The Experience of Single Mothers: Community and Other External Influences Relating to Resilience

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Single motherhood has been identified as a challenging role, with disadvantages including financial hardship and poor mental health. Resilience is a multidimensional construct, where two conditions need to occur: some form of adversity and positive adaptation. Developing resilience may empower single mothers to face the challenges whilst leading psychologically healthy and productive lives. Participants in this qualitative research study were 10 Western Australian single mothers aged 35 to 45 years. A phenomenological methodology was used to understand their experiences with information collected through in-depth interviews. Qualitative data were analysed using a thematic approach. Protective and risk factors specifically relating to the community and other external factors were reported. Results suggested that participants developed external protective factors that fit their individuality, context, and environment whilst various external risk factors were endured. Although these single mothers faced a number of challenges, they demonstrated resourcefulness resulting in positive adaptation, and thus, resilience.

In Australia, between 2004 and 2006, on average 20% of families with children less than 15 years of age were headed by a single parent (Australian Bureau of Statistics [ABS], 2007). In 87% of those families the parent was a single mother (ABS, 2007). Since 1987, there has been a steady increase in single parent families, with figures reaching 23% in 2003, and dropping minimally to 22% by 2006 (ABS, 2007). A number of risk areas relate to single mothers including a higher incidence of mental health issues.

Single mothers experienced more stressful life-events, together with increased mental health issues, as compared to married women (Crosier, Butterworth, & Rodgers, 2007). For example, a study using cross-sectional data from a nationally representative longitudinal Australian household survey comprised of 354 single mothers and 1,689 partnered mothers, found nearly twice as many (28.7% versus 15.7%) single mothers experienced moderate to severe mental disability, as measured by a self-reported health and wellbeing measure,

as compared to married mothers (Crosier et al., 2007). Australian figures for labour force participation in 2006 showed similar figures for single mothers as compared to partnered mothers respectively (full time employment – 19% versus 24%; part time employment – 32% versus 39%) (ABS, 2007). In many instances however, ongoing financial strain of a lower income was experienced as compared to households of married couples (Loxton, Mooney, & Young, 2006). Being in the two lowest equivalised household disposable income quintiles was a factor strongly associated with significantly higher levels of mental disability – applying to 77% of single mothers versus 23% of partnered mothers (Crosier et al., 2007).

Other issues relating to single motherhood include role overload, with the accumulation of existing demands of pre-single motherhood, together with the often unfamiliar demands, such as being the sole provider, post-single motherhood (D'Ercole, 1988; Heath & Orthner, 1999). Due to role overload, allocation of time is central to a single mother's functioning. Hodgson,

Dienhart, and Daly (2001) found that time strategies and plans were developed to meet single mothers' chosen goals, with a high priority placed on time spent with their children. In light of this, single mothers' role as parent was seen with utmost importance, with parenthood bringing intrinsic satisfaction (Brodsky, 1999; Rudowicz, 2001). Another area that was found to be important for the positive mental health of single mothers was social support.

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

A study by D'Ercole (1988) investigated the relationship of stress, coping and social support in a group of 83 single mothers (mean age 34 years), in the United States of America (USA) with a 78% employment rate. Social support came from a few friends or co-workers that contributed to their well-being by providing the opportunity to socialise and be involved in a network of peers with discussions of similar experiences (D'Ercole, 1988). Findings included that, although support from the former husband was not related to significant strain for the single mothers, it was not a positive influence with some reporting instances where the ex-husband used the child to 'hurt' the single mother (D'Ercole, 1988). With these issues to contend with, adaptation into single motherhood may have its difficulties.

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

Stigmatisation is defined as the negative reaction towards an individual who does not hold or present certain attributes desirable by society (Rudowicz, 2001). Historically, single motherhood was considered deviant, and although an increase in single mothers has been seen in recent times, some studies suggest it is still associated with a level of stigmatisation (Mednick, 1987; Rudowicz, 2001). One study of 43 white single mothers in the USA reported feeling more stigmatisation over their poverty rather than because they were single mothers (Richards, 1989). However, another study investigating stigmatisation in single mothers used a sample of 356 Hong Kong Chinese single mothers ($M = 39.5$ years), a mean length of single motherhood being 6.7 years, with responses from a self-administered questionnaire (Rudowicz, 2001). On the questionnaire using a five-point Likert-type scale, the items referring to feelings of stigmatisation found 33% of single mothers reported high or very high, with only 2.3% reporting no agreement (Rudowicz, 2001). It must be considered however, the limitations that may apply in comparing a study of Hong

Kong Chinese single mothers and Australian single mothers, although both endorse less traditional gender roles (Rudowicz, 2001). Stigmatisation due to the role of single motherhood may not be the only change with many single mothers also adapting to different roles, such as employee.

