Processes of transformation in a group psychotherapy intervention for single mothers

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Abstract

South African and international statistics indicate that single mother families account for a large and growing proportion of the population. The economic, practical, and emotional stresses of single mothering have been documented and the experience of isolation that often accompanies their circumstances is noted in the literature. Group therapy has been utilised as a treatment plan with single mothers to provide social support and to help the women cope with stress.

This thesis examines the experience of single mothers who attended a slow, open group therapy intervention for single mothers at the Child Guidance Clinic, University of Cape Town. The study is located in a feminist social constructionist tradition that recognises the multiplicity of social realities. It places the women's experiences at the foreground of the investigation so as to allow for insight into the socially constructed and first-order reality of the respondents. The research investigates the women's subjective experiences of single parenting; their experiences in the group and its impact on them; and their perceptions of group processes that may have facilitated transformation in their lives.

Ten members of the single mother groups were selected for in-depth interviews. Five of the most recent graduates were interviewed and five more participants were selected as the five longest standing members currently participating in the groups. The participants' length of stay in the group at the time of interview varied between eight months and five years. The women were drawn from a range of race, class, cultural and educational backgrounds. The data was collected using individual semi-structured in-depth interviews. A constructivist grounded theory approach was employed to analyse the data.

Results revealed the value of the group therapy intervention as a transformative experience for these women who face the challenges of being single parents. The participants highlighted the interpersonal factor of the group intervention as central to their experience and identified this relational aspect as the unique site of their emotional growth. The five interpersonal factors that were identified are: non-judgemental

acceptance; support; commonality of experience; reciprocity; and challenge and confrontation between group members. Their accounts of personal changes brought about by participation in the group reflect internal intrapsychic transformations, which are understood in terms of increased self-acceptance, enhanced self-esteem, and improved self-confidence. Furthermore, their accounts of personal transformations include a reorganisation of their relational patterns from their immediate to their larger social context.

The centrality of relational processes in this research reinforces contemporary theory of women's psychology, particularly theory emerging from the Stone Center, which offers a view of women's psychological growth as occurring in and through participation and engagement with others to achieve more mature and satisfying forms of relating. The accounts of personal and collective transformation provide further insight into the concept of relational empowerment as it occurs in these groups and offer an understanding of the potentially restorative value of group therapy for single mothers.

Future therapeutic interventions are considered and the need for further research in the field is discussed.

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Chapter 1: Introduction

This study explores the processes of transformation as they occur in group psychotherapy for single mothers. In this introductory chapter I will present the common trends in current research with single mothers and offer a comment, from a feminist perspective, on the limitations of the prevailing perceptions that emerge from the research. I will also comment on how contemporary views of single mothering have impacted on psychotherapeutic interventions with single mother families and will offer a brief review of the literature that reports on these interventions. In the latter part of the chapter, I will introduce relational theory and the clinical implications that this theory holds when constructing psychotherapy for women. I will then focus on group therapy as a modality that can promote women's growth and development from a relational/cultural perspective, and explore the value of group work for self-empowerment. I will conclude the chapter by providing the specific context of the current study and outline the aims and objectives of this investigation.

Perspectives on Single Mothering

Current Research

The most recent South African statistics indicated that 42% of children in the country are living with their single mothers (Kane-Berman, Henderson & de Souza, 2001). The growth in the number of unmarried mothers, the impact of HIV/AIDS, and the increasing number of separation and divorces have resulted in a steady incline in the percentage of single parenting, particularly those households headed by women (Schlemmer & Smith, 2001).

Locally and internationally, female-headed households have been identified as economically disadvantaged (Schlemmer & Smith, 2001; Sidel, 1996) and a higher incidence of maladjustment and psychopathology is documented among their family members (Burghes, 1994; McLanahan & Sandefur, 1994). Although a small body of research has attempted to counter these findings by highlighting the positive attributes of one-parent families (e.g., Olson & Haynes, 1993; Walters, 1988), most of the literature

focuses on the *deficits* inherent in a single-mother family situation (e.g., Barber & Eccles, 1992; Dennis & Erdos, 1992; Mclanahan & Sandefur, 1994). Much attention is given to the unfavourable statistics and results are most commonly interpreted as a "consequence" of the shortcomings inherent in this family structure. Single mothers are often personally under attack for the perceived deficit (Schnitzer, 1998; Seccombe, James & Battle Walters, 1998; Sidel, 1996). Although some attempt has been made to relate the deficiencies of the single-mother family to the lack of support provided by wider social structures, much of this writing is still located in a deficit model as it shifts the blame onto the authorities for not providing adequate family, child-care and economic aid to compensate for the "inadequacy" of the mother-headed household.

A Feminist Perspective

While feminist writers have not focussed on the single mothers per se, the feminist standpoint and the larger perspective of female gender issues offer an alternative viewpoint from which to understand the emerging literature on single mothers. The feminist call to reassess women's experiences within a socio-political framework necessitates viewing the contextual variables in which the current literature is couched. It motivates for a critique of the mainstream inquiry so that the androcentric bias of the methodology of the research and interpretation of data is exposed. In its strongest form it would suggest that the literature on single mothers collaborates with the social structures, cultural institutions, and socialised norms and expectations that produce and perpetuate a gender inequality. It may be argued that conventional views of the lone mother exacerbate dynamics of oppression by holding her responsible for the difficulties in her life, including the intergenerational transmission of poverty, and by blaming her for the increased pathology in her family. Mainstream views may also be tackled for portraying these women as victims of their circumstances.

The social constructionist approach positioned within a feminist perspective, in particular, calls for a reinterpretation of mainstream epistemology as a dominant discourse that holds prominence due to socially constructed dynamics of power (Danziger, 1997; Gergen, 1999, 2001; Harding, 1996,1998; Olesen, 2000). This

perspective would be interested in the context in which the representation of the single mother family emerges and would address how the subjective experience of single mothers is socially constructed. For example, the standard comparisons drawn between single-mother and two-parent families may amplify a sense of otherness and difference that may be carried by single mothers and assimilated into their identities. This seems to be the case in evidence documented by family therapists who have noted how single mothers approach therapy as a means to heal the deficiencies they perceive in their family structure (Morawetz & Walker, 1984; Sheinberg & Penn, 1991). Another issue that may be taken up from a social constructionist perspective is that the prevailing debate of adequacy versus inadequacy of the single parent family runs the risk of creating a fixed identity for single mothers. Seccombe, James and Battle Walters (1998) expose commonly held perceptions that reduce the single mother to a stereotype of inherent incompetence. It may be argued that this immutable representation of the single mother separates the woman's experience from the context in which it is embedded. Furthermore, as Schnitzer (1998) comments, these narrow perceptions fail to recognise the actual diversity that exists among single mothers.

Therapeutic Interventions

The trend of contemporary single parent research has had consequences for the way in which psychotherapy has been constructed for single mothers and their families. A considerable number of studies examine the use of family systems theory as an approach to working with one-parent families (Atwood, 1995; Korittko, 1991; Westcot & Dries, 1990).

The majority of studies documenting group work with single mothers report on short-term life-skills and support groups offered to single mothers with a focus on bolstering a population perceived as vulnerable (Brown, 1989; Butcher & Gaffney, 1995; Knive-Ingraham, 1985; Lee, 1988; Lipman, Secord & Boyle, 2001; Mc Namee, Lipman & Hicks, 1995; Shulman, 1994; Soehner, Zastowny, Hammond & Taylor 1988; Whittington, 1986). All these studies report on the effectiveness of the therapeutic interventions, highlighting improved self-esteem, parenting skills, life-skills, and

relationships with others. These studies note decreased stress for the mothers and enhanced family functioning. As the evaluations were completed on termination, or soon thereafter, the long-term benefits of these groups have not been ascertained.

Documentation of three longer term therapeutic support groups were located in the literature. Bienstock and Videcka-Sherman (1989) provide a process analysis of a long-term support group offered to five single mothers, all of whom had children in outpatient psychiatric treatment. Most of the mothers were diagnosed with severe interpersonal problems and the majority of them lacked a supportive social network. Analysis of the group process indicated that while sharing similar problems remained the most frequent type of interaction, active problem solving increased as the group developed. As was the case with short-term groups, findings suggested increased self-confidence, improved relationships with others, reduced levels of stress, and enhanced parenting for the mothers involved.

McLeod and Vonk (1992) have reported on a three-year fortnightly, unstructured support group implemented for single-parent graduate students on a university campus, while a parallel group was offered to their children. An informal evaluation of a core group of four single mothers assessed the intervention as successful on the basis of members' ability to discuss intimate issues of their lives in the group.

Mulroy (1995) provides an account of a group that was initiated by a social worker at a youth counselling clinic. The clinician identified five single mothers who were isolated, had no family support, and were struggling with the demands of jobs and childcare. Although Mulroy does not report on the outcome of the group, the fact that it began as a short-term group, but developed into a group that has continued to meet weekly for the past ten years suggests the value that it holds for these women.

While all the interventions have documented positive results, these outcomes, when interpreted in the literature, are generally understood to be the result of the support and input that the women receive, as if these interventions requite for the deficits inherent in

the single parent situation. A notable exception is the study reported on by Bienstock and Videcka-Sherman (1989) where the value of the normalising function of the group is recognised and identified as an opportunity to counter the extensive pejorative societal view of single parenthood.

Over the last two decades, scholarship within feminist psychology research has resulted in an increasing understanding of the importance of the relational context in women's lives. The development of this theory has had a significant impact on the way in which psychotherapy is constructed for women. It offers new insights into the construction of disconnection and isolation so commonly experienced by single mothers and posits therapeutic interventions as relational opportunities to repair and heal women's experiences of chronic disconnection. In so doing, it serves to depathologise women by valuing their need for healthy relationships and by recognising the constricting relational contexts in which they might live. The theory and clinical implications have been utilised in practice with different populations of women, but there is no documentation of particular interventions with single mothers. In the following section I will locate this theory within the broader movement of relational theory and examine the basic tenets of the theory.

Relational Theory

Traditionally, Western psychological theory has posited the notion of a developing self that emerges through a process of ever-increasing separation to become an autonomous, self-sufficient, and contained entity. The journey towards maturation has been measured in terms of advancing individuation and disconnection from early dependencies. The process is depicted as an uncovering of the individual self in a coherent and predetermined direction, which can become distorted by interactions with others. In recent years this developmental model has been problematised in that it objectifies, decontextualises and spatialises the concept of self, resulting in a bounded and reified structural image. In the following paragraphs, I will briefly consider the evolution from a psychology of separateness to a relational theory in the fields of psychoanalysis and infant research, with a view to representing how prevailing theories have overturned

individualistic notions of development. I will then present, more comprehensively, perspectives that have emerged within feminist psychology that challenge current thinking and propel relational theory forward to address the biases of reigning psychological theory. This theory is presented as a pretext to understanding the particular processes of transformation that were identified by single mothers who participated in a group therapy intervention.

Psychoanalytic Theory

In some approaches to psychoanalysis, the past thirty years has seen Freud's original drive model be replaced by psychoanalytic relational theory. Recognition of a relational perspective is reflected in the early work of interpersonal psychoanalysts (e.g., Horney, 1937; Sullivan, 1953). Sullivan's theory of "reflected appraisals" incorporates interpersonal relations in the development of "the self," which is still viewed as the outcome of psychological growth. However, his singular focus on the impact on the self preserved a one-directional model.

The centrality of relationships in human development was further articulated by object relations theorists, who acknowledged relationships as central to the psychological life of the individual (e.g., Fairbairn, 1946/1952; Klein, 1975; Winnicott, 1963). Klein's notion of reparation (Klein, 1934), which incorporates a concern for the other, and Winnicott's paper, "The development of the capacity for concern" (1963) provide some acknowledgement of mutuality in the relationship. However, their retention of the objectified language of drive theory still promoted a view of the self as primarily instrumental, impacting on its environment from a position of relative independence, driven either by guilt over destructiveness or by pleasure derived from need gratification. Furthermore, as Winnicott expressly stated, the provision of a "good enough" holding environment will result in the emergence of the "real self" (1971). Fairbairn, as early as 1946, welcomed the notion of reciprocity and proposed a view of development whereby individuals proceed from "infantile dependence" to "mature dependence." The latter stage involves a move "from taking to giving and exchange" (p145) and is characterised "by a capacity on the part of the differentiated individual for cooperative relationships

with differentiated objects" (p145). Guntrip (1973) paid full homage to the mutuality of the process: "But personal object-relations are essentially two-sided, mutual by reason of being personal, and not a matter of mutual adaptation merely, but of mutual appreciation, communication, sharing and of each being the other" (p111).

Another coherent theory of relational psychoanalysis has emerged from self psychology (e.g., Kohut, 1977). The introduction of the "selfobject" concept implies a need-fulfilling relationship where the selfobject serves to maintain the narcissistic equilibrium of the individual. The proposed need for ongoing selfobjects in adulthood allows for some movement away from the goal of self-contained independence as the hallmark of maturity. However, a two-way exchange is not central to this model that focuses on how the selfobject services the self.

Infant Research

Infant research has found evidence of patterns of differentiation of self and other that are present from early infancy, despite the absence of language and formal representation at this stage. Sander's pioneering research (1964) detected the infant's early capacities for relatedness and concluded that both the mother and the infant participated in the "regulation of reciprocal exchange" by the time the infant was the age of three to six months.

Daniel Stern's close examination of the mother-infant dyad has further revealed the interactive nature of the early relationship (Stern, 1986). He uses his research to dispute the subject-object divide and proposes a new vocabulary to articulate his findings of self-other experiences as they occur from infancy. He challenges the notion of primitive merging and reframes the relationship as "an active mental act of construction not a passive failure of differentiation."

Infant observation over the last two decades has resulted in the development of the Mutual Regulation Model, which offers some insight into interpersonal communication between infants and caregivers (Gianino & Tronick, 1988; Tronick, 1989; Tronick &

Weinberg, 1997). The model posits that relationships do not simply provide the context for development, but also provide the mechanism through which development ensues. The foundational concept is that development occurs in a process of mutual regulation. In a normative situation, inevitable mismatches are resolved when the infant's affective feedback allows the caregiver to repair his/her response. This process of mutual regulation allows infants to develop a sense of themselves as effective social players and engenders trustworthiness in the caregiver. When regulatory functions fail, the infant is believed to withdraw from the relationship with caregivers and invests in the maintenance of self-regulation (Tronick & Weinberg, 1997).

In summary, then, both relational psychoanalysis and infancy research make general claims to an inextricable link between self and other. They acknowledge that, as humans, we are born into and develop through a relational process. The human psyche is understood to evolve in relationships with others where the posited goal is one of self-differentiation. They propose that a full understanding of the individual thus necessitates an appreciation of the multiplicity of relational contexts in which the person is embedded. The healing of psychotherapy is then believed to occur in the interactive space provided by the therapeutic relationship.

Feminist Theories

Feminist theories of girls' development and women's psychology have provided another angle to relational theory. Gilligan (1982), adopting a developmental perspective in her study of adolescent girls, and Miller (1976), utilising clinical experience with female clients, have challenged the presiding view of development as a process of increasing separation and autonomy. In a political analysis of psychological theory, they contend that existing theories of separation are a construction of Western patriarchal society that values independence and autonomy. Their studies of women have confirmed the centrality of relationships in women's psychological development, which, in traditional psychological theory would position women as pathological at worst and as less mature than men at best. Gilligan and her colleagues at Harvard, and Miller and her fellow clinicians at the Stone Center, have proposed relational models as alternative ways of

conceptualising psychological growth. Over the past two decades their original works have been augmented by an extensive base of research and this has resulted in the establishment of a notable body of feminist psychology literature. In the following paragraphs I will outline feminist developmental theory that has emerged from the Harvard research on adolescent girls' development, and the Relational/Cultural Model that has grown from the work at the Stone Center.

Gilligan listens to the voices of girls and women to offer support and validation to perceptions and outlooks that, she motivates, were previously dismissed or misunderstood in the context of Western patriarchy. Her research, and that of her colleagues, adds a body of knowledge on women's maturational processes. A theory of women's emotional development that emerges from this research highlights the centrality of relationships in women's psychological reality. Authentic relationships, defined as those that offer individuals the opportunity for a full range of expression of feelings and experiences, are presented as a prerequisite for women's healthy psychological development (Brown, 1998; Brown & Gilligan, 1992; Gilligan, 1982; 1990; 1996; Gilligan, Rogers & Tolman, 1991).

Gilligan (1982) identifies variant experiences in the mother-child bond as the location of different identity formation between girls and boys and the origin of gender differences in relational patterns. In short, she states that daughters, whom mothers experience as more similar to themselves, are generally not forced to separate in the way boys are, and are encouraged and coached into relationships of mutual empathic interdependence. Mothers with sons, on the other hand, experience their sons as different to themselves and with cultural backing and reinforcement by the father, they tend to encourage their sons to separate and develop competitive behaviours. Thus, she concludes, sons usually have less practice and experience in participating in authentic relationships that offer mutual care taking. From this developmental perspective, Gilligan suggests that we understand theories of autonomy and separation as representative of the male psyche and calls for a revision of theory to include an understanding of women's psychological development that encompasses a movement towards more mature interpersonal relating.

Understanding development as a process that occurs and is shaped by a particular relational context, Gilligan identifies the voice as the instrument of the psyche that reflects the individual embedded in this context. Authentic relationships are seen to provide resonance and encouragement for the development of an unrestricted voice. However, when the individual's needs, desires and knowledge conflict with the dominant voice, the desire to preserve relationships is believed to result in the practice of self-sacrifice and self-silencing (Gilligan, Lyons & Hanmer, 1990). Although this might begin as a conscious process, Gilligan suggests that the continuing absence of resonant relationships results in a dissociation or masking of the girl's own voice, which she then takes on as her own failure rather than a problem with the culture. Gilligan understands psychological distress as the product of this "resistance." She views symptoms as markers of "relational crises" which she understands as "losing touch with one's thoughts and feelings, being isolated from others, cut off from reality" (1991, p23).

Brown and Gilligan's voice-centered relational method in research (1992) offers a way of exposing and understanding relationships, which they consider at the heart of psychic life and hence intrinsic to psychological inquiry. They call for attention to voice in order to obtain a measure of relationship, and consequently, an indication of psychological well being. They suggest that four basic questions need to be posed when attending to voice in psychological inquiry: "(1) Who is speaking? (2) In what body? (3) Telling what story about relationship – from what perspective or what vantage point? (4) In what societal and cultural frameworks?" (Brown and Gilligan, 1992, p21). These questions highlight the subjective, cultural and societal position of the voice. Brown and Gilligan believe that by asking these questions, the researcher attunes her/himself to the relational dimensions of the research and dispels the possibility of presenting findings as disembodied and "objective."

The Stone Center Relational/Cultural Model gives further weight to a feminist critique of established theories that conceive of development as advancement towards an individuated self. In their work with adult women clients, the Stone Center endorses a

view of psychological growth as one that takes place in and through connection with others (Jordan, 1997c; Jordan, Kaplan, Miller, Stiver & Surrey, 1991). Their theory of women reinforces Gilligan's developmental model by hypothesizing that rather than moving away from mothers and significant others, "women add on relationships as they redefine primary relationships in age-appropriate ways" (Turner, 1997, p75).

According to their "self-in relation" model, the goal of psychological development becomes the active participation in growth-fostering relationships where maturation is viewed as "increasing levels of complexity, choice, fluidity, and articulation within the context of human relationship" (Surrey, 1985). Thus, the evolution of the self is viewed as commensurate with the growth of relational capacities. Rather than viewing self-sufficiency and personal gratification as the principal motivating factors for connection, this model recognises that the relationship itself, as a fulfilling and enhancing experience, is an incentive for establishing connections.

