothers and as women. For all the mothers in my study these two were integrally interwoven. It seemed to me that they had internalized the cultural message that women need to be nurturing regardless of the cost to them. Since these mothers all described themselves as failing somewhere because of their children's difficulties, they also saw themselves as failing as individuals. When questioned further about the connections between the two roles, it was attributed to the amount of energy the participants applied to taking care of their child/ren. It seems worth noting that mothers of higher ego development stages put more emphasis on their role of mother than their role of woman, but were as unable to differentiate between the two, as mothers in lower ego development stages.

The mothers in this study were clearly influenced by how others saw them and were aware of this influence on them. They made efforts to ignore these negative messages, through what appeared to be cognitive behavioral techniques. Fortunately, none of the mothers in this study appeared to feel blamed by the therapist, as discussed by Boss and Thorne (1991). However, I found no evidence that the therapists who worked with these mothers explicitly addressed the single mothers' personal situations within the larger societal context as suggested by Anderson (2003), Becker and Liddle (2001), Walsh (1993) and Walters (1988).

4. What were the mother's perceptions of the influence of family therapy on the relationship with their child/ren's school? All participating mothers talked about their relationship with their child's school. More than half the mothers discussed strained relationships with school personnel and appeared to be dreading interactions with the school. Surprisingly,

few mothers in this study reported that the counselor had made contact with the school, since the counselors are required to collaborate with the referral source by clinic policy. More surprisingly few mothers actually would have welcomed the counselor's contact with the school. Several mothers did not see this as necessary although their families had been referred due to the child's behavior problems in school. This raises the question whether the counselors did not contact the school or did not tell the mothers they had contacted the school, because the mothers did not want them to.

Interestingly, the mothers did not appear to attribute changes in the child's behavior in school to the therapeutic process. Several mothers had changed how they interacted with the school, by being more aware of their need to be advocating for their child, which was attributed to family therapy. These findings are an indication that the counselors worked hard at giving credit for any changes to the family members, which is seen as the hallmark of a good therapist. These findings are in contrast to Krumpe (2002) where "the family counselor's involvement with the child's school proved to be an important factor for some of the woman" (p.276).

5. From an ego developmental perspective, how did they construct meaning of experience? A common thread in family therapy approaches to working with single mother families appears to be the recognition that the individual development and well being of the mother influences her ability to deal with her difficult situation. Ahrons (1994), Anderson (1999), Becker and Liddle (2001), Carter and McGoldrick (1999), and Jung (1996) regard the mother's development as related to her ability to parent under difficult circumstances. Hauser, Powers, and Noam (1991) have shown a positive correlation between higher levels of ego development and better parenting skills. A study that investigated developmental themes in mothers' experience of motherhood, the absence of psychopathology, and higher levels of ego

development were positively correlated with a positive experience of motherhood. Lower levels of development were positively related to lower functioning in parenting regardless of personal distress (Luther, Doyle, Suchman, & Mayes, 2001). To gain insight into the relationship of cognitive development and experience in family therapy for single mothers participating in family therapy, the participants' ego development was measured using the SCT (Hy & Loevinger, 1996).

Ego development stages for the ten participants ranged from E4 the Conformist level (one participant), E5 the Self aware level (six participants), E6 the Conscientious level (two participants), to E7 the Individualistic level (one participant). The modal level of ego development for this group of single mothers was E5 Self Aware, which is also the modal level found in the population (Hy & Loevinger, 1996). In the only other study that employed an ego developmental perspective to the experience in family therapy, participants in Krumpel's (2002) study scored higher on the SCT, with the modal stage being the Conscientious stage. She found one participant to be in the Conformist stage (E4), three in the Self-aware stage (E5), four in the Conscientious stage (E6), one in the Individualistic stage (E7), and one participant in the Autonomous stage (E8).

When discussing the relationship between ego development of the single mothers and family therapy experience the importance of decalage becomes very clear. Although Loevinger described ego development as the master trait she also discussed that no individual is ever completely in one stage of ego development. Another factor that appears especially important when looking at this sample of single mothers is the ability to distinguish between possible correlates, such as socioeconomic status (SES). "How can one be sure whether a particular kind

of behavior results from the low ego level or associated low economic and social level?" (Hy & Loevinger, 1996; p.7). All but one mother described themselves as struggling financially.

One of the single mothers, Liz, scored in the Conformist stage (E4). An individual at the Conformist stage conceptualizes the world in simplistic terms and interpersonal relationships are described in terms of actions, predominantly talking (Hy & Loevinger, 1996). For Liz, this was evident in her relationship with her children, the children's school, the family therapist, as well as the family therapy process. Family therapy for this mother was only about her daughter, who "was having a few problems in school, so they thought maybe counseling would help her with the separation of our family." Her goal for counseling was for her daughter "to feel good about herself." This mother described the counselor as "really a sweet person... really soft spoken..." she described the relationship with their counselor in terms of what the counselor did "she is real good with [name of daughters] and when they do something good She'll tell them good job." Her adherence to conventional gender roles was evident in her conceptualization of homosexuality:" if it [counselor] was a man and they were gay, that would have been okay because then they could see a woman's point of view and a man's point of view."

