

**ASPECTS OF SOCIAL SUPPORT ASSOCIATED WITH ADAPTATION
IN MIDDLE-CLASS, SINGLE-MOTHER FAMILIES:
A MIXED-METHODS APPROACH**

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Thesis presented in fulfillment of the requirements for the degree of Master of Arts
(Psychology) at the University of Stellenbosch



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March 2017

Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe on any third party rights and that I have not previously, in its entirety or in part, submitted it for obtaining any qualification.

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ACKNOWLEDGMENTS

First and foremost, I would like to express my deepest gratitude to all the mothers who chose to partake in my study. Their willingness to share their experiences, honestly and openly, is greatly appreciated. Without their contributions and assistance in identifying other families, this research would not have been possible.

Thanks also go out to the two gatekeepers who assisted me with my endeavours: namely, to Anne Marx, the social worker manager at the identified NGO providing family support, as well as to the creator (anonymous) of one Facebook support group for single mothers, who allowed me to post an advertisement therein.

Thirdly, I would like to acknowledge Dr Alan Vaux for granting me permission to adapt his original questionnaire (SSB) from measuring individual social support to family social support.

I'd further like to express my gratitude to the senior statistician at the Stellenbosch University Centre for Statistical Consultation, Prof. Martin Kidd. Thank you so much for assisting me with the quantitative analyses of my research and for your constant help and feedback.

I owe a massive thank you to my supervisor and role model, Prof. Awie Greeff. Throughout my postgraduate studies, you have provided me with continuous support, encouragement and guidance. I truly value your input, and your tireless efforts are greatly appreciated.

I would like to end off by thanking my sister, Jaemi, and my boyfriend, Mathew, for their constant encouragement. Last but not least, I want to thank my incredible parents deeply for their unwavering love and support throughout my life and for allowing me the opportunity to pursue my dreams. Thank you for always being there for me. Throughout the course of my research, I have truly come to value the meaning and role of social support.

ABSTRACT

In the fast-changing societies around the world, the incidence of single-mother families continues to grow at a steady rate. The demanding and stressful nature of single-motherhood is well documented. Family resilience, however, refers to a family's ability to withstand and overcome adversity, emerging strengthened and better resourced to face challenges and hardships in the future. Much research has affirmed the therapeutic and buffering effects of social support. Thus, this cross-sectional, mixed-methods study aims to identify aspects of social support that are associated with adaptation in a sample of single mothers. Situated within the realm of positive psychology (Antonovsky, 1996), this study is theoretically founded upon two models of family resilience, specifically the Family Resilience Framework (Walsh, 2012) and the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996). This study is further based on the various components, dynamics and types of social support (House, 1981). A total of 47 participants were recruited from the Cape Town surrounds of the Western Cape who were middle-class, single mothers with at least one dependent child residing in the household under the age of 18 years. The first 12 participants were interviewed and completed a series of questionnaires, while the remaining 35 participants only completed questionnaires. Qualitative data were analysed through the method of thematic analysis and quantitative data were analysed through Pearson product-moment correlations, best-subset multiple regression analyses and analyses of variance. Qualitative analyses indicated two main sources of support, namely paid and unpaid supports. Paid supports consisted of household helps, schools and mental health practitioners. Unpaid supports comprised family, friends, community and recreation. Emergent themes included age of the child/children, as well as a new taxi service, Uber. Quantitative analyses revealed the following factors to be statistically significantly correlated with family resilience: harnessing family and friend support during times of strain; having friends as a support; socialising with friends; receiving emotional support from friends; receiving practical help from friends; receiving advice from friends; obtaining financial aid from friends. The regression analysis indicated that socialising with friends, harnessing relative and friend support during times of strain and length of time as a single mother best predicted family adaptation. Significant differences were also observed between the family and friends groups for socialising and obtaining financial aid as a support. The findings from this study hold value and can be used to inform future lines of research, as well as assist in the development and implementation of prevention and intervention strategies targeting middle-class, single-mother families living in South Africa.

OPSOMMING

In die snelveranderende wêreld neem die voorkoms van enkelmoedergesinne konstant toe. Daar is reeds baie geskryf oor die veeleisendheid en spanning waarmee enkelmoederskap gepaardgaan. Gesinsveerkragtigheid verwys egter na 'n gesin se vermoë om teenspoed die hoof te bied en te bowe te kom, en om sterker anderkant uit te kom, beter toegerus om toekomstige uitdagings en ontberinge te hanteer. Heelwat navorsing bevestig die terapeutiese en bufferuitwerking van sosiale ondersteuning. Hierdie dwarsnit gemengde-metode-ondersoek beoog dus om met behulp van 'n steekproef van enkelmoeders die aspekte van sosiale steun te bepaal wat met gesinsaanpassing verband hou. Die navorsing, wat in die domein van positiewe sielkunde (Antonovsky, 1996) tuishoort, is teoreties gegrond op twee teorieë van gesinsveerkragtigheid, naamlik die gesinsveerkragtigheidsraamwerk (Walsh, 2012) en die veerkragtigheidsmodel van gesinspanning, -verstelling en -aanpassing (McCubbin & McCubbin, 1996). Die studie berus voorts op die verskillende soorte sosiale steun, sowel as die komponente en dinamiek daarvan (House, 1981). Altesaam 47 deelnemers is in die Wes-Kaapprovinsie in Kaapstad en omgewing gewerf. Al die deelnemers is middelklas-enkelmoeders met ten minste een afhanklike kind onder die ouderdom van 18 jaar in die huishouding. Die eerste 12 deelnemers het aan onderhoude deelgeneem en 'n aantal vraelyste voltooi, terwyl die oorblywende 35 slegs vraelyste voltooi het. Kwalitatiewe data is met behulp van tematiese ontleding ontleed terwyl die kwantitatiewe data ontleed is met behulp van Pearson se produk-momentkorrelasies, beste-deelversameling- meervoudige regressie-ontleding en variansie-ontledings. Die kwalitatiewe ontledings het twee hoofbronne van ondersteuning na vore gebring, naamlik besoldigde en nie-besoldigde steun. Besoldigde steun sluit in huishulpe, skole en geestesgesondheidspraktisyns. Nie-besoldigde steun bestaan uit familie, vriende, die gemeenskap en ontspanning. In die kwantitatiewe ontledings is statisties beduidende korrelasies gevind tussen gesinsaanpassing en die volgende faktore: die benutting van familie en vriende se steun in moeilike tye, om vriende as ondersteuning te hê, sosialisering met vriende, emosionele ondersteuning van vriende, praktiese hulp van vriende, en raad van vriende. Sosialisering met vriende, benutting ondersteuning van familie en vriende tydens moeilike tye, en tydsduur as 'n enkelmoeder is gesamentlik, op grond van die regressie-ontleding, as bydraend tot gesinsaanpassing, gevind. Merkbare verskille is ook waargeneem tussen die familie- en vriendegroepe met betrekking tot sosialisering en die verkryging van finansiële bystand as 'n vorm van ondersteuning. Die navorsingsbevindinge is nuttig en bruikbaar om toekomstige navorsing te rig, sowel as om voorkoming- en intervensiestrategieë te ontwikkel vir middelklas-enkelmoedergesinne in Suid-Afrika.

CONTENTS

Declaration.....	ii
Acknowledgements.....	iii
Summary.....	iv
Opsomming.....	v
Contents.....	vi
List of Tables.....	x
List of Figures.....	xi
List of Appendices.....	xiii
CHAPTER ONE: INTRODUCTION TO THIS STUDY.....	1
1.1 Introduction.....	1
1.2 Single parenthood.....	2
1.3 The role of social support.....	3
1.4 Structure of the thesis.....	4
1.5 Conclusion.....	5
CHAPTER TWO: THEORETICAL FRAMEWORK.....	6
2.1 Introduction.....	6
2.2 Positive psychology.....	6
2.2.1 Salutogenesis.....	7
2.2.2 Fortigenesis.....	8
2.3 Family resilience.....	8
2.3.1 A brief history.....	8
2.3.2 Conceptualising family resilience.....	9
2.3.3 What is a resilient family?.....	9
2.3.4 The Family Resilience Framework.....	10

2.3.5 The Resiliency Model of Family Stress, Adjustment and Adaptation.....	11
2.3.5.1 Introduction.....	11
2.3.5.2 Development of the Resiliency Model.....	12
2.3.5.3 The adjustment phase.....	14
2.3.5.4 The adaptation phase.....	16
2.4 Social support.....	18
2.4.1 Defining social support.....	19
2.4.2 Early contributions.....	19
2.4.3 Unpacking social support.....	20
2.4.4 The convoy model of social relations.....	22
2.5 Conclusion.....	23
CHAPTER THREE: LITERATURE REVIEW.....	24
3.1 Introduction.....	24
3.2 The burden for single parents.....	24
3.2.1 Psychological impact.....	24
3.2.1.1 Mental health.....	24
3.2.1.2 Stigmatisation.....	27
3.2.2 Economic disadvantage.....	29
3.3 Social support.....	31
3.3.1 Family, friend, and community support.....	32
3.3.2 Formal support.....	34
3.3.3 Online support.....	36
3.4 Conclusion.....	37
CHAPTER FOUR: RATIONALE FOR THIS RESEARCH.....	39
4.1 Introduction.....	39
4.2 Motivation for this study.....	39
4.3 Aims of this study.....	41
4.4 Conclusion.....	41
CHAPTER FIVE: METHOD.....	43
5.1 Introduction.....	43
5.2 Research design.....	43

5.3 Participants.....	44
5.4 Measures.....	47
5.4.1 Qualitative measure.....	47
5.4.2 Quantitative measures.....	48
5.4.2.1 Scales measuring social support.....	48
5.4.2.2 Scale measuring family adaptation.....	50
5.5 Procedure.....	50
5.6 Data analysis Techniques.....	52
5.6.1 Qualitative analysis.....	52
5.6.1.2 Trustworthiness.....	53
5.6.2 Quantitative analyses.....	54
5.7 Ethical considerations.....	55
5.8 Conclusion.....	57
CHAPTER SIX: RESULTS.....	58
6.1 Introduction.....	58
6.2 Qualitative results.....	58
6.2.1 The important role of social support.....	59
6.2.1.1 Paid supports.....	65
6.2.1.1.1 Household helps.....	66
6.2.1.1.1.1 Hired help.....	66
6.2.1.1.1.2 Internet.....	67
6.2.1.1.1.3 Uber.....	68
6.2.1.1.2 Schools.....	69
6.2.1.1.3 Mental health practitioners.....	70
6.2.1.2 Unpaid supports.....	71
6.2.1.2.1 Family.....	72
6.2.1.2.1.1 Grandparents.....	72
6.2.1.2.1.2 Other relatives.....	73
6.2.1.2.1.3 Own child/children.....	73
6.2.1.2.1.4 Partners.....	74
6.2.1.2.1.5 Ex-husbands.....	75
6.2.1.2.2 Friends.....	76
6.2.1.2.2.1 Close friends.....	76

6.2.1.2.2.2 Like-others.....	77
6.2.1.2.3 Community.....	78
6.2.1.2.3.1 Support groups.....	78
6.2.1.2.3.2 Religious communities.....	79
6.2.1.2.3.3 Other community services.....	80
6.2.1.2.4 Recreation.....	81
6.3 Quantitative results.....	81
6.3.1 Pearson product-moment correlations.....	82
6.3.2 Multiple regression analyses.....	84
6.3.3 One-way analyses of variance.....	88
6.4 Conclusion.....	90
CHAPTER SEVEN: DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION.....	92
7.1 Introduction.....	92
7.2 Unpaid supports.....	92
7.2.1 Family versus friend support.....	93
7.2.2 Recreation and socialising as a support.....	96
7.2.3 Communities as a support.....	97
7.3 Paid supports.....	98
7.3.1 Hired household helps.....	99
7.3.2 The Internet and online support.....	100
7.3.3 Schools as a support.....	102
7.3.4 Mental health care practitioners as a support.....	103
7.4 Biographical variables.....	105
7.4.1 Length of time as a single mother.....	105
7.4.2 Level of income.....	105
7.5 Emergent themes.....	106
7.5.1 Age of the child/children.....	106
7.5.2 Uber.....	106
7.6 Limitations.....	107
7.7 Directions for future research.....	108
7.8 Conclusions.....	108
REFERENCES.....	110

LIST OF TABLES

Table 1. Examples of the four types of support that emerged from the qualitative data.....	61
Table 2. Summary of qualitative findings.....	63
Table 3. Pearson product-moment correlations between family adaptation (FACI8 Total score) and biographical variables and other independent variables.....	83
Table 4. Results of the best-subset multiple regression analysis with independent variables.....	85
Table 5. Results of best-subset multiple regression analysis with biographical variables and other independent variables	86
Table 6. Results of ANOVAs used to compare overall support and types of support received from family and friends.....	88

LIST OF FIGURES

A. Theoretical Framework Figures

Figure 1. The Adjustment Phase of the Resiliency Model of Family Stress, Adjustment and Adaptation.....	14
Figure 2. The Adaptation Phase of the Resiliency Model of Family Stress, Adjustment and Adaptation.....	17

B. Significant Pearson Product-Moment Correlation Figures (Appendix L)

Figure 3. Pearson product-moment correlation between family adaptation (FACI8 Total score) and harnessing the support of friends and family (RFS Total).....	136
Figure 4. Pearson product-moment correlation between family adaptation (FACI8 Total score) and friend support (SSB Friends).....	136
Figure 5. Pearson product-moment correlation between family adaptation (FACI8 Total score) and socialising with friends (SSB Socialising Friends).....	137
Figure 6. Pearson product-moment correlation between family adaptation (FACI8 Total score) and receiving emotional support from friends (SSB Emotional Friends).....	137
Figure 7. Pearson product-moment correlation between family adaptation (FACI8 Total score) and receiving practical assistance from friends (SSB Practical Assistance Friends).....	138
Figure 8. Pearson product-moment correlation between family adaptation (FACI8 Total score) and receiving advice from friends (SSB Advice/Guidance Friends).....	138
Figure 9. Pearson product-moment correlation between family adaptation (FACI8 Total score) and the experience of one’s community as supportive (SSI Total).....	139
Figure 10. Pearson product-moment correlation between family adaptation (FACI8 Total score) and obtaining financial aid from friends (SSB Financial Assistance Friends).....	139

C. Best-Subset Multiple Regression Figures

Figure 11. Histogram illustrating the number of times independent variables appeared in the best 20 models of the multiple regression analysis.....85

Figure 12. Histogram illustrating the number of times the biographical variables and other independent variables appeared in the best 20 models of the multiple regression analysis.....87

D. ANOVA Results Comparing Family and Friends

Figure 13. Graph of the ANOVA results showing differences between socialising support (SSB Socialising) received from family and friends.....89

Figure 14. Graph of the ANOVA results showing differences between financial assistance (SSB Financial Assistance) received from family and friends.....90

LIST OF APPENDICES

Appendix A: Facebook advertisement.....	122
Appendix B: Letter from social worker.....	123
Appendix C: Biographical questionnaire.....	124
Appendix D: Interview schedule.....	125
Appendix E: Social Support Index (SSI).....	126
Appendix F: Relative and Friend Support Index (RFS).....	127
Appendix G: Social Support Behaviours Scale (SSB).....	128
Appendix H: Permission letter from Dr Alan Vaux to adapt the SSB.....	130
Appendix I: Family Attachment and Changeability Index 8 (FACI8).....	131
Appendix J: Informed consent form.....	132
Appendix K: Ethical clearance.....	135
Appendix L: Figures of significant Pearson product-moment correlations.....	136

CHAPTER ONE

INTRODUCTION TO THIS STUDY

1.1 Introduction

Recent decades have witnessed the drastic evolution of the world in which we live (Walsh, 2012). Consequently, conventional Western family structures have undergone serious transformation, bringing about significant changes in family roles and their functions (Huang, Mu, & Chiou, 2008; Shechner, Slone, Meir, & Kalish, 2010), including South Africa (Moore & Govender, 2013). Traditionally speaking, the ‘breadwinner-role’ played by the husband and ‘homemaker-role’ played by the wife are now gender role attitudes that have changed substantially (Wallis & Price, 2003). The gradual dissolution of gender role ideology has given birth to a more egalitarian attitude amongst the women and men of society, and, more broadly, has further translated into economic and social changes (Sweeting, Bhaskar, Benzeval, Popham, & Hunt, 2014). Partial evidence of this is seen in the diverse variations of family forms, highlighting the great variability in family structures (Patterson, 2002). Today, it is common to come across families that comprise heterosexual and homosexual partners, couples that are cohabiting, married, or remarried with or without children, as well as mothers or fathers with children who are divorced, separated, or who have never been married (Patterson, 2002). Ethnic and cultural variability amongst all of the abovementioned family forms is further not to be overlooked (Patterson, 2002).

These recent shifts have largely influenced family life (Sweeting et al., 2014) and single-parent families have begun to climb in number (Castiglia, 1999). Azuka-Obieke (2013, p.112) clarifies: “Single parenting is a situation in which one of the two individuals (i.e., mother or father) involved in the conception of the child becomes solely responsible for the upbringing of the child.” The prevalence of single-parent families continues to grow at an accelerated rate globally, in developed and developing countries (Kavas & Gunduz-Hosgor, 2013). This pattern is echoed within the South African context and much of it can be explained by the rate at which divorces occur (Cancian, Meyer, Brown, & Cook, 2014; Castiglia, 1999; Greeff & Aspeling, 2007; Gresse, Meyer, & Schreck, 2012). In South Africa and the United States of America (USA), approximately 50% of marriages end in divorce (Greeff & Aspeling, 2007). Walsh (2012) reports that roughly 85% of single-parent families are headed by mothers, while father-headed homes constitute the remaining 15% (Goldscheider, Scott, Lilja, & Bronte-Tinkew, 2013). This statistic is reflected in the global sphere and Wallis and Price (2003) reiterate that of all family compositions with dependent children, mothers head a quarter. It is

of interest that amongst the South African population during 1996, 3.5 million households were being headed by single women (Wallis & Price, 2003), while during 2010, 6.65% of the adult population aged over 25 years constituted widowed, separated and divorced women (Statistics South Africa, 2010). According to Davids and Roman (2013), the average South African child will be reared in a single-mother household and more than 50% of South African youths under the age of 18 years will spend time within a single-parent home.

1.2 Single Parenthood

The growth of this phenomenon, single-parent families, can be attributed to a variety of crises (Greeff & Aspeling, 2007). Fairly common pathways leading to single parenthood are divorce and separation, having children out of wedlock, and widowhood (Cairney, Boyle, Offord, & Racine, 2003). Longstanding evidence has demonstrated time and time again the negative effects of divorce on the well-being and mental health of both parent and child (Kalmijn, 2010). Rostila and Saarela (2011, p. 236) assert that "...people linked through social ties have interdependent health". In the event of one spouse dying, the bereavement (or widowhood) effect comes into play, which proposes that following the death of their spouse, he/she will experience an elevated mortality risk (Rostila & Saarela, 2011). Children experience the death of a parent as a traumatic life event and the associated increased stress might create a vulnerability for illness or disease (Rostila & Saarela, 2011). Becoming a single mother by choice has been fuelled by decades of progressive social change in women's rights and their social roles (Rogers-Dillon, 2008). Moore and Govender (2013) contribute that the rates at which South African women are marrying is on the decline. These authors partially attribute the diminishing rates of women marrying to a number of politico-structural, ideological and economic explanations, such as urbanisation, globalisation, rural-urban migration, the pandemic of HIV/AIDS, and the worsening state of the economy (Moore & Govender, 2013). When becoming a single mother by choice, a woman is following the social shift away from heterogeneous ways of family life, thus going against the norm. Raising a baby without a male figure will always remain a controversial topic, which to some degree will impact on either the mother, child, or both, at some point or another (Rogers-Dillon, 2008).

Parenting children in the absence of a partner can prove chronically stressful and taxing (Coles, 2009), even more so when in conjunction with the effects of divorce, widowhood, and being a single parent by choice. The prominent issue that arises due to such circumstances is the matter of work-family conflict (Wallis & Price, 2003). This is cause for concern as single parents are

expected to take on sole-parenting responsibilities, which is strongly associated with increased levels of stress (Wallis & Price, 2003). Stress is usually experienced in response to work-related problems, household responsibilities, challenges of childcare, and financial strains (Coles, 2009; Huang et al., 2008; Wallis & Price, 2003). The domains of both work and family life are vitally important, highly interdependent, and demanding of a parent's time, energy and commitment (Wallis & Price, 2003). When the single parent is unable to fulfill each role to the best of her ability due to the involvement in both, role conflict is experienced (Wallis & Price, 2003).

Role conflict may arise when single parents are expected to juggle the simultaneous and interdependent roles of parent and employee (Wallis & Price, 2003). Many researchers report and reiterate that role-burden and task overload are common experiences of single parents, which often means sacrificing sleep, leisure, and personal time (Coles, 2009; Huang et al., 2008). Accordingly, Huang et al. (2008) explain that single-parent families suffer from psychosocial pressures, like loneliness (Coles, 2009) and stigma (Kjellstrand & Harper, 2012; Shechner et al., 2010). Single-mother families are frequently perceived as 'atypical', exacerbating their marginalisation (Wallis & Price, 2003). Among the associated negative consequences are a limited earning capacity and housing of a lower quality (Wallis & Price, 2003). The economic and social disadvantage common to the single-parent population is cause for concern due to the damaging impact it can have on family health and adaptation (Cairney et al., 2003). For example, psychiatric illness, physical illness, past and present stress, poverty, social isolation, and substance abuse disorders to name a few (Cairney et al., 2003).

1.3 The Role of Social Support

There is substantial interest in the mediating role of certain factors that moderate the negative outcomes of stress on mental and physical health (Bassuk, Mickelson, Bissell, & Perloff, 2002; Nguyen, Chatters, Joseph, Taylor, & Mouzon, 2015; Shwartzner & Knoll, 2007). One such prominent factor, social support, has come to the fore countless times amongst the literature (Bassuk et al., 2002). Social support has been identified as a critical predictor of physical and emotional well-being, a major buffer against stressful life events, capable of ameliorating stress, and preventing crises from occurring altogether (Bassuk et al., 2002).

Being a sole caregiver means that the single parent often lacks a primary source of support, which would usually be afforded through marriage or having a common-law partner (Cairney

et al., 2003). Furthermore, the increased role-burden encourages feelings of social isolation due to limited chances to socially integrate (Cairney et al., 2003). Extensive empirical support exists for the associations between social support and resilience, mental health, and well-being (Shechner et al., 2010). Whether or not single-parent families can successfully adjust to the demands of single parenting is largely dependent on their available support network (Huang et al., 2008). Having an extended kinship system has generally enabled adaptive functioning in such a family structure (Lindblad-Goldberg & Dukes, 1985). Through these interpersonal relationships, individuals and/or families are able to gain access to a host of resources such as material and emotional support, opportunities that can assist in meeting daily demands, managing stress levels, and overcoming various challenges (Castilo & Sarver, 2012). These coping resources are the chief reasons why the resilience quality ‘social support’ was selected as the focal point for this research. The area of central focus of this study, therefore, lends itself to the question: what aspects of social support are associated with adaptation in middle-class, single-mother families?

1.4 Structure of the Thesis

Chapter Two, which follows, presents the theoretical foundation on which this research is based. Focus here is lent to a variety of strengths-based perspectives, including family resilience theories and social support.

Important and relevant literature is discussed and reviewed in Chapter Three. Once the theoretical foundation and relevant literature have been fully unpacked and understood, a coherent rationale for this research will be provided in Chapter Four. This chapter will clarify the reasons as to why this study is of key importance and interest.

In Chapter Five, I elaborate on the methodology that was utilised in this study. Close attention is paid to the research design; a full discussion of the participants is provided; consideration is given to the various qualitative and quantitative measures used; and the procedure is presented fully. Additionally, means of qualitative and quantitative data analyses are outlined and ethical considerations are given consideration.

Finally, Chapter Six gives a full account of the qualitative and quantitative findings of the research. Chapter Seven is where the results will be integrated, discussed at length and incorporated with the theory and literature in order to present a more thorough and detailed

account of the phenomenon. Limitations of the study and recommendations for future research are then discussed and a summary and conclusion of the thesis are provided thereafter.

1.5 Conclusion

This chapter has served as an introduction to the topic under investigation. It is evident that the prevalence of single-mother families worldwide is on the rise (Kavas & Gunduz-Hosgor, 2013) and for a variety of reasons. Parenting alone can have detrimental effects on an individual and in turn on the family, as it can have a serious impact on mental health and well-being (Coles, 2009). In light of this, it is essential to gain a deeper comprehension of what factors play a role in protecting single parents from such occurrences. Decades of inquiry have conclusively demonstrated the positive buffering effects that social support has on individuals (Bassuk et al., 2002). This study, therefore, seeks to uncover which aspects of social support are associated with adaptation and how they might be experienced as helpful and/or hampering.

In the next chapter a full discussion follows of the theoretical framework upon which this study is based.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Introduction

For the purpose of this study it is necessary to contextualise social support theoretically. Three encompassing theories were used to conceptualise and guide this research: positive psychology, family resilience, and social support. These theories are nested within each other and will be discussed respectively, starting from the broadest concept towards the more specific.

First, an explanation of the overarching notion of positive psychology is provided, which is an important strengths-based perspective. Two key constructs within positive psychology are discussed and contribute to its understanding. These are *salutogenesis* and *fortigenesis*. Positive psychology is accompanied by numerous theories, a pertinent one being family resilience due to its preoccupation with growth. Two main theories of family resilience are employed, namely the Family Resilience Framework (Walsh; 2003) and the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996). A crucial aspect emphasised by these theories on family resilience is the significance of social support as a family resilience quality. Subsequently, sufficient attention is paid to the extant research and functions of social support and the various core components thereof. Attention will also be paid to the convoy model of social relations, a framework that pulls the various components of social support together.

2.2 Positive Psychology

What some might perceive as a recent shift in paradigm, is actually a stance that has stood the test of time (Strumpfer, 2005). Despite its ancient origins, the positive psychological perspective has only recently gained increased attention from Western psychology and other academic fields (Strumpfer, 2005). Traditionally, the social and health sciences have invested and operated mainly within a pathogenic (Greek *pathos* = suffering) paradigm, dedicated to “deficit detecting”, consequently to the detriment of overlooking resources and strengths (Strumpfer, 2005, p. 22). The field gradually became aware that normal functioning could not be fully conceptualised in terms of a framework that was solely problem-oriented (Strumpfer, 2005). Momentum slowly started to build around the year 2000 when Martin Seligman (1998 APA president) raised awareness and highlighted:

I want to remind our field that it has been side-tracked. Psychology is not just the study of weakness and damage, it is also the study of strength and virtue. Treatment is not just fixing what is broken, it is nurturing what is best within ourselves (as cited in Strumpfer, 2005, p. 23).

The following section elaborates more specifically on the development of this field of knowledge and how it has gained momentum.

2.2.1 Salutogenesis

From 1979 onwards, Aaron Antonovsky has been prominently influential within the field of positive psychology (Antonovsky, 1996; Strumpfer, 2005). Seen as the father of salutogenesis, his original idea concentrated more on the individuals' resources and personal capacity to create, maintain and improve health, rather than the traditional focus on risk, illness and disease (Antonovsky, 1996; Lindstrom & Eriksson, 2005). This adjustment allows for increased attention to diverge from dysfunction (pathogenesis) and to lend more focus to strengths and positive qualities, which promote overall growth of a system (Greeff & Aspelung, 2007). Salutogenesis, literally meaning the origin of health (Latin *salus* = health + Greek *genesis*, from *gen-* = be produced), is a stress resource-oriented notion and aids in the understanding of why some individuals remain well during times of stress or hardship (Lindstrom & Eriksson, 2005).

Antonovsky's view of health posited a movement along an axis on a continuum from ill-health (dis-ease) to health (ease) (Lindstrom & Eriksson, 2005). Antonovsky came to introduce the term 'a sense of coherence' (SOC) which refers to an ability to fully comprehend a situation along with a capacity to utilise available resources (Lindstrom & Eriksson, 2005). This process includes a combination of comprehensibility (being able to understand and assess the situation), meaningfulness (harnessing meaning in order to move in the direction towards health), and manageability (having the capacity to carry it out) (Lindstrom & Eriksson, 2005). Naturally, SOC has proven influential and can be applied at the individual, group, and societal level (Lindstrom & Eriksson, 2005). In turn, it has affected the field of family psychology, with greater emphasis now being placed on family strengths-based models (Brown-Baatjies, Fouche, & Greeff, 2008).

2.2.2 Fortigenesis

Fortigenesis is an adapted idea that was posited by Strumpfer (2005), a South African psychologist, who contended that Antonovsky's concept of salutogenesis ought to be broadened. This all-inclusive definition of fortigenesis stems from the Latin word *fortis*, meaning "strong", and the concept refers to the origins of strength, also appropriately fitting into the approach stipulated by positive psychology (Strumpfer, 2005). Strumpfer (1995) advocates that fortigenesis takes a more holistic and all-embracing approach over salutogenesis. Later, around 1997, Wissing and van Eeden introduced and proposed a new sub-discipline, namely, psychofortology, which asserted that "not only the origins of psychological well-being should/will be studied, but also the nature, manifestations, and consequently ways to enhance psychological well-being and develop human capacities" (Strumpfer, 2005, p. 23).

Now that this research has been situated within the broad/overarching perspective of positive psychology, I will introduce the theories on family resilience that fall within this paradigm. Discussion will then focus on two more specific theories, namely the Family Resilience Framework (Walsh 2003; 2012) and The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996).

2.3 Family Resilience

2.3.1 A brief history

Throughout history, society has remained preoccupied with deficits, the causes of disease, and various behavioural problems (Patterson, 2002). Around the 1970s, focus shifted towards the mysterious question of why some families cope well, stay healthy, and respond positively in times of risk, stress and adversity, while others, under similar circumstances, do not (Black & Lobo, 2008; McCubbin & McCubbin, 1996; Patterson, 2002). As transitions and crises are characteristic of normal family life (Shonkoff, Jarman, & Kohlenberg, 1987), so increased knowledge has proliferated around the concept of family resilience. Literature, however, first focused and placed greater emphasis on individual resilience, strengths and abilities to overcome adversity, such as coping techniques and personality traits, than on family strengths and abilities (Hawley & DeHaan, 1996). The reason for this is that family was traditionally overlooked as a contributor to resilience and was perceived to be more of a risk to resilience (Bishop, 2014). In more recent years, there has been an evident shift in attention from the deficits of the family to the assets and abilities of the family system due to the conviction that

families have inherent strengths and protective factors that promote growth and development of the unit (Bishop, 2014; Black & Lobo, 2008).

Thought will now be given to the more intricate and finer processes of family resilience.

2.3.2 Conceptualising family resilience

Resilience is “the ability to withstand and rebound from disruptive life challenges” (Walsh, 2003, p. 1) and return to the original level, and/or emerge more strengthened or resourced than prior to the occurrence of the crisis (Greeff & Aspelting, 2007; Simon, Murphy, & Smith, 2005). Various definitions and explanations for resilience exist. However, three commonalities are evident among all (Hawley & DeHaan, 1996). Firstly, resilience surfaces and is fostered during times of adversity; there is, secondly an aspect of buoyancy (bouncing back); and lastly, resilience is viewed from a perspective of health rather than from one of illness (Hawley & DeHaan, 1996). The dynamic process that is family resilience (Walsh, 2003, 2012), is influenced by the constant interplay between protective factors and risk factors, fostering a level of adaptation and coping among the family system (Greeff & Aspelting, 2007; Walsh, 2012). In turn, these resources and strengths encourage familial strength, recovery and positive progression (Walsh, 2012).

