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THE STRUCTURE AND FUNCTIONING OF SOCIAL
SUPPORT SYSTEMS OF MARRIED, SINGLE, AND DIVORCED
MOTHERS WITH YOUNG CHILDREN

A Thesis

by

ANITA FRALEY FLOWERS

Submitted to the Graduate School

Appalachian State University

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MASTER OF ARTS

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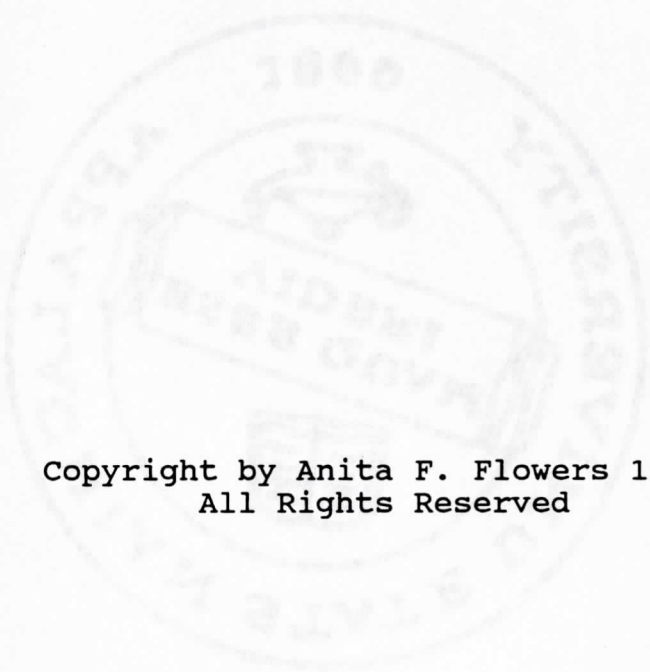
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ABSTRACT

THE STRUCTURE AND FUNCTIONING OF SOCIAL
SUPPORT SYSTEMS OF MARRIED, SINGLE, AND DIVORCED
MOTHERS WITH YOUNG CHILDREN. (September 1990)

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This study sought to describe more precisely the structure and functioning of the social support systems of mothers with young children. Married, single, and divorced mothers were compared in terms of the size of their social networks, their perceived amount of support, and the sources for differing types of support within that network. They were also compared on their adjustment to parenthood and levels of depression and anxiety. Married mothers were expected to have larger social networks and to perceive more support as well as to have better adjustment levels.

A sample of 64 mothers with a single child under the age of three was surveyed through daycare centers, utilizing five major instruments: Social Support Network Measure; Personal Resource Questionnaire-Part 2; Adjustment to Parenthood Scale; Zung Depression Inventory; and State-Trait Anxiety

Inventory. Four weeks later, 33 subjects had responded. After a follow-up letter, 18 more questionnaires were returned. Single parenting groups were contacted to increase the number of responses from single and divorced mothers. The final sample consisted of 64 appropriately answered questionnaires, a response rate of 29%. Thirty-seven mothers were married, 12 were single, and 15 were divorced.

Married mothers differed significantly from single and divorced mothers in both qualitative and quantitative measures of support. As expected, married mothers fared best, reporting larger social networks and more perceived support as measured by the Personal Resource Questionnaire. Married mothers also reported less depression and anxiety; however, no differences were noted in adjustment to parenthood.

Married, single and divorced mothers reported similar patterns and amounts of emotional support; however, the pattern of instrumental support was more complicated with married and single mothers receiving significantly more instrumental support than divorced mothers.

Both perceived support and social network correlated highly with the adjustment measures of depression, anxiety, and adjustment to parenthood, indicating a strong relationship between these measures of support and the mother's adjustment levels.

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I wish to express my sincere appreciation to Dr. Henry G. Schneider, Chairperson of the thesis committee, whose constant challenge demanded my best work and whose encouragement and persistence helped me attain it; to Dr. Paul Fox, whose interest and encouragement gave me enthusiasm; and to Dr. Margaret Rogers Wiese, whose able assistance assured completion of the thesis.

I am indebted to the busy mothers who participated in the study, generously taking their valuable and harried time to complete the survey, and often taking additional time to add personal notes about their own struggle to make a support system work for them.

I am very grateful to my family who have not only given their "social support" and encouragement; but who have been very generous with their instrumental support as well. I am especially grateful to my husband, mother-in-law, and aunt for the many hours of babysitting freely given.

Dedication

This thesis is dedicated to my daughters, Alison Jordan Flowers and Savannah Lindsey Flowers, who were crucial to my illumination into the struggles of mothers with young children and who taught me that dreams can become reality under any circumstances; and to my husband, Don Flowers, whose unwavering support and confidence in my ability helped make this dream a reality.

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Single parent families have received attention from researchers since World War II. The focus of much of this research has been on the negative effects of father absence on male children in single mother homes (Brandewein, Brown, & Fox, 1974; Hetherington, 1979; Kelly & Wallerstein, 1976). These studies shared a common attempt to discern the pathology associated with a single mother home and focused on father absence as the principal variable affecting the social and emotional development of children in single parent homes. Hanson (1986) noted that father absence has been cited as a causative factor in such developmental problems as juvenile delinquency, inadequate sex-role identification, drug abuse, lowered school achievement, poor personal adjustment, and other forms of pathology.

However, as researchers probed more closely into the life circumstances of single parents, father absence was found to be a variable that can affect children in both direct and indirect ways. Direct effects of father absence included those relating to the reduced social attention, stimulation, and modeling resulting from the absence of a second, and particularly, male parent (Weinraub, 1978). Indirect effects of father absence included those resulting from the increased social, emotional, and financial stresses on the mother. Both of these direct and indirect factors had an impact upon single parent children; however, Blechman

(1982), in a review of the literature, argued that most of the differences observed in single parent children could be attributed to these indirect factors. Maternal adjustment to the overwhelming demands of single parenting may well be a determining factor in the health of the single parent family.

Increased stresses on the mother have been found to be social, emotional, and financial. The father's absence meant that there were fewer adults who could potentially provide child care (Hetherington, 1979) as well as share the financial and household burdens. For the single parent, there was little time for normal household work in addition to earning a living and raising children. Sanik and Mauldin (1986) found that employed single mothers had the least amount of time to spend on household tasks, child care, personal care, and volunteer work. However, no differences between single and married mothers were noted in time devoted to non-physical child care. Each classification of mothers spent the same amount of time each day communicating with their children and meeting their emotional needs. Sanik and Mauldin (1986) concluded that "in order to meet the time demands and emotional needs of her family, the single mothers sacrificed time in personal care activities, including sleep and rest, and spent less time in recreational activities" (p.56). Other researchers have noted that single mothers cope with this task overload by skimping on some tasks and giving housekeeping a lower priority than other activities (Brandewein et al., 1974).

Life circumstances in single parent families have been overwhelmingly noted to be more stressful than those in two parent families. Financial stress, lower educational levels, and lower occupational status have been reported to produce levels of chronic stress in single parent families (Allen, Affleck, McGrade, & McQueeney, 1984; McClanahan, 1983). McClanahan (1983) found that female-headed families were more likely to experience chronic stress in the form of low income than were two parent "male-headed" families. Allen et al. (1984) found that single mothers provided less optimal environmental stimulation for their children. They also had less education and lower occupational status than two parent families.

Psychological distress has been noted to be more common in single parent than in two parent families. Pearlin and Johnson (1977) were among the first to focus on the depressive consequences of economic hardship, social isolation, and parental responsibilities to which unmarried people are more exposed and vulnerable. This was in contrast to the earlier interpretation that the psychological distress of unmarried people was reflective of their unmet inner needs and emotional frustrations. Keith and Schafer (1982), in a study of employed single parent and married women, found that married women reported less depression than did single women. Other researchers have supported the idea that married mothers (and married people in general) tend to experience

less psychological difficulty (Pearlin & Johnson, 1977; Radloff, 1975).

Another strong social and emotional consequence that single parents experienced as a result of these life circumstances was social isolation. Studies have found that single mothers have less time for social contacts (Sanik & Mauldin, 1986; Schlesinger, 1977) and have less stable social networks (Weinraub & Wolf, 1983). Weinraub and Wolf (1983), in a study of the effects of stress and social support on mother-child interactions in single and two parent families, found that single parents tended to be more socially isolated, worked longer hours, and received less emotional and parental support than did their married counterparts. Single mothers were less likely to confide in the individuals they saw most frequently and tended to rate their friends and relatives as less supportive than did married mothers.

McClanahan (1983), in a longitudinal comparison of two parent and female-headed families, found that female-headed families were more likely to experience low levels of social support as well as acute stress in the form of major life events. In addition, female heads experienced more stress in the form of negative self images and negative views about the future. McClanahan (1983) found that some of the stress associated with the non-married status was a temporary phenomenon in the case of stressful life events. It appeared that recently divorced, separated, and widowed females were

much more likely to experience major life events including income changes, residential relocations, and household-composition changes than were women who had been single for three or more years. Three years after disruption, the event scores were considerably smaller.

These stressful life circumstances have dire consequences for both the single mother and her child. Low levels of social support have been overwhelmingly associated with poor maternal adjustment and depression (Dean, Lin, & Ensel, 1981; Reis, 1988; Roy, 1978; Stemp, Turner, & Noh, 1986). For both married and single women, environmental stress and significant life changes were associated with attachment problems in young children (Vaughn, Egeland, Stroufe & Waters, 1979). Higher levels of stress in mothers have also been associated with harsher maternal discipline, including physical abuse (Gaines, Sandgrund, Green, & Power, 1978; Justice & Justice, 1976).

Weinraub and Wolf (1983) found that in both single and two parent families, stress tended to be related to less positive mother-child interactions. In single parent families, more potentially stressful life events were associated with reduced maternal nurturance and tended to be associated with less positive parent-child interactions.

On the other hand, social supports for parents have been linked to positive maternal adjustment, confidence, and parental self-esteem. A growing number of studies have

attested to the importance of social support for psychological adjustment and health. In studies of the transition to parenthood, a time in which mothers are learning to parent and are adjusting to their new roles, social support has been found to be linked to positive maternal adjustment and psychological well-being (Levitt, Weber & Clark, 1986; Stemp et al., 1986; Turner, 1981).

D'Ercole (1988) found that social support in single mothers was positively related to well-being and self-esteem. Hanson (1986) found that social support was crucial for healthy single parent families. The social support of single parents and their children was definitely related to health outcomes. Families with larger social support systems enjoyed better mental and physical health.

Social Support and Stress

Research has shown social support to have general stress buffering effects. Empirical research on social support and coping has suggested that "access to potentially supportive others and a sense of competence and control can help people deal effectively with stressful life circumstances" (Pearlin & Schooler, 1978, p.4). Cobb (1976) and Dean and Lin (1977) have reviewed an array of studies suggesting that social support may function as an effective buffer or mediator of life stress, such as those stresses experienced by mothers with young children. Dean and Lin (1977) explained that social support and coping work indirectly as buffers by

protecting the individual from experiencing the negative effects of stressful conditions.

