HEALTH PROMOTION WITH A SINGLE PARENTS SELF-HELP GROUP

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE :

M.A (CLINICAL PSYCHOLOGY)

IN THE DEPARTMENT OF PSYCHOLOGY

FACULTY OF ARTS

UNIVERSITY OF ZULULAND

YEAR 2000

DECLARATION

I, Rosemond Mbaliyezwe Dhlomo hereby declare that the work:

"Health promotion with a single parents self-help group" is my original work.

Sources consulted or cited are acknowledged in the text as well as in the list of references.

SIGNED .....

DATE AUGUST 2000

Dedication

This project is dedicated to all you young and old, male and female, never married, divorced and widowed parents, who participated in it. Your unique needs and contributions make up this project. May God richly bless you and your children.

ACKNOWLEDGEMENTS

Without the support of the following individuals and institutions, the researcher would not have made it:

1. God almighty for being my Father, my Provider, my Counsellor, and my Friend. I will worship you until the very end.

2. Professor Steve Edwards, my supervisor, HOD (Psychology) for always being there pushing from behind and all around. Your patience is highly appreciated.

3. The NRF is acknowledged for the financial assistance (scholarship).

4. Mr. E C Mdletshe, whose unfailing support in helping me find information I will always remember.

5. My mother Viola, my dad Ambrose, my brothers and my sisters for encouragement.

6. My son Mengezi, my niece Samke and Philisiwe (a breath of fresh air) who suffered greatly during my studies: I promise to make it up to you.

7. The staff of the Department of Psychology for their patience and understanding.

8. Pastor Collins Dlomo and his wife Musa, Mrs F Gumede and the Covenant Fellowship Church for allowing me to conduct research in the church.

9. Nomcebo, Sbo, Sbongile, Nicholas, Sakhile, Stan, Nosipho, Hlengiwe, and Themba. **Health to you all !!!**

ABSTRACT

Single parenting has become very common today due to having a child illegitimately, death of spouse, separation, and high rate of divorce. Single parent families are subject to many forms of economic and psychological stress. For example, they result in the creation of non-custodial parents, whose contact with their children is often irregular and unrewarding. The quality of interpersonal relationships with others makes the difference in coping or not coping during the first five years of being a single parent.

An organization of single parents (self-help group) provides a support system responsive to the special problems of single parents, including discussion groups, which are responsive to the inadequacies in the ongoing lives of single parents, in promoting mental health. Self-help groups fall within the social action model of community psychology which aims to promote personal empowerment defined as the process of gaining influence over events and outcomes of importance to an individual or group. This model is a shift in intervention from prevention to empowerment and from needs to rights.

The present research has been motivated by the World Health Organisation's 'target for all' document and the Ottawa Charter for action to achieve health for all by the year 2000 (presented at the first international conference on health promotion in November 1986). It has also been a motivation to note a commitment and emerging progress by health professionals and psychologists in mounting an array of health promotion and prevention programs. The aims of the study were to elicit needs from a group of single parents, form and evaluate an ongoing self-help group program and promote the following variables: *psychological health, empowerment and parent effectiveness*. It was hypothesized that the self-help group program for single parents will result in improvement of the mentioned variables.

The researcher called for volunteers to join the group. Eight single parents committed themselves to be available for most sessions, seven of whom were females. The researcher made use of the following psychological techniques : biographical inventory, needs analysis questionnaire, global assessment of functioning scale, power maps, parenting skills rating scale, and program evaluation interview guide. In line with the social action model, this was a participatory action-research, program-evaluation type of design, where single parent co-researchers jointly defined

the aims of their group, the themes to be discussed and the meanings of such variables as psychological health, empowerment and parent-effectiveness. The participants were pre- and post- tested on the above variables. The group ran for a contracted period of five weeks and the members met twice each week. The study realised its aims and the hypotheses were not rejected. The main strength of the research is that it encouraged community participation. The themes from sessions have been presented and analysed and it is evident that the study yielded positive results. It questioned the way the participants have been doing things and the reasons they did them. It led to them changing their attitudes toward their accustomed styles of parenting. This was interpreted as empowerment as they were gaining influence over events and outcomes of importance to them.

The single parents self-help group empowered participants to be able to empower other single parents as the eight participants in the present research committed themselves to starting more groups of the same kind. In that way, they will be cascading the skills and knowledge they gained from the group.

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CHAPTER ONE : INTRODUCTION

1. Introduction

Single parenting has become more common today for a variety of reasons. It could be because of divorce, desertion or separation, death or having a child illegitimately. A single parent could be defined as an individual who is heading a family without a partner, husband or wife (Bigner, 1985; Manning, 1977; and McLanahan & Adams, 1987). Arosi (1992) observed that in most cases, it is the father who is the missing parent.

Single parent families are subject to many forms of economic and psychological stress. For example, they result in the creation of non-custodial parents, whose contact with their children is often irregular and unrewarding (McLanahan & Adams, 1987). Even if one gains custody, Knowles (1989) noted that it represents a major emotional problem to be the sole source of love, comfort and of discipline. According to Price (1988), it is the quality of interpersonal relationships with others that makes the difference in coping or not coping during the first five years of being a single parent.

An organization of single parents could provide a support system responsive to the special problems of single parents, including discussion groups, which are responsive to the inadequacies in the ongoing lives of single parents, in promoting mental health.

Such an organization is called a self-help group. Self-help groups could be briefly defined as small groups of people who meet for mutual assistance towards common goals such as social support, financial assistance, self-determination and empowerment in formal and informal organisations. Usually, these groups are composed of members who have the same condition, situation, heritage, symptom or experience (Lieberman & Borman, 1979).

According to Lewis & Lewis (1989), self-help groups are particularly effective for various reasons including:

- opportunity for survival through sharing of resources

- the helper therapy principle by which members offer help to and receive help from each other
- advocacy through: empowering members, understanding the need to address external factors and coalitions between different groups who see interconnections between issues
- social transformation through effective socialisation in realising needs and rights of individuals, groups and communities.

Self-help groups fall within the social action model of community psychology that is typically revolutionary and political in action against oppressive structures to liberate disempowered communities. One of its aims is to promote personal empowerment, which is defined by Fawcet et al (1994) as the process of gaining influence over events and outcomes of importance to an individual or group. This model is a shift in intervention from prevention to empowerment, from needs to rights (Seedat 1988 ; Edwards, 1998).

Robert Reiff, former labourer and labour organizer who became the first president of the Division for Community Psychology of the American Psychological Association, articulated the following assumptions of the social action model:

- Traditional psychological views on human behaviour gave insufficient attention to social factors such as unemployment, housing and literacy. There was a need to understand how such oppressive systems could be modified through interventions that had self determination and empowerment as their goals.
- New knowledge emphasizing social rather than individual values, was needed which would come about through participant conceptualisation, empowerment and democratic power sharing (Mann, 1978).

Levine & Perkins (1997) have listed five overlapping categories of self-help groups:

- persons labelled abnormal by society
- caretakers of people labelled abnormal
- persons with socially isolating problems
- persons affiliated through ethnicity, race or religion
- quasi-political groups who meet to preserve interest and rights.

The present research is concerned with the first category i.e single parents as deviating from the

norm of our society where people expect a family to have both a father and a mother.

1.1 Motivation

The present research was motivated by the World Health Organisation's 'target for all' document and the Ottawa Charter for action to achieve health for all by the year 2000 (presented at the first international conference on health promotion in November 1986). The charter defines health promotion as the process of enabling people to increase control over and improve their health. It is especially a motivation to note that the year 2000 is here but no health for all. Health could be defined as a state of complete physical, mental and social well being and is not merely the absence of disease or infirmity (WHO, 1986). To reach such a state, an individual or group needs the ability to identify and realise aspirations, satisfy needs, and to change or cope with the environment. In this way health becomes a resource for daily living rather than an objective of living. Health promotion is not just the responsibility of the health sector but it goes beyond healthy lifestyles to well-being.

It is also a motivation to note a commitment and emerging progress by health professionals in mounting an array of health promotion and prevention programs. These programs address host and environmental factors that can enhance health and prevent illness.

There also may be a need to balance research and intervention (Winett, et al 1989). This balance includes more focus on investigations of common stressors, the modification of conditions resulting in such stressors and the strengthening of individuals to negotiate common stressors through a variety of individual and collective action.

1.2 Research Problem

Can a self-help group promote the health of participants?

1.3 Aims

The aims of the study are to:

- elicit needs from a group of single parents
- form and evaluate an ongoing self-help group program
- promote psychological health, empowerment and parent effectiveness.

1.4 Hypotheses

A self-help group program for single parents will result in :

- improvement of psychological health;
- empowerment; and
- effective parenting.

1.5 Résumé

It is assumed that being a single parent is a stressor for many reasons, which, if not handled well, could result in illness. An organization of single parents (self-help group) will provide a support system responsive to their special problems. The present research is relevant in that it aims to promote mental health and prevent illness. Before the hypotheses are subjected to rigorous empirical research, literature related to mental health and its promotion, the social action model of mental health, empowerment, parent effectiveness, self-help groups and single parenting will be reviewed and presented in the next chapter.

CHAPTER TWO : LITERATURE REVIEW

2.1 Introduction

This chapter reviews previous literature on the subject of health promotion using self-help groups under the social action model, as well as related literature.

2.2 Health and health promotion.

Good health requires good habits (Halonen & Santrock, 1996). Psychological states and lifestyles are powerful in promoting health. Therefore the ultimate responsibility for influencing health rests with the individuals themselves. This does not negate the importance of our genetic predispositions and the power of viruses and bacteria, but it is believed that our daily behavioural choices and our general attitude about life plays an important role in the quality of our health.

Health - care professionals generally operate from various models in pursuing their work. These models determine the scope and nature of what is investigated, and the ways in which results are interpreted. All psychotherapeutic systems have a view of human nature, a concept of disease etiology, and a vision of psychological health. This vision of psychological health is the end-point of 'successful' therapy as defined by each particular orientation. According to Wardrop (1993), World Health Organization proposed the definition of health as a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity. It is the 'ought' or 'should' toward which every counsellor, therapist, and healer should seek.

Jahoda (1958) pointed out that most definitions of positive health call attention to one or more of the following six aspects:

- the attitude shown by a person to self
- the style and degree of self actualisation
- the degree of personal integration achieved by the individual
- the degree of autonomy achieved by the person
- the degree of the person's conception of reality
- the degree of environmental mastery achieved by the person.