Family therapy with an individual at this level needs to address concrete issues. At this stage, Sprinthall, DeAngelis-Peace, and Davis-Kennington (2001) suggested that "counseling needs to emphasize assertiveness training, complete with cognitive behavioral self-talk" (p.11). In family therapy the therapist may use modeling and coaching as a technique to change the mother's interaction patterns with her children. Teaching the mother to send I messages when talking to her child may be necessary. Liz wanted the counselor to be more directive: "I think sometimes it be easier if sometimes maybe she'd say no, this is how it is supposed to be done, instead of like okay now what do you think?" This line of questioning is probably threatening to

the individual at the Conformist level because the counselor is seen as an authority figure. An exploration of culturally based beliefs that may negatively influence family dynamics is probably to threatening to an individual at that level. Liz felt discounted by the counselor when the counselor challenged her notion of the "...leave it to Beaver" family, as the ideal family. Liz's uncertainty about the dissolution of her marriage after a two year separation from her husband, exemplifies her struggle with integrating information or events that do not fit with her view of the world based on beliefs in cultural and societal sanctions against divorcees. Although she was clearly influenced by stereotypes, she denied being swayed by what others think "as long as we're happy as a family, what is the right ...who is the judge of what is a proper family or a good family. Do you know what I'm saying, so really what they think I don't care..."

Individuals at the Self-Aware stage E5 are still in a form of conformity, but are beginning to have some awareness of themselves as separate from the group. Interpersonal relationships begin to be described in terms as feelings as well as actions (Hy & Loevinger, 1996). Six of the ten participating mothers in this study (Ann, Trish, Jasmine, Debbie, Renee, and Edith) fell in this category. Trish expressed this self awareness in terms of self criticism "I know what my faults are." She described her faults as not having "that conventional life style... I don't say [name of daughter] dinner's ready, it's time to sit down and have a meal. I say are you hungry?" This illustrates the struggle individuals in this stage face with being strongly influenced by stereotypical cultural expectations and their perceived inability to fulfill these stereotypes. Loevinger (1976) described "awareness of oneself as not always living up to the idealized portrait set by social norms" (p. 19) as an aspect of moving out of the Conformist stage. The mothers in my study, who fell into this category of ego development, also appeared to have an increased awareness of their children as individuals. Ann said "I know my kids, I know what

they do and what they don't do," which led to her "when the teacher tells me something that doesn't sound right I have to talk to my son and get all the information" showing awareness of alternate possibilities.

The mothers in the Self-aware stage described their counselors in similar ways as the mother in the Conformist stage. Jasmine thought the counselor was "awesome," Trish described the counselor as "not a nutcase." But they differed in what they wanted to achieve in family counseling, having a more interpersonal focus such as expecting increased "harmony" or becoming a "better member of the family." Mothers in this stage thought that through family therapy "everything was can be put together" as Renee expressed it. The mothers still expected the counselor to be in charge, give them direction, and information. Also, the mothers in this stage began to attribute changes in themselves to the counseling experience. Debbie said "it helped me to see things more clearly. I've become more aware though the counseling of the things I did right and the things I did wrong." Mothers in this stage discussed being more frustrated after the session or during the session, which may indicate a greater awareness of their feelings leading to increased discomfort and low tolerance for negative emotions.

In these interviews individuals at lower levels of ego development answered questions that raised their discomfort with "I didn't know what to expect" from family therapy. These individuals appeared afraid of my disapproval, it seemed despite reassurances that there were no right or wrong answers and that their perceptions were extremely important and useful to me.

Two mothers in my study scored in the Conscientious (E6) stage of ego development as measured on the SCT. This stage represents a major developmental shift where individuals live by self evaluated standards while often using conformity in their behavior. Self and others are described in reflective terms. The sense of choice is important (Hy & Loevinger, 1996).

The mothers who scored in this stage of ego development reflected in detail on the effect of their own upbringing on their development and were making efforts not to repeat these patterns with their own children. As the mothers in the self aware stage the two mothers were concerned with their relationship with their children and appreciated being able to work on improving this relationship through family therapy. Angel recognized that what she had learned in family therapy were not “just parenting skills but people skills in general.” These two mothers described their relationship with the counselor, not the personal attributes of the counselor. Danielle felt “our relationship with the counselor has truly blossomed.” The mothers recognized that the counselors picked up on interaction patterns between the mothers and their children, using this as a way to join with the family or as the therapeutic focus. Angel remembered the counselor “had a sense of humor, ah which you really need my family....[it is] one of the ways we break wall down in my home. So he caught on to that and jumped right in.” Danielle described her impression of family therapy “it’s almost like our counselor made a conscious effort of working on what we needed when we first arrived, to get us to what my goal is now. You know we kind of worked through how [name of daughter] handles her anger, but at the same time she still works on me being better able to communicate with my child.”

The two mothers in Conscientious stage appeared to benefit from a more collaborative stance by the counselor. They did not wish the counselor had been more directive. Their preference of a particular gender of the counselor was based in their personal history for specific reasons, which can be interpreted as self evaluated standards, typical for this level. The mothers did not expect the counselor to take their position, but appreciated a counselor who was able to see both sides. Also, these two mothers appreciated the counselors’ ability to acknowledge their children’s feelings. At this level empathy for the children’s situation as well as the mothers’

situation became important. Both mothers in this stage had chosen to put their children's need first and appreciated the counselors' recognition of their efforts on behalf of their children. Sprinthall et al. (2001) identified increasing emotional awareness as a therapeutic goal with individuals in this stage. In family therapy this may involve teaching parents active listening and reflection of feelings. Mothers in this stage may tolerate gentle confrontation of cultural beliefs that negatively impact their view of themselves.

One mother scored in the Individualistic stage E7 as measured on the SCT. Persons in the Individualistic stage see individuals in terms of personality as a whole or a life style. Individual differences are better tolerated and polar ideas are reconciled (Hy & Loevinger, 1996). Loevinger (1976) described this as another transitional stage where heightened tolerance of others and self, due to the recognition of individual differences and complex circumstances pave the way to the Autonomous stage. Sam, who scored in the individualistic stage on the SCT, described the family therapy as "I knew counseling wouldn't make us perfect, but would help us along maybe in areas that we weren't real good at." What she regarded as having achieved in family therapy was related to her children while simultaneously showing awareness of the interconnectedness of family members. "helping them to realize that they still had two parents they're just in two different places, that both parents love them very much and I think talking through that and all helped us, helped them to understand that you know, it wasn't one of us missing, that we were always still around." At the same time Sam attributed personal growth to the family therapy experience "It makes me stronger,... when I finally talked about it I realized I am not alone, people's been through this, I'm not the only one."