The model encompasses a notion of mutuality whereby reciprocity in relationships is acknowledged. In a context of interpersonal mutuality, where emotional availability and responsiveness are paramount, the individual is both impacting on the other and being impacted on by the other. As Jordan says, "each is both object and subject, mutually engaged in affecting and being affected, knowing and being known" (1997b, p15). Jordan identifies that the process allows not only for powerful affirmation of the self, but "a transcendence of the self, a sense of self as part of a larger relational unit" (1991, p82). She explains that transformation occurs in the form of action, creativity, and intentionality when "the other's subjective experience becomes as one's own" (1997b, p15). Growth, presented in this context of mutuality, is depicted as participatory and synergistic. Self and other are no longer viewed as clearly separate entities, but as mutually forming, fluid and changing structures that thrive in movement and dialogue. Jordan expounds, "In real dialogue both speaker and listener create a liveliness together and come into a truth together. Dialogue involves both initiative and responsiveness, at least two active and receptive individuals" (1997a, p142).

The properties of resonance and empathy are viewed as central ingredients of mutuality and necessary components of growth-enhancing connections. Resonance, the precursor, is considered to be the affective experience whereby a person is emotionally moved by another (Jordan, 1991). Surrey (1997) notes that the ability to be moved through emotion rests on the person's willingness and capacity to be open to her own feelings and to be receptive to the feelings of others. Empathy, the component that follows, is regarded as the cognitive experience which allows for a depth of understanding of the other, resulting in an increase in knowledge of other and self (Jordan, 1991). Jordan refers to Schafer's (1959) definition of empathic attunement as "the capacity to share in and comprehend the momentary psychological state of the other" (Jordan, 1991, p82). Jordan expounds the notion that empathy gives access to the subjective world of the other. It involves progression from subject-object relating to subject-subject relating, where the intent is to understand the other. She distinguishes interest in the other, emotional availability and responsiveness, and cognitive appreciation of the wholeness of the other as aspects of empathy. According to Jordan, the latter aspect involves both an acknowledgement of sameness and an appreciation of difference of the other's experience. Movement is activated by difference as the individual stretches to match or understand the new experience, resulting in the enhancement of self, other, and the relational process (Jordan, 1991). Surrey (1997) notes that the capacity for empathy is learnt and nurtured in the context of mutual relationships.

Miller (1986) identifies five sequelae of mutually empathic relationships. Firstly, the experience of connection is accompanied by a surge of energy that Miller has referred to as "zest." Secondly, the movement in the relationship empowers the individuals to act outside of the particular relationship. Thirdly, there is new self-knowledge as well as increased clarity on the thoughts and feelings of the other person. Fourthly, the connection results in greater authenticity and an increased sense of self-worth. Finally, a positive experience stimulates motivation for further connection in this relationship and beyond.

However, Miller and her colleagues do not view growth-enhancing relationships and their sequelae as static or even constant. Rather, connections, disconnections, and reconnections are placed at the centre of developmental processes, where movement from connection, into disconnection, and once again into reconnection is regarded as the normative flow of relationships (Miller, 1988; Miller & Stiver, 1994, 1995). They propose that it is in the process of reconnection that psychological development takes place. Conversely, circumstances of chronic disconnection are understood to result in constriction of the individual and psychological distress. Miller and Stiver have identified the central relational paradox as the situation that occurs when there is repeated disconnection without reconnection (Miller, 1988; Miller & Stiver, 199w). In this situation of continuing disconnection it is posited that the individual, in a desperate attempt to accommodate the relationship, removes aspects of herself out of the relationship, which, paradoxically, precludes the possibility of fulfilment in the relationship. They propose that the energy is then redirected towards altering the self or restricting emotional responses.

Surrey (1990) identifies mothers as particularly susceptible to the relational paradox. She posits that perceptions of motherhood, emerging from clinical and developmental psychology theories of this century require mothers to deny their subjective experience while they focus on their children. Although they are expected to be deeply engaged with their children, the removal of their voices and own interests results in their disconnection and disempowerment, with the consequence that they experience isolation in their internal and relational worlds.

Within this framework, psychological withdrawal created by the relational paradox has been associated with the development of psychopathology. Kaplan (1991) utilises this understanding of psychopathology to shed light on the depressive condition, so frequently diagnosed in women. She proposes that the absence of mutually affirming relationships and women's felt responsibility for failures in connecting with others are a significant cause for depression. Kaplan views women's loss of their capacity for being a "person-in-relationship" as creating feelings of worthlessness and maintains that women

experience the absence of intimacy as a "*failure of the self*" (1991, p218, emphasis in the original). In other words, the depression is linked not only to the loss of an object, but to the loss of a core sense of validity that is usually derived from assurance in her own relational capacities. In Kaplan's words, "It is the absence of this capacity for connecting with others – the denial of the opportunity for full development of one's relational goals – that would be the hallmark of the effect of loss" (Kaplan, 1991, p217).

The theory has further been utilised to offer some insights into the commonly held label of dependency carried by women and their oft-diagnosed issues of low self-esteem. Stiver (1991) refers to the pejorative connotation of dependency on others and suggests that pathological expressions of dependency emerge when the normative function is inhibited. Jordan (1997a) identifies the shaming that results from women's awareness of their relational needs. Both theoreticians note that the denigration of women's need for connection, resulting from prevailing standards of separateness and autonomy, encourages a pervasive sense of inferiority. From this perspective, the experience of shame reduces the individual's feelings of worthiness to be in connection and results in the sublimation of powerful relational longings. Jordan (1997a) expounds the idea that when the individual no longer feels valued or deserving of connection the possibility of a reparative interaction is diminished and increasing isolation compounds the shame. Stiver (1991) maintains that women in this position often attempt to obtain some sense of gratification and fulfilment through responding to the needs of others. This vicarious process involves projecting needs onto others and assuming full responsibility for the care and maintenance of relationships. Stiver comments that this enterprise results inevitably in feelings of envy and resentment and is likely to lead to depression.

The theory further articulates how the act of shaming women serves to silence their realities. From this perspective it is viewed as a socio-political force that sustains disempowerment. Miller (1988) indicates that women lose the ability to represent their perspective and, ultimately, to even know their reality. Jordan writes, "By creating silence, doubt, isolation, and hence immobilization, i.e., shame, the dominant social

group (in this case white, middle class, heterosexual males) assures that its reality becomes *the reality*" (1997a, p150).

More recently, writings from the Stone Center have focussed on the experience of minority groups of women (Jordan, 1997c). The appreciation of diversity within women's experiences has on one level broadened the model, and on another level reconfirmed the socio-political comment that emerged from previous writings: that in a culture where hierarchies of power are entrenched, the possibility of embracing diversity is curtailed. From this perspective, it is hypothesised that differences between people, rather than providing opportunities for growth and expansion, become a cause for withdrawal and chronic disconnection. In a climate of persistent disconnection, minority experience is subdued and dismissed by the dominant voice, and isolation, accompanied by feelings of self-doubt and worthlessness, is endured. In this way, the power-over structure of patriarchal society remains unchallenged and positions of dominance are not disputed.

Much attention has been given to implications of the theory for psychological healing, particularly as it occurs in psychotherapeutic endeavours. Miller and Stiver draw attention to their concept of relational paradox where they view disconnections in relationships as inevitable and emphasise repairing the disruption in the active co-construction of a relationship. The therapeutic setting thus provides a relational opportunity for repairing disconnection by bringing the individual into a relationship where a climate of mutual empathy is fostered (Miller & Stiver, 1991; Miller & Stiver, 1994). They propose that when the person experiences empathic responsiveness from the other, she is encouraged to allow more of herself into the relationship. The person is thus brought back into connection where pain can be shared rather than dealt with in isolation, and where learning and growth can take place in order to build relational competence. In other words, the active and authentic participation in the therapy relationship itself is posited as the goal of therapy (Miller & Stiver, 1994).

Miller and Stiver (1997) call for the therapist to be receptive and sensitive to both sides of the paradox: the client's yearning for connection and the client's use of strategies to keep large parts of herself out of connection. They maintain that the therapist is also required to reflect on her own processes of connection and disconnection in order to meet the client in an authentic way. Furthermore, Miller and Stiver stress the mutuality of the process, which translates into the requirement that the therapist be emotionally available and open to the client to the extent that the client has an impact on the therapist. Jordan (1991) clarifies that although both people are affected in the therapeutic relationship, the contract of therapy positions the client's subjective experience as the focus of the therapy and the therapist's subjective experience is attended to only insofar as it may be useful to the client. Thus mutuality refers to the dialogical nature of the relationship, where each person is emotionally available, attentive, and responsive to the other, rather than referring to a relationship of equal disclosure.

Stiver (1997) contests the traditional standard of a neutral and withholding therapist and argues that a genuine relational context, where the therapist conveys her authentic engagement, provides the safety for the transference to emerge and be worked through. Miller and Stiver (1995), in an earlier paper, propose that "relational images", which are formed in infancy but can be altered throughout life, provide internal reflections of the individual's expectations and anxieties of how her needs and attempts at connections will be accepted by others. They believe that we use these relational images to "determine who we are, what we can do, and how worthwhile we are" (Miller & Stiver, 1995, p2). Miller now calls for the therapist to work with the relational images that emerge in the transference to gain a greater understanding of the disruptions that have occurred in past relationships. By working through the misunderstandings that may occur in the light of the transference projections, and by offering a corrective relational experience, Stiver (1997) argues that the individual can begin to reorganise her experience and transform her relational expectations.

The Stone Center terms its model of interactive process a "power *with*" model, or "power emerging from *interaction*" model, suggesting that participation in relationships

facilitates connection in such a way that participants' personal power is enhanced (Surrey, 1991, p165). In contrast to a traditional hierarchical "power over" or "power for oneself only" model, where interaction engenders dominance and subordinance, the establishment of mutually empowering relationships is understood to simultaneously enhance the power by enlarging the vision and energy of all participating parties. Miller (1986) refers to "movement in relationship" to describe the essence of relational empowerment. She describes how the parties involved in a framework of empathic connection feel acknowledged and responded to and are able to acknowledge and respond to the other. In this way, a context of improved awareness and understanding is created and sustained. This process of growth and increased insight frees energy in a context of shared activity that creates an enlarged vision and transfers into an experience of personal efficacy. Thus, in this framework, connection with others does not diminish but heightens the sense of personal power and understanding. Affective joining provides an experience of relational power that replaces the sense of powerlessness generated by disconnection and isolation.

Surrey (1991) eloquently describes the creative process whereby people are transformed through interaction. She writes, "The movement of relationship creates an energy, momentum or power that is experienced as beyond the individual, yet available to the individual. Both participants gain new energy and new awareness since each has risked change and growth through the encounter. Neither person is in control; instead each is enlarged and feels empowered, energized, and more real. Empowerment is based on the capacity to turn toward and trust in the relationship to provide the ongoing context for such interaction. This action or movement of relationship, then transfers to action in other realms as the person has become increasingly response/able and empowered to act" (p168).

It is interesting to note how this links to the theory of social capitol that is beginning to make an impact on the mental health literature (Cattell, 2001; McKenzie, Whitley, & Weich, 2002). Putnam (1996) defines the term social capitol as "features of social life – networks, norms and trust – that enable participants to act together more effectively to

pursue shared objectives" (p 280). Relational empowerment, proposed by the Stone Center Model, compliments the burgeoning research that utilises social capitol as an explanation for variances in health that is in evidence in different social contexts. Interestingly, Cattell's (2001) study of social capitol in two deprived areas of east London, noted that single parents in the one area were less likely to have family and neighbourhood support than in the other area and were placed in the "socially excluded or truncated network" category (p1507). According to the theory, this depletion of social capitol acts as a key mechanism in the relationship between poverty and ill health. In contrast, the research demonstrates how the distribution of supportive resources all contribute to quality of life and can offer potential health protection.

In summary, the two feminist models offered above differ from other relational theories in that relationships with others are not viewed as a vehicle for reaching the developmental goal of an autonomous and independent self. Rather relationships are viewed as a basic human motive and as the locus for ongoing development, with the end objective being relational competence. Their non-traditional view of psychological development offers a different definition of psychopathology, which ultimately necessitates an alternative strategy for psychotherapy. Furthermore, by presenting a cultural analysis, the theory also addresses social injustices perpetuated by patriarchal systems. The focus on girls' and women's voices, and more recently on issues of race, ethnicity, social class and sexual orientation, gives expression to women's psychological experience and addresses how dimensions of power operate to suppress marginalized voices and safeguard positions of power and dominance.

Group Therapy and the Relational/Cultural Model

As established in the previous section, psychoanalytic relational theory has specified the interpersonal exchange in psychotherapy as the critical site for personal transformation. Group analytic theory shifts the dyadic model of transformation to a model based on social mediation of experience. This theory rests on the concept of the individual as being born into, and constituted out of a network of other people (Harwood & Pines, 1998) and is underpinned by Foulkes's (1964) foundational concept of the group matrix

as the social arena for individual transformation. Ashbach and Schermer (1987) have utilised object relations theory to explicate a group analytic paradigm where the group experience comes to be personally and internally represented. This occurs when the beginning group separates from a societal context by the creation of a group boundary. The eventual establishment of a cohesive group entity allows for the projection and internalisation of disavowed aspects of the personality. Harwood (1998) focuses on the importance of validating and working through individual subjectivities in the group therapeutic process to allow for the restoration and building of new psychological structures.

In her paper on "Relationships in Group: Connection, Resonance and Paradox" (1994), Fedele brings attention to the differences between traditional psychoanalytic group theory and the model of group work promoted by relational/cultural theory. Once again, traditional theory, resting on the ultimate goal of the development of an independent self, views the group process as a means of achieving this end. While their writings incorporate a relational understanding of group dynamics and an appreciation of the relational task of the facilitator, (e.g., Pines & Hutchinson, 1993) the theory differs from the relational/cultural model which gives primacy to *relational movement* and *connection* as the task of group therapy.

As Fedele (1994) notes, group therapy provides an exceptional forum in which to expand relational opportunities and address relational restructuring, as advocated by the Stone Center approach. She suggests that in the context of safety, where the therapist facilitates an empathic relational space, members experience new opportunities for connection, work with inevitable disconnection, and are able to strive for reconnection and relational fulfilment. Thus, the real relationships fostered in the group provide the opportunity for inhibiting transferential relationships from the past to be challenged and replaced by growth-enhancing connections that allow for relational movement outside of the group.

Schiller (1995, 1997) utilises the research emerging from the feminist inquiry into women's growth and development to propose that women's groups follow a different

developmental course to the standard stages of development described in the group therapy literature. She draws on the relational/cultural model to suggest that the normative development of women's groups are influenced by the centrality of connection and relationship in women's lives, and the difference in the dynamic of power for women to that of men.

Schiller calls on Garland, Jones, and Kolodny's (1965) formulation of five stages of groups as a well-accepted format of group development. This model describes the stages as: *pre-affiliation; power and control; intimacy; differentiation; and termination and separation.* Schiller proposes that in women's groups the first and last stages of development, *pre-affiliation* and *termination*, remain the same, but that the middle three stages follow a different course that is more aptly reflected as: *establishing a relational base; mutuality and interpersonal empathy; and challenge and change*. In the same vein as Bernadez (1996b), Hartung Hagen (1983) and Home (1991), this model of group development identifies the major difference in groups with women as being a sense of connectedness and intimacy which usually precedes the surfacing of conflict or the challenge of authority. Thus, whereas groups that include men may jockey for status and power immediately following pre-affiliation, women need to establish a relational base, which includes approval from and connection to other group members and the facilitator, before entering the more challenging activities of power-wrestling and conflict. Once a relational base has been established, Schiller suggests that women move through a stage of *mutuality*, where trust and disclosure co-exist with recognition and respect for differences. Thus, the framework of affiliation and connection is seen to provide the containment in which members can appreciate each other's differences. She views this stage as roughly corresponding with Shulman's (1992) and Schwartz's (1971) *working stage* and what Germain and Gitterman (1980) refer to as the *ongoing phase*. Schiller views the fourth stage of *challenge and change* as the core of growth for women. She notes that while the growth occurs for most men in the area of intimacy and empathic connection, and hence comes later for them in the group process, the work for women is in the area of learning to negotiate conflict without threatening the bonds of connection and empathy. Schiller draws on Miller's (1991) theory that traces the fear of conflict and

confrontation to cultural constructions of its destructiveness to explain the precariousness experienced by women when asserting themselves and the difficulty encountered with allowing conflict to emerge.

The importance of the theoretical framework adopted by facilitators lies in the implications it holds for guiding therapeutic interventions. For example, this model encourages facilitators to nurture a sense of safety in the group prior to engaging in risk-taking. The emphasis on mutuality and the corresponding support for a non-hierarchical leadership style requires that facilitators share more of their emotional responses in the group. Once the group has negotiated the earlier stages of connecting and holding difference within the connection, it recognises that a crucial task of the facilitator is to assist the group in meeting conflict as a potential for growth and, as Schiller suggests, often requires the facilitator to be more active in this phase.

The value of group therapy for self and group empowerment is well recognised by feminist advocates. Group work has been firmly established within the feminist movement as a method for consciousness-raising and mobilising women's strengths to affect social change (Favor, 1994; Home, 1991; Lee, 1994). The collective experience of the group, where women can share and compare their range of experiences, is viewed as the tool that can provide them with the strength to re-evaluate conventional images of themselves, recognise the socio-political roots of their identity, and reconstruct personally significant realities for themselves. By discovering commonalities and recognising that personal problems are embedded in social structure, women can begin to address the social basis of their oppression through the collectivity provided by the group.

The relational/cultural model promotes the group as an ideal setting for women to redefine themselves by utilising a "mutual power" model where non-hierarchical relationships replace the traditionally masculine "power over" framework. In this model the feminine capacity to engage in a mutually empathic relational process creates the momentum for individual growth. Thus, the shared attentiveness and responsiveness in a group setting is identified as the catalyst for self-transformation. Surrey's collaborative

work with Coll and Cook-Nobles (1997) leads her to the conclusion that "working at a group level is more possible and powerful than between the individuals (p194)." Stiver (1997) discusses the value of group work with disempowered people and promotes the view that a network of support can be most effective where there is suppression of authentic voice. She maintains that "when faced with that power differential, the more we can find others who are also in subordinate positions, who are able to join together to validate our experiences, the stronger our voices become. In the face of power imbalances, we do feel in some degree of isolation, but it can be countered by a relationship to a network of support. That's how empowerment happens, which makes for the possibility of bringing about some changes in that imbalance (p47)."

Bergman and Surrey (1997), in their gender workshops, have noted the support and ensuing power that results when women group together. They suggests that the support emanating from the group allows women to stay with their experience and more willingly relate to the responses from men when they enter into inter-group gender dialogue. In another chapter, Surrey writes, "working with differences within groups and developing a sense of group support is essential to complement the process of working with inter-group differences" (p194).

Context for the Research

The context for this research arises from the practice of group psychotherapy for single mothers that has evolved at the Child Guidance Clinic, University of Cape Town. The Child Guidance Clinic offers psychological services to children and their families in the larger Cape Town area. The service comprises psychological and psychometric assessments, predominantly brief and medium term interventions, referrals to other agencies, and focussed community-based interventions. The Child Guidance Clinic is a site of training for M.A. clinical psychology students completing their first year of internship. The clinical staff comprise the intern psychologists and a number of permanent and sessional staff members, who are clinical psychologists involved in case and community work, as well as in teaching and supervision of the trainees. In 1992 I was employed to undertake psychotherapy casework and two years later this was

complemented by part-time teaching and supervision of the interns in group therapy and community clinical psychology.