According to the Jakarta declaration on health promotion (in Dennil, King, Lock and Swanepoel, [1995]), health is a basic human right and is essential for social and economic development. Pre-requisites of health are peace, shelter, education, social security, social relations, food, income, empowerment of women, a stable eco-system, sustainable resource use, social justice, respect for human rights and equity. Health promotion strategies and programmes should be adapted to local needs and possibilities of individual countries and regions and take into account differing social, cultural and economic systems (WHO, 1981; Ottawa Charter in Dennil et.al, 1995).

2.2.1 What health promotion entails

Health promotion means building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and re-orienting health services (WHO, 1986; Dennil et al, 1995).

Health promotion puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept responsibility for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is co-ordinated action that leads to health, income and social policies that foster equity. Joint action contributes to ensuring safer and healthier public service, and cleaner and more enjoyable environments. Policy requires the identification of obstacles to the adoption of healthy policies in non-health sectors, and ways of removing them. The aim must be to make healthier choice for policy makers as well (WHO, 1986; Dennil et al, 1995).

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environments constitute the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike is the need to encourage reciprocal maintenance (to take care of each other, our communities and our natural environment). The conservation of natural resources throughout the world should be emphasized as a global responsibility. It should be recognised that changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be

a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable (Dennil et al, 1995; WHO, 1986).

For health promotion to be successful, communities must be empowered and have control over their own initiatives and activities. They must draw on their own human and material resources in the community to enhance self-help and social support. Health professionals must learn to work with communities (Dennil et al, 1995; WHO, 1986).

Personal and social development must be enhanced by providing health information and health education to help people develop the skills they need to make healthy choices. This should enable people to prepare themselves for the different stages of life as well as for chronic illness or injury, should they occur. This preparation should take place in schools, at home, at work and in community settings.

Reorientation of health services to be shared by individuals (health professionals, community groups, health service institutions and government departments) will ensure shared responsibility for health promotion. This requires that the health sector move beyond the provision of clinical and curative services, to a health promotion approach sensitive to cultural differences Dennil, et.al, 1995).

2.2.2 Aims of health promotion

Health promotion action has many aims among which are the following:

- making political, economic, social, cultural, environmental, behavioural and biological conditions favourable through advocacy for health.
- reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of these things which determine their health.

This must apply to both men and women.

- mediation between differing interests in society for the pursuit of health. This is a major responsibility of professional and social groups and health personnel. The pre-requisites and prospects for health cannot be ensured by the health sector alone, but it demands co-ordinated action by all concerned i.e the government, health and other economic sectors, non-governmental organizations, local authorities, industry and the media. People from all walks of life should be involved as individuals, families and communities (WHO, 1986).

One example of health promotion in South Africa is the celebration of the World Mental Health Day (10 October). One of the organizations that celebrate it is the South African Federation for Mental Health. Besides health for all, this organization also has a special focus on women (since 1992):

- to enable women to fully understand and acknowledge the value and importance of health as an essential ingredient in self-actualisation, role performance and total well-being.
- to promote skills development for women, which will impact positively on their health. These would include the development of positive self-esteem, problem solving skills, the ability to resolve conflict, assertiveness skills and stress management.
- to enable women to enhance the health of their daughters.
- to promote health-focussed organizations and work places, which would enhance the health of women.
- to create an awareness within the work place about the contribution healthy women make towards productivity and thus wealth creation.

This organization believes that networking is essential in order to achieve the objectives. Their target groups include settings where the largest number of women could be accessed like the following:

- National Women's Organizations.
- Tertiary Institutions.
- Corporate Business.
- National and Provincial Government Departments.
- National Welfare Organizations.

2.2.3 Threats to health

Poverty is one of the greatest threats to health. So are the demographic trends such as urbanisation, an increase in number of older people and the prevalence of chronic diseases, increased sedentary behaviour, resistance to antibiotics and other commonly available drugs, increased drug abuse and civil and domestic violence. These threaten the health and well-being of hundreds of millions of people.

New and re-emerging infectious diseases (eg. HIV and AIDS) and greater recognition of health problems require urgent responses. One cannot ignore trans-national factors such as integration of the global economy, financial markets and trade, access to media and communication technology as well as environmental degradation due to the irresponsible use of resources. These changes shape values, lifestyles throughout the life-span and living conditions across the world. Some have great potential for health, (such as development of communications technology) and others, such as international trade in tobacco, have a major negative impact. It is vital that health promotion strategies evolve to meet changes in the determinants of health (WHO, 1986).

2.2.4 Illness prevention and health promotion

There has been a noted keen commitment and emerging progress by health professionals and psychologists in mounting an array of health promotion and prevention programs (Winnet et al, 1989). For over a quarter of a century, most significant reports about the incidence and prevalence of mental health disorders have noted that needs far outstrip resources and services.

A holistic model of health care based on principles of harmony has developed. In that healing implies a transformation from illness to health, two distinct phases of the healing cycle or spiral may be identified, i.e prevention of illness and promotion of health (Edwards, 1999). Based on the earlier work of Freud, Adler and Frankl and more recently Caplan (1964), Rappaport (1977), Antonovsky (1984), Strumpher (1990), Orford (1992), Mrazek and Haggerty (1994), Levine and Perkins (1997) and Edwards (1999), health care interventions may be extended as follows:

- Tertiary prevention is indicated prevention to reduce illness, disability and handicap typically in individuals at high risk as in persons with genetically loaded bipolar affective disorder receiving lithium carbonate. Basically it is more concerned with rehabilitation.
- Secondary prevention is more concerned with prevention of relapse. It is the selective prevention to reduce the prevalence and /or duration of illness in persons at risk as in interventions to reduce harmful drugs during pregnancy, or school-based educational programmes to assist teachers in the early identification and referral of abused children.
- Primary prevention is the prevention of incidence of a problem, i.e before it even starts. It is basically directed at those individuals at potential risk as in intervention for safe sex.
- Primary promotion is universal intervention to promote and improve health e.g. run/walk for life campaigns, life skills training as enrichment for all children as part of the school curriculum. This intervention constitutes the greatest challenge to researchers and policy makers to actively improve community life.
- Secondary prevention refers to interventions aimed at improving human rights, empowerment and health promotion advocacy for all persons but particularly in cases of disempowerment.
- Tertiary promotion refers to interventions to improve meaning, self and social realisation and actualization and other higher level survival needs as demonstrated by Frankl (1963) and Maslow (1971). Its focus is on helping the helpers (Edwards, 1999).

2.2.5 Priorities for health promotion in the new millennium

The Jakarta declaration (1997), put forth the following priorities for health promotion in the year 2000 and beyond.

- *Promotion of social responsibility for health* by avoiding harming the health of other individuals, protecting the environment, restricting the production and trade in inherently harmful substances like tobacco, safeguarding both citizen in the marketplace and the individual in the workplace and including equity-focussed health impact assessments as an integral part of policy development.

- *Increasing investments for health development.* In many countries, current investment in health is inadequate and often ineffective. Increasing investment for health development requires a truly multi-sectoral approach, including additional resources to such sectors as education and housing.

- *Consolidating and expanding partnerships for health.* Health promotion requires partnerships for health and social development between the different sectors at different levels of governance and society. Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. Each participant must be transparent, accountable, guided by ethical principles, mutual understanding and respect, and adhere to WHO guidelines.

- *Increasing community capacity to empower the individual.* Health promotion should be carried out by and with people, not on or to people. It improves both the ability of individuals to take action, and the capacity of groups, organisations and communities to influence the determinants of health. This requires practical education, leadership training and access to resources.

- *Securing an infrastructure for health promotion.* To achieve this, new mechanisms to fund it locally, nationally and globally must be found. Incentives should be developed to influence the actions of governments, non-governmental organizations, educational institutions and the private sector to make sure that resource mobilisation for health promotion is maximised.

Health promotion is therefore a multifaceted approach which includes prevention of ill health. This approach includes strategies such as education, community development, mass communication, self-help, public policy development and even organisational change. Health promotion therefore advocates social as well as individual responsibility for health and is a vital part of primary health care. All countries should develop the appropriate political, legal, educational, social and economic environments required to support health promotion (Dennil et al, 1995; Wardrop, 1993).

2.3 Social action model of mental health

The social action model is especially relevant, for example, in terms of empowerment and advocacy through self-help and groups. The changes in the country as a whole have been a general triumph for the community psychology movement in its struggle against all forms of injustice, oppression and violence and a special success for the social action model (Edwards, 1998). The Zululand and South African context has been one of accelerating social action and transformation. Mass democratic movements within the country, coupled with international sanctions and pressure from the political exiles have led to the overthrow of the unjust apartheid system (Edwards, 1998).

The social action model is revolutionary in its political action against oppressive structures such as Apartheid in order to liberate oppressed and disempowered people. In the struggle against oppression, poverty, injustice and other socio-political problems, the social action model constitutes a shift in intervention from prevention to empowerment, from needs to rights (Seedat et al, 1988; Edwards, 1999). This model exposes and acts against socio- political causes for human behavioural problems, fosters community participation, increases morale, provides resources, skills, local leadership and liberates the oppressed communities. Redress and equity issues, sharing of specialist psychological resources amongst non-professionals and other community members are also concerns of this model.

The social action model has special value in terms of liberation from all forms of oppression (Bulhan,1990; Fanon, 1986; Seedat, 1999 and Edwards 1998). This model requires great commitment, responsibility, activity and social support for groups by community workers (like nurses, social workers, community psychologists, etc.) in their on-going reflective - generative activities. Sarason (1978), Rappaport (1995), Levine & Perkins (1997) and Edwards (1999) have pointed out that social problems are often dialectical, without permanent solutions and today's solution may sow the seeds for tomorrow's problem. This implies focus on solutions that are flexible, diverse and focussed on the empowerment of people at local grass-roots level.

The Zululand Community Psychology Project constitutes a social action intervention in its provision of psychological interventions to persons previously disadvantaged in terms of

Apartheid, redressing past sequelae of this unjust system through improvement of relationships across divided communities (e.g divided in terms of political, historical, racial, gender and other boundaries) and providing on-going interventions in a poverty- stricken and crime - filled region (Edwards, 1999). Some examples follow:

- Empowerment of non-professional helpers (a project which assists traditional healers with transport, facilities and registration procedures).
- Establishment of self-help groups (doctoral students working at the Labour Department facilitating empowerment of unemployed people).
- Organization of Zululand Community stakeholders' meetings to promote community psychology programmes, provide instruction and optimise local psychological resources.