D'Ercole (1988) examined the function of social support in a study of 83 single mothers in New York City. She found that measures of economic hardship, coping, self-esteem, and social support from friends and co-workers predicted nearly 25% of the variation in financial strain in the sample of mothers. Social support appeared to function as a "protector in the face of stress, with some evidence for the 'buffer' effect" (D'Ercole, 1988, p.41). In general, the quantitative relationships observed between coping responses and strain corroborated the idea that social support can diminish parental role strain.

Other researchers have reported findings consistent with the view that social support may matter for psychological well-being independent of level of adversity or stress (Andrews, Tennant, Hewson, & Vaillant, 1978; Henderson, 1980; Kaplan, Cassel, & Gore, 1977). Social support, in addition to its stress-buffering role, may have independent influences on behavior and attitude (Mueller, 1980). Turner (1981) hypothesized that "inadequate social networks may be a central explanatory factor in the well-known relationship between psychological well-being and social, marital status, geographic mobility, and minority status" (p.357-358).

Of the theories advanced to explain this relationship between support and psychological adjustment, the most highly recognized is that social support facilitates the coping

process (Cobb, 1976; Hirsch, 1980; Pearlin & Schooler, 1978; Tolsdorf, 1976). Lin, Ensel, Simeone, and Kuo (1979) suggested that significant others serve as a source of practical assistance, advice, information, tangible goods, and services. Hirsch (1980) found that the cognitive guidance function of social support (i.e. giving information and advice) was significantly related to indices of mental health and adjustment. By increasing one's repertoire of coping behaviors through practical advice or assistance, the support system helps individuals find options and alternatives to both stressful and everyday situations.

Pearlin and Schooler (1978) emphasized that resources refer to what is available to an individual to use in developing a repertoire of coping skills. They defined social resources in terms of interpersonal networks, including family, friends, co-workers, neighbors, and voluntary associations. A larger supportive network should theoretically provide a larger repertoire of coping skills, affording the individual more choices of behaviors and ideas. Individuals also use other people for the cathartic ventilation of emotions such as fear and anger which seems to reduce stress.

Cobb (1976) proposed that social support helps people maintain a clear identity as they take on new roles required by life changes. Findings by other researchers have indicated that mothers and fathers experience dramatic role changes

after becoming parents. The instrumental role arrangements of marriage partners changed to accommodate the additional family tasks involved in infant care and often became more traditional (Belsky, Lang, & Huston, 1986; Belsky, Spanier, & Rovine, 1983; La Rossa & La Rossa, 1981). Belsky et al. (1986) observed that, after becoming parents, husbands tended to adopt traditionally male responsibilities such as caring for house exteriors and managing family finances. Wives took on more of the traditionally female responsibilities of household and baby care (e.g. washing dishes, changing diapers, doing laundry). The continuity, along with the adaptability, of a social network allowed mothers to have access to helpful information and advice in adjusting to their new roles, along with information that helps them maintain their "old" role of daughter, sibling, friend, and co-worker.

It is evident that social support positively facilitates individuals in stressful circumstances and it has been suggested that social support is a crucial element in psychological health under everyday circumstances (Mueller, 1980; Kaplan et al., 1977; Pearlin & Schooler, 1978). Whether social support functions as a "buffer" in the face of stress, increases the coping repertoire, or helps individuals maintain a clear identity, the positive effects are numerous and the negative effects few. In studies of mothers with young children, researchers have clearly documented the positive psychological and emotional outcomes of increased

levels of social support in these families (Carveth & Gottlieb, 1979; Gladow & Ray, 1986; Hanson, 1986; Reis, 1988; Turner, 1981). For single and divorced mothers coping with task and role overloads, social support appears to be crucial in their ability to cope in a positive and effective manner. Gladow and Ray (1986) investigated the impact of informal support systems on low income single parents. Four dependent measures (total problems, happiness, loneliness, and isolation) were used to assess the well-being of the subjects. Results showed total informal support had a positive impact on all measures of well-being. Hanson (1986), in a study of healthy single parent families, found a significant correlation between parent's mental health and social support and between the children's mental health and social support. The greater the social support, the higher was the level of overall family health. In a study of 740 low-income, predominantly single, young mothers, Reis (1988) found that low levels of depressive symptomology correlated most significantly and strongly with low levels of social support.

Social support has been shown to have the same general impact on married mothers. Wandersman, Wandersman, and Kahn (1980) explored the effect of different types of social support on the adjustment of first time parents. Four types of early postpartum support (parenting group, marital instrumental support, marital emotional support, and network

support) were related to later postpartum adjustment (well-being, marital interaction, and parental sense of competence).

Crnic, Greenberg, Ragozin, Robinson, and Basham (1983) reported that intimate support could moderate the effects of stress in influencing maternal life satisfaction. Brown, Bhrolchain, and Harris (1975) found that when social support was indexed as an intimate and confiding relationship with their husband or boyfriend, this factor had a significant impact on distress.

Turner (1981) summarized the findings of four studies of social support with data from four distinct populations, including new mothers. He concluded that findings across the four studies suggested a modest, but reliable, association between the experience of social support and psychological well-being. Evidence was also presented consistent with the view that social support has significant main effects and that it is most important in stressful circumstances.

Other findings have indicated that mothers turn to their networks and support systems for assistance when stress increases. In a study of 99 mothers eight weeks after their newborns had been home from the hospital, Carveth and Gottlieb (1979) reported positive correlations between social support and stress, suggesting that the mothers used social support networks more when stress was high. Tietjen and Bradley (1985) found that difficulties in adjusting to motherhood led to greater utilization of networks. In this

longitudinal study of women across the transition to parenthood, women who, during pregnancy, had more negative attitudes toward pregnancy were receiving high levels of support from their networks. The authors' explanation was that "women who were unhappy or ambivalent about having a child were making more use of their networks for support" (Tietjen & Bradley, 1985, p.118). However, network support did not appear to be facilitating better adjustment. Neither network supportiveness nor satisfaction with network support was associated with better adjustment during pregnancy or at three months postpartum.

These findings suggest that social support has an important role to play in facilitating the adjustment of mothers with young children, but this role is only beginning to be understood. There appear to be wide differences in the way people utilize their support networks and the consequences of support when sought and given may also contribute to the way an individual utilizes her network.

Definition and Measurement of Social Support

Studies of social support are marked by diversity in both definition and measurement. Definitions of social support abound. According to Dean and Lin (1977), the literature contains no consensus as to what constitutes social support. Some studies associate support with the availability of a spouse or confidant, close ties with friends, and the nearness of relatives (Brown et al., 1975;

Crnic et al., 1983; Levitt et al., 1986). Others focused on the more nebulous concept of feelings of perceived support or the reported experience of being supported (Brandt & Weinert, 1981; Hanson, 1986).

Cobb (1976) identified three components of social support: "(a) information that one is cared for and loved (succor, nurturance, and affiliation), (b) information that one is esteemed and valued (recognition and respect), and (c) information that one belongs to a network of communication and mutual obligation (group membership)" (p.309). In Cobb's view, social support consisted entirely of the exchange of information. Other researchers have included the exchange of material goods, services, emotional comfort, intimacy, assistance, problem-solving, and enmeshment in the local community in the definition of social support (Dean & Lin, 1977; Levitt et al., 1986; Stemp et al., 1986; Tolsdorf, 1976).

Social support seems to incorporate both qualitative and quantitative dimensions (Thoits, 1982). Qualitative support refers to the "perceived meanings and expressive values of social relationships" (Pearson, 1986, p.390). Weiss (1974) suggested that social relationships have multiple functions, including the sharing of concerns, intimacy, opportunity for nurturance, reassurance of worth, and assistance/guidance. Qualitative support measures focus on the individual's self

reported experience of support and on the cognitive and emotional functions of that support.

Quantitative constructs of social support, on the other hand, focus on social networks. British social anthropologists were pioneers in the first systematic investigations of social networks. In 1954, Barnes (cited in Mitchell & Trickett, 1980) studied a Norwegian fishing village and found that the structural concepts of role status and territorial location were incomplete in documenting the village's social life. Barnes plotted the interactions that an individual would have with others and began to use the term "personal network." "Social network" later became interchangeable with "personal network."

Networks have since been categorized on several dimensions. Tolsdorf (1976) focused on the components of structure (size, frequency of contact, and density), content (the purpose of relationships), and function (support, advice, or feedback). Dean and Lin (1977) suggested that "various types of human groupings may be identified by their function" (p.40) and noted that primary relationships can be divided into two major axes of organization: 1) the instrumental system, which is geared to the fulfillment of tasks, and 2) the expressive system, which is geared to the satisfaction of individual needs.

In studies of mothers with young children, researchers have measured network support in a variety of ways, touching on both instrumental and expressive/emotional support

systems. Tietjen and Bradley (1985) measured social support by assessing the frequency with which each person in the mother's network provided support in each of six areas: social/recreational contact; information and advice about pregnancy and childrearing; other information and advice; help with household tasks; guidance and feedback; and emotional support. Levitt et al. (1986) assessed two areas of maternal social support: emotional support and child care assistance. Emotional support was defined by the performance of five functions. Mothers were asked to indicate those in whom she confides, who reassure her, who make her feel respected, who would care for her if she were ill, and with whom she can talk if she is upset, nervous, or depressed. Child care assistance was given four functions, including babysitting chores and advice about baby care. Both of these studies of new mothers examined quantitatively both the emotional/expressive support available to the mothers as well as instrumental support, the practical, hands-on assistance with child care and household tasks.

Both the qualitative and quantitative dimensions of social support seem important to adjustment roles (Wilcox, 1981). The qualitative dimension indicates what the client experiences or perceives to be helpful; the quantitative dimension denotes the presence of relationships available to the client. Tolsdorf (1976) explained the interaction

between qualitative and quantitative social support in this manner:

An individual's expectations and beliefs help determine his behavior, but they in turn are partially determined by the characteristics of the social network. Conversely, an individual's network is shaped and maintained by his use of it and by his attitude toward it. Thus, the individual and the network are in constant interaction, both influencing and being influenced by the other. Once established, network orientations (are) associated with the perceptions of stress, choice of coping style, proportion of multiple and kinship relationships and coping mechanisms. (p.416)

Other researchers have argued for the primary importance of the qualitative constructs of social support and have found that the amount of perceived or experienced support is more helpful than a social network measure in predicting adjustment or mental health. Brandt and Weinert (1981) built on Weiss' (1974) conceptualization of social relationships to develop the Personal Resource Questionnaire (PRQ), a two-part measure of social support. Part 2 of this measure contained a 25-item Likert scale, developed according to Weiss's relational functions. This measure of perceived support was found to be a stronger predictor of family functioning than Part 1 of the same measure, which was a quantitative measure of support. Hanson (1986), in a study of healthy single parent families, found that a higher level of perceived support as measured by the PRQ, was highly correlated with better physical and emotional health.