Sprinthall et al. (2001) describe issues in counseling at this stage as "the real problem at this level is those that appear endemic to our society, the twin evils of racism and sexism" (p.14).

In other words, individuals at this stage of development struggle to resolve the injustices of this world in terms of their personal value system. Interestingly, this mother had the most stereotypical gender role beliefs of all the participants, which she attributed to her readings of the bible, showing no evidence of this deeper understanding of her embeddedness in the social context. In fact she had resolved this conflict by whole heartedly accepting conventional beliefs and expectations. In my view, this mother exemplifies decalage: she may be deeply reflective about her relationship with her children but not about the larger social context. Also, this mother had received news of her estranged husband's sudden death the day before our first interview, which may have contributed to her interview responses not being representative of her modal cognitive functioning.

In summary, the single mothers' description of their family therapy experience appeared related to their ego development stage as measured on the SCT. In therapy, counselors should strive to "be where the client is," which to me means recognizing the client's cognitive complexity. However, using cognitive complexity in setting therapeutic goals as proposed by D'Andrea and Daniels (1992) may be overestimating the usefulness of this approach in family therapy. The issues, underlying the problems that bring these mothers to therapy, i.e. poverty and/or living in a sexist society that is not structured to provide support systems to single mother families are not related to the mother's cognitive complexity, but are outside the control of the mother. Addressing these issues requires advocacy and possibly an expansion of the therapist's role as a societal change agent, because often single mothers are already experiencing role overload and are not in a good position to advocate for themselves and their children. On the other hand, family therapy may actually be particularly well suited to a developmental approach to counseling, since one of the components which have been shown to be necessary in the

success of this approach, the role taking experience is built into family therapy: the work with the sibling and the parental subsystem.

Other issues. The mothers in my study had all faced adversities in their lives. Therefore a discussion of Bursik's (1991) findings of the effect of a stressful life event on ego development and my findings on the single mothers' ego development stages and their handling of their particular situation appear appropriate. Bursik's study was based on the assumption that a stressful event can be growth producing when it results in accommodation. Results indicated that women who moved from low to high adaptation over the course of the study increased in their ego development. Ego development of women who were low in adaptation and remained low over the course of the study showed no statistical significance. Ego development for the women who were high in adaptation throughout the study did not change significantly. The women who went from high to low adaptation showed a significant decrease in ego development; however they remained within the same stage. Bursik's study points out the fact that adaptation to a stressful life event does not occur automatically. Family therapy that aims to promote personal growth of single mothers would provide the structure that allows adaptation and accommodation to occur.

A finding that astonished me in my study was the variance in adaptation to the break up of their marriage which did not appear to be related to the length since the break up, but more to stage of ego development. Single mothers in the lower stages of ego development (E4 and E5) were more conflicted in their relationship to their ex-husband, whereas the single mothers in the higher stages of Ego development (E6 and E7) were more at peace with their decision. Liz who was in the conformist stage was "confused about" her marital status after two years of separation. She did not know whether or not to reconcile with her estranged husband. Trish who was in the

self aware stage, and whose scores on the SCT were skewed to the lower end of the scale, had been severely beaten by her ex- husband over five years ago, confessed to still loving him. Sam, on the other hand who had only been separated for about five months at the time of the interviews was at peace with her decision to separate but concerned about how to co parent the children effectively.

Adequate financial resources significantly increase the success of single mother households (Anderson, 2003). Data from my study supports this assumption. Those mothers, who described their financial situation as more stable, had significantly less difficulties and more stable lives. As mentioned earlier the relationship between SES and ego development is unclear.

Fulmer (1983) proposed the use of a structural approach to dealing with unresolved mourning in single mother family systems. He contends that implicit family rules may prevent necessary mourning, resulting in depression in the single mother, which in turn is concealed by the children's behavioral symptoms. It seemed that the single mothers in my study had more concerns over their children's adequate mourning of the dissolution of the marriage, which is not addressed in the literature.

Anderson (2003), Richards and Schmiege (1993) and others have pointed out that additional responsibilities that children in single parent households experience may actually be beneficial by increasing their independence. In my study one mother regarded her son as more responsible and independent when compared to his peers. She attributed this to the additional time she had to teach him household chores.

Limitations and Delimitations

Participants in the study were limited to single mothers who had been referred by surrounding school systems, due to problems experienced by the children. The fact that study

participants were volunteers may have increased the chance that the women had a relatively positive experience in family therapy. As with any qualitative study, findings from this study are not meant to be generalized to the group of single mothers as a whole. It is left up to the reader to decide whether findings can be applied to their particular setting.

As discussed earlier the single mothers that participated in this study were relatively diverse, however it only included mothers who had school aged children. Also, all but one counselor were White. Another factor that may have influenced findings of this study was the relative inexperience of the family therapists, who were mostly fulfilling requirements for their Masters level internship. Furthermore, the faculty director of this particular clinic is a feminist family therapist, which influences course offerings and supervision issues in the family therapy program. It is also important to keep in mind that as appropriate for a phenomenology the study focused on the experience of the single mothers in family therapy, without looking at the therapist's view.

The study employed the shortened version of the SCT, to make time requirements for participating mothers more manageable. The small sample and shortened version of the SCT may have negatively influenced the reliability of the results from the SCT.