2.3.3 What is a resilient family?

For the purposes of this study, the unit of analysis is the family system, defined by Patterson (2002, p. 234) as “two or more individuals (family structure) and the patterns of relationship between them (family functioning)”. Another definition is:

... a set of people related by blood, marriage, or some other agreed upon relationship, or adoption who shares the primary responsibility of reproduction or caring for members of society. The family is a central institution in all human societies, although it may take different forms (George, 2007, p. 1230).

Typically, when seeking to establish what constitutes a resilient family, we are chiefly interested in the multidimensionality of its functionality (Patterson, 2002). In addition to the vast array of possible structural and functional variations in family compositions, further diversity among families can be accounted for by the potentially different ethnic and cultural backgrounds of members, due to marriage and adoption, for example (Patterson, 2002).

Family stress theory accentuates the dynamic processes families undergo in order to bring about balance between family demands and family capabilities (Patterson, 2002). Family demands are paralleled to risk factors and constitute normative and non-normative stressors, daily problems, and ongoing family strains. Family capabilities, on the other hand, are equivalent to protective factors (Patterson, 2002). Two pertinent protective factors are highlighted by Patterson (2002), namely, family cohesiveness and family flexibility. These family qualities (cohesiveness and flexibility) work together to achieve the common goal of balance within the family (Bishop, 2014; Patterson, 2002). Finding a balance between family connectedness and separateness represents the degree of cohesiveness, while the degree of flexibility is represented by the balance between stability and change (Patterson, 2002). These processes are importantly facilitated by family communication, another key protective factor, which further enables families to make meaning (Patterson, 2002). Key family processes facilitate recovery and growth, giving the family opportunities to buffer stress, minimise risks for dysfunction and support optimal functioning (Walsh, 2003). When the family emerges from a crisis where the outcome is good, stress theory affirms bonadaptation (successful adaptation where patterns of family functioning are established and maintained) (Patterson, 2002).

It is essential to understand that family resilience is an emergent and enduring process that is dynamic in character (Patterson, 2002). Furthermore, family stresses and resources may both arise as a result of individual family members (e.g. personality traits), the family unit as a whole (e.g. communication patterns) or even from different social contexts (e.g. neighbourhood/religion) (Patterson, 2002). Cohesiveness, flexibility, communication, and making meaning are just a few examples of the array of protective factors available to families. The aforementioned factors, and others, are emphasised and expanded on in Walsh's (2003; 2012) Family Resilience Framework, as well as, in the Resiliency Model of Family Stress, Adjustment and Adaptation, stipulated by McCubbin and McCubbin (1996). Each is subsequently discussed below.

2.3.4 The Family Resilience Framework

A leading theorist within family resilience, Froma Walsh, stipulated a family resilience framework, which focuses on a variety of protective family factors (Walsh, 2003; 2012). Firstly, Walsh's framework focuses on emphasising strengths during times of stress, when families are faced with a crisis or instances of prolonged adversity (Walsh, 2003; 2012). Secondly, she holds that no single model of healthy functioning is assumed to fit all families or

circumstances (Walsh, 2003; 2012). Thirdly, as families face different challenges, they change and evolve over time, as do their processes for optimal functioning and well-being (Walsh, 2003; 2012).

Walsh has identified key processes in family resilience which have been grouped into three domains of family functioning (Walsh, 2003; 2012). The first domain is belief systems, which influences how families view their difficulties, suffering, and options available to them (Walsh, 2003; 2012). Belief systems include the subcategories of making meaning of adversity; positive outlook; and transcendence and spirituality. The second domain is organisational patterns (Walsh, 2003; 2012). In order for families to meet and adapt to life's obstacles, families must organise their social networks and households accordingly. The subcategories in this domain include flexibility, connectedness, and social and economic resources, all of which strengthen resilience (Walsh, 2003; 2012). Resilience is facilitated when families talk, bringing informational clarity to their troubles and this forms the third domain (communication processes) (Walsh, 2003; 2012). Important aspects here consist of clear information, open emotional expression and pleasurable interactions, and collaborative problem solving and preparedness (Walsh, 2003; 2012).

The Family Resilience Framework (Walsh, 2003; 2012) is a well-established area of research and has been employed and replicated by a number of South African studies (Bishop, 2014; Greeff & Aspeling, 2007; Greeff & van der Walt, 2010; Nolting, 2010). Attention and an in-depth discussion are now given to the Resiliency Model of Family Stress, Adjustment and Adaptation.

2.3.5 The Resiliency Model of Family Stress, Adjustment and Adaptation

2.3.5.1 Introduction

The Resiliency Model of Family Stress, Adjustment and Adaptation (hereafter referred to as the Resiliency Model) is a framework that has been informed by decades of work (McCubbin & McCubbin, 1996). The evolution of the Resiliency Model has been largely informed by years of theory building, revision, development and hypothesis testing (McCubbin & McCubbin, 1996). The Resiliency Model thus places emphasis on the inductive processes that have led to the development of the final model (McCubbin & McCubbin, 1996). Inductive theory building has contributed massively to and subsequently advanced propositions and concepts relating to the family resilience perspective (McCubbin & McCubbin, 1996).

2.3.5.2 Development of the Resiliency Model

The Resiliency Model stems from the landmark research Reuben Hill conducted during and post-World War II on family adjustment in response to the crisis of war, separation and reunion (Brown-Baatjies et al., 2008). Hill's work recognised that families aren't ideally constituted to withstand stress associated with societal expectations and subsequently, the ABCX Model was theorised (Brown-Baatjies et al., 2008). Earlier on, confusion existed around the term "crises" as it was used by Hill in two cases (Adams, 1988). In one instance a crisis is referred to as something that is experienced, and in the other as something that "impinges on different families" (Adams, 1988, p. 345). In this way, a crisis can be viewed as the stimulus and as the response therefore, taking form as either the event or the family's experience of the event (Adams, 1988). The ABCX Model is formulated as follows: A (the stressor) interacts with B (the family's resources) and with C (the family's definition of the stressor), which acts as a mediator and protects the family from weakening during a crisis scenario (factor X) (Brown-Baatjies et al., 2008; McCubbin & McCubbin, 1996).

While the ABCX Model took a categorical approach towards understanding family stressors and the adjustment process, it failed to account for the diverse and complex processes involved during family adaptation (Brown-Baatjies et al., 2008). Thus, shortly thereafter, the field saw the development of the Double ABCX Model of Adjustment and Adaptation (further on referred to as the Double ABCX Model) (Brown-Baatjies et al., 2008). The components of Hill's ABCX Model are redefined in the Double ABCX Model as pre-crisis variables and the notion of post-crisis variables is introduced, which describes the additional factors (Brown-Baatjies et al., 2008; Lavee, McCubbin, & Patterson, 1985). In so doing, the Double ABCX Model describes the added life strains and stressors that exist prior to or after the crisis (aA factor), resulting in a pile up of demands; the variation in family adaptive resources (bB factor) in response to the accumulation of demands (ranging from maladaptation to bonadaptation); and the variables that influence the course of adaptation (cC factor) such as coherence and meaning, family resources, and other related coping strategies (Lavee et al., 1985). Family adaptation (xX factor) "is the outcome of the family's processes in response to the crisis and pile-up of demands" (Lavee et al., 1985, p. 813). Adaptation does not imply that the change or disruption has not occurred, but rather that the family system has coped with the crisis and has returned to its routine level of operation (Lavee et al., 1985). The Double ABCX Model lends focus largely to the family's coping factors and social support that help facilitate family adaptation after a crisis (McCubbin & McCubbin, 1996).

The Family Adjustment and Adaptation Response (FAAR) Model developed naturally from the Double ABCX Model and highlights the complex family processes involved when needing to balance demands and resources (McCubbin & McCubbin, 1996). Longitudinal research involving families who experienced prolonged war-induced separation and family reintegration of a war prisoner's return revealed that families underwent three phases of adaptation; namely, resistance, restructuring and consolidation (Brown-Baatjies et al., 2008). These FAAR processes take place within the distinct adjustment and adaptation stages (Brown-Baatjies et al., 2008). Family resistance is encompassed by the adjustment stage, while family restructuring and consolidation fall under adaptation (Brown-Baatjies et al., 2008).

Theoretical development and research continued on family stress theory, which ultimately gave rise to the realisation that additional variables ought to be given consideration in a family's adjustment and adaptation (Brown-Baatjies et al., 2008). Thus, the Typology Model of Family Adjustment and Adaptation (hereafter, the Typology Model) was born. Developed by McCubbin and McCubbin, the Typology Model seeks to understand why it is that some families possess an ability to cope and even thrive in response to hardships while others who are facing equally distressing difficulties, or even the same hardships, are incapable of coping effectively (Brown-Baatjies et al., 2008). The aim of the Typology Model is to identify which family strengths and capabilities are essential when determining a family's response to a crisis-provoking stressor (McCubbin, 1995). The crucial contribution that this model made was its inclusion of family types, termed typologies, as a pivotal mediating variable which to a large degree assists in explaining the behaviour of how families respond to crises (McCubbin, 1995). The Typology Model places great emphasis on the importance and influence of ethnicity and social class on family adjustment and adaptation processes (Brown-Baatjies et al., 2008).

The Resiliency Model of Family Stress, Adjustment and Adaptation is the most recent development of the earlier, aforementioned models (McCubbin & McCubbin, 1996). The reformulation of the Resiliency Model transpired as a result of all past models tending towards Eurocentricity, with an additional focus on two-parent families (Brown-Baatjies et al., 2008). The Resiliency Model underlines four major domains of family systems functioning essential for recovery: (1) interpersonal relationships; (2) structure and function; (3) development; well-being and spirituality; and finally, (4) community relationships and nature (McCubbin & McCubbin, 1996). McCubbin and McCubbin (1996) explain that these four areas are affected during times of strain and that achieving and restoring balance and harmony here, is a key

concept. Furthermore, the Resiliency Model highlights five levels of family appraisal, paying attention to ethnicity and culture, and focuses on the relational processes of adjustment and adaptation (McCubbin & McCubbin, 1996). An explanation of the two phases of the resilience process: adjustment and adaptation follows.

2.3.5.3 The adjustment phase

The first stage outlined by the Resiliency Model is the family adjustment phase (see Figure 1), whereby family processes and outcomes are influenced and shaped by a variety of interacting factors (McCubbin & McCubbin, 1996). This dynamic process determines the level of family adjustment varying along a continuum from positive bonadjustment (where patterns of family functioning are established and maintained) to maladjustment (where a crisis requires established patterns of ineffective family functioning to change in order for the family to achieve balance and harmony) (McCubbin & McCubbin, 1996).

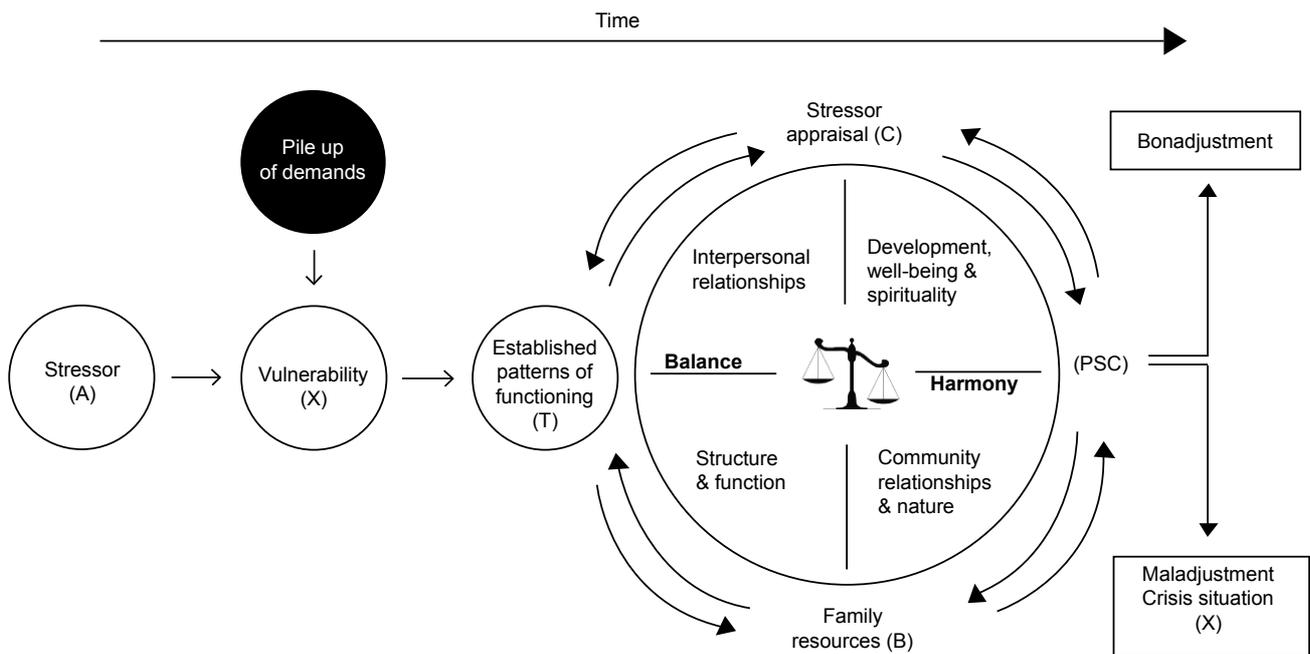


Figure 1. The Adjustment Phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (adapted from McCubbin & McCubbin, 1996).

Strains and stressors affect four vital domains of family life and functioning and, thus, become the central focus for maintaining or restoring harmony and balance: (1) structure and function; (2) interpersonal relationships; (3) development, wellbeing and spirituality; and (4) community

relationships and nature (McCubbin & McCubbin, 1996). The family system is viewed in relation to its larger social ecological system and, therefore, one area will have an effect on another (McCubbin & McCubbin, 1996). Families strive to achieve balance and harmony in all four domains (McCubbin & McCubbin, 1996).

As presented in Figure 1, the stressor (A) (and its severity) is a demand that is placed on the family unit (McCubbin & McCubbin, 1996). The stressor has the potential to cause, or does cause change within the family system, which may have an effect on all aspects of the family's life (McCubbin & McCubbin, 1996). We are able to determine the severity of the stressor by assessing the extent to which the stressor disrupts family functioning, threatens the family's stability, or puts hefty demands on or depletes available family capabilities and resources (McCubbin & McCubbin, 1996). The stressor interacts with family vulnerability (V), the organisational and interpersonal state of the family unit (McCubbin & McCubbin, 1996). Vulnerability is moulded by the accumulation or pile-up of demands, transitions and strains that occur at a particular life cycle stage of the family (McCubbin & McCubbin, 1996). In turn, family vulnerability is influenced by family typology of established patterns of functioning (T). The typology of a family is characterised by a collection of behaviours and attributes that govern how families typically behave and operate (McCubbin & McCubbin, 1996). A wide range of family types exist and each brings with it a predictable pattern of family functioning (McCubbin & McCubbin, 1996). In this way, family typologies or established patterns of functioning largely facilitate restoration, development, and/or maintenance of family balance and harmony (McCubbin & McCubbin, 1996). Family typology further has an interaction with family resistance resources (B), which is understood as the capabilities and abilities of the family to address and cope with the demands of the stressor in order to promote or maintain balance and harmony in attempts to avoid a crisis; or imbalance and disharmony, or deterioration or changes in the family's patterns of functioning (McCubbin & McCubbin, 1996). Family resources are then harnessed, as family capabilities in efforts to resist a crisis promote resiliency of the family unit, leading to successful adjustment (McCubbin & McCubbin, 1996). It is worth mentioning here that social support is one such critical family resource (McCubbin & McCubbin, 1996). Family resistance resources then further undergo an interaction with family appraisal of the stressor (C). This is the family's definition of the gravity of the demand placed on it and its associated difficulties and stresses (McCubbin & McCubbin, 1996). Family appraisals may vary from perceiving the stressor as a manageable challenge fostering strength and growth, as a minor setback, or as a catastrophe (McCubbin &

McCubbin, 1996). The family's appraisal of the stressor finally interacts with family problem solving and coping (PSC) (McCubbin & McCubbin, 1996). PSC indicates how the family deals with and manages stress through the employment of various skills and capabilities to eradicate the stressor and its associated adversities. This is done in order to achieve the ultimate goal of balance and harmony (McCubbin & McCubbin, 1996).

A family stressor produces strain in the family and when the associated tension is not eliminated or reduced, the family goes into a state of distress (McCubbin & McCubbin, 1996). A state of distress is characterised as perceived or actual disharmony and imbalance within the four relational domains of the family, and the family's ability to combat the demands (McCubbin & McCubbin, 1996). Eustress, on the other hand, is the positive condition whereby a family views imbalance and disharmony as a challenge and an opportunity (McCubbin & McCubbin, 1996). Families that cope with times of stress with relative ease tend to experience bonadjustment, where minor changes and adjustments are made within the family system (McCubbin & McCubbin, 1996). Conversely, in more demanding or traumatic situations, changes in established patterns of functioning may need to be more substantive in order to restore balance and harmony (McCubbin & McCubbin, 1996). In this case, families are likely to undergo a state of maladjustment, resulting in a family crisis. Family crisis suggests imbalance, disharmony and disorganisation in the family system and therefore requires the modification of the family's patterns of functioning to regain stability and order (McCubbin & McCubbin, 1996). This initiation for change signifies the beginning of the adaptation phase (McCubbin & McCubbin, 1996), which is subsequently discussed.

2.3.5.4 The adaptation phase

When a family is unable to adequately adjust during the adjustment phase, disharmony and imbalance persist. In this instance, a crisis state will occur and the family will enter into the adaptation phase, according to the Resiliency Model (McCubbin & McCubbin, 1996). The level of adaptation achieved by the family following a crisis is largely influenced by various factors and the ways in which they interact with each other (Bishop, 2014). The adaptation phase is described and illustrated in Figure 2 on the following page.

When a family fails to respond effectively during a time of strain and enters into the adaptation phase, it is often the case that the family's established patterns of functioning (T) are deemed problematic or insufficient, as they are not aiding in adjustment (Bishop, 2014; McCubbin &

McCubbin, 1996). The overall state of the family is further aggravated when other pressures are placed on the family, creating a pile-up of demands (AA), such as other stressors or life changes (McCubbin & McCubbin, 1996). In order to adapt to the crisis, the family must make changes in attempts to achieve harmony and balance (Bishop, 2014). During the adjustment phase, the family strives to restore harmony and balance within the four key domains of functioning: interpersonal relationships; their structure and function; well-being and spirituality; and the family’s relationships with the community (McCubbin & McCubbin, 1996). In the adaptation phase however, the outcome the family aim at achieving is a level of adaptation (XX), which is seen on a continuum ranging from successful (bonadaptation), to unsuccessful (maladaptation) (McCubbin & McCubbin, 1996).

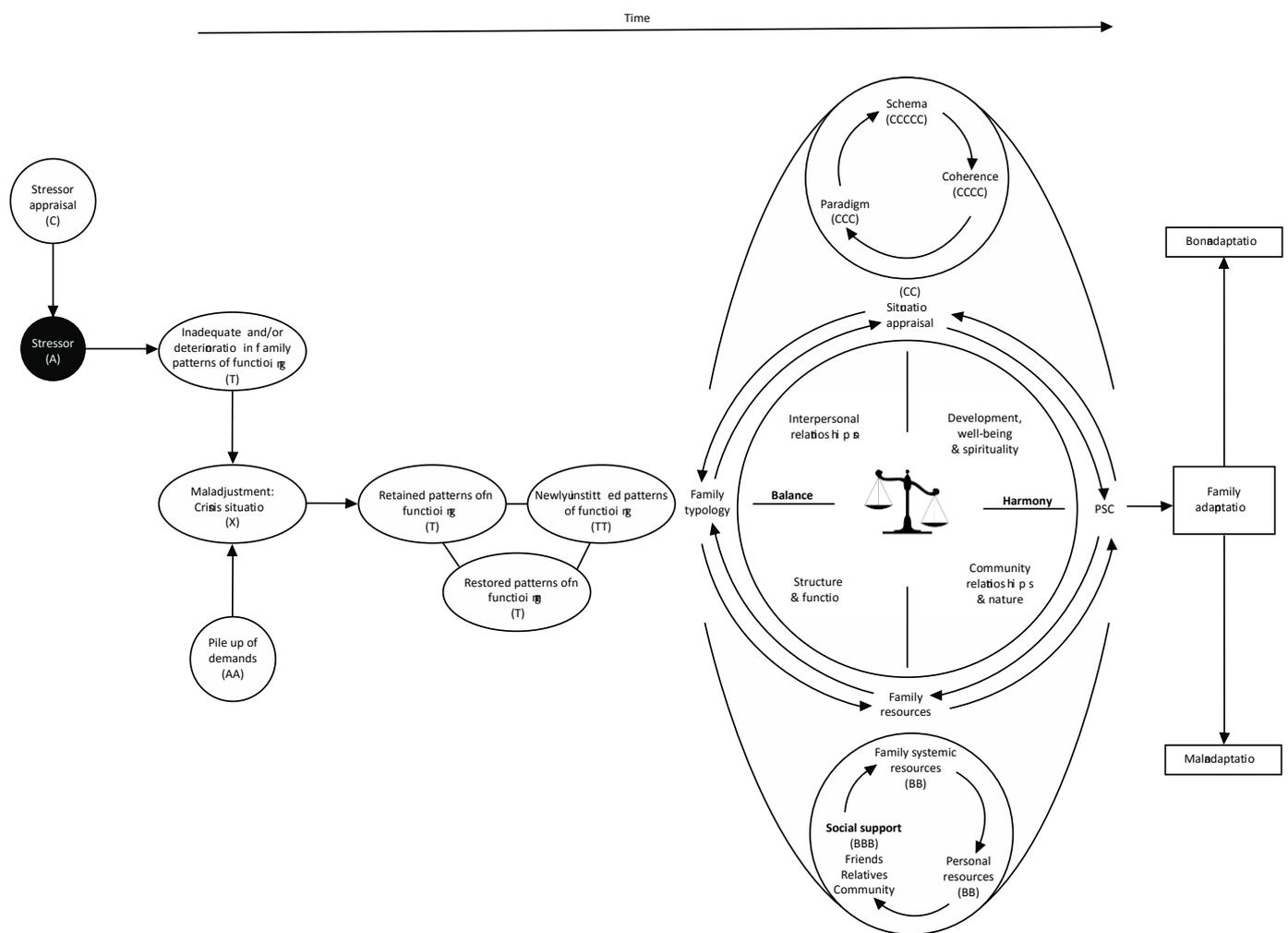


Figure 2. The Adaptation Phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (adapted from McCubbin & McCubbin, 1996).

Bonadaptation is determined by a number of interacting factors: namely, newly introduced patterns of functioning (TT); the maintenance or restoration of already established patterns of functioning (T); capabilities and internal resources of the family (BB); the family's network of available social support (BBB); as well as appraisal of the situation by the family unit (McCubbin & McCubbin, 1996). McCubbin and McCubbin (1996) stipulate five areas of appraisal. Schema (CCCCC) constitutes shared family beliefs and values; coherence (CCCC) postulates the sense of trust, order, manageability and predictability within the family; and paradigms (CCC) encompass the family's shared expectations of functioning. In turn, these three largely inform and shape the family's appraisal of the situation (CC), as well as how the family defines the stressor (C). It is imperative to understand that situational appraisal draws a link between how the family views the stressor and the capabilities the family possesses in order to overcome the crisis (Bishop, 2014). The appraisal components, resources and already established patterns of functioning have an effect on the problem-solving and coping abilities (PSC) the family utilises (McCubbin & McCubbin, 1996). Such practices include coping techniques, family problem solving, and means of addressing conflict (McCubbin & McCubbin, 1996). With the ultimate goal being the restoration of harmony and balance within the family unit as well as in relation to the family's larger environment, the family undergoes a relational and dynamic process of change over a period of time (McCubbin & McCubbin, 1996). Should the family adapt successfully in response to the crisis, bonadaptation is achieved and the family will typically maintain these established patterns of functioning (Bishop, 2014). If, however, adaptation is unsuccessful, reaching a level of maladaptation (XX), the family is thrust into a cyclical process and returns to a state of disharmony and imbalance. The process, at this point, then starts from the beginning with changes being implemented at established patterns of functioning, and is repeated (McCubbin & McCubbin, 1996).

A detailed account of family resilience and its related concepts have been described. A core quality that is evident throughout theories on family resilience is that of social support systems and the support of others. This crucial resilience quality, social support, is now deliberated in the following section and subsections.

2.4 Social Support

The third theoretical foundation on which this research is based, is that of social support. Social support is a well-researched area of interest and is multifaceted and complex. The subsections that follow first provide the definition of social support, as well as early research contributions

that were made to this area of knowledge. Thereafter, consideration and discussion are given to the various, dynamic and important aspects of social support that have evolved over the course literature. Finally, a presentation on the convoy model of social relations will be given, a crucially relevant theory on social support networks.

2.4.1 Defining social support

Through decades of contributions, social support has come to be defined as “verbal and non-verbal information or advice, tangible aid, or action that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioural effects on the recipients” (Armstrong, Birnie-Lefcovitch, & Ungar, 2005, p. 271). An individual’s social network consists of the interpersonal relationships that occur between the individual and others, which in turn forms the basis of their experience of social support (Shechner et al., 2010). Schmitz and Crystal (2000, p. 667) enhance this understanding by explaining that “the simplest and most powerful single measure of social support appears to be the presence of an intimate, confiding relationship”. Through these relationships, individuals are afforded various resources and coping assistance, which allow them to manage and deal with their problems and distress (Schmitz & Crystal, 2000). Jacobson (1986, p. 252) further supplements these by defining a support system as “formal and informal relationships and groups through which an individual receives the emotional, cognitive, and material supports necessary to master stressful experiences”.

2.4.2 Early contributions

An early conceptualisation of social support, namely, social exchange theory, was posited by Homans (1961, p. 13) who defined social exchange “as the exchange of activity, tangible or intangible, and more or less rewarding or costly, between at least two persons”. Exchange relations between actors were based on and explained by the principles of reinforcement, an emergent and popular concept during the 1960s (Cook, Cheshire, Rice, & Nakagawa, 2013). In 1964, another leading theorist, Blau, added that social exchange referred to the voluntary actions, or favours, performed by individuals to others (Cook et al., 2013). These favours were thought to be motivated by the expected returns they would yield in the future, although unspecified (Cook et al., 2013).

More prominently, the later work of House (1981) introduced a notion that stipulated four categories of social support, which have remained largely influential until today. These four types of social support will now be described, each of which complement the properties of the various definitions of social support. The four categories are: (1) informational support (provides the individual with content in order to help them cope and includes suggestions, advice, and directives); (2) emotional support (consists of trust, affect, esteem and listening, which all aid in meeting the social-emotional needs of the individual); (3) appraisal support (involves the process of self-evaluation in response to the given information and encompasses feedback, affirmation and social comparison); (4) tangible or instrumental support (is the provision of actual resources such as money, transport and food) (Campbell-Grossman et al., 2005; House, 1981; Hudson et al., 2009). A large and growing body of research that emerged during the 1980s supports the notion that adequate social support impacts positively on well-being and health, and reduces the harm of negative or stressful life events. The literature indicates that this is especially applicable to women experiencing stressful conditions, such as those characteristic of single parenthood (Beeber & Canuso, 2005; Keating-Lefler, Hudson, Campbell-Grossman, Fleck, & Westfall, 2004). Accordingly, Lindblad-Goldberg and Dukes (1985) emphasised that a support system is perceived as a crucial source of strength to single-parent families. This is of significant relevance to this study.

2.4.3 Unpacking social support

The benefits of social support are strongly established and supported by an abundance of research (Bassuk et al., 2002; Jacobson, 1986; Shechner et al., 2010). In spite of this, Jacobson (1986) stressed that the bulk of research has largely overlooked the ways in which social support functions. As a result of this criticism, there has been a large increase in research on social support by a number of researchers.

A crucial aspect of social support is the recently conceptualised dichotomy between positive and negative support (Shechner et al., 2010). Traditionally, past definitions of social support inferred positive relationships between people (Shechner et al., 2010); however, negative social support refers to a situation in which help or aid is intended, but is not experienced as supportive (Keating-Lefler et al., 2004). This is of principal interest because negative support can in fact cause more harm than positive support can do good (Bassuk et al., 2002). Furthermore, a member of a social network might be experienced as supportive in one area, while critical and negative in another, and even experienced as both supportive and negative at

once (Shechner et al., 2010). Mikal, Rice, Abeyta and DeVilbiss (2013) report that in order for social support to qualify as positive, it needs to be experienced as empathetic, fitting to the need/stressor, and not as an added burden to the source of support.

Another viewpoint claims that a relationship exists between social support and health outcomes and can be explained by two mechanisms, a main effect and a stress buffering effect (Mikal et al., 2013; Shechner et al., 2010). The main effect explains that social support encourages a sense of purpose, identity, self-worth and emotional regulation. The stress buffering effect proposes that the individual's ability to cope is enhanced by the psychological and material resources they are afforded through social support (Armstrong et al., 2005; Shechner et al., 2010).

Recent research explains that the mental health outcomes of social support are not solely dependent on the number of social ties, but are also highly influenced by specific features and patterns of the complex social network as a whole (Shechner et al., 2010). Three structural variables exist within social networks, the first being the size or number of relationships within the network (Beeber & Canuso, 2005; Schechner et al., 2010). Another variable is the diversity of agents included within the network, such as family, friends, colleagues and neighbours. Network density is the third variable, which encompasses the proportion of positive and negative relationships among those within the network; for example, whether different supporters know each other (Beeber & Canuso, 2005; Schechner et al., 2010). Although these features are not inherently good or bad, they do become increasingly influential in light of other aspects, such as culture, socio-economic status, developmental life changes and stressful events (Beeber & Canuso, 2005).

The timing of social support is another crucial element that should be considered (Jacobson, 1986). It is, in fact, common for stressful situations to unfold and evolve over time and it is noted that the "same basic problem may evoke different supports as it moves through various stages and transformations" (Jacobson, 1986, p. 252). Theorists find it useful to think of this in terms of support sequences, because one form of support will take over from another (Jacobson, 1986). Coping with stress is an example used by transactional theorists who explain that different types of support will be required at different times. As the individual moves through time, the demands placed on him/her are continuously changing, which in turn has an effect on his/her individual beliefs, ideas and values, thus requiring an ongoing process of

appraisal and reappraisal (Jacobson, 1986). Transitional theorists conceptualise timing of support through the example of the three stages following a loss (numbing, disorganisation and despair, and reorganisation) (Jacobson, 1986). Support suited to the disorganisation stage will be discarded and ignored if the individual has not yet transitioned through the numbing phase and accepted the loss, as his/her ideas and beliefs have not yet changed (Jacobson, 1986). It is clear that timing of support is extremely subjective and relative to the individual and his/her situation.

2.4.4 The convoy model of social relations

Consideration of all the abovementioned concepts leads to the convoy model of social relations, a theory put forward by Kahn and Antonucci in 1980 (Kahn & Antonucci, 1980; Nguyen et al., 2015). In short, this all-encompassing model posits that social relationships are essential to the human experience, while also recognising that the levels and types of relationships that exist will differ from one individual to the next (Kahn & Antonucci, 1980; Nguyen et al., 2015). These meaningful and pertinent bonds make up one's convoy of social relations and consist of many members (family, friends, colleagues, community affiliates, etc.) that are able to provide various types of support due to their ideal positioning in relation to the individual (Kahn & Antonucci, 1980; Nguyen et al., 2015). In order to assess one's support system and its functioning effectively, attention should be lent to its qualitative features (adequacy and satisfaction of support, for example), as well as structural characteristics (size) (Kahn & Antonucci, 1980; Nguyen et al., 2015).