In 1992, while working with families referred to the Child Guidance Clinic, I became aware of the large number of single-parent families, predominantly female-headed, that were presenting for treatment. In my work with the families it became evident that many of the parents were facing similar challenges and feeling unsupported and isolated in their circumstances. Single parents, particularly the women, were consistently communicating the stress of their busy and over-committed schedules as they attempted to meet the financial and emotional needs of their families, leaving them little room to attend to themselves. Moreover, these parents were repeatedly voicing the uncertainties and self-doubts that arose in lone childrearing, further reinforced by the critical attitude of a society perceived as favouring two-parent families. Another theme was the isolation of these women who were most often sacrificing adult interaction due to the demands of their lifestyle, thus having little opportunity to gain positive support and feedback from others. Further common areas included difficulties surrounding their ongoing relationship with the children's father, his possible new partner, and the adjustments and ramifications of entering a new relationship herself.

On the basis of this perceived need, short-term structured groups with focus topics were established to lend support to the single parents. The groups were open to eight members who committed to a course of ten weeks. The sessions were well attended, and members, who were predominantly women, often expressed their desire to continue with a group. Initially these parents were invited to recontract for a further course of sessions with the commencement of the next ten-week group. However, after three years, a slow, open, unstructured group developed where the aim of the group shifted to identifying and working through the wider issues related to the women's identities as single mothers. The group was set up to meet on a weekly basis for the duration of one-and-a-half hours.

Membership into the long-term group necessitated a screening interview, which excluded women who were assessed to be clinically depressed, emotionally fragile with a

predisposition towards psychotic fragmentation, or with a personality disorder that would disrupt the functioning of the group. The screening interview, conducted by one of the facilitators, also served the purpose of introducing the concept of the group, answering the women's questions regarding the functioning of the group, and allowing her to become familiar with one of the facilitators in order to reduce some of the anxiety associated with attending a first group session.

In the first two years of the slow, open group it became evident that membership would remain fairly stable, leaving minimal opportunity for new members to join. Significantly, at around the two-year mark, members and facilitators recognised the strengths and resources that the women had come to display, and elected two of the members to facilitate a second group that could accommodate the growing number of women who had expressed an interest in joining a group. The women who facilitated the group had no formal psychotherapy training, but were supervised by a clinical psychologist. Furthermore, a trained psychotherapist screened prospective members. The group was set up as a short-term group that adopted a focussed approach with a curriculum that was established by the group. On termination of this group, a second long-term group, co-facilitated by psychotherapists, was initiated. Two more groups were initiated this year - ten years since the initial intervention began.

Facilitation of the Group

The long-term groups were co-facilitated by me with an intern psychologist. The intern remained with the group for the duration of a year as part of her training in group psychotherapy. Although supervision sessions were utilised to bring a psychodynamic understanding to the group process, and psychoanalytic group principles were discussed amongst the facilitators, in practice the group did not maintain the strict frame of a traditional analytic approach. For example, from the beginning tea was served before the group began, allowing members a 15-minute window period in which to arrive. This was often met with a show of gratitude from the women who were accustomed to attending to the needs of others, and appreciated receiving the "nurturing." Despite the informal nature of the interaction between members and facilitators during this time, facilitators

refrained from bringing personal aspects of their own lives into conversation. In addition, the anxiety of initially attending the group was not only interpreted, as might be in traditional psychoanalytic practice, but attempts were made to allay the anxiety by normalising the experience and inviting older members to talk about their experience of first joining the group. New members were also reassured that they were free to share as much or as little as they felt comfortable to do, thus reducing the concern associated with the initial outpouring or inhibition experienced in their first sessions. Furthermore, on occasion, when a member requested an expert opinion from a facilitator, or when a facilitator felt that such information would be useful to a member, for example, on issues of parenting, the information was shared with the group.

These alterations away from a strict frame evolved from a sensitivity to the needs of the group. It seemed that most women, particularly when they first joined the group, would bring with them the overwhelming responsibility of their situations. As mentioned earlier, the commonly communicated experience was one of constantly attending to the needs of others without receiving much support or nurturance for themselves. Thus it seemed as though the group needed to respond to the paucity of "ingoing" resources and support in the light of the "outgoing" demands on these women. From a traditional psychoanalytic perspective the facilitators might be criticised for playing out an idealised transference and assuming a parental role that, might be argued, does not allow for the issues to be addressed and worked through in the group. My experience, however, has been that need gratification, particularly in the early stages, has not stifled their development, but rather has encouraged a developmental process where members are able to move towards greater maturity and are more equipped to embrace the demands of their life circumstances. This developmental model, where the facilitators are attending to the needs of the members, also seems appropriate from the point of view that the group has not been purely therapeutic, but has also encompassed primary aspects of support.

Furthermore, the approach adopted appears to be supported by the relational/cultural model of the Stone Center. Although I was not familiar with the literature emerging from the work at the Stone Center while the group model was evolving, the similarities

between my clinical experience in the group and the clinical observations and conclusions of the team at the Stone Center are remarkable. It is not surprising then, that their call for an approach based on the authentic engagement of the therapist, who is willing to acknowledge the mutuality of the therapeutic endeavour, is precisely the approach that seemed most appropriate and effective while working in the group. Thus, the movement away from a need to remain neutral, towards an approach based on the communication of genuine concern and caring, mirrors the relational/cultural model's endorsement of mutually empathic joining in the therapeutic relationship.

Group Contract

Group members contracted to remain in the group for a minimum of ten sessions and agreed to a minimum four-week notice period of an intention to terminate. The contract further included a commitment to attending all sessions timeously, however notification of an absence could be given to a facilitator prior to the group in reasonable circumstances, for example, in the case of illness. Members also agreed to an ethic of confidentiality, where what is spoken in the group is not divulged outside of the group.

Group members initially agreed to abstain from contact with fellow members outside of the group, but after this rule was challenged and discussed on numerous occasions, the group elected to permit contact outside of the sessions in order to enhance their social and support networks. It was agreed that members would not discuss other members during this contact and that the issues pertaining to the group would not be pursued outside of the group. The importance of not taking on the burden of others outside of the group was addressed. One of the members did not want to make use of this facility and it was agreed that her needs would be respected and that any issues arising from the modification of this rule would be open to discussion. This modification certainly had its ramifications in that three of the group members made frequent contact outside of the group, which they valued enormously, but which, of course, left other members feeling excluded despite the fact that they chose to have less contact. Although the benefit of contact outside of the group seemed to outweigh the negative effects of breaking the

frame, the feelings of all group members continued to be discussed and worked with in the group.

Aims and Objectives of the Research

Over the past ten years I have been fortunate to witness and participate in the development of a model of group psychotherapy for single mothers. The model has evolved and grown in accordance with the expressed needs and observed requirements of the women who have committed themselves to the agendum. The evolution has seen the group intervention develop from predominantly a support structure to a therapeutic enterprise where I have observed members undergo a process of personal transformation. From my perspective, the transformation appears to involve an alteration in how they feel about themselves and the way in which they perceive the world and their circumstances. The women who have participated in the groups informally confirm this observation by regularly making reference to a positive transformation in their perception of themselves and an altered relational experience in their wider social world.

This research arises out of the need to formally and systematically explore and document the initiative. The study focuses on a cohort of single mothers who were exposed to the group therapy intervention and investigates the process of transformation as it occurred for them. More specifically, it explores the women's subjective experiences of single parenting, their experience in the group and its impact on their lives, and finally, their perceptions of the group processes that may have facilitated transformation in their lives.

Although the sample size is limited and this research does not profess to be representative of single mothers in general, it attempts to explicate a model of intervention that has been utilised with a particular group of single mothers who sought out psychological help and who chose to remain in the group for a period of time. For this reason, the methodology has facilitated a depth rather than a breadth exploration. The focus has been on the women's narrative accounts in an effort to convey the subjective experience of the women involved. It is hoped that by illuminating their perceptions and experience, this study will begin to give a voice to the personal experience of single mothering and to

offer some understanding of the process in which self-transformation has taken place. Furthermore, it is hoped that this research will be useful when implementing interventions with other single mothers seeking psychological assistance and that it will add to the growing body of theoretical knowledge on women's psychology.

Chapter 2: Methodology

In this chapter I will situate the current study in contemporary qualitative research. On a broad level, I will motivate for the qualitative methodological framework that was adopted. More specifically, I will explore how this study is located within a feminist methodological approach. Having established my position within this research enterprise, I will then discuss the sampling of single mother group members in this study, the use of open-ended unstructured depth interviews with these women as the main form of data collection, and the use of a constructivist grounded theory approach to analyse the data. The final section will address the limitations of this design.

A Qualitative Framework

The appropriateness of qualitative methodology for research in the social sciences has received much attention in recent years (Denzin & Lincoln, 2000). The current focus of postmodern thought on the multiplicity of experience favours a method in which context, setting and participants' frames of reference are prominent features. The qualitative design allows for insight into the socially constructed and first-order reality of the respondents. It represents a shift away from imposing external, absolute systems of meaning in the form of universal laws on internally structured subjectivities. Within this paradigm the researcher is able to consider the plurality of meanings that may be generated from the data (Lincoln & Guba, 1985). Furthermore, the data is able to retain a richness of depth and textured detail that is compromised in methods where data is reduced to quantifiable measures (Pidgeon & Henwood, 1997).

Hermeneutic and postmodernistic researchers have expressed concern with the establishment of validity criteria to judge the outcomes of research. Their scepticism pertains to the objectionable adherence of these criteria to a positivistic stance that sustains the notion that an absolute truth is discernable. Some researchers, with whom I would align my theoretical position and the findings of this study, have counteracted this wholly relativist position. They claim sensitivity to the social and textual practices of science by offering alternative criteria for assessing the reputability of research.

Henwood and Pidgeon (1995) offer criteria of *generativity* – to what extent does the research facilitate further questions and issues in the field, and *rhetorical power* – how persuasive is the argument to others? Krefting (1991) calls for *dependability* - replicability of findings when respondent and contextual variables are held constant and *adequacy* - research processes and outcomes that are well grounded, cogent, justifiable, relevant and meaningful.

A Feminist Methodological Approach

The androcentric bias of traditional scientific methods has led feminist scholars to favour qualitative methods when engaging in feminist inquiry (Wuest, 1995). Although feminist research does not ascribe to a particular methodology (Harding 1987), the feminist agenda addresses distinct methodological issues, which have epistemological implications. These include: the nature of research; the definition of and relationship with those with whom research is done; the characteristics and location of the researcher; and the creation and presentation of knowledges created in the research (Olesen, 2000). Sensitivity to this epistemological framework has directed choices in this study regarding the focus of women's experience as the source of data collection, and the positioning of the researcher in this process.

Mauthner and Daucet (1998) point out that the issue of keeping women's voices and perspectives alive in research has been a pivotal concern for feminist researchers in the past two decades. Coll, Surrey and Weingarten (1998) highlight the absence of mothers' perspectives and experience in research and theory and relate this to an understanding of human development that positions mothers as objects that act as "'supports,' 'matrices,' 'holding environments,' or 'self-objects'" (p2), and not as subjects or selves in relation to their children. As Schnitzer (1998) remarks, further marginalisation occurs with single mothers, whose experiences become even less visible than their married counterparts. By focussing on the accounts provided by single mothers, this study takes up the need to foreground women's stories in the production of theory. By specifically listening to single mothers' subjective experiences and viewpoints, the research attempts to add to the

literature and challenge the noticeable absence of first-hand accounts in our understanding of single mothering.

As far as the position of the researcher is concerned, in recent years standpoint and postmodern feminists have discarded the notion of a detached and objective observer (Haraway, 1991; Maynard & Purvis, 1994). The adherence to "objectivity" in traditional positivistic approaches, where the role of the researcher is disclaimed, is regarded as a tool that obscures the power relationships and inequalities of the research process. In contrast, the feminist paradigm locates the researcher as a participant in the production of knowledge. The view that research is always undertaken from an embodied, socially situated vantage point has placed the emotional and social commitments of the researcher at centre stage.

Harding (1991, 1993) is one theorist who acknowledges and takes account of the relationship between researcher and researched, and the full range of interpretive processes involved in knowledge production. She calls for a critical examination of the researcher's social location in the gathering, creation and interpretation of data. This reflexivity, which makes explicit the inevitable subjectivity and intersubjectivity of the research process, allows for a systematic unpacking of the construction of knowledge.

To make explicit the characteristics and positioning of myself as the current researcher, requires acknowledging my part as facilitator in the group therapy intervention for single mothers, my subjective experience of the group which led to my interest in undertaking the research, my role as interviewer and finally my analysis and interpretation of the data. It is quite probable that my influence, constituted at every step of the process, has played a fundamental part in the findings that emerge from this research. The task, however, in this framework, is not to attempt to become value-free, but to acknowledge the personal characteristics and commitments which shape this work, and to read the results as the product of this creation.

Sampling and Recruitment

Since the single mother's experience was placed at the foreground of the investigation, ten members of the single mother groups were selected for in-depth interviews. The five members who constitute one of the current groups were first interviewed and then five of the most recent graduates from the groups were interviewed. Although I intended to use the criteria of saturation for terminating the data collection (Morse, 1995), in practice, as Flick (1998) and Morse (1995) have commented, saturation seemed elastic with each new member offering a unique commentary. However, once ten interviews were completed, recurring themes were common and seemed well fleshed out. In addition the number of interviews were also dictated by practicalities of time, size of thesis, and the number of women who had participated in the group for a reasonable length of time in the recent past. The participants' length of stay in the group at the time of interview varied between eight months (the last current member to join) and five years, with their average length of group participation being 2.5 years. Those participants who were no longer in the group had terminated with the group no longer than three years prior to the commencement of the research interviews.

The ten women interviewed ranged in age from 29 to 50 years old, with a mean age of 38 years. Four of the women had one child and six of the women had two children. The children (nine boys and seven girls) ranged in age from 3 to 18 years. Half of the women were divorced from their children's father and the other half had not married. One woman was living with a new partner and a further five women were engaged in relationships during the course of the therapy that were not sustained. Six of the women lived alone with their children and three women lived with their parents. Eight of the ten women had completed a tertiary education, while four had further diploma qualifications in their fields of work, and one woman had a university degree. Four of the women were earning below R6000.00 per month, a further four were earning below R8000.00, and

two of the women were earning in excess of R10 000.00.[1] Seven of the women defined their race group as "white" and three defined themselves as "coloured."[2]

No attempt was made to find a representative sample on dimensions of age, number of children, race, class, cultural and educational backgrounds since the aim of the research was not to make generalisations and predictions from the sample, but to gain insight into the experience and offer a depth understanding of a small cohort of women who had made use of the single mother group. The focus was on their common experience of single parenting, participation in a single parent group and the shared aspects of that experience. For example, although the single mothers may represent a range of class and educational backgrounds, a fairly common refrain of single mothers in the groups is the experience of feeling heavily burdened by the financial responsibility of their families. Although widows are invited to participate in the groups, it so happened that the women in this cohort represent the majority of women in the groups who are single as a result of not having married the father of their child/ren or due to divorce.

The Interview

> "The interview produces situated understandings grounded in specific interactional episodes" (Denzin & Lincoln, 2000, p632).

In the light of the feminist position presented above, the interview becomes the site of negotiated text. As Fontana and Frey (2000) suggest, interviews can be regarded as negotiated accomplishments that are inextricably connected to the contexts and situations

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[1] R10.00 = $1.00 at the time of interview.

[2] There has been a move in post-apartheid South Africa, through the discourse of "rainbow nationalism", to deny the meaning of race and to question the existence of coloured identities, arguing that these identities are white-imposed apartheid labels. However, as Erasmus (2001) argues, coloured people have creatively produced their own identities in the context of their relationships to both whites and Africans, as well as their relationships within different coloured communities. While acknowledging the complexity and fluidity of identity formation, she stresses that we cannot deny "coloured" as a valid identity used by people to give meaning to their everyday existence. Their cultural identities comprise shared cultural practices, memories, rituals, and modes of being.

in which they are created. The interpersonal aspect of the production is highlighted by Holstein and Gubrium (1995, 1997) who situate the interview in the larger view of reality as an ongoing, interpretive accomplishment.

Oakley (1981) proposes a feminist interviewing ethic, which motivates for openness and emotional engagement on the part of the interviewer and values the development of a trusting and intimate relationship between interviewer and respondent. More recently, Charmaz (2000) highlighted the need for "less formal, more immediate" data collection, where "subjects' concerns take precedence over researchers' questions"(p523). The choice to undertake the interviews myself stems from this approach to interviewing, which argues for an involvement and relationship with our subject matter. Given the fact that I had developed open and trusting relationships with the women through the course of the groups, it seemed most likely that they would be willing to engage at a level of depth in the interviews and would trust me with sensitive material. Furthermore, I believed that it would be easier for me to prompt and hear their stories of their group experience as someone who had co-constituted and participated in the experience. In short, the aim was not to tease out an account for which the respondent was solely responsible, but to acknowledge that their stories were created and shaped in the context of our relationship. The value of locating the interview within the framework of our existing relationship, my personal and professional knowledge of each person, and my experience of the group was that it would aid a holistic analysis of the data when the danger of systematic coding, as Holloway and Jefferson (2000) point out, is the fragmentation of the data and the decontextualisation of the text. In addition, Hollway and Jefferson's commitment to holistic interpretation suggests the need to incorporate the unconscious investments and defences against anxiety that shape data production – a task that is assisted by a depth knowledge of each participant. Oakley's (1981) motivation for self-disclosure from the interviewer and forming friendships with participants however, was not deemed appropriate in this context where boundaries of the therapist-client relationship needed to be respected.

The Interview Guide

The data was collected using individual semi-structured in-depth interviews. The interview guide (Appendix A) covered socio-demographic details; their life story with a particular focus on how they became single mothers, and their current life experience focussing on their relationships with their children, their children's fathers, their friends and extended family, and the larger social network; their experience of participating in the group and their perceptions of the group process. Since the interview was intended to elicit meaning rather than truth, responses were expected to include vital contradictions, doubts and emotional expression. The guide was structured so that initial questions (life story) gradually led towards questions that were fundamental to the study's purpose (perceptions and experience of the group) (Krueger, 1993). The unstructured nature of the interview allowed the women to convey their stories in their own terms (Charmaz, 2000). The interview was conducted with minimal prompting as I followed the train of thought of the respondent and allowed her to determine the sequencing and the use of language in the interview (Hollway & Jefferson, 2000; Jarrett, 1993; Reinharz, 1992).

The Interview Procedure

Prior to the commencement of the data collection, the current group was informed that they would be contacted telephonically to participate in an interview that would focus on their lives as single mothers and their experience in the group. This was followed by a phone call and a time was scheduled that was convenient to the respondents. Interviews took place at the same location, but in a different room, to where the groups meet. Once current members had been interviewed, past members were contacted and arrangements were made with them to be interviewed. All participants expressed an eagerness to participate, which they related to their perception that their lives and stories were being valued, as well as their desire to have individual time with the facilitator.

At the interview, respondents were thanked for participating in the study and were briefed on the main areas that would be covered in the session. They were assured of confidentiality and were asked for permission to tape-record the sessions and have the interviews transcribed by an experienced transcriber. They were also assured that the

transcriber would be bound by ethics of confidentiality and were guaranteed that their names, the names of their children, and significant others, would be altered in the write-up to protect their identities. Informed consent was received from all the women.

The duration of the interviews varied between two and five hours, with interviews averaging approximately three hours. Eight of the interviews were completed once a week in single sittings, with a break for tea/coffee and snacks. The remaining two interviews followed the same format, but were completed in a second sitting on the following day when the first sitting of the interview was interrupted by the time restrictions of the respondents.