Implications

Future Research

Results from this study give direction to future research. As noted before little is known about client expectations in family therapy in general (Miller & Prinz, 1990). Since the mothers in my study did not know what to expect from family therapy, it would be useful, to replicate empirical studies conducted with individual psychotherapy clients that manipulated pretreatment explanations, with individuals entering family therapy (Sloane, Cristol, Pepernik, & Staples, with

single mothers. Particularly 1970; Hoehn-Saric, Imber, Nash, Stone, & Battle, 1964).

Also, research into the experience of women in family therapy is scarce and continues to be necessary. Studies into the experience of single mothers in family therapy appeared to be non-existent. Therefore future research should focus on investigations of family therapy approaches. Useful directions may be examining family therapists' expectations in their work with this specific family constellation as well as what they consider most useful theoretical approaches and interventions. Also, a replication of this study as a case study would be informative, allowing a comparison between clients' and therapists' perceptions. Moreover, additional research is needed to investigate the experience of single fathers in family therapy, since the literature discusses the differences in issues for those two groups. However, it is not clear whether this would translate to differences in the experiences of family therapy. Research into the therapeutic relationship has been neglected in the family therapy field (Werner-Wilson, 1997). Research into the effect of the therapeutic relationship in family therapy is needed to clarify the elements that constitute the therapeutic relationship in family therapy. Feminist approaches to family therapy have stressed the importance of the therapeutic relationship that equalizes the power differential between the client and the counselor. More research is needed to clarify the role that the individual development of clients plays in their ability to tolerate an approximation of an equal stance.

As discussed earlier, findings on the effect of gender of the therapist on the therapeutic experience of women are inconclusive and need further investigations, as do issues of race. As Gil (1994) pointed out little research has focused on the effects of the integration of play therapy techniques into family therapy.

More research is needed to investigate the usefulness of family therapy/school collaboration. Current research into family therapy /school collaboration has focused on the perspective from the professionals involved (Davis, 2001; Doerries & Foster, 2001). The single mothers in my study did not describe the family therapy /school collaboration as a particular useful aspect of their family counseling experience. Krumpke (2002) had contrary findings; this collaboration was useful for the mothers in her study. Therefore, further research may want to focus on the parental perspective.

Counselor Education

Since the therapeutic relationship with the counselor was the central element of the family therapy experience for the single mothers in my study, and previous research has shown the quality of this relationship to be central to therapeutic outcome regardless of theoretical orientation, counselor education programs need to put particular emphasis on the relational skills of counseling students.

The single mothers in this study benefited from a non-judgmental stance of the counselor that appeared to focus on their strengths as women and mothers and normalized their current situation and many of their struggles. This indicates to me that counselor educators need to promote their students' self awareness of their beliefs about the efficacy of differing family constellations through training in the diversity of family constellations along with gender, race, culture, class, and sexual orientation, in preparing counseling students for practice with this particular family constellation, be it as school counselors or community and family counselors. Additionally, counselor educators may want to collaborate with teacher educators in increasing future teachers' and administrators' self awareness of their assumptions about "normal" family constellations, to promote an increased understanding of the difficulties these families face and

thereby reducing the stigmatization that several of the single mothers in my study reported. In an effort to reach the current school personnel, counselor educators should encourage school system administrators to include this issue in their existing diversity work shops as well as offer workshops to school systems that deal with diversity of family constellations and their implications for education.

Furthermore, since relational skills, non-judgmental attitudes, the ability to see situations from multiple perspectives, and the ability to be flexible, all issues helpful in counseling with these particular single mothers, and all related to higher cognitive development, the fundamental goal in counselor education should be to promote cognitive development of counseling students. The maxim 'be where the client is' requires the ability to assess where the client is in his/her world view and meaning making, which requires conceptual complexity by the counselor. It seems to me that the mothers in my study benefited from the counselor's ability to adequately meet them where they were, whether this meant they need concrete guidance in how to interact differently with their children or more help in understanding how their children were influenced by their current situation. This requires the counselor to be able to see things from the mother's perspective and assess her level of functioning, which requires an emphasis on training in human development as well as raising the counselor's cognitive development.

Since Johnson and Thomas (1999) found that family therapists base decisions on inclusion of children on their own comfort level with having children participate in the session; training in family therapy should include training in play therapy techniques to assist therapists in competently including children in family sessions.

Family therapy practice

Findings from my study illuminated to me the complexity of family therapy practice not just with single mother families, but with all families. All clients in family therapy may benefit from an emphasis on explaining the family therapy concept at the onset of family therapy. It may seem all too clear to us as therapists, why we do what we do or say what we say, but it is easy to forget that our clients do not have the same understanding of our theoretical orientation. This becomes particularly evident when families come to family therapy due to problems of their children. The mothers in my study felt blamed and responsible for their children's problems. The therapist's ability to explain the connectedness of family members without assigning blame seemed essential for these mothers' emotional well being. This may be best achieved by using a present and future orientation in therapy with these families.

The mothers in this study wanted their children to be actively involved in the therapeutic process, which requires forming a connection with them as well as including them in the therapeutic work. The therapist is tasked with finding activities that single mothers can do with their child/ren during session, which lend themselves to observing interactions between them and which allow the therapist to model behaviors or coach the mother in new ways of interacting with the child/ren, depending on the mother's cognitive complexity.