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

Resilience is a construct that may empower and provide more control over life, resulting in hope and self-efficacy (Richardson, 2002). While adversity and challenges are common experiences during

one's life, some people go on to lead psychologically healthy and productive lives; this may be defined as resilience (Pooley & Cohen, 2010). For women who entered single motherhood due to separation or divorce, whether they chose to leave the relationship or were left, they encountered adversity in their role as a single mother, with positive adaptation the demonstration of a pattern of functional living.

Resilience emerged as a response to mental health problems (Hjemdal, 2007). Throughout the history of resilience research, a number of issues continue to be argued (Luthar, Cicchetti, & Becker, 2000). Debate continues in the quest for an agreed definition of resilience, with some definitions focusing on the identification of personal characteristics, with others concentrating on the aspects of readjustment and recovery (Atkinson, Martin, & Rankin, 2009; Hjemdal, 2007; Luthar et al., 2000). Nonetheless, general consensus is that resilience involves the interaction of two factors: first, the occurrence of a negative life event usually associated with potential maladjustment; and second, positive adaptation where behaviour results in a successful outcome (Luthar et al., 2000; Masten, 2001; Rutter, 2007). This aligns with Aldwin's (1994) assertion that resilience is associated with more than survival, rather survival together with a level of growth. For the purpose of this research, resilience will be defined as "the potential to exhibit resourcefulness by using available internal and external resources in response to different contextual and developmental challenges" (Pooley & Cohen, 2010, p. 34).

Aspects that impact upon resilience include gender, personality and intelligence. Hartman, Turner, Daigle, Exum and Callen (2009) assert that males and females appear to use a similar process of accumulating protective factors, however, a gender difference may arise as to the choice of protective factors employed in developing resilience. In relation to intelligence, findings

suggested that intelligence was not associated with resilience, however; for personality, resilience factors were related positively to a personality profile that was well adjusted (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005). Some argue that resilience is a personality trait (Campbell-Sills, Cohan, & Stein, 2006; Waugh, Fredrickson, & Taylor, 2008). However, Rutter (2007) disagreed, arguing that individuals only become resilient in adversity, with different contexts creating dissimilarity throughout the resilience process. To this end, the process of resilience can therefore be developed at any age (Gillespie, Chaboyer, & Wallis, 2007). Since resilience is asserted to be a construct that can be acquired at any age, questions have arisen as to whether resilience can be maintained over time and in different contexts.

Some researchers suggest that the study of resilience is a tenuous area due to resilience being unstable over time (Luthar, et al., 2000). Some at-risk children showed excellent adaptation at one point followed by substantial deterioration later in their lives (Coie et al., 1993; Luthar et al., 2000). However, although fluctuations during the lifespan occur in adaptation, evidence has suggested that positive adaptation profiles are maintained over time (Luthar et al., 2000). Further, resilience is considered a multidimensional construct, where there can be heterogeneity in competence across those and other various domains (Luthar et al., 2000). This has been shown by at-risk individuals who exhibit competence in some areas but reveal difficulties in other areas (Luthar et al., 2000). Unevenness in development in many individuals across different domains is a common finding illustrating the importance of using specific terms to describe the area in which resilience was identified, for example, social resilience (Cicchetti, 1993; Luthar et al., 2000). Thus, an individual may be rated as resilient in one area, but not another area (Luthar et al.,

2000). Another issue associated in exploring the phenomenon of resilience is the basis in which it has been investigated.