Transcriptions

All interviews were tape-recorded and then transcribed verbatim. An experienced transcriber was employed to undertake the transcriptions, which I checked against the tape recordings to ensure accuracy. The interview transcripts then became the source of the data.

Grounded Theory

A constructivist grounded theory approach was employed to analyse the data. This approach, which was first developed by sociologists Glaser and Strauss (1967), offers a method for substantive theory building based on systematic, inductive reasoning. A grounded theory approach does not start with a hypothesis but allows categories and concepts to emerge from a text. As Charmaz (2000) explains, the "groundedness" results from the researcher's commitment to work up and out from the data.

Strategies of grounded theory include: (a) *Simultaneous collection and analysis of data.* Grounded theory utilises an iterative process where the researcher is immersed from the outset in data analysis. The emerging analysis lends direction to the ongoing research process (Pidgeon & Henwood, 1997; Strauss & Corbin, 1990). (b) *Coding of raw data into manageable units of analysis.* Various operational strategies are employed to build a set of categories, which reflect one or more concept or feature from the data (Henwood &

Pidgeon, 1993). The researcher utilises interpretive skills to constitute these categories that must "fit" the data (Charmaz, 2000). (c) *Constant comparative methods.* Here the researcher undertakes to search for similarities and differences that exist to ensure that the data is presented in its full diversity and complexity (Charmaz, 1995; Glaser, 1992). (d) *Memo-writing aimed at the construction of conceptual analyses.* Memo writing is employed to refine, interpret and map the interrelationship of categories (Charmaz, 2000). (e) *Sampling to purify the researcher's emerging theoretical notions.* Data analysis can be clarified in follow-up interviews or early drafts can be made available to participants for their comments. This step ensures participant involvement in the analytic process (Charmaz, 2000; Reinharz, 1992). (f) *Integration of the theoretical structures.* Further elaboration includes a comparison between the emerging theory and existing theoretical accounts of the domain under investigation (Pidgeon & Henwood, 1997; Wuest, 1995).

In the past, postmodernists and poststructuralists have critiqued this method of theory production, since in its most naïve form, it ignores the multiple dimensions of subjectivity which are central to knowledge claims in social science (Charmaz, 2000; Charmaz & Mitchell, 1996; Mason, 1996). However, more recently a constructivist revisioning of grounded theory has provided an alternative to objectivist renderings of the data. Constructivist grounded theory, which is situated between postmodernism and positivism, moves grounded theory into an interpretive method that emphasises the relativism of multiple social realities. Constructivist grounded theory still holds empirical worlds as the site of investigation, however the data that emerges is appreciated as narrative reconstructions that represent *a version* of a reality. No claims are made to the universality or immutability of the findings, but the view of reality presented is understood to be one account. Furthermore, the dialectical nature of the research process is acknowledged and the image of a distanced observer is replaced by the thoughtful and intentioned researcher who attempts an interpretive understanding of subjects' meanings (Guba & Lincoln, 1994; Schwandt, 1994). The apriori positioning of the researcher is understood to influence the questions asked and provides a basis for making sense of the emerging data (Henwood & Pidgeon, 1995). Pidgeon & Henwood describe the interplay

between data and developing conceptualisations as "the constitutive analytic process of inserting new discourses within old systems of meaning" (1997, p255).

The suitability of constructivist grounded theory methods for this investigation stems largely from its endorsement of feminist epistemology. Keddy, Sims & Noerager Stern (1996) and Wuest (1995) discuss some of the congruencies between grounded theory and feminist methodological principles. Firstly, both constructivist grounded theory and feminism prioritise the context in which data is constructed. The constructivist grounded theory's sensitivity to context facilitates the feminist call to contextualise women's experience. Secondly, grounded theory's claim that subjective experience is a valuable point of inquiry lends support to the feminist epistemological underpinning that women's personal accounts can provide rich and meaningful data when it is their lives that are under scrutiny. Thirdly, both frameworks argue for reflexivity on the part of the researcher. The constructivist recognition of researcher bias exposes the male-oriented social practice of science and fosters a posture of acknowledged subjectivity and intersubjectivity. Fourthly, the grounded theory notion of "theory as process, that is, theory as an ever developing entity, not as a perfected product ..." (Glaser & Strauss, 1967, p32) is consistent with the feminist agenda that highlights pluralities and diversities and downplays generalisable truths. By owning the creative and evolving nature of research, both frameworks commit to an ongoing inquiry into women's experiences. Lastly, the constant interplay of data and emerging conceptualisations in grounded theory match the feminist understanding of the artificiality of the divisions, for example, between personal and political or theory and practice. From both perspectives, the integration encourages a more realistic representation of the composite exchange that occurs in actuality.

Process of Analysis

In accordance with constructivist grounded theory, the following procedures reflect the process of analysis undertaken in this investigation.

At the completion of each interview I wrote a two-page memo of what appeared to me to be the salient features of the interview. I used the divisions provided by the interview schedule to structure my thoughts into three categories representing the participant's life story, her experience of being in the group and her understanding of the group process. I then added personal observations of our interaction that may not have been reflected in her words. I also included thoughts of an interpretive nature on themes that seemed to emerge from our discussion. Once all the interviews were collected and transcribed, participants were provided with a copy of their own transcript and were given the opportunity to change or add to their previous comments. I then read each transcript while simultaneously listening to the taped interview. This allowed me to verify the accuracy of the transcript while immersing myself in the data. At this stage I began setting up categories to reflect instances or quotes in the data (open coding). Codes were used to represent categories in the margins of the transcript next to the relevant text. The next step involved consolidating the immense number of categories into groups with headings and subheadings, and collapsing some of the categories that seemed to merge (axial coding). This task was combined with a constant seeking of similarities and differences across the sample. This process was undertaken while writing memos and drawing diagrams where I combined data with my own thoughts, previous knowledge, and personal experience. I then utilised the "cut and paste" facility of a word processing programme to systematically collect all relevant quotes pertaining to each code. For a while I continued to consolidate categories and map out the interrelationship of data, and then set the analysis aside for a few days so that I could return to the data afresh to extract key concepts, common themes, emerging patterns and interesting differences. I chose not to use a software programme to assist with the analysis in view of the reservations that have been expressed in the literature (Charmaz, 2000; Lonkila, 1995). My particular concern regarded its suitability for a constructivist approach and the problem of reducing an interpretive analysis to a set of mechanical procedures.

On completion of the analysis I handed the results back to the participants, who were asked to verify and comment on the results, and the interpretations and conclusions drawn from these results. As there was no dissension, and all the women expressed

support for the analysis, the final results and discussion remained unchanged. Despite the fact that pseudonyms were used to protect the identity of the participants, the women themselves were still able to recognise the identity of fellow group members. However, in discussion with them they indicated that they did not consider this problematic as all specific interpersonal issues that had not been raised in the group had been edited out to maintain a level of confidentiality and to respect the frame of the therapeutic space.

Methodological Limitations

Although the methodology adopted in this study was considered to provide the best possible fit for its investigative aims, the drawbacks of this approach need to be considered and taken into account when drawing conclusions from the results.

Firstly, the in-depth nature of the study and the concomitant small sample size may be seen to compromise the generalisability of results. This, together with the methodological focus on participants' realities can be seen to restrict the study's level of generalisable truth. However, as Pidgeon & Henwood (1997) argue, evaluating the research in terms of generalisability undermines the very benefit of the approach since this traditional criterion rests on the standard of objectivity. The alliance with the feminist appeal for research to give attention to women's diverse and multiple perspectives (Wuest, 1995) draws the purpose of this investigation away from a universalised truth and towards an enriched perspective of emerging concepts. Working within this framework, Charmaz (2000) claims that the value of the research is limited to a set of hypotheses and concepts that can be employed with similar research questions and with other substantive fields. In this way, Charmaz argues, constructivist grounded theory responds to Prus's (1987) call for the study and expansion of generic concepts.

Another potentially problematic issue is that of researcher bias. Opponents to a constructivist grounded theory may claim that the lack of researcher distance contaminates the outcome of this study. The bias may be identified in the interview situation, where it may be argued that my relationship with participants has shaped their responses. The bias may also be located in the data analysis where I include my previous

knowledge and theoretical positioning to offer an interpretation of the text. Once again, if the value of the research is being measured in terms of traditional positivistic criteria, then my involvement can be severely criticised. However, since I have undertaken this research from a position that regards the possibility of working in a theoretical vacuum as naïve, I have argued for the need to acknowledge and embrace the layers of subjectivity present in the research. This includes both the participants' dimensions of subjectivity and my own subjectivity that I bring to the research process. Naturally, as mentioned previously, this then limits the outcome of the research to the intersubjective context in which it was created. More problematic, however, is the unacknowledged elements of bias that go by unrecognised by the researcher. Clough (1992) is one writer who draws attention to these unconscious elements when she criticises even new interpretive approaches for denying the oedipal logic of authorial desire. Other areas of unconscious bias in this investigation may include the unknowing way in which I might have cued participants to provide desirable types of responses, the unwitting extraction of codes that fitted a feminist ideology, and my inability to perceive categories that might have produced an analysis on a different dimension.

A further area of concern is that of the power imbalance in the researcher-participant relationship (Bloom 1998; Seibold, Richards, & Simon, 1994; Wolf, D. L., 1996; Wolf, M. A., 1996). Much attention has been given to the dynamic of this relationship, with a recognition that issues of race and class can further complicate the power relations inherent in the interview situation. In the case of this study, factors at play may include my position as a white, middle-class, professional and academic, in a marriage with the father of my child. My race, class, and educational status may have been disempowering, particularly for the "coloured" participants, given the apartheid history of our country, which has accentuated and stratified racial differences. While a few mothers used the fact that I was parenting with a partner to elevate me to an envied status, others placed themselves in a more powerful position as the "knower" of the experience.

Although these distinguishing factors need to be considered, I believe that their impact has been greatly reduced and overshadowed by the fact that I have played a dual role as

group facilitator and research interviewer. On the one hand this has meant that differences such as race, class and education have been addressed and worked through to some extent in the group to allow for intimacy and sharing to occur. In this way the research has supported the feminist appeal for a closer relationship between interviewer and participant in order to minimise the hierarchical inequity (Fontana & Frey, 2000; Maynard & Purvis, 1994; Reinharz, 1992). On the other hand, however, my position of authority in the group, and an idealised transference, may have contributed to a perception of me as "the expert" on single parenting and group therapy processes and therefore further exacerbated the power imbalance.

My dual role as group facilitator and interviewer has further implications for the process. Perhaps the most obvious shortcoming of this dual role was the possibility that participants might, for my benefit, accentuate the positive aspects of the group therapy and downplay the negative aspects of the experience. I attempted to minimise this possibility by mentioning it to participants at the commencement of the interview and by emphasising the importance of expressing both the positive and the negative aspects of their experience.

Issues of power and voice of the researcher in the data analysis stage have also received attention (Mauthner & Doucet, 1998; Seibold, Richards, & Simon, 1994) with more recent writers downplaying the power of the researcher at this stage of the research process (Bloom, 1998; Visweswaran, 1994; Wolf, D. L., 1996; Wolf, M. A., 1996). The grounded theory method of this study attempts to protect the voice of participants by ensuring that the analysis is grounded in the data and by returning to participants for verification of early drafts.

Chapter 3: Results and Analysis

I will begin this chapter by providing an account of the mothers' experiences of single parenting. This exposé will provide a context in which to couch their experience of the group therapy intervention. The results that give voice to the women's perceptions of the group therapy intervention form the bulk of this chapter. In this section I will outline their accounts of joining the group; what they perceive as the transformative function of the group; reasons for terminating with the group; changes they propose to the group; and their perceptions of the role of the facilitator. In a further attempt to contextualise the data, and to complement the fragmentation of text inherent in the code and retrieve method, I will conclude the results chapter with a case study that utilises descriptive details to aid a holistic analysis.

The Experience of Single Mothering

When the mothers were questioned on their experience of single parenting, all of them described the challenges they associate with caring for their families primarily on their own.

Seven of the mothers spoke about the **financial burden** of supporting their families with little assistance from estranged partners. For example, Nadia described herself as financially independent, but proceeded to explain that although this entailed supporting her family on her own, it did not necessarily mean that she copes with the financial demands. Mercia shares her concern about meeting the costs of supporting her sons:

> It's like having school fees when I must have it; having bus fare when I must have it; being able to buy a text book because you need it desperately. There just isn't money to keep up. They are getting older and things are becoming more expensive. Their needs change and I don't seem to be able to keep up with it.

Mary shares her concern:

> If financially I was okay my life would be a helluva lot easier. As soon as I start worrying about money and where the next loaf of bread is coming from, then my resources, my tolerance level, just drops to zero.

Seven of the women also complained about the difficulty of attending single-handedly to the **practical and emotional needs of their children.** Many of the women fantasised about the possibility of having a partner who would assist with the daily routine of domestic life and child-care. Debbie, Stephanie, Carmen and Mary were able to reminisce to a time of co-parenting when they received this assistance from their partners. On the other hand, Gail and Mercia, who had never experienced any support from a partner, expressed cynicism about the possibility that a male partner would provide this practical support. All the women acknowledged the strain of attending to their children's emotional needs. This seemed to be the case particularly with the women who have more than one child and find that they are constantly juggling the demands of their children. Debbie says:

> My biggest challenge has been [being] the only person for my children. Look, they can offload on my mom who is around. But me being their parent, and being with them all the time, I am constantly torn between the two of them. But I mean, like last night, I sat down to study at 8[pm], but of course Joe being ill, that had to be put aside, whereas when you've got a partner there's somebody that can take over that. Leila as well, a little bit jealous, you know. Joe gets to be in my bed because he's sick, and she - there's no one really - I've got to try and give her a bit of attention as well when he's sick, and whereas I think that the partner tends to take on that role. They [are] having to share me, as opposed to having that extra person. And when there are other caregivers around, like my mom and my dad being there, it is certainly a big help. There's that other person that they can go to, to talk to, but it's not the same. It's not Dad at the end of the day.

Katherine describes her struggle:

> Emotionally it's tough. It's nice to have somebody there to say, "He's running a fever. Do you think we should take him to the doctor?" Just to have the back up. Being a single parent you don't have that. Got that child most of the day, most of the night, and your tension is there all the time. So, it's draining.

Mary shares a similar burden:

> They [the children] never let up. They're on to you constantly. You can never shelve something, or shove it onto somebody else. You have to deal with every single thing - every question, every situation, every issue that comes your way. There's no one else to take it off you.

Two of the women identified the disciplining of their children as a particular challenge for them. They assumed it would be helpful to have the support of a partner when confronting and setting limits with their children. In Mary's words:

> And definitely having a father figure who can back you up on discipline makes a helluva difference. I mean my biggest battle is discipline. They kind of shove you off because its, "Oh, Ma talking again." It's a big exasperated sigh. However, if Mother and Father confront you across the kitchen table, I would assume - at least have a fantasy - that it would be seen in a more serious light.

For four of the mothers the guilt associated with not being able to provide the children with a two-parent family further compounded the issue. These women felt the need to compensate for their circumstances by attempting to avoid disappointing or frustrating their children. Hope relates her experience:

> [I feel] sorry for Jess for not having a father, not having siblings, and for being brought up by a single parent who has to work full-time and is exhausted most of the time. I do feel guilty about that. Um, so I do give him a lot in the sense of - I don't hold back with birthday parties and outings, clothes [and] extra-mural activities. I stretch myself financially - I really do. And I'm often accused of not disciplining him enough. He gets away with a lot. I haven't set enough limits and boundaries and what have you.

Four of the women were not only aware of the assistance that a partner might provide by carrying some of the parenting responsibility, but were also cognizant that a partner could support them by attending to their emotional needs. They felt that the absence of a supportive partner results in diminished personal resources with which to attend to their children.

While Katherine spoke about the difficulty she experienced with carrying the **responsibility for all decision-making** regarding her son, four other women related how they welcome having full control over the decisions they make for their children. These women felt that they are spared the parental disputes that can occur when parents have conflicting views on child rearing. As Debbie explains:

> I think that is also what I like about being a single mom - is the freedom that I have to make my own choices, the control that I have, the being in control, the decision making. All that [is up to] me, which probably suits me well, as the type of person I am.

Although Mary enjoys the control she has in making all the decisions regarding her daughters, she expressed reluctance at having to bear full responsibility for the consequences of those decisions.

The resultant experience of carrying the parenting burden alone leaves most mothers tired and **depleted of personal resources, deprived of time for themselves,** and with little energy to pursue interests outside of their home. Mercia relates how onerous the experience of single parenting has been for her:

> When I think about my children, I say that I would have them in any case. I can't imagine my life without them. But if I could make a choice, I would not be a single parent. I would not want to do all I have done on my own. I would like to have support. I wouldn't necessarily want to be married, but I would want support that I could see would be helping me, be it financial or with rearing of the children - taking them out, doing something with them, encouraging them, encouraging me. I mean I would want to be a mother, but I wouldn't want to be a single parent. ... There are days when I honestly feel like I just give up, I can't anymore. And I go and get into bed and curl up into a tight ball and I stay there. I feel I'm being selfish. I actually refuse to talk to my children when I feel like that, because I can't anymore. I can't take your nagging. I can't take your fighting. I can't - I can't cope with life with the two of you at the moment. I find being a single parent - single mother - hard.

Three of the women expressed frustration that their parenting time was compromised. Nadia surmised that a partner would relieve her overall burden and free her up to spend more time with her children:

> Then I'd have energy to actually sit with the girls, to do the project that needs to be done, go to the library and - whatever. At the moment, I may be doing some of those things, but with such a heavy heart. It's you know, everything is like you're driving yourself to - it's just too much pushing myself to get them to accomplish something. Some of the things I do want to do, and I want to enjoy doing with my children. But that's not happening.

Hope remarks that her hands-on quality time with her son is limited:

> My experience as a single mother has been so different from what I imagined. I never thought that I would be working full time. And that I wouldn't have the resources to have help. And involvement by the children's father. And I feel like now I'm just able to do the bare necessities. I find that I feel like I'm robbed of the experience of being the mother that I would have like to have been because there is just so little time to spend with Jess. Mornings are so rushed, evenings are so rushed. If we get the homework done, there's no time to do any extra things - you know, fantasies about reading him a story every night and we're lucky if he's in bed by 8 o'clock, having got the cooking and the eating and the homework done, and the showering. I'm just feeling exhausted - I never thought that - you know, I always thought I'd have so much energy to spend with my children and do things with them.

All the women, barring one, acknowledged feeling lonely and conveyed an experience of **isolation** in their domestic lives. These women shared the conviction that their isolation

could be relieved by the companionship of a partner. On the other hand, they felt too busy to pursue the possibility of a relationship. Three of the women expressed a common concern that they felt unfamiliar and unconfident in the dating arena. Mary discloses:

> What I am battling with at the moment is that I would really like to have a new relationship with a man, and think of getting married again. I've come that far. I know I will never go back to Richard. But I want companionship with somebody who is kind and more responsible. And um... I don't know whether I'll ever find anyone like that to start off with. But what also is worrying me is I don't know whether I'd be able to go back into another relationship. I don't know how I'd do it. I don't know how to do it.

Nadia and Debbie, on the other hand, feel that their singlehood affords them the freedom to follow their own pursuits in a way that would not be possible with a partner. Both these women left alcoholic and drug dependent spouses and have since concentrated on their own emotional development.

Five of the women believed that they share a closer bond and **greater intimacy with their children** as a result of their single status. Hope describes her relationship with her son:

> I feel Jess constantly amazes me with the amount of love and affection and just his - how intuitive he is to me - you know, what I'm going through and helping [me]. I think we will always be very close. And I think that certainly is an advantage. I think as single moms you develop a bond with a child in a way that you probably wouldn't if you were in a relationship and had other children. I don't know whether that's a healthy thing or not. Sometimes I think there's too much of a - there's an over-involvement or connection.