2.4 Empowerment

The health professions have long been committed to empowerment, and that is really the ultimate goal of any grassroots organizing effort. Social and economic problems confronting people today are debilitating. They sap energy and destroy morale. Problems can be solved if people learn to act collectively. People joined together to tear down the Berlin Wall and to overthrow repressive government in Eastern Europe. However, to become empowered to bring about positive and lasting change, people need to be organised. Empowerment is easily defined by first looking at the concept of power per se and its absence i.e. powerlessness.

2.4.1 The concept of power

An essentially materialistic understanding of the working of power is central to an adequate account of psychological distress. Hagan and Smail (1997) have made a detailed attempt to develop the theoretical foundations of such understanding. In explaining individual distress, the abstract concept of power may be treated as a concrete factor. It is as fundamental a key to mental health problems as it is to the working of society as a whole. The view that emotional distress is brought both by the operation on the individual of damaging social forces and by the individual's lack of appropriate powers and resources to affect his /her predicament has political

implications which may make some health workers uncomfortable (Hagan and Smail, 1997). However, it is widely acknowledged that the less powerful members of society are more susceptible than others to mental health problems. Examples of such are children, members of disadvantaged socio-economic groups, ethnic minorities and women. In varying proportions, all are likely to be subjected to oppressive social forces creating individual distress. The impress of power upon the less powerful is not amenable to psychological operations directed at the level of experience, which has been abstracted from the network of power in which it must necessarily be embedded (Thornicroft, 1991; Hagan and Smail, 1997).

Empowerment is therefore not a matter of instilling a sense of power, but of obtaining power. The four main sources of power are regarded as home and family, social, personal and material resources. The emphasis in the home and family situation is on the degree to which relations with members of the family, past and /or present provide a source of solidarity and support. If, therefore, a family is supportive this is seen as empowering to the individual. However, the family can be a disempowering liability if they are not supportive. In the social sphere, power is defined as the ability to involve and influence others to obtain solidarity with them in the achievement of desired goals. Personal resources (those which come with the individual as biological acquisitions could not be viewed as assets or liabilities per se, but will always be related to social evaluation. Material resources make powers and resources available to the people which makes it possible for them to operate on their proximal environment (Hagan and Smail, 1997).

2.4.2 Powerlessness

Empowerment is easily defined in its absence: powerlessness, real or imagined, or learned helplessness, alienation and loss of a sense of control over one's own life. It is more difficult to define positively only because it takes on a different form in different people or contexts (Rappaport, 1984). Powerlessness is equivalent to poverty. Poverty is not just being without money. It is being cut off, cut out, cut down. It is being without power, without the protection that people with power have. It is being without the protection from the powerful, without choice and suffering the indignity of depending on being chosen. It means having no voice, and no one who has to listen, when you do speak. It is being shoved aside when you are not being used up. Not only those who have no money suffer from poverty but also those whose way of

life denies them the power to control what happens to them. The poor are those who have not yet taken back what has been taken from them, who have not found their own power (Kahn, 1991).

The sense of powerlessness is a counterpoint from which the concept of empowerment evolves. It is the sense held by an individual that his or her own behaviour cannot determine the occurrence of the outcomes. It is a sense of being, incorporating past experience, ongoing behaviour and continuing cognition, viewed as an experience embedded in and reinforced by the fabric of social institutions (Kieffer, 1984). The individual becomes powerless in assuming the role of 'object' acted upon by the environment, rather than 'subject ' acting in and on the world. Therefore the individual alienates him or herself from participation in the construction of social reality. According to Freire (1973), this results from passive acceptance of oppressive cultural 'givens' or surrender to a 'culture of silence'.

2.4.3 Empowerment

Fawcett et al. (1994:47) define empowerment as the process of gaining influence over events and outcomes of importance to an individual or group. This implies that empowerment can mean different things to different people in different times and contexts (Edwards, 1997; Rappaport, 1984). The roots of the ideology of empowerment go deep into the political and philosophical foundations of this country. The concept of democracy is based on the principle of empowering citizens to participate in decisions affecting their welfare. Rappaport (1981) outlined two requirements of an empowerment ideology.

> " on the other hand it demands that we look to many diverse local settings where people are already handling their own problems in living, in order to learn about how they do it... On the other hand it demands that we find ways to take what we learn from these diverse settings and solutions and make it more public, so as to help foster social policies and programs and make it more than less likely that others not now handling their own problems in living or shut out from current solutions, gain control over their lives"(p. 15).

The idea of "empowerment" is uniquely powerful as a model for policy in the field of social and

community intervention. Empowerment is viewed as a process : the mechanism by which people, organisations, and communities gain mastery over their lives. However, the content of the process is of infinite variety and as the process plays itself out among different people and settings the end products will be available and even inconsistent with one another. The inconsistency is in the ends rather than in the process, yet the form of process will also vary (Rappaport, 1984).

Empowerment could be viewed as an attainment of an abiding set of commitments and capabilities which can be referred to as participatory competence (Kieffer, 1984) incorporating three major intersecting aspects:

- development of more positive self-concept, or sense of self competence.
- construction of more critical or analytical understanding of the surrounding social and political environment.
- cultivation of individual and collective resources for social and political action.

These are interconnected elements of a unitary notion of socio-political competence (Kieffer, 1984). Interventions or self-initiated efforts which promote development of any of the above competencies can be seen as 'empowering' at least in a limited way.

Empowerment may be the result of programs designed by professionals, but more likely will be found in those circumstances where there is either true collaboration among professionals and the supposed beneficiaries, or in settings and under conditions where professionals are not the key actors. Professionals therefore have to intervene in a form and with a style that is consistent with the idea of empowerment rather than the idea of controlling others (Rappaport, 1984).

One needs to understand that empowerment can be the active ingredient in a wide variety of human interactions, and that the end result can take on a variety of forms. For some people the mechanism of empowerment may lead to a sense of control, for others it may lead to actual control, the practical power to effect their own lives. Empowerment can be either understood as an internationalised attitude, or as an observable behaviour. It means realising that the forms, the strategies and the contents achieved will be quite variable from setting to setting. It means diversity of form. It means fostering solutions by a policy which strengthens rather than weakens the mediating structures between individuals and the larger society. New competencies are learned in a context of living life, rather than being told what to do by experts (Rappaport, 1984).

2.4.3.1 How individuals manage to move beyond powerlessness

Kieffer (1984) adopts a view that empowerment is a long term and continuing process of adult development. The transition from powerlessness is seen as progressing through the following phases:

- The "Era of Entry"

  During this period, participation is exploratory, unknowing and unsure. Individuals are first discovering their political muscles and potential for external impact. They begin to develop their sense of themselves as political beings.

- The "Era of Advancement"

  According to Kieffer (1984), this phase parallels the development of later childhood. The three major aspects of empowering evolution in this phase are centrality of a mentoring relationship, the enabling impact of supportive peer relationships within a collective organizational structure, and the cultivation of a more critical understanding of social and political relations.

- The "Era of Incorporation"

  In this period, self-concept, strategic ability and critical comprehension substantially mature. Through continuing struggle, participants confront and learn to contend with the permanence and painfulness of structural or institutional barriers to self-determination.

- The "Era of Commitment"

  Participants continue to struggle with integrating new personal knowledge and skills into the reality and structure of their everyday lives. Participatory competence, then attains its adulthood.

There are two pervasive themes that underlie these phases. First is the function of the continuing internal constructive conflict or the maintenance of the creative force of internal contradiction without which an individual cannot live. In addition to this is the essential contribution of dynamic 'praxis'. Praxis here refers to the circular relationship of experience and the reflection through which actions evoke new understandings which then provoke new and more effective actions (Kieffer, 1984).

Some people perceive power as something taken and others perceive it as something to be given.

However, because of its dynamic nature, power is both taken and given (Hess, 1984). The powerful do not easily give power away. It is usually taken violently from them when the powerless exert pressure on them which eventuates in the powerful giving some of it away. Usually this is achieved through the help of an interventionist who acts as an advocate for the powerless. The question that arises then is how does the interventionist enter the system? Should s/he be invited or should they enter without invitation? Obviously, how the interventionist enters the system affects the process and outcome because of his/her values.

2.4.4 Relationship between empowerment and prevention.

Rappaport (1981) has developed the concept of empowerment by providing empowerment with a positive formulation and an alternative set of symbols. The connotation and denotations of prevention and empowerment do overlap but are still clearly distinct. Prevention is primarily concerned with the goal whereas empowerment is concerned with the process and insists on the primacy of the target population's participation in any intervention affecting its welfare (Rappaport, 1984). Whereas prevention addresses health and mental health goals, (the processes may be left to the expediency of the intervener), empowerment requires the acquiescence and participation of those affected by the intervention. One can therefore assume that interventions that do not subscribe to this process will fail.

2.5 Parent-Effectiveness

This section is a review and integration of research in the parent training literature. Included are studies investigating the efficacy of Adlerian and behavioural programs as well as parent effectiveness training. A child's disruptive behaviour is usually identified by parents as the desired focus of treatment. This brings the whole family into treatment because, rather than focusing on the child, family therapists typically envision the family system as problematic (Bell, 1963). It is not exclusively the child but the family constellation, interactional patterns and developmental level or some combination of these (Carter & McGoldrick, 1989) that must be considered.

One method of assisting a family is through parent training programs. These programs are primarily concerned with teaching parents ways of influencing their child's problematic behaviour

through altering parent-child interactions. If this intervention is desired, the practitioner and parents typically choose from several programs. This choice may be difficult because each program is based on its own theoretical orientation, with each having its own method of education and approach to change.

Although several approaches to parent training are available, two are most commonly researched. The first approach in parent training uses specific curricula that advocate democratic childrearing practices. There are **two major orientations** within the democratic approach. The first, Gordon's (1970) Parent Effectiveness Training (PET), emphasizes communication and listening skills. The second orientation represents the Adlerian philosophy, including resources such as Children: The Challenge (Dreikurs & Soltz, 1964) and Systematic Training for Effective Parenting (STEP; Dinkmeyer & McKay, 1976). The second approach is based on the principles of behaviour modification, characterized by establishing behavioural baselines and then creating schedules of parental punishment and reinforcement directed toward modifying the child's behaviour.