As discussed earlier in this chapter single mothers' description of their family therapy experience appeared related to their ego development stage and a relationship between ego development of the mother and the degree of adaptation to her current situation appears to exist. Also, family therapists are charged with "being where the client is," which to me means recognizing the client's cognitive complexity. Family therapy is particularly well matched to a developmental approach to counseling, since one of the components which have been shown to

be necessary in the success of a developmental approach, the role taking experience is built into family therapy: the work with the sibling and the parental subsystem. Family therapy provides the structure that allows adaptation and accommodation to occur. Using ego development as the framework to assess the single mother's cognitive development allows the counselor to evaluate her interpersonal, moral, and cognitive development all factors that influence her interactions with her children. Since studies have shown a positive correlation between higher ego development and better parenting skills and individuals at lower ego development stages are more concrete, family therapists may want to address parenting skills along with assertiveness training and cognitive behavioral self-talk through modeling and coaching with mothers in the lower ego development stages. These women may benefit from a more directive stance of the counselor focusing on the concrete issues that the families present. As the single mothers move up on the ego development continuum the therapist's stance can become more collaborative and the mothers may be able to recognize the impact of societal and cultural expectations on their families' functioning.

A particular aspect of family therapy with single mothers is the degree to which the single mother has been able to resolve her feelings about the father of her children. Since research has shown a clear relationship between positive outcome for the children and parental ability to work together, family therapy needs to address this issue. The single mothers in this study were appropriately uncomfortable discussing their feelings about the father of their child/ren in front of the child/ren. The mothers welcomed it when the therapist was willing to discuss certain issues with the mothers alone. Family therapists need to be willing to work with the subsystems independently or refer for individual therapy, which may be especially indicated in single mothers who are struggling to make sense of their failed relationship.

Also, family therapists need to be aware of community resources for single mothers since the many demands on the single mothers' time often prohibit them from finding additional resources. Helping the mothers connect with community resources may be principally important for single mothers who have strained relationships with their families-of-origin.

Personal Statement

Writing this dissertation has been a very hard and long process, for many reasons. I had heard before that writing a dissertation is a very lonely and isolating process; I could not have imagined how true this was. For many reasons this has been a very difficult year.

However, I have learned a lot about myself as an individual and as a professional. Thanks to the participating single mothers, I have also learned a lot about the family therapy process. It was reassuring to me as a family therapist to hear these women talk about the importance of the therapeutic relationship. One of the concerns I had going into this study was my awareness of the tremendous difficulties single mothers' face, many of which are due to circumstances outside of their control. I was afraid that as a family therapist we do not have "solutions" for them that make enough of a difference, or that many of the expectations that therapists may have for these mothers may only further pathologize them and their situation. However, it was reassuring to hear these mothers talk about the effects of feeling validated and understood. It reminds me of the statement by Maya DeAngelou that has become my personal motto:

I have been changed by events in my life,

But I refuse to let them reduce me.

The single mothers in my study exemplify this statement and as a therapist my goal for my clients is to help them realize and believe this about themselves.

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APPENDICES

APPENDIX A

INTRODUCTORY LETTER TO PARTICIPATING MOTHERS

Angela von Hayek-Gunn
Date

Dear _____,

I am a doctoral candidate in Counselor Education at the College of William and Mary and a family counselor with New Horizons Family Counseling Center. As part of the requirements for my degree, I am undertaking a research study to investigate how single mothers feel about their family counseling experience. Specifically, I am interested in knowing what you found helpful or not helpful.

To gather information for this study, I would like to interview single mothers who have been involved in family counseling at the Center. If you decide to participate, I will need your commitment to meet me twice at a place that is convenient to you for interviews and a written exercise. We will meet in a private room, and I will audiotape the interviews for later transcription. Your identity will remain anonymous; your name will never be used to identify your responses. Your participation will remain confidential, and I will give you copies of your interviews so that you can check them for accuracy and make corrections or additions, if you like. At the conclusion of the study, I will mail you a summary of what I have found. I estimate that each meeting, scheduled at your convenience, will last from 1 to 1½ hours. Ideally, I would like the second interview and writing portion to take place about two weeks after the first interview.

I realize that time is precious for you, but please consider that research in this area is limited, and your participation in this study will hopefully help not only the counselors at New Horizons, but also others who provide family counseling services throughout the country, to better serve single mothers and their families. I also hope that participating in this study will prove to be a positive experience for you. In any event, your participation is completely voluntary, and you may withdraw from the study at any time. If you think you would be interested, or if you just have some further questions before deciding, please call me at New Horizons at 221-2363 or email me at avhayek@wm.edu. If I cannot talk to you when you call, please leave a message and will return your call as soon as I can. I am looking forward to hearing from you.

Sincerely,

Angela von Hayek-Gunn, M.Ed., LPC

APPENDIX B

INFORMED CONSENT FORM FOR THE MOTHERS

I understand that I am volunteering to participate in a research project for the purpose of investigating single mothers' experiences in family counseling. This research project is being conducted by Angela von Hayek-Gunn as part of the requirements for a doctoral degree in Counselor Education at the College of William and Mary. The study will begin in December 2002 with a 60-90 minute semi-structured interview that will be audio taped for the purpose of transcribing the data for analysis. A second 60-90 minute session composed of a final interview and writing exercise will be held approximately 2 weeks following the first.

It is expected that participation in this research project will be a positive experience for the women involved and that the resulting report will provide valuable information and understanding about the experience of single mothers in family counseling, since research in this area is limited. There is no anticipation of any foreseeable risks or discomfort from participation in this study; however, New Horizons Family Counseling Center will provide additional counseling, if participants desire. Participation is completely voluntary, and refusal to participate will not result in any penalty. Participants may withdraw from the project at any time. The identities of participants will remain anonymous, and all information received by the researcher as a result of participation in this study will remain confidential.

If you have questions at any time during the study, they may contact Dr. Victoria Foster at 221-2321 or Dr. Rip McAdams at 221-2338.

Signature of Participant, Date

APPENDIX D

Demographics Form for Mothers

Name _____, Pseudonym _____

Age _____, Marital status _____,

Counselor gender _____ length of counseling _____

APPENDIX E

QUESTIONS FOR FIRST INTERVIEW

What brought you and your family to counseling? (who suggested the referral?)