Mercia and Katherine indicated that their sons assume a care-taking role in relation to their mothers. Katherine says:

> He's like my best little friend! And, he's like an old person in a child's body. The other day, when I had the 'flu, he had his friend round to play and his mother had come to pick up the friend, and she had asked Mark if he wants to sleep there. And he said, no, he can't, he has to look after his mommy. And I thought, well, it was because I'm sick, you know, that he wants to be with me and wants to look after me. Then her son said to Mark, "But why do you have to look after your mom?" And he said, "No, because Gavin, [her partner], shouts at her." So it was a totally - it wasn't because I was sick, it was because he wanted to be there to make sure that everything was okay. So, you know, he's the man in my life.

There were mixed views expressed as to whether their children benefited in any positive way by their situation. Four of the mothers believed that their **children have learnt** compassion and have developed a greater sense of responsibility and independence compared with their peers from two-parent families. Hope was of the opinion that her close relationship with her son has fostered an appreciation and respect for women. Nadia made the point that she is able to consult with her children when making decisions rather than consulting with a partner and then passing the decision down to them. The women also felt that their children have acquired an emotional resilience. Gail says of her child:

> If anything comes his way, he can say, "You know, I've been there. As a child I saw my mom lose. I saw terrible heartache. I saw pain, and then I saw comfort. I saw support. I saw all these things. And above all that, I can make it. I've been there, you see."

One mother, however, expressed concern as to whether her child's early independence would be beneficial to him. Hope explains:

> You think that they are more independent, but I don't know whether independence comes out of feeling secure, you know, and that you have people you can depend upon. So, yes, he's independent but I also fear that he's vulnerable to peer pressure. I think certainly he will - he's gaining a lot from needing to take certain responsibility for things that he might not have had to in a more comfortable environment and where I probably would have been so attentive around his needs. I've had to say "No, I cannot do this, this and this now" because of other demands. So he's had to learn the realities and challenges of life. ... But I worry - I really worry about him as a teenager. I worry because I feel that he's vulnerable to peer pressure. And I worry about drugs. And I worry if I'm still in this situation, you know, how [am I] going to manage taking care of a teenage boy who's going to be that much more strong-willed and [have] powerful instincts that he will be able to do whatever the hell he likes, without [the] sufficient guidance and protection that I was given as a child in a family environment where I had a mum at home and resources to send me to a good school where I was relatively well educated and protected. I worry about that.

Despite the hardships so evident in these women's narratives, all the women conveyed their **commitment to their children**. They communicated the pivotal role their children play in their lives and the gratification that they derive from them. Debbie expresses this sentiment:

> Someone said to me at work the other day, "You are really passionate about your children." And I think I am. I thought, wow, am I really? I actually took it as a

compliment. And I like that. I thought, ja, I do. They are an important part of my life. I mean my life does revolve around them immensely.

Carmen voices her pride:

It's very rewarding. When I realise that there are things that they've achieved that - it's because of me they've done it, they've gone there, they've - I've allowed them to do [it]. And you know, I watch them - just the way they are. And I think, I'm quite proud of you.

An exploration of their perceptions of themselves as single parents and how others relate to them yielded a range of responses. Half the women felt supported by family and close friends, although Gail and Nadia believed that the support they receive is extended with a sentiment of pity, which reinforces a disenfranchised position for them. Gail says:

There's a lot of support in my family, but it's difficult for me to ask. I think it's because I'm tired of being looked at as a failure, because I was labelled as the failure, even though they never said it. I was the only one in the family that wasn't married. Because being married and being a couple - then you're an okay person. You've made it.

Hope comments on the intrusiveness of her extended family and the criticism of the larger community:

Ja. Certainly with the family, you know, because I'm a single mother - make judgments and comment on the way I bring up Jess. And I know that if I had a husband, or a partner there, they wouldn't - they would back off. And I almost feel like if I had a partner to go with me to meet teachers at school, they wouldn't talk to me the way that they do. They almost make me feel guilty for being a single mother, and that it's going to be detrimental for Jess. And that it's my fault. Also expecting me to do things that other mums who do have support and perhaps don't work full-time can do. And you feel that you've become - you don't live up to the standards.

Four of the women spoke of experiencing a critical attitude from their larger social network. Nadia has confronted the suspicion of women in social situations who view her as "competition" and men that assume she is available for casual sex. Mercia has been particularly hard hit by the comments from the church congregation, where her father is a pastor:

The church people will talk about, "You made a mistake. Mercia, although you made a mistake, you've done it very well." My friends don't say that. They always say to me, "You know, Mercia, you mustn't think less of yourself because you must remember all of what you've done, you've done on your own." When I hear that somebody has passed a nasty comment I do feel hurt. The fact that there are two different children from two different men don't help at all.

Hope also points out the absence of state assistance for single mothers:

> I think as far as being a single parent in South Africa, it is just so difficult. Because there is no support. I mean we don't get any tax benefit, we don't get any welfare, we don't get service provision in terms of health and education. You know, it's just so tough. And then the worst part of it is the lack of legal support around getting maintenance. I mean there are sacrifices that mothers have to make, and fathers just say, "Well, I don't earn enough", or whatever. Whereas, as far as I'm concerned, they should sell their houses and their music systems and their ... get loans, like we have to, to take responsibility for their children. I think also, we're at a stage in our sort of social ... cultural evolution, if I can put it that way, where the nuclear family is breaking up in a lot of instances. You know, there are so many single mothers and the society hasn't adapted to accommodate single mothers: economically, you know, in the workplace; socially they're still kind of treated with suspicion. So, instead of saying, "Wow, they're doing a great job, and they're doing it alone. Let's give them the support we can" - and I'm talking as the system, and as the culture and as the society - they they still treat them as - you know, they want us to conform. Get a husband, so that you can survive and support your children, you know.

It seemed that those women who were more comfortable with their single parent status experienced their family, friends, and larger social network as less critical and more supportive. Debbie, for example, is one mother who testifies:

> I've never ever been ashamed of the fact that I got divorced and I'm a single parent. Perhaps because I believe I wasn't particularly at fault, so there's none of that kind of stigma attached to me. I see that I really gave it all I could. I've always been open about what happened. I have had guilt around the fact that I brought kids - I brought children into the marriage, knowing that I had these problems, but I don't feel guilty about being a single parent. ... When I go to functions, dinner parties, I tend to always go on my own. I don't feel the need to look for a partner. Yes, I'm very comfortable in my single status.

Significantly, Debbie acknowledged that her relationship with her parents has strengthened since her divorce. She says of her family:

> I think that there's a new found respect that I think my parents and my brother and my sister have of me. They see me perhaps more as an adult now. I think they've seen me face a really tough time and come out of it. So because of my growth and maturity they're treating me slightly differently. I do see very subtly a kind of respect. They definitely see me as a person that's a lot stronger as opposed to perhaps seeing me the opposite - that this poor woman hasn't got a husband anymore. ... I love where I am at the moment. It's a very healthy place to be. For my kids, for me. I love the way it's created a new relationship with my mother. I think it's brought so much positive things.

In addition, she felt supported and respected by her long-time friends. who are mostly couples, and the wider social community.

For Debbie, like many of the other women, the trauma has been the loss of a fantasy of coupledom that has been nurtured from childhood:

> Personally my dreams weren't fulfilled. What I saw for my future wasn't fulfilled and that is a big disappointment. It's a loss as opposed to perhaps a feeling of inadequacy. I had to give up that dream.

Group Experience

Joining the Group

Five of the women were referred to the group by clinical psychologists and one by a teacher when their children presented with emotional and scholastic difficulties. Three of the women responded to an advertisement in a community paper, and one woman discovered the group after making inquiries with a local mental health agency.

The women who were experiencing difficulties with their children indicated that they were motivated to join the group in the hope that they would deal with parenting issues. Three of the women acknowledged that they joined the group with unresolved issues regarding the loss of their partners. They were aware that their emotional impairment was impacting on their family unit. Four of the women entered the group within a year of relocating to Cape Town from other parts of the country. These women, and some of the other mothers, acknowledged feeling isolated and devoid of a support network. They joined the group with the desire to have contact with other mothers and to develop a support system with women who would understand their experience. Many of the women described joining the group at a very low point in their lives, when they were battling to care emotionally for themselves and their families. They remarked that the low cost of the group was a factor that made this form of therapy a possibility for them. Hope gives her motivation for joining the group:

> When I heard about the group it just seemed like the perfect thing for me because I couldn't afford one-on-one therapy. And it served the dual purpose of addressing *my* issues and my parenting issues. It wasn't just a parenting group or an individual therapy thing. Also being new in Cape Town, not having a support structure here,

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feeling very vulnerable and alone - the group was attractive, to meet other single mums, and just to experience sharing with people who had similar circumstances to me.

Katherine remembers her initial incentive to participate:

You know, I didn't really know what to expect. I didn't have anything in my mind - a picture of what was going to happen, just that having contact with people, sharing my difficulties, my problems, can only help. I mean I had been to see psychologists before and I know it does help to talk. It doesn't help to bottle it up. And being in a strange city, I needed a way to meet people and to chat, and help me through this.

Stephanie recalls her desperation to join a group after arriving in Cape Town:

I just remember I was on two bottles of Rescue Remedy[3] a week then, so I don't remember much - I was just full throttle. I remember thinking, oooh, it only starts in January.

Most of the women recalled some ambivalence when attending the initial sessions of the group. Gail speaks about her disillusionment and scepticism on first entering the group:

In the beginning I felt a bit disappointed in myself because I'd gone so far in life and as a youngster I'd had so much counselling. And to have to say that nothing had worked and that I had to go back to this group now. And how many more years in my life do I need counselling? So in the first few sessions, that's how I felt. And looking at all those people, and I thought, I'm never going to go anywhere. That was my first feeling. I said it in the group. No counselling, and no psychologist or no one or no group - I'd been in group therapy - nothing was going to help.

For other women, their main concern was that the other group members would not accept them. Hope disclosed her apprehension that she would be intruding in a group that was already established. Debbie shared her unease that she would be judged for her ex-husband's drug addiction and alcoholism. Mercia refers to her first session:

I had no confidence at all. I felt, I'm never going to fit in here. What am I going to say to these people? And all these white women, they were here! To me - I don't think that anymore - to me, all whites were educated people and gee, what do I know? What am I going to do here? I felt intimidated.

Most of the women suggest that their initial anxiety was soon allayed by the similarity of their experiences, which allowed them to feel understood by others and facilitated a

[3] A homeopathic remedy to calm in the event of shock or anxiety.

feeling of safety in the group. Katherine recalls:

> I was extremely nervous. I'm not one for talking in a group, or crowd, or saying speeches. So I was - didn't quite know what to say, or how to go about my history. And of course it was a very emotional time, when you join and you first discuss what your problems are. But, I must say, when I walked out here after the first time, I knew that this was going to help me in some way. And that I did want to come back. There was never any thought of, oh no, I didn't like that. And when I met the people, it was - that support was there - it was great.

Carmen recalls settling down after her initial discomfort:

> [At first, I was] very uncomfortable. Then as you find yourself in the group, you start - you actually start relaxing. You find that it's much easier to talk, because everybody's out there to help. And you sort of forget those fears that people are going to talk about it, because you feel that you just need to open up.

Stephanie recollects:

> I remember thinking it would take me a while to fit in, but in reality that wasn't the case. I think people - well, I did - I think I fitted in quite quickly. After a couple of - I remember being quite nervous the first couple of times.

Hope speaks of her initial experience:

> I was excited, just by the people that you had in the group, and the variety of experiences and the different characters and the different stages of parenting that they were at. I realised from the beginning that I was going to gain a lot from that. And I think right from the beginning the biggest impact of the group was just realising that there are people out there who are experiencing similar things and battling with similar things, and that you - its not because there's something wrong with you! And, you know, that it really is hard to be a single mother.

Transformative Function of the Group

All of the women were overwhelmingly enthusiastic about their participation in the group. They described it as a very positive and life-transforming experience. Furthermore, they acknowledged that the group sustained them during a low point in their lives and helped them to meet and overcome some of the challenges they were facing.

In my exploration of the women's accounts of their group experiences I was able to extricate an underlying emphasis on the interpersonal aspect of the group experience. The recurring theme that emerged at the core of their experience was that the value of the group was located in the interaction that happened between the group members. Gail and Carmen commented that they would not have been able to read in books what they learnt

in the group. Terri and Stephanie remarked that the value of the group surpassed their initial expectations of receiving advice from other members and facilitators. The women perceived that the lived experience of the group exceeded a didactic intellectual exercise by incorporating a relational aspect that provided a forum for emotional growth. An analysis of the interpersonal factors that created and facilitated transformation in the group gave rise to five major categories: non-judgemental acceptance; support; commonality of experience; reciprocity; and challenge and confrontation between group members. These categories are explored further below:

Non-judgemental Acceptance

Eight of the women prioritised the unconditional acceptance they received in the group. They commonly described entering the group with feelings of shame and worthlessness and reported that exposing and sharing aspects of themselves in an uncensored way gradually altered these feelings. Five of the women related that the experience of baring all and still being accepted has allowed them to confront and shift internally held negative perceptions of themselves. Katherine reports that the group members have challenged her low self-esteem that has been reinforced by her family's perception of her:

> I very seldom see the good in me - in my potential, whereas the others have pointed out that there is some potential. There is good in me. I can achieve things. And I need that to be pointed out because in my relationships and my family life - they put me down, whereas the group will lift me up.

Mercia describes the significant shift that occurred with the realisation that she did not have to do anything to please anyone:

> It's the fact that I was valued just for who I was. I didn't need to prove anything. I mean even when people told me, "You should do this, you should do whatever" and I didn't do it, they didn't think any less of me.

Hope spoke about the eroding experience of being in a new town and in a hostile work environment, without a support system. She believed that her sense of belonging within the group, where she was able to make intimate connections with others, and where she felt her contribution was valued, helped to restore her self confidence during a vulnerable period.

It seemed that for many of the women, the group had the power to challenge entrenched perceptions they held of themselves that dated back to childhood and that have been reinforced in relationships in adulthood. The potency of the group seemed to emanate from the trust that was established between group members, and the norm of honesty and genuineness that pervaded the group. Stephanie talks of her level of comfort in the group:

> They really understand you. [They're] people in the same boat. A safe haven sounds stupid, but that's what it is, really. It's somewhere where people know everything about you, but you're not worried about what they think after a couple of sessions.... In life you've always got to show your marketing package. At work or when you're trying to meet normal friends - you've got to put on a brave face for the rest of the world, whereas at "Single Moms" you don't really have to. If it's your turn to speak and two minutes later you want to blub, then you can blub. There's no falseness about it.

Katherine communicates her trust in the group:

> [I feel] cared about. I mean, we're not a family, but it's like a family. That concern is there - genuine concern. ... I find it much easier to be open and honest in the group. There's nothing I want to keep from them, which is great. I can just let it all out.

Gail identifies the importance of honesty in the group:

> I think that is a very big thing. People were so honest there. You could say to someone, "You look an idiot" or "Your hair looks nice." That was just so wonderful, to know that what they were saying to me - I trusted them. It's very important because everyone [in the group] certainly doesn't trust anybody else in the world with whatever is out there. That, I think, was very, very important.

In addition, three of the women noted that the sheer number of people in the group and a united opinion made the communication more powerful and harder to deny than the comments they may have received from an individual.

Support

Seven of the women gave weight to the supportive function of the group. Mercia elucidates this:

> You go over there and you are plain. And you tell people exactly how you feel. You can talk about anything and you're going to get support. And they want you to feel good, not because they even probably like you, but because [they recognise] there's a need and they know what it's like to feel in need. ... And just the fact that they're interested in your well-being helps you to go home and be able to cope with the

> situation that faces you. Whether it's the money, or the child, or the dog, or the house, or something that's fallen in on you, or your work or whatever

Carmen believed that the support emanated from the measure of care that permeated the group. Debbie felt that the support was contingent upon intimate relationships that were forged between members.

Various descriptions were used to portray a sense of belonging that starkly contrasted with the alienation and discomfort that many of these women depicted in their external relational world. Hope expresses this:

> I know I'm getting so much out of the group as far as support. It's just a sense of belonging and sharing. It really is an anchor for me. It's like a landmark in my week. I have somewhere to go to share my experiences - not feeling so isolated. Also, things that have been worrying me or are difficult - there's somewhere I can express those and get some feedback. I really don't know how I would have coped without the group in terms of the support and nurturing.

Two of the women described the group as a caring family and another two women suggested that the group acted as an auxiliary partner by taking on some of the care taking functions that would be ministered by a co-parent. Hope uses the following description:

> It is becoming a support system that we didn't have. So, a substitute for family and friends that perhaps don't share or can't share what we're experiencing here. And can't be there for us.

Katherine says:

> It did in a way [help me to leave Gavin because the support and the company that I lost there - I got a bit of it from the group. I knew that there was somebody I could talk to.

Five of the women indicated that the supportive function of the group manifested in mutual encouragement and that members were able to draw strength from each other and from a greater energy that emerged from the confluence of group members. Three of the women suggested that an awareness of the circumstances that other members had successfully endured gave them added strength to cope with their situations. Katherine describes her experience:

> I've always sort of felt very sorry for myself, you know, in what I've been through. And seeing the others has helped me to see that - if they get through what they're going through, I can do that. You build on each other's strengths. ... Often when I

> walk in on a Thursday, I think, Oh, I'm so tired. I'm so down. But every Thursday when I walk out it's like my energy has been replaced.

Hope reports similarly:

> I think I thought that I would be reassured that it was just a phase and it was because I was new in Cape Town, and I think the reality check has been that being a single mum is difficult. And to some extent it's been quite hard and depressing, and in another way, it's been - other people can do it and they keep going, so it's okay.

Commonality

The fact that all members in the group shared a common life situation appeared to be a binding element that had a significant influence on the group experience. Gail, who acknowledged her doubts about joining a group after her experience in previous group therapies with heterogeneous groups, has the following to say:

> This was different. I was with people that were in exactly the same situation as I was in. We were on our own, trying to make it with children. How were we going to help ourselves and [our] children. That was totally different to what I was in before.

Six of the women identified the normalising aspect of being in a group with women who shared similar life experiences. They recalled the relief at hearing other women struggling with similar concerns. They believed that this allowed them to challenge their assumptions of their own inadequacy. Rather than blaming themselves for not coping more adequately, they could begin to acknowledge the challenges of their situation and the hurdles they were confronting. Debbie reports:

> It validates the whole point that you are struggling as a single parent. That actually you're entitled to be struggling like this. That it is a reality. There's such a difference between talking to another single parent as opposed to talking to a parent who isn't a single parent.

Katherine, Hope and Stephanie indicated that when they heard the difficulties of other women, it helped to place some perspective on their own concerns. Hope reports:

> I think I'd kind of fallen into a pit of self-pity and to realise that there are some people that are struggling with things a lot worse than I was, and they were surviving and coping and managing. It made me kind of stop feeling so sorry for myself, and be thankful for what I did have and what was going well.

Katherine articulates the encouragement it provided for her:

> I think also seeing what the others have gone through, and are going through. And sometimes realising that mine just isn't that bad. [I thought to myself], so get out there and do it - whatever you have to do. It sort of made me more confident.

Three of the women emphasised the value of commonality in feeling understood and trusting the empathy of group members. Hope imparts the significance of sharing with people who could relate personally to her experience:

> There were people that you could talk to, that could understand and could empathise and could actually give you the support that other people seemed either too frightened to get involved or just didn't really know what to say because they hadn't experienced anything like it.