Turner (1981), using a measure of social support in which the respondent indicated the degree to which he or she

felt loved, supported, and cared for, found a modest, but reliable, association between the experience of social support and psychological well-being in a group of new mothers. Turner noted, after reviewing earlier studies of social support, that the definition of social support might vary from social bonds (Henderson, 1977, 1980) to social networks or contacts (Cassel, 1976) to availability of confidants (Brown et al., 1975); however, each of these concepts shared a focus upon the experience of being supported. Again, this suggests that the individual's own feelings of being supported and cared for are crucial to a measure of their social support.

Primary Network Members

Researchers have identified families, friends, neighbors, and co-workers as informal care givers (Gladow & Ray, 1986; Gottlieb, 1978, 1983; Levitt et al., 1986). Overwhelmingly, in studies of the transition to parenthood, the marital relationship has been shown to provide the major source of maternal support (Crnic et al., 1983; Tietjen & Bradley, 1985; Wandersman et al., 1980). In one study of support in the transition to parenthood, Wandersman et al. (1980) found that attending postpartum parental support groups did not have a significant positive impact in parents' postpartum adjustments; however, marital emotional support from the spouse did facilitate positive postpartum adjustment.

Levitt et al. (1986) reported that mothers averaged 13 persons in their network. Despite this fact, mothers reported receiving support from very few people. Support was provided first through the mother's relationship with her husband, second through her relationship with her own mother, and finally through one or two friends or family members who were not likely to be children, parents-in-law, or the mother's father. Husbands provided significantly more emotional support than did grandmothers.

Stemp et al. (1986) found that social support, when indexed by supportive network, did not influence changes in psychological distress. However, when social support was operationalized as marital intimacy, there was a significant association with distress. Roy (1978) presented evidence that women who had an intimate, confiding relationship with a husband or partner were less likely to suffer from depression during stressful times.

Tietjen and Bradley (1985), in a study comparing support from the spouse with support from the social network during the transition to parenthood, again found evidence for the primal impact of spouse support. In this study, the authors found that the role of support from social networks was entirely different from the role of spouse support. While support from network members was not associated with good adjustment; support from husbands was associated with good adjustment in all areas during pregnancy and with good postpartum marital adjustment.

Given the evidence for the primal impact of spouse support, examination of the support systems of divorced and single mothers becomes even more crucial. Who provides support for these mothers who are functioning without the resource of a spouse in the home? Previous research has varying answers for that question.

Much research has focused on the friend network as an important source of support for single and divorced mothers. Halem (1982) found that friends are more likely than family members to be objective as well as empathetic in their perspectives. Wagner (1987) noted that "the friend network seemed more likely to reinforce the necessary changes in self-identity and in social roles that a woman must make as she adapts to her single parent role" (p.90). The degree of satisfaction with one's friendships has been shown to be more crucial to a woman's successful adjustment to divorce than her relationships with her former spouse, in-laws, or involvement with community organizations (Bowen, 1982).

Other researchers have found similar evidence for the importance of support from friends (D'Ercole, 1988; Wagner, 1987). Gladow and Ray (1986) found that support from friends, neighbors, and community were significantly related to all the dimensions of well-being (including total problems, happiness, loneliness, and isolation), while support from relatives was not correlated with either loneliness or happiness. In 1982, Spanier and Hanson reported

that the degree of contact with parents and the amount of support received from them was actually detrimental to post-marital adjustment scores. Involvement with siblings had a more neutral effect, but involvement with friends strongly and positively enhanced the scores. D'Ercole (1988) found that support from co-workers and friends other than family members was positively related to well-being.

However, for younger single parents, research has indicated that it is family support which is crucial for the emotional and parenting needs. Coletta (1981) found that with high levels of emotional support, adolescent mothers were reported to be less aggressive and rejecting and less likely to nag, scold, ridicule, or threaten their children. These relationships were strongest when the adolescent's own family was the source of emotional assistance. The adolescent's behavior was the most positively affected when she felt she had a close family which she could count on for support. Next in order of importance was support from a partner or spouse. Friends were found to be a much less effective source of emotional support for these adolescent mothers.

It appears that the relationships between social support, parenting, and stress are not simple; but depend on a variety of individual and situational resources and variables. It is clear that social support can mediate the impact of potentially stressful life events and that parental effectiveness and adjustment of mothers with young children

is enhanced by the availability of support. Social support has implications for effective interventions for professionals working with these mothers.

Mitchell & Trickett (1980) suggest that it is easy to understand the appeal of the concept of social support.

First, social support offers operational means of learning more about the everyday lives of persons in communities. Second, the linking of social support to various aspects of psychological adaptation offers a theoretical base for broad-based preventive interventions. If the determinants of psychological dysfunction and psychological development are multiple and affected by one's 'social network', then initiating programs that help individuals and communities to strengthen their systems of social support may reduce vulnerability and risk and increase competence and sense of community. Third, the notions of networks and social support systems suggest a "way of developing resources that puts less emphasis on treatment by professionals and more emphasis on embeddedness within a naturally occurring network of non-professional supportive relationships" (p.27-28).

Statement of the Problem

The goal of this study was to describe more precisely the structure and functioning of social networks of mothers with young children as a function of their current marital status. This study assessed adjustment to parenthood as a function of the mother's interpersonal relationships and types of support and extended the current research findings on social support and the transition to parenthood.

Social support in the lives of single, divorced, and married mothers was explored with both qualitative and quantitative measures. The social support network reported the number of people available to each mother for social support while the amount of perceived support each mother experienced was examined through a self-report measure. The social support network was further broken down into both types of support (emotional and instrumental), and providers of support (relative, non-relative, mother, and spouse). The roles of network members in providing each type of support was examined. Other dependent measures focused on depression, anxiety, and the overall adjustment to parenthood. In the married sample, the effect of spouse support and its relationship to the mother's adjustment was examined.

The hypothesis was that single and divorced mothers would have fewer members in their support networks and would

perceive themselves as having less support than would the married mothers. It was expected that married mothers would report receiving more emotional and instrumental support than single or divorced mothers and would experience less depression and anxiety. With the married subjects, spouse support was hypothesized to have a strong relationship to the mother's overall adjustment to parenthood. Married mothers were also expected to have higher overall adjustment to parenthood scores.

Method

Subjects

Subjects were married, single and divorced mothers with only one child being under the age of three. They were recruited from daycare centers in the Lenoir, Boone, and Hickory areas of North Carolina and daycare centers in Greenville, South Carolina. Questionnaires and follow-up letters were distributed through the centers. To obtain additional single mothers, leaders of single parenting groups were also contacted for the names of potential subjects.

Measures

Social Support Network. Social support network was assessed by use of a network questionnaire developed by Kahn and Antonucci (1984) and adapted by Levitt et al. (1986). The network diagram consisted of three concentric circles

with the respondent at the center. The respondent was asked to place (by initial) in the inner circle those individuals who are so close that it is hard to imagine life without them. Those who are not quite as close, but still important were placed in the second circle, with those not quite as close, but still important in the outer circle. Mothers were asked to indicate each network members' relationship to her (spouse, mother, etc.). The number of network members for each respondent was summed to form a social support network score.

Perceived Social Support. The multi-dimensional characteristics of social support was measured by Part 2 of the Personal Resource Questionnaire, developed by Brandt and Weinert (1981). This 25 item Likert scale was based on Weiss' (1974) model of relational functions of social support and measured perceived support. An internal consistency reliability of .89 was obtained for PRQ Part 2. Predictive validity was established against measures of marital adjustment and family functioning, with modest correlations (.33 to .44).

Emotional Support. The dimension of emotional support was assessed by asking mothers to indicate which of the individuals listed in the network diagram performed each of five general emotional support functions (Levitt et al., 1986). The mother was asked to indicate specifically those in whom she confides, who reassure her, who would care for her if she were ill, and those with whom she can talk if she

is upset, nervous, or depressed. The emotional support functions were combined to yield a single emotional support index for each relationship category. For example, the emotional support index for the husband indicated the number of emotional support functions fulfilled by the husband. Reliability as measured by Cronbach's alpha was .90 for the total emotional support index.

Instrumental Support. Instrumental support was assessed with an expanded scale used by Belsky et al. (1986). Each respondent was asked to indicate who is responsible for and who assists with a list of ten household and child care tasks, such as cooking the dinner meal, doing the laundry, washing the dinner dishes, bathing the child,, changing diapers, feeding the child, etc. The internal consistency of this scale has been shown to range from .69 to .73.

Spouse Support. The dimension of emotional support from the spouse was assessed by the use of a scale constructed by Stemp et al. (1986), chosen for its brevity and reliability. Each item in the scale was rated on a 5 point continuum with response categories ranging from very, very much to not at all. Responses were summed to form a single emotional support variable. This scale has demonstrated satisfactory inter-item reliability,, with Cronbach's alpha, ranging from .78 to .99. It has been shown to be stable with a one-year test-retest correlation of .64.

Adjustment to Parenthood. Overall adjustment to

parenthood was assessed through the use of a questionnaire designed by Steffensmeier (1982) and adapted by Myers-Walls (1984). It measured both objective behavioral changes required by parenthood and subjective interpretations of those changes by the parents, tapping both the difficulties and rewards of parenthood. The original Steffensmeier scale included 78 items. This number was reduced by Steffensmeier to 25 through factor analysis. Three subscales of the scale were identified by Steffensmeier: Freedom from parental responsibilities and restrictions, parental gratifications, and marital intimacy and stability. The marital intimacy subscale was scored only for married mothers and was not included in the total adjustment to parenthood score.

Depression and Anxiety. Two dependent measures were used to assess the amount of depression and anxiety experienced by each mother. Mothers' level of anxiety was assessed by the State-Trait Anxiety Questionnaire (STAI Form X-L) (Spielberger, Gorsuch, & Lushene, 1970). Respondents rated the degree to which 20 statements reflect their state at the moment of responding. The Zung Self-Rating Depression Scale (Zung, 1965) was used to measure the mothers' level of depression. Respondents were again asked to rate the degree to which 20 statements reflected their feelings. Both measures were selected for reliability and brevity.

Procedure

The questionnaires and a cover letter explaining the nature of the study, giving assurance of confidentiality of responses, and providing instructions for the return of the questionnaires were distributed to twelve daycare centers in the Lenoir, Boone, and Hickory areas of North Carolina. One hundred and eighty questionnaires were distributed and, four weeks later, 33 subjects had responded. A follow-up letter was distributed to the subjects through the daycare centers to increase the rate of return. Eighteen more questionnaires were returned. Distribution of seven questionnaires through local single parenting groups yielded a return of five more questionnaires. Of the 56 questionnaires returned, 42 were received from married mothers and 14 from single or divorced mothers.