What did you expect from family counseling?

How did your experience fit with what you expected?

Did you meet your goals? Why or why not?

How do you think others (teachers, minister, co workers) see your family? What would they tell me about you family?

Please describe your relationship with your counselor.

How do you think your counselor saw your family?

How do you think your counselor saw you?

Do you think that changed over the course of therapy. If so how?

Give me some examples of what you liked the best about how your counselor treated you.

Give me some examples of what you liked least about how he/she treated you.

How did the fact that your counselor was a man/woman affect your experience?

How do you think counseling would have been different with a female/male counselor?

What do you think will stay with you from your counseling experience? Why?

APPENDIX F

QUESTIONS FOR SECOND INTERVIEW

Talk about your overall impression of your counseling experience.

What are other resources that would be useful to your family?

How has counseling changed the way you think about yourself or your family?

How did it feel to be in counseling?

If you could go through your counseling experience again, what would you like to be different?

What would you like to be the same? (Give examples)

How does how others see you affect your family?

How does it affect you as a person /woman/ mother?

From your perspective what do you see as most challenging in your role as a single mother?

Again, from your perspective what are the advantages of being a single mother?

APPENDIX G

**SENTENCE COMPLETION TEST FOR WOMEN
(Form 81) Abbreviated Form**

Date: _____

Instructions: Complete the following sentences.

1. Raising a family

2. A man's job

3. The thing I like about myself is

4. What gets me into trouble is

5. When people are helpless

6. A good father

7. When they talked about sex, I

8. I feel sorry

9. Rules are

10. Men are lucky because

11. At times she worried about

12. A woman feels good when

13. A husband has a right to

14. A good mother

15. Sometimes she wished that

16. If I can't get what I want

17. For a woman a career is

18. A woman should always

APPENDIX H

Common/ Uncommon Responses to Interview 1 Questions

1. What brought you and your family to counseling?

Common: Behavior problems in school (1, 3, 6, 9)
Parents' separation/ divorce (2, 7, 8, 9)
Parenting problems (1, 3, 4)

Uncommon: Academic Problems (2)
Communication block between mother and son (1)
Daughter's suicidal ideation (5)
Daughter's shyness (10)
Reunification of mother / child (3, 4)

Who suggested the referral?

Common: Guidance counselor (3, 7, 8, 9, 10)

Uncommon: Mother found out about it (1, 4)
Principal at alternative school (2)
Teacher (5, 6)

2. What can you tell me about your relationship with your child's school?

Common: Poor relationship (1, 2, 4, 6)
Ongoing/good relationship with school (5, 7, 8, 10)

Uncommon: School did not follow its procedures in keeping mother informed about son's behavioral problems (1)
Mother has worked on improving relationship (9)
Wished she had gotten more involved (3)
Not as involved as she was before (3, 6)

3. How do you think others (teachers, minister, co workers, neighbors) see your family?

Common: Depends on who you ask (1, 6, 7, 10)
Friends tell her she is a great person/Mom (1, 9, 10)

Uncommon: Daughter was running the show (3)
Single parent problem (4)
Independent woman (5)
Close-knit, fun loving extended family (5)
Don't care (8)
Dysfunctional family (2, 7)

4. What did you expect from family counseling?

Common: Improve communication with son (1, 4, 9)

Uncommon: Expected to work on parent/child relationship (3)
Daughter understand effects of her actions (5)
Did not know what to expect (4, 8)
Wanted harmony (6, 7)
More in depth questions (2, 8)
Expected kids to be willing to participate (2, 3)

5. How did your experience fit with what you expected?

Common: It fit (1, 4, 5, 6, 9)

Uncommon: A negative experience (2)
Never really had family therapy (3)
Don't know what I expected (8)

6. Did you meet your goals? Why or why not?

Common: Did not meet big goal of keeping family together (1, 2, 3)
Met goals (4, 5, 6, 8, 9, 10)

Uncommon: More frustrated after counseling (2)
Met small goals (1)
Need more work (6, 9)

7. Please describe your relationship with your counselor.

Common:
Great relationship (1, 3, 4, 5, 6, 9)
Counselor personality (3, 4, 5, 6, 8)

Uncommon: Felt sorry for her (2)
Not a nut case (10)
Felt at ease/ comfortable (1, 6)
Awesome counselor (4, 3)

8. Describe how the counselor got involved with your child's school on his/her behalf?

Common: Called school and talked to teacher (4, 5, 8)
Did not think he/she did, not necessary (6, 9, 10)

Uncommon: Counselor intended to go to discipline hearing, but school rescheduled (1)
Did not get involved, but Mother would have liked her to (2)
Helped (5)
Did not get involved (3)

9. How do you think your counselor saw you and your family?

Common: Good Mom (4, 5, 9, 10)

Uncommon: A Mom who is trying to overcome emotional damage she has caused (1)
Did not see a problem (2)
Need help in parenting (3)
Enjoyed being with family (6)
Confused (8)
Stressed out, struggling Mom (2)

10. Do you think that changed over the course of therapy? If so how?

Common: Saw her same way from beginning to end (1, 9, 10)
Don't know (2, 8)
Saw Mom/family getting stronger (3, 5)

Uncommon: it changed because he got to know them more (6)
Saw Mom as willing (4)

11. Give me some examples of what you liked the best about how your counselor treated you.

Common: His involvement with family (1, 4, 6)
Involved the kids (1, 4, 6, 9, 10)
Flexible about session time (2, 4, 6, 9)
Liked games and projects (1, 2, 4, 8, 9, 10)

Uncommon: her excitement and enthusiasm (2)
Kept mother focused (3, 10)
Let daughter set pace (5)
Listened (8, 9)