A review, integration, and synthesis of the most commonly researched parent training programs is presented. Studies focused on PET are discussed, followed by investigations of Adlerian philosophy, and behaviour modification.

2.5.1 Review of different approaches

2.5.1.1 Parent Effectiveness Training (PET)

Parent effectiveness training (Gordon, 1970) is a program for improving parents' childrearing practices that are based on the work of Carl Rogers (1957). PET uses a laboratory or workshop experience to facilitate parental attitude change and to equip parents with skills consistent with these newly acquired attitudes. PET consists of eight 3-hour sessions that include lectures, readings, role playing, demonstrations, and homework assignments. The use of active listening, "I" messages, and a no-lose method of conflict resolution is emphasized.

Investigations have indicated that parents who participate in PET become less authoritarian (Mitchell & McManis, 1977). Parents also have demonstrated possessing more respect for their

children and an appreciation for communication (Root & Levant, 1984). Studies have reported parental acquisition of basic empathy (Therrien, 1979) and knowledge of PET's principles (Wood & Davidson, 1987). Also, experience as a parent has been reported to significantly increase one's ability to learn PET (Mitchell & McManis, 1977). No effect on children of parents' participation in PET was noted in either career maturity or grades (Root & Levant, 1984).

2.5.1.2 Adlerian Parent Training and Systematic Training for Effective Parenting (STEP)

The Adlerian programs are based on a philosophy that focuses on the family constellation as a total unit. The needs of the family members are seen as family group needs, with each member attempting to establish a place in the family structure.

Adlerian parent training has been found to increase parental democratic attitudes, to increase parental acknowledgment of the child's right to privacy in emotional and physical settings (Moore & Dean-Zubritsky, 1979), and to reduce parental restrictiveness and authoritarianism (Freeman, 1975). Adlerian parent training also increased the child's self-esteem (Hinkle et al., 1980).

Unfortunately, results indicate an associated decrease in play with the child (Freeman, 1975) and an increase in observed parental directiveness (Moore & DeanZubritsky, 1979), suggesting that further training may be necessary as parents increase personal involvement with their children. It also appears that an informal group discussion of parenting alternatives is not as effective as a formal presentation of Adlerian philosophy (Freeman, 1975).

STEP focuses on helping parents understand the purposive nature of their child's behaviour (and mis- behaviour), as well as its social consequences. Parents develop their children's sense of responsibility by applying natural and logical consequences instead of punishment as well as by using encouragement rather than praise. Because STEP is an organized presentation, a higher degree of treatment consistency is possible than with a less structured program.

Although based in Adlerian principles, STEP also incorporates some of the communication strategies that are taught in the PET program. These communication strategies involve parental

education in reflective listening skills and 'T' messages (statements about a person's thoughts and feelings conveyed by using the word 'T'). The additional emphasis on communication may be partially responsible for STEP's reported increase in family cohesion (Campbell & Sutton, 1983).

In numerous studies, STEP has been found to change parental attitudes in accordance with the Adlerian philosophy. Democratic attitudes, the right of each family member to independence (Campbell & Sutton, 1983), and mothers' perceptions of their child's responsible behaviours (McKay & Hillman, 1979) have been increased. Studies also have indicated that STEP has decreased parental strictness and control (Campbell & Sutton, 1983; Nystul, 1982).

2.5.1.3 Behavioural Parent Training.

In behavioural parent training, parents are educated in the principles of behaviour modification. The importance of baselines and punishment and reinforcement are emphasized. This method is primarily concerned with altering a specific problem behaviour of the child. Behavioural training has been effective in decreasing parental perceptions of their children's problem behaviours (Firestone, Kelly, & Fike, 1980). Observations of parents with their children have indicated an increase in positive interactions, with a decrease in parents' non-acceptance and dominance behaviours (Webster-Stratton, 1981). Parental perceptions of family cohesion have also been found to increase (Karoly & Rosenthal, 1977). It is likely that when the child's problematic behaviour is reduced, the family environment is less disrupted and therefore is perceived as being more cohesive.

Objective assessment of children whose parents participated in behavioural training clearly indicates improvement in terms of targeted problem behaviours. The behavioural intervention appears to be situationally specific; it appears that improvement in the child's behaviour at home does not transfer to other environments, such as the classroom. Research has indicated that a child's behavioural gains associated with environmental reinforcements do not occur in other situations in which reinforcement is not present (Firestone et al., 1980).

2.6 Self-help groups

The growth of self-help groups is a powerful trend in a society. In 1987, approximately 2 percent of the Canadian population (420 000 individuals) belonged to self-help groups (Gottlieb and Peters, 1991). It is estimated that approximately 25 million Americans have belonged to such groups at some point in their lives (Kessler et al., 1997; King, Steward, King and Law, 2000).

For the purpose of this review, the researcher's interest lies in self-help groups led by parents rather than those led by service providers. These are also called mutual-aid or mutual-support groups. Self-help groups could be defined as voluntary groups that consist of individuals who share a common predicament or concern and where mutual help is provided for and by members (Humphreys & Rappaport , 1994). They are self-governing and self-regulating. They emphasize self-reliance and they offer face - to - face fellowship networking. They are also self-supporting rather than dependent. Such groups have a long history (Lieberman, Borman and associates, 1979).

A number of societal trends has contributed to the growing self-help group phenomenon such as:

- social upheaval,
- medical breakthroughs that have extended people's life expectancy,
- the shift away from institutional care to home and community care,
- financial constraints that have reduced available health services and
- a growing interest in providing services that are family centred (Humm, 1997; Kessler et al., 1997).

2.6.1 Typology of self-help groups

According to Katz and Bender (1976), groups can be broken down according to what is perceived as the primary focus.

- Groups primarily focused on self-fulfilment or personal growth. These are referred to as therapeutic groups.
- Groups primarily focused on social advocacy or social action. These include agitating and education directed at existing institutions, professionals, the public; confrontation and

social crusading.

- Groups primarily focused on creating alternative patterns for living - group solidarity providing a foundation for society's changing social institutions and attitudes. Here, individual growth and self-fulfilment is obtained, although not the primary goal.
- "Outcast haven" groups provide a refuge for the desperate, attempting to secure personal protection from the pressures of life and society.

2.6.2 Why people join support groups?

Literature suggests that self-help groups meet three basic needs i.e. social support, practical information and a sense of shared purpose or advocacy (King et al., 2000; Bennet, de Luca and Allen, 1996; Madara, 1997). Participation allows parents of children with special needs to interact with those who share the same experiences and family stresses (Rawlins and Horner, 1988). Parents obtain a better understanding of their child's special needs and information about services available in the community. Empowerment achieved through self-help groups encourages parents' involvement in activities such as lobbying government agencies for funding or changing environmental barriers.

The participants in the group are helped by helping one another, by moving out of a morbid self-absorption and pre-occupation with their psychological problems, great stress and diminished expression of enjoyment. In a group situation, participants find that they have much of value to share and to teach. Participants find support and the opportunity to express their needs and fears openly. Some of the most important therapeutic factors in these groups tend to be universality, cohesion and the imparting of information (Yalom, 1987).

Parents are empowered at personal, interpersonal and political levels and this is cited as the overriding benefit of meeting others in similar life situations (Bennet et al., 1996 and Jacobs & Goodman, 1989). Therefore there appear to be universal benefits in terms of social support, practical information and a sense of shared purpose, regardless of the nature of the predicament that is the rallying point of the self-help group.

Empirical studies on the effectiveness of self-help groups are rare. However, those that are

available indicate fairly consistently that members are satisfied with the support they receive and feel the groups are effective (King et al., 2000; Humphreys and Rappaport, 1994; Biegel and Yamatani, 1987; Humphreys, 1997). Some of these studies indicate that members find self-help groups to be beneficial as a source of information, a support or emotional outlet, and a means of developing ideas and actions.

2.6.3 The evolution of self-help groups

According to King et al., (2000) task-oriented, time-limited groups have been described as going through four stages:

- clarifying a basic purpose,
- generating the skills and resources necessary to meet group goals,
- establishing group cohesion, and
- achieving goals.

Self-help groups are more complex in that they deal with multiple goals, including emotional support and advocacy and do so over a long period of time than do task-oriented groups. Professionally-led support groups go through the following four phases:

- exchanging information,
- developing intimacy,
- solidifying relationships, and
- terminating.

It is not clearly known whether the self-help groups of parents would go through the same evolutionary phases. In a study by King et al., (2000) a sample of nine parent groups was selected. Data were collected through individual, semi-structured interviews with parents and field-notes from the observation of group meetings. The aim was to extract themes related to structural and process characteristics of groups and the issues they faced over time.

The activities of the groups changed over time to meet changes in the needs of participants and to reflect shifts in the philosophy or purpose of the group. Several groups shifted their meeting style from information/ education to more emphasis on sharing and discussing issues and concerns.

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In all groups, the issue of attracting new members was an ongoing challenge. Members recognized that parent self-help groups were not for everyone, but they also believed that many families would benefit from belonging to such groups. Most groups tried different strategies to attract new families and many had connections with agencies that would refer parents to them.

Cohesion and empowerment were initial excitement for the participants. When most groups were founded, there was a flurry of activity when they realised they could do it on their own. There was a growing sense of belonging, accompanied by a sense of empowerment. As group cohesion grew, members' interests and activities shifted from a focus on their own dilemmas to helping others (King et al. 2000).

2.7 Single parenting

Single parenting is becoming increasingly common and the majority of such families are led by women. Single parent families are usually born out the decay and collapse of marriage, a time that is psychologically exhausting for all those involved (Knowles, 1989; Manning, 1977; Arosi, 1992). There are many kinds of single parents, but for clarity, Gerder's (1988) definition is appropriate where he stated that single parents may either be unmarried (usually a teenager), divorced or widowed. They are single parents in the sense that they bear the major or entire responsibility for bringing up their children. The society has well passed the time when being a single parent or the children of single parents are less respected or unusual.

The day - to - day realities are unique compared to those of dual parent homes. Therefore they need to be respected in their own unique way. The single parent family has become such a general phenomenon that it is regarded as a particular type of family with a higher risk factor and with needs for which society has to provide particular services.