In Greenville, South Carolina, a similar procedure was followed to increase the number of single or divorced respondents. Of the seven local daycare centers contacted, only two agreed to allow distribution of the questionnaires. Twenty questionnaires were distributed and six were returned. Again, a follow-up letter was sent out; however, it yielded no further responses. Two local single parenting groups were contacted and yielded a return of nine questionnaires out of a distribution of 12.

A total of 219 questionnaires were distributed and 71 returned for an overall response rate of 32%. Of the 71 questionnaires returned, seven were inappropriate for use

with one lacking information regarding marital status, and the other six with the information that the mother had more than one child. The final sample consisted of 64 appropriately answered questionnaires, a response rate of 29%.

Results

The final sample consisted of 64 mothers with a single child under the age of three. Thirty seven mothers were married (57%), twelve were single (19%), and fifteen were divorced (24%). Ages ranged from 17 to 39, with the mean age of each group as follows: married 29.3 years, single 21.1 years, divorced 31.3 years. The mean age for the children of married mothers was 17.6 months, for children of single mothers 11.0 months, and for children of divorced mothers 21 months. Fifty six percent of the children were female, while 43.8% of the children were male.

Differences among the three groups of mothers were pronounced with married and divorced mothers being more alike in terms of age, income, and education. Single mothers were younger than either married or divorced mothers, and had younger children, less education and lower incomes. Averages for the demographic information are contained in Table 1 (Appendix C).

Additional demographic information is presented in Table 2 (Appendix C). Almost 52% of the mothers were employed in

professional occupations, 25% of the mothers worked in clerical positions, 11.7% reported blue collar positions, 6.7% classified themselves as homemakers, and 5.0% were students. 6.2% of the sample failed to list their occupation.

Reliability estimates for the four major instruments used in this study were calculated as a means of comparing reliabilities found in this study with those in others, as well as to add to the general body of data available about each of the measures. Reliability estimates for the four instruments used are presented in Table 3 (Appendix C). Internal consistencies of the scales were determined using Cronbach's coefficient alpha. Reliability coefficients were calculated for both the total scores and for the subscales.

The reliabilities on the total scores were high ranging from .82 to .90. The reliabilities on the subscales were also high, ranging from .77 to .97. The lowest reliability was found on Subscale 2 of the Adjustment to Parenthood Scale, which contained only 8 items. Item alphas were calculated for each item in the subscales and indicate that items 16 and 24 may have been weak items. Item 16 asked the respondent to rate the amount of change there has been since the birth of the baby in doing things spontaneously. Item 24 asked the respondent to rate their level of satisfaction with Item 16 (doing things spontaneously). Reliability coefficients for the STAI Trait Anxiety Scale and the Personal Resource Questionnaire were similar to the

reliability estimates found in other studies. For the STAI, Spielberger (1983) reported a reliability coefficient of .92 using Cronbach's alpha, and the STAI was found to have a reliability of .89 in this study. For the Personal Resource Questionnaire-Part 2, Brandt and Weinert (1981) reported a reliability coefficient of .89 using Cronbach's alpha, and the PRQ-Part 2 was found to have a similar reliability of .90 in this study.

Because the Personal Resource Questionnaire-Part 2 and Adjustment to Parenthood Scale have not had wide use in research as yet, some descriptive data are presented. The means and standard deviation for each of these instruments, as well as for the more widely used Zung Depression Inventory and STAI Trait Anxiety Scale are presented in Table 4 (Appendix C).

As indicated, all four of the major instruments used in this study were shown to have adequate reliability for use in research of this type. Reliability estimates were found to be similar to those of other studies.

Overview of Significant Findings

Married mothers differed significantly from single and divorced mothers in both qualitative and quantitative measures of support. Married mothers fared best, reporting larger social networks and more perceived support. Married, single, and divorced mothers reported similar patterns of emotional support; however, the pattern of instrumental

support was more complicated. The groups differed on two of the three adjustment measures with married mothers reporting less depression and anxiety.

Both perceived support and social support network correlated highly with the adjustment measures of depression, anxiety, and adjustment to parenthood, indicating a strong relationship between the two. Emotional support correlated moderately well with depression; however, correlations between instrumental support and the adjustment measures were disappointingly low.

Closer examination of these differences in the social support systems of mothers with young children is detailed below.

Social Support Networks

Married mothers tended to have more members in their social support networks ($F(2,64)=6.7, p=.002$). The social support network was the number of people each respondent listed as being important to and close to them. Married mothers listed an average of 13.4 persons ($SD=5.9$), single mothers listed an average of 8.58 persons ($SD=4.1$), and divorced mothers listed an average of 8.6 persons ($SD=3.7$). A Duncan multiple range test with an alpha of .05 was performed and indicated that married mothers differed significantly from single and divorced mothers in the number of persons listed as a support network. Married mothers, in a study by Levitt et al. (1986), also reported an average of

persons in their network when an identical measure of social network was used. In that study, single and divorced mothers were not included.

The finding that married mothers reported larger social support networks than single or divorced mothers was particularly interesting, due to the specific sample of single and divorced mothers surveyed. Sixty-three percent of the single and divorced mothers were contacted through single parenting groups. It would be expected that these mothers would have larger support networks than mothers who were not involved in these supportive organizations; thus, biasing the study towards a different finding. It may be that the differences in the support networks of married, single, and divorced mothers are even larger than found in this particular sample.

It should also be noted the the finding that married mothers have larger support networks than single or divorced mothers could not be attributed solely to the fact that married mothers had a spouse to provide support. A spouse would only add one member to the network and the average difference between married mothers and single and divorced mothers was five network members.

Perceived Support

On the Personal Resource Questionnaire, a 25-item Likert scale which measures an individual's perception of social support (using the dimensions of intimacy, social

integration, nurturance, self-worth, and assistance), significant differences were found between the groups of mothers ($F(2,64)=8.59, p<.001$). The average score for married mothers was 144.59 (SD=18.15), 126.6 (SD=23.18) for single mothers, and 124.4 (SD=14.0) for divorced mothers. On this qualitative measure of support, the Duncan test indicated that married mothers perceived that they received more support than did single or divorced mothers. This finding fit with the finding noted above, that married mothers reported a larger social network than did married or single mothers. This indicated that the Personal Resource Questionnaire was an appropriate measure of support. Mothers who felt that they experienced more social support also reported larger social networks.

Emotional Support

The total emotional support index reported the total number of people who provided five emotional support functions for the mothers. Respondents were asked to report which persons they had listed in their social support networks filled the role of being a confidant, of providing reassurance, respect, care during an illness, and of being a good listener when they were upset. A person could be listed once for each function, so that the highest possible score for emotional support could be five times the social network score. No significant differences were found between groups on this quantitative measure ($F(2,62)=.96, p=.387$). Married

mothers had only a slightly higher average than did single or married mothers (not significantly different).

This lack of a finding was especially surprising because it indicated that all mothers in the sample reported the same number of people to provide emotional support although married mothers had larger social networks and perceived themselves as having more support. It was expected that married mothers would have higher levels of emotional support due to this larger support network as well as to the contribution of emotional support by the husband.

Table 5 (Appendix C) breaks emotional support down into categories of emotional support provided by the mother's own mother (maternal emotional support), spouse, other relatives, and non-relatives. These breakdowns yielded no significant differences between the groups, indicating that each of the three groups of mothers received approximately the same amount of support from each category of provider other than spouse.

The pattern of emotional support was quite similar for married, single and divorced mothers with the exception of support provided by the spouse. Interestingly, the average for emotional support provided by the spouse (mean =4.4) was less than that of other relatives (mean=5.7) and non-relatives (mean=4.86), indicating that mothers may turn to friends and others relatives for this type of support. This may help explain why no significant difference in emotional support was found as a function of marital status. Both

married and non-married mothers tended to rely heavily on friends and relatives other than their mothers for emotional support.

Instrumental Support

The total instrumental support index, a quantitative measure of the total number of people who assisted the respondent with eleven household and child care tasks (washing the dishes, cooking dinner, changing baby's diapers, bathing baby, etc.), was also based upon the social support network. Respondents could list a person from their social support network once for each task, making the highest possible instrumental support score eleven times higher than that person's social support network score. Significant differences were found in the amount of instrumental support reported between groups ($F(2,59)=3.47, p=.038$). The average score for married mothers was 10.17 ($SD=3.29$), single mothers was 11.36 ($SD=6.81$), and for divorced mothers was 6.7 ($SD=5.58$). The Duncan test indicated that divorced mothers reported that they received less instrumental support than did married or single mothers.

The pattern of instrumental support was complex. Breakdowns of instrumental support providers into categories of mother, relative, and non-relative yielded significant differences. Single and divorced mothers received more instrumental support from their own mothers than did married mothers ($F(2,59)=19.45, p<.001$). The average score for

single mothers was 6.54, for divorced mothers 4.15, and for married mothers .66. The Duncan test also indicated that single mothers received more instrumental support than did divorced mothers. An examination of living arrangements helped to clarify these results. Forty-two percent of the single mothers indicated that they currently lived with their own mother. Only 12 percent of the divorced mothers listed their own mothers as a member of their household and none of the married mothers indicated that their mothers lived with them.

Single mothers also received more support from other relatives than did married or single mothers ($F(2,59)=3.62$, $p=.033$). Again, the fact that more single mothers lived with their own mothers may have made support from other relatives (such as fathers and siblings) more readily available. Single mothers also tended to be younger than either divorced mothers or married mothers and family members may have felt more of a need to provide hands on help. The average age for married mothers was 29.3, for single mothers was 21.1, and for divorced mothers was 31.3.

In examining the patterns of emotional and instrumental support, it was interesting to compare the providers of these types of support within each group of mothers. This was helpful in answering the question of who provides the major support for each category of mother.

For married mothers, spouses provided only 26% of the emotional support received by the mothers, while providing 75% of the instrumental support. Other relatives (excluding the respondent's own mother) and non-relatives made up the difference in emotional support.

For single mothers, most of the emotional support came from friends (non-relatives) or relatives other than the respondent's own mother. Fifty-one percent of the emotional support was provided by relatives other than the respondent's mother and 36% was provided by non-relatives. Mothers of the single respondents provided only 12 percent of the emotional support, as compared with 57.5% of the instrumental support. This indicates that for single mothers, their own mothers were a significant source of instrumental support; however, they did not serve as a major source of emotional support. Other relatives also contributed a substantial amount, 33%, of instrumental support.

For divorced mothers, the pattern was similar to that of single mothers. Forty-eight percent of the emotional support was provided by relatives other than the mother and 34% was provided by non-relatives. Maternal emotional support accounted for only 20.7% of the total emotional support; while maternal instrumental support accounted for 61% of the total instrumental support. One of the respondents gave a possible explanation for the lack of maternal emotional support. One divorced mother stated "I can't talk to my mother. She doesn't understand me or how I'm trying to raise

my child." Friends, other relatives, and, for married mothers, spouses, provided more emotional support for the respondents than did their own mothers.