Mercia maintains:

> Basically I feel you should talk to people who are in the same or similar situations as you are because they understand what you are talking about. There's no sense in me talking to somebody that has a husband, whose husband is taking good care of her, about being lonely. She may be lonely, but she's lonely in a different way. There's no sense in talking to somebody that has money. They're going to wonder, does she want money from me?

Stephanie echoes a similar sentiment:

> I find with "Single Moms" that I can really sometimes only believe what the group says, or, the support I get from them is the bible compared to, say, my friend who is married with two children, or somebody at work, who is happily married. I just find that they can understand where you're coming from.

Terri and Carmen commented on the trigger effect of hearing other women speaking about issues that mirrored their own. Both of them felt that the introduction of certain topics by other members allowed them to confront and deal with issues that they might not have been consciously aware of, or able to verbalise, themselves. Carmen addresses this:

> Just listening and sitting there [in the group], and experiencing what other people are feeling [helps]. There were nights like - just the trigger of something - somebody else's words and that would put you on that track, "Oh, no, I'm experiencing that". And you can sympathise with that and you can relate to it. And just the fact that you can relate already helps your problem. Because now you might not be able to say it, but that person is actually on your behalf, is saying quite a few things that you need to. And maybe has a different view, but you haven't even thought of it that way. ... But just listening brought - opened up a few wounds that I didn't even think were there. It was just at the right time for something to happen. ... There are times

> when you're kind of stuck with words, and you're not sure what the next thing [is]. It doesn't always flow, whereas the group brings out so much more. It just triggers something inside. You go in there, not even thinking that you have that problem - not a problem, but it's just a hurdle in your life. And there you come along, and you can identify with what the next person's saying.

Three of the women believed that the experience of seeing a reflection of themselves in others was transformative. It seems that they were able to perceive the strengths and positive aspects of others that they denied in themselves. By recognising that it was inappropriate for others to be denigrating themselves, they began to challenge their negative perceptions of themselves. In other words, by accepting others who were a reflection of them, they were able to begin to accept themselves. Not only could they shift feelings of guilt and failure, but they could also begin to acknowledge their own capacity to reformulate their experience in the world. Gail explains how this worked as a powerful agent of change for her:

> I could see what was happening to everybody else in the group, I could hear what their problems [were] and I could see it from a different angle. So now I could say to somebody, "Don't be crazy. Don't allow yourself to be treated like that. You deserve better." You know, everybody had the same problem even though they were different. So I was seeing so many different angles of my problem. And that was an enormous help. And [it] was frustrating when the other members of the group couldn't see it. That was terribly frustrating because now I could see it. I could see the big light that wasn't the train. ... Until you're listening to someone else are you able to see it from a different angle because you can only see one way all the time. And people can reason [with me] and try everything in their power and say, "Hey, but what about this?". But when you sit and listen week after week, listening to the same thing, and you drive home, and you think about what's said, you think to yourself but that's what *you're* doing, you idiot! ... I've never ever taken people on face value. I've never looked at somebody and said well I'll like you, because you're not fat, and you're attractive and you're intelligent and you've got nice teeth, and you're - I never did that. But I thought people were doing that to me. I thought nobody will ever like me. I thought I was being rejected, not because I'm a nice, caring person, but because I don't look the part. That's why everybody's dumping me. So don't look at me, I'm too ugly. That's what I believed. And I - when I sat listening to people, I looked at them, and I looked and I thought, but you're such a lovely person. Why does anybody want to leave somebody like you? You're such a lovely person. And then I realised that everybody in the group was like me. That it wasn't me that deserved... and didn't deserve to be treated... and also deserved - it was just me - the person - not what I looked like. Not if I was tall or fat or ugly or short or thin. Because I saw it in them, saw the light. That's when I started growing because I realised, hold on, it isn't me -

> not what I look like. That was a big, big - the biggest break. That's why I was able to move on from there.

Despite the focus on commonality between the members, three of the women expressly indicated that individuality and difference were accepted and supported in the group. For Terri, her individualism was respected by the opportunity to pursue her personal journey and the value she attached to moving at her own pace. Katherine and Hope acknowledged individual differences in sociocultural backgrounds, age, educational levels, personalities, and presenting issues of the women. They shared the opinion that these differences did not detract from the group in any way but rather that the group was enhanced by the richness and variety of experiences. Both women pointed out that they were afforded the opportunity to connect with women that they would probably not have befriended in their outside lives.

The women suggested that individual needs were attended to by a flexible structure that afforded members the freedom to explore all aspects of themselves, no matter how idiosyncratic those aspects might have seemed to them. The same two women, however, acknowledged the censorship they imposed on themselves by avoiding talking about subjects they felt might be insensitive to others. For example, one woman avoided discussing her newfound job satisfaction, and the other her career options, when other members were struggling to gain employment and were uncertain of their job security.

Reciprocity

Hope, Gail, Terri and Stephanie placed importance on the role of reciprocity in the group. They explained that it made it easier for them to feel justified in receiving emotional support from others when the act was reciprocal. Terri states:

> We carry each other, so there is enough trust and confidence for me, who is normally very positive, to say "I need you now." To be able to talk and say what's on my mind that's bothering me - I normally wouldn't feel that it was justified for me to do it.

In addition, these four women valued the opportunity to access their own resources to assist women in similar predicaments to their own. Terri, again, explains the sense of

satisfaction achieved by witnessing another group member's development:

> I walk in and I see a change in people, I see a growth. And, I think, a year ago that wasn't there. To me it's like - maybe I helped a little bit. Just by being there and adding more than my five cent's worth. But also just being there, listening. That, to me, forms the basis of the group.

They maintained that it was beneficial for them to be in the supportive role for others rather than simply being the recipients of assistance and care. By utilising their personal capacities to help others, they were connected with their own strengths and this has been empowering for them. Katherine describes her development in the following terms:

> I'm able to chip in now, whereas in the beginning I would just sit back and listen. Now I want to say something, "You know, I've been there, I've done that, I've been through that." I feel quite important that I can give my view and my help.

The women also commented that the frame of the group, and the clear expectations that were established in the group, allowed members to provide support for each other during sessions. They believed that by restricting the process to the confines of a weekly group meeting they were able to be present for others in a way that did not threaten to overwhelm them in their daily lives. One member, however, describes how she was unable to leave behind others' pain elicited in the group:

> There were times when I came in, when I listened to people and I would actually go home crying because how could things like this happen to people? And I was quite upset.

Challenge and Confrontation

Another identifiable component of the transformative function of the group appeared to be the challenge and confrontation that occurred between members in the group. Although all participants mentioned this component of the experience, the topic elicited a variety of opinions and mixed feelings, which highlighted the controversial status of debate and argumentation in the group.

On the one hand, Hope felt strongly that confrontation and challenge from other group members was necessary as a means to promoting personal growth in the group. In the following extract, she is vocal about her desire for greater honesty between group

members to challenge entrenched self-defeating patterns of behaviour:

> I think it's such a supportive environment that sometimes we're too scared to say, "Wait a moment, you are falling back into a cycle", or "Be careful", or - I'm just thinking, for example, when Katherine got involved with Sam, [a new boyfriend], I felt so - hahhh! Because I was the only one who raised the warning, and yet everyone was so excited for her and happy for her, and I was saying, but gosh, this feels like Katherine's leaping again into something. Always looking outward for somebody to solve her problems and help her out - that it just doesn't always work, and that you can land yourself in more trouble. And I felt so guilty. I felt like I was the one who was being ungracious or spoiling the excitement of this new relationship by saying, be careful. ... I often feel in the group that we just want to make each other feel better. And that is all very well, but I do want to stretch more. Sometimes I think Mary can do that for me. And sometimes she does, but also sometimes she you know, [she] holds back and cushions.

On the other hand, however, there are members who believed that the therapeutic function of the group could have been best achieved by remaining supportive in the face of external adversity. Three group members expressed anxiety that they would lose the primary supportive aspect of the group experience if they were to be more challenging with each other. Stephanie gives her view:

> You see the thing is, is that we're all vulnerable. That's the point, I think. So that person might not be in a state -might be in a fragile state that they don't want to hear it. And this is like their only haven, so it's such a fine line between being supportive and giving advice as to whether you're going to hurt someone's feelings and break that supportiveness that they feel in the group.

She shares her personal investment in the supportive aspect of the group:

> I've made only a certain number of friends since I've been in Cape Town and I don't want to not be friends with five of the ones that I've expressed - shown my - my whole life to.

Mary is concerned that an honest expression of her opinion could be hurtful to others:

> You see, I can be very brutal and I can be very straight, and bitchy. And I'm too scared to do that, ja. I don't want to hurt people that way. Because I think we're all pretty fragile in the end. We're expecting understanding and empathy.

The tension between the need for a confrontational interpersonal element and yet a desire for the group to remain supportive is apparent in the way the responses of a single person embodied this polarity. For example, while Hope communicated her desire to steer the

group towards greater confrontation, she also voices her own concerns about being untimeously confronted:

> But then the danger of confrontation is that if anyone had confronted me about [my relationship with my boyfriend], and said get out of this, which I think Mary was tempted to do quite often - and did - I wasn't ready to let go of that. I actually needed to go through that kind of denial mode. It's going to get better. That anger and frustration and grieving before I actually could let go. Even now I'm still vulnerable. I miss him. Sometimes it's hard to be confronted when you're not ready. And then sometimes you do need to get there on your own.

On another occasion, Stephanie began by expressing her concern that the group was not confrontational with a member, mentioned earlier in this section by Hope, and yet later motivated for exclusive support for this member. She says:

> Like the one time I was surprised. I didn't say anything when Katherine moved in with Sam for instance. And it - it felt wrong, and - okay, Hope did for instance say, "Ooh, I know you're very happy, but be careful and everything", but I just thought in that sort of situation the group would have been a little bit more aggressive.

Yet further along in the interview she adds:

> She needs support at the moment. She doesn't need someone telling her that she's doing things unconsciously wrong. 'Cause that's basically what it is. It's all unconscious, and she can't help it anyway, and who am I to sit and try and psychoanalyse her because of what my experience was. So if you're not sure then rather leave be. So I've rather just let her know that I'm around if she needs me.

Ambivalence was also expressed in the words of Mary who seemed undecided as to whether she would like honest feedback for herself. Although she states clearly that she does not welcome being challenged in the group, she also communicates that she is able to tolerate it:

> Come to think of it, like when you nail me, I get upset and I get angry. And I think its dealt with fairly well because you allow me to angry and you don't hold it against me and the next week when I come back, you know, its a joke, really. I don't think we hold anything against each other.

For Stephanie, the current status quo is feasible:

> So most probably the way it's working now, is most probably the best way, where there is an inkling of the - a little bit of the advice, but a lot of support. So maybe the ratio is right as it is, because it's not really - I never go away from group feeling hurt, or whatever.

However, Hope feels that the benefit she could be deriving from the group is compromised:

> I've realised that perhaps the purpose of the group is the support and the empathy and somebody to hear the pain and the difficulties. And that a lot of people might not be in a position or a place where they're ready to be challenged on anything because we're struggling so much with so many things. But personally I've often felt that I would like more probing or more feedback.

It seemed that the status quo was not functional for Nadia. She confides that she was motivated to leave the group as a result of her irritation with a fellow group member whom she did not feel she could confront:

> I wasn't prepared to say that somebody is irritating me when that person is there precisely because - you know, like the very thing that is irritating is actually what brings you here. To then say, "Well so and so is just way too needy." And then it's like just another knock on the head for that person. That's not what they need to be hearing.

What Has Changed?

The following section addresses the responses elicited to questions regarding changes that the women perceive in themselves associated with participation in the group. The responses have been grouped in three categories: internal changes that the women perceive intrapsychically; interpersonal changes that they perceive in their relation to others in general; and interpersonal changes that they perceive specifically in their relationships with their children. These three categories will be explored further below.

Internal, Intrapsychic Changes

Seven of the ten women confirmed that the group experience altered how they felt about themselves. Five of the women used the term 'confidence' in descriptions that conveyed their improved self-esteem and self-assuredness:

> ... The one thing I must say, I gained lots of confidence. ...
> ... I think just helping me to become more confident within the group, has helped me to be more confident out there. ...
> ... I'd never had confidence before, and since then I've got so much of it. ...
> ... It's made me more confident. ...
> ... My self-esteem and my confidence grew. ...

Three of these women also gave an account of movement towards self-acceptance. Gail describes her transformation:

> [*Now*] I know there is nothing wrong with me. I know that I'm a warm, friendly person. I don't look like a freak. So all those things have changed. That was extra baggage. I was like a person with anorexia. Nothing you could say to me would ever convince me otherwise for many, many years. So, that is why - the group did a hell of a lot of that for me. I grew up, and now, today, I still have a big percent of that with me. Okay, 'cause you can't just - I don't know of any people who just change overnight. I still have that fear, that oh, somebody's going to look at me, or I hope the lights aren't too bright. And when I do look in the mirror I don't say, 'God, you're beautiful!' I see a lot of wrinkles and a lot of those things, but I'm trying to say, 'Ah, so bloody what, so I'm fifty', which to me is absolutely great.

Terri elucidates her process of self-acceptance:

> I have to grow and in order to grow I've not only got to take in good things, I've got to let go of bad things. So it's like me stopping smoking five years ago. It's me stopping putting myself down because of what I was told all my life. I'm taking baby steps to believe that I can be loved for who I really am.

Other shifts highlighted by the women were the way they responded to the challenges in their lives. Gail expresses a modification in her outlook on these challenges, which hints at her increased internal resources to manage stressful events:

> [You have to] be aware that, so bad things do happen. They do. You know, what I wanted to do was live a life to hide away from all pain and never have bad things. If bad things come, I will die. But in life, bad things do happen. That's life. It's how I deal with it now, and how I step forward.

Debbie was aware of feeling less fragile in situations that would previously have generated anxiety for her. She describes the absence of emotional trauma that would have been precipitated by the ordeal of visiting the maintenance court:

> I was thinking, well what happened in my week this week? Oh, so I went to the maintenance court. Oh, big deal. Whereas a year ago, the maintenance court thing would have been a huge drama. It's not a drama any more. It's like, well, it's fine.

Stephanie believed that her mental functioning was stabilised by the group experience. She mentioned that it has helped to alleviate her depression. Nevertheless she remained on medication.

Changes in Relation to Others

Five of the women acknowledged changes in the way in which they related to their family, friends, partners, and their larger social network.

Three women indicated that their added confidence altered their style of relating to others. Gail described how the tables were turned and she was now the one who was supporting and encouraging her sister, friends and colleagues in their times of need. Katherine identified that she was less anxious when making social contact and so was more encouraged to do so and expand her social network. Her group experience also restored her faith in others. She conveys her excitement:

> I think just helping me to become more confident within the group, has helped me to be more confident out there. And knowing that there are people staying in Cape Town that do care, that are going through the same thing - there must be more people out there that do care that I can bond with. My life doesn't just have to be in my little cocoon.

Mercia felt that she was able to exercise assertiveness in relationships with family and friends where she was previously being exploited. She says:

> One thing I learnt very definitely is if you don't want to do it, don't give in. You don't need to say, "Okay, I'll see what I can do," or "Okay, I'll try," and then go out of your way. You don't have to. "No, I can't do it" is fine.

There was much discussion surrounding changes in ways of relating to male partners and potential suitors. Katherine referred to an increased consciousness of her repetitive pattern of entering hastily into relationships with men who inevitably let her down. She suggests that this knowledge now informs her actions, and results in more caution:

> My ideas have changed. I'm definitely more careful. I think a lot more about things. You know, and if I'm in a situation out there, it'll ring a bell sometimes of what was mentioned in the group. You know, so that I can think twice about it.

Hope related how the affirmation received in the group assisted her in letting go of a problematic relationship. She discusses her newfound resolve that she does not have to compromise her expectations and can begin to contemplate the possibility of remaining single rather than entering another unsatisfying relationship:

> [I came to accept] that it's actually okay to feel that this is not right for me, and that it's not about me having too high expectations. The group has certainly given me the sense that it can be better and you can hope for something better and you don't

> have to accept that this is the way it's going to be if you're going to have a relationship. And also, I think I've become a lot more aware and less naive about the way some relationships are, and some men are in relationships. And that the single mother thing could be a long-term thing, you know. It might not be a phase. And I think in a way it's helped me to accept that, to prepare for the eventuality of that.

Gail, on the other hand, could begin to contemplate entering into a relationship. Her enhanced self-worth permits her to entertain the idea of pursuing a fulfilling relationship:

> The big thing in my life is I don't want to be alone any more. I've never wanted to be alone. And I never ever acknowledged that. I always said, I don't want anybody, and thank you very much. Stay away. [But now] I would definitely like to be with somebody, a warm, caring - not necessarily a husband, but a partner.

Changes in Relation to their Children

Seven of the women mentioned that their way of relating to their children had changed and that their children had benefited by them attending the group.

Three mothers indicated that they were able to assume their parental role with a degree of authority that had previously been absent. For Debbie, the validation she received for her parenting allowed her to proceed with the task with added confidence. Katherine speaks about increased confidence in taking on the parenting role in relation to her son, who previously held the power in their relationship:

> I spoilt Mark a lot and used to let him run my life, whereas now being more confident, I set down the rules and there's more of a routine. Ja, I've grown and I think Mark has grown with it. There's definitely more authority.

Mercia reveals that through her group participation she has become aware of alternatives to corporal punishment when disciplining her sons and now assumes authority in a different way:

> It's so hard not to fight violence with violence. And I mean I had to learn that you don't hit your child, there are other things you can do. 'Cause I didn't know what else to do. When I listened over here, I realised, I learnt that there were other things that I could do. And [in time] I could say to people, "No, do this or try that, like besides smacking. Don't just smack the child."

Two mothers suggested that they were more relaxed in their parenting role and more accepting of their children. Hope, who has a child with special needs, believes that her

relationship with her son has changed since she became less reproachful of herself as a parent:

> It certainly has helped me to feel okay and not to feel so bad and guilty that I don't have time to spend with Jess and things aren't going as well as I would like them to be. And that I am genuinely doing the best that I can. I think just accepting that this is the way it is, I think has helped and that I'm doing the best that I can under the circumstances.

Stephanie describes herself as "less neurotic" in her mothering role since her experience has been normalised in the group:

> I just feel more comfortable in my role as a single mom because I know everything that happens to me is pretty normal. And listening to other people's stories, I'm actually not having it that bad sometimes.

Mercia also talks of beginning to value her children, and how this has an impact on her parenting:

> I've learnt to value my children in a different way. When I listen to what other people are going through with their children, I mean I'm having heaven compared to what Mary went through, or whoever. I honestly learnt to value them. And I think that's one of the reasons why I could learn to stop hitting them.

Two of the women believed that the support of the group bolstered their emotional resources, which allowed them to respond in a more contained way to their children. Stephanie reported that she is not as "ratty" with her toddler and Terri admitted that talking in the group relieved a frustration that she would otherwise have taken out on herself or her children:

> As a single parent, to be able to go home [from the group] and look at my kids and want to hug them and realise that we're not alone and that somebody has listened to me instead of getting to the stage where I would be so frustrated that I would want to either bash my head or their head against the wall.

A further two mothers' reports suggested that the group increased their awareness of unconscious factors that may have been motivating their childrearing practices. It seemed that they now evaluated their parenting from a more informed position and explored alternative practices that were proposed in the group. This was clearly the case for Mercia, who indicated that she had confronted her punitive practices and considered other methods of disciplining her sons. Katherine refers to an aspect of parenting that she

has reassessed:

> I've always doted on Mark. Maybe in the beginning I pushed him a little bit too much and within the group realised that that [comes from] not being pushed by my parents, you know, and I'm pushing him too hard. So I think that's stopped a bit there, which is a good thing.