Tyber and Hoffman (1987) state that the shared act of conception entitles children to both parents, but, in an unspoken tragedy, the natural birthright to two parents is lost to most children in the aftermath of divorce. The most salient picture of single parenting in terms of its disadvantages is that it is exhausting. No child psychology book can prepare a single parent for the amount of effort that rearing children takes. The burden is difficult to imagine if one has not

been through it. Even in homes where there is a relatively passive, inactive parent, that parent can take over occasionally if the other parent is busy. With single parenting, the single parent cannot afford to be ill; no matter how sick s/he is, the children must still be fed and cared for. Also when the child is ill the single parent has few opportunities for help (Hodges, 1986).

There are a variety of reasons why single parenting is a problem:

- The entire culture is organised around two parent families. Even school districts often do not have policies that permit letters to two different parents concerning school activities (if parents are divorced).
- Single parenting limits the wisdom of the family (Blechman and Manning, 1976). Since no parent can have a full range of competencies that can be provided by two parents, it is likely that the quality of problem solving will not be as good in single-parent families.
- Emotional support may be more limited.
- Sex role development can be impaired by the absence of one parent.
- The remaining parent may suffer from loneliness.
- The child may show concern over separation and abandonement. Concern over abandonement may be particularly acute from age three to seven. Magical thinking leads children of these ages to believe that angry thoughts can lead to severe retaliation (Hodges, 1986).

2.7.1 Single parent family from different points of view

It is useful to review the perspective of each family member about the single parent family, beginning with the child.

2.7.1.1 The child's point of view

Blechman and Manning (1976) noted that the child has several disadvantages in a single parent family as compared to a two parent family. There is one less parent to help in solving problems. There is also no second parent to appeal unfair decisions. There is less time and attention available. The single parent provides less diverse view points and can train the child in fewer skills. Schlesinger (1982) conducted research on forty children averaging 14.9 year old and who had

lived in a single parent household for an average of 4.7 years. The following table presents their perceptions on living in a single parent household. Hodges (1986) noted a striking similarity between some items on both lists.

Table 2.7.1.1 Children's perceptions of living in single parent households

Advantages	Disadvantages
▸ closer to mother	▸ not closer to father
▸ more responsibility	▸ smaller dwelling
▸ helping in the household	▸ helping in the household
▸ get along with siblings	▸ coming home to an empty house
▸ more friends	▸ more responsibility
▸ trusted more	▸ moving to new area
▸ moving to new area	▸ not getting along with siblings
▸ closer to father	▸ less friends

Single parenting has some effects on children born into such families or those whose families become such in the course of their lives. These include effects on development of the child, scholastic performance, financial and psychosocial needs. Eitzen et al, (1997) assert that children from single parent homes are more likely than children from intact homes to have behavioural problems, mental illness, drug abuse and other forms of delinquent behaviour.

Because ninety percent of one-parent families are headed by a woman, the common explanation for the disproportionate pathologies found among the children of single parents has been that the absence of a male adult is detrimental to their development. Usually the one parent cannot meet all the children's needs because of a strain that has three common sources. The first is the responsibility overload in which a single parent makes all decisions and provides for all their family's needs. Second is the task overload in which demands of work housekeeping and parenting can be overwhelming. The third source is the emotional overload in which single parents must always be on call to provide necessary emotional support (Eitzen et al, 1997 and Roberts, 1994).

Biller (1981) noted that many children whose fathers do not live with them have more actual, qualitative contact with their fathers than children in father-present homes. Children benefit enormously from high levels of interaction with non-custodial parents. Biller also noted that competent mothers compensate for the lack of a father and may give a more positive view of adult men than the family with a weak, ineffective, withdrawn or passive father in an intact home.

The reason for father's absence has an effect on cognitive functioning. While father absence due to divorce, desertion or separation was found to have its most negative effect for the initial two years of life for boys and girls, father absence due to death was most negative in its effects in cognitive effects when it occurred from six to nine years of age for boys (Santrock, 1972). These suggestions suggests that the absence of a father is not simply an absence of a role model. Anger, grief and the reaction of the remaining parent all may play a role in the effects of father loss on academic achievement.

There is evidence that emotional problems are more likely in single parent families found that children from single parent households were more likely to have school adjustment problems. If the parents were divorced, acting out behaviour was more common. If the parent had died, the child was more likely to show moody withdrawal (Hodges, 1986).

2.7.1.2 The mother's point of view

In comparing mother's attitudes toward family life in one and two parent households with nursery school age children, Phelps (1969) found that one parent mothers tended to be more conservative in attitude on 23 measures than the two parent family mothers. One parent mothers were more rigid about allowing their children to express aggression, learn about sex and be exposed to adult influences outside the home. They tended to blame adult males for their domestic problems. They expected more rapid physical and psychological development of their children than did the mothers in two parent homes. Some of the divorced parents blamed their own parents' permissiveness for the failure of their own marriage.

2.7.1.3 The father's point of view

Relatively little research has been done on the single parent father since the frequency of such fathers has been relatively low in the past. Schlesinger, 1982 listed the problems of single parent fathers :

- financial problems (public assistance may be lacking as maintenance is usually paid by fathers).
- child care.
- social life.
- home making.
- personal problems.
- custody.

Keshet and Rosenthal (1978) studied non-custodial fathers of children under seven. These fathers were upper middle class professionals. They remained very active and in close contact with their young children. Initially, they felt personal failure as well as a feeling of having failed their children regardless of whether they had initiated the separation. They experienced significant fear in learning the new roles. They also felt overwhelmed at the thought of assuming the parental role on their own and questioned their competence as caretakers.

2.8 Résumé

The literature reviewed gives more insight into the argument of this thesis. Clearly, in terms of the social action model the task of health professionals is to liberate the oppressed and the powerless (disempowered) by acting as advocates for them. Literature has shown that individuals who are more susceptible to mental health problems can manage to move beyond powerlessness especially if they have the support of the self-help groups (i.e people acting collectively). Single parents (especially mothers) who happen to be less powerful members of society, can gain influence over events and outcomes of importance to them as a group. Empowerment as a process leads to illness prevention and health promotion which are the ultimate goals of the social action model. In the process of empowerment, variables like parent effectiveness, psychological health and interpersonal skills do improve.

CHAPTER THREE : METHODOLOGY

3.1 Introduction

The main aim of this study was to elicit the needs of single parents, form and evaluate an ongoing self-help group. This chapter is a layout of all the procedures followed to accomplish this aim.

3.2 Sampling

The researcher called for volunteers to join the group. An announcement constituting an appeal for volunteers (single, widowed, divorced, unwed parents) was made at a local church. A response form was issued for volunteers to fill in and return to the researcher. Although many single parents were interested in joining the group, only eight single parents committed themselves to be available for most sessions, seven of whom were females. According to Yalom (1985) the ideal size of an interactional group is approximately seven to eight. The size of the present research group met these requirements.

3.3 Psychological techniques

3.3.1 Biographical inventory

The biographical inventory was constructed. The following information was obtained from each participant:

- identifying details
- occupational and educational status
- number and ages of children (*see Appendix A*)

3.3.2 Needs analysis questionnaire

The needs analysis questionnaire was designed to elicit information concerning the meaning, joys, frustrations, special needs, expectations and possible future contributions of single parents. It was also designed to ensure that the program addressed the genuine needs of the present group

specifically (*see Appendix B*).

3.3.3 Global assessment of functioning (GAF) scale

The GAF Scale was used to rate the overall psychological functioning on a scale of 0 - 100. It considered psychological, social and occupational functioning on a hypothetical continuum of mental health - illness (APA, 1994) (see *Appendix C)*

3.3.4 Power maps

It is argued in Hagan and Smail (1999) that 'power' may be treated as a concrete factor in the development of individual distress. Power is a fundamental factor in mental health problems. Emotional distress is brought about both by the operation on the individual of damaging social forces and by the individual's lack of the appropriate powers and resources to affect his / her predicament.

Power-mapping is based on the notion that the less powerful members of society are more susceptible than others to mental health problems. Mapping the proximal powers bearing down upon people and the resources available to them focuses our attention on those aspects of their material situation which lie at the root of their difficulties and may offer them some possibility of modifying their circumstances. The preoccupation therefore is not with the individual's will, responsibility, linguistic competence, motivation or readiness to change attitudes, but on those features of the individual's social environments which are relevant to his/ her predicament.

The researchers used a power-mapping wheel to assess the power available to individuals in the following areas of life:

- home and family life;
- social life;
- personal resources; and
- material resources (Hagan and Smail, 1997).

Each of these areas are located in quadrants, which are divided into segments. There are concentric rings which convert segments into a five-point scale of 0 - 4 (*see Appendix D*).

3.3.5 Parenting skills rating scale

The rating scale was developed to find out how single parents perceive their effectiveness as parents. Parents were supposed to rate themselves quantitatively by assigning values (1 - 4) designating poor, fair, good and excellent, to ten items measuring parent-effectiveness (*see Appendix E*).

3.3.6 Program evaluation interview guide

Most intervention programmes have at least some impact on the participants. It was hoped that this intervention program would have a positive impact on the participants of the program. The program evaluation interview sought to find out whether participation in the program actually did help. It gave an opportunity for each participant to comment on the intervention program.

Program evaluation by participants has its advantages. According to Magwaza and Edwards (1991) the person who receives the service is in an excellent position to evaluate different aspects of the programme as s/he is the only one who has access to his/ her feelings. Also, since the programme is specifically designed for the participants, they are therefore the best people to assess whether it met their needs.

In the present study, an open ended questionnaire was constructed . This part was constructed to make it possible to secure precise details of personal reactions. It consisted of items related to the overall impact of the programme on the single parents and their own suggestions about the programme. It also required a short written qualitative evaluation of the programme from the participants (*see Appendix F).*

3.4 Procedure

The social-action model expresses sociopolitical causes of human behavioural problems and takes

action against them. This fosters community participation, increases morale, resources, skills, local leadership, liberation of the oppressed and sharing of resources amongst professionals and non-professionals. In line with the social action model, this was a participatory action-research, program-evaluation type of design, where single parent co-researchers jointly defined the aims of their group, the themes to be discussed and the meanings of such variables as psychological health, empowerment and parent-effectiveness. The participants were pre- and post- tested on the above variables. The group ran for a contracted period of five weeks and the members met twice each week.

This is one of many facilitation methods for fostering community involvement in the process of enquiry into their own conditions and development needs. Freire (1973)'s epistemological framework is an interesting example in that it is dialogical and participatory i.e. research is conceived of as the joint effort of a facilitator (or animator) and a group of people aspiring to understand their own circumstances better in order to change these. Research therefore becomes an intervention in the community setting.