Relationship between Types of Support

Pearson product moment correlations were computed to explore the relationship between the types of support. Table 6 (Appendix C) details this correlation matrix.

High correlations were found between the measure of perceived support (the Personal Resource Questionnaire) and the other measures of support, including the social support network, $r = .473$, $p < .001$, total emotional support, $r = .510$, $p < .001$, and total instrumental support, $r = .414$, $p < .001$. These strong correlations indicated that respondents who had a high level of perceived support also reported larger social networks and more emotional and instrumental support. This adds weight to the importance of the individual's perception of support relative to the other types of support studied.

Emotional support also correlated highly with the social support network, $r = .577$, $p < .001$, as well as perceived support which is reported above. This indicates that respondents who received higher levels of emotional support also indicated larger support networks and more perceived support. Emotional support appeared to tap dimensions of support similar to those of perceived support and the support network. The correlation between instrumental support and the social network was low, $r = .196$, $p = .068$, as was the

correlation between instrumental support and emotional support, $r=.171$, $p=.097$. This indicates that emotional support and instrumental support, although both are based on the social support network, tap different dimensions of support. Emotional support is based upon the functions of listening, caring and reassuring while instrumental support is practical, hands-on assistance with household and child care tasks.

Adjustment

It was hypothesized that married mothers, who were expected to receive more support would also experience less depression and anxiety than single or divorced mothers. This hypothesis was supported as results indicated that marital status was significantly related to levels of both depression and anxiety. Married mothers reported lower levels of depression ($F(2,64)=26.5$, $p<.001$) than did the two other groups of mothers. The mean depression scores for married mothers was 65.27 (SD=5.7), 53.40 (SD=6.26) for single mothers, and 52.33 (SD=6.9) for divorced mothers. The Duncan multiple range test with an alpha of .05 demonstrated that married mothers had significantly lower levels of depression than did either single or divorced mothers. Low scores on this inventory, the Zung Depression Inventory, are indicative of higher levels of depression. Possible scores on this inventory ranged from 20 to 80.

Married mothers also reported lower levels of anxiety than did single or divorced mothers ($F(2,64)=15.30, p<.001$). The mean anxiety scores for married mothers was 37.29 ($SD=10.69$), 49.42 ($SD=5.72$) for single mothers, and 50.53 ($SD=6.49$) for divorced mothers.

Interestingly, no difference was found as a function of marital status and the mother's adjustment to parenthood score. Adjustment to parenthood scores and their related subscales are detailed in Table 7 (Appendix C).

It had been hypothesized that married mothers, who were expected to receive more social support, would also demonstrate better adjustment to parenthood. The adjustment to parenthood score included both freedom from parental restrictions and responsibilities, as well as feelings of parental gratification. A third subscale, marital intimacy and stability, was not included in the total score and was scored only for married mothers. Correlations between adjustment to parenthood and depression, $r = -.473, p<.001$, and anxiety, $r = .669, p<.001$, were high, making this lack of a significant finding even more surprising.

Relationship between Support and Adjustment

The relationship between measures of support and adjustment were evaluated by Pearson product moment correlations. The correlations are reported in Table 8 (Appendix C).

Very high correlations were found between the measure of perceived support and the adjustment measures of depression, anxiety, and adjustment to parenthood, indicating the respondents who reported receiving more perceived support also indicated better adjustment to parenthood and less depression and anxiety. Again, this underscored the importance of the variable of perceived support, not only in examining social support, but in an individual's psychological well-being.

Perceived support had stronger correlations with the measures of adjustment than did the social network, although these correlations were also high. The perception of support appeared to be more important than the actual number of people in an individual's support network.

Effects of Spouse Support in the Married Sample

The married sample (37 mothers) was examined independently in order to evaluate the effect of spouse support and satisfaction with spouse support. In order to assess the effect of satisfaction with emotional support provided by the husband, married mothers were divided into two groups using a median split of 6. Fifty one percent of the sample fell into the group classified as dissatisfied with spouse emotional support (score of 6 or less) and 49% of the sample fell into the group classified as satisfied (with a score greater than 6). Married mothers who rated themselves as more highly satisfied with the emotional support provided by their husbands scored higher on Marital

Intimacy (a subscale of the adjustment to parenthood scale which measures marital intimacy and stability) ($F(1,37)=8.12$, $p=.007$).

Married mothers who rated themselves as more highly satisfied with the emotional support provided by their husbands also perceived themselves as having significantly more overall social support as measured by the PRQ ($F(1,37)=16.9$, $p<.001$). This added weight to the importance of spousal support in aiding in the mother's sense of being cared for and supported.

Married mothers who were more satisfied with support from their husbands also tended to be less anxious and depressed than those who were less satisfied with support provided by husbands. These results were compiled in Table 9 (Appendix C).

A main effect of instrumental support in the married sample was also found. Married mothers with higher levels of spouse instrumental support (child care and household task assistance from spouses) were significantly less depressed ($F(1,37)=7.59$, $p=.009$) and tended to be less anxious ($F(1,37)=5.67$, $p=.023$) than married mothers with less assistance from their husbands. No effect of emotional support on depression or anxiety was found in the sample.

Discussion

Differences in the Experience of Support

In examining the support networks of single, divorced, and married mothers, differences were found in the size of the support networks and in the amount of perceived support experienced by the mothers. The social support network was examined as a general guide to the number of people each respondent had available for support. Married mothers reported a significantly higher number of network members than did single or divorced mothers. Divorced and single mothers had fewer people to turn to for support.

This finding confirmed the first hypothesis, that married mothers would have larger support networks. This is supported by previous research which has indicated that single and divorced mothers were more isolated than married mothers and had less time available for social contacts. Weinraub and Wolf (1983) found that single mothers tended to have fewer social contacts than did married mothers. Sanik and Mauldin (1986) found that single, employed mothers had the least amount of time to spend in social and recreational activities and personal care when compared with employed and non-employed married mothers and non-employed, single mothers. Other findings are supportive of the hypothesis that the social network of single and divorced mothers is typically a small network. D'Ercole (1988) found that social support for single mothers, when available, came from few

people rather than from a larger, generally supportive network.

This lack of access to a large social support network is generally viewed as a stressor, leaving single and divorced mothers without the buffering effect of social support when faced with other life stresses. It was expected that single and divorced mothers, having a smaller support network, would also report that they experienced less social support.

This second hypothesis was confirmed. Married mothers perceived that they received more social support than did single or divorced mothers. Again, this finding was consistent with the larger social support network found for married mothers, since it would be expected that mothers with more people to turn to would experience more support. These two general findings added weight to the general body of data that suggested that single and divorced mothers had less social support for use as a resource, when support is operationalized either as a social network or perceived experience of support.

To further understand the differences in the social support networks of mothers, social support was broken down into emotional and instrumental support. This analysis yielded some interesting findings. No significant differences were found between groups on the measure of emotional support, a total of people drawn from the social support network who provided 5 functions of emotional support. This was contrary to what was expected and in

contrast to the findings of other researchers. Weinraub and Wolf (1983) found that single and married mothers differed significantly in the quantitative amount of emotional support received. In their study of the effects of stress and social supports on mother-child interactions, emotional support was measured by how frequently the mother confided in and obtained emotional support from four people whom she saw regularly, as well as from parenting groups and other organizations (church, women's organizations, etc.). In the present study, emotional support was based on a total number of people, rather than frequency of contact. This suggested that while single, divorced, and married mothers relied on approximately the same number of people to provide emotional support, they may still have differed in their frequency of supportive contact with these individuals. This was consistent with the finding by Sanik and Mauldin (1986) noted above. Sanik and Mauldin (1986) found that single and divorced mothers had less time available for social contacts. Single and divorced mothers may have made fewer contacts with their support networks simply because they had less time available for social contact.

The pattern of emotional support provided by spouses, mothers, other relatives, and friends was similar for the three groups of mothers. Respondents received the least amount of emotional support from their own mothers. Married mothers received a substantial amount of support from their

spouses and all three groups received considerable support from other relatives and non-relatives.

These results conflict with a study of married mothers by Levitt et al. (1986) who found, using an identical measure of emotional support, that support was provided first through the mother's relationship with her husband, second through her relationship with her own mother, and finally through one or two friends or other family members. These researchers found that grandmothers contributed a similar amount of support in the married sample ($M=2.5$) as compared to the present study's findings ($M=2.05$). However, Levitt et al. (1986) found that the average amount of emotional support from friends and other relatives was less than 3 in each of those categories. The present study found that friends averaged an emotional support score of 4.8, while other relatives averaged 5.4. Findings from other studies have placed similar importance on the friendship network and indicated that friends may be an especially important source of emotional support for single and divorced mothers. Gladow and Ray (1986) found differing effects of support from family versus friends. Support from friends, neighbors, and community were significantly related to all the dimensions of well-being, while support from relatives was not correlated with either loneliness or happiness. D'Ercole (1988) found that supportive relationships with friends and co-workers contributed more to the well-being of single mothers than did task-related support provided by family and neighbors and

D'Ercole (1988) theorized that friends offer the single parent a chance to "socialize, match experiences, and be part of a network of peers" (p.50). She suggested that exchanges with friends may be less obligatory than those with family members and more spontaneous, and that family assistance may contain a hidden reproach, the message that "if you had managed better, my help would not be necessary" (D'Ercole, 1988, p.50).

These conflicting messages from mothers and family members may offer another explanation for the difference in the amount of support reported by single, divorced and married mothers. Single and divorced mothers may be more reluctant to turn to these individuals when seeking out support because of the implied criticism in their assistance. The support system may be available, but not utilized for these reasons.

Wagner (1987) found that, during the first year of single parenthood, the friend network became more important as the mothers "shared a general tendency for reliance on family to be replaced by increasing involvement with friends" (p.90). He theorized that the friend network "seems more likely to reinforce the necessary changes in self-identity and in social roles that a woman must make as she adapts to the single parent status" (Wagner, 1987, p.90).

Wagner (1987) also noted that the friendship network enhanced a single mother's adjustment more than her family

network. Friends were more likely than family members to be objective as well as empathetic in their support (Halem, 1982). Spanier and Hanson (1982) found that the degree of contact with parents and the amount of support received from them was actually detrimental to post-marital adjustment scores. These findings are consistent with the finding in the present study that mothers are a less important source of emotional support for the respondents, although in this study other relatives did provide a substantial amount of emotional support.

Gladow and Ray (1986) also included support from a romantic partner or live-in boyfriend and found that having a romantic partner contributes significantly to the reduction of feelings of isolation by the mother. In the present study, the effect of a romantic partner was not singled out and only one of the single or divorced mothers indicated a live-in boyfriend on the questionnaire. However, further examination of the role of a long-term boyfriend would be helpful in delineating the support structure of single mothers. It may be that a romantic partner would contribute to the emotional and instrumental support of a single or divorced mother as significantly as a spouse does for married mothers.