12. Give me some examples of what you liked least about how he/she treated you.

Uncommon: The homework (1)
Camera (6)
Did not understand the family (2)
Lack of involvement with school (2)
Focus on Mother's drinking (3)
Counseling site was too far (4)
Nothing at all (5)
Challenged mother's stereotypical beliefs (8)
Making mother sit on the floor (10)
Discussing ex-husband's wife as step-mother (9)

13. How did the fact that your counselor was a man/woman affect your experience?

Common: Gender did not matter to mother (2, 4)
Liked that she was woman (3, 5, 8, 9, 10)

Uncommon: Had and preferred male counselor (1)
Son would have been batter with male (2)
Would have preferred woman, but loved male counselor (6)
Liked that she was mother (3, 10)

14. How do you think counseling would have been different with a female/male counselor?

Common: Asked for female, would not have come if male (8, 9, 10)

Uncommon: Would not have gone if it was Female (1)
Daughter craves male attention (9)
Daughter doesn't talk to males (10)
Son would have done better with male (2)
Would have been open to male, but preferred female (3)
Son would have been uncomfortable with female (4)
Would not have been as smooth (5)
Women are more sympathetic (6)

15. What do you think will stay with you from your counseling experience? Why?

Common: Communication skills (1, 4, 8, 9)

Uncommon: Parenting skills (1)
Putting effort in family (2)
Taking care of self (3)
Staying calm when dealing with son (4)
Counselor's honesty (5)
Harmony (6)
She's a child and I am the adult (10)

Common/ Uncommon Responses to Interview 2 Questions

1. Talk about your overall impression of your counseling experience.

Common: Was very helpful (3, 4, 9, 10)

Good (6, 7, 8, 10)

Uncommon: wasn't done thoroughly (2)
Counselor did not see a problem (2)
Came at the right time (3)
Hard at first (5)
Daughter misses counselor (10)
fun (1)
Looked forward to it (1, 6)
Learned (5)

2. How did it feel to be in counseling?

Common: Felt good about putting in effort (1, 2, 6)
Comfortable (1, 3, 5, 9)

Uncommon: Mother gives her guilt syndrome (1)
More frustrated (2)
Relief (3)
Felt good once we started seeing results (4, 8, 9)
Less stressful than previous counseling experiences (10)
Failing as parent (1, 7)

3. If you could go through your counseling experience again, what would you like to be different?

Common: Considers continuing counseling after/during the summer (6, 8, 9, 10)

Uncommon: Did not want to start with another counselor (1)
Would do individual counseling for son (2)
Don't assign a counselor that is graduating to a multi stressed family (1)
too short (1, 8)
Some things would be easier to discuss without children (8, 10)
Nothing (5, 9)

4. What would you like to be the same? (Give examples)

Common: the counselor (1, 3, 4, 5, 6, 8, 9)
Involved the kids (1, 2, 6, 7, 9, 10)

Uncommon: consistency (2)

5. How has counseling changed the way you think about yourself or your family?

Common: Learned to acknowledge children's feelings (1, 5, 8, 9)

Uncommon: Not always right as parent (1, 5)
Helped to realize that as a single parent she had a lot more responsibility (2)
Parenting is a lot harder than I thought it was (3)
Typical kids (6)
Ok to ask for help (7)
Not a failure as a parent (1, 10)
Not as bad of as I thought we were (4, 6)

6. Describe your present relationship with your child's school?

Common: Pretty good (4, 7, 8, 9, 10)

Uncommon: No longer intimidated (1)
No relationship since child is gone (3)
Has not changed (5)
Does not want to see son's teachers (6)
Spends more time in kids school (2)

7. How has family therapy affected your relationship with the school?

Common: Did not affect it (3, 4, 6, 8, 10)
Made her realize she had to advocate for her child (1, 5, 9)

Uncommon: more involved, more open to suggestions (2)
School did not follow their standards and procedures (1)
Helped the school understand there are outside issues in children's life (7)

8. How does how others (teachers, neighbors, co-workers) see you affect your family?

Common: Bothered by it (1, 2, 3,)

Uncommon: stay to myself (1, 4)
Few female friends (1)
Her and boyfriend take good care of the children (2)
Does not care (8)
Others see her as a good Mom (9)

Increases stress level between her and children (6)
She's seen as strong by others and by her daughter (5)
Others can't believe the changes in her (4)
Others are very understanding (7)
Depends (10)

9. How does it affect you as a person /woman/ mother?

Common: Sees self as mother (2, 4, 8, 9, 10)
Cannot distinguish between being a mother and a woman (3, 4, 7)

Uncommon: others see her in negative light since her son has moved out (2)
Learned that she can accept help (5)
Made her stronger (7)
Makes her a better Mom (9)
Doesn't get respect from mother (1, 10)
Not affected (4, 8)
Depends on who it is (6, 10)
Can separate between being mother and woman (1)

10. From your perspective what do you see as most challenging in your role as a single mother?

Common:
Money (6, 8, 10)
Getting everything done (6, 8, 9)

Uncommon: Health problems (1)
Kids' education (2)
Respect from the kids (7)
Teaching daughter right from wrong (10)
Was afraid to be a single mother (5)
Being a good parent (3, 4)

11. How do you cope with these difficulties?

Uncommon: going to counseling (1, 3)
Talking to friends (3, 10)
Write poetry/ journals (1, 9)
Reads self help books (10)
Stay calm (4)
NA 12 step
Asks for help from boyfriend, babysitter (2)
Coped well, became responsible (5)
Does not cope (6)
Responsibility as a woman (7)

Planning (8)

12. Again, from your perspective what are the advantages of being a single mother?

Common: Does not have to worry about some one disagreeing with her (6, 8, 9, 10)