Participatory action research is critical research, driven by action and values. It has the following advantageous aims:

- It produces knowledge in an active partnership with those affected by that knowledge.
- It aims at improving social, educational and material conditions.
- It is more practical than scientific.
- It aims to bring about a change rather than just gain knowledge.
- It is relevant to community needs.
- It mediates between individual and collective needs in that it is instrumental in promoting communal participation.
- It promotes a good relationship between the researcher and the researched.
- Instead of the researcher knowing about participants, s/he knows with them. In this way the participants are not called subjects.
- It has been described as bottom up research (Freire, 1973)

It follows the following phases:

1. **Definition of problems**

   Research questions arise through participation.

2. **Data collection and analysis**

   Participants are engaged directly in the data collection and analysis. It involves a dialogue and reflexivity among themselves as well as with the researcher.

3. **Utilisation of results**

   Community members have access to and control over the findings. It enables the communities to act on their own behalf. Results can be disseminated by the participants in popular as well as academic forums.

Details of the meetings and themes that came up in each sessions will be discussed in the next chapter.

3.5 Résumé

The study elicited the needs of single parents, which were discussed among participants in group sessions. The self-help group was formed and many issues were discussed. The procedures used in the present research have been laid out, including the questionnaires that were used for pre-testing and post-testing. The participant co-researchers rated themselves under the guidance of the researcher. The main strength of the research is that it encouraged community participation.

CHAPTER FOUR : PRESENTATION AND ANALYSIS OF DATA

4.1 Introduction

In this chapter, the themes that emerged from the meetings with single parents are presented, analysed and discussed.

4.2 Presentation of data

Data is presented in tabular form and for clarity a brief explanation follows each table. Frequency is depicted by f and percentage by %.

4.2.1 Biographical information

Ages	**f**	**%**
50 - 59	1	12,5
40 - 49	3	37,5
30 - 39	3	37,5
20 - 29	1	12,5

All participants were over 20 years of age. There were no teenage mothers in the group.

Educational level	**f**	**%**
No matric	1	12,5
Matric only	3	37,5
Matric + teacher's diploma	3	37,5
Matric + degree	1	12,5

All participants had attained at least matric. However, they were a mix of professionals and non-professionals. This made the researcher expect a variation in their points of view.

Occupations	**f**	**%**
Teacher	4	50
Nurse	1	12,5
Unemployed	3	37,5

Number of children	**f**	**%**
5 - 6	2	25
3 - 4	1	12,5
1 - 2	5	62,5

The number of children that the participants were raising ranged from one to six. That made the sharing of information profitable because everyone had something to gain and / or contribute. The ages of children ranged from 1½ to 26 years. The more experienced parents shared their expertise with the new mothers in terms of their strengths and their weaknesses.

Marital Status	**f**	**%**
never married	4	50
separated / divorced	3	37,5
widowed	1	12,5

The reasons that led to the participants being single parents could (for simplicity) be classified into the above three categories. They all had different experiences and different feelings about single parenthood.

4.2.2 Group meetings

The purposes of the initial meeting were for the researcher and the participants to get to know each other, to elicit their needs and analyse them, to do the pre-testing, to choose topics to be discussed in the next nine sessions and to commit to the group.

Needs were listed and prioritised and a timetable was made of topics to be discussed. Participants also volunteered to facilitate different discussions. The most important areas seemed to be

effective parenting (*listening to the children so that they will talk, talking to the children so that they will listen, discipline without insulting and reinforcement*), the stigma of single parenthood and strategies for earning extra income.

The group unanimously agreed that single parenthood is an awesome and overwhelming responsibility especially at first, which means striving to satisfy all one's children's needs (education, physical, comforting, making them happy). It is a strain to play both the role of a mother and of a father as one is the sole source of everything. They agreed that it means setting a good example, helping the children in their difficulties, working hard and sometimes working extra hours. They noted that single parenthood is a fulfilling and rewarding experience. However, one parent seemed to be still battling with guilt feelings about having sinned and not being fit to be a real parent. The theological and psychological therapeutic context was used to relieve this particular single parent of these feelings and opened new life awareness.

The joys of single parenthood were given as the experience of independence and freedom to do anything, being at peace, knowing that no-one else will be making rules and being in control of finances. Among the most satisfying things mentioned was seeing the output in children after all the hard work one has put in knowing it was all done single-handedly.

It was conceived as frustrating when one met financial difficulties especially if one failed to come through. Although the time has passed when single parenthood was less respected or seen as unusual, the single parents still find it difficult to cope with the stigma that still accompanies their lives. Merely raising children alone is seen as a stressor, especially when there are problems like conflicts, misbehaviour, scholastic problems, sickness and when children begin to be over-demanding. Those who have boys noted that there are times when boys need their fathers. Loneliness could not be over-emphasized as a problem that might sometimes lead one to engage pre-maturely in relationships with the opposite sex, with the hope of getting married or remarried. The difficulty arises when the relationship between the children and the new partner does not work out as it was expected to. One finds oneself in the middle of the situation, having to choose between the partner and the child(ren).

Financial help was unanimously rated as important and urgent in the lives of the participants. This,

however, did not mean that they wanted to be spoon-fed but they wanted to share ideas on how to make extra income. Assistance with child rearing and effectiveness as a parent was also a priority, as every parent wants to see one's children grow up to be responsible adults. Spiritual growth was seen as a pre-requisite for being a good parent so that one could draw strength from God and set a good example for the spiritual growth of children as well. Most single parents expressed a need for a marriage partner in the near future, one who would be a companion, and a father or mother to the children. However, support from family and friends was seen as significant in ensuring the survival of a single parent.

The participants hoped to give to and gain support from each other as a group. They believed that this group was what they needed to share their concerns and failures about parent effectiveness, discipline (especially for teenagers), communication, prevention of conflict and how to manage these once they arose. They believed they would learn from one another how to stand on their own and that they would form a prayer group which would meet regularly and pray for things of mutual concern. They were willing to be there for other participants, to listen and encourage if necessary and share their strengths. Moreover, they were willing to change their attitudes about things they had done wrongly in the past.

Strategies used in the running of the self-help group included lectures, role-playing, discussions and issuing of reading material including verses from the bible. Participants took turns to facilitate the group work, with some assistance from the researcher.

4.2.3 Quantitative and qualitative analysis of data and results

The data was first treated with descriptive statistics and then to deal with the problem or error in research, hypothesis testing was conducted. The t-test for small dependent samples was used to test hypotheses:

at 0,01 level of significance;
t crit = 2,99;
degrees of freedom (df = n - 1 = 8 - 1 = 7) where n = 8.

In the sampling distribution of the present research, the rejection area will be in one tail, beyond 2,99.

4.2.3.1 Psychological health

The well-being and mental health of single parents is greatly affected by the degree of control they experience over their circumstances and outcomes. This variable depended on the other variables, for improvement. The numerical values determined by the categories of the GAF scale, that the participants chose as describing their feelings at the time of pre-testing, were compared with those they assigned at the time of post-testing.

Table 4.2.3.1 A table indicating the results of the change in the psychological health of participants

Participant	pre-test	post-test	D	D^2
1	7	8	1	1
2	8	9	1	1
3	8	8	0	0
4	7	8	1	1
5	7	7	0	0
6	7	8	1	1
7	6	7	1	1
8	7	7	0	0
			$\Sigma D = 5$	$\Sigma D^2 = 5$

$$t = \frac{\Sigma D}{\frac{n\Sigma D^2 - (\Sigma D)^2}{n-1}}$$

$$= \frac{5}{\frac{8(5) - 25}{7}}$$

$$= 3{,}46$$

H_o: $\mu_1 = \mu_2$ (There was no significant improvement in the psychological health of the participants of the self-help group)

H_1: $\mu_1 < \mu_2$ The self-help group has had a positive effect on the psychological health of the self-help group participants)

Decision: Reject the null hypothesis

Conclusion: There was an improvement in the psychological health of the participants of the self-help group.

4.2.3.2 Empowerment

Power-mapping is not a psychometrics of the individual but a flexible method for representing important aspects of his / her social environment. Maps were used to guide the researcher and the participants to map the circumstances in terms of both the powers and resources available to him or her (assets) and the extent to which he/ she is subjected adversely to the proximal powers of others (liabilities). The maps helped provide a visual summary of participants' current position, helped target areas for concerted action to increase power, to measure and illustrate out-comes of this support group (Hagan and Smail, 1997).

In order to find out whether the help provided was useful to the reduction of distressing

symptoms and an increase in overall well being, whether participation in the self-help group empowered individuals, it was necessary to consider the relative power status before and after contact with the service. Therefore numerical values were assigned in order to compare those constructed at the beginning of the programme and subsequently (Hagan and Smail, 1997). The results of pre-testing and post-testing for the eight participants were compared using the t-test for small dependent samples as follows:

Table 4.2.3.2 A table displaying the results of the change in empowerment as perceived by participants.

Participant	pre-test	post-test	D	D^2
1	42	44	2	04
2	39	43	4	16
3	36	36	0	00
4	35	42	7	49
5	37	39	2	04
6	39	48	9	81
7	41	46	5	25
8	38	38	0	00
			$\Sigma D = 29$	$\Sigma D^2 = 179$

$t_{obt} = \Sigma D / \sqrt{n \Sigma D^2 - (\Sigma D)^2 / n-1}$

$= 29 / \sqrt{591/7}$

$= 3,16$

H_o: $\mu_1 = \mu_2$ (The self-help group has had no significance on the level of power experienced by the single parents).

H_1: $\mu_1 < \mu_2$ (The level of power experienced by the single parents improved after they participated in the self-help group.

Decision: Reject the null hypothesis ($t_{obt} > t_{crit}$)

Conclusion: We retain the alternative hypothesis. The self -help group empowered the participants and improved their well-being.

4.2.3.3 Parent effectiveness

After many sessions of discussions, lectures and role plays, on how to be an effective parent (*one that listens to the children actively, is listened to* in turn, who disciplines with love and reinforces good behaviour, one who respects the children and involves them in decision making, the participants had a changed attitude. The participants felt that the session on 'God as an effective parent was most helpful because it made them reflect on their parenting styles in comparison to God's. They were prepared to try to bridge the gap (participants were all born again Christians).