No specific theoretical framework underpins resilience knowledge as much of the earlier resilience research was based on empirical findings (Hjemdal, 2007; Luthar et al., 2000; Richardson, 2002). Three frameworks have guided most resilience research with the commonality between the frameworks being the multiple levels of influence on individual adjustment, and the interaction between the different levels of influence and domains of individual adjustment (Luthar et al., 2000). One of those frameworks has been the triarchic framework, organising protective and risk factors within three levels of influence – the individual level or psychological and dispositional attributes, the family level comprising family support and cohesion, and the community or external systems of support level, with consideration for the situation and context (Luthar et al., 2000; Werner & Smith, 1982).

Where protective factors assist resilience, risk factors impede resilience (Luthar et al., 2000). It is important to consider the relevant context within which they apply. Context can be explained in various ways including one's environment, developmental capacity, social maturity level, how development has assisted in the individual's perception of situations and whether the experience of adversity occurred alone or with a group of others (Blum, 1998). In relation to external factors for at-risk youth, community involvement and a friendship group were reported as key protective factors (Blum, 1998). Ungar (2005) identified that for community resources to be protective there was a need for them to cater individually to ensure specific needs were met.

A study involving a group of American urban single mothers residing in at-risk neighbourhoods found protective factors to be mainly of a personal influence, such as

personal characteristics and spirituality (Brodsky, 1999). Men as significant others were reported as both a protective and a risk factor providing both support and stress, with a number of risk factors including money, friends, family and neighbourhood (Brodsky, 1999). Social support and family appeared to be two areas that yield within-group differences, where a complexity exists dependent upon a number of factors including the environment (Ahern, Ark, & Byers, 2008; Blum, 1998; Brodsky, 1999; D'Ercole, 1988). For example, Brodsky (1999) identified social support to be a risk factor whereas, Cheung and Lui (1997) purported social support received by Chinese single mothers to be a protective factor assisting as a stress-buffer.

Current Research

This research is part of a larger research project that examined the phenomenon of resilience in the context of the challenging role of single motherhood, and was designed to potentially identify risk and protective factors that occur in a Western Australian single mother sample, aged 35 to 45 years. This paper aims to discuss only the external factors or influences that contribute to the resilience of single mothers. Much resilience research has considered at-risk children with less research investigating adult populations; therefore this research expands understanding of a different population group (Luthar et al., 2000; Rutter, 2007). The aim of this research was to explore, through qualitative methodology, the experiences of single mothers in order to understand the factors that contributed to their resilience. A 'single mother' refers to being a single, sole or lone individual, and mother, being a female parent (Turner, 1984).

The specific research questions were:
1. What are the experiences of single mothers relating to their resilience in their multiple roles?
2. What are the factors which contribute to the resilience of single mothers?

Conceptual Framework

Qualitative methods were chosen to investigate resilience as Ungar (2003) identified this methodology as being able to contribute considerably to understand this phenomenon, encompassing the sociocultural context in which resilience occurs. The design choice was a constructionist epistemology which explains that each individual's meaning was gained not through discovery, but via the construction of one's own reality, where each person potentially has a different reality (Crotty, 1998). The theoretical perspective, or the way in which the world was made sense of, was phenomenology which aims to understand peoples' experiences from their perspective by exploring meanings and interpretations given to their actions, thus, the inquiry of a phenomenon – resilience (Becker, 1992; Crotty, 1998). Phenomenological research shaped the choices of this research and was the research methodology employed, where the strategy was to uncover the lived experience applicable to the phenomenon of resilience in the context of a single mother population (Crotty, 1998; Moustakas, 1994). In depth interviewing was used to investigate the individuals' meanings. In addition, a triarchic framework underpinned the research which assisted in categorising the findings and discussion into three levels of influence – individual, family, and external, where both risk and protective factors affect resilience in single mothers (Luthar et al., 2000; Werner & Smith, 1982).

Trustworthiness of the Data

To establish researcher credibility, disclosure of relevant personal and professional information that could potentially affect the research process follows (Patton, 2002). The interviewer and first author is a single mother of a three-year-old daughter who has a chronic medical condition. This individual presents with a positive attitude towards single motherhood

and a pragmatic outlook towards everyday life hassles. Although the research was approached with a passion, it was also appreciated that a balanced approach was crucial. To strengthen researcher credibility, a second member of the research team is also a single mother of now adult children and therefore has experienced the context within which this research has been conducted.