Kahn and Antonucci (1980) theorised that convoys comprise three concentric circles that encapsulate the individual. The innermost circle is said to consist of those who are subjectively closest to the person and who provide the most support, such as best friends and first-degree relatives (Kahn & Antonucci, 1980; Nguyen et al., 2015). The outermost circle, on the other hand, comprises network members who still provide support but are not as close to the individual (community members) as those in the inner circle. Individuals who find themselves in intermediary positions, such as neighbours or other relatives, fall within the middle circle (Kahn & Antonucci, 1980; Nguyen et al., 2015). The convoy model of social relations employs a life course standpoint, which acknowledges the fluidity and changing nature of a social support network and its composition throughout life (Kahn & Antonucci, 1980; Nguyen et al., 2015). In this way, members come to move freely in and out of the three circles upon the

arrival of new members and upon the departure of others during the progression of life (Kahn & Antonucci, 1980; Nguyen et al., 2015).

2.5 Conclusion

This Chapter has situated the current research question within three theoretical frameworks. By working within the paradigm of positive psychology, this study draws on strengths-based conceptualisations; those that are preoccupied with growth and advancement of a family unit. The Family Resilience Framework (Walsh, 2003; 2012) and the Resiliency Model (McCubbin & McCubbin, 1996) provide a comprehensive understanding of how some families fare well under stressful conditions, while others do not. These models give insight into the various and significant qualities that are associated with family adaptation, coping and well-being. Of these key resilience factors outlined by Walsh (2003; 2012), is the vital function of the resilience quality, social support. The numerous works of researchers and theorists regarding social support are vast, complex and multifaceted. The convoy model of social relations, contributes to a comprehensive understanding of the dynamic and flexible nature of social support systems that might occur throughout an individual's, and, by extension, a family's life course.

Chapter Three concentrates on the relevant literature pertaining to the current research question that aims to identify what aspects of social support are associated with adaptation in middle-class, single-mother families. A review of extant literature and research around this topic of inquiry follows.

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

It is not so much the increasing number of single-mother family structures that is deemed problematic, but it is rather the economic and social handicap to which they are commonly subjected (Cairney et al., 2003). In light of this statement, it is imperative that these barriers to health are addressed and the ways in which social support may alleviate the effects thereof.

Chapter Three provides a review of the relevant literature pertaining to the title of this thesis: “Aspects of social support associated with adaptation in middle-class, single-mother families”. First, discussion focuses around the burden of single-parenthood that falls onto the single mother. In this section, attention is paid to the psychological effects of single-motherhood, which are largely influenced by the mothers’ compromised mental health and the stigmatisation that she and her family are subject to. Comparative studies that were conducted with single- and married-parent households are presented and I report on how the psychological state of the single mother impacts on the family unit as a whole. The economic disadvantage that single-parent households face is also elaborated on. As the literature pertaining to middle-class groups in this domain is limited, discussion further draws on lower-class, single-mother families as a means of comparison. Thereafter, the role of social support and the various sources of support (family, friends, community, formal support and online support) typically found in the social support networks of single mothers, are explored. Lastly, online forms of support and the numerous advantages and possibilities thereof are discussed.

3.2 The Burden for Single Parents

3.2.1 Psychological impact

The first aspect discussed in this section is the way in which the single mother’s psychological functioning may be influenced through the potential effects of single-parenthood on her mental well-being and consequently, her child/children. Furthermore, her experiences of stigmatisation and its consequences are taken into account.

3.2.1.1 Mental health

Lone parenting undeniably has a psychological effect on a mother at some stage. In Canada, female-headed homes largely comprise the population that lie below the poverty line, which leave these families in a vulnerable state and increasingly susceptible to health deficits

(Lipman & Boyle, 2005). In comparison to mothers from two-parent families, single mothers generally experience higher levels of family stress and depression, while levels of social support and access to mental-health facilities remain compromised (Lipman & Boyle, 2005). Cairney et al. (2003) and Garfield (2009) report that the single mother population disproportionately suffers higher rates of psychiatric afflictions than married women. A nationally representative sample demonstrates that a single Canadian mother's risk for experiencing a major depressive episode is twice that of a married woman (Cairney et al., 2003). Additionally, the prevalence of 12-month and lifetime anxiety, as well as substance abuse disorders were found to be higher in the cases of single mothers when compared to their married counterparts (Cairney et al., 2003).

The implications of single mothers' compromised mental health seriously impact on the mental well-being of their offspring (Lipman & Boyle, 2005). Studies have indicated that children of divorce have an elevated risk for developing adjustment problems in the present as well as in the future (Wood, Repetti, & Roesch, 2004). In response to increased pressures placed on the single mother after a divorce (longer work hours, less time to socially engage, taking on all household responsibilities etc.), her risk for developing depressive symptoms is heightened (Wood et al., 2004). Mothers experiencing depressive symptoms tend to become disengaged from their children and develop a reduced motivation to interact socially as a result of becoming increasingly self-focused (Wood et al., 2004). The whole family system in turn is influenced by the behaviour and mood state of the mother (Wood et al., 2004). The ways in which parental depressive symptoms trigger adjustment problems and increased chances for later psychopathology in their children, result from the modelling of poor coping strategies and negative affect displayed by their single mother (Wood et al., 2004). Adolescents and children are highly susceptible to "emotional transmission" and are likely to match their mothers' sad or irritable disposition (Wood et al., 2004, p.123). It is reported that offspring of lone-parent families have commonly been described as more aggressive, hyperactive, anxious, hostile, distractible and fearful than children from intact households (Azuka-Obieke, 2013). Consequently, children often experience social difficulties, academic failure, and are placed at increased risk for developing behavioural and emotional problems (Lipman & Boyle, 2005). This disadvantage that children of lone-parent families experience, in comparison to children of two-parent families, is of key importance because the child and the parent together comprise and influence overall family resilience (Walsh, 2012).

Due to a number of antecedents and concomitant risk factors found amongst single-motherhood, some of which are harsh societal stressors such as poverty, witnessing acts of violence or being subjected to acts of violence, relationship/marriage difficulties, unplanned and unwanted pregnancies, lack of support after childbirth, and young maternal age, the chances for the onset of postnatal depression (PND) are increased (Mokwena & Shiba, 2014). Mokwena and Shiba (2014) report that PND affects 20.7% to 36% of middle- and low-income countries throughout the African continent. The prevalence of PND in South Africa mirrors these statistics as it is said to affect between 16.4% and 34.7% of the population (Mokwena & Shiba, 2014). It is noteworthy, and in line with the aforementioned, that a diagnosis of postnatal depression (PND) not only directly implicates the mother, but negatively influences the health of her child (Mokwena & Shiba, 2014).

A comparative study of single-versus-married mothers revealed single mothers to be greatly disadvantaged in many domains, including mental health, financial resources, age and education (Cairney et al., 2003). Single mothers reported less perceived social support, experienced less social involvement, and had fewer contacts with family and friends than their married counterparts (Cairney et al., 2003). A logistic regression analysis revealed a strong association between recent life events and depression to be dependent on family structure (Cairney et al., 2003). Cairney et al. (2003), however, explain a surprising finding further. This surprising find was that married mothers were more reactive (sensitive) to negative events as they were less used to having to cope with multiple adversities than single mothers, who had characteristically experienced more life events, higher chronic stress levels, and greater childhood difficulties (Cairney et al., 2003). Because the single mothers' group had greater experience of negative events, strains and stresses (the saturation effect), they emerged as stronger, more able to deal with hardships, and were generally more resilient than their married counterparts (Cairney et al., 2003). Jones, Forehand, Brody and Armistead (2002) supplement this finding with their research that was conducted on positive parenting and child adjustment among an at-risk, inner-city, single-mother family sample. Families in this sample were identified as high-risk due to the various challenges they faced within their environment, including lone-parenting (Jones et al., 2002). Although the correlation between precarious scenarios such as these and depression are well documented, the findings uncovered by Jones et al. (2002) revealed that maternal optimism played a greater role in the process of child and, ultimately, family adjustment, in comparison to maternal depressive symptoms. It is a well-established finding that optimism aids in the process of family adjustment and adaptation

(Bishop, 2014; Greeff & Aspeling, 2007; Greeff & van der Walt, 2010; Nolting, 2010; Walsh, 2003; 2012). By possessing an optimistic view, mothers are likely to hold the belief that they can make a difference, despite obstacles placed in their way (Jones et al., 2002). Optimism is an inherent human characteristic and is influenced by experience, be it genetic predisposition, lived experiences that govern optimistic behaviour, or an amalgamation of these (Jones et al., 2002). In light of this information, it is comprehensible that single mothers might present as more resilient than married mothers due to the latter's reduced practice or experiences of hardships/challenges, as asserted by Cairney et al. (2003) above.

3.2.1.2 Stigmatisation

A massive difficulty commonly experienced by single mothers is the intensity of stigmatisation they are subject to (Kjellstrand & Harper, 2012; Shechner et al., 2010). Lenette et al. (2012, p.649) explain that through stigmatising and distancing, people ignorantly start “othering” certain groups of individuals that are different, which only reinforces and strengthens notions of what constitutes “normality”. Stigmas, prejudice, and judgment of single mothers are palpable and rife cross-culturally and internationally (Shechner et al., 2010).

Diminished levels of well-being are reported among single mothers in Hong Kong, single heterosexual and homosexual Israeli mothers, as well as among single Irish mothers, solely based on their familial structure (Shechner et al., 2010). Shechner et al. (2010) also make mention of the ongoing battle for single mothers by choice to be recognised as legitimate family systems. Lone Turkish mothers who are placed under scrutiny and judged by the negative attitudes surrounding women living alone illustrate this (Kavas & Gunduz-Hosgor, 2013).

Negative perceptions of sole-parenting are echoed in the Nigerian population (Akuza-Obieke, 2013) and single Kenyan mothers are also ostracised (Mainthia et al., 2013). This is a problem and raises serious concerns as many researchers posit that a positive and integrated experience of one's community and ability to receive emotional support from the community is central to family hardiness and overall resilience (Bishop, 2014; Greeff & Aspeling, 2007; Nolting, 2010; Walsh, 2003; 2012).

Conversely, views about extramarital pregnancies differ in the USA. There is now increasing societal acceptance of single-mother family structures and they are no longer thought of as

damaging to the public (Shechner et al., 2010). Although momentum is slowly being gained surrounding acceptance of single-mother families (Azuka-Obieke, 2013), it is apparent that stigmas and attitudes towards lone-motherhood vary and are embedded within the specific social context (Shechner et al., 2010).

Experiences of negative judgments and stereotyping can have long-lasting and devastating effects. Nel (2004) explains that in some cases, individuals refrain from seeking the assistance of others due to the associated risk of affirming stigmas, being misunderstood, being subjected to judgmental behaviours, and fear of intrusion. There have too been instances in which public support has been avoided for fear of stigmatisation, particularly in low-income communities (Coles, 2009). The nature of rural residences usually prevents safe-keeping of anonymity and heightens moral scrutiny, which helps to explain why uptake of public welfare was low in these areas in Northern California (Coles, 2009). Accordingly, Kjellstrand and Harper (2012) add that due to their lower socio-economic status, preconceptions of promiscuity, illegitimacy, and racial prejudices are strengthened when single women seek financial and public support for their families.

Richter (2009) explains that the South African context is unfortunately no exception when it comes to stigmatisation. According to Richter (2009) there is a prominent misconception about young, low-income women that are receiving Child Support Grants (CSG). Many are of the belief that these women fall pregnant purposefully in order to receive the monies (R230 a month in 2009), or are taking advantage of the system by spending the grants carelessly on alcohol, clothes and gambling, whilst leaving their child/children under the supervision of a grandmother (Richter, 2009). A study conducted by the Human Sciences Research Council (HSRC) found no correlation between teenage fertility and uptake of the CSG (Richter, 2009). This is worth mentioning as it clearly demonstrates the fallacies that may lie at the heart of prejudices and misconceptions. Unsupported preconceptions can be crippling to a population group (Lenette et al., 2012).

It is evident that the psychological health of the single mother is largely jeopardised. The accumulation of overburden of household and work responsibilities in the absence of a partner (Cairney et al., 2003; Lipman & Boyle, 2005), and the social biases they are prone to (Kavas & Gunduz-Hosgor, 2013; Shechner et al., 2010), increase the risk for onset of depression and other disadvantages (Cairney et al., 2003; Lipman & Boyle, 2005; Mokwena & Shiba, 2014).

Jones et al. (2002) indicate, however, that it is through these challenges and hardships that single-parent families foster resilience.

Not only are single parents prone to mental difficulties, but they also tend to experience financial drawbacks. The following section focuses on the economic disadvantage experienced by single mothers and the differences between the experiences of single mothers from middle- and low-income categories.

3.2.2 Economic disadvantage

There is a definite distinction between the experiences of middle-class single-mother families and lower-class single-mother families. Literature pertaining specifically to middle- and high-income, single-mother families remains extremely limited (Kjellstrand & Harper, 2012). One study (Kjellstrand & Harper, 2012) found the middle-income range population group to be largely resilient, strong, proud and able to achieve goals: this income range rather than low- or high-income ranges reported the highest levels of resiliency. In light of this, middle-income countries, as well as lower-income countries, showed the highest rates of PND (Mokwena & Shiba, 2014).

Although the current study is preoccupied with middle-income and middle-socioeconomic status, the economic disadvantage to which this population group is prone should not be overlooked. Because extant research pertaining to single-mother families is overrepresented by its central focus on poor cohorts in the low-income range (Beeber & Canuso, 2005; Campbell-Grossman et al., 2005; Coles, 2009; Davids & Roman, 2013; Keating-Lefler et al., 2004; Lenette et al., 2012; Lipman & Boyle, 2005) it is thus deliberated here. The current study concerns itself chiefly with middle-income, single-mother families due to the limited available research on this group.

An overwhelming number of studies report that a quarter of single-mother households live below the poverty line and further lend focus to the economic deprivation they experience (Keating-Lefler et al., 2004; Kjellstrand & Harper, 2012). A context of prevailing poverty has the ability to cripple opportunities for education and accomplishment and has additional strong ties to violence, crime, and poor physical and mental health (Kjellstrand & Harper, 2012). Because of their low-income status, single mothers, already at a disadvantage, become

increasingly vulnerable to parenting difficulties as well as mental health complications (Keating-Lefler, 2004), as already mentioned.

One pertinent difficulty experienced in families of a lower socioeconomic background is the work-family spillover (Devine et al., 2006). Typically, the weekly work hours for employed single mothers have increased and are coupled with non-standard and inflexible hours and low wages which often require them to work more than one job and/or work overtime (Devine et al., 2006). The health of the female-headed household could be placed under threat as a result of the high strain and pressure of having to meet work and family demands (Devine et al., 2006). This is important due to the heavy toll it takes on the family's physical and mental well-being (Devine et al., 2006). Such scenarios are familiar within the South African setting, evident through the diminished levels of parental supervision and care afforded to children belonging to single-mother households (Davids & Roman, 2013; Durlak & Weissberg, 2007). Physical health is compromised through the poor food choices reported among low-income families and is reflected in the numbers of convenience meals bought and consumed outside of the home (Devine et al., 2006). Furthermore, these food items are disproportionately low in nutrients but high in caloric content, sugar, salt and fat (Devine et al., 2006). This is supported by various studies which have shown that the children of formerly-married or never-married mothers have higher probabilities of acute under-nutrition than the children of their married counterparts (Mainthia et al., 2013).

Much of the South African population live in low-income environments or in contexts of poverty with limited access to resources (Davids & Roman, 2013). It is understandable that these circumstances are exacerbated when there is only one breadwinner, characteristic of the single-parent home (Davids & Roman, 2013). The implications are far-reaching. A South African study conducted by Davids and Roman (2013), compared the goals and aspirations of adolescents from single-parent and two-parent households in non-affluent environments. Surprisingly, the results yielded no differences between the single- and two-parent groups. The findings did reveal, however, that adolescents from both groups were prone to extrinsic life goals (externally controlled goals, such as fame, wealth and image), probably attributable to their families' low social status (Davids & Roman, 2013). In this sense, extrinsic life goals were associated with lower-socioeconomic backgrounds, which is characteristic of families in the South African context at large.

A crucial difference reported between low-income single mothers and mothers from higher income categories is that poorer mothers rarely seek the assistance of others (Keating-Lefler, 2004). A lack of help-seeking behaviour occurs for various reasons and results in heightened levels of distress, lack of social support, and difficulties with childcare (Keating-Lefler et al., 2004). It would also seem that low-status, single mothers are overlooked by the health care sector (Keating-Lefler, 2004). In Australia, there is a prominent discrepancy between health care services and uptake by single refugee and migrant women (Lenette et al., 2012). In this instance, migrants and refugees seldom request aid due to unfamiliarity with the healthcare system, fear of family laws in the country, fear of prejudice, and uncertainty about their rights (Lenette et al., 2012). When women with children are disregarded by public health services, the mental and physical health consequences can be unforgivable (Keating-Lefler et al., 2004; Lenette et al., 2012) when, for example, they do not receive the trauma counselling they need (Lenette et al., 2012).

The most prominent finding amidst the literature that is of essential applicability to low-income, single mothers, is that harmful effects of chronic stress and adverse life events can be countered or lessened through social support (Beeber & Canuso, 2005). A deeper discussion of social support will be provided in the subsequent section.

3.3 Social Support

We talk about one's social ties, primary group relations and social integration when referring to social support (Taylor, Conger, Robins, & Widaman, 2015). It is these supportive relationships and social bonds that are vital to the functioning of our psyche and overall state of well-being (Taylor et al., 2015). Research has consistently verified that one's supportive social network is a lifeline that has the ability to alleviate and prevent stress, thereby affording individuals increased resiliency during times of strain and reducing the risk for adverse circumstances (Schrag & Schmidt-Tieszen, 2014; Taylor et al., 2015; Walsh, 2012). Social support should not solely be viewed as a buffer but as a tool that further promotes positive behaviour (Taylor et al., 2015).

As noted in Chapter Two, one's social network is comprised of structural features, inclusive of its size, multiplexity and density, as well as its functional dimensions, which include the provision of comfort, emotional support, information and material aid (Procidano & Heller, 1983). Perceived social support, on the other hand, is described as the impact that social

networks have on the individual. So if social networks provide support, feedback and information, “then perceived social support (PSS) can be defined as the extent to which an individual believes that his/her needs for support, information, and feedback are fulfilled” (Procidano & Heller, 1983, p. 2). PSS is a powerful form of support and has strong correlations with well-being and mental health, as this is the individual’s subjective belief that s/he has an available and caring support network (Taylor et al., 2015). In turn, perceived social support has an influence on the overall well-being and functioning of the family unit (Taylor et al., 2015; Walsh, 2003; 2012).

Numerous channels of support can exist and function in any given social network and are discussed in depth and at length below.

3.3.1 Family, friend, and community support

Bassuk et al. (2002) criticise studies in which various sources of kin support (parents, children, siblings, and other relatives) are merged to create a singular measure. The common assumption is that primary support will come from one’s parent/s or child/children; however, the role of sibling support is a highly overlooked area of help (Bassuk et al., 2002). While these individuals represent family support, they also represent peer support, which might prove to be the most enduring relationship for an individual (Bassuk et al., 2002). Assistance from parents, on the other hand, might carry with it some judgment as these agents represent figures of authority (Bassuk et al., 2002). In certain contexts the importance of non-kin support takes the form of friendships and represents voluntary aid (Bassuk et al., 2002). In this regard, friend support carries with it less obligation and judgment as these relationships were entered into voluntarily and mutually, unlike kin who might at times feel “obliged” to help due to their blood relationship (Bassuk et al., 2002, p. 41). Similarly, Castiglia (1999, p. 140) adds that children might find support of this kind from cousins as “they are true peers of the child”. The child does not perceive his/her cousin as a rival as there is no need to compete for their parent’s attention, as is the case with siblings.

Because the majority of single-mother households tend to be of lower socioeconomic status (Beeber & Canuso, 2005; Campbell-Grossman et al., 2005; Coles, 2009; Davids & Roman, 2013; Keating-Lefler et al., 2004; Lenette et al., 2012; Lipman & Boyle, 2005), they are more often found, in comparison to two-parent households, to be involved in extended family support networks in efforts to stretch resources and make ends meet (Castiglia, 1999).

Extended family units generally have a higher prevalence in black communities than in white ones (Castiglia, 1999). Possessing an extended family unit is extremely beneficial, creating greater opportunities for affection and support, as well as assisting in the development of the child's sense of security and affording them opportunities for numerous role models (Castiglia, 1999; Samuelsson, 1997). Having multiple mentors and role models is hugely significant for the development of youth resilience and is strongly urged by Walsh (2003) and physicians that contributed towards Castiglia's (1999) research.

Because grandparents and other relatives are usually less emotionally charged than parents, they can serve as important role models for children and instill various qualities, like humour, spirituality and adventurousness in the child (Castiglia, 1999). The grandparent-child relationship has key applicability today and has largely transformed over the years from an authoritarian role to one of a confidant and conflict mediator for the grandchild (Castiglia, 1999). Accordingly, middle-class, single, Turkish mothers rely heavily on the support of grandparents due to the increased inclusion of women (single mothers) into the workplace, as well as the lack of adequate day care facilities (Kavas & Gunduz-Hosgor, 2013). Interestingly, research has shown that children of one-parent families who live with extended families engage in less deviant behaviour than youths of one-parent households that live alone (Castiglia, 1999).

Social support is, additionally, experienced through community and faith group involvement, which allows for resilience to be strengthened within the individual, family and/or community (Bishop, 2014; McCubbin & McCubbin, 1996; Walsh, 2012). According to research, non-normative events or changes tend to prompt the formation of extended family supportive systems by "adopting" community members, neighbours, and/or friends as "aunts" or "uncles" into the family (Castiglia, 1999). This is likely to occur in the instances of single-parent families due to the lack of adult assistance available to them as they are without partners (Castiglia, 1999). Middle-class, single-parent families regard their respective communities as a crucial resource for effective adjustment after a divorce (Greeff & Aspelung, 2007). Garfield (2009) reiterates that a single-parent family's external community has the ability to assist and enhance their development as a unit. For example, culturally appropriate school-based prevention programmes and community organisations are often available that can assist adults with parenting practices (Garfield, 2009). Additionally, the child's growth and overall health can be optimised through participation in structured programmes found within the community,

such as after-school activities, mentoring programmes and competitive sports leagues (Durlak & Weissberg, 2007; Garfield, 2009). Contrariwise, a study found that although good relationships and available support were essential for adjustment, community amenities were found not to be essential (Greeff & Aspeling, 2007). Interestingly, Castiglia (1999) found that parents receive most emotional and practical support from family rather than from community members or other caregivers.

3.3.2 Formal support

Individuals and families acquire support through two systems; namely informal and formal support, both carrying their advantages (Sousa & Rodrigues, 2009). Informal or natural systems are spontaneously developed and generally consist of friends, family, neighbours and work associates (discussed previously). These relationships usually form as a result of close geographical proximity (living closely together, thereby creating opportunities for meeting) and support providers offer recipients short-term practical help and emotional support (Sousa & Rodrigues, 2009). Formal support systems, however, comprise doctors, social workers, and other professional health care providers (Sousa & Rodrigues, 2009). Formal support usually provides recipients with services, food and financial aid, and tends to be more distant, geographically and emotionally speaking (Sousa & Rodrigues, 2009).

These two systems differ considerably in terms of power and reciprocity – equal give and take – a concept that has been explored by many (Beeber & Canuso, 2005; Kulukjian & Pagan, 2015; Lindblad-Goldberg & Dukes, 1985; Sousa & Rodrigues, 2009). Families have a higher tendency to prefer informal support systems due to the greater level of available reciprocity, because requesting help now means help will be given back at another time (Sousa & Rodrigues, 2009). Because families are dependent on the resources that the formal system supplies, reciprocity is absent which causes their aid to be less desirable and makes families reluctant to seek their assistance (Sousa & Rodrigues, 2009). It is clear that power differences are present and that families and individuals are discouraged when these discrepancies in power are large (Sousa & Rodrigues, 2009).

As the vast majority of the literature lends itself to the lower socioeconomic groups (as opposed to the higher ones) of single mothers, information relating to formal support emphasises the lack thereof due to these mothers' limited financial resources and limited education (Campbell-Grossman et al., 2005). Keating-Lefler et al. (2004, p. 382) explain that

these groups of women “often are overlooked by the health care system”. According to a qualitative study by Campbell-Grossman et al. (2005), these population groups have limited access to adequate informational support and have expressed their frustration over the insufficient services offered by various clinics.

A number of studies conducted within various African countries point to the significant part that psychosocial support plays, especially social support for single mothers in these emergent countries (Mainthia et al., 2013; Malgas, 2005). Poor communities in Kenya are experiencing growing numbers of never-married mothers and are placed in vulnerable positions due to concomitant incidences of poverty and HIV/AIDS (Mainthia et al., 2013). Younger mothers struggle to access counselling services and information regarding contraception (Mainthia et al., 2013). Life and sex education should be emphasised frequently and be at the forefront of formal support systems, including detailed information on birth control, the available methods of use, and their effectiveness (Mainthia et al., 2013). South African research highlights the valuable role of doctors, nurses, lay counsellors and other health care professionals within these poorer communities; however, most of the work pertains to those living specifically with HIV/AIDS (Malgas, 2005). In another South African study conducted by Conry and Prinsloo (2008) which assessed the formal support available to mothers who had experienced a stillbirth, it was revealed that the necessary services were inadequate or non-existent in majority of the cases. It is interesting to note that even families of a higher social status living in urban areas of Malaysia experienced great dissatisfaction over the support offered by their formal agencies (Endut, Azmawati, & Hashim, 2015). There is much criticism over the poor availability of public amenities (Endut et al., 2015). Likewise, work conducted using a middle-class sample consisting of half South Africans and half Belgians revealed they did not identify professional assistance as a resilience quality (Greeff & Aspeling, 2007).

It appears that the divergence of formal support from the needs of single-mother families is palpable and felt throughout many areas of the world (Conry & Prinsloo, 2008; Endut et al., 2015; Greeff & Aspeling, 2007). Although desirable, support need not only come from face-to-face interactions or services, but support can also be experienced through virtual encounters, such as the Internet (Hall & Irvine, 2008; Sherman & Greenfield, 2013). Experiences of online support are discussed next.

3.3.3 Online support

A relatively new, powerful and growing area of research affirms that the Internet has the capacity to foster social support (Hall & Irvine, 2008). Marginalised or isolated groups of individuals are able to connect with similar others by going online and making use of forums (also called message or bulletin boards) through Internet-based communities (Sherman & Greenfield, 2013). Due to the anonymous nature of the virtual world and because users do not meet face-to-face in reality, users are more comfortable and able to express themselves honestly, a result known as the “online disinhibition effect” (Sherman & Greenfield, 2013). Although not intended to substitute other kinds of support, online support serves as a tool for empowerment: “Online support groups lead to support and empowerment through the development of new interpersonal relationships, the sharing of relevant knowledge and personal experience that can lead to informed decision-making, and the psychological power of writing” (Sherman & Greenfield, 2013, p. 76). Hostility and negative comments are not an uncommon occurrence and although damaging, these online spaces are mostly experienced as encouraging and positive, allowing for users to closely identify with others by further engaging in “off-topic” discussions (Sherman & Greenfield, 2009).

A good example of the abovementioned phenomenon is the work of an innovative crew of nurse researchers. Hudson et al. (2009) developed an internet-based support group called New Mothers Network (NMN), as a means of capturing qualitative data. Their research sought to understand the lived experiences of single, low-income, African-American mothers (Hudson et al., 2009). This online social support intervention was aimed at high-risk, African-American mothers experiencing the transition to single-parenthood (Hudson et al., 2009). The online network creates a space for asynchronous discussion forums, provides an electronic library for mothers to gain information, as well as offering an electronic mail (e-mail) service (Hudson et al., 2009). From the qualitative findings, eight themes were identified. These were dealing with the father of the baby, trust issues, mourning losses, positive and negative support, financial needs and concerns, balancing act, tuned in to the baby, and education and career goals, all of which were regarded as key in understanding this phenomenon (Hudson et al., 2009). Among these eight central findings, the researchers noted other advantages. It is reported that social support of a psychological (emotional and affirmational) and informational nature is afforded through the online discussions and through the relationships that are created with other mothers and advanced practice nurses (Hudson et al., 2009). Similarly, an e-communication service found success when it was implemented among a Canadian, middle-class cohort (Hall &

Irvine, 2008). Likewise, these participants achieved support, shared information, experiences and feelings, gave advice and facilitated learning, conveyed gratitude and validated and affirmed other mothers' experiences (Hall & Irvine, 2008).

Qualitative studies validate that individuals have become increasingly more involved and comfortable with using social-media communication blogs like Twitter and Facebook (Hudson et al., 2009). In line with this, Hong and Welch (2012) affirm that Taiwanese single mothers found communicating with strangers over online social networks to be one of the most effective means of coping. Interestingly, Nolting (2010) reports that the key motivation for engaging in this online behaviour/exchange is the reciprocity experienced through the sharing of thoughts, emotions, views, information, hopes and fears. Such strategies might have relevant applications for the middle-class, South African population with their wide use and access to Internet connection and computers (Visser & Moleko, 2012).

3.4 Conclusion

Numerous dynamic factors affect the experience of single motherhood, and of these, a family's social support network plays an extremely important role. The well-being of the single-mother family is at high risk due to a variety of factors, including psychological vulnerability, depression (Mokwena & Shiba, 2014), stigmatisation (Coles, 2009; Kjellstrand & Harper, 2012; Nel, 2004), socioeconomic disadvantage, violence, crime, and work-family spillover (Devine et al., 2006; Keating-Lefler, 2004; Kjellstrand & Harper, 2012; Wood et al., 2004). Despite these difficulties, many families are able to emerge resilient after facing a crisis (Walsh 2003; 2012). A crucial protective factor that bolsters family resilience is social support (Hall & Irvine, 2008; Sherman & Greenfield, 2013; Walsh 2003; 2012). In addition to the established formal and informal support systems, a relatively new field, online-based social support networks, has come into operation (Hudson et al., 2008).

After an extensive review of the literature, it would seem that research pertaining to single-mother families is a significant area of investigation. Furthermore, it would appear as though the available knowledge in this area is dominated by studies that have focused on low-socioeconomic, single-mother families (Beeber & Canuso, 2005; Campbell-Grossman et al., 2005; Coles, 2009; Davids & Roman, 2013; Keating-Lefler et al., 2004; Lenette et al., 2012; Lipman & Boyle, 2005). Broadening this knowledge base to include research on middle-class,

single-mother families therefore seems necessary. Chapter Four provides a detailed rationale for why this research is warranted.

CHAPTER 4

RATIONALE FOR THIS RESEARCH

4.1 Introduction

In this Chapter I explain in detail why this field of inquiry is important and necessitates further investigation. The motivation for this study follows, where each aspect of the title is justified. Thereafter, the aims of the research are outlined and concluded.