Table 4.2.3.3 A table displaying a change in parent effectiveness as perceived by participants

Participant	pre-test	post-test	D	D^2
1	30	31	01	01
2	22	29	07	49
3	29	30	01	01
4	27	30	03	09
5	28	32	04	16
6	16	20	04	16
7	18	19	01	01
8	20	24	04	16
			$\Sigma D = 25$	$\Sigma D^2 = 109$

t_{obt} $= \Sigma D / \sqrt{n \Sigma D^2 - (\Sigma D)^2 / n-1}$

$= 25 / \sqrt{247/7}$

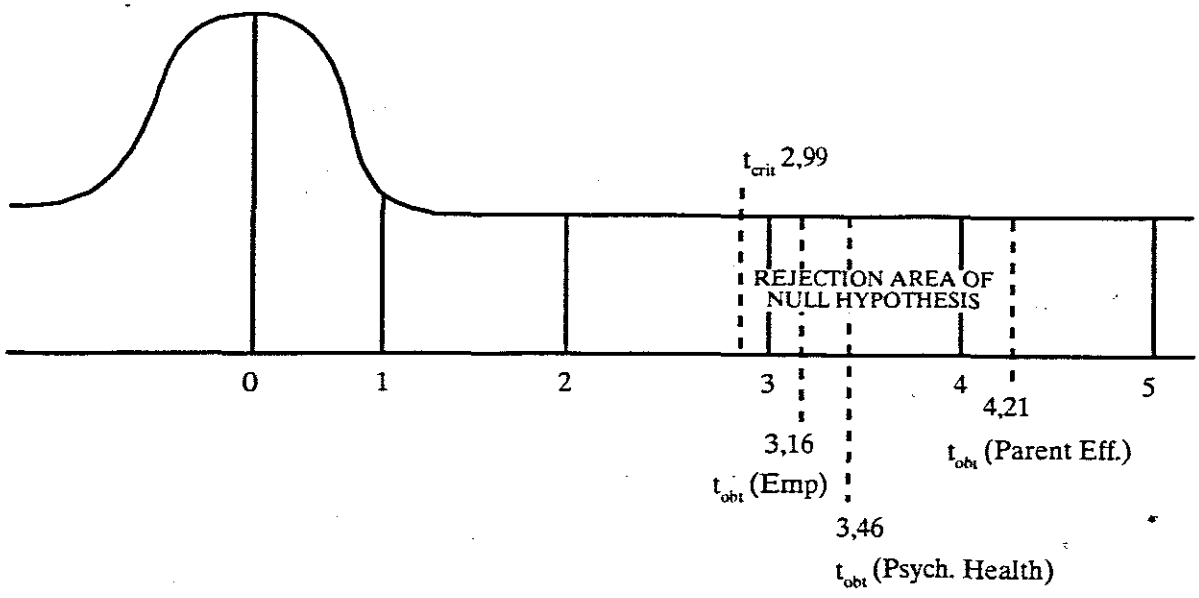
$= 4,21$

Decision : Reject null hypothesis

Conclusion : participation in the self-help group improved parent effectiveness of single parents.

4.2.4 Comparison of the variables

The following graph **(fig. 4.2.4)** shows the statistical comparison of the variables.



Clearly, the variable that showed the most improvement was parent effectiveness (t_{obt} = 4,21) as compared to psychological health (t_{obt} = 3,46) and the least improved empowerment t_{obt} = 3,16). However, all the obtained t values fall inthe rejection area of the null hypothesis (beyond t_{crit} = 2,99). Therefore it can be asserted with ninety nine percent confidence that the present research yielded positive results.

4.3 Evaluation of the programme

The programme was rated as excellent by 80% of the participants and good by 20% of the participants. They reported that it empowered them with skills to deal and cope with their feelings as well as the feelings of their children, especially the negative feelings.

The programme was reported to have been helpful to children of participants, their psychological well-being, empowerment, interpersonal effectiveness and their effectiveness as parents (as shown in the table below)

Table 4.3 A table displaying the overall evaluation of the self-help group program by participants

children	70%
psychological well-being	100%
empowerment	100%
interpersonal effectiveness	80%
parent effectiveness	100%

The main problem was absenteeism of some members during some sessions. Other problems were that sessions were too short and few, i.e not everything was discussed as they had wished. Late coming was also another problem that led to session being too short. 100% of participants wanted the programme to continue as it taught them to act under different circumstances, how to bring children up effectively, looking up to God as the best example of an effective and empowered parent. Perhaps to overcome the problem of absenteeism, participants could be motivated to own the program.

Suggestions included more sessions, with more time each. If a topic needed more time, that will have to be reported so that it will be repeated at another time. There was a suggestion for children to be involved either in their own group running concurrently, or in some of these sessions or

both. It was suggested that more members should be recruited and motivated for serious commitment. The way that the group was run encouraged participation as everyone was recognized as important and as a valuable source of at least some information. No solutions were imposed, but they were discussed at length, and each member had a chance to reflect on sessions at home, practice a newly-learnt skill to see if it worked and decide whether to adopt it or not. They felt that they learnt acting and acted on the basis of learning.

There was also a comment that some discussions called on participants to change their attitudes and wished to change their parenting style rather than blaming the children as always wrong. It was noted that although children may close their ears to advise, they will always open their eyes to example. Participants saw a need to set a good example for their children in everything they do. Regarding the financial problems, it was noted that these mostly arise due to failure to budget properly, coupled with the unrealistic demands posed by children at times and the fear of some parents to say no to their children. This showed a need for assertiveness training and financial counselling.

4.4 Résumé

The themes from sessions have been presented and analysed and it is evident that the study yielded positive results. It questioned the way they have been doing things and the reasons they did them. It led to the single parents changing their attitudes toward the styles of parenting they are used to. This was intepreted as empowering.

CHAPTER FIVE : CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the present study, on the basis of the literature reviewed, the self-help group that ran for ten sessions, pre-testing and post-testing of the participants, and the testing of the hypothesis. The main findings are the core of this chapter. Limitations of the study and the implications thereof will be articulated. Recommendations for future studies in this area of mental health mark the end of the project.

5.2 Summary of the main findings and their discussion.

5.2.1 Psychological health

It can be asserted with ninety nine percent confidence that there was a significant improvement in the psychological health of the participants. This was not just due to chance factors, but significant. Many factors could have led to this improvement including universality of problems, acceptance in the group, being recognized by group members, imparting of information and emotional support from others.

5.2.2 Empowerment

It can be asserted with ninety nine percent confidence that the single parents gained influence over events and outcomes of importance to them (Fawcet et al., (1994)'s definition). Participants were especially empowered in the area of home and family life which is in the right upper quadrant of the power-mapping wheel. Here the emphasis is on the degree to which relations with family members, past and / or present provide a source of solidarity and support. Family support may thus be regarded as an asset of which individuals make use. On the other hand, it could be a liability which can significantly impair an ability to deal effectively with problems (Hagan and Smail, 1997).

5.2.3 Parent effectiveness

It can be asserted with ninety nine percent confidence that the study promoted parent effectiveness of the participating single parents. The results are significant and not just due to chance factors. Morover, this variable showed the most improvement of the three variables. This could have due to the fact that the change in parent effectiveness was experienced immediately every afternoon, after the sessions as the single parents went home and practised the skills acquired.

5.3 Limitations of the study

Although the sample met the requirements of an interactional group according to Yalom (1987) and Garvin (1987), it was regarded as too small by the researcher. Methodologically, the lack of a control group poses a question of whether the observed finding was due to the independent variable (self-help group) or other factor (e.g. placebo). Another limitation was lack of mix of types of single parents. There were only older mothers (no teenage parents) and all participants were born-again Christians who mostly use faith in God as a source of support. This sample is regarded as skewed and biased because all participants were drawn from the same church. Also, the fact that they are all matriculants makes it non reflective of the single mothers in South Africa. In terms of the needs in South Africa, Africa and internationally, this is obviously only a beginning study. One of the spin-offs of such self-help groups or mutual-aid societies is their cascading effect and advocacy role. This is the task of further research and community interventions.

5.4 Recommendations

The following recommendations are made:

- More groups of this kind should be formed all over the country, to promote mental health, both for single parents and other categories of people who are susceptible to mental health problems, e.g carers of the mentally-ill and carers of the terminally-ill.

- It is recommended that a group of children of single parents run concurrently with the group of their parents so as to promote health in families. It not of much use to work with the attitude of one party, while that of other close ones remains the same. A group for children would prevent relapse in the single parents, which is at the secondary level of prevention.

- Community health care workers should be alert and sensitive to the needs of the communities they serve, in order to start these groups. In these groups, mutual advice and support is valuable in order to work through painful emotional experiences.

- The government should be sensitized about the importance of mental health promotion programmes and fund them financially. Such groups as those that promote skills development for women and the unemployed which would impact on the mental health should be encouraged.

- Other sectors like the business sector should also be made aware and encouraged to create an awareness within the workplace about the contribution that mentally healthy people make towards productivity and thus wealth creation. Businesses should also be encouraged to fund mental health promotion projects.

- Researchers in the field of mental health, should strive to balance research and intervention and focus more on investigation of common stressors and their reduction.

5.5 Conclusion.

It is evident that the less powerful members of society are more susceptible than others to mental health problems (Thornicroft, 1991). Those that have the most demands on them and the least resources with which to cope (e.g carers, women, the unemployed, the disabled, lower socio-economic class members and single parents) suffer the most (Hagan and Green, 1994). However if they are in supporting relationships, in which they are given an opportunity to be heard, they feel empowered, they become more effective parents, their interpersonal skills improve and

consequently their mental health is promoted.

Although the society has well passed the time when being a single parent or a child of single parents was regarded as unusual or less respected, single parenting is still a stressful experience. It is a trying and difficult task, just like dual parenting. However, day-to-day realities are unique compared to those of dual parent homes. They have demanding responsibilities, which burden they do not share but carry all alone. Dual parents need each other in raising children, so if a spouse is not available for support, it must be found elsewhere. Therefore single parents need to be respected in their own way and support each other as found in this dissertation. Single and supportive group of parents is equally rewarding if there are enough resources. Participation in such a group gives great sense of accomplishment, and great sense of freedom and control.