Credibility, or the aspect of truth value and ensuring the findings are valid, was met by the interviewer spending 30-60 minutes with each participant, developing rapport together with the use of basic counseling skills (Guba & Lincoln, 1981). Whilst an interview schedule was used, questions were asked to confirm understanding. Towards, auditability, an audit trail assisted where attention was given to the process of recording and categorising the data which included tapes, transcripts, questionnaires, field notes, and the entire coding process, resulting in the development of trustworthiness (Guba & Lincoln, 1981). Confirmability, or the aspect of neutrality and the ability to report the data in a way that may be confirmed by other sources, was done by establishing the audit trail (Guba & Lincoln, 1981). Towards rigour, an Epoche process was used, viewing participant's experiences with openness, whilst putting aside pre-judgements, and further, "to stay away from everyday habits of knowing things, people, and events" (Moustakas, 1994, p. 85).

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

Methodology

Participants

Recruitment of a purposive sample was through personal contacts, word of mouth and snowballing with the use of a flyer. Ten female participants were identified as eligible through screening of the three following criteria. First, length of time as a single mother –10 years or less was acceptable, as research suggested adaptation rates were variable, and adaptation was not inevitable (Amato, 2000; Lucas, 2005). Second, the target age range was 30 to 48 years. Third, sole adult in the household, as research suggested role overload to be a significant strain predictor (D'Ercole, 1988). The sole adult in the household was where the single mother was the only adult living in the house with children under 16 years of age (Loxton et al., 2006).

The participants were 10 Western Australian residents aged between 35 and 45 years who had been single mothers for a period of between 20 months and 10 years ($M = 5$ years), with single motherhood being the result of divorce/separation. Demographic details of the participants, using pseudonyms, have been provided in Table 1. Those pseudonyms are used in the findings and interpretations. The single mothers were a heterogeneous group in respect to a variety of daytime activities with between one to three children aged two to fifteen, but all of them were the sole adult in the household. Subjective socioeconomic status (SES) was assessed based on the first author's knowledge, and various contextual aspects of what the participants reported during the interview. It varied at the time of interview ranging from one participant living in government housing who went to source food stamps before attending the interview, to other single mothers who were living in an owned duplex or flat in a middle class suburb. Four of the single mothers had not

Table 1
Demographic Factors

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

completed their financial settlement so it was unclear whether they would have to relocate, but most expected to relocate to a lower SES neighbourhood.

Procedure

A flyer had been placed in two approved venues; however, the researchers gathered all participants using personal networks together with the snowballing technique. In this regard, potential participants were sent a copy of the flyer via email, and at their discretion, they contacted the interviewer by telephone where eligibility to participate was determined. If participants satisfied the criteria as detailed above, arrangements were made to conduct the interview at a mutually agreed time and place.

The interview comprised of a questionnaire containing demographic questions and a semi-structured interview schedule consisting of open-questions provided participants with the opportunity to detail their personal experiences as a single mother. When necessary, the interviewer asked for clarification of some of the comments.

Analysis

Phenomenological data were analysed using thematic analysis. Analysis evolved using a cyclical approach, specifically using a method of analysis of data which was a modification of the Stevick-Colaizzi-Keen method, detailed in Creswell (1998) and Moustakas (1994). This method entailed initially writing a full description of the first author's experience of single motherhood and resilience to be able to consider biases in a more concrete way. All the transcripts were read multiple times, with the researchers noting any biases, together with other issues that came to mind (Creswell, 1998). The following process was then completed for each transcript. The step of horizonalisation commenced with significant statements identified that explained resilience in single mothers, commencing with detail of the basic

protective and risk factors, with each statement having equal worth (Creswell 1998). Meaning units were then identified by grouping the significant statements into the triarchic framework of the three influences – individual, family and external. Textual description was developed to describe 'what happened', followed by structural description or imaginative variation identifying possible meanings relating to resilience and describing how the phenomenon was experienced (Creswell, 1998). Finally, a summary statement reducing the textural and structural descriptions of the experience of all the participants was completed, which formed the 'essence' reported in the triarchic framework format (Creswell, 1998).

Findings and Interpretation

Context

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

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

Table 2
Summary Findings: Protective and Risk factors for the External Influence

Factors	Themes
Protective	Employment[a]
	Community – services / facilities[a]
	Friends
	New boyfriend
	Neighbourhood
Risk	Employment[a]
	Community – services / facilities[a]
	Ex-husband
	Stigmatisation

[a]Themes identified as both a protective and a risk factor.

their life over as they had lost their friends, associates, and employment.