4.2 Motivation for this Study

In light of the extant literature, this research seeks to identify aspects of social support that are associated with adaptation in middle-class, single-mother families. First, I will discuss why mothers (and not fathers) were selected. Evidence clearly identifies the worldwide female population as the single-parent cohort on the whole, accounting for 85% of single parents (Walsh, 2012). This is reflected within the literature, which is dominated by research on single-mother families (Beeber & Canuso, 2005; Cairney et al., 2003; Campbell-Grossman et al., 2010; Coyle, 2011; Jackson, Preston, & Thomas, 2013; Keating-Lefler et al., 2004; Lenette et al., 2012; Lindblad-Goldberg & Dukes, 1985; Lipman & Boyle, 2005). It is owing to these statistics that this investigation preoccupies itself with female single-parent households. With such an overwhelming majority of these parents being women, it is essential to gain a more robust understanding of how social support functions to assist single mothers.

The foremost importance of this study is the essential contribution it will make to the limited research on how social support aids effective coping among single-mother families in the South African context specifically. Two studies employed middle-class, South African samples (Greeff & Aspeling, 2007; Lemmer, 2009), one of which comprised only half the total participants and only partially looked at aspects of social support (Greeff & Aspeling, 2007). Lemmer's (2009) study, however, revealed that middle-income families with varying structures are increasingly reliant on a wide range of coping methods, like parenting techniques and childcare. Other related South African studies focus extensively on low-income population groups. Nel (2004), for example, explored the social networks of single mothers living in Gugulethu, Cape Town, while Conry and Prinsloo (2008) assessed single mothers' accessibility to supportive formal services following neonatal death or stillbirth. These lines of enquiry are important, but do not specifically address *how* social support aids adaptation, specifically in a South African context.

This study makes a strong commitment to exploring the effect of social support on the important quality of resilience. The reason for this is that social support has consistently been found to be a main predictor of well-being (Bassuk et al., 2002). Social support largely moderates the relationship between negative or stressful events, like single-parenthood, and physical and mental health (Schrag & Schmidt-Tieszen, 2014; Taylor et al., 2015; Walsh, 2012). More specifically, a supportive social network has long been identified as a pivotal source of strength for single-parent family structures (Lindblad-Goldberg & Dukes, 1985). Understanding the complex and dynamic ways in which these operate will be of chief interest to all single parents, especially single mothers. These findings will also be of great interest to various other important and prominent actors who have contact with single-mother households, such as family members and friends, health care practitioners, nurses, teachers, social workers and the like.

Large and representative samples provide evidence for the notion that social support is differentially distributed by socioeconomic status (SES) (Bassuk et al., 2002). A large body of research on the interaction between social support and single-mother-family-coping primarily lends scrutiny to minority and marginalised groups that are disproportionately poor, or living in contexts of poverty (Conry & Prinsloo, 2008; Kjellstrand & Harper, 2012). It is evident that within this line of research, a fair amount is known about lower-class, single mothers. It is the experiences of their middle-class counterparts, however, that remain largely unexplored. Due to the lack of research on middle-class, single-motherhood and social support, further investigation of this cohort is justified. Walsh (2012), basing her study in the United States of America, holds the view that financially secure single-parent homes that instill strong parental functioning fare well in various instances, even more so if an extended network of kin is available. Part of the aim of this study is to determine if this is also true of single-parent mothers in middle-income groups in South Africa. Wood et al. (2004) explain the advantage of concentrating solely on middle-class population groups. Through the elimination of contexts of poverty/low-socioeconomic status and its related factors, we will be able to gain a comprehensive view of how social support is employed and how it operates at the middle-class level (Wood et al., 2004).

Because single mothers are vulnerable to hardship, crises and high levels of stress (Cairney et al., 2003; Coles, 2009; Huang et al., 2008), additional knowledge is required in order to inform prevention, assessment and intervention strategies (Armstrong et al., 2005; Beeber & Canuso,

2005; Keeting-Lefler et al., 2004). By building on the existing knowledge-base, improved social responsive policies and programmes can be developed (Bassuk et al., 2002). In addition to the need for consistent production of updated research, the findings of this study will also have relevant implications for service delivery, community-based education and family theories (Lindblad-Goldberg & Dukes, 1985). Knowledge creation can reduce negative perceptions and stigmas held by society towards single-parent families, as well as confirm and strengthen the practical value of salutogenic perspectives (Antonovsky, 1996; Greeff & Aspeling, 2007).

4.3 Aims of this Study

Jacobson (1986) argued that researchers have remained extensively fixated on defining types of support rather than understanding the ways in which they function. Accordingly, this research explored, qualitatively and quantitatively, the actual ways in which social support helps or does not help middle-class, single-mothers to adapt and cope with the demands of single-motherhood.

The aim of the qualitative part of the study is to uncover rich narratives and detailed information that capture the lived experiences of single-mother families. The thick descriptions therefore seek to substantiate and further validate the quantitative findings made in this research (Creswell & Plano-Clark, 2007). They serve alongside the statistical analyses conducted in order to provide a comprehensive and detailed account of the phenomenon under scrutiny.

The objective of the quantitative part of this study is to identify quantifiable relationships that exists between the level of family adaption and various kinds of social support offered to the single-mother families by various supporters within their social networks.

Further on I compare the results of this South African study with those in other countries and uncover and present new data and findings.

4.4 Conclusion

Collectively, the motivations mentioned above were based on the most relevant and available literature pertaining to the research question. These motivations provide a strong and justified foundation and rationale for this line of enquiry. I have drawn attention to the limited

literature-base pertaining to this specific population group (middle-class, single mothers). I have further outlined the aims of this research and the valuable contribution it will make to this field of study. The Chapter that follows gives a detailed account of the research method that was followed in order to carry out this investigation.

CHAPTER 5

METHOD

5.1 Introduction

The data for this study were captured by means of both qualitative and quantitative enquiry. The research design is first discussed, followed by a detailed explanation of the participants who took part and the sampling strategies that were employed. After that, a full description of the various measures that were utilised is provided, followed by details of the research procedures that took place. Lastly, quantitative and qualitative methods of data analysis are discussed, issues of ethicality are considered, and a conclusion is given.

5.2 Research Design

This cross-sectional study is partly confirmatory and partly exploratory in nature. A mixed-methods design is adopted as it integrates the use of both quantitative and qualitative methods (Fetters, Curry, & Creswell, 2013; Larkin, Begley, & Devane, 2014). While quantitative approaches, falling under a positivist paradigm, address inquiries of generalisability, causality, and the size of effects, qualitative methodologies are closely aligned with a naturalistic perspective that seeks to uncover how or why phenomena might occur, or are used to develop theories (Fetters et al., 2013; Larkin et al., 2014; Terre Blanche, Durrheim, & Painter, 2006). A mixed-methods approach employs the strengths of both perspectives (Fetters et al., 2013), allowing for the equal contribution of their respective value (Larkin et al., 2014). The mixed-methods approach employed by this study is the *convergent parallel design*, commonly used across various disciplines of research (Creswell & Plano-Clark, 2007). In this design, qualitative and quantitative data are collected simultaneously and analysed separately (Creswell & Plano-Clark, 2007). By capturing two different types of data, each is allowed to complement the other by drawing comparisons and by contrasting the sets of data (Creswell & Plano-Clark, 2007).

Data collection commenced mid-December, 2015 and ceased in June, 2016. Qualitative data collection preceded quantitative data collection in order for responses provided by participants to remain uninfluenced. Through the use of qualitative exploration, I aimed to gain a comprehensive understanding of the complex and multifaceted functions and operations of social support among a middle-class, single-mother population. In this regard, the rich descriptions provided by the single mothers could bring to the surface new insights or relatively unknown knowledge. In this regard, findings of this study could add more precise

detail to knowledge about family dynamics of this population group, and possibly inform future directions of research (Venkatesh, Brown, & Bala, 2013). Alternatively, qualitative findings will be used as further support and confirmation for preexisting evidence, and in so doing, provide a more complete account of the phenomenon that is being studied.

5.3 Participants

The unit of analysis is the single-mother family, for which the single mother was the family representative. Participants needed to be middle-class, single mothers and they qualified if they met the following criteria:

- Participants are single (for any reason, such as divorce, death of spouse, by choice, etc.) and raising and living with at least one (or more) dependent, biological or adopted child/children.
- Mothers have been single for at least one year, allowing some time for her to gain experience in the absence of a second parent and to adjust and adapt to the conditions of single-motherhood.
- Families are middle-class. Statistics South Africa (2014) distinguishes between household expenditure for the populations categorised as non-poor and poor. The non-poor group has an average annual household expenditure of R129 383 in 2011 (approximately R10 781.90 per month), while this figure for the poor group is at an average of R25 348 per annum (roughly R2 112.33 per month) (Statistics South Africa, 2014). For the purposes of this study, families that fall under the same financial bracket as the non-poor group (approximately R10 781.90 per month) were considered middle-class. However, for ethical reasons, it is not possible to know the financial position of a participant prior to recruitment.
- The mother's child/children are 18 years of age or younger. Children of this age are generally still attending school and families of this kind tend to be busier with various duties and responsibilities that must be met on a daily basis.
- In efforts to keep the sample as homogenous as possible, participants were required to be proficient in the English language.

The identification and recruitment of participants occurred through a process of nonprobability snowball sampling, a technique involving the gradual accumulation of participants through contacts and references (Terre Blanche et al., 2006). Participants were requested to identify

other potential candidates who met the inclusion criteria (Collins, Onwuegbuzie, & Jiao, 2006).

The following strategies were put in place:

1. Individuals for whom I could obtain contact details were communicated with telephonically or via email. I provided individuals with the details of my research and, thereafter, invited them to volunteer to participate.
2. Extensive word-of-mouth and social media networks were utilised. I asked many family members, friends, acquaintances and any other individuals I came into contact with, whether they knew of potential candidates, as well as requested they ask their own social networks if they knew of anyone who fit the criteria and would be willing to partake. I additionally posted an advertisement on Facebook to my existing diverse friends network where I stated inclusion criteria and benefits of my research (see Appendix A). I ensured that prospective participants responded via private inbox messages to protect their identity, confidentiality and integrity.
3. Facebook groups/pages for online support for single mothers in Cape Town were privately messaged. The creators expressed great interest and granted permission for me to advertise in their online spaces.
4. Lastly, the social worker manager at a Non-Governmental Organisation (NGO) that provides family support was contacted. She was very helpful and offered to assist me (see Appendix B). Social workers were requested to contact clients of theirs who met the criteria and proposed to them whether or not they would like to participate. My contact details were provided to potential participants by their respective social workers so that they were able to make contact with me of their own accord without their privacy being compromised.

Tredoux and Durrheim (2013) assert that a sample size of between 30 to 100 participants is sufficient for epidemiological and sociological studies. In total, 96 prospective participants were approached. Overall, I was able to gain extensive access to 86 women by word-of-mouth; six were recruited as a result of the Facebook status advertisement; three contacted me via the Facebook online support page/group; and one participant chose to partake after hearing about the study through her social worker at the NGO. Of these 96 prospective participants, 65 expressed their interest to participate. A total of 47 participants were included in the final analyses of this research, while the remaining 18 were excluded for a number of reasons. Seven participants did not fully meet the inclusion criteria; six chose not to continue participating

after some time (due to time constraints on their side); four participants failed to return their questionnaires; and one data set was excluded as it was returned incomplete.

The first 12 mothers that were recruited partook in the interview portion (as well as in the quantitative portion of this research). This is a sufficient number of participants for a qualitative study according to Terre Blanche et al. (2006), who recommend a sample size of six to eight, while Tuckett (2004) suggests a range of 12 to 20. Interviews ceased after the thirteenth participant as data saturation point occurred, where no new data or information was observed (Terre Blanche et al., 2006). These same participants also contributed towards the quantitative data of this research, along with the remaining 35 who only completed the self-report questionnaires.

Of the total data sets included ($N = 47$), mothers were aged between 29 and 55 years with a mean age of 43.68 ($SD = 5.61$) years. The majority spoke English ($n = 41$; 87%), three (6%) spoke Afrikaans, while another three (6%) were bilingual – two (4%) spoke English and Afrikaans and one (2%) spoke Dutch and English. In terms of ethnicity, 38 (88%) were white, four (9%) were coloured and one (2%) was black. The length of time that mothers had been single ranged between one and 17 years (mean = 7.3; $SD = 4.05$). Twenty-nine mothers (62%) had been divorced, four (9%) experienced the death of a spouse, while the remaining fourteen (30%) indicated ‘other’. This category comprised single mothers by choice (i.e. adoption, never marrying the child’s father, and bearing children out of wedlock). Of the participants, 34 (72%) reported that they were currently not in romantic relationships and the remaining 13 (28%) reported having romantic partners. With regard to number of children, most families had two children ($n = 20$; 43%), 17 (36%) families had one child, seven (15%) had three children and three families (6%) had four children. Of the children currently living in the household, again, most families had two children residing in the home ($n = 20$; 43%), 19 (40%) had one child living at home, seven (15%) had three living at home, while one family (2%) had four children still residing with their mother. The oldest child of the represented families had a mean age of 14.1 years, ranging between three and 25 years old, 15 of whom had completed their schooling. Forty-four (94%) of the children had a biological relationship to their mother, two (4%) were adopted and one (2%) indicated ‘other’.

Twenty-eight different suburbs around the city of Cape Town, within the Western Cape Province of South Africa, were identified as areas of residence. The suburb with the highest

frequency was Sea Point ($n = 9$; 19%), followed by Fresnaye ($n = 4$; 8.5%) and Oranjezicht and Milnerton (both $n = 3$; 6.4%). With regard to highest level of education, 15 (32%) had secondary school education and another 15 (32%) had a diploma. Degrees were held by 12 (26%) of the participants and five (11%) held post-graduate qualifications. Forty-four (94%) mothers worked full time, two (4%) worked part time and one mother (2%) reported having no job. Of the participating families, most ($n = 13$; 28%) had a total monthly income of between R10 001 to R20 000 and 11 (24%) had a monthly income of R20 001 to R30 000. The categories, R30 001 to R40 000 and R40 001 to R50 000, each comprised eight (17%) of the total families and six (13%) earned more than R50 000 per month.

5.4 Measures

Qualitative data were captured through semi-structured interviews, while quantitative data regarding aspects of social support were gathered by means of various self-report measures. All participants were first requested to complete a biographical questionnaire (see Appendix C), which asked the following information: Mother's age; home language; ethnicity; suburb of residence; occupation; mother's highest level of academic achievement; estimated average monthly income; reason for being a single mother (i.e. divorced, death of spouse, other); length of time she has been single; length of time she has been living as a single mother with a dependent child or children; if the single mother is currently dating someone; her total number of children; how many of those children are living with her (further tabulating each child's age, gender and grade); and finally, whether her child/children is/are biological, adopted, both (biological and adopted) or other.

5.4.1 Qualitative measure

Semi-structured interviews were conducted with the first 12 single mothers I gained access to. Completion of the quantitative measures took place only after the interview had been completed, which helped to ensure that responses provided by the participants remained uninfluenced by exposure to the questionnaires. The semi-structured interview between myself (the researcher) and the participant sought to unlock information about how social support operates within the social network of the single-mother family and how this might bring about ways of effective coping and adaptation. Due to the natural interaction that occurs during the interview process, I was able to gain a comprehensive account and thick descriptions of the single mothers' experiences, thoughts and feelings (Braun & Clarke, 2013; Terre Blanche et al., 2006). Knowledge exchange is greatly facilitated by the informal structure and

conversational style of this type of interview (Terre Blanche et al., 2006). The nature of the open-ended questions also largely aids qualitative data analysis (Bless & Higson-Smith, 2005). The interview schedule (see Appendix D) consisted of open-ended and probing questions. The interviews lasted approximately between 20 to 40 minutes, followed by roughly another 15 to 30 minutes for the completion of questionnaires. The remaining 35 participants who did not partake in the interview process had the self-report measures sent to them via email. They were able to complete the questionnaires in the comfort of their homes and return them to me via email once they had completed them.

5.4.2 Quantitative measures

Four self-report measures were employed to capture the quantitative data. Three questionnaires measured various aspects of social support, namely the *Social Support Index (SSI)*, the *Relative and Friend Support Index (RFS)* and the *Social Support Behaviours Scale (SSB)*. The *Family Attachment and Changeability Index 8 (FACI8)* was used to measure family adaptation.

5.4.2.1 Scales measuring social support

The *Social Support Index (SSI)* (see Appendix E) is a measure of family social support (Fisher & Corcoran, 2007a). More specifically, the SSI is used to ascertain the degree to which a family is integrated into the community and the extent to which the family perceives the community as a supportive source that is able to provide them with esteem, emotional, and social support (McCubbin, Thompson, & McCubbin, 1996). McCubbin, Patterson, and Glynn (1996) developed this 17-item measure that uses a five-point Likert scale, ranging in ascending order from 'strongly disagree' to 'strongly agree'. Internal reliability for the SSI is .82 (Cronbach's alpha) and the test-retest reliability is .83. The SSI further has a .41 validity coefficient, which is correlated with the criterion of family well-being (Greeff & Aspeling, 2007; McCubbin, Patterson, & Glynn, 1996). This scale has been used successfully in other South African studies (Bishop, 2014; Greeff & Aspeling, 2007; Nolting, 2010). The present study yielded a good internal reliability value (Cronbach alpha) of .84.

The Relative and Friend Support Index (RFS) (see Appendix F), also successfully implemented in South African research (Greeff & Aspeling, 2007; Nolting, 2010), was developed by McCubbin, Larsen, and Olson (1982). The eight-item series aims to determine the degree to which a family unit harnesses the support of friends and family as a means of coping during times of strain (McCubbin, Thompson, & McCubbin, 1996). Answers are recorded according

to a five-point Likert-type rating scale from *strongly disagree* to *strongly agree* (McCubbin, Thomson, & Glynn, 1996). The RFS has a Cronbach alpha of .82, while the validity coefficient is .99, which was correlated with the original *Family Crisis Oriented Personal Evaluation Scales* (F-COPES) (McCubbin, Thompson, & Glynn, 1996). The RFS's Cronbach alpha of the present study was calculated at .69.

Developed by Vaux, Riedel and Stewart (1987), the *Social Support Behaviours Scale* (SSB) (see Appendix G) measures modes of social support. The SSB aims to evaluate enacted supportive behaviours for family and friends separately (Vaux, 1988). The scale assesses five modes of social support, namely emotional support (listening, comforting, cheering up, etc.), socialising (social activities, visiting, etc.), financial assistance (paying for meals, assisting with necessary purchases like food, etc.), practical assistance (looking after belongings like a pet, giving lifts, etc.) and guidance/advice (assisting in decision-making) (Fischer & Corcoran, 2007b). The 45 items are scored according to a five-point Likert-type scale (1 = no one would do this, 2 = someone might do this, 3 = some family member/friend would probably do this, 4 = some family member/friend would certainly do this, 5 = most family members/friends would certainly do this). Internal consistency for this scale is good with an alpha value of .85 (Vaux, 1988). In further confirmation of the scale's validity, predicted associations with support appraisals and support network resources were demonstrated (Vaux, 1988; Vaux & Wood, 1987). Additionally, sufficient attention has been given to ensuring the adequacy of the five subscales of the SSB to accurately measure their five respective modes of support, for which there has been verification (Vaux, 1988; Vaux & Wood, 1987).

Although originally designed to measure social support available to a single adult, the developer of the SSB, Dr Alan Vaux, has granted permission for this study to adapt and employ the SSB scale to measure the social support of a family unit overall (see Appendix H). All 45 items were modified so that they applied to the family, not the individual. For example, item three changed from "Would comfort me if I was upset" to "Would comfort my family if we were upset" and item four from "Would give me a ride if I needed one" to "Would give my family a ride if we needed one". Presently, it appears that no South African studies pertaining specifically to single-parent families and social support have made use of this scale. As this scale compares the support received from family and friends, internal reliability for the present study was found to be .97 for the Family subscale and .87 for the Friends subscale. Each of the five types of support was measured for family and friends respectively. Cronbach alphas were

as follows: Socialising (Family) = .94; Socialising (Friends) = .89; Emotional (Family) = .96; Emotional (Friends) = .9; Practical Assistance (Family) = .95; Practical Assistance (Friends) = .86; Advice/Guidance (Family) = .96; Advice/ Guidance (Friends) = .94; Financial Assistance (Family) = .95; Financial Assistance (Friends) = .91.

5.4.2.2 Scale measuring family adaptation

The *Family Attachment and Changeability Index 8* (FACI8) (see Appendix I) was utilised as the measure for family adaptation. Adapted by McCubbin, Thompson, and Elver, this 16-item instrument has two subscales, respectively measuring Attachment and Changeability (Fischer & Corcoran, 2007a). In this study however, only the Total score is used to determine family adaptation overall. Internal reliability for parent samples is adequate where the subscale measuring attachment has a value of .75 and .78 for the subscale measuring changeability (McCubbin, Thompson, & McCubbin, 1996). The overall Cronbach's alpha of the FACI8 is .79 (Botha & Booysen, 2014). There is fair stability for test-retest correlations when administered six to 12 months apart with values ranging from a low of .26 to a high .48 (Fischer & Corcoran, 2007a; McCubbin, Thompson, & McCubbin, 1996). Predictive validity for the measure overall is very good where significant effects were demonstrated for predicting programme completion and placement among parents (Fischer & Corcoran, 2007a). The FACI8 has been employed in a number of South African studies (Bishop, 2014; Botha & Booysen, 2014; Greeff & van der Walt, 2010; Nolting, 2010), as it has been developed to be culturally sensitive (Fischer & Corcoran, 2007a). Cronbach's alpha in this study was .57 on the Attachment subscale and .66 on the Changeability subscale. Good overall internal reliability, however, was calculated at .81 for the Total scale.

5.5 Procedure

During recruitment, each participant was informed that they might be requested to either 1) undergo an interview and complete questionnaires or 2) just complete questionnaires, which would be emailed to them or delivered in person (depending on their preference). Once the first 12 participants were identified and recruited through a course of telephonic and email correspondence (see above section 5.3 on participants), a meeting time was agreed upon between the participant and myself so that interviews could be conducted and questionnaires completed. The identification and recruitment of further participants continued during this time. I ensured that the appointments were held at suitable and convenient dates, times and places for each of the 12 participants (Braun & Clarke, 2013).

A pilot interview was conducted with a single mother that I was acquainted with. Her data however were not included because she did not fully meet inclusion criteria. Despite this, the interviewee was happy to assist in preparing me for what to expect during data collection and allow me to gain experience in presenting my research to participants. Cozby (2009) posits the importance of such a practice as it assists with the testing and the refining of procedures of one's research. I drove myself to all appointments and upon each first meeting I introduced myself, presented an informative overview of my study and informed each participant about what the research process would entail and what might be expected of them. For those participating in the interviews, permission was requested of the participants for a voice recording to be taken. This was to ensure an accurate account of the interviews for transcription purposes. Informed consent forms were distributed and explained thoroughly to each participant (see Appendix J) (Henning, van Rensburg, & Smit, 2005). Next, the biographical questionnaire was given out and collected upon completion. At this point, the participant was provided with Armstrong's et al. (2005) definition of 'social support' (see interview schedule Appendix D). Qualitative data collection commenced at this point in each of the 12 interviews as they began. Open-ended questions guided the interview, while probing questions were appropriately used to gain deeper insight into the information raised by the single mother (see Appendix D). I explained to participants that if notes were being taken during the interview it was to remind myself to ask a question once the participant had finished speaking. Field notes assisted at the later stages of data analysis (Keating-Lefler et al., 2004).

After the interview schedule was covered, the quantitative data collection began. For those who did not partake in the interviews, data collection commenced at this point. The 33 participants who did not provide narratives were also asked to complete informed consent forms, biographical questionnaires and were given the definition of 'social support'. All participants were requested to complete all questionnaires, namely the SSI, RFS and SSB that measured social support, as well as the FACI8, measuring family adaptation. I was present during completion of the questionnaires for those who were interviewed, so I was able to clarify or answer any queries or questions the mothers had. For those who completed the measures at home in my absence, I welcomed all questions or uncertainties and ensured that the mothers felt comfortable asking for help. Data saturation occurred around the eleventh and twelfth interview; however, I chose to carry out a final thirteenth interview.

After the interviews drew to a conclusion and the questionnaires were completed, the participants were warmly thanked for their time and efforts. Participants were given an opportunity to ask any questions, which were answered courteously. Note was taken of whether the mother wanted to receive a copy of the final thesis and finally goodbyes were said. Participants, for whom I emailed questionnaires, simply returned the completed documents to me and they were thanked sincerely via electronic messages.

Interviews were transcribed verbatim, and read over and listened to repeatedly so that I could become immersed in and familiarised with the data. Braun and Clark (2013) underline the key significance of possessing a qualitative sensibility towards qualitative research, a prominent aspect of which is having good interactional skills. Having a friendly and warm disposition assists me in establishing good rapport and trust with participants (Braun & Clark, 2013), and I conducted myself in this manner throughout. The quantitative data captured by the questionnaires were converted into a Microsoft Excel document to facilitate analysis.

5.6 Data Analysis Techniques

5.6.1 Qualitative analysis

Interview voice recordings were transcribed and studied closely and repeatedly, allowing myself the opportunity to become thoroughly familiar with the data, noting instances where emphasis was placed and where pauses and different tones were used. One qualitative analytic method is thematic analysis (Terre Blanche et al., 2006). I used this technique as it identifies, analyses and reports patterns, or themes, that surface from within the data (Braun & Clarke, 2006). A major advantage of this technique is its ability to accommodate flexibility and still allow for rich data (Braun & Clarke, 2006). Thematic analysis is a six-phase process, which I conducted manually.

The first phase of analysis is familiarisation (Braun & Clarke, 2006). This occurred through repeated reading or listening to the data set, and fully grasping the breadth and depth of the content. It was essential that I remained actively engaged with the data, which entailed continuously searching for patterns and deeper meanings within the text. Generating initial codes comprised phase two in which interesting features of the entire data set were coded, representing the simplest element of raw data that could be assessed meaningfully. I used highlighter pens to emphasise these interesting aspects and wrote what the piece of information conveyed (e.g. information regarding domestic workers or grandparents) on another piece of

paper, including the participant number and page number of the transcript, so that I could easily find the quote at a later stage. This phase further included the grouping of relevant data to each of the initial codes. The third phase commenced once all data had gone through initial coding and collation. It involved searching for themes, whereby all the relevant codes were collated into broader potential themes and further subthemes. Reviewing these candidate themes formed the fourth phase. This involved the refinement of candidate themes, where I was constantly checking to ensure that themes related to the coded quotations. During this phase it became apparent that some candidate themes were in fact not themes and that some could collapse into others. Following this came the fifth stage, defining and naming themes. At this point, themes underwent ongoing analysis to yield clear names and definitions, clarifying the overall story (the ‘essence’) of what was revealed by the data. Lastly, the sixth phase entailed producing the final report. Once themes had been determined and finalised, the write-up and analysis began. The report provides a true account of the narratives and is concise, coherent, logical, and interesting, as sufficient evidence from the data is provided (Braun & Clarke, 2006).

5.6.1.2 Trustworthiness

The pursuit of valid, trustworthy and authentic data in naturalistic inquiry is a well-documented area of importance and can be paralleled to some extent with those of conventional paradigms (Bishop, 2014; Campbell-Grossman et al., 2010; Huang et al., 2008; Schwandt, Lincoln, & Guba, 2007). The central aspect of validity in qualitative research is underscored as this indicates the accuracy of the findings and the way in which they have been reported (Bishop, 2014). *Trustworthiness* is the term that was coined by authors Guba and Lincoln (1985) that can be used as a guide to achieve validity. *Credibility*, *transferability*, *dependability* and *confirmability* together comprise trustworthiness (Guba & Lincoln, 1985).

Credibility was ensured through prolonged engagement with my data and through triangulation and persistent observation. In this regard, I remained focused on my data, working with it continuously and consistently, which allowed me to fully grasp the participants’ perspectives and to further pay close attention to what they said, as well as what they left unsaid. Transferability was accounted for as far as possible through provision of thick descriptions (Schwandt et al., 2007). This assists by enhancing the key assumptions and context in which the research took place. Generalisability however, may be compromised due to the lack of cultural diversity in this sample. Dependability was tended to by the detailed description of all

research procedures herein and, finally, dependability was afforded through an external audit (Schwandt et al., 2007), a role which my supervisor took on.

5.6.2 Quantitative analyses

The quantitative section of the present study sought to establish/reestablish what relationships and interactions exist among aspects of social support available to the family and family adaptation. Quantitative data analyses were done with the assistance of Professor M. Kidd of the Stellenbosch University Centre for Statistical Consultation. Microsoft Excel and the statistical package, Statistica (Bishop, 2014; Renard & Snelgar, 2015), were used for the processing and analysis of data. Each of the participant's responses on the questionnaires were collated into data sets and transferred by myself into a Microsoft Excel datasheet. Data were assigned appropriate values and those that needed to be reverse scored did so automatically due to set formulae set out beforehand. Three types of statistical analyses were conducted: Pearson product-moment correlations; best-subset multiple regressions; and one-way analyses of variance (ANOVA).

The relationship between two variables can be assessed through correlations, which quantify the direction and the degree of the relationship (Graziano & Raulin, 2010). Pearson product-moment correlations (r) are interpreted when interval and ratio scale data are used (Cozby, 2009). It is the most commonly used type of correlation (Graziano & Raulin, 2010). Correlations determine the strength of the relationship between two variables (Cozby, 2009; Graziano & Raulin, 2010; Tredoux & Durrheim, 2013). Pearson product-moment correlations were calculated between the dependent variable, family adaptation (measured by the FACI8), and biographical variables, as well as between family adaptation and the various aspects of social support measured with the scales and subscales of the SSI, RFS and SSB.

Multiple regression analysis (R) is a method of regression analysis using more than one independent (predictor) variable in the prediction of a single dependent (criterion) variable (Vogt, 2005). In the case of this research, independent variables included the various aspects of social support (measured by the SSI, RFS and SSB), selected biographical variables, and combinations of these that best predicted the outcome variable, family adaptation (measured with FACI8).

This study adopts the best-subset multiple regression technique. The advantage of this type of multiple regression analysis is that it analyses the ‘best’ 20 models and identifies which independent variables appear the most throughout the analyses (Bishop, 2014). First, a best-subset multiple regression was calculated using just the measures of social support (SSI, RFS and SSB). A second multiple regression analysis was then performed including selected biographical variables, the selection of which were informed by the qualitative data collection process as hints were given during interviews. Selected biographical variables included mother’s age, mother’s level of education, total monthly income, time as a single mother, number of children in the household, and youngest child’s age. Special attention was paid to instances of multicollinearity, a problem that arises when the correlations between independent variables are too high (Hardy & Bryman, 2004).

Lastly, one-way analyses of variance (ANOVAs) were performed to compare the means of two groups. ANOVAs were conducted on only two biographical factors because they were the only demographic factors that had two groups (indicated by a ‘yes’ or ‘no’ answer). Group means of participants in relationships and means of those not in relationships were compared, as were those of participants who had been divorced and those who had not, which included mothers by choice (adoptees, never married, etc.). Thereafter, ANOVAs were calculated to compare the support overall received from family versus friends. ANOVAs were further calculated to compare the five types of support (Socialising, Emotional, Financial Assistance, Practical Assistance and Advice/ Guidance) received from family versus friends, as assessed by subscales of the SSB.

5.7 Ethical Considerations

On the 7th December 2015, the Departmental Ethics Screening Committee and the Research Ethics Committee (REC Humanities) at Stellenbosch University granted my research proposal with ethical clearance (Protocol number: SU-HSD-001208, see Appendix K). Data collection commenced shortly after ethical clearance was obtained. I conducted my research in line with the Investigator Responsibilities guidelines set out by the REC.