Another type of support studied was instrumental support. The pattern of this practical, hands-on assistance with child care and household tasks was quite complex. Married mother received more instrumental support than did

single or divorced mothers and 75% of the total instrumental support for married mothers came from the spouse. Proportionally, spouses provided a much greater percentage of instrumental support for their wives than they did emotional support (only 26% of the total emotional support comes from husband).

Maternal instrumental support (hands on assistance from the respondents' own mother) also showed significant differences between groups. Single and divorced mother received more instrumental support from their own mothers than did married mothers and single mother received the most instrumental support from their mothers as well as from other relatives. Very little instrumental support was provided by either non-relatives or other relatives for married mothers. As noted in the results section, living arrangements explain much of this variance.

In a study of married mothers with young children, Levitt et al. (1986) found that the amount of child care assistance provided by both the husband and mother was related significantly to satisfaction with the help received through those relationships.

Differences in Psychological Adjustment

Differences between the three groups of mothers were also found in the level of adjustment experienced by each of the mothers. Married mothers reported significantly lower levels of depression and anxiety, as had been hypothesized.

Both of these findings were consistent with the findings of Weinraub and Wolf (1983) who found that single mothers tended to experience significantly more stressful life changes and more psychological distress than did married mothers. Other studies have supported the idea that married mothers (and married people in general) tend to experience less psychological difficulty than non-married or formerly married mothers (Keith & Schafer, 1982; Pearlin & Johnson, 1977; Radloff, 1975).

Contrary to what was expected, no differences were found between the groups of mothers in adjustment to parenthood or on either of the two subscales (Subscale 1: Freedom from parental responsibility and restrictions and Subscale 2: Parental gratifications). It was expected that along with, and as part of, being less anxious and depressed, married mothers would experience better adjustment to parenthood. Married mothers averaged lower scores on these measures, indicating better adjustment; however, the differences were not of sufficient magnitude to reach significance.

Other studies have demonstrated a significant main effect of marital status on parenthood-related variables such as mother-child interactions (Weinraub & Wolf, 1983), parenting behavior and child-rearing restrictions (Coletta, 1981; Hetherington, 1979); and optimal environmental stimulation for children (Allen et al., 1984). In these studies, single or divorced mothers tended to provide less

optimal environmental stimulation (Allen et al., 1984) and harsher parental attitudes and restrictions (Coletta, 1981) than did married mothers. However, no previous research focused on the mother's own psychological adjustments to parenthood.

Relationship Between Social Support and Adjustment

These large, well-documented differences in the actual support systems and amount of perceived support experienced by single, divorced, and married mothers is increasingly important in light of the differences noted in depression and anxiety among these mothers. Strong correlations were noted between the measures of social network and perceived support and the adjustment measures of depression, anxiety, and adjustment to parenthood. Other studies have supported this strong connection between social support and adjustment, particularly depression and anxiety. Stemp et al. (1986) found that the cognitive experience of social support, along with marital intimacy, made significant contributions to changes in psychological distress. Hirsch (1980) reported a high correlation between natural support systems (family and friends) and measures of mental health. Reis (1988) found the level of depressive symptomology correlated most significantly and strongly with low levels of social support in a study of low-income, single young mothers.

Theorists have attempted to explain this relationship between social support and mental health. The stress-buffering effects of social support have been suggested by a

a number of researchers (Cobb, 1976; Dean & Lin, 1977; Kaplan et al., 1977). Dean and Lin (1977) summarized these findings and described the stress-mediating effect of social support as a buffering system. Other researchers have indicated that social support is important for psychological well-being independent of level of adversity or stress (Andrews et al., 1978; Henderson, 1980; and Turner, 1981).

Researchers have attempted to pick out the elements of social support that play the largest role in alleviating psychological distress or contributing to psychological mental health. The social network, perceived support, emotional support, and instrumental support have all been examined as clues to the positive effects of a supportive network. Emotional support has been found to be related to well-being and positive marital interaction for mothers (Levitt et al., 1986), and, in this study, emotional support correlated highly with depression. Instrumental support has been shown to have varying effects, ranging from little impact on adjustment (Wandersman et al., 1980) to increased satisfaction with support (Levitt et al., 1986). In this study, instrumental support was found to be related to depression and anxiety in mothers in the married sample, but not in the overall sample.

Stemp et al. (1986) found that when social support was indexed as social network, it had no impact on changes in psychological distress. However, when support was

operationalized as the cognitive experience of support, it made a significant independent contribution to changes in psychological distress.

The experience of support or perceived support stood out as an extremely important concept. Very high correlations were found between the measure of perceived support (the Personal Resource Questionnaire) and the adjustment measures of depression, anxiety, and adjustment to parenthood, indicating that the perception or self-reported experience of social support was even more important than the number of people available for support. Previous research supports this finding. Brandt and Weinert (1981), in the development of the Personal Resource Questionnaire, found that the PRQ-Part 2 (the measure of perceived support used in this study) was a stronger predictor of family functioning outcomes than Part 1 of the same measure, which was a quantitative measure of social network. Hanson (1986) in a study of healthy single parent families, found that a higher level of perceived support, as measured by the PRQ, was highly correlated with better physical and emotional health. Turner (1981), using a measure of social support in which the respondent indicated the degree to which he or she felt loved, supported, and cared for, found a modest, but reliable, association between the experience of social support and psychological well-being in a group of new mothers.

The primary importance of perceived support falls easily into place with Cobb's (1976) conceptualization of social support. In Cobb's view, social support consisted entirely of information. He conceived social support to be information belonging to one or more of three classes: (1) information leading the subject to believe that he or she is cared for and loved; (2) information leading the subject to believe that he or she belongs to a network of communication and (3) mutual obligation in which others can be counted on should the need arise. This emphasis on the subject's own perceptions and beliefs appears to be an accurate approach to looking at perceived or experienced social support.

The differences between single, divorced, and married mothers in their experience of social support were particularly disturbing when it was noted that single and divorced mothers have been shown to experience significantly more stressful life events and changes (Weinraub & Wolf, 1983). These mothers, facing such life circumstances common to single parent families as increased daily stresses, more chaotic home life, task overload, and decreased financial resources, have been shown to be greatly in need of the buffering effect of social support. However, this study and others have shown that these mothers perceived themselves as having less resources and support.

Primary Importance of Spouse Support for Married Mothers

Previous studies (Stemp et al., 1986; Tietjen & Bradley, 1985; Wandersman et al., 1980) have presented evidence that support from the spouse is significantly correlated with lower levels of stress and better marital adjustment. Satisfaction with spouse support was found to be even more important than the amount of such support (Crnic et al., 1983; Tietjen & Bradley, 1985). Tietjen and Bradley (1985) found that satisfaction with support from husbands was significantly correlated with lower levels of stress, depression, and anxiety and with better marital adjustment. The importance of satisfaction with support from the spouse was supported by current findings. Married mothers who rated themselves as more highly satisfied with the emotional support provided by their husbands also scored higher on the measure of marital intimacy and tended to be less depressed and anxious than those who were less satisfied with spousal support.

Mothers who were satisfied with support from their husbands also perceived themselves as having significantly more overall social support. This added weight to the importance of spousal support in aiding the mother's sense of being cared for and supported and indicated that satisfaction with intimate support may be a crucial element in the amount of perceived support.

Practical, hands-on assistance from husbands was also found to be important in the married sample. Married mothers

with higher levels of spouse instrumental support (child care and household task assistance from spouses) were significantly less depressed and tended to be less anxious than mothers with less assistance from their spouses. This was supported by findings by Levitt et al. (1986). They found that the amount of child care assistance provided by the husband was related to satisfaction with the help received through those relationships.

However, conflicting findings were reported by Wandersman et al. (1980). Marital instrumental support was not reported to be significantly correlated with postpartum adjustment. Wandersman et al. (1980), however, included only household tasks other than baby care, such as housecleaning, cooking, grocery shopping, in their measure of instrumental support. Levitt et al. (1986) looked only at baby care assistance as a measure of instrumental support. In the present study, both household task assistance and child care assistance were examined. Examination of the present findings along with this previous research would suggest that child care assistance was the essential element in instrumental support. Perhaps each couple had worked out household task sharing arrangements prior to becoming parents, thus, child care assistance became the proving ground for support with a young child in the home.

Further research is needed to differentiate the effects of child care assistance versus household task assistance on

the mother's perception of support and on her adjustment. Although this relationship is not yet clear, it is evident that instrumental support from the spouse is important to mothers in terms of their own adjustment as an independent variable or because it affected their satisfaction with support.

The level of emotional support from the spouse was not found to have an independent relationship with the mother's adjustment. This contrasted with findings by Roy (1978) who found that an intimate or confiding relationship with a husband or partner was significant in reducing the amount of depression suffered during stressful times. Other researchers have also found evidence for the significance of emotional marital support (Crnic et al., 1983; Stemp et al., 1986; Tietjen & Bradley, 1985). This finding was especially interesting given the importance noted above of satisfaction with emotional support in the mother's adjustment. It may be that expectations into the amount of both emotional and instrumental support played a role in the mother's feelings of being supported and being satisfied with that support.

Limitations and Need for Further Research

Significant differences were found between the groups of mothers in size and type of social support network and amount of perceived support. However, some differences were also noted between groups on the demographic variables of age, education, and income. Single mothers were younger and had fewer years of education than did married and divorced

mothers. Single and divorced mothers had lower family incomes than did married mothers.

These differences are typical of those found in other studies comparing single and married mothers. McClanahan (1983), in a study of female-headed, single parent families and "male-headed", two parent families found differences in age, education, race, and income between the groups, and yet, when these variables were controlled, significant findings were reported in terms of social support, chronic stress, and negative self image. Weinraub and Wolf (1983) reported matched pairs of single and married mothers on age and education; however, despite "strenuous attempts," differences remained in the number of hours worked per week and income could be matched only on a per person basis. Finding identical samples of these three groups of mothers would be a difficult task for any researcher.

Furthermore, these differences did not parallel the pattern of differences found in this study that were related to social support and adjustment. If the differences in social support and adjustment found were a result of the differences within the sample, it would be expected that single mothers would differ from married and divorced mothers in terms of social support and adjustment. In fact, married mothers were found to differ from single and divorced mothers, a finding which cannot be attributed solely to the effect of these demographic differences.

A related concern is the small sample size for divorced and single mothers and the low response rate (29%) for the overall sample. Difficulties were experienced in finding a sufficient number of divorced and single mothers with only one child under the age of three. Many of the mothers contacted expressed a willingness to complete the questionnaire; however, they stated they had more than one child. The time demanded of a mother with a young child is another possible explanation for the low response rate. The inability to find the time to sit down and fill out an extensive questionnaire may have prevented some mothers from participating in the study.