Uncommon: Could have a man (1)

Kids have more respect (2)

Can get help quicker (5)

Does not like being single (6)

There are none (7)

More material things from grandparents for daughter (10)

Don't have to put up with a man (1, 3)

Close bond with child (3, 4, 8)

13. What other resources would be useful to your family?

Uncommon: Has many community programs that help (1, 5)

Education about ADHD (2)

Better relationship with son's individual counselor (4)

People are misguided about organizations that offer help (5)

Support group for daughter (9)

A place for single mothers (10)

Mentor for son (1, 6)

Parenting classes (3, 6)

Church (7, 8)

Table 3

SCT Scoring

SCT	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
1	5i	5l	6e	5m	5a	3e	7b	5m	5i	5q
2	6a	5b	6a	4f	4	5k	6i	5b	6a	6c
3	5k	5a	5c	5e	5a	5c	7e	4c	4e	7e
4	4	5b	4d	4d	5k	6a	6k	2a	6j	2a
5	6f	4a	5j	5i	6g	3a	7b	5b	4d	5j
6	4g	5d	6e	5i	5j	4b	6e	3c	5d	6g
7	5j	5h	5g	4f	5g	4i	6h	5g	5h	5b
8	6h	5a	5h	4i	4	6q	6q	4a	6a	5l
9	6a	7h	4a	4d	3d	4a	4a	5a	4a	3d
10	6p	5b	6a	4e	4e	6a	6f	5e	5	5b
11	6g	4i	5j	6	4g	6f	6p	6h	5k	5a
12	4e	6i	4k	4b	4b	6a	7a	4c	6a	7d
13	4e	5i	6c	7d	7b	5f	4	4e	5f	3d
14	5p	5h	4b	5a	5	6f	7	4a	6c	5n
15	4	5	4b	5m	5c	5s	5e	5e	6c	5c
16	7a	5m	5n	6r	6e	6c	5c	5m	5d	5n
17	4	5k	4e	6f	5k	3	6f	5m	5a	5p
18	4d	5m	5c	4	5i	5n	6	5o	6l	5i
E2								1		1
E3					1	3		1		2
E4	7	2	6	8	5	3	2	5	3	
E5	4	14	7	6	9	5	2	10	8	11
E6	6	1	5	3	2	7	10	1	7	2
E7	1	1		1	1		4			2
E8										
E9										
IS	91	91	89	87	87	88	106	81	94	99
ogive	>6E6 <12E5	>9E5 <9E4	>9E5 <9E4	>9E5 <9E4	>9E5 <9E4	>9E5 <9E4	>3E7 <15E6	Other cases	>6E6 <12E5	>9E5 <9E4
Level	E6	E5	E5	E5	E5	E5	E7	E4	E6	E5

Table 18

Within Case Analysis

Participant	Theme 1 Sub themes	Theme 2 Sub themes	Theme 3 Sub themes	Theme 4 Sub themes	Theme 5 Sub themes
1	Ongoing battle - Frustration /no help - Best I can do - Resources	A different way -Changed things -At ease/ comfortable - Didn't so much like	Not a Bad Mom -Recovering addict - A single Mom - My Mom	Communication block Intimidation - Brain wash myself	Assume the wrong things -blame me -depends on the person
2	Fell through the cracks - ADHD - Giving up - Most challenging	A negative experience - Focused on son - A lot left on the table	Open to counseling -Learned from experience - Putting forth effort	My expectation - Counselor expert - Don't know what I expected	Doesn't live here - Not with Daddy anymore - What other people think
3	Daughter counseling - Just kept coming by self - I learned some things	Bad kid/ bad parent - There's two of me - Failed to be more involved in school	I can't do this - Love is not enough - Different kind of relationship	Very kind & loving - Did the right thing - Being a Mom	
4	Counselor greatest part - A lot of different things - It was all worth it	Some kind of recovery - Got him into special ed -Frustrating	A lot of battles - Son's emotional problems - Worst school	Just me and him - Trying to do the right thing - Homebodies	
5	went through a lot - Ongoing relationship with school	My guardian angel -Never judge a book by its cover -How she did her teaching	Close knit family -Would rather be a single Mom -My only child	Tried to do everything on my own -People don't realize that you can get help -I can always use a helping hand	A safety net -Help Tia understand - Has really helped
6	Pretty stressed -Problems since Kindergarden -Live with cousin -Just moved here	We want to be there -not crazy about it -Harmony -We're not done	Counselor is great -Took an interest -Other counselors -gender	I'm it - Relationship with kids - I hate being single - resources	A bad Mom -Not that bad - Typical kids
7	Anger against me -Respect from the kids - Divorce	It was good for us - It made me stronger - Participation from the kids	Good relat w school -Got school couns invol - Help school understand	Mom & Dad in One -Anchor of the family -I love my children	
8	Every fam struggles -Hard being single parent -Separation of our family -Don't understand it myself	Want what's best for them -Looks like it's helping -Went really fast -More questions	As long as we're happy -Like I was -Fences make good neighbors	Sweet person -Requested a woman -Kids like her	Real happy with school -Not as attentive - Involved in school
9	A Mom first - Survivor of dom violence - having to be everything -prod of single mother	Make J. world easier -Hard having just Mom -I needed help World is very narrow	Very beneficial -Need more work -Let down guard -Solely for her	Wonderful relat -She could hear us -Little voice on the side -White woman	Still a family -Strong bond -How we communicate -Shopping for Dad
10	A hard life. -daughter -support -money	It was worth it. -learned -didn't like -not a cop out	Not a nut case. -daughter liked her -gender	Single parent family. -relationship with dad -live through her -get her to myself	A better mom -know my faults -want her to be ok -proud of her