What has not Changed?

Two of the women admitted that they had hoped to resolve difficulties in specific relationships. Nadia disclosed that her challenging relationship with her daughter, which had originally served as an impetus for joining the group, continued to be a source of concern for her. Her hopes that they would move beyond their struggles had not yet been realised. Similarly, Mercia expressed frustration with herself that, contrary to the advice of the group, she remained in an abusive relationship. She was equally disappointed that she had been unable to leave a destructive work situation.

Two other women expressed their disappointment with the sluggish progress they had made in terms of their general approach to relationships. Although at some points in their interviews, both Katherine and Gail acknowledged the gains they had achieved, both were not entirely satisfied that they had set aside old habits. Katherine indicates that although she carries with her an increased consciousness of her dynamics, it does not necessarily free her from acting out:

> My pattern with men hasn't seemed to improve. You know Sam may be different, but I'm still jumping in too quickly, getting involved, and giving everything.... It's always at a needy time in my life that I jump into something. You know, I'm always in a situation and it's like I feel as though I don't have a choice.

Gail conveyed a similar concern when she admitted that she had a greater awareness of her issues surrounding relationships, but expressed that it had taken her time to discard old patterns of relating. Although she felt that she did not reach resolution in the group, she saw her process as ongoing and was focussed on what she still had to achieve even though she had terminated with the group. She says:

> I learnt an enormous amount that I now needed to go and put into practice. And that I haven't done. I'm still aware of it. And I did take a risk by going on a date. That was a major move. I've also learnt that if a person doesn't want me - you're the loser, I'll go forward. It was a very unusual feeling; I'd never done that before. Now I want to put [more] in practice and if it doesn't work I'll go on and on and not step back.

Hope shared how she had initially thought that her stay in the group would be concluded as soon as she had dealt with and disposed of the challenges of her life situation that were confronting her at the time. However, in due course it became evident to her that the day-to-day challenges of single parenting did not simply remit and that her expectation that these issues would dissipate was unrealistic. She did concede, however, that she was more accepting of her situation and felt she was coping more effectively with the challenges.

Reasons for Termination

All five women who had terminated with the group gave practical reasons for their termination. Mercia reported that she had transport problems as her car kept breaking down and she did not have money to pay for repairs. Gail indicated that her son's psychotherapy, which took place every week before the group, had ended and she was under increasing pressure to spend more hours at work. Carmen explained that when she moved home, arrangements and transport became more difficult as she was further away from the clinic, her place of work, and her children's school. Nadia stated that she terminated with the group soon after she commenced individual psychotherapy as she did not feel she had the time for both. Debbie explained that the group time began to clash with another activity she wanted to pursue.

When the women were probed, however, it seemed that three of the five terminations were also motivated by emotional factors. On closer inspection, it appeared that these emotional factors all had an interpersonal element. In other words, these women were all partly motivated to leave the group as a result of factors emerging from the interpersonal relatedness in the group. Mercia, Nadia and Debbie acknowledged that they began to consider leaving after co-members had terminated. Mercia expresses that she had a strong feeling that she should leave before others left her:

> One of the things I feared was that Mary was quite agitated with the group and was going to leave. I didn't want her to leave because I was going to be left alone. Most of the other people had left already.

In addition, for Mercia, fantasies that the group would abandon her were exacerbated by her self-induced guilt when she missed a session:

> It was all around the car breaking and not having the car and not having enough money to fix the car. And that is how come I decided to leave. Afterwards when I thought about it, besides the car, I felt like I was going to disappoint people too. I messed up, like I was letting people down. I don't like disappointing people. Really, at all costs, I will do everything not to disappoint you.

Nadia also described an anxiety about feeling left behind when a co-member, with whom she identified closely, terminated. Debbie conceded that the disruptions caused by people leaving the group affected the trust and safety that had been established in the group and she felt less willing to bond and share with new members. Furthermore, Nadia articulated her difficulty in sharing the space, particularly with one member who appeared very needy and used a disproportionate amount of the group time. Her choice to favour individual therapy over the group therapy was motivated by the fact that she would not have to share the space.

Although all the women who had terminated acknowledged the progress they had made in the group, only Gail and Debbie felt that they were ready to terminate, while Nadia believed she was taking the process further in her individual therapy. Mercia and Carmen were of the opinion that they would have benefited by remaining in the group. Even though Gail described herself as only "80% ready to leave," she felt it was a natural part of her process to leave the group in order to build and invest in relationships in her external world. Both she and Debbie described an increasing independence from the group and expressed a belief that they could manage on their own. Neither thought that the challenges were over, but both women expressed a confidence in the way they would deal with these challenges. Debbie reports that she realised her work was done in the group when she became less motivated to attend the sessions:

> I was almost getting bored with it. I wasn't having any crises in my life. ... I remember one of my main reasons for leaving I felt I wanted to join the running club, which I did do, but I think it's funny that I actually had prioritised it. In looking back, actually what I was doing was [saying] I don't need this any more now. What I do need to do is get some good exercise into me, and that was my priority, and that's probably a very healthy thing.

While four of the women reported that they had maintained the growth achieved in the group and were managing with their lives in a way they deemed satisfactory, Mercia disclosed that she was struggling without the support of the group and would return to the group if it was practically possible.

Proposed Changes to the Group

When the women were invited to suggest changes they would like to make to the group, five of the women proposed that they would like the group to be longer in duration and one of these women requested that the group meet twice weekly. However, when this was explored further it became clear that it would not be practical for them to leave their children for a longer period. Stephanie and Katherine's words express this general sentiment:

> It just feels like we could be there forever. Not, obviously forever's not viable, but it just always feels like it ends too soon.

> I feel like it could be longer. You know, I could talk for two hours. Or maybe twice a week because the other days in between the Thursdays drag. Um, very long.

A change that has received attention in greater detail earlier in this thesis was the request for more probing and challenging to take place in the group. A further change suggested by one member was to include males in the group. Two other members expressed the view that they would like to have more didactic input and feedback from the facilitators. Hope explains her perspective:

> I mean you [the facilitator] are very much my focus in the group because I think when I talk I really do talk to you and value your opinion. Although I appreciate and accept whatever the group has got to give, it's really your professional insight and sometimes reassurance, and sometimes things to think about - and Anne [the co-facilitator] as well gives me a lot to think about through the week. And I think that's what I'm asking for more of.

Katherine takes a similar approach:

> I think something should come from the facilitators. Not necessarily advice, but your point of view on whatever the person has said. You know, just adding to or agreeing or disagreeing. Obviously you and Anne have had the training, so it's more of your input that we need.

Role of the Facilitator

When the women were asked to describe the role of the facilitators, three of the women commented on the limited *active* role played by the facilitators. Stephanie makes the observation:

> If you think of it, you don't do a lot of the talking - we do a lot of the talking! I think if you time yourself, you most probably speak about 5 minutes, the whole hour and a half.

Despite the limited active role, half the women communicated the importance of the facilitators. As Carmen comments:

> I think you didn't do much there, but you - just your presence alone, made a big difference in the actual thing.

And Mary conveys the depth of her attachment:

> We fell to bits when you were not there [on three month maternity leave]. And I really don't think that if you ever gave up the group, I don't think I'd stay for much longer, unless you got a very special person to take your place. ... Ja, hopefully you'll never give up this group, because, ja - that's why we stay. It's absolutely for *your* advice and *your* opinion and *your* support.

I have grouped the women's perceptions of the role played by the facilitators into four categories: the containing function of the facilitators; unconditional acceptance of group members; the contribution of professional skills and knowledge; and the task management and facilitation of the group.

Containing Function

Half the women referred to the containing function of the facilitators. They described the support they received from the constant holding presence of the facilitators, particularly when they felt vulnerable in the group. Mary compared the containing function of the facilitators to a parental function. Hope referred to the reassurance that emanated from "a depth of understanding" and "empathy" provided by the facilitators. She conveyed the value she attaches "to feel[ing] heard and understood" when she shared in the group. Stephanie echoed this sentiment, as did Nadia who has the following to say:

> The psychologist needs to play a very limited role in the group, or limited active role in the discussion. They more watch the time and guide the flow of the group. They are there all the time and know and understand the various members of the group.

Mercia spoke of the containment she received simply by being present in the group and gave weight to her sense that the facilitators were holding everyone in mind. She says:

> Somehow you made each one of us feel important over there. It wasn't just about that person that had that major problem now. You knew, even if you didn't get your turn tonight, you knew you were going to get your turn [next time]. And you [the facilitator] would remember - I don't know how you remembered - who spoke last and which person had a problem. [You'd] keep things together.

Hope surmised that the facilitators might have offered another form of containment by way of managing and limiting confrontation, if such confrontation were to threaten the group. She acknowledged that the situation had not yet arisen in the group, but nevertheless felt safeguarded from the possibility of an attack by the presence of the facilitators.

Unconditional Acceptance

Two of the women placed importance on the unconditional acceptance that they perceived the facilitators offered to group members. Terri communicated the importance of being accepted by someone in authority. She understood that the acceptance from an authority figure had helped her in her process of accepting herself. Mercia confirms the importance of acceptance from a facilitator and highlights the role of modelling in imparting a group culture of unconditional acceptance:

> I can never say ever you were upset, angry - you were always interested, that I know. I can never tell, and maybe that's what's good because if you had shown any sign of whatever, I would have stopped talking immediately. And from that I learned not to do that. I learned to listen. I take my cue from you and from everybody else.

Professional Skills and Knowledge

Half the women indicated that the professional skills and knowledge of the facilitators were central to the role they played in the group. They testified that they trusted the input of the facilitators and valued their insights and perspectives owing to their professional expertise. Stephanie referred to the input she received from the facilitators as "educated guidance." Gail explains that the informed perspective provided by the facilitators could open up alternative ways of viewing situations and predicaments:

> When there was a problem, or somebody saw something, all of us were really the same. We were all in there because we were thinking the same and we were doing

> basically the same thing. And you were seeing from a different angle. So, because - if you're all in the same boat, without somebody encouraging you, and taking it from the angle that nobody's seen it, you're not going to move forward. You're not going to at all. You have to have somebody that's looking at it differently because you're not going to see the big picture otherwise.

Task Management and Facilitation of the Group

Five of the women highlighted the facilitators' role of managing and facilitating the group sessions. Particular skills identified were managing the time; conducting the process; drawing connections between members; using interpretations; and facilitating discussions to take the process to deeper levels.

Time management was seen to include the commencement and closure of each session, together with the management of time during the session. Hope, Mercia and Stephanie reflected on the facilitators' task of ensuring equitable and constructive appropriation of group time. This meant drawing silent members in and limiting members who tended to take too much group time. Mercia was particularly aware of the facilitators' task of maintaining the focus of the group:

> You would see to it that each of us got a chance to talk to keep continuity, because sometimes when - let's say I was talking and someone interrupted me - you could go off on a tangent and somehow you'd remember what the last thing was that was said before we reached a new place, and bring us back.

> I don't know, I can't really explain it, but it's just - it's good to have somebody in the session who can say hold on, stop now and lets move on to - or lets change that.

Nadia raised the fact that the time management did not necessarily result in all members receiving time in each session. She appreciated the flexibility of the structure as it allowed members' needs to be prioritised and for those in crisis to receive exclusive attention. She comments:

> I like the way the group was run, that there was the opportunity for, if someone has a really bad time, been through something really difficult, to focus on that. Otherwise we could focus on the particular discussion. I think when you're in a support group and it's too structured then you could end up feeling like your concerns aren't really being paid attention to, or your needs aren't being met, because the group is very structured and so it doesn't have the flexibility to focus on one person going through a bad time.

Two women also brought to the fore the facilitators' role in making connections between the members of the group. Hope discusses the impact of linking members and focussing on the commonality of experience in the group:

> I think you pick up on common experiences and themes and pose questions that we can then discuss in more detail. You bring people in where you've picked up different common experiences as themes or issues and this facilitates the discussion to go that much further and that much deeper. I think we've had some really good sessions where you've been able to link the experiences and draw those out and help people to consider things they haven't considered.

Stephanie pointed out that by drawing on similarities, members were able to provide mutual support for each other. In this way, situations were normalised.

Two members singled out the significance of the reflections and interpretations offered by the facilitators. Stephanie calls attention to the role of reflection in assisting the women to work with their thoughts and feelings:

> Reflecting back what you're hearing them experiencing - I think it helps them to articulate how they're feeling, what they're experiencing.

Hope identified the role of interpretations in deepening the process. She was aware of the movement brought about by the interpretations of an intrapsychic and interpersonal nature and attached value to this "subtle way" in which insight was achieved.

In conclusion, the above results depict the challenges that face these single mothers and the benefits of their participation in a group therapy intervention. The women were able to articulate their understanding of the transformative function of the group and relate this to the social mediation of experience provided by this forum. Their reasons for termination, proposed changes to the group, and their perceptions of the role of the facilitator provide further elucidation on the functioning of the group.

In the next section I provide a case study of Terri, one of the single mothers who participated in this research. In this way, I hope to convey an example that will allow the women participating in this research to come alive for the reader. As mentioned earlier, the intention of the case study is to place the previously presented data that necessitated

fragmentation in the interests of systematic coding, in a framework that adds contextualisation and enhances a holistic analysis. I selected this particular case as I believe it provides a very typical account of a single mother's experience in the group. In addition, although Terri is not highly educated or conceptually sophisticated, she communicates with an elegant simplicity that allows one to enter into her experiences and perceptions of the group.

Terri – A Case Study

Terri is a 40-year-old medical receptionist, who lives with her two sons, aged 4 years and 16 years, in a two bed-roomed apartment in Claremont, Cape Town. She has been a member of the group for two years.

Terri, the only daughter, is the middle child of five children born to working class parents living in the naval town of Simons Town. Her home life in childhood was characterised by intense parental conflict. Terri suffered verbal and physical abuse from her parents and brothers. Her mother was intensely jealous of any attention paid to her, particularly by her father.

> I used to get told that I was useless and not worth anything... as far back as I can remember... my mother calling me a bitch and a whore and slut, and I'll never amount to anything, and I'll never find a man who will love me, and who do I think I am, and I'll never be a good mother.

Her father was passive while her brothers took her mother's lead and were bullying and sadistic.

> She gave me this doll and my brothers were fighting with me and they took it away and they put it on the driveway and they called me and I stood by the window. They took a brick and just dropped it on the doll's head. I got the hiding because I locked them out of the house. They never got moaned at. She told me I didn't look after it so I obviously didn't deserve it.
>
> If they gave me enough attention, which is miniscule compared to what a normal thing is.... And I'm taking my father, for instance - if my father called me "cookoos," oh, it was like I could ride on that for a week! You know, it was like, "See, Daddy does love me!" ...
>
> For many, many years and it's only over the last two years that I've stopped saying ..."Well, at least there's one of us that's happy, then it's okay." So I always lived through everybody else. If I saw somebody else smiling then I would think, "Well, you see, it's not so bad, one of us is smiling. So it doesn't matter if I'm crying or I've been ignored or whatever." If I'd hear Derek [brother] laughing because he's been hugged and cuddled by my mother, then I'll look across and think, "Oh well, as long as he's getting it."

Terri attended the local school and had one close friend throughout her schooling, although she was too ashamed of her parents' constant bickering and swearing to bring any of her classmates home. She achieved academically in junior school, but lost interest

in high school with the exception of home economics, where she enjoyed the attention she received from the teacher.

> I think I was basically just crying out for attention. So any kind of attention I got was attention. I was the first girl in the school to get cuts[4]. And I looked down at my hands and I said, "Thank you very much" and I walked out. And I was so naughty I went and rubbed onions on it, it swelled up and I went home and told my mother, "Look what the teacher did," and she went and moaned at the principal. So I got attention from everybody.

She also relished the attention of an "uncle," her parents' friend, however this relationship was tarnished in later years by the knowledge that he was having an affair with her mother. She failed Std 7 (Grade 9) and left school in Std 8 (Grade 10) with the parental message that she "would amount to nothing." She joined the navy as at the age of 16 years as she was under age to enter the private sector.

Terri shied away from sexual contact until she left school, as she was afraid of validating her mother's labelling. Her first boyfriend pressurised her into sexual intercourse at the age of 16 years.

> It was gross, it was horrible, it was scary, it was sore, it was everything. Because he just - I mean - he just wasn't nice.

She married at the age of 18 years and found herself in another abusive relationship.

> He had an ex-fiancé that stayed down the road, so he said to me that she begged him to come back to her. And I actually turned around to him and I said, "I'll give you 'til tomorrow morning to decide what you want." And he said to me, "Okay." And we slept together that night.... [In the morning] I casually said, "So have you decided?" And he said, "Yes, I want you. I want to be with you for the rest of my life." Hah, well, okay, then we must get married. We got married on his birthday in March.... and a woman walked in who was my friend at school and she walked up to David, this is my husband of all about four hours, if not less, and they grab each other and they start smooching. And I grabbed her away and said, "What the f--k do you think you're doing?", and I said, "Do you know this woman?" No, no, they don't know each other. And I grabbed her by the shirt and I said to her, "If you touch him once more, I'll f-----g kill you." And of course the party is over by then. I mean, who wants... - she came back with a set of towels to apologise. I found out much later that they used to live next door to each other and they used to "vry"[5] around the corner.

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[4] Colloquial word meaning "caned."

[5] Word borrowed from Afrikaans meaning "fondle."

The marriage lasted two years before she returned to her parents' home.

> My idea of love was this romance and this "I hate you, I hate you, I hate you," in the Mills and Boons[6], and then, "I love you", and you make wild and passionate love and you live happily ever after. There was no foundation that I had for a relationship to be built on.

In the next two years, while she was working in a hotel, she began to enjoy and seek sexual relations.

> Sex was the way I got love and attention. So sex for me at that stage was saying to me, "Hey, you're OK. You see, somebody likes you."

At the age of 22 years she fell pregnant with her first son as the result of a sexual encounter with a visiting foreigner. This pregnancy took her by surprise, as she believed that she was infertile as she had not been able to conceive during her marriage.

> When I was 15 my mother said to me, "Come, we're going to the clinic." And I said, "Why?". And she said, "Well, you're going on the pill." I said, "But I'm doing nothing." [She said,] "Just in case." At that stage they'd give you like eight months' supply. She used to check up on me every now and then and when I knew she was coming to check up I used to take all the pills in my hand like this and throw it down my throat. So I understood because I had done that, I would never be able to fall pregnant, you see. Because while I was married I tried everything to fall pregnant but I never did. So, to me, I was being punished for what I was doing by not being allowed to have children. So I never ever thought of going on any contraception. It never even crossed my mind.

Terri sent a message to the father and discovered that he was married and unwilling to acknowledge his son. The next few years became a matter of survival, with often not enough money for food.

> Darren had a camp cot, but I slept on the floor - on blankets and curtains made like a mattress. I actually went down to about 55 kg. I never ate. As long as Darren had milk and he had food, I didn't care what I had. There were nights that I came home and I'd pray, "Please God, just give me some milk for Darren. That's all I want."

In time she began to earn better and was living with a housemate who helped her with babysitting, which allowed her to socialise again. She began a relationship with the father of her second son at 31 years and moved in with him a year later. He was a divorcee with three children who spent weekends with them. After a year of living

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[6] Popular love stories.

together, they planned the birth of her second son. Sometime after the birth, their relationship began to deteriorate and once again she found herself with a man who became irrationally punitive towards her 12-year-old son and then verbally and physically abusive towards her. She moved out with her two boys when the younger was eighteen months and since then has been living in her own apartment. She maintains a civil relationship with the father of her second son who continues to be involved in his son's life by way of maintenance and visitation on weekends and school holidays.