Data Overview

Data from the qualitative interviews were analysed. Themes emerged which were then categorised into the relevant influences and organised into the triarchic framework, and further categorised into protective and risk factors. Table 2 provides a summary of the protective and risk factors for the influence of external factors. The qualitative data suggests that these women are resilient, providing more protective factors than risk factors. This paper reports only the community and external aspects of resilience, with other measures within the wider research project indicating that this was the strongest area, as compared to personal and family influences.

External Influence
Theme: Employment
Factors: Protective and risk

Employment showed to be both a protective and risk factor. Seven participants were in paid employment – four in a part-time capacity, two in a full-time capacity, and one contract.

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

A number of single mothers had to return to work, and/or have had to seek more work, for example, Jenny reported, "I was working two days a week … but I need to make more money". Others needed to, or are currently re-skilling, with Fiona explaining:

> *So I have been studying because I am determined that my economic situation will change … I come from a rather low education background, everything has been self taught so I really am starting from the bottom which is a big challenge.*

Similar to findings by Hilton et al. (2001), many participants noted difficulty in adding

the role of breadwinner for varying reasons such as having to return to study to be employable, children still too young to let themselves in the house on their own (as discussed in the next theme, Community – services/facilities), and doing enjoyable work that was for one participant, employed mainly on contract terms meaning income instability. A common theme among many of the women was a general realisation of having to add more to an already overloaded day.

Previous research showed that employment was associated with meeting a number of needs for this population, including financial and emotional, together with a positive self image, thus a protective factor (D'Ercole, 1988; Mednick, 1987).

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

Community was identified as a protective factor for most participants. Half of the participants reported support from a traditional community, with a diverse range of activities or groups including schools, toy library, playgroup, mother's group, free community activities and various sports activities. Kate mentioned her daughters' dancing studio as "probably the only group that I feel connected with". The girls were enrolled in the dance studio when she was receiving maintenance, however not long after, the maintenance stopped. Kate went to the dance school with the intention to cease the lessons; however the owner offered a substantially discounted fee structure, which in reality was that the fees are paid when the money was available:

> *That's community to me. If it wasn't for that, my daughters would be missing out because there is no way I would afford it. Even as it is, I can't afford it, but my girls love it. I will go without so they can have that.*

Two less traditional communities identified were an on-line sports science blog, and the arts community. Helen reported the support by the arts community was, "not just like-minded, they actually understand what you are saying. Its like a mental kind of support, they get what we do".

Two services identified as protective by a number of participants were psychology services and the family doctor. For example, Jenny reported, "My doctor helped a lot, because she was a very good friend and she knows the kids", whilst Sylvia stated, "My resources to do that [achieve my goals], I am seeing the psychologist".

Services identified as a source of frustration included those that did not tailor their advice to the individual and their circumstances. For example, Tracey requested assistance for her son's sleep issues from an organisation that provides information and assistance in parenting:

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

This left Tracey feeling vulnerable, frustrated and disappointed. Another service with two areas of difficulty reported was child care facilities – no child care centre could be found to accommodate shift working hours, even daytime hours during the week, leaving single mothers to find other arrangements, such as Tracey, who said, "Mum cares for Jack while I work". Second, children grew too old to attend child care, but were not old enough to get into an unattended house safely after school finished, with Helen reporting, "my

daughter would be coming home and I would be freaking out and ringing her to make sure she got into the house safely". Ungar (2005) identified that community services needed to be in tune with what was required by a diversity of individuals, where in the above experiences, this was not the case. More generally, community systems, including the structural influences around the environment, have been previously reported as protective, specifically in an at-risk child population (Ungar, 2005).

Theme: Friends
Factor: Protective

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

However, a number of practical constraints were identified such as lack of time and energy. Fiona highlighted, "I do not have the energy to go put into perhaps the relationships as much as what I would have before" and also "not the time to pursue any interests to meet new people". Another participant found that due to the time constraints, it was a choice between spending time with friends or treasured alone time, with the latter being chosen most times. In relation to time demands, priority was given to time-alone rather than socialising, with the lack of time demanding a choice, similar to findings by Hodgson et al. (2001).