These limitations notwithstanding, the findings reported in this study had sufficient magnitude to reach significance and are therefore worthy of discussion. The findings lend weight to previous research and help describe more fully the support systems of mothers with young children.

The need for further research is apparent as D'Ercole (1988) points out. In her conclusion, D'Ercole describes how the combination of social support and the individual's coping resources provides a "useful frame for the problems of single motherhood" (D'Ercole, 1988, p.52). Single and divorced mothers have clearly been shown to have smaller networks and less experience of support. Professionals interested in helping the mother broaden her own support system of informal care givers should examine the findings that indicate that

friends often offer less emotionally charged assistance than do the mother's own mother or other family members. It may be helpful to understand that family relationships may be a source of conflict as well as help. Skills that focus on developing and maintaining peer/co-worker/friend relationships should be improved and encouraged.

The primary importance of spousal support for married mothers was again supported and should be clearly remembered by professionals interested in helping married mothers cope with this adjustment period. Again, it is the satisfaction with support that appears to have the greatest impact on the mother's adjustment. Further research is needed to ferret out the role of expectations and communication that constitute the mother's feelings of satisfaction with the support provided by her husband as well as to continue to look at the implications of both emotional and instrumental support.

Levitt et al. (1986) noted that a continuing task for researchers in this area is to continue to differentiate the concept of social support, "allowing a focus on the parameters of the individual's support systems that contributes to personal well-being under various circumstances" (p.316). By examining the differences in the support systems of married, single, and divorced mothers with young children, and the relationship of those social supports with the mother's adjustment, this study has achieved some progress toward that goal.

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Appendix A

Cover Letter

Anita Flowers
1258 Camelot Court
Lenoir, N.C. 28645
754-6362

May 24, 1988

Dear Parent,

As a graduate student in clinical psychology at Appalachian State University, I am conducting research for my master's thesis on the stresses of having a young child and how mothers cope with those stresses. I am conducting mothers with children under the age of three to request their assistance in studying some of the stresses and supports used by mothers.

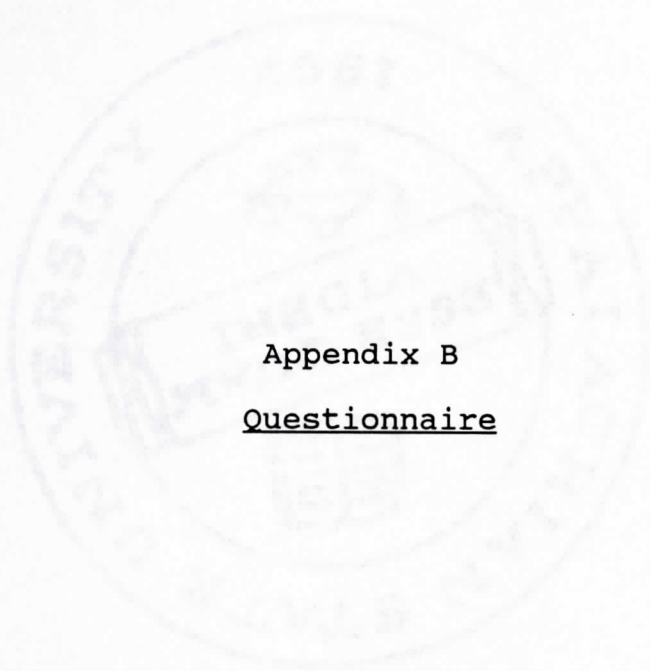
If you are a mother with only one child and that child is under the age of three, you can help me by filling out this questionnaire, which should only take 20-25 minutes of your time. Both single (including divorced or separated) and married mothers are asked to participate.

All information will be kept completely confidential and names will not be used at any time during the study. If you are interested in the results of the study, please note this on the questionnaire.

I appreciate your assistance in this research. If you have any questions, please contact me at home in Lenoir at 754-6362.

Thank you for your help,

Anita Flowers



Appendix B
Questionnaire

Name: _____

Address: _____

Age: _____ Total Household Income: _____

Marital Status: (circle one)
Married Single Divorced Separated

If married, what year were you married? _____
If divorced or separated, what year were you separated? _____

Education: Highest Grade Completed _____

Occupation: _____

If you are working outside the home, do you work FULL TIME _____
PART TIME _____

If married, husband's highest grade completed _____
husband's occupation _____

Age of child: _____ Sex of child: _____

List all other individuals who live in your house, other than yourself (ex. husband, child, mother-in-law, etc) _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel right now. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you feel.

NOT AT ALL
SOMEWHAT
MODERATELY SO
VERY MUCH SO

- 1. I feel pleasant.....1 2 3 4
- 2. I tire quickly.....1 2 3 4
- 3. I feel like crying.....1 2 3 4
- 4. I wish I could be as happy as others seem to be.....1 2 3 4
- 5. I am losing out on things because I can't make up my mind soon enough.....1 2 3 4
- 6. I feel rested.....1 2 3 4
- 7. I am "calm, cool, and collected".....1 2 3 4
- 8. I feel that difficulties are piling up so that I cannot overcome them.....1 2 3 4
- 9. I worry too much over something that really doesn't matter.....1 2 3 4
- 10. I am happy.....1 2 3 4
- 11. I am inclined to take things hard.....1 2 3 4
- 12. I lack self-confidence.....1 2 3 4
- 13. I feel secure.....1 2 3 4
- 14. I try to avoid facing a crisis or difficulty.....1 2 3 4
- 15. I feel blue.....1 2 3 4

- | | | | | | |
|-----|--|------------|----------|---------------|--------------|
| | | NOT AT ALL | SOMEWHAT | MODERATELY SO | VERY MUCH SO |
| 16. | I am content..... | 1 | 2 | 3 | 4 |
| 17. | Some unimportant thought runs through my mind and bothers me..... | 1 | 2 | 3 | 4 |
| 18. | I take disappointments so keenly that I can't put them out of my mind..... | 1 | 2 | 3 | 4 |
| 19. | I am a steady person..... | 1 | 2 | 3 | 4 |
| 20. | I get in a state of tension or turmoil as I think over my recent concerns and interests..... | 1 | 2 | 3 | 4 |

DIRECTIONS: Read each statement and then circle the response which is most appropriate for you.

- | | | | | | |
|-----|--|------------------------------|------------------|-----------------------|-------------------------|
| | | NONE OR A LITTLE OF THE TIME | SOME OF THE TIME | GOOD PART OF THE TIME | MOST OR ALL OF THE TIME |
| 1. | I feel down-hearted and blue..... | 4 | 3 | 2 | 1 |
| 2. | Morning is when I feel the best..... | 4 | 3 | 2 | 1 |
| 3. | I have crying spells or feel like it..... | 4 | 3 | 2 | 1 |
| 4. | I have trouble sleeping through the night..... | 4 | 3 | 2 | 1 |
| 5. | I eat as much as I used to..... | 4 | 3 | 2 | 1 |
| 6. | I enjoy looking at talking to and being with attractive women/men..... | 4 | 3 | 2 | 1 |
| 7. | I notice that I am losing weight..... | 4 | 3 | 2 | 1 |
| 8. | I have trouble with constipation..... | 4 | 3 | 2 | 1 |
| 9. | My heart beats faster than ever..... | 4 | 3 | 2 | 1 |
| 10. | I get tired for no reason..... | 4 | 3 | 2 | 1 |
| 11. | My mind is as clear as it used to be..... | 4 | 3 | 2 | 1 |
| 12. | I find it easy to do the things I used to..... | 4 | 3 | 2 | 1 |
| 13. | I am restless and can't keep still..... | 4 | 3 | 2 | 1 |
| 14. | I feel hopeful about the future..... | 4 | 3 | 2 | 1 |
| 15. | I am more irritable than usual..... | 4 | 3 | 2 | 1 |
| 16. | I find it easy to make decisions..... | 4 | 3 | 2 | 1 |
| 17. | I feel that I am useful and needed..... | 4 | 3 | 2 | 1 |
| 18. | My life is pretty full..... | 4 | 3 | 2 | 1 |
| 19. | I feel that others would be better off if I were dead.. | 4 | 3 | 2 | 1 |
| 20. | I still enjoy the things I used to..... | 4 | 3 | 2 | 1 |

Below are some statements with which some people agree and others disagree. Please read each statement and circle the response most appropriate for you. There is no right or wrong answer.

	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	NEUTRAL	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
1. There is someone I feel close to who makes me feel secure.....7	6	5	4	3	2	1	
2. I belong to a group in which I feel important.....7	6	5	4	3	2	1	
3. People let me know that I do well at my work (job, homemaking).....7	6	5	4	3	2	1	
4. I can't count on my relatives and friends to help me with problems.....7	6	5	4	3	2	1	
5. I have enough contact with the person who makes me feel special.....7	6	5	4	3	2	1	
6. I spend time with others who have the same interests that I do.....7	6	5	4	3	2	1	
7. There is little opportunity in my life to be giving and caring to another person.....7	6	5	4	3	2	1	
8. Others let me know that they enjoy working with me (job, committees, projects).....7	6	5	4	3	2	1	
9. There are people who are available if I needed help over an extended period of time.....7	6	5	4	3	2	1	
10. There is no one to talk to about how I am feeling...7	6	5	4	3	2	1	
11. Among my group of friends we do favors for each other.....7	6	5	4	3	2	1	
12. I have the opportunity to encourage others to develop their interests and skills.....7	6	5	4	3	2	1	
13. My family lets me know that I am important for keeping the family running.....7	6	5	4	3	2	1	
14. I have relatives or friends that will help me out even if I can't pay them back.....7	6	5	4	3	2	1	
15. When I am upset there is someone I can be with who lets me be myself.....7	6	5	4	3	2	1	
16. I feel no one has the same problems as I.....7	6	5	4	3	2	1	
17. I enjoy doing little "extra" things that make another persons life more pleasant.....7	6	5	4	3	2	1	
18. I know that others appreciate me as a person.....7	6	5	4	3	2	1	
19. There is someone who loves and cares about me.....7	6	5	4	3	2	1	
20. I have people to share social events and fun activities with.....7	6	5	4	3	2	1	
21. I am responsible for helping provide for another person's needs.....7	6	5	4	3	2	1	
22. If I need advice there is someone who would assist me to work out a plan for dealing with the situation...7	6	5	4	3	2	1	
23. I have a sense of being needed by another person....7	6	5	4	3	2	1	
24. People think that I'm not as good a friend as I should be.....7	6	5	4	3	2	1	
25. If I got sick there is someone to give me advice about caring for myself.....7	6	5	4	3	2	1	

7. Please indicate who is responsible for the following tasks, again using initials from the list above.

- a. cooking the dinner meal _____
- b. doing the laundry _____
- c. washing the dishes _____
- d. cleaning the house _____
- e. grocery shopping _____
- f. changing diapers _____
- g. feeding the baby _____
- h. bathing the baby _____
- i. caring for sick baby _____
- j. getting up at night with the baby _____
- h. babysitting on short notice _____

8. Please indicate who assists, on a regular basis, with the following tasks. Again use initials from the list generated above.