Participants were reassured of the complete autonomy they had in making their own decision about whether or not to partake, as well as being able to terminate their participation at any stage without any consequences (Cozby, 2009). Participants were also made fully aware of how their confidentiality would be safeguarded. All data pertaining to the participant were

assigned a numerical number, of which only I was aware. Furthermore, all names that were mentioned on record were given pseudonyms so that no information could be related back to the participant. All data and documentation gathered during data collection were stored electronically in a password-protected laptop that only my supervisor and I have access to. Other hard-copy documentation will be stored safely in a locked cupboard for up to five years.

Due to the sensitive and private nature of this research, prospective participants were approached with the utmost caution and care. Although the participant's income category was a main factor in this study, it is unethical to request this information from an individual prior to recruitment and therefore I refrained from doing so. Single mothers were informed of the reasons they had been contacted, what the research procedures would entail, and what could be expected of them during the research process.

Despite these precautions, I was prepared for the possibility of participants becoming emotional and/or uncomfortable during data collection. This was the case for two mothers whom I interviewed and in one case during email correspondence. Prior to their recruitment, single mothers were made fully aware of what their contributions might entail. In the instances where participants became emotional, I took care to ensure that I responded to each appropriately, in a careful and sensitive manner. I let the participants know that we could move on to another question or take a break if they wished to. The two with whom I was in a face-to-face situation, made light of it and reassured me that they were in a fit state to continue and it was just the resurfacing of past memories that triggered their emotions. In the case of the participant with whom I was in email contact, she informed me that after seeing the questionnaires, she no longer wished to continue as she found responding to the questions more difficult than anticipated. All participants were responded to with consideration and were further reminded of the skilled and credible help offered by mental health professionals. Again, participants were directed to the contact details of one such highly recommended psychologist provided in the informed consent form (see Appendix J, section 3). I informed participants that I would actively facilitate the process of putting them in contact with the health care practitioner, but none required this service. Some participants also demonstrated discomfort in answering some questions in the biographical questionnaire, as some left out their age, ethnicity or income category (only in one case, but judging from her job description and home environment, it was clear she had adequate financial resources to be included in the analysis). I

reassured mothers that they were not obligated to provide any information that they did not want to disclose.

Finally, participants were informed of the invaluable benefits that their contributions could make to knowledge production, as well as the potentially therapeutic effects of participating in meaningful research and talking about their family strengths and social support systems. Many mothers mentioned to me prior to the interviews that they had no social support systems in place, or that they did not rely on social support very much. Through talking about their family's resilience qualities and available supports, participants came to realise how much support for their families they actually had.

5.8 Conclusion

The qualitative and quantitative measures employed in this study were appropriately selected and used in order to uncover what aspects of social support are associated with adaptation in middle-class, single-mother families. In this Chapter, I described in explicit detail the procedures that were followed in order to ensure replicability of this research. The advantages of the mixed-methods research design were discussed and a detailed account of the procedures used to recruit participants who met specified inclusion criteria were given. All qualitative and quantitative measures were defined and described, and the exact procedures I followed were outlined. Both qualitative and quantitative methods of data analysis were given close attention and ethical concerns were observed. In the following Chapter, all the results and findings of my research are presented.

CHAPTER 6

RESULTS

6.1 Introduction

This Chapter is dedicated to the reporting of qualitative and quantitative results that aimed to answer the research question: “What aspects of social support are associated with adaptation in middle-class, single-mother families?” First, the qualitative data will be presented, consisting of all emergent themes, subthemes and sub-subthemes identified by the first 12 participants ($n = 12$, the point at which data saturation occurred). This was done through the use of Braun and Clarke’s (2006) method of thematic analysis.

Quantitative results are reported thereafter ($N = 47$). First, Pearson’s product-moment correlations were calculated between the dependent variable and biographical variables (such as mother’s age, level of education, total monthly income, length of time as single mother, number of children living in the household and youngest child’s age). Family adaptation scores were further correlated with various independent variables of social support, as measured by the scales and subscales of the Social Support Index (SSI), Relative and Friend Support Index (RFS) and Social Support Behaviours Scale (SSB). Second, best-subset multiple regression analyses were conducted to determine which combination of independent variables best predicted the dependent variable. Lastly, one-way analyses of variance (ANOVA) were computed in order to compare family adaptation between: mothers who were single and mothers who were in a relationship; and between divorced single mothers and those who were not divorcees (including mothers by choice and adoptive mothers). ANOVAs were also done to compare the types of support they received from family and friends groups: whether this was emotional; social; practical; financial; or advisory, as measured by the SSB. All quantitative statistical analyses were conducted using the data sets from all participants ($N = 47$).

6.2 Qualitative Results

Aspects of social support associated with adaptation in middle-class, single-mother families were identified from within the qualitative data that was obtained by means of semi-structured interviews. Through the extensive process of thematic analysis (Braun & Clarke, 2006), initial codes were generated, thereby producing a collection of themes, subthemes and sub-subthemes that best captured the phenomenon under scrutiny: the main thematic category; social support. The results of these analyses indicated two main themes: 1) paid social support and 2) unpaid social support. Each theme contains a number of subthemes and sub-subthemes. Due to the

nature of the research question, the findings that surfaced are not clear-cut and, in fact, overlap and are interconnected in many areas.

First, attention will be paid to the acknowledgement of social support as a crucial resilience quality. This first section will describe the dynamics and importance of social support, serving as a point of departure, as well as outlining the types of support afforded to the single-mother families by their various social intimates and networks.

6.2.1 The important role of social support

The data revealed the massive and vital role that social support plays and this was acknowledged by all the single mothers in this study. Mother two notes that she is stronger as soon as she feels she is supported. The mothers highlight and acknowledge that help is needed. “You know, you can’t raise your child alone. It’s impossible. Absolutely impossible...” while mother ten explains: “So, I like to say that it takes a village to raise a child, and I use the whole village [laughs].”

The perception that help is available if needed, emerged powerfully. “So, the kind of support that I’ve had is, has kind of been in the background, like I know people are there but they haven’t been, sort of, like all over me and still today.” Mother five adds:

It [social support] is a safety net. I think if you don’t have one, I think if you don’t have anyone to rely on I think you reach a point where, you do feel like giving up... so it is a rollercoaster and I think having that support network around you, you know, you know you’re going to come up and out of it you know.

It is the simple thought of knowing that there are people on whom you can call should circumstances demand it, that reassures and comforts the single mothers. Mother five continues with a thick description that illustrates this point well:

You know what? I think just knowing that there is someone out there to help, whether it’s a lift, whether it’s-, you know, if I want to go away for a weekend, that they’ve got somewhere to stay or, and I suppose it’s just-, even if you don’t use it, just knowing that there are people out there. It does help. You don’t feel alone.

These examples clearly illustrate that even just the perception of having support is pertinent to coping. Although a perception of available support is essential, mothers note that it is equally crucial to acknowledge that help is needed and to further accept it. Participant nine explains that it is very hard to ask for help and to admit that you are struggling. “Some days are not easy but I ask for help now, which I didn’t before... I have learned to ask for help should I say.” Mother 11 cautions that along with this support, it is equally important to know *how* to utilise these resources:

Like just by making use of it [social support] because you could have all this social support but if you don’t use it in the right ways or don’t use it at all, well then you’re missing out on a lot of what’s out there, to get on with normality.

Throughout the interviews, it became apparent that the social support afforded to the single mothers and their families provided an abundance of evidence for the four categories of support introduced by House (1981), namely instrumental, emotional, informational and appraisal support. Table 1 on the following page presents examples of these categories.

Table 1

Confirming Examples of the Four Types of Support That Emerged From The Qualitative Data
(*n* = 12)

Examples

Emotional

And having people around that you can sort of talk about all these things, it makes you feel like you've been heard and that you're able to, I was able to bounce things off people and that was very important to me.

Its nice to have adult company. It's also nice when the ex is behaving like a troll and doing really bizarre things, unexpected things, to be able to go to someone and go, 'oh my goodness, this is what's happened now' and they go 'it's okay, don't worry'. You know, it's just a little bit of empathy and stuff. It does help to just get it off your chest and to have someone who listens, that doesn't judge or get-, doesn't interfere...

Instrumental

I mean I've got a friend, a few weeks ago, phone me up and said to me, 'have you covered their school books yet?' and I said 'no, I haven't even thought about it', and she said, 'okay, I'm covering the books for you', and I was like, oh wow that's the most awesome thing. Like I can't actually believe you're doing this for me. And it was like a huge thing.

Informational

That [from whom she seeks help] would be friends that have an educational background or for example I decided to send my daughter to the French school and I want to know if it's not too confusing with the languages because we are doing Dutch, English, French and a little bit of Xhosa as well. So, but then I spoke to a friend who is turns out to be, she is a simultaneous interpreter, and she is like, no no, do it you know. Like that's the best time ever to learn languages so then I was confident to make that decision.

Appraisal

And it just gave me a reassurance that I was doing the right thing, because you doubt yourself a lot in those, in that situation.

A prominent aspect that came to light was that almost all participants expressed that they only relied on themselves; in other words, they didn't fully depend on anybody else for help. "So it's a support, but I actually think you can only rely on yourself" and the notion of creating one's own support became critical. Participant one explains:

Well, I create my own support. I have a full time nanny [phone rings]. Sorry. Um, I have a full time nanny. I have an au pair and um my kids are all at school. They use Uber [a new taxi service] to get around when they need. So I mean I, I have to set it up for myself.

What this in fact came to mean was that single mothers required finances in order to implement various structures and systems that would allow for optimal family functioning. Participant eight states:

... so I learned that support, for me, came if I paid for it, you know what I mean? So I had to create my own support system with regards to somebody to help with lifting, because I worked full time, or for extra education, remedial or au pairing. So it basically came out of my capital and it was basically, I had to create my own support systems.

The distinction between paid and unpaid support becomes explicit through the question posed by participant two: "Again, social support is is is, is two fold. One is your friends and your family, and the other is the paid for support. Is that what you're asking?" The results of this study suggest that the thematic category, social support, consists of two main themes, paid and unpaid supports. The following section will present the themes in depth and each of their respective subthemes and sub-subthemes. The explanations of paid supports will precede unpaid supports. Table 2 on the following page provides a summary outline of the qualitative results.

Table 2

Summary of Themes, Subthemes, and Sub-Subthemes of the Main Thematic Category (Social Support) That Emerged During Qualitative Data Analysis (n = 12)

Categories	Descriptions	Frequency	%
Paid Support	Supports for coping that require payment		
Household helps	Supports found within the household		
Hired Help	Domestic workers, nannies and au pairs	10	83
Internet	Access to online communication	5	42
Uber	A convenient and safe taxi service	2	17
Schools	Educational institutions of children in the home	9	75
Mental health practitioners	Psychologists, social workers and counsellors	8	67
Unpaid Supports	Supports for coping requiring reciprocity		
Family	Extended family members and relatives		
Grandparents	Single mothers' parents	9	75
Other relatives	Uncles, aunts, cousins, etc.	8	67
Own child/children	The child/children the single mother is raising	7	58
Partners	Single mothers' romantic partners	5	42
Ex-husbands	The child/children's father(s) the single mother was previously married to	6	50

Table 2 (continued)

Categories	Descriptions	Frequency	%
Friends	Close, non-kin relationships		
Close friends	Best friends	12	100
Like-others	Others individuals in similar situations	6	50
Community	Supportive groups of individuals		
Support groups	Gatherings of similar individuals	4	33
Religious communities	Spiritual groups	6	50
Other community resources	Supportive services found in the community	5	42
Recreation	Enjoyable activities/leisure time		
Social activities	Dinners, tea/coffee, book club, etc.	12	100
Exercise	Physical activities, e.g. jogging/walking	3	25
Sleeping	Sleeping late, napping and resting time	1	8
Drinking/smoking	Social smoking and consumption of alcohol	1	8
Reading	Books and other reading materials	1	8
Cleaning	Neatening the home environment	1	8
Pets	Playing with domestic animals	1	8

6.2.1.1 Paid supports

Participants acknowledge that a vital aspect of adaptation is one's finances. "Yes, no, like I say, for single mothers the greatest thing is finance and time", which ultimately will allow for the adjustment process. The importance of money is highlighted in a number of ways: "I think that I've been lucky that I've got a good job", "You know the way that it helps is that I can work and earn a living" and "I think it's important that you earn enough money so that you can enjoy also you know, time away from your daughter."

Many of the single mothers express that their working conditions assist in this way. Many mothers are self-employed. Mother ten explains:

I work for myself and I work from home so I am quite flexible. I think that is for me important that I don't, you know don't always need to answer to a boss that, if I need to. If your child is sick or you need to go to the doctor or whatever. So I guess that flexibility helps a lot...

In line with this, participant six explains that because she works for herself and because she has had the same clients for years, she is able to take her young daughter to meetings with her. Participant seven adds:

... then the company I work for, actually, had been very supportive. They've done things like allowed me to shift all the travel on to some of my subsidiary junior staff and stuff and just manage from here mainly to avoid having to travel ... and allowing me to work flexi-time and paying me a good salary.

A fascinating development was brought to light by two of the participants and warrants some remark. Although classified as middle-class in this study, it would seem as though many of these families do in fact struggle and worry in terms of finances. It was reported that government does not recognise their financial bracket to qualify for legal aid: "... but we don't fit into that bracket and we don't fit into the next bracket where we can afford it. There is this big gap in between and where people are struggling". Participant 11 confirms this in saying, "I couldn't even get legal, um legal aid because of my salary bracket, so they didn't look at

anything else, they just ask which bracket you are in and then they automatically just excluded me from any legal support.”

Following are subthemes and sub-subthemes that comprise the paid help afforded to the single-mother family unit by having adequate financial resources. The first subtheme, household helps, consists of hired help (domestic workers, nannies and au pairs), Internet and Uber (a safe and convenient taxi service where payments are deducted from one’s credit card so that no cash is needed). The second subtheme is schools and the third is mental health practitioners.

6.2.1.1.1 Household helps

These paid for resources are aids that pertain specifically to the daily running of the family household and enable ease and convenience for all members.

6.2.1.1.1.1 Hired help

Eighty-three percent ($n = 10$) of the participants who were interviewed described what an integral role hired help played in meeting the daily demands of family life, specifically the roles of domestic workers, nannies and au pairs. The ways in which these roles support the family is in the alleviation of duties that need to be performed, allowing more time for other responsibilities and activities. These individuals are reported to help with a variety of tasks, namely lifting, cooking, cleaning and doing homework with the children. Mothers one elaborately explains:

Well, for example, Betty* comes in in the morning, she helps me pack school lunches, and get the kids to school and then when they come home um my au pair will fetch them and she will have the lunch ready for them at the table ready, you know salad, all the, lots of healthy greens and healthy lunches. So I instruct her what to do. I do all the shopping for the food and I instruct her what to do and then she will lay the table for us and cook dinner, so by the time I get home we sit down and have dinner together at half past six, seven, as a family, the three of us.

Well the au pair, so she goes to varsity and then she goes straight to pick up the boys at three o’ clock, and she, she arranges their whole timetable, so she knows what homework they have to do, when their tests are, when their exams are, what

preparations to do. She knows what sport they are playing, she is completely *au fait* with their, with their timetable.

Participant six further identifies the central role of her nanny: “The times when the nanny has been off that is when I am reminded that I have got no support structure” and participant four explains that her domestic worker has taken on the role of a “surrogate mother” for her children as she has been such a massively prominent help over the past eight years. It is interesting to note that even though she does not have an au pair, mother four still acknowledged this service as a source of social support. Through these examples it is evident that the main type of support offered here is of a practical nature. It is interesting to note, as pointed out by a number of the mothers, that the amount and value of hired household help decreased as the child/children’s age/s increased. Participants seven and ten state respectively:

So I suppose when she [daughter] was a bit younger I would gather more support. I had a full time nanny in my house, I had somebody helping me with lifts because of my work commitments, and she was younger so her needs were actually greater at the time. Now she’s ten, going on eleven, she’s basically busy until three, four in the afternoon and then I can step in. So I have a char now, twice a week, I don’t need a full time nanny, and she’s [daughter] very happy to do her own thing.

The first year Rachel* didn’t go to school so then I had like three times a week I had an au pair, three mornings a week so that I could do some work, but now that she is in school I don’t really need somebody here...

It is clear how household helps aid in the smooth running of the household, thereby assisting the mother to cope. The following sub-subtheme focuses on another household help, the Internet.

6.2.1.1.1.2 Internet

This subtheme enables effective communication between the participants’ families (42%; $n = 5$) and a number of supporters within their social networks, acting as a source of support in a variety of ways. Mother one justifies:

Yeah, so she [au pair] is linked to the school website, and all emails will go to her, and we have, then we have a calendar, it's called, well we have a shared calendar, so any changes that I need to make I put into the calendar and any changes she needs to make goes into the calendar so we all access the calendar, the kids access the calendar, so we are quite organised in that way.

In this way, an online calendar is experienced as a practical help. Mother seven explains that through the use of Skype, a computer application that allows live video calling, enables her children to communicate with their father who lives in Johannesburg. Although she does not personally experience this as beneficial, it provides her children with emotional support in that they are able to maintain a relationship with their father. Additionally, two of the single mothers make mention of Facebook. Mother four views the online application negatively, although she does acknowledge the social and emotional benefits: "The only thing I think it's good for is maybe to find a partner. They say oh, I met so and so on Facebook. Maybe finding school friends from thirty years ago but you know, and like to reconnect..." Participant ten, an adoptive mother, speaks highly of the emotional, affirmational and informational support she is able to draw from online Facebook groups and this is illustrated in the following rich narrative:

... I am part of groups on Facebook and some groups are very active and very, it's very, where you get a lot of knowledge that way. That is very helpful for me... you have questions around the paper work, around adoption of maybe you know, how do you deal with the people, you know shouting negative things because that happens and then, yeah you, through Facebook you just ask for advice and it's really an encouragement and really people support each other in how to deal with certain problems. I guess it's mainly adoptive parents that have those issues... I mean a lot of things we don't know as a white person about black children. A big thing is the hair, you know. How are you going to deal with the hair and um, it's great that you can find all that in um, on Facebook or through blogs or through other people, so.

6.2.1.1.1.3 Uber

A brand new and exciting sub-subtheme, Uber, surfaced and was brought to light by 17% ($n = 2$) of the participants who were interviewed. Uber requires no cash payments as ride fares are deducted straight from one's credit card. An Uber taxi is ordered through the downloadable

mobile application from a smart phone. Uber cars are easily available and take roughly only a couple of minutes to reach you. It is clear that this affords families with practical help in the form of lifting. “They [children] use Uber to get around when they need.” Participant three further contributes:

Well the kids basically have each downloaded the app and they’ve put in my credit card details. So when they want to go anywhere they call it on their phone and they can take the Uber, and also, if they’re with friends, they can split the fare and they go, which has made them very independent and I feel quite comfortable with it because I know it’s safe... They can just, literally, put it in their phone and in two minutes they’re here. They don’t have to rely on me so it’s been great.

It is evident that hired household helps, the Internet, and Uber are beneficial to the single-mother household. The next section pays attention to the paid support, schools.

6.2.1.1.2 Schools

Of those interviewed, seventy-five percent ($n = 9$) expressed appreciation for the positive assistance they received from their children’s schools. It is key to be reminded that financial resources afford these children the opportunity to attend good schools and the families are therefore able to benefit from various kinds of services they provide.

“I used the school in the early years of the divorce. I used their social workers, the teachers, the principal”, explained mother 11. Mother two explains that during the time of her divorce, she and her child’s school were in constant contact, notifying one another of any problems or information that needed to be passed on regarding the child’s situation at home or at school. “They were amazing, they were in constant feedback with me so, you know, ‘this is going on’ or ‘this is what happened’, I knew what was going on with my child at all times.” By providing the mother with information regarding her child, it helped alleviate her concerns or worry and served as an emotional support. Participant four explains that the school counsellors also play a role in providing her with information and advice on how to deal with any issues her children might be experiencing academically or emotionally, regarding their absent father. This would further serve as informational support for mother four. There is an instance described by participant six where the teacher of the crèche bakes her daughter her own bread because she is

highly allergic. She goes on to explain that various schools are also peanut free as a result of allergic children, which truly demonstrates these schools' level of commitment and support to its learners within these communities.

Conversely, mother five explains out of frustration how she has made an effort to try to get her child's school to arrange support groups for various topics, such as divorce, parental death, or even ADD/ADHD, as such a large number of learners have experienced these. She did not find the school helpful in this way, as there is a general feeling that schools don't want to get too involved in these personal and emotional matters. Following is a description of the third paid support, mental health care practitioners.

6.2.1.1.3 Mental health practitioners

Sixty-seven percent ($n = 8$) of participants who were interviewed sought professional mental health care from several practitioners for both themselves and their child/children. Types of health care experts included psychologists, child psychologists, social workers and counsellors. These were found advantageous in terms of emotional, informational and affirmational support. Participant 12 reveals the following:

Because I am the type of person, like I told you earlier, I block out things, I don't always talk about things so it was actually nice to di-, to di-, dig a little deeper and just talk about things that I didn't even think that I would speak to anybody about and for some reason it actually gave me some relief and it helped me to overcome some of the obstacles that I was faced with.

In line with this, mother seven explains that her son has ongoing therapy that deals with his underlying anger issues.

... so he [her son] firstly had that [play] therapy and then secondly I had the most brilliant therapist [pauses] so she got me through it. Really, but she also taught me so many tools. She really did... it's just, it's, I was given amazing tools. How to deal with things.

Following are some concrete accounts from mother four and two respectively, of how these practitioners enabled effective coping:

... for myself I see a therapist who I also ask on how to deal with certain issues on being a single mother and how to deal with the children and how to, what is the best way forward for me to, to make myself more resilient, stronger than, because I have to take on the whole case load on my own...

... it gave me the tools how to deal with it. So if I needed a rant or cry or scream, I did it. If I needed, how do I deal with this? How do I deal with that? How do I deal with the fact that actually some days I actually want to put a pick axe in my husband's head, and not let the kids know about it, I had to learn to do that. How not be rude or scream or shout at him in front of the children... Of, again, how to be strong for the kids how to be strong for you, how to cry, and it's okay to cry, and it it it was just little tools of how to deal with different things.

Appraisal was also a crucial aspect in the case of participant nine where, "... there was no recognition for what the children and I were saying and what was good was that, um, they [psychologists] would validate and they would understand what we were saying and they would you know, accept it..." Mother five finally addresses how dealing with emotional issues can in fact lead to instrumental changes: "It [therapy] also allowed me to realise what I really wanted on an emotional level, on a practical level, so that I was able to put in more boundaries as well..." while mother four explains how seeing a psychologist encouraged her to become more socially active. "I think that people should go for counselling even if they think that they don't need it, that's just my opinion though."

The three paid supports that were identified by the first 12 participants who were interviewed (household helps, schools and mental health practitioners), clearly aid in effective family coping. Unpaid supports are presented below.

6.2.1.2 Unpaid supports

As noted previously, there is a clear distinction between paid and unpaid social support. Interestingly, the findings revealed that even with unpaid supports, there still exists a strong

sense that something be exchanged in return for favours. It may not be a monetary exchange, but it is an exchange nonetheless. In the case of unpaid help, this trade takes the form of reciprocity – the notion that the favour will be returned to the individual at a time that demands it. Mother four explains that if she needed extra school lifts for her children she would then do the same in the future for that person. Mother nine further illustrates this concept well: “... we do feel embarrassed because we wish we could reciprocate, you know, so we, at times we try a bit of babysitting or do errands or whatever...” It is also acceptable for reciprocity to be carried out even if it is not the same action/instrument that was offered in the first place. Another good example is of how one family gives to charity within their religious community and in return now the community’s social services sponsor her son at a half-way house. “So you find it is a circle, so you do, you feel very protected and part of something, yes.”

The themes that emerged for unpaid supports were: family (which can be broken down into grandparents, other relatives, own child/children, partners and ex-husbands); friends (close friends and like-others); community (consisting of support groups, religious communities and other community resources); and recreation.

6.2.1.2.1 Family

Family as a coping resource came to the fore among all participants and played a significant role across all single-mother families. The participants who were interviewed identified the following family members as sources of support: grandparents, other relatives, own child/children, partners and ex-husbands.

6.2.1.2.1.1 Grandparents

Of the participants who were interviewed, seventy-five percent ($n = 9$) identified grandparents as a support, and even if they did not have involved grandparents for whatever reason, they were still acknowledged as a source of potential support. “My mom is not really that much of a support anymore because she’s older and she actually doesn’t live in the area so we don’t see her that often”. Grandparents were largely experienced as a practical help but also as a source of emotional warmth, as described by mother four and six:

I get the emotional support from their grandfather, like my father who is almost like a father figure for them. You know he pops in every day, he does, takes them for

haircuts say, or helps them maybe with their homework or issues that they are having in their lives, so he is a big role model in their lives.

She [grandmother] gets the worst, she gets to see the worst bitchy side of me because I complain to her. She is, she gets to see the worst side of me because I am always complaining to her, but she also, she helps me a bit financially. She helps me quite a bit financially.

Interestingly, participant five points out that a divorce can cost you family support because “when I got divorced, my husband’s family divorced me as well.” In other cases, the families stand by the single-parent family, as noted by participant four. Families, however, are not always experienced as positive. Participant 12 elaborates:

Initially I didn’t have a lot of support from my family because of the fact, like I said, how I grew up, so that was almost like a no-go, you know. So it was very difficult. The initial phase was very, very difficult.

6.2.1.2.1.2 Other relatives

Other family members assist in the same manner as grandparents. Cousins, aunts and uncles invite many families over for dinners. Similarly, uncles are perceived as role models for the children. Even though geographical distance separates some families, emotional comfort is still provided through phone call conversations. Sixty-seven percent ($n = 8$) of single-mother families identified other relatives as supportive.

6.2.1.2.1.3 Own child/children

The mothers’ own children were identified as a crucial finding in that the resilience quality is within the household. Fifty-eight percent ($n = 7$) of the mothers who were interviewed recognised their child or children to be a key factor in the family’s ability to cope. The child’s age was an interesting variable. Even at the young age of three years, one particular child’s disposition allows mother six to take her daughter to work meetings: “I put the mat down and a few toys you know, which she doesn’t play with anyway ... so she comes with, you know.” Mother eight explains that the social nature of her child’s personality allows her time for herself. The older the children in the family get, the more practical assistance they can provide

to their mothers, and as an extension, to their family. For example: “You know, as he’s got older, I mean like now he’ll babysit for me because he’s 16, he can and he’s very responsible, and he helps me around the house.” In this instance, older age means greater independence and is a clear help to mothers one and three, as they allow their older children, but not their younger ones, to use Uber. In instances where the child is 18 years old, lifting and running errands also becomes common. Mother nine explains this practical assistance even stretches to loaning finances in times of need:

... yesterday was like the final payment date and I have been asking and asking and please give him [ex husband] the instruction to pay UNISA, just like half the amount ... and they couldn’t because of the missing document ... so she [her daughter] paid for it.

Children play a vital part in the family’s emotional stability too. Many participants note that it is incredibly hard when they are not with their children (due to visiting with their fathers or when they are on holiday) and participant two has further described the experience as “hideous”. Mother seven draws attention to the fact that she and her children “have all relied on, we have learned to rely on each other” to cope and make it through difficult times together.

6.2.1.2.1.4 Partners

The support from the mothers’ romantic partners came in the form of the emotional benefits they provided. Forty-two percent ($n = 5$) of mothers who were interviewed made reference to how having a partner created the feeling of being a family unit.

It’s always nice to have someone complete your family. It’s not nice to be a single parent with two kids or three kids or five kids, it’s hard. You are still a broken family. Things are just not the same, so when you have a partner um you do then create your own little family which, which makes it easier...

Mother 12 further explains that when she and her partner and both their children come together “... it gives [her] that sort of family life.” Although mother ten acknowledges that “there is no husband, so I want Rachel* to, you know, spend time with kind of father figures.” Creating a fatherly figure is also perceived as a key role performed by the boyfriend, as mother seven

notes: “he’s sort of stepping slowly into a more paternal pair of shoes”, which is further accompanied by many instrumental advantages.

6.2.1.2.1.5 Ex-husbands

A rather interesting area of support takes the form of ex-husbands. Participants equally viewed the ex-husband as a support and as a hindrance to family adaptation ($n = 6$; 50%). Four participants refer to “co-parenting” and equally express how it can work effectively and how, on the other hand, it sometimes does not work at all. Co-parenting did not work in the case of mother eight but she also said: “I think co-parenting is fantastic, and I’ve seen it work so many times but you need to be two very mature individuals to do it and move on from your grudges and the hurt and whatever, you know.” Ex-partners can be experienced as a practical and emotional help. The following is described by mother three:

... financially he, you know, supports them when they with me so it’s not like I have to do everything on my own, which is great, and if there are any issues regarding the kids, whether it’s social or educational or anything, we deal with it together. So any issues that arise, I will contact him, or if there’s something that happens when they’re at him, he’ll contact me and we’ll work through it together.

By contrast, mother seven illustrates how the situation with her ex “got a little bit nasty” and “So the relationship between him and I got steadily worse” as he would refuse to contribute financially (after having signed an agreement) and he refused to see the children. Participant nine adds: “it’s been very traumatic to deal with him [the ex-husband].” Some of the single mothers, like mother eight, acknowledge how a massive burden is lifted from them personally in the absence of the ex-husband:

So for me I’m just rid of all the rubbish around me that was bringing me down and making me sort of, yes, like black, the black mood around me. Got rid of that and now everything is just bright you know.

It is fascinating to note that the mothers-by-choice, who do not have any ex-husbands to deal with, all address the advantages of their situations. One of the parents express that despite the

financial strains, “it’s [single-motherhood] been great because I’ve had my freedom.” Similarly mother ten adds:

... as a single mom I see a lot of advantage. Like, I don’t need to compromise with anybody, I don’t have an ex that I need to share or you know discuss things with or, because that can be quite horrible I guess. Yeah, so I see those clear advantages...

Further explanation is lent to the idea how there are no bad dynamics that need to be dealt with, which “I guess makes it less complicated.” The following sub-theme of unpaid support focuses on social support provided from a group of friends, as opposed to relatives.

6.2.1.2.2 Friends

All participants highlight the crucial role that friends play in the family coping and adaptation process, namely close friends (best friends) and like-others (individuals occurring in everyday life who are in similar situations and to whom they can easily relate, i.e. other single mothers). The types of valuable support offered by these social intimates include emotional, practical, appraisal and informational support.

6.2.1.2.2.1 Close friends

All participants who were interviewed ($n = 12$; 100%) viewed close friends as a massive advantage. In the case of mother five, she explains that four close friends of hers took on very different roles, all of which were extremely vital. “One would phone me every day and see if I was alive”; “One was a very much of a nurturer. She was like my mommy in a way”; another “was more practical, on your, sort of, don’t worry, I’ll do the lift scheme today or the kids need to go to a party, I’ll do it for you, or let your child come play at my house”; and the last friend “was like the fighter in my corner, you know she was like my watchdog ... So she was like watching what was going on all the time.” Similarly, mother 11 explained that she would call on different friends depending on the situation: “Yes, so I also like sometimes chose which friends I would need to call and which ones would calm the situations and which ones I shouldn’t be speaking to because they could just rev me up.” It was further acknowledged how difficult it must be getting through times of strain without the support of friends.