Single parenting also has an effect on the children. For instance, when parents separate, children become members of two single-parent families each offering its own values. It is even worse if the separated parents vent out the anger they feel towards their spouses, on children. Girls who lose mothers have to take over the role of being a mother in the house, fixing dinners and taking care of younger children, whilst being a child and getting used to the idea of having one parent all at once. On the other hand, children grow up and learn non-stereotypical roles about their parents i.e a mother can be a bread-winner and a father can be a nurturer.

In research conducted by Edwards (1999), with an aim of evaluating the relevance of various models of community psychology in the Zululand context, the social action model was regarded as the most appropriate. This reflects the current pervasive nature of social transformation in the South African society. The success of the present study marks the success of the social action model. The self-help group encouraged social change through various psychological interventions. The self-help group implied emphasis on solutions that are flexible, diverse and focused on empowerment of people at local, grass-roots level (Sarason, 1978; Rappaport, 1995; Levine and Perkins, 1997).

This self-help group revived the essence of mutual aid that has been a need for and creation of group coping mechanisms that ensure participants' survival in the face of environmental threats and deprivations. It also revealed much more strongly than in the past, a distinct polarity in

response to the pervasive individualistic ethos: Both social change and individual or self-change are now prevalent motifs of equal strength and significance.

Another element that informed the present self-help activities is a spirit of hope that man can master his own life and not merely remain captive to intractable forces. This optimistic spirit appears to be part of the world wide trend toward self-determination, predicated upon faith in the ability of lay people to set up a satisfying social order through their own efforts.

It is the researcher's hope that this research has made a valuable contribution to illness prevention and health promotion of the South African population, through the social action model, and that the reader will be conscientized to the importance of caring, helping, healing for all citizens especially those regarded as at risk for mental health problems. It is hoped that health professionals will be challenged to assist communities in altering the imbalances in power and wealth. This will be done through taking measures that will make individuals in communities better able to control their own lives. This cannot be achieved unless in part they gain access to and possession of available resources. It is important to note that healthy families make healthy communities, which in turn make a healthy and productive country.

It is also hoped that the single parents self-help group empowered participants to be able to empower other single parents. Since it was mentioned in chapter three that there were many single parents who were willing to participate in the self-help group, the eight participants in the present research committed themselves to starting more groups of the same kind. In that way, they will be cascading the skills and knowledge they learnt from the group. This will of course be done under close supervision of the current researchers.

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Appendix A

Autobiographical Information

1. Full names and surname .....
2. Age .....
3. Number of siblings .....
4. Your educational level .....
5. Your occupation .....
6. Your position (e.g. first born) .....
7. Number and ages of your children .....
8. Were you: never married
   divorced
   deserted
   or widowed ? ***Circle which***

Appendix B

Needs Assessment Questionnaire

1. What does it mean to you to be a single parent?

.....

.....

.....

2. What are your joys of being a single parent?

.....

.....

.....

3. What are your frustrations of being a single parent?

.....

.....

.....

4. List your needs as a single parent?

.....

.....

.....

.....

5. What do you hope to gain from the self-help group of single parents ?

.....

.....

.....

6. What do you hope to contribute to the self-help group in terms of your expertise and your experience?

.....

.....

.....

.....

Appendix C

Global Assessment of Functioning (GAF) Scale

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out
91 others because of his or her many positive qualities. No symptoms.

90 Absent or minimal symptoms (e.g. mild, anxiety before an exam), good functioning in all areas, interested in a wide range of activities, socially effective, generally satisfied with life, no more than everybody problems
81 or concerns (e.g. an occassional argument with family members).

80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g. difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school
71 functioning (e.g. temporarily falling behind in school work).

70 Some mild symptoms (e.g. depressed mood and mild insomnia) OR some difficulty in occupational, or school functioning (e.g. occassional truancy, or theft in the household) but generally functioning very well, has some
61 meaningful interpersonal relationships.

60 Moderate symptoms (e.g. flat affect and circumstantial speech, occassional panic attacks) OR moderate
51 difficulty in social, occupational, or school functioning (e.g. few friends, conflicts with peers or co-workers).

50 Serious symptoms (e.g. suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious
41 impairment in social, occupational, or school functioning (e.g. no friends, unable to keep a job).

40 Some impairment in reality testing or communication (e.g. speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood (e.g. depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger
31 children, is defiant at home, and is failing at school).

30 Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (e.g. sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability
21 to function in almost all areas (e.g. stays in bed all day, no job, home or friends).

20 Some danger of hurting self or others (e.g. suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g. smears faeces)
11 OR gross impairment in communication (e.g. largely incoherent, or mute).

10 Persistent danger of severely hurting self or others (e.g. recurrent violence) OR persistent inability to maintain
01 minimal personal hygiene OR serious suicidal acts with clear expectation of death.

00 Inadequate information.

From APA, 1994

Appendix D

Power Maps

Figure 1: Skeleton Power map ***(From Hagan and Smail, 1997)***

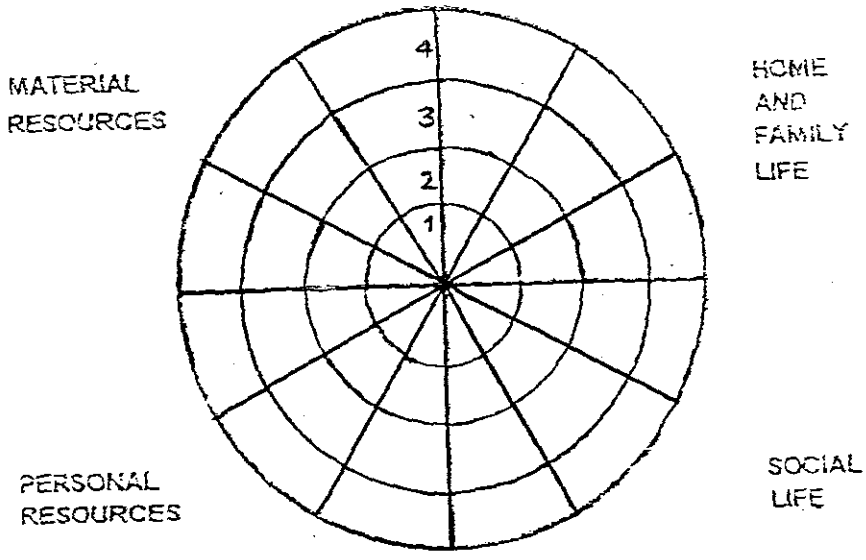

Figure 2. Skeleton power map

Figure 2: Terrain of proximal powers and resources ***(From Hagan and Smail, 1997).***

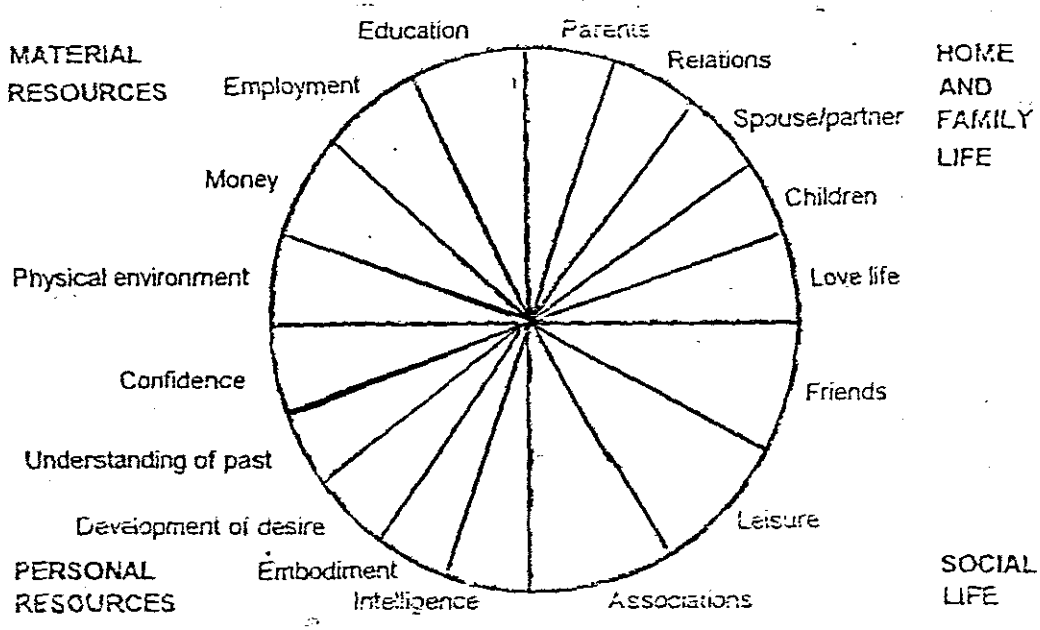

Figure 3. Terrain of proximal powers and resources

APPENDIX E

Parenting Skills Rating Scale

Directions:

I am studying how parents think children should be brought up. I would like to know how parents perceive their effectiveness in parenting skills. You can help in this study by rating your perception of your own effectiveness in each statement listed below, from poor through fair, good and excellent. You can circle the appropriate column. Be honest and frank.

1.	Treating your children with respect	Excellent	Good	Fair	Poor
2.	Giving praise and attention	Excellent	Good	Fair	Poor
3.	Rewarding appropriate behaviour	Excellent	Good	Fair	Poor
4.	Involving children in rule-making	Excellent	Good	Fair	Poor
5.	Exercising firm discipline	Excellent	Good	Fair	Poor
6.	Being consistent in punishment	Excellent	Good	Fair	Poor
7.	Being a model to your children	Excellent	Good	Fair	Poor
8.	Encouraging your children to be unique	Excellent	Good	Fair	Poor
9.	Maintaining a good parent-child relationship	Excellent	Good	Fair	Poor
10.	Enjoying your children	Excellent	Good	Fair	Poor

Appendix F:

Program Evaluation Interview Guide

Please evaluate the program as sincerely as you can. I would like you to tell how you feel about and think of it. Feel free to express your vies as it is important to the researcher to know whether it made any impact in your life and your circumstances.

1. How would you rate the program

   Excellent

   Good

   Fair

   Poor

   Why?.....

   .....

2. Do you think the program was helpful to your:

Child	yes / no
Interpersonal effectiveness	yes / no
Personal empowerment	yes / no
Psychological well being	yes / no

3. What would you say were the main problem of the program?

.....

.....

.....

4. Would you like the program to continue?

.....

.....

5. What suggestions would you give to improve the program?

.....

.....

.....

6. Give a qualitative evaluation of the program:

.....

.....

List of tables and figures