- a. cooking the dinner meal _____
- b. doing the laundry _____
- c. washing the dishes _____
- d. cleaning the house _____
- e. grocery shopping _____
- f. changing diapers _____
- g. feeding the baby _____
- h. bathing the baby _____
- i. caring for sick baby _____
- j. getting up at night with baby _____
- h. babysitting on short notice _____

INSTRUCTIONS: Each of the following 7 questions asks that you indicate your feelings about several areas of concern for parents. Think about how you have felt since the birth of your child. Some questions may apply only to married mothers. If you are a single parent, please place NA (not applicable) in the blank for that question.

1. There are many worries that come with having a new baby to care for. This is a list of some things that have bothered other parents. For each of them, please indicate how much you have experienced it:

1-NOT AT ALL 2-A LITTLE BIT 3-A FAIR AMOUNT 4-A GREAT DEAL

- _____ worry about being a good parent.
- _____ worry about drifting apart from your spouse
- _____ worry about the added responsibility of a child
- _____ worry about sexual relations
- _____ worry about not having enough time to spend with mate
- _____ worry about changes in marital relationship
- _____ worry about not giving spouse enough affection & attention

2. This is a list of some things which persons have enjoyed since the birth of their first child. Please tell me the extent to which you have experienced each of them:

1-NOT AT ALL 2-A LITTLE BIT 3-A FAIR AMOUNT 4-A GREAT DEAL

- _____ a purpose for living
- _____ feeling closer to spouse
- _____ feeling of fulfillment
- _____ satisfaction in continuing your name and family line

3. For each item in this list, please indicate how much change there has been since the baby came:

1-NOT AT ALL 2-A LITTLE BIT 3-A FAIR AMOUNT 4-A GREAT DEAL

- getting together with friends
 regularity of daily activities at home
 being able to get out in the evening to
 go to the movies, go shopping, etc...
 attention you get from your mate
 doing things spontaneously
 getting on each others nerves
 understanding you receive from your spouse
 talking with spouse

4. How do you feel about the amount of change you indicated for each item above? Are you:

1-ENTHUSIASTIC 2-SATISFLED 3-DOESN'T MATTER
4-SOMEWHAT DISSATISFIED 5-VERY DISSATISFIED

- getting together with friends
 regularity of daily activities at home
 being able to get out in the evening to
 go to the movies, go shopping, etc.
 attention you get from your mate
 doing things spontaneously
 getting on each other's nerves
 understanding you receive from your spouse
 talking with spouse

5. This is a list of things that might have caused problems for you (since the baby came). Please indicate how much each item bothered you:

A LOT (3) SOMEWHAT (2) NOT AT ALL (1)

- loss of sleep
 being interrupted by the baby in the middle of doing
 something
 not being able to get out of the house during the day

6. Some people feel differently about themselves after their baby is born. For each word in the following list, do you think you are:

1-A LOT MORE 2- SOMEWHAT MORE 3-ABOUT THE SAME
4-SOMEWHAT LESS 5-A LOT LESS

- happy lonely important

7. If married, please indicate how much each of these statements describes your relationship with your spouse.

1-VERY,VERY MUCH 2-PRETTY MUCH 3-SOMEWHAT
4-NOT MUCH 5-NOT AT ALL

- My spouse talks with me and spends time with me.
 My spouse thinks I do a really good job.
 My spouse cares about me and supports me.
 I am satisfied with the amount of support and help that my spouse gives me.

Appendix C

Tables

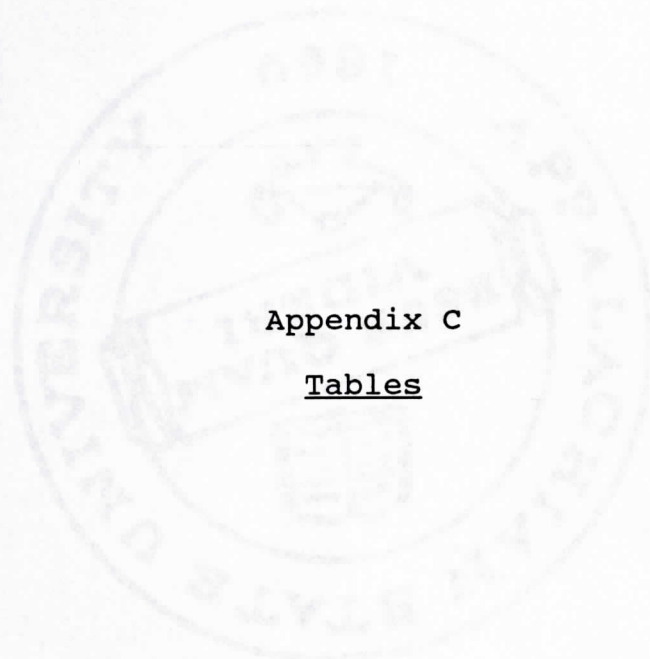


Table 1
Demographic Variables by Marital Status

Demographic Variable	Married ($n=37$)	Single ($n=12$)	Divorced ($n=15$)	F	Sig of F
Age	29.3	21.1	31.3	18.65	<.015*
Age of child ^a	17.6	11.0	21.0	2.73	<.069
Education	15.5	10.8	15.1	16.74	<.001*
Income ^b	36.2	9.6	15.0	15.18	<.001*

Note. Minimum age for subjects was 17.

^a Age of child reported in months.

^b Income reported in thousands of dollars.

Table 2

Demographic Variables as a Percentage of the Population

Demographic Variable	Population	<u>n</u>
<u>Marital Status:</u>		
Married	57%	37
Single	19%	12
Divorced	24%	15
<u>Work Status:</u>		
Full time	65%	42
Part time	18%	12
Unemployed	14%	9
<u>Sex of child:</u>		
Female	56%	36
Male	44%	28
<u>Occupation:</u>		
Professional	52%	31
Clerical	25%	15
Homemaker	7%	4
Blue Collar	12%	7
Student	5%	3
Not Reported	6%	4

Table 3

Reliabilities Measured by Cronbach's Coefficient Alpha

Scale	No. Items	Alpha
Zung Depression Inventory	20	.83
State-Trait Anxiety Inventory	20	.89
Personal Resource Questionnaire	25	.90
<u>Adjustment to Parenthood:</u>		
Total Adjustment to Parenthood	19	.90
Freedom from Responsibilities Subscale	11	.88
Parental Gratifications Subscale	8	.77
Marital Intimacy and Stability Subscale	10	.97

Table 4

Mean Scores and Standard Deviations of the Instruments and Subscales for the Total Sample

Scale	Mean	SD
Zung Depression Inventory	60.92	7.69
State-Trait Anxiety Inventory	42.40	10.65
Personal Resource Questionnaire	136.25	20.63
<u>Adjustment to Parenthood:</u>		
Total Score	49.71	11.56
Freedom from Responsibilities Subscale	30.92	7.13
Parental Gratifications Subscale	18.79	5.39
Marital Intimacy Subscale	14.34	12.73

Table 5

Measures of Support as a Function of Marital Status

Scale	Married (n=37)	Single (n=12)	Divorced (n=15)	F	Sig
Social Support Network	13.45	8.58	8.60	6.72	<.002*
Personal Resource Questionnaire	144.59	126.60	124.40	8.59	<.001*
<u>Emotional Support</u>					
Total	16.72	14.42	14.47	.96	<.387
Maternal	2.05	2.16	3.0	1.61	<.208
Spouse	4.4	---	---	---	---
Other relative	5.47	7.36	7.01	.61	<.547
Non-relative	4.86	5.18	4.93	.15	<.985
<u>Instrumental Support</u>					
Total	10.17	11.36	6.77	3.47	<.038*
Maternal	.66	6.54	4.15	19.45	<.001*
Spouse	7.60	---	---	---	---
Other relative	1.17	3.8	2.0	4.63	<.014*
Non-relative	.68	1.0	.61	.37	<.673

Table 6
Correlations Between Measures of Support

	Social Support Network	Personal Resource Questionnaire	Total Emotional Support	Total Instrumental Support
Social Support Network	---	.473***	.577***	.196
Personal Resource Questionnaire		----	.510***	.414***
Total Emotional Support			---	.171

* $p < .05$

** $p < .01$

*** $p < .001$

Table 7

Measures of Adjustment as a Function of Marital Status

Scale	Married (<u>n</u> =37)	Single (<u>n</u> =12)	Divorced (<u>n</u> =15)	F	Sig
Depression	65.27	53.40	52.33	26.59	<.001*
Anxiety	37.29	49.42	50.53	15.30	<.001*
<u>Adjustment to Parenthood:</u>					
Total Score	48.53	50.83	55.31	2.59	<.083
Subscale 1	30.13	31.33	34.0	2.21	<.118
Subscale 2	18.40	19.50	21.31	1.57	<.216
Subscale 3	22.62	---	---	---	---

Table 8
 Correlations Between Measures of Adjustment and
 Measures of Support

	Anxiety	Depression	Adjustment to Parenthood
Social Support Network	-.328***	.444***	-.238*
Personal Resource Questionnaire	-.728**	.653***	-.584***
Total Emotional Support	-.181	.335**	-.177
Total Instrumental Support	-.153	.085	-.214

* denotes $p < .05$

** denotes $p < .01$

*** denotes $p < .001$

Table 9

Measures of Marital Adjustment and Distress as a function of Satisfaction with Emotional Support from Spouse

Scale	Unsatisfied (<u>n</u> =18)	Satisfied (<u>n</u> =19)	F	Sig
Anxiety	43.44	31.57	16.20	<.001*
Depression	62.83	67.58	5.21	<.029*
Personal Resource Questionnaire	136.55	152.21	8.29	<.007*
Adjustment to Parenthood	53.78	43.58	11.62	<.002*
Marital Intimacy	27.94	17.58	16.93	<.001*

VITA

Anita Fraley Flowers was born in Shady Spring, West Virginia on February 23, 1961. She attended elementary school in that community and graduated from Shady Spring High School in June 1979. She received a Bachelor of Arts degree in psychology and English from Virginia Polytechnic Institute and State University in Blacksburg in June of 1983, graduating magna cum laude.

She married William Donald Flowers, Jr. on January 14, 1984. They are the parents of two daughters, Alison Jordan, age 3, and Savannah Lindsey, age 8 months.

In August of 1985, she entered Appalachian State University and began work toward a Master of Arts degree in Clinical Psychology. This degree will be awarded in December of 1990. She is currently employed with Employee Assistance Programs of Spartanburg County in Spartanburg, South Carolina.

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