A chief finding is that friendships can in fact take on the form of a family and be felt as such. “I don’t have a lot of family. So from that point of view it was quite hard and from that point of view I was on my own. However, my friends have always been my family, so again, we were not alone.” Additionally, mother seven describes that her work-friend “who’s now retired, her and her husband almost fulfilled grandparents’ positions with the children, taking them on weekends occasionally, and that kind of thing”, which overlaps greatly with the previous section on family, as close friends can replace the roles of family due to the quality of the relationship. This point is accentuated by mother six as she describes her sister to be “erratic in her help; I would say my friends help me more.”

It is noteworthy that “your friends change from having single friends to having more family-minded friends”. A problem experienced in line with this is that when a woman gets divorced, she may suddenly be perceived as a threat by her married female friends. This aspect leads to the sub-subtheme of like-others; other mothers or individuals who are in similar situations and are able to better understand and relate to her.

6.2.1.2.2.2 Like-others

Other single mothers are found to be a huge support: “... it actually assisted me because I could then speak to her, I could, whatever I felt at that time she would understand how I feel because she also went through the same thing...” The following quotes from mother eight and six further explain:

... it’s amazing, but single mothers tend to sort of pull together. So, yes, the single mothers understand each other, we all understand we have to work, we have to earn money and we’ve got limited time and yes, it’s quite a nice alliance to have.

... but I have made good friends, also with other single moms, that are in similar situations and I think that is very helpful that we are starting to more and more help out with babysitting, so a few, if I want to go out I can quickly drop off maybe at Carol* or another friend or we do it the other way around.

An overlap occurs here too in that mother eight’s sister is in fact also a single mother, so there is an obvious mutual understanding and coming together offers social time for both themselves

and their children. Informational and affirmational supports are also identified as key benefits in having like-other friends. Participant 11 felt more confident in making her decision as to which school to send her daughter when she came to learn that another mother of the same original nationality was sending her child to that school too. This is an important aspect, as single mothers do not have this kind of support that is usually afforded by a partner. Half the participants who were interviewed ($n = 6$; 50%) identified like-others as supportive. The third unpaid support is reported below, namely community.

6.2.1.2.3 Community

This subtheme, community, was found to offer families in this study a great deal of support. ‘Community’ here refers to various groups of people that were experienced as helpful by the families that participated. The assistance provided by these groups is crucial. Community consists of three sub-subthemes: support groups, religious communities, and other community resources.

6.2.1.2.3.1 Support groups

Of those who were interviewed, thirty-three percent ($n = 4$) of single-mother families thought of support groups as helpful. These are groups that exist within the community and who provided informational, appraisal and emotional support. Mother ten points to the variety of informational support she can draw from:

Yes, like I, before I adopted I wanted to I just wanted to connect with people so then I went to adoption support groups organised by child welfare and then we sometimes get together just a bunch of people that have adopted and obviously it’s single adoptive parents and then there is also trans-racial adoptive parents and in both areas where I feel I would need some support or some advice...

Through these meetings, this mother is given informational advice that she may require, such as how to approach the paper work of adoption. Mother six uses the support offered by groups of individuals who are allergic to various foods. In this way, these groups provide recipes and other useful hints and tips on how to make child-friendly food.

... she wanted [a] Minnie Mouse [cake] and we had to make it with beetroot and you know, so you go on there on the support groups and you say there I have to make a birthday cake how am I going to do it? And then they tell you, you know, to use beetroot for the pink and you use this one for that and charcoal for the black and, but you do what you do.

The importance of support groups is even outlined by those mothers who don't utilise them. "... there should be like a single moms' club or, I don't know, library or something where people can pull off from each other, you know, and use, utilise and help and assist", explains mother eight. Conversely, however, mother 12 explained that support groups of this nature were of no use to her and she "didn't want to be involved in any of that", referring to divorce support groups.

There is a big overlap here between the sub-subthemes *support groups* and *like-others* as they are very similar in nature. The difference between these groups is that *like-others* can be single individuals that occur in everyday life, whereas *support groups* are gatherings of people that come together, specifically seeking support. Another overlap exists in *Facebook* (a paid help) as it affords individuals with a platform to attain online support from unknown others in comparable situations.

6.2.1.2.3.2 Religious communities

Half the participants who were interviewed ($n = 6$; 50%) found their religious communities to be supportive. Participant four highlights, through the thick description below, the value of being a part of her spiritual group:

... we are very involved in our community and into with our Synagogue and we go to Shul every Friday night and those things are important, and it's also important for the children and I have taught them the value of you know belonging to a community, doing good things, doing good deeds, and that has always continued. The community has been very supportive, especially the Rabbis and community.

Practical support was a huge benefit of being involved in religious groups. Grocery vouchers were given as anonymous gifts for food shopping to families going through difficult times, lifts

to lawyers were provided following messy divorces and sponsorships were given to assist families financially. The emotional side of support was experienced as equally significant, even consisting of supportive phone calls to mothers made by religious community leaders. Mother nine adds, “we are very lucky to have a [spiritual] community and if you’re involved in a community you start to feel the benefits of just being part of a bigger family.” In a couple of cases, overseas excursions were organised so that single mothers from all around the world could connect. In opposition to this however, one mother comments that she found her Rabbi to be of no comfort at all during her times of strain, while another further discloses that she did not find her Church a support and “just did not bother going with [to] them.”

6.2.1.2.3.3 Other community resources

These include the resources that are deemed useful as a result of one’s geographical location. Forty-two percent ($n = 5$) of the participants who were interviewed contributed to this category of social support. One example of this is neighbours. Four participants point to the convenience of having a positive, trusting relationship with those who live next door to you. “So sometimes if I need to quickly run down to the shop and Romy* is here, I can quickly bring her there [neighbour’s house] without taking her all the way to the shops.” Participant 12 explains the emotional advantages:

She’s [neighbour] actually also, we’ve got a very good relationship so, I mean, I go through a lot of emotions still and then she’s almost like everything to me. She’s, you know, my mother, my sister, my friend, so I share a lot with her. And she knows that if she comes knock or whatever and I’ll tell her, listen not today because, you know, I’m not in a good mood. So we’ve got a very good understanding and I must say, spiritually and, you know. She’s just a support for as well...

The close proximity easily enables the mother to call on help whenever she may require it. In the case of participant five, the minimal distance between her house and her neighbour’s, resulted in the neighbour overhearing an argument and calling child welfare and protecting the mother’s family. Child welfare is another community resource that offers protection in South Africa. In line with this, mother seven further sought help from another South African support service, Lifeline, which “gave very good advice actually.” The final sub-theme that aids coping, recreation, is presented below.

6.2.1.2.4 Recreation

There are various references to different types of recreation that allow mothers to cope. The significance of this subtheme is that it allows the mother of the family to have time to and for herself. Mother seven points out that “I’ve got to keep it together” because “If I’m okay then they’re [her children] okay”. Socialising and engaging in social activities, such as going for dinners, coffee/tea, or meeting friends for book club, was a key stress-reliever identified by all mothers who were interviewed ($n = 12$; 100%). Participant five elaborates:

It’s just that I am able to like block off normal life and then I focus somewhere else [on friends]. So and generally my friends make me happy, most of the time, and you often laugh with friends and that kind of thing. So I try and do stuff and I try and do things, not necessarily expensive things, but I just try and do things with friends.

Others make mention of a host of activities, such as reading ($n = 1$; 8%) “because it takes my mind completely away and I don’t have to think about things”; drinking moderately and smoking ($n = 1$; 8%); sleeping ($n = 1$; 8%); and exercising and going for walks with friends ($n = 3$; 25%). Participant 11 ($n = 1$; 8%) further mentions that her pet cats bring her calm, while mother eight reveals that she “loves cleaning, for me it’s therapy”, ($n = 1$; 8%). All of these outlined by the participants serve as buffers against stress and assist in everyday coping and adaptation.

The various themes, subthemes and sub-subthemes (identified by participants who were interviewed) during qualitative data analysis, bring to light the vast and useful techniques that can be employed and that can aid in the family’s ability to cope and adapt in times of stress. Following is the presentation of the quantitative findings of this study.

6.3 Quantitative results

A number of statistical analyses were carried out, namely Pearson’s product-moment correlations, best-subset regression analyses and one-way analyses of variance (ANOVA). Mothers as representatives of the families that completed quantitative measures were included in the final analyses ($N = 47$). First, the findings of the Pearson product-moment correlations will be presented, which will illustrate the relationships between the dependent variable (family adaptation) and the independent variables. Thereafter, the combination of independent

variables that best accounted for the explained variance in the dependent variable will be reported, as calculated by the best-subset regression analyses. Following that, the findings of the ANOVAs will be given. ANOVAs were conducted in order to compare family adaptation between groups, as well as the types of support received between groups.

6.3.1 Pearson product-moment correlations

Correlations were calculated between the dependent variable (family adaptation, as indicated by the FACI8 Total) and a number of independent variables, which were measured by the social support scales (SSI, RFS and SSB) and their subscales. Correlations were further calculated between the dependent variable and a number of biographical variables for which the values were ordinal (mother's age, total monthly income, time as a single parent, number of children living in the household and age of youngest child). In order to use the child's age as an independent variable, the age of the youngest child in the family was used, as the oldest child did not always reside in the household. Pearson's correlation coefficients were used because no outliers or any large deviations from normality were observed that would influence the correlations.

The most important and meaningful findings made by the Pearson product-moment correlations were the statistically significant associations made between family adaptation and experiencing one's friends as a support (over extended family support) in the face of adversity ($r = .44$, $p < .01$). For coping, participants received significantly more socialising support (talking/ conversing and engaging in social activities) ($r = .54$, $p < .01$), emotional support ($r = .47$, $p < .01$), practical support ($r = .41$, $p < .01$) and advisory support ($r = .42$, $p < .01$) from their friends. Pearson product-moment correlations can be viewed in Table 3 on the following page.

Table 3

Pearson's Product-Moment Correlations Between Family Adaptation (FAC18 Total Score) and the Biographical Variables and Other Measured Independent Variables

(*N* = 47)

Variable	<i>r</i>	<i>p</i>
Mother's age	.06	.71
Level of education	.12	.43
Total monthly income	-.02	.91
Length of time as a single mother	.10	.51
Number of children living in the household	-.10	.49
Youngest child's age	.01	.97
Integration into the community and experience of the community as supportive (SSI Total)	.28	.06
The harnessing of support from extended family and friends as a means of coping during times of strain (RFS Total)	.35	<.01**
Modes of support received from family and friends (SSB)		
Extended family as a support (SSB Family)	.09	.57
Socialising with family (SSB Socialising Family)	.07	.62
Receiving emotional support from family (SSB Emotional Family)	.06	.68
Receiving practical help from family (SSB Practical Assistance Family)	.15	.33
Receiving advice from relatives (SSB Advice/Guidance Family)	.08	.58
Receiving financial aid from family (SSB Financial Assistance Family)	.04	.78
Friends as support (SSB Friends)	.44	<.01**
Socialising with friends (SSB Socialising Friends)	.54	<.01**
Receiving emotional support from friends (SSB Emotional Friends)	.47	<.01**
Receiving practical help from friends (SSB Practical Assistance Friends)	.41	<.01**
Receiving advice from friends (SSB Advice/Guidance Friends)	.42	<.01**
Receiving financial aid from friends (SSB Financial Assistance Friends)	.27	.07

* $p \leq .05$, ** $p \leq .01$

As presented in Table 3, statistically significant correlations were found between family adaptation (FACI8) and the family harnessing the support of family and friends during times of strain (RFS Total, see Figure 3 in Appendix L); having friends as a support (SSB Friends, see Figure 4 in Appendix L); socialising with friends (SSB Socialising Friends, see Figure 5 in Appendix L); receiving emotional support from friends (SSB Emotional Friends, see Figure 6 in Appendix L); getting practical help from friends (SSB Practical Assistance Friends in Appendix L); and receiving advice/guidance from friends (SSB Advice/Guidance Friends, see Figure 8 in Appendix L). Additionally, although two more correlations were not significant at the 5% level, these two correlations do give a strong indication of a relationship that might exist between family adaptation and being integrated into one's community and experiencing it as supportive (SSI Total, $r = .28$, $p = .06$, see Figure 9 in Appendix L), and obtaining financial aid from friends (SSB Financial Assistance Friends, $r = .27$, $p = .07$, see Figure 10 in Appendix L).

The significant correlations found in this study largely support the use of friend support, in various forms, as a way of coping during times of strain.

6.3.2 Multiple regression analyses

A best-subset multiple regression analysis was utilised to determine which combination of independent variables best predicted the dependent variable, family adaptation. The benefit of the best-subset is that it analyses the 'best' 20 models and identifies which independent variables appear the most throughout (Bishop, 2014). Two best-subset regression analyses were conducted. The first was calculated with only the independent variables that were measured by the scales and subscales of the questionnaires that assessed aspects of social support (RFS Total, SSI Total and SSB). This analysis yielded two independent variables that accounted for most of the explained variance in family adaptation. The results are reported on the following page in Table 4.

Table 4

Best-Subset Multiple Regression Analysis for the Combination of Independent Variables That Best Predict Family Adaptation (FACI8 Total Score) (N = 47)

Variable	β	$t(44)$	p
The family's harnessing of relative and friend support during times of strain (RFS Total)	.29	2.43	.02*
Socialising with friends (SSB Socialising Friends)	.5	4.15	<.01**

* $p \leq .05$, ** $p \leq .01$

These two independent variables, as seen in Table 4, are the family's harnessing of relative and friend support during times of strain (RFS Total), and socialising with friends (SSB Socialising Friends). Combined, these two variables accounted for 37% of the variance in family adaptation ($R^2 = .37$). Below, Figure 11 illustrates the number of times each independent variable appeared in the best 20 models.

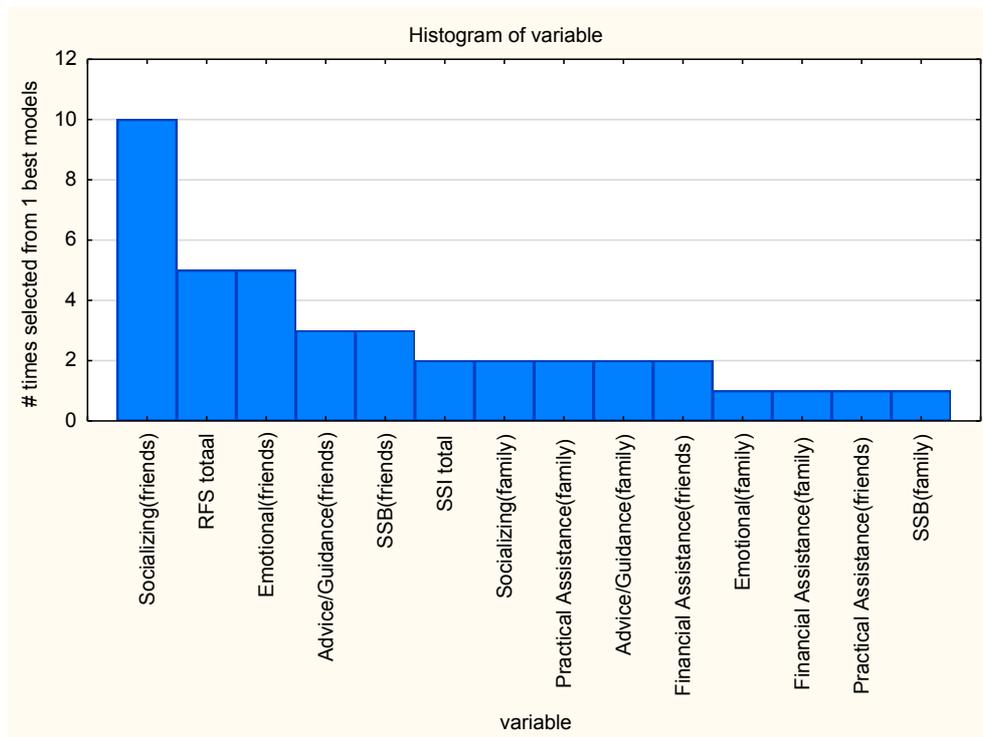


Figure 11. Histogram Illustrating the Number of Times Independent Variables Appear in the Best 20 Models.

Figure 11 depicts that socialising with friends (SSB Socialising Friends) featured the highest number of times (10 times) and that the family harnessing relative and friend support during times of strain (RFS Total) appeared five times. It is interesting to note that although receiving emotional support from friends (SSB Emotional Friends) featured the same number of times as the RFS Total (five times), it did not form part of the best regression model, despite it forming part of subsequent regressions that were probably almost as good as the best one.

Although no significant correlations were found between family adaptation and the biographical variables (see Table 3), the qualitative results made strong suggestions regarding the importance of certain biographical variables, specifically mother's age, level of education, total monthly income, length of time as a single mother, number of children in the household and youngest child's age. Consequently, a second multiple regression analysis was performed, which included the relevant biographical variables. The results are presented in Table 5.

Table 5

Best-Subset Multiple Regression Analysis for the Combination of Biographical Variables and the Other Measured Independent Variables That Best Predict Family Adaptation (FACI8 Total Score) (N = 47)

Variable	β	$t(44)$	p
Length of time as a single mother	.21	1.75	.09
The family's harnessing of relative and friend support during times of strain (RFS Total)	.32	2.69	.01**
Socialising with friends (SSB Socialising Friends)	.52	4.41	<.01**

* $p \leq .05$, ** $p \leq .01$

The second regression analysis generated three independent variables as the best predictors of family adaptation (see Table 5), two of which appeared in the first analysis as well (see Table 4). The additional variable is Length of time as a single mother: however, this contributes significantly only at the 90% confidence interval. All three variables (Length of time as single mother; harnessing relative and friend support [RFS Total]; socialising with friends [SSB Socialising Friends]) contributed to 41% of the explained variance in family adaptation, a 4% increase from the initial regression model. Figure 12 shows the number of times each variable appeared in the 20 best-subsets.

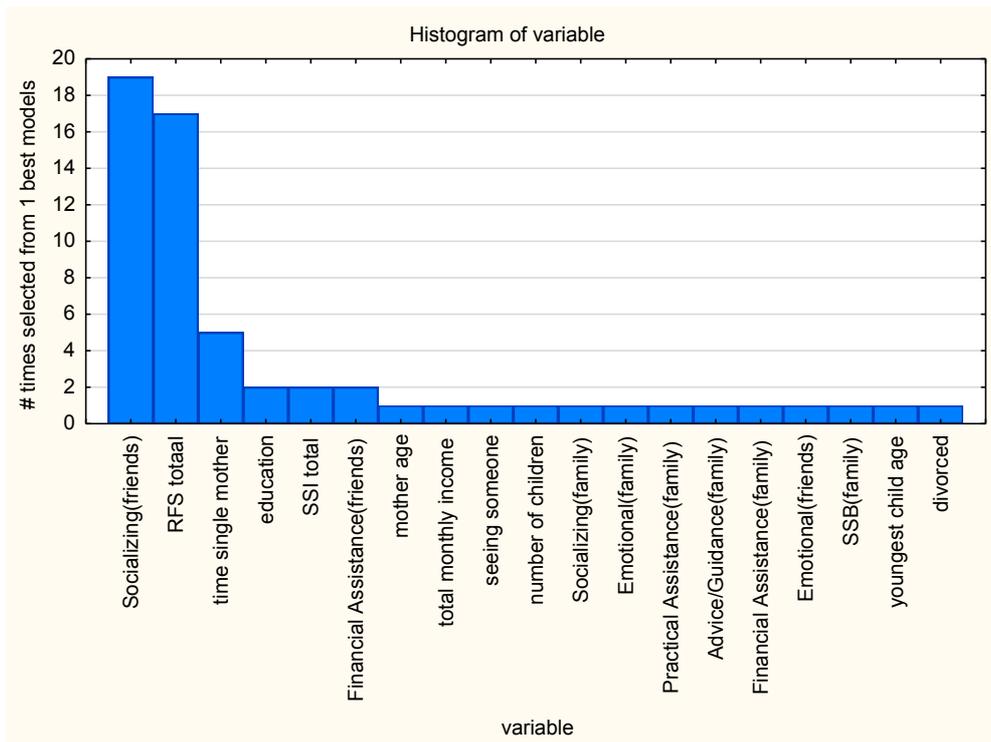


Figure 12. Histogram Illustrating the Number of Times the Independent Variables Appear in the Best 20 Models.

This model indicates that socialising with friends (SSB Socialising Friends) featured 19 times in the best 20 models, harnessing relative and friend support (RFS Total) featured 17 times, and length of time as single mother featured five times. It is noteworthy that as the biographical variables were added to the analysis, there was an increase in the number of times socialising with friends and harnessing relative and friend support was cited in the best 20 models. This, however, should be interpreted with caution, as the inclusion of the variable Length of time as a single mother was only statistically significant at the 90% confidence interval.

In the following section comparisons are made between measured variables for which there are two groups to be compared. First, levels of family adaptation were compared between two biographical factors (relationship status and divorce status). Thereafter, ANOVAs were calculated to compare the overall support received from family versus overall support received from friends (SSB Total score). ANOVAs were also done in order to compare the five types of support received from family versus the five types of support received from friends (Socialising, Emotional, Financial Assistance, Practical Assistance and Advice/ Guidance) received.

6.3.3 One-way analyses of variance (ANOVA)

Analyses of variance (ANOVA) were first computed in order to compare family adaptation, as assessed by the FACI8 scale (Total score), between: mothers who were single and mothers who were in a relationship; and between divorced single mothers and those who were not divorcees (including mothers by choice and adoptive mothers). Next, ANOVAs were used to compare the overall support, as well as the different kinds of social support they received from family and from friends (emotional; social; practical; financial; or advisory, as measured by the SSB).

There were no statistically significant differences between the group means in level of family adaptation for the two biographical variables (relationship status: single versus in a romantic relationship, $F(1, 45) = .00001$, $p = 1.00$; and divorce status: divorced versus single by choice, adoptive mother, or 'other', $F(1, 45) = .00247$, $p = .96$, as determined by respective one-way ANOVAs.

In Table 6 the respective F -statistic and p -values of the ANOVAs are reported to establish whether there are differences between the social support (total scores plus five subscale scores) received from family and friends.

Table 6

Results of ANOVAs for Differences Between Overall Support and Types of Supports Received From Family and Friends (N = 47)

Variable	<i>F</i>	<i>p</i>
Social Support (SSB Total)	.13	.72
Socialising (SSB Socialising)	5.24	.03*
Receiving emotional support (SSB Emotional)	2.33	.13
Receiving practical help (SSB Practical Assistance)	.05	.82
Receiving advice (SSB Advice/Guidance)	.26	.61
Receiving financial aid (SSB Financial Assistance)	4.76	.03*

* $p \leq .05$, ** $p \leq .01$

A significant difference was found between the group means of family and friends with regard to socialising and engaging in social and recreational activities (SSB Socialising, $F(5, 24)$, $p = .03$), as can be seen in Figure 13 below.

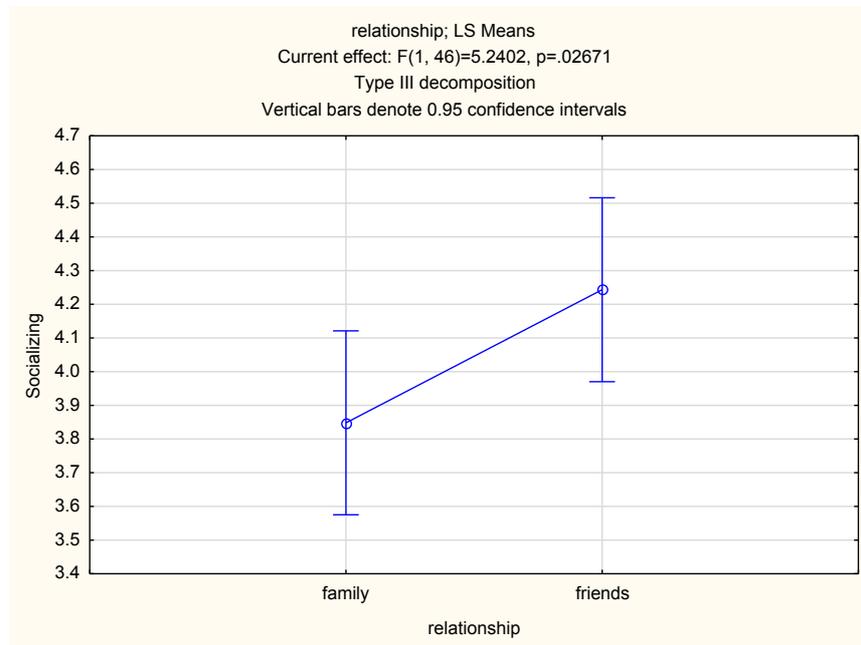


Figure 13. Differences Between the Support Received From Family and Friends in the Form of Socialising as a Means of Coping During Times of Strain.

Figure 13 shows that in the face of adversity, these families received more support from friends than from family in terms of socialising and engaging in pleasurable, social activities as a means of coping. Figure 14 below illustrates the group means for financial aid (SSB Financial Assistance) received from family and friends during times of strain. Figure 14 on the following page illustrates that families receive more financial support from extended family members than from friends for coping during times of difficulty.

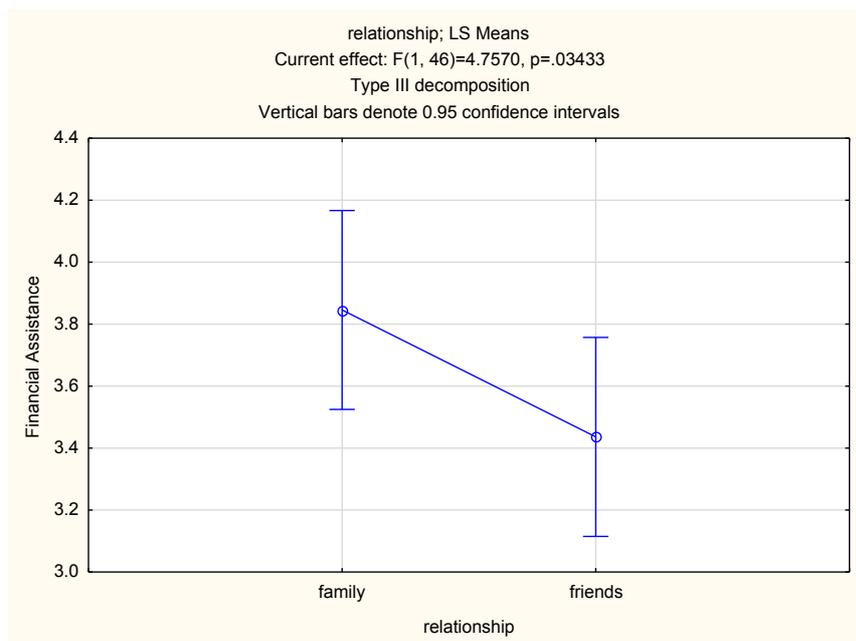


Figure 14. Differences Between Received Support From Family and Friends in the Form of Financial Assistance as a Means of Coping During Times of Strain.

Figure 14 above, depicts a higher mean value for the family group, which indicates that this sample of middle-class, single-mother families received more financial assistance from extended family than from friends as a way of coping when faced with times of difficulty.

ANOVAs revealed that families received significantly more socialising support from friends and significantly more financial support from other family members as ways of coping.

6.4 Conclusion

The qualitative results of this study point to two main sources of support, paid and unpaid support, each of which included a variety of subthemes and sub-subthemes, respectively. The quantitative results of this study largely endorsed the use of unpaid supports, especially the use of relative and friend support. The findings of this study indicate that friend support emerged powerfully as a predictor of family adaptation, over extended family/relative support. Participants indicated that they received more support from their friends than from their families during times of strain and aided in fostering effective coping and family resilience. Family adaptation correlated positively with four of the five measured types of supports offered by friends. Socialising and partaking in social activities with friends as a way of coping surfaced strongly quantitatively, and was further supported qualitatively under the subtheme

‘recreation’, which is part of unpaid supports. Family adaptation was also positively correlated with the provision of emotional support, practical assistance and advice/guidance from friends, all of which were also identified through the qualitative analyses. Although the financial assistance received from their family was not significantly correlated with families’ adaptation, the families did receive significantly more financial support from their families than from their friends. The qualitative complemented this finding as many mothers reported relying on various family members for assistance. Integration into one’s community and experiencing it as supportive was also identified as helpful to their families’ adaptation. Community support was further complemented by the qualitative findings of this study. Family adaptation was mostly accounted for by relative and friend support, socialising with friends, and the length of time the participants had been parents.

CHAPTER 7

DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

7.1 Introduction

The purpose of this study was to identify aspects of social support that enabled single-mother families to cope and adapt to the daily demands and challenges commonly associated with single motherhood. This line of investigation sought to answer the research question: “What aspects of social support are associated with adaptation in middle-class, single-mother families?” Successful family adaptation was assessed by the level of ‘family resilience’ measured by the FACI8. Family resilience is characterised by the family unit’s ability to withstand crises or disruptive hardships and “bounce forward”, emerging strengthened, developmentally advanced and better equipped to face challenges or adversities in the future (McCubbin & McCubbin, 1996; Simon et al., 2005; Walsh, 2012). Because this research is situated within the paradigm of positive psychology, it is preoccupied with uncovering and understanding how these various aspects of social support function, in order to build on them and to further develop and facilitate growth of the family unit.

In this final Chapter, qualitative and quantitative results will be presented in conjunction with each other, integrated, and discussed at length. Due to the dynamic and multifaceted nature of social support, this chapter will not necessarily follow the same format as in Chapter Six. Discussion around the findings of this research will be presented in such a way that best presents a coherent account of the findings. This Chapter draws on the theoretical frameworks outlined in the second Chapter, as well as the relevant literature that was reviewed in Chapter Three. Findings with regard to the biographical variables are explored too and thereafter, new emergent themes are described. Limitations of the study are considered and directions for future research are suggested. The thesis is finalised with a concluding account.

7.2 Unpaid Supports

Ferguson, Ziemer, Oviedo and Ansbrow (2016) inform that the structure and interactions within one’s social support and social networks provide the individual with opportunities for both informal community supports and formal provisions. This was evidenced by the key distinction made by the process of thematic analysis, that is, the distinction made between paid (formal) and unpaid (informal) supports.

7.2.1 Family versus friend support

Several statistically significant findings supported the notion that middle-class, single-mother families found unpaid supports to be effective coping methods, particularly during single motherhood. The Relative and Friend Support Index was used to measure the harnessing of extended family and friend support during times of strain, which yielded a significant positive correlation (see Table 3 and Figure 3 in Appendix L) with family adaptation. This suggests that the more extended family and friend support the single-parent family has, the more resilient the family is likely to emerge. Additionally, relative and friend support contributed significantly to family adaptation in both multiple regression analyses (see Tables 4 and 5). Some past South African family resiliency studies found no significant correlation between harnessing family and friend support during times of hardship (Bishop, 2014; Nolting, 2010); however, much other extant literature points to the crucial role that these groups (extended family/relatives and friends) contribute to the adaptation process (Bassuk et al., 2002; Horwitz, Reynolds, & Charles, 2015; Nguyen et al., 2015; Walsh, 2012; Zhang & Li, 2011).

The clear distinction between the support a family receives from extended family and relatives and the support a family receives from friends is well established; however, both contribute significantly and have a unique value for the family (Zhang & Li, 2011). The support provided by relatives and other family members is central to one's psychological needs and further creates emotional security (Zhang & Li, 2011). Friendships, on the other hand, have been described as being of a higher quality in comparison to relationships with family members (Nguyen et al., 2015). This is particularly interesting as the findings of this research substantiate this. A statistically significant correlation was found between family adaptation and receiving friend support (see Table 3 and Figure 4 in Appendix L), while no significant correlation was found between family adaptation and family support. Nguyen et al. (2015) provided further evidence for this when they disproved their hypothesis that suggested family support would carry a greater weight than the support of friends.