Previous research has reported friends under social support with findings mixed depending upon a number of variables including context (e.g., Brodsky, 1999; Blum, 1998).

Theme: New boyfriend
Factor: Protective

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

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

An overarching theme that arose in this study was the high priority placed on the children, which was similar in research findings by Hodgson et al. (2001). Other previous research suggested that a new boyfriend was a protective factor offering different levels of support, possibly emotional, financial, and parenting (Brodsky, 1999). However, women were often cautious after their previous experiences (Brodsky, 1999).

Theme: Neighbourhood
Factor: Protective

In this research, half the participants mentioned the neighbourhood as a resource or a protective factor, noting the importance of their neighbours. There was a diverse range of roles the neighbourhood played for the single mothers, including emergency babysitting and school pick up duties. Joanne identified her neighbourhood, namely six houses in her street, as both social support and 'man-power' for home repairs. She said "we meet for champagne every other Friday" and "I have like three husbands come up and kind of rescue, which is really nice". Theresa reported many of her neighbours supported

her, finding that, "like when we were married I did not have the same relationship with my neighbours, now the community around me have rallied around". Finally, Theresa made a statement where the sentiment was shared by many, "my neighbours, … but I would call them friends, they are great". In contrast to Brodsky (1999), the neighbourhood was viewed as a resource, or a protective factor. A possible reason for the difference was that, unlike the risky neighbourhood where Brodsky's research took place, all the women in this study were presently living in reasonable SES areas. More generally, the neighbourhood in previous research has been identified as both a protective and risk factor depending on various factors such as environment (Blum, 1998; Brodsky, 1999).

Theme: Ex-husband
Factor: Risk

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

> *our ability to communicate now is sending emails, I make them bullet point, because if I write something in a sentence, it is always misconstrued I can't believe how much time I waste scripting emails … it is very stressful to communicate.*

The process of settlement and arrangements for at least half of the participants was a difficult period, for example, "settlement and arrangements were probably the yuckiest time of my life".

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

> *I also think it is really difficult*

> *when the kids are able to play you against each other, like we're allowed to stay up till 8.30 at Papa's house, and I am not suggesting he is a 'Disney dad', but certainly he does...*

Similar to D'Ercole (1988) and Brodsky (1999), most participants identified the ex-husband as a source of stress, thus a risk factor. Previous research also categorised the father of the children as a risk factor to the single mother (D'Ercole, 1988; Richards, 1989). In some cases, the father was using the children to hurt the single mother (D'Ercole, 1988). Other research reported the lack of support received from the ex-partner, albeit economic or emotional support and attention towards the children (Brodsky, 1999; Richards, 1989).

Theme: Stigmatisation
Factor: Risk

A number of comments were made about how these single mothers felt they were perceived by others in a diverse range of situations. For example, Kate noted:

> *I am looked upon differently … they look at me as the stereotypical single mum, government housing … that stereotype is not accurate, by no means … but mentioning being a university student really does make a difference.*

In relation to a social setting, many reported a level of discomfort and feelings of being judged due to their single motherhood status. There were a number of ways this was managed, for example, Fiona reasoned, "I think you threaten people as a single mummy … you are just different, you are a different dynamic to bring to a dinner party … your focuses are different".

Helen had found her daughter's school environment particularly difficult in relation to being a single mother amongst married mothers, summarising her experience as, "they are all married and middle class … whereas I'm not married and under classed

[laughing]". These findings support the stigmatisation reported in Rudowicz's (2001) paper, suggesting a level of stigmatisation towards these single mothers existed in a diversity of situations. Further, stigmatization experienced by single mothers was associated with many measures of lowered psychological well-being, therefore considered a risk factor (Mednick, 1987; Rudowicz, 2001).

Discussion

The experiences of single mothers in their multiple roles are diverse. The phenomenon of resilience was experienced uniquely by each single mother, who was able to develop protective factors appropriate to their context, whilst minimising or at least acknowledging their relevant risk factors. More specifically, most of the women incorporated a number of external protective factors, namely employment, community, neighbourhood, friends and a new partner into their lives in varying capacities whilst experiencing negative or risk factors involved in employment issues, community, their ex-husbands and the stigma attached to being a single mother. Participants also viewed or valued their protective factors differently depending on their circumstances. Participants displayed differing patterns of protective and risk factors yet all showed some form of positive adaptation and therefore resilience (Luthar et al., 2000). Resilience was not a matter of taking away adversity but managing the challenges by taking advantage of, and increasing the number and value of, external protective factors (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003).

The multidimensionality of resilience, or its heterogeneity, was shown in this research where diverse external themes were identified. Those five themes for this group of single mothers were employment, community services/facilities, friends, new boyfriend and neighbourhood. Each individual showed differences in the various areas that showed as competencies and weaknesses. One aspect that appeared to mediate some of the risk factors was the age of the children, where many of the participants expressed that younger children required more direct care, and where different issues arise in areas such as employment and community services required.

This research contributed to resilience knowledge specifically in relation to the experiences of older single mothers in relation to protective and risk factors specifically of an external influence. In this research, most single mothers reported friends as a much needed source of support in a diverse range of areas, and in some cases friends had replaced the role of family. In contrast to previous research, religion or church network was not identified as a protective factor nor reported as a resource (e.g., Brodsky, 1999). Other findings that were similar included issues such as stigmatisation that was still attached to single motherhood (D'Ercole, 1988; Hodgson et al., 2001; Rudowicz, 2001). This research found a numbers of themes identified as both risk and protective, for example, employment and community services and facilities, with mixed findings also in previous research (Ahern et al., 2008; Blum, 1998; Brodsky, 1999; D'Ercole, 1988). A new partner was associated as a positive resource specifically giving emotional support. As much of the parenting was being done by these single mothers, in most cases, a lowered priority was given to the new boyfriend due to the high priority given to the children. Finally, the ex-husband was shown to be a risk factor, specifically relating to joint parenting, with issues relating to different parenting styles and difficulties in on-going communication, similar to D'Ercole (1988) and Brodsky (1999), who identified the father of the children a source of stress.

In practice, the results of this study suggest that to effectively intervene in assisting single mothers in their daily lives, a multi-faceted approach with a range of resources are necessary to effectively address the apparent diversity. As asserted by

Brodsky (1999), interventions must address the individual need to be effective, which also supports Ungar (2005) who identified that services need to be aligned with the needs of a diversity of individuals for an effective outcome. The within-group differences shown in these single mothers, together with the different ages of the children which affected certain requirements, emphasised the need for a range of resources offered.

Whilst our Western-culture values often emphasise individual resources, this study showed that many of these women reported employing a number of external sources as resources, particularly neighbourhood, highlighting the need to value community and for it to be kept in mind for policy development. One option identified was a single mothers group, which would enable learning from other single mothers, with the opportunity for social support and to brainstorm as a group to deal with issues that could potentially develop, amongst other things, self-confidence.

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

One limitation of this study was the single mothers recruited were mainly middle to upper SES women provided with financial assistance by various parties. These women appeared highly resourceful and able to source and meet most needs that arose, which may be different to a younger single mother cohort. Nevertheless, a number of participants still reported many difficulties they continued to face illustrating the challenging role of single motherhood, and that resilience was a construct that could

assist these women during that role, not just the transitional time between married and single motherhood status.

This research demonstrated that each individual accumulated resources or protective factors reflecting their individuality and context, resulting in positive adaptation. An underpinning of much of this research was that these single mothers placed a high priority on their children, and that the age of the children affected some protective factors in varying ways. Although there were external source risk factors identified, many external protective factors were recognised including friends or social support, a new boyfriend and the neighbourhood. Two factors were identified as both protective and risk, which implies that presently these two factors, employment and community services/facilities, are used as protective factors however depending upon each individual's context or situation, issues relating to both may have difficulties attached.

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Acknowledgements

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Dr Catherine Ferguson is a researcher with varied interests in resilience in different groups, in particular in relation to the wellbeing of small business owners. She has been involved in a range of projects with other members of the Lifespan Resilience Research Group since joining Edith Cowan University in April 2009.

Professor Lynne Cohen is a community psychologist and brings many years of experience in resilience research with children and university students. She has successfully developed transition programs which empower students and positively impacts on their experience and outcomes. She has led a number of interdisciplinary research teams and is committed to a collaborative model involving community organisations. She also has extensive experience in working with children with learning difficulties. Together with

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