A study conducted by Nguyen et al. (2015) gives insight into these dynamics in which the role of family and friend support was assessed in terms of subjective well-being in an older African-American sample. Participants included in the Nguyen et al. (2015) study were at least 55 years old with a mean age of 66.7 years. Although the present study had the mothers' mean age at 43.7 years, the findings do have some implications and relevance. Key findings of the Nguyen et al. (2015) study indicated that subjective closeness with family members was

related to higher levels of life satisfaction and happiness, while subjective closeness with friends was related to happiness and self-esteem but not with life satisfaction. The present study confirmed research that identifies familial support as a resiliency resource that is more stable and reliable over time, and that friend support is an achieved relationship that has been entered into mutually with somebody who holds no authority over the other individual (Bassuk et al., 2002; Nguyen et al., 2015). Participant 12 discussed the negative judgment she received from her parents (authority figures), following her divorce. This example highlights this central aspect, however, because throughout this difficult time her parents supported her financially as she returned to live at home until she could support herself financially. This is a prime example of how authority figures may create a sense of judgment yet remain consistent and reliable in their support.

Other participants in this study explained the challenges and arguments they faced with their former partners, while another explained that after her divorce, her ex-husband's family divorced her too. Each of these encounters exemplifies negative family interaction. Nguyen et al. (2015) found that negative exchanges with family members were correlated with reduced levels of happiness and self-esteem, and hindered effective coping styles, self-appraisals and overall psychological functioning.

In light of the fact that a friendship is entered into voluntarily and mutually, it carries a greater sense of equality and less obligation, it is interesting to note that the quantitative results of this study echoed the emphasis placed on friendship support over family support. No significant correlations were found between family adaptation and emotional support, practical support, socialising as a support, advisory support or financial support received from family (measured by the sub-family measures of the SSB). There was, however, a correlation, albeit not significant at the 95% confidence interval, between family adaptation and obtaining financial aid from friends (see Table 3 and Figure 10 in Appendix L). The results of the one-way ANOVA (see Table 6 and Figure 14) reveal further information regarding financial aid. A significantly higher group mean value for the family group regarding financial support indicated that the families in this study received more financial assistance from their families than from their friends. This accords with the view that 'family' comes with a sense of 'obligation' and is perhaps why individuals are more comfortable with accepting finances from kin. In the case of friends, on the other hand, borrowing and/or financially subsidising could place strain on relationships, potentially causing disruptions and leading to the relationships'

dissolution. Zhou and Takeuchi (2010) suggest that this may arise because informal lending lack collateral and is not contractually binding in nature. The qualitative aspect of this research supports these notions in that all those who enjoyed financial assistance were receiving it from family members, while friends provided none. In one case, the participants' children's father contributed finances; in another case it was the grandmother helping out; while participant 12 was assisted financially by being able to move back in with her parents and thus save herself money.

In light of the abovementioned, achieved friend support is largely associated with heightened levels of well-being, self-esteem and reduced levels of loneliness and depression (Nguyen et al., 2015). Objective features, such as frequency of contact and size of one's support network (quantitative features), impact positively on happiness and well-being, however, subjective features (qualitative features; closeness and satisfaction) of these relationships have further been found to be more significant and to hold more value among older samples of individuals (Nguyen et al., 2015). Friends are more able to take on an array of roles, such as caregivers, companions or confidants, offering practical support and emotional support (Nguyen et al., 2015), all of which are substantiated by this research. Statistically significant correlations were found between family adaptation and: socialising with friends (see Figure 5 in Appendix L), obtaining emotional support from friends (see Figure 6 in Appendix L), obtaining practical help from friends (see Figure 7 in Appendix L) and obtaining advice from friends (see Figure 8 in Appendix L). These all contribute to the various roles and supports that friends offer. Participant five illustrates through thick narrative the four distinct and different functions her friends play, each of whom she can call on for assistance depending on what source of support was required at the time; love and affection, help with lifting of children, and emotional protection or listening. This supports the idea that friend network size could play a vital role (Beeber & Canuso, 2005; Nguyen et al., 2015; Schechner et al., 2010), because if the number of friends is limited then types of support might be limited too. Participant 11 verifies this point by explaining that she had to carefully select which friend she would call on for a certain matter, as they each responded differently. In this sense, although stated previously that qualitative features of relationships have more emphasis placed on them, it would seem that it is also beneficial to have many friends.

7.2.2 Recreation and socialising as a support

Leisure time as a means of coping has remained relatively overlooked by the literature (Iwasaki, 2006), which is odd considering the recent resurgence of and emphasis placed on positive psychology (Antonovsky, 1996; Greef & Aspelung, 2007; Iwasaki, 2006; Strumpfer, 2005). Leisure-coping beliefs and leisure-coping strategies have been found to be significant predictors of adaptive outcomes, inclusive of psychological well-being and mental health, as well as effective coping (Iwasaki, 2006). Leisure time provides individuals placed under stress with the opportunity to experience a ‘time-out’, time in which the person is able to deflect stress-inducing thoughts and regain their energy and a new perspective (Iwasaki, 2006). In this way, the individual is able to restore a sense of physical, psychological and emotional balance (Iwasaki, 2006).

The qualitative findings in this study validated the importance of leisure time as a means of coping with single motherhood. Participant five illustrates this point precisely in her explanation of how enjoying leisure time enables her to “block off normal life and then I focus somewhere else.” Participants divulged various forms of leisure/recreation during the interviews. The most emphasis was placed on going to social gathering (including seeing friends, going for dinners, coffee/tea, attending book clubs, other social gatherings). Other activities included reading books and other materials, exercising with friends or alone, occasional consumption of alcohol, smoking cigarettes, playing with pets, sleeping, and even cleaning was found to have therapeutic effects. In terms of recreation, socialising with friends as a way of coping on a day-to-day basis was the most significant finding of this research. A statistically significant positive correlation was found between this aspect and family adaptation (see Table 3 and Figure 5 in Appendix L) and it featured the highest number of times out of all the variables in both best-subset multiple regressions, appearing 10 times (see Figure 11) and 19 times (see Figure 12) in the 20 best models, respectively. The one-way ANOVA also identified that it was the friends group, more than the family group, which provided socialising as an effective support (see Figure 13).

Research reinforces the notion that leisure-coping benefits are greater when higher stress levels are experienced, which is usually the case among individuals of lower social classes in society which are socio-economically disadvantaged and/or marginalised (Iwasaki, 2006). Although the sample of the present study was classified as middle-class, it would seem that leisure time with friends is experienced as equally important.

7.2.3 Communities as a support

Although not found statistically significant at the 95% probability interval, a strong indication of a relationship between family adaptation and the family's level of integration into the community and the extent to which the family unit experienced their community as supportive, was found (see Table 3 and Figure 9 in Appendix L). This finding indicates that this sample of middle-class, single-mother families identified their communities as a useful resource that facilitated coping and adjustment. In addition, the qualitative findings uncovered a number of valuable community-related factors that were recognised as a means of enhancing adaptation to the challenges and hardships common to the experiences of single-motherhood. These included support groups, religious communities, and other community services, those which have been validated by established researchers (Casale, 2015; Ferguson et al., 2016; Sousa & Rodrigues, 2009; Walsh, 2003).

There is an abundance of evidence substantiating the notion that social participation and social affiliation is positively associated with life satisfaction and well-being, while the inverse relationship is true when psychological distress is factored in, instead (Nguyen et al., 2015). Walsh (2003; 2012) accentuates that community resources and other social systems are contexts in which resiliency can be nurtured and reinforced. It is also commonly known that many African countries cherish the value of social connectedness and a sense of community (Casale, 2015).

The qualitative findings of this study imply that not all communities aid in the process of family resilience. For example, two participants in the present study had recently adopted cross-racially and in one case the mother discussed the negative comments and judgments she has been faced with. In a politically-laden country like South Africa, interactions of this nature are not surprising. Having others to call on for support is crucial in unfortunate instances such as these and can better be understood through the perspective of the frequency-salience theory. Nguyen et al. (2015) report the frequency-salience theory stipulates that although an interaction of a negative nature is less likely to occur than a positive social exchange, the effects thereof are nevertheless harmful to subjective well-being when they do occur. Because these behaviours deviate from expected patterns of civility, the negative interaction is perceived as a stressor as it causes greater upset and distress than the good effects of positive interactions (Nguyen et al., 2015).

Being able to connect with like-others with whom you can share experiences is highly favourable (Ferguson et al., 2016). Social capital represents “characteristics of social organisation, such as networks, interpersonal trust, and norms of reciprocity, which serve as resources for individuals and communities and enable collective action” (Ferguson et al., 2016, p. 79). The means through which the social resource is harnessed is through the interactions and relationships that are developed between the individual and the surrounding community, other supportive local institutions, and other residents and neighbours (Ferguson et al., 2016; Mikal et al., 2013). Ellison, Vitak, Gray and Lampe (2014) reiterate that reciprocity is the chief motivation behind social capital on both the individual and generalised level. Findings uncovered qualitatively in this research support this concept. On an individual level, mothers described instances of exchanging children’s school and extramural lifts, babysitting and running errands. On a larger scale, mothers explained how participation within their communities and religious communities (i.e. giving charity and attending houses of prayer, respectively) afforded them a sense of social connectedness, protection and instrumental assistance, such as transport and financial aid. Additionally, the notion of unspecified reciprocity, posited by Blau in social exchange theory (Cook et al., 2013), was substantiated by the findings. One mother explains that when friends in the community assisted her financially, she would not necessarily be required to return the same favour, however she would run errands or babysit where possible. This illustrates precisely how the returning of favours need not be specified or equal to the initial deed.

In light of the abovementioned, not all support is afforded through the notion of reciprocity. The following section therefore deals with the more formal forms of social support that were sought out by the participants of this investigation and which usually required payment.

7.3 Paid Supports

Due to the major distinction made between paid and unpaid supports by the process of qualitative thematic analysis, it would appear that not much of the quantitative data supplements this category of paid supports. The only relatable measure that could be used in some way to gather information about paid supports available to this sample of middle-class, single-mother families, is through the correlation between family adaptation and the degree to which the family is integrated into the community and experiences the community as supportive (see Table 3 and Figure 9 in Appendix L). In order to justify this interpretation, it can be explained that paid supports are services made possible through their availability to

individuals in communities, and are thus extensions of the communities in which they live, i.e. those identified by the participants during in-depth interviews: household helps, schools and mental health practitioners.

7.3.1 Hired household helps

Family values have changed tremendously over recent decades, necessitated by the history of industrialisation, modernity, transformations in family size and composition, and the surging entry of women into the workplace (George, 2007; Macdonald, 1998). Due to the increasing employment demands placed on the ‘career woman’, which affects her time spent at home, and even more so in the case of single mothers in the absence of a partner, the increase has been echoed in the uptake of domestic workers into the household, also popularly referred to as ‘domestics’, ‘maids’, or ‘house helps’ (George, 2007). Nigerian author, George (2007), deliberates that the primary roles played by the domestic worker are virtually inclusive of all household duties, like the provision of childcare, socialisation and performing all household work, including cooking, washing, cleaning and even making up beds. The growing popularity of au pairs has also been noted over the past decade, these also being responsible for childcare, but lighter performance of housework (Cox, 2007). Popularised through the British cultural exchange programme, the role of the au pair has become somewhat misconceptualised and sexualised due to her/his younger age, single marriage status and absence of offspring, as per requirements (Cox, 2007).

The qualitative results of this study support the use and uptake of domestic help and au pairs into the home as a means of practical management on a daily basis. Of those interviewed, 83% had employed hired helps. This draws attention to the plight of single mothers of lower socioeconomic groups who are unable to afford hired help, as income brackets largely influence the social support that individuals and families are able to employ (Ferguson et al., 2016). There has been some controversy surrounding the roles played by domestic workers, who are sometimes labelled “the necessary evil”, due to perceptions that the domestic worker replaces the role of the traditional mother (George, 2007, p.1232; Macdonald, 1998, p.26). The ‘career woman’ is thus faced with the following dilemma in modern day society: either keeping her career at the cost of respect when she is perceived as not fulfilling traditional family responsibilities; or fulfilling those responsibilities unassisted and having to sacrifice her career and income as a result (George, 2007). The crucial role played by the domestic worker in helping to resolve this dilemma should not be overlooked. The domestic worker importantly

relieves the employer of burdensome household responsibilities, which enables the employer (in this case, the single mother) to pursue a career and enjoy leisure time (George, 2007). This is described precisely by the second participant of this study who explains, “You know the way it [hired help] helps me is that I can work, and earn a living, and I don’t have to think or worry about the kids. So I focus completely on work.” The benefit is mutual as the employee gains not only remuneration, but also residence (in the case of live-in domestic workers), skill set acquisition and sometimes even formal education (George, 2007). More generally, this relationship has a positive impact on the economy and on the sociology and psychology of work (George, 2007).

The next section focuses on another important form of support that has come into operation in the 21st century: the Internet and online support.

7.3.2 The Internet and online support

Until recently, the means and ways in which individuals and families could cope and respond to crises remained limited (Hartig & Viola, 2016). Mikal et al. (2013) identify the relatively new and paramount function that computer-mediated social support (CMSS) can play in providing and obtaining the necessary support needed during times of transitional stress. Much of the extant literature pertaining to online support provides evidence that these platforms are effective in fostering support to assist with adjustment and coping (Hall & Irvine, 2008; Hartig & Viola, 2016; Hong & Welch, 2012; Hudson et al., 2009; Keating-Lefler et al., 2009; Mikal et al., 2013; Nolting, 2010; Sherman & Greenfield, 2013).

Previously, social ties developed through computer-mediated communication (CMC) platforms were viewed negatively and seen to carry many disadvantages, such as lack of material support, lack of a physical presence, as well as limited opportunities of social and emotional cues (Mikal et al., 2013). These networks of support were thought to be less sustainable, weaker, inferior, to have lower social capital and to be more easily exitable in comparison to face-to-face exchanges (Mikal et al., 2013). Its users were also thought so be anxious and/or reclusive (Mikal et al., 2013). This perception later fell away as the Internet soon came to be associated with decreased levels of depression and loneliness, heightened levels of self-esteem and increased community involvement and social interaction (Mikal et al., 2013). Alongside these findings, the use of the Internet has become increasingly widespread and modes of communication technologies advanced dramatically, giving the users a wider range of ways in

which to express themselves (through use of images, interactivity, videos, video calling, etc.) (Mikal et al., 2013). Popular programmes like Videochat and Skype in fact create opportunities for emotional cues and extra-textual communication, including auditory and visual functions (Mikal et al., 2013). Such was evidenced by the data of this study. In one case, Skype allowed for the maintenance of the long-distance child-parent relationship. Upholding positive communication patterns and connectedness with members of one's social network, especially a first-degree relative, is perceived as a vital family resilience quality and is very important in the process of family adaptation (Walsh 2003; 2012).

A thorough review of the existing literature on the effects of CMSS revealed multiple and multifaceted factors and qualities of online support that enhance adjustment and adaptation following a life transition or crisis (Mikal et al., 2013). Research indicates the advantages of communicating with others online for those grieving a significant loss, individuals who might experience difficulty or awkwardness in discussing or openly expressing how they are feeling (Hartig & Viola, 2016). Furthermore, some individuals might not have strong social networks and may require support at any given time of day or night, which is not acceptable in face-to-face social exchanges (Hartig & Viola, 2016). Mikal et al. (2013) point out that in addition to harnessing online emotional and/or affirmational support, the Internet allows one to sustain established social bonds and even further gather available information that can be used as a means to create opportunities for offline interactions. Individuals can conduct an online search for new support networks that match or are more appropriate to their momentary needs, targeting those going through similar experiences (Mikal et al., 2013).

Facebook is one such popular and widely used social network site (SNS), where a well-documented relationship between its use and increased levels of social capital exists (Ellison et al., 2014). Using the SNS, Facebook, to identify like-others was generally verified by this sample of single mothers. In two particular instances in this study, it was perceived as a major source of emotional, instrumental and appraisal support for the mothers who were cross-racial adopters. One mother viewed Facebook negatively, but at the same time time recognised its ability to connect and reconnect individuals with past and current friends. This same mother also acknowledged Facebook's potential for facilitating dating and finding romantic partners. Various features of Facebook enable users to extract and invest in social resources made accessible through their networks of Friends and Friends of Friends from whom they may gather insightful resources and helpful, novel information (Ellison et al., 2014).

7.3.3 Schools as a support

Children's hours that are allocated to after-school programmes (ASPs) have been flagged as important aspects of their day due to the key implications they have on the trajectory of their development (Durlak & Weissberg, 2007; Posner & Vandell, 1999). It is during this time that youths are given the opportunity to complete homework, socialise, play with others, engage in sport, participate in enriching lessons, such as music, and/or just relax (Posner & Vandell, 1999).

Socioeconomic status is largely linked to child achievement, as well as the services offered by schools, and varieties thereof (Dupere, Leventhal, Crosnoe, & Dion, 2010; Posner & Vandell, 1999). Seventy-five percent of this middle-class sample identified their child/children's school/s as supportive and associated with family adaptation. Past research has often found that children of lower income groups spend a larger proportion of their time engaging in disorganised and unsupervised activities that can lead to risky behaviour and negative outcomes, when compared to their middle-class counterparts (Durlak & Weissberg, 2007; Posner & Vandell, 1999). These negative outcomes have been related to poorer development of work habits, as well as poorer levels of emotional adjustment and academic grades (Posner & Vandell, 1999). In one sample of grade three learners, better conduct, grades, emotional adjustment and peer relations were positively associated with participation in academic activities and enrichment programmes (Posner & Vandell, 1999). The findings of a longitudinal study conducted by Posner and Vandell (1999) on low-income urban children, emphasised how crucial it is for children of a lower socioeconomic background to enroll in after-school programmes. The reason for this is that these programmes might be the closest simulation they will get of the enriching experiences available to middle-income children (Posner & Vandell, 1999). Middle-class children tend to enjoy a wide array of coached sports, academic tutor programmes, as well as dance, art, and music lessons (Posner & Vandell, 1999). Reviews on similar topics of research pointed out that lower-income, at-risk children's mathematics and reading abilities improved significantly when attending ASPs (Durlak & Weissberg, 2007). Dupere et al. (2010) contribute that due to the strong financial resources of affluent schools (which in turn affects their infrastructure, working conditions and salaries), better qualified and more effective teachers are hired and retained, while the converse occurs in more impoverished school communities. Education and care of a higher quality, therefore, remains less accessible to minority and disadvantaged groups.

Although not measured quantitatively by this study, the interview process unveiled both supportive and unsupportive aspects that mothers experienced from their children's schools. Because many of the participants' children attended private schools and expensive crèches, the support they were offered was of a good and personalised quality. Excellent rapport and communication were established between parents and teachers/principals and extramurals were offered, including various sports like soccer and water polo, which were mentioned during and outside of interviews. Additionally, au pairs played the roles of tutors so these children also experienced extra academic and remedial lessons. Accordingly, Dupere et al. (2010) substantiate that parents of more affluent communities tend to cultivate opportunities for learning, both inside and outside of the home.

The single-parent family structure has demonstrated an observable influence over youths. Evidence indicates that children of single-parent families are somewhat less monitored (Posner & Vandell, 1999) due to the heavy demands placed on the parent. Of relevance is Posner and Vandell's (1999) report that children of middle-class, single-parent families allocate less time to playing and sleeping, but spend more time watching television in comparison to their equivalents in two-parent households. Further, adolescents belonging to single-parent family structures are more often with friends than adolescents of households with two parents (Posner & Vandell, 1999). In light of this information, many working parents who are unable to be immediately available for their children after school are in support of ASPs as they provide the necessary supervision and structure required (Durlak & Weissberg, 2007), as was the case of the present sample.

7.3.4 Mental health care practitioners as a support

Trained, helping professionals are those who comprise formal networks, such as social workers, teachers and health care professionals (Ferguson et al., 2016). A pertinent and ongoing issue in present-day South Africa, as well as in other parts of the world, is the inappropriate fit of Westernised mental health care training and services to the multiculturalism and psychological functioning of the country in question (Constantine, Hagee, Kindaich, & Bryant, 2007; Pillay, 2011). The reason why these practices have been labelled as unsuitable and non-generalisable is the previous disadvantage that minority population groups faced, in South Africa for example, under apartheid policies (Pillay, 2011). Furthermore, accessibility to private services for these minority groups, those who are actually more in need of the services, remains compromised (Pillay, 2011). With this in mind, the findings of this research still

illustrate the integral function therapists, child psychologists, social workers and counsellors all play in the process of family adaptation in middle-class, single-mother cohorts. In this sample, 67% of participants reported using the help of psychologists, and other practitioners. The decision to consult with mental health practitioners was usually anticipated following divorces, however, it was not restricted to this antecedent.

The role of the mental health practitioner is multifaceted and multifunctional in nature, and includes a variety of purposes, specifically: facilitating indigenous healing techniques and indigenous support networks/systems; taking on the role of a consultant; advocate; adviser; being an agent of change; as well as psychotherapist and counsellor (Constantine et al., 2007). Those who had consulted with psychologists and other mental health professionals spoke enthusiastically about the skills they were given to deal with and manage difficult situations. These supportive relationships were praised for their informational, emotional and affirmational benefits. A fundamental quality that every psychologist, and the like, should possess is that of multicultural competence, “defined as the extent to which counselors possess appropriate levels of self-awareness, knowledge, and skills in working with individuals from diverse cultural backgrounds” (Constantine et al., 2007, p. 24). In a culturally and ethnically diverse country, loaded with a rich history, such as South Africa, this concept is of the utmost significance and relevance.

It should be highlighted that access to these services was also given as an amenity through the schools at which the participants’ children were enrolled. Reiterating what was discussed in the previous paragraph, in section 7.3.3, income level, and its respective communities, strongly influences school quality and the extra services they provide (Dupere et al., 2010; Posner & Vandell, 1999). Pillay (2011) confirms this notion by explaining that there is an absence of school counsellors at the educational institutions that service minority population groups, which are in dire need of such assistance.

Due to the political, economic, social and psychological changes made around the world, so this transformation has been echoed in the role of the school counsellor (Pillay, 2011). Traditionally viewed as leaders in the development of career and school counselling programmes, school counsellors now have to employ a more developmental, comprehensive and collaborative perspective (Pillay, 2011). Pillay (2007) asserts that in order for effectiveness to be ensured, school counsellors should no longer focus solely on career and academic

domains, but also on the integration of personal and social matters, further involving all relevant stakeholders (teachers, parents, etc.).

7.4 Biographical Variables

Only one of the measured biographical variables yielded a significant correlation with family adaptation; namely, length of time as a single mother. This variable will be discussed below and brief consideration will be given to level of income, despite yielding not a statistically significant correlation with family adaptation.

7.4.1 Length of time as a single mother

Time as a single mother contributed significantly in the second multiple regression analysis (see Table 5 and Figure 12). This implies that the longer the time the participant was mothering as a single parent – alongside socialising with friends and harnessing relatives' and friends' support during times of strain – the better the family's adaptation. Neff and Broady (2011) effectively illustrate this notion by comparing it to the fact that regular exercise strengthens and builds the muscle over time. The ability to meet the daily demands and responsibilities of single parenting improves with practice over time.

7.4.2 Level of income

Level of income was not found to be statistically significant in any of the analyses, which can probably be explained by the fact that level of income was controlled for in this study. Walsh (2012) regards financial security as a key element when considering the resilient family. As all households indicated an average monthly income of more than R10 000, families were considered to be non-poor (Statistics South Africa, 2014) and, therefore, middle-class. Kjellstrand and Harper (2012) report that there is no clear definition for low-, middle-, and high-income brackets in the USA, which appears to be the case for South Africa as well. Interestingly, in a comparative study of these three income categories conducted by Kjellstrand and Harper (2012), greater resilience was viewed in middle-income families. This was possibly owing to the more manageable balance of work, the amount of income, and the available time to spend with relatives and friends (Kjellstrand & Harper, 2012). South African studies have shown income to be positively correlated with family adaptation (Bishop, 2014; Greeff & van der Walt, 2010).

Ferguson et al. (2016) contribute that one's income level, socioeconomic status, and status of employment, all play a part in influencing help-seeking behaviours and the sources of support employed. It is noteworthy that parents of lower income groups are less likely than their higher income counterparts to believe in and/or seek assistance (Ferguson et al., 2016). Instances in which support is sought by low income families, are likely to be of an informal source, such as from friends and family (Ferguson et al., 2016). It is clear in this sample that middle-class, single-mother families place equal emphasis on formal and informal types of support.

7.5 Emergent Themes

The qualitative findings bring to the fore two new emergent themes that warrant mention: age of the child/children; and Uber.

7.5.1 Age of the child/children

A new piece of information emerged that raises the fact that as the child/children get older, less support may be necessitated, which was identified within the qualitative theme "own child/children". Although this study found no relationship between family adaptation and child's age, another South African study found an inverse relationship between these variables in a study on resilience in families of children with developmental disabilities (Nolting, 2010).

A few examples in the qualitative data of this study pointed to the idea that older child-age necessitated less support. One example was that less hired household help was needed when the child started at school due to the reduction of constant responsibility needed in the house. Another mother insinuated that as the child becomes older, he/she becomes more responsible and is able to take on other roles and perform helpful roles such as babysitter, driver, and domestic worker. Older children who demonstrate this characteristic (responsibility) are given greater independence and are trusted to use the Uber service alone, while this was reserved for younger children. Additionally, as a child gets older they are able to start working and contribute financially.

7.5.3 Uber

The pre-paid taxi service, Uber, is a new and exciting avenue for further exploration in research. What is significant about this finding is that it pertains specifically to middle-class families because it requires a credit card with available funds, a smart phone and cellphone data/credit (Internet access) in order for the application to be operational. In this regard, a clear

overlap exists between Uber and the Internet (see section 6.2.1.1.3). The Internet allows for effective communication between various parties. Having a cellphone with access to the Internet enables mothers and their children are able to request the Uber service, facilitating convenient transportation for the family. This finding is interesting given the quickly advancing technological society in which we are living. Uber is but one noteworthy example of how the advances in technology can aid adaptation and functioning of families worldwide.

7.6 Limitations of this study

Four limitations of this study are discussed. The main limitation of this research is the all-encompassing definition of ‘middle-class’ as families with a monthly income of more than R10 000, stipulated by Statistics South Africa (2014), and lack of rigid income boundaries (upper-, middle-, and lower-). This research revealed that within this broad category of ‘middle-class’, families still had very different financial experiences. Thus, the limitation is even in the USA, definitions of income categories are blurry (Kjellstrand & Harper, 2012) but it is due to this definition however, that this knowledge surfaced.

Secondly, although the sample size in this investigation was sufficient ($N = 47$) for statistical analyses, there were a limited number of black participants, which thereby compromises the generalisability of the findings to the broader diverse South African population.

The third limitation considered is that data for each family were represented by only one member of the family (the mother) and didn’t account for the opinions or views of other members (the children). This, however, would have proven challenging in the case of single-mother families with infants, toddlers and younger children unable to articulate their experience within a single-mother family.

Lastly, this study’s contribution is limited due to its cross-sectional design. Family adaptation and social support are not static and therefore cannot be determined by being measured at one point in time (Ferguson et al., 2016; Walsh, 2012). A longitudinal design would better provide a comprehensive view of the family’s level of adaptation prior to and post becoming a single-parent family unit.

7.7 Directions for Future Research

Several recommendations for future studies are considered. First, regarding the definition of ‘middle-class’, it would be of great interest and of significance to use more precise classifications of low-, middle- and high-income families and to conduct a comparative study on these three groups. This would shed light onto which sources of support are most used and which are most effective among these specific groups. Secondly, informed by the emergent theme, a purely qualitative study that explores the social supports used at the different age(s) of the child/children would be advantageous in advancing knowledge about how the child’s age might rely on social support and impact on family resilience. Thirdly, an in-depth qualitative investigation is necessitated by this study regarding the motivation for using Uber and the impacts of using this service, as this a very recent phenomenon.

The findings of this study also suggest that future enquiries would benefit from employing various other quantitative measures of social support, specifically those that were not included here, such as measures of formal supports. Furthermore, due to the centrality that theories of social support place on ‘perceived support’ (Jacobson, 2016; Taylor et al., 2015), prospective studies should seek its inclusion as a measurable feature.

The fifth suggestion is simply to increase the sample size. Increasing the sample size and thereby increasing opportunities for diversity, would enable better generaliseability of findings to the general population in the multicultural South Africa (Tredoux & Durrheim, 2013).

Lastly, the findings of this study can be used to inform future interventions and prevention strategies that are targeted at fostering family adaptation among middle-class, single-mother families. These would be invaluable, given a society in which the rates of single-mother households are continuously growing in number.

7.8 Conclusion

This study sought to unearth through a mixed-methods approach various aspects of social support that are associated with adaptation in middle-class, single-mother families. The rationale for conducting research of this kind is founded on a number of motives, including the extant literatures’ lack of research on middle-class samples and overrepresentation of studies based on lower-income, single-mother families (Conry & Prinsloo, 2008; Kjellstrand & Harper, 2012; Wood et al., 2004), as well as the limited South African knowledge base

(Bishop, 2014; Conry & Prinsloo, 2008; Greeff & Aspeling, 2007; Nel, 2004; Nolting, 2010). Understanding how one such quality, social support, buffers the harmful stressors of single-motherhood (Lindblad-Goldberg & Dukes, 1985; Schrag & Schmidt-Tieszen, 2014; Taylor et al., 2015) to bring about family resilience, is of the utmost significance (Walsh, 2003; 2012).

The findings of this study indicate the importance of relatives and more especially, friends as a means of coping with the challenges of daily life. The results of this study indicate that family adaptation is positively correlated with socialising with friends, obtaining emotional support from friends, obtaining practical assistance from friends and obtaining advice/guidance from friends. Family adaptation was best predicated by a combination of socialising with friends, relative and friend support, and length of time as a single mother. Some indication was also given that experience of and involvement in their community are associated with family adaptation. Contradictory results surfaced regarding receiving financial aid from extended family and from friends. Correlations indicate a positive relationship between family adaptation and obtaining financial aid from friends. However, when obtaining financial aid from extended family and friends were compared, it was the extended family group that appeared to be relied on more often.

Emergent areas uncovered by the qualitative enquiry that justify exploration in future studies include: age of the child/children in single-mother families; and the role of the Uber service in family life. The inferences made in this study point to the theoretical and practical significance of social support in fostering family adaptation. The results derived from this study have clinical implications and could be utilised to inform intervention and prevention strategies aimed at helping middle-class, single-mother families adapt more successfully to their circumstances and so enjoy a better quality of life.

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APPENDIX A

Facebook Advertisement

Hello all friends. I am in need of some assistance and hope that you can help. I am seeking participants for my Masters thesis, which is entitled “Aspects of social support associated with adaptation in middle-class, single-mother families.” I am looking for middle-class, single mothers. Mothers can be single for whatever reason (divorce, adoption, passing of a spouse, etc.), but they can be dating. Single mothers must be raising and living with at least one child (or more). Children should still be attending school and be no older than 18 years of age. The household should further be free of any other residing adults, such as boyfriends, girlfriends, grandparents, etc. Mothers should also be English-speaking.

If you perhaps know of anyone who fits these criteria and would be willing to participate in my study, please PRIVATE INBOX MESSAGE me in order to protect the confidentiality of those mothers. Participation requires possibly a brief interview and the completion of four questionnaires pertaining to aspects of social support and family adaptation. This work is very exciting to me and I hope you are able to help :) Thank you in advance.

APPENDIX B

Letter From Social Worker

Cape Jewish Board of Guardians
003-172NPO

Jewish Sick Relief Society (Bikkur Cholim)
003-209NPO



JEWISH*COMMUNITY
SERVICES*CAPE

9 GORGE ROAD, HIGHLANDS ESTATE - 8001
P.O. BOX 1501, CAPE TOWN 8000
TELEPHONE: (021) 462 5520
FAX: (021) 462 5866
email: jescap@iafrica.com
www.jcs.org.za

1 July 2015

Dear Ms Widan

Re: Participation of JCS (Jewish Community Services) clients in master's thesis research

I am the social work manager of Jewish Community Services which is a registered NPO (003-172 NPO) rendering generic welfare services to the Jewish community of Cape Town.

Further to your email request and our subsequent discussion regarding the above, please be advised that the matter has been tabled at a professional team meeting.

It is agreed that the social workers will provide information about your research to single mothers on their respective caseloads who fit the specified inclusion criteria. Should the clients concerned agree to participate, they will be provided with your contact details. Their decision to participate will remain entirely in their hands.

Kind Regards

Anne Marx
Social Work Manager



1859 - 2009
150 YEARS OF SERVICE TO THE
CAPE TOWN JEWISH COMMUNITY

Beneficiary of:



APPENDIX C**Biographical Questionnaire**

All information in this questionnaire is strictly confidential and will be anonymously processed.

1. Mother details:

1.1 Age: _____ Language: _____ Ethnicity: _____

1.2 Suburb of residence: _____

1.3 Highest level of education: _____

1.4 Occupation: _____

2. Please indicate your family's estimated monthly income by ticking (☑) the correct box:

Less than R10 781.90 per month

More than R10 781.90 per month

3. Please indicate the length of time you have been living as a single mother with your dependent child/children: _____

4. Please tick the box (☑) for the reason for being a single mother:

Divorced

Death of a spouse

Other: _____

5. Are you currently in a relationship? Please circle the correct answer. Yes / No

6. Child/children details:

6.1 Total number of children you have: _____

6.2 Number of children currently living with you: _____

6.3 Please complete the table below:

	Child 1	Child 2	Child 3	Child 4	Child 5
Age					
Grade					
Gender					

APPENDIX D

Interview Schedule

1. 'Social support' definition that was given to all participating mothers before the interview started and before completing questionnaires:

Verbal and non-verbal information or advice, tangible aid, or action that is proffered by social intimates or inferred by their presence and has beneficial emotional or behavioural effects on the recipients. (Armstrong, Birnie-Lefcovitch, & Ungar, 2005, p. 271).

2. Open-ended questions that will be used during the interview:
 - Tell me a bit about your experience as being a single mother?
 - What kind of social support is offered to your family and by whom?
 - In what ways has the social support helped your family to continue with life?
3. Probe questions that will be asked to gain a more robust and comprehensive understanding of the information uncovered:
 - How?
 - Why?
 - In what way?
 - Can you please elaborate?
 - Tell me more.
 - What else?
 - What exactly do you mean by that?

APPENDIX E**Social Support Index (SSI)**

Please rate the following statements as they apply to your family(Tick the appropriate box)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Official use
1. If I had an emergency, even people I do not know in this community would be willing to help						
2. I feel good about myself when I sacrifice and give time and energy to members of my family						
3. The things I do for members of my family and they do for me make me feel part of this very important group						
4. People here know they can get help from the community if they are in trouble						
5. I have friends who let me know they value who I am and what I can do						
6. People can depend on each other in this community						
7. Members of my family seldom listen to my problems or concerns; I usually feel criticised						
8. My friends in this community are a part of my everyday activities.						
9. There are times when family members do things that make other members unhappy						
10. I need to be very careful how much I do for my friends because they take advantage of me.						
11. Living in this community gives me a secure feeling						
12. The members of my family make an effort to show their love and affection for me.						
13. There is a feeling in this community that people should not get too friendly with each other						
14. This is not a very good community to bring children up in						
15. I feel secure that I am as important to my friends as they are to me						
16. I have some very close friends outside the family who I know really care for me and love me						
17. Member(s) of my family do not seem to understand me; I feel taken for granted						

APPENDIX F**Relative and Friend Support Index (RFS)**

INSTRUCTIONS: Decide for your family whether you: **STRONGLY DISAGREE;** **DISAGREE;** are **NEUTRAL;** **AGREE;** or **STRONGLY AGREE** with the statements listed below. **Indicate your choice in the appropriate space.**

We cope with family problems by:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Official use
1. Sharing our difficulties with relatives						
2. Seeking advice from relatives						
3. Doing things with relatives (get togethers)						
4. Seeking encouragement and support from friends						
5. Seeking information and advice from people faced with the same or similar problems						
6. Sharing concerns with close friends						
7. Sharing problems with neighbours						
8. Asking relatives how they feel about the problems we face						

APPENDIX G

Social Support Behaviours Scale (SSB)

People help each other out in a lot of different ways. Suppose your family had some kind of problem (were upset about something, needed help with a practical problem, were broke, or needed some advice or guidance), how likely would (a) members of your family, and (b) your friends be to help you out in each of the specific ways listed below. We realize you may rarely need this kind of help, but if you did would family and friends help in the ways indicated. Try to base your answers on your past experience with these people. Use the scale below, and circle one number under family, and one under friends, in each row.

- 1 no one would do this
- 2 someone might do this
- 3 some family member/friend would probably do this
- 4 some family member/friend would certainly do this
- 5 most family members/friends would certainly do this

	(a) Family	(b) Friends
1. Would suggest doing something, just to take our minds off our problems	1 2 3 4 5	1 2 3 4 5
2. Would visit with my family, or invite us over.	1 2 3 4 5	1 2 3 4 5
3. Would comfort my family if we were upset	1 2 3 4 5	1 2 3 4 5
4. Would give us a ride if we needed one	1 2 3 4 5	1 2 3 4 5
5. Would have lunch or dinner with my family.	1 2 3 4 5	1 2 3 4 5
6. Would look after our belongings (house, pets, etc.) for a while	1 2 3 4 5	1 2 3 4 5
7. Would loan my family a car if we needed one.	1 2 3 4 5	1 2 3 4 5
8. Would joke around or suggest doing something to cheer us up	1 2 3 4 5	1 2 3 4 5
9. Would go to a movie or concert with us	1 2 3 4 5	1 2 3 4 5
10. Would suggest how we could find out more about a situation.	1 2 3 4 5	1 2 3 4 5
11. Would help us out with a move or other big chore	1 2 3 4 5	1 2 3 4 5
12. Would listen if we needed to talk about our feelings.	1 2 3 4 5	1 2 3 4 5
13. Would have a good time with my family.	1 2 3 4 5	1 2 3 4 5
14. Would pay for my family's lunch if we were broke.	1 2 3 4 5	1 2 3 4 5
15. Would suggest a way we might do something	1 2 3 4 5	1 2 3 4 5
16. Would give us encouragement to do something difficult.	1 2 3 4 5	1 2 3 4 5
17. Would give us advice about what to do.	1 2 3 4 5	1 2 3 4 5
18. Would chat with my family	1 2 3 4 5	1 2 3 4 5

	(a) Family	(b) Friends
19. Would help my family figure out what we wanted to do.	1 2 3 4 5	1 2 3 4 5
20. Would show us that they understood how we were feeling.	1 2 3 4 5	1 2 3 4 5
21. Would buy us each a drink if we were short of money.	1 2 3 4 5	1 2 3 4 5
22. Would help us decide what to do	1 2 3 4 5	1 2 3 4 5
23. Would give us hugs, or otherwise show us we were cared about	1 2 3 4 5	1 2 3 4 5
24. Would call us just to see how we were doing	1 2 3 4 5	1 2 3 4 5
25. Would help us figure out what was going on	1 2 3 4 5	1 2 3 4 5
26. Would help us out with some necessary purchase.	1 2 3 4 5	1 2 3 4 5
27. Would not pass judgment on my family	1 2 3 4 5	1 2 3 4 5
28. Would tell us who to talk to for help	1 2 3 4 5	1 2 3 4 5
29. Would loan our family money for an indefinite period.	1 2 3 4 5	1 2 3 4 5
30. Would be sympathetic if my family was upset	1 2 3 4 5	1 2 3 4 5
31. Would stick by us in a crunch	1 2 3 4 5	1 2 3 4 5
32. Would buy us clothes if we were short of money.	1 2 3 4 5	1 2 3 4 5
33. Would tell us about the available choices and options	1 2 3 4 5	1 2 3 4 5
34. Would loan us tools, equipment or appliances if we needed them	1 2 3 4 5	1 2 3 4 5
35. Would give my family reasons why we should or should not do something	1 2 3 4 5	1 2 3 4 5
36. Would show affection for my family.	1 2 3 4 5	1 2 3 4 5
37. Would show us how to do something we didn't know how to do	1 2 3 4 5	1 2 3 4 5
38. Would bring us little presents of things we needed.	1 2 3 4 5	1 2 3 4 5
39. Would tell my family the best way to get something done	1 2 3 4 5	1 2 3 4 5
40. Would talk to other people, to arrange something for my family	1 2 3 4 5	1 2 3 4 5
41. Would loan my family money and want to "forget about it"	1 2 3 4 5	1 2 3 4 5
42. Would tell us what to do.	1 2 3 4 5	1 2 3 4 5
43. Would offer us a place to stay for a while	1 2 3 4 5	1 2 3 4 5
44. Would help us think about a problem	1 2 3 4 5	1 2 3 4 5
45. Would loan us a fairly large sum of money (say the equivalent of a month's rent or mortgage)	1 2 3 4 5	1 2 3 4 5

APPENDIX H

Permission Letter from Dr Alan Vaux to Adapt the SSB

Date: Thu, Jun 11, 2015 at 1:09 PM
Subject: Re: FW: Dr Alan Vaux

Dear Ms. Widan,

I'm sorry that you had such difficulty tracking me down. (I suppose that means my retirement has been successful!!!)

Thank you for your interest in one of my social support measures--the SSB.

First, I'm attaching information on this and my other measures. You have my permission to use any of them. I just ask that you reference them appropriately in any write-up and, most important, that you are very explicit if you change the measure in some way.

You may want to do this (i.e., change wording) if you want to use it for the family as a whole. This is certainly an interesting application, and a worthy one. I encourage you and your advisor to develop the best measures for your study and goals, including adapting my measure(s) if that seems useful. Of course, it raises lots of interesting methodological questions: not least about whether the reliability and validity of the instrument survives the changes. At any rate, I wish you the very best with your research.

I'm afraid that I've been out of the literature for quite some time (my research was disrupted by taking on administrative positions, and I've been retired for abt four years now). That said, let me know if I can help in any way.

Best wishes,
Alan

APPENDIX I**Family Attachment and Changeability Index 8 (FACI8)**

INSTRUCTIONS: Decide how well each statement describes what is currently happening in your family and circle the number, which best describes how often each thing is happening.

In my family...	Never	Sometimes	Half the time	More than half	Always
In our family, it is easy for everyone to express his/her opinion.	1	2	3	4	5
It is easier to discuss problems with people outside the family than with other family members.	1	2	3	4	5
Each family member has input in major family decisions.	1	2	3	4	5
Family members discuss problems and feel good about the solutions.	1	2	3	4	5
In our family, everyone goes his/her own way.	1	2	3	4	5
Family members consult other family members on their decisions.	1	2	3	4	5
We have difficulty thinking of things to do as a family.	1	2	3	4	5
Discipline is fair in our family.	1	2	3	4	5
Family members feel closer to people outside the family than to other family members.	1	2	3	4	5
Our family tries new ways of dealing with problems.	1	2	3	4	5
In our family, everyone shares responsibilities.	1	2	3	4	5
It is difficult to get a rule changed in our family.	1	2	3	4	5
Family members avoid each other at home.	1	2	3	4	5
When problems arise, we compromise.	1	2	3	4	5
Family members are afraid to say what is on their minds.	1	2	3	4	5
Family members pair up rather than do things as a total family.	1	2	3	4	5

APPENDIX J

Informed Consent Form



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Aspects of social support associated with adaptation in middle-class, single-mother families

You are asked to participate in a research study conducted by Rio Widan for her MA Research (Psychology) from the Psychology Department at Stellenbosch University. The results of this research will contribute towards a thesis paper. You were selected as a possible participant in this study because you are a single-mother with at least one dependent child who is living with you and still attends school.

1. PURPOSE OF THE STUDY

This study aims to identify and describe aspects of social support that help single-mother families to cope and continue with life. How social support operates and interacts within the family is of core interest. Single-mother families are growing at a steady rate and due to social support being an important quality associated with resilience, it is imperative to grasp a robust understanding of how these operate. Knowledge pertaining to this topic is limited, especially within the South African context, and stimulating knowledge creation about the topic is of importance. The findings of this study can contribute significantly to future intervention and prevention strategies for single-mother families.

2. PROCEDURES

If you decide to participate in this study you will be asked to provide truthful information about the social support available to you and how you use it to manage daily. You and I will agree on a convenient time and place for us to meet. Upon our meeting, you will be asked to complete four brief questionnaires. Three questionnaires will ask you about information pertaining to the support available to you from a variety of social networks, as well as the type of support they provide your family with. The fourth questionnaire will ask questions about the functioning of your family. Completion of four questionnaires should take approximately 10 to 15 minutes. After the questionnaires have been completed, you will be briefly interviewed. You will be asked if a voice recording may be taken. You will be asked a few open-ended questions about the social support that is available and utilised to help you and your family to manage on a day-to-day basis. The interview will last roughly 30 to 60 minutes. Once these procedures have been completed, your participation is concluded. You might be contacted after the meeting at a later stage should further information be required of you or questions answered.

3. POTENTIAL RISKS AND DISCOMFORTS

The only possible discomfort that you could encounter during the research process is potentially becoming emotional, perhaps in relation to your reasons for being single. Please be assured that all questions will be asked and approached with the utmost care and sensitivity. If you ever feel uncomfortable or do not want to answer a question, simply inform me and I will move on. There are many excellent and accredited health care professionals available in the event that you wish to seek further counseling after the meeting. Janna Spiro comes highly recommended. You can contact her telephonically on 072 626 9148 and her address is 14 Kloof Road, Sea Point, Cape Town, 8005. I will assist you in making contact with her.

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

There are psychological benefits to participating in this study. You will be given the opportunity to think and discuss the social support that is available to you and your family. In so doing, you can realise just how positive these are for you and the value that they contribute to your life. Discovering this can in fact leave you more strengthened and encouraged than before. Speaking about this aspect of life could prove positive and the process in turn can be therapeutic and empowering. This study could also contribute significantly to the limited knowledge base pertaining to social support among single-mother families in South Africa, but also globally. It can also be used to help develop future prevention and intervention strategies.

5. PAYMENT FOR PARTICIPATION

You will not be compensated for your participation.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of each set of participants' questionnaires and interview transcript will be assigned a numerical code and no names will be used to identify data. Only my supervisor and I will have access to completed questionnaires and interview transcripts. To ensure this, completed questionnaires will be kept in a file locked in my private office. Interview transcripts will be typed up and saved onto my personal computer, which requires a password (only known by me) to unlock and access the files.

The information you exchange with me might be presented in the final thesis document, which will be viewed by various assessors. Any information of yours that is disclosed will be done so completely confidentially because pseudonyms will be used to protect your identity. Answers you provide in the questionnaires will be used for statistical purposes to see if there is a relationship between family adaptation and social support. Information you present during the interview might be used in conjunction with that of other participants to demonstrate certain commonalities or differences that exist. Your words may also be used to demonstrate new emerging information in this area of research.

You will be requested permission by me whether a voice recording of our interview may be taken. You have the right to consent and disagree to this. As the participant, you are entitled to review/edit the tapes if you so wish. Only my supervisor and I will have access to the audio recordings, which will be taken on a password-protected device and then later transferred onto my password-protected personal computer. Recordings will be deleted from the audio recorder. Only once the final thesis has been completed will the audio recordings then be erased. If this work is published in an academic journal, confidentiality will still remain fully intact by means of pseudonyms.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. I may withdraw you from this research if circumstances arise which warrant doing so. The only possible foreseeable reason for why your participation could be terminated despite your consent could be due to you not fully fulfilling the inclusion criteria.

8. IDENTIFICATION OF INVESTIGATORS

Should you have any questions or concerns about the research, please feel free to contact Professor Awie Greeff, Tel: 021 808 3464, address: Wilcocks Building, Department of Psychology, Ryneveld Street, Stellenbosch. Please feel free to also contact Rio Widan. Tel: 082 420 6007, 299 High Level Road, Fresnaye, Cape Town.

9. RIGHTS OF PARTICIPANT

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development, Stellenbosch University.

SIGNATURE OF PARTICIPANT

The information above was described to me by Rio Widan in English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____
[*name of the subject/participant*]. She was encouraged and given ample time to ask me any questions.

This conversation was conducted in English and no translator was used.

Signature of Investigator

Date

APPENDIX K

Ethical Clearance



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
Jou kennisvenster • your knowledge partner

Approval Notice

Stipulated documents/requirements

07-Dec-2015

Widan, Rio RJ

Proposal #: SU-HSD-001208

Title: Aspects of social support associated with adaptation in middle-class, single-mother families.

Dear Miss Rio Widan,

Your Stipulated documents/requirements received on 09-Dec-2015, was reviewed and **accepted**.

Please note the following information about your approved research proposal:

Proposal Approval Period: 29-Oct-2015 - 28-Oct-2016

General comments:

Please take note of the general Investigator Responsibilities attached to this letter.

If the research deviates significantly from the undertaking that was made in the original application for research ethics clearance to the REC and/or alters the risk/benefit profile of the study, the researcher must undertake to notify the REC of these changes.

Please remember to use your **proposal number (SU-HSD-001208)** on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2015 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Sincerely,

Clarissa Graham

REC Coordinator

Research Ethics Committee: Human Research (Humanities)

APPENDIX L

Figures of Significant Pearson Product-Moment Correlations

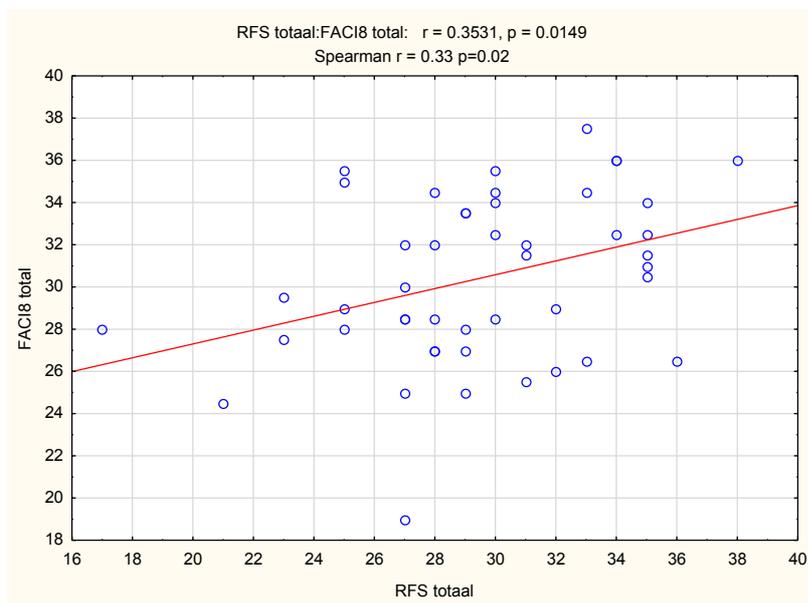


Figure 3. Pearson product-moment correlation between family adaptation (FACI8 Total score) and harnessing the support of friends and family (RFS Total)

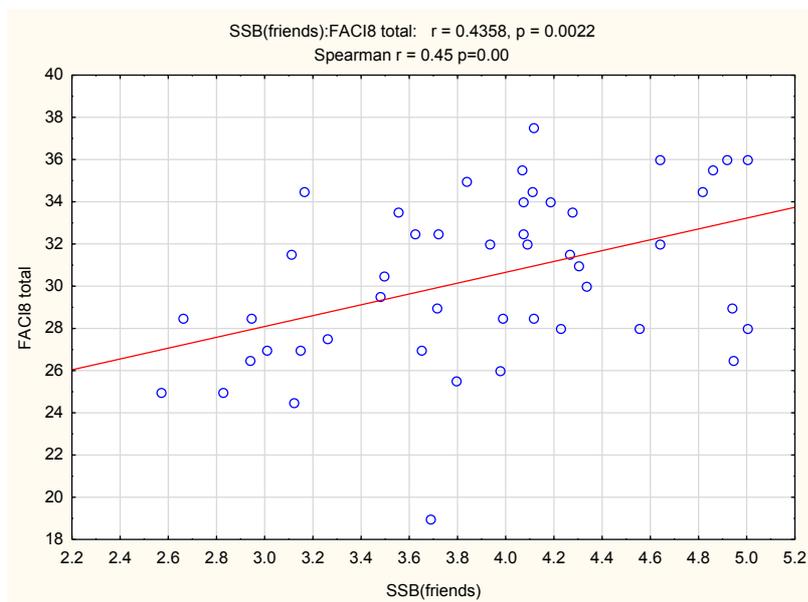


Figure 4. Pearson product-moment correlation between family adaptation (FACI8 Total score) and friends (SSB Friends)

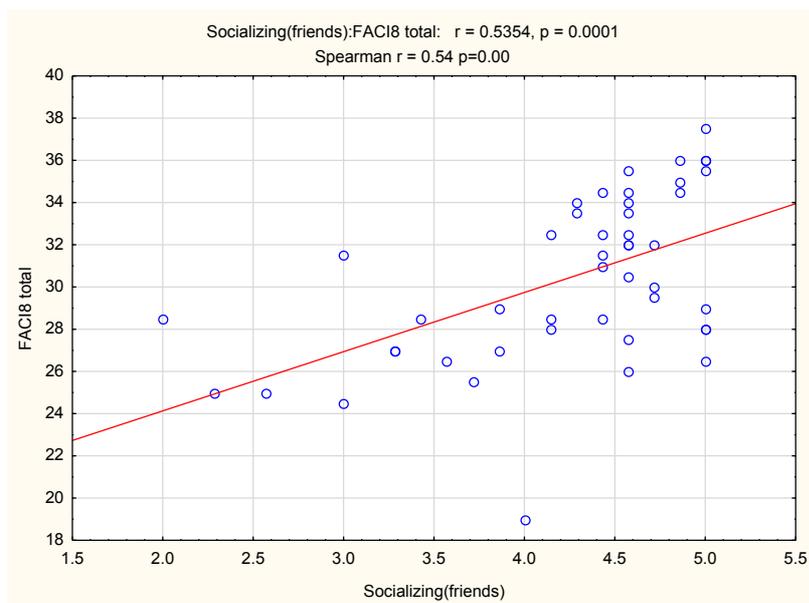


Figure 5. Pearson product-moment correlation between family adaptation (FACI8 Total score) and socialising with friends (SSB Socialising Friends)

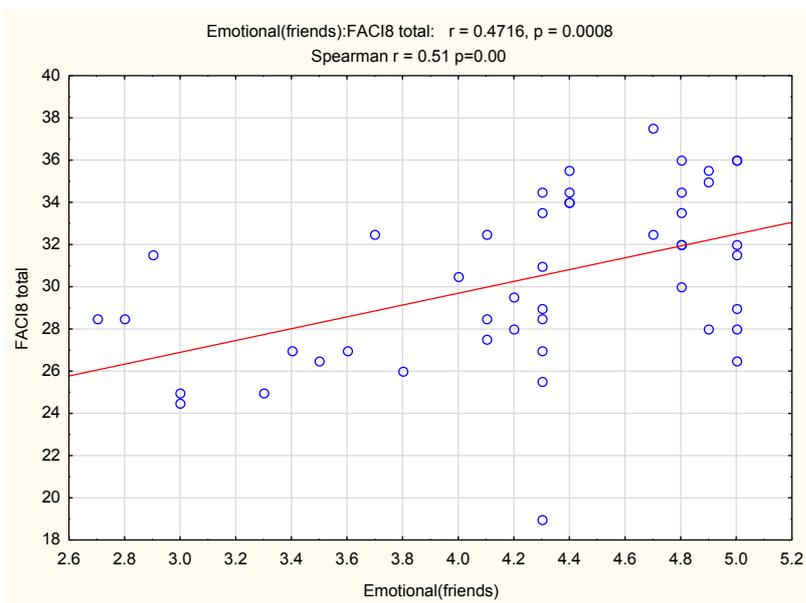


Figure 6. Pearson product-moment correlation between family adaptation (FACI8 Total score) and receiving emotional support from friends (SSB Emotional Friends)

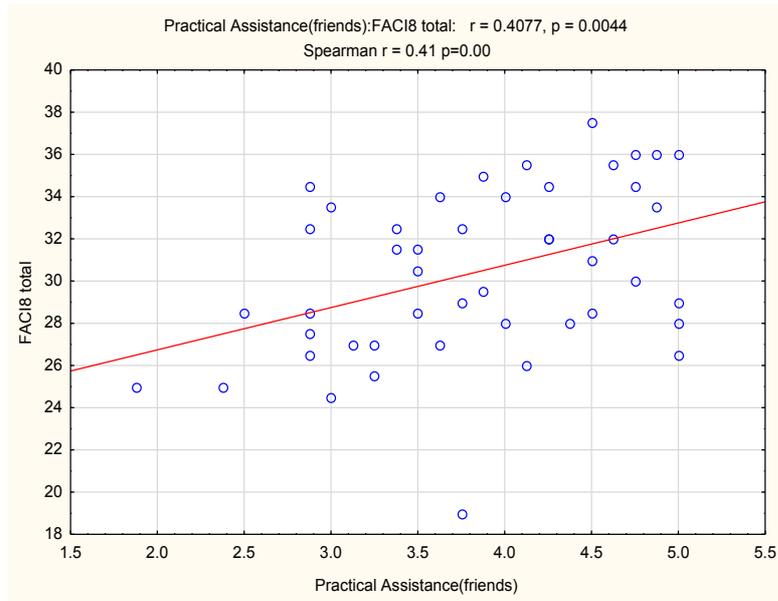


Figure 7. Pearson product-moment correlation between family adaptation (FACI8 Total score) and receiving practical assistance from friends (SSB Practical Assistance Friends)

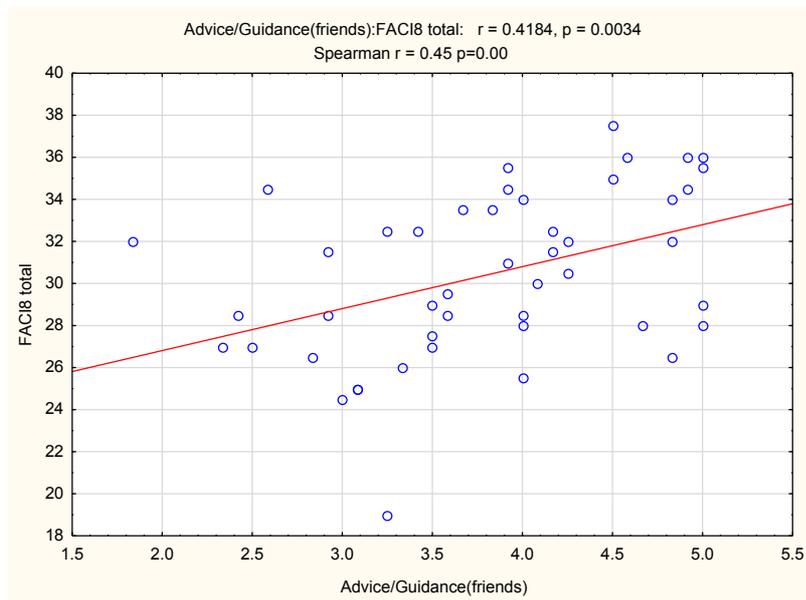


Figure 8. Pearson product-moment correlation between family adaptation (FACI8 Total score) and receiving advice from friends (SSB Advice/Guidance Friends)

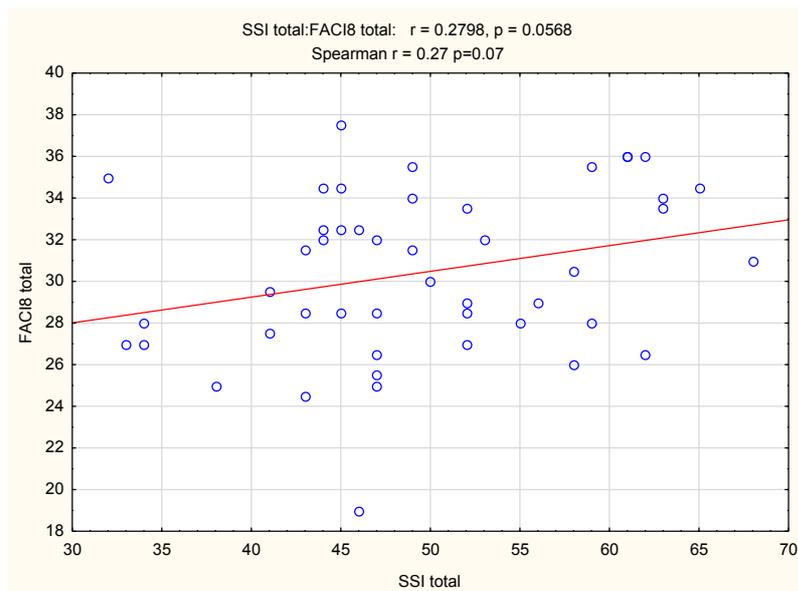


Figure 9. Pearson product-moment correlation between family adaptation (FACI8 Total score) and experience of one’s community as supportive (SSI Total)

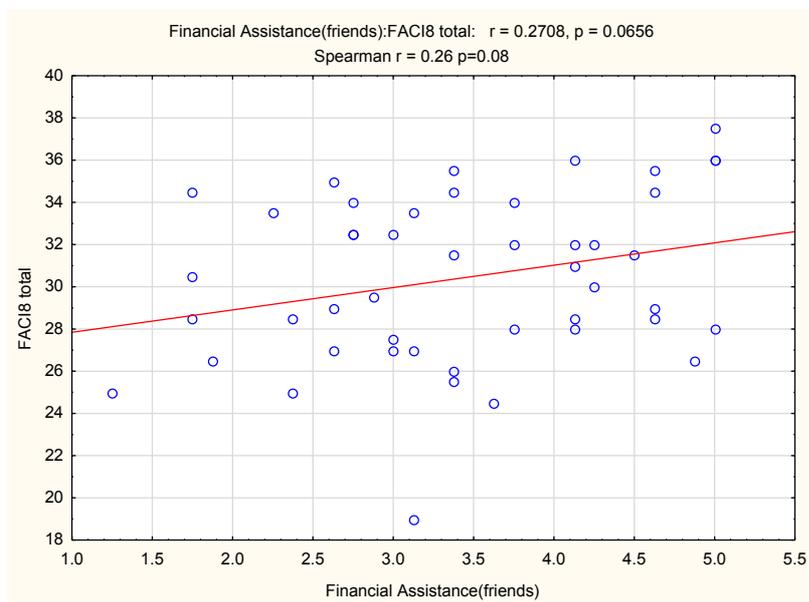


Figure 10. Pearson product-moment correlation between family adaptation (FACI8 Total score) and obtaining financial aid from friends (SSB Financial Assistance Friends)