In discussion, Terri admits that the men that she chose as partners confirmed her feelings of worthlessness that had been engendered by her family but adds that she never felt deserving of a relationship with a man who might respect her.

> I didn't feel that I had the right to ask for love in return. If I got it, good and well. If I didn't, well that is exactly what's supposed to happen, because that is the way it should be. I've always loved more than the men who've loved me, and I think the men that I chose took off or carried on where my mother left off.

Terri does not feel stigmatised being a single mother. Her family has never judged her for being a single mother and in fact many of her friends are single, some with children and others without children. She feels proud of the fact that she is raising two boys single-handedly and views it as an achievement in her life. She enjoys a close relationship with her sons.

> I think it's probably the same in all families - just knowing that they're blessings and knowing that you can love unconditionally... and they love you unconditionally. They're fulfilling me in a way that ... I feel needed. Because I'm their mother and they love me as their mother. So I'm not this beast of a person and this horrible thing. And [as a single parent] there isn't that having to share. It's like when Darren and I are playing a game and we're joking about something and we start laughing. We can joke like that whereas with another parent [around] you might not have that kind of closeness spontaneously.

She does feel anguished at being unable to provide more materially for her children and she fantasises about a partner who would contribute financially to the household. She also bemoans the emotional burden of a single parent and longs to share this responsibility and enjoy the companionship of a partner.

> I can't be as relaxed with them as I want to be. I can't just be plain old Mom who will come home and feed them; who will put an apron on each of them and myself and bake

> cookies - I don't have the time, we don't have the money and I'm too damn tired and too wound up thinking about how to do right by these children. You see, it's only me and there's pressure on me to perform to a certain level. That's my perception...
>
> At this point I'd love a partner. I'd love to be able to share the burden. Not because somebody will take over the role of parent but somebody just there to talk to and to lean on, and a shoulder to cry on and laugh with. When the kids go to bed at night all I've got is the TV and the book.

Terri was at a particularly low point when she read a notice about the single parent group in a community newspaper. She had stayed away from work that day, as she could not face going in to the office. She was struggling financially, had no transport and had just enough time on her prepaid phone to call to inquire about the group. The therapist on the other end of the line perceived her desperation and arranged an assessment interview for that same day. She was both relieved and terrified - although she felt that this was a possible lifeline, she was afraid that she would be rejected and excluded. She wept through the interview as she shared the events of the past few years and her current circumstances and then cried with relief when she was offered a place in the group and transport was arranged for her.

> I felt I was completely alone, and then you were there. It was like a lifeline thrown to me when just [my] nostrils were sticking out of the water, that's how deep I was. Ja, you sat there and you held out a lifeline to me. And I was always so scared that you were going to take it away from me again. You were explaining about the group and the concept and I was thinking, this is what I need, this is what I feel I need to be in. It's like a job interview, thinking am I going to pass the test? So it was very nerve-wracking, very scary. I felt extremely vulnerable.

Her anxiety about being rejected extended to the first session when she was concerned that the other women in the group would not accept her.

> First of all I was terrified, thinking what is expected of me? And if I go in there, what if I make a fool of myself? And what if they don't like me - they think, you know, I took a whole lot of crap?

However, she began to relax as soon as she heard other members expressing similar concerns and struggling with similar situations to hers. She began to share some details of her present life and felt contained by the caring response of the group members and facilitators. As other members spoke about the issues in their lives, it triggered further feelings and thoughts for Terri, which resulted in an initial verbal outpouring.

> I remember you saying to me [in the assessment interview], you don't have to talk, you don't have to say anything. Well, I never shut up... (laughs)... because it was like you're sitting in the dark and your light bulbs have gone out. You haven't got the money to buy new ones and you're waiting and you're hoping that this torch is just going to shine that little light a bit more so that you can see the door. And all of a sudden somebody comes and, whoosh, that light is on and you say, "Hey, look, we're all here! You're not alone" - Whaaat!!! And this person was talking about something and I thought, I can relate to that; I know what you're talking about! I got so excited and then, okay, shut up, now shut up, you're talking too much, you know. And then somebody else, and I said, "I know what you're saying!" It was like - wow, you know, I wasn't alone after all. These people are feeling what I'm feeling, most of them have experienced what I have experienced, and I can talk to them. And I just wanted to talk, I mean I had verbal diarrhoea - I just wanted to go blah, blah, blah!

At first she expected that the facilitators would give her advice and guidance, but after a while she realised that the process involved her confronting and dealing with her personal issues.

> In the beginning I thought, well when are you going to tell us what to do? When are we going to get given this advice? And then afterwards I thought to myself, but I'm doing it. I am doing it because of the way that you facilitate the group, by having that silent but very important presence that gives me that stability.... One gets given the space to air or to take in and take away whatever you wish to take away.

A turning point came a year into the group when another member spoke about an abusive relationship she had had with her mother and Terri, for the first time, began to confront the abuse of her past.

> When Stephanie spoke about her mother - that hit me. She was the catalyst that got me going when she came in and spoke about her mom. It hit me like a bomb and that is when I started.

Terri recognises a number of reasons that allowed her to do this. Firstly, her own trauma began to surface when she heard someone else dealing with a similar issue. The other member had stopped blaming herself and was firmly locating the dysfunction of the family with her parents, and mother in particular. Secondly, she felt valued by the group and this encouraged her to reconsider the family myth that she was the cause of her own indignity. Thirdly, the support and containment of the group gave her the courage to delve into and confront the painful issues of the past.

> We carry each other. There is enough trust and confidence in that group for me to come in, who is normally very positive and who is Miss Fixit, to say, "I need you now."

> And to be able to talk and say what is on my mind and what is bothering me - that I normally wouldn't do because I wouldn't feel that it was justified for me to do it because who cares about what I think.

Finally, she believes that she was aided by her need to challenge another group member's cynical attitude towards relationships and this member's self–sacrificial attitude when dealing with her children. Terri recognised that on some level she shared these woman's feelings and therefore needed to challenge them.

> When Mary started talking I found her extremely cynical in the beginning, but because of her being so cynical, I became more positive. For every negative she gave, I gave a positive. I'd look at her side and I'd think, yes, I can agree with you, [men] are bastards; I know exactly what you're saying. Yes, and I've experienced it, but do you remember that love you were given, that feeling that you felt when it was good? So her voicing the negative allowed me to look at the positive. But I took away with me the positive and tried to leave the negative behind.

Terri believes that she could not have achieved the same movement and growth in an individual therapy situation. She admits that she had attended a couple of sessions with a psychiatrist a few years before and had not returned for further treatment as she had felt that the psychiatrist was not particularly interested in her. This had only exacerbated her sense of isolation and feeling of worthlessness. She reports that the prompt response of the group facilitator, her seeming concern at the initial interview, and the transport and fee concessions that were arranged for her already allowed her to feel differently. However, she feels that the major advantage of the group is that she could not have trusted the lone therapist to accept, understand, and care for her in the way that the group has.

> I don't think I could have spoken to anyone else about a lot of things like I have in the group. I don't think that I could have cried and laughed at times about things that would be totally alien to outside people...

> It's illogical to me [to go for individual therapy] because what is happening to me is happening as a human being around people, like these people within the group. One moment I did not want to talk about anything and I couldn't talk about it. The next moment I felt I could because I trusted them enough to open up. And what I felt in the group is that I'm not getting advice, I'm getting acceptance, I'm getting understanding, I'm getting respect. And they're listening to me and they're telling me, "Hey, listen, it was not your fault." Whereas the [psychiatrist] sat there, even if I didn't speak about the abuse or whatever, whatever I did speak about, they never turned around and said to me, "Listen, you're okay."

In discussion she reveals that the sheer power of the number in the group has allowed her to begin to trust the genuineness of the group's sentiments.

> It's more powerful because it's not only one person. You see, you and I could sit in this room and I could come here every day for six months and you can tell me, "Terri, you're okay. You're a wonderful person, you're doing well, you can do it." I couldn't walk out there and do it alone. Here there are seven people sitting there and they're saying, "We hear you and you're still okay. You are still quite fine." And somewhere along the line it's going to hit you that you've got to start believing that because it's not just one person who is telling [you]. It's not just your perception; it's everybody's perception. And nobody beforehand has turned around and said, "Oh, but listen, before Terri comes in, let's make her feel good. You know, let's accept her." Each person - you know they're being genuine. They're not trying to pretty you up and tell you, "Oh, shame, she feels bad, let's just make her feel better."

Another advantage that Terri identifies is the fact that the women in the group share common experiences.

> I'd be sitting in a group and I've got nothing to say. I don't have a problem; I don't have an issue, nothing. And someone will say something, and all of a sudden my experience is here and I'm talking about it. And I'm relating to something that I've felt. And it's because of what's been said and I want to share my way of looking at it.

Furthermore, Terri's trust in the group has been strengthened by the culture of honesty that pervades the group.

> ...it boils down to [honesty]. And that's where the trust comes from - that I trust these people enough o share my deepest fears with them. Because for me to turn around and admit that I had a mother that hated me, it's not a nice thing, it's not a fun thing. And I looked up - the day that I was talking - and there Stephanie was sitting, and the tears were hanging on her eyes, and I just wanted to go up and give her a hug because I thought she's feeling this with me because she knows what I'm talking about. Mary says she was spoilt as a child, but she empathised with me even though she never experienced what I experienced, but she would empathise. And this is the thing that you're getting from each of these people - honest feeling. Honesty, honesty. I feel it here. My heart's beating, your heart's beating. Guess what, you're okay. And that's it, you know.

Furthermore, she recognises that the two-way flow of give and take in the group and her contribution to others has allowed her to feel valued. Her ability to support others and help them through their pain has boosted her sense of self-worth.

Terri identifies that she has achieved fundamental shifts as a result of participating in the group. She suggests that her critical transformation has been the way in which she views herself. Her improved sense of self has allowed her to begin to think differently about relationships. For the first time she is valuing what she has to offer to others. In terms of sexual relationships, she is realising that she can make choices and take what feels good for her rather than simply responding because someone is willing to pay her attention. Suddenly the world feels full of possibilities and for the first time she feels confident, nervous and excited at the possibility of pursuing her goals with a growing belief in her own worthiness and a knowledge that she is deserving of good.

> Right at this moment in time I'm sore right here, in my chest, where I'm sitting now thinking, what gave you the right to take that away from me? And then I sit and think: how can I take it back? I'm taking it back, I'm taking the power back - I know that. But I know that I'm not even quarter way to where I want to be emotionally. But I don't know how to do it, because I'm too scared somebody is going to stop listening, or that they're going to say, "Please, she's a hopeless case, let's just forget about her", or "Look at her, she's just talking and talking and talking and waffling, but she's not making any sense", or "It's just all about her, her, her, her, her." But I'm also saying, you deserve to go and have a life. You deserve to be loved, you deserve to be respected, you deserve to be given what you were not given...
>
> From the day that I walked into your place for the meeting, I didn't feel on my own anymore. Working through things here has forced me to look outside of what I've been running away from, what I've been running to, who I've been pulling into my life, who has been bad for me, and why I've been doing it. It has changed me radically. Because for the first time in my life, I'm starting to be honest with myself, really honest. I have to grow, and in order to grow I've not only got to take in good things, I've got to let go of bad things. So, it's like me stopping smoking five years ago. It's me stopping putting myself down because of what I was told all my life. I'm taking baby steps to be able to get to the stage - which I'm still trying to get to - to believe that I can be loved for who I really am. That I'm doing a good enough job for my children, that there is light at the end of my tunnel. My choice of friends and my perception on life is completely turned. If I had stayed thinking and doing what I was doing outside then I would not have taken on that job because I wouldn't have felt that I was good enough and that I needed to prove something.

Terri views her group membership as a long-term commitment. She believes that the group can serve a therapeutic and supportive function for her as she continues to face the daily challenges of single motherhood.

> It's not a case of needing [the group], I want it. I want it because of what I'm getting from it. I want it because I walk in and I see a change in people. I see a growth, I see a positiveness, and I think, wow, a year ago that wasn't there...

The group allows me, as a single parent, to be able to go home and look at my kids and realise that we're not alone and that somebody has listened to me instead of me getting to the stage where I would be so frustrated that I would want to either bash my head or their head against the wall. This group brings people together that need a little space, and the space is given to them however long or however they need it. And they can be true to themselves...

You have to take seriously and realise and respect that each person is different and they're going to grow differently to the next one. It's like a clan. It becomes like an extension of my family. It gives me the strength to go out and say, "Hey, listen, I'm not alone." And I can go look at my kids and say, "I can love you just a little bit more now because I've let it out, or I've listened, or I've taken from what Mary has said, what she has done and I'm going to put it into practice here because I feel that it can work here." You know, that's what it is for me.

Chapter 4: Discussion

I will begin this section by presenting the factors that require consideration when interpreting the results of this study. Within this context, I will examine the results in an interpretive manner and will utilise the current theory presented in the introduction to discuss and consider the meaning of the results. I will also comment on how this research matches with developing women's psychology, and with the research and theory development of the Stone Center, in particular. Furthermore, I will flesh out the implications of these findings for future therapeutic interventions with single mothers. Finally, I will motivate for further research in this area and offer some thoughts on the direction of prospective research that would serve to verify and expand the knowledge generated in this study.

Considerations in Interpreting the Results of this Study

The methodological limitations of the constructivist grounded theory utilised in this study have been addressed in the methodology section of this thesis. In that section, I have examined issues of generalisability, researcher bias, and the power imbalance of the researcher-participant relationship. While I recognise the complications and limitations of the methodology, the choice of this method has ensured a focus on the women's diverse and multiple perspectives. It has allowed for their subjective interpretation of their experience.

Once again, I would like to draw attention to the multiple roles I have played in the production of this study. While I have addressed the possible complications of assuming the roles of group facilitator and research interviewer, I believe my input includes the interpretation of results and the authorship of the text. For this reason I acknowledge that this study is inextricably linked to my experience in the group, my relationship with the women involved, and my understanding of them and their communications. In a sense, I have asked them to share stories that I have co-created on a number of levels. With this in mind, I believe that it is important to read the results within the context of their production – as the output of a co-constituted experience. I do not know the meaning of

the results separate from this context. On the other hand, replications of this intervention and research in different contexts would begin to reveal the experiences other women share with this sample, while at the same time, highlighting the unique aspects of these women's narratives.

While I am proposing the need to acknowledge and embrace the subjectivities present in the research, I believe I need to explain how some of the more complex dimensions of subjectivity were dealt with. Firstly, while listening to the women's perceptions of their experiences and when reviewing the data it became evident to me that I was privy to additional information in the form of my clinical understanding and insights of these women. Rather than confuse my perceptions with the data emerging from the context of the interviews, I have chosen to include some clinical observations on each woman in the appendix (Appendix B) of this study. In so doing I have attempted to avoid obscuring their subjectivities that are given voice in the main text of this thesis, while at the same time not losing a dimension that may enrich an interpretation of the results. By providing this information in the appendix I am attempting to offer a context in which to read the results that emerge from the women's accounts. In so doing I am responding to Hollway and Jefferson's (2000) call to incorporate the women's unconscious, conflictual forces that may have influenced their data production, while at the same time providing an aid for a more holistic analysis.

Not only has my clinical understanding been present in the research process, but naturally the reverse is also true in that the research has impacted on the group process. Although this has less bearing on the presentation and interpretation of results, I believe it warrants discussion as it raises issues regarding the ramifications of the research method on the therapeutic intervention. Perhaps most contentious and disruptive to the group has been the fact that I personally conducted the interviews and so breached the customary group frame by meeting with group members individually. Although I was aware that my dual role would have an impact on the group process, I chose to work with the outcome of this infraction rather than forfeit the benefits, previously motivated, of conducting the interviews myself. Besides, it felt that I would already be contaminating the therapy by

undertaking the research, which was a fact I did not conceal from the group. In addition, as mentioned earlier, my style of group facilitation, while not one of personal disclosure, certainly allowed space for authentic engagement, which meant that there would be space to work honestly and openly with the issues that would be raised. In retrospect I feel confident about the decision taken as I believe that although the research process has impacted on the group, it has been possible to engage with these issues in the group and in some ways it has even allowed the group to move forward. Personal supervision has helped me to understand the effect of my dual role in the group largely in terms of amplifying an idealised transference that, as mentioned previously, may already have been present. The group has become aware of my investment with them as the "chosen" topic for my research. They have enjoyed the "special privilege" of one-on-one time with me and are sensitised to my interest in their stories. While on the one hand this might pressurise them to conform to my perceived expectations in order to stay in favour with me, it seems that it has also reassured them of my commitment to their process. In consultation with them I agreed to provide feedback, which presented anonymously to the group, has opened up and allowed us to work through some issues in the group that were previously unspoken.

Another factor that warrants attention is that while the method of data collection allowed for perceptions from current members and past members, the current members were all participants in the same group that existed within a particular historical/developmental context. In other words, since the data was collected over a brief time period, the issues raised by these women and their perceptions of the process may have been influenced by the particular developmental stage and context of the group. For example, perhaps the fact that the group was moving to a new level of trust and was propelling itself from a safer, less confrontational position to one of greater challenge at this particular phase in its life, made it an issue that was amplified in the interviews. Furthermore, the fact that the group was in a positive, working phase may have influenced members perceptions differently than if they were in an oppositional, regressive phase. While the inclusion of past members might have overcome this limitation to some extent, it would be most

interesting to interview the same women at a different period in the life of the group. Unfortunately, time constraints have made this unfeasible.

A further issue to be considered is the demographic profile of the sample. Since the women were selected to participate in the study purely on the basis of their participation in the single parent group, no attempt was made to obtain a representative sample of this population in terms of age, race, socio-economic or other demographic factors. As mentioned before, the study was not attempting to offer generalisable results from a representative sample, but rather an in-depth focus on a small cohort of women who participated in a particular intervention. Nevertheless, I believe it is worth taking note of who these women are and their particular identifying data when viewing the results.

Interpreting the Results

Single Mothering

The women's accounts of the stresses of single parenting in the form of economic, practical and emotional demands of their families, confirmed the potential value of a therapeutic intervention with these women. Their descriptions of the challenges and burdens match the issues highlighted in the literature. The prevailing experience of isolation and the common lament of a lack of adult company provide strong motivation for the advantages of a group therapy intervention. Furthermore, the noted commonality of experience and the very real financial constraints of these women are also factors that favour a group approach.

The raging debate of the advantages and disadvantages to the children of single mothers came alive in the varying points of view expressed on whether their circumstances have any benefits for their children. While the literature has, on occasion, seemed to blame the lone parent situation for creating increased psychopathology in children, what became clear in these women's accounts was the centrality of the children in their lives and a commitment to them, which often was the motivating factor for attending the group. Thus, whether it was the desire for assistance with parenting issues, the awareness of the need to work through unresolved issues regarding the loss of a partner, or the wish to

develop and extend a support network, all the women were aware that the well-being of their children rested heavily on their own well-being. From this perspective it seems unnecessary to enter the debate in a way that can often appear critical and condemning of single mothers, but rather to view the intervention as an opportunity that may benefit all members of the single parent family.

Transformative Function of the Group Therapy Intervention

The women spoke of the group as a life-transforming experience that sustained and challenged them during times of adversity. Most interestingly, they highlighted the interpersonal opportunities created by the group experience and identified this relational aspect as the unique site of their emotional growth. The five interpersonal factors that were identified are:

Non-judgemental Acceptance

The women described how non-judgemental acceptance from others allowed them to confront and shift internally held negative perceptions of themselves that often dated back to childhood and had been reinforced in relationships in adulthood. The women identified that the norms of honesty and genuineness in the group, in conjunction with the sheer number of people in the group, combined in a powerful way to challenge entrenched perceptions they held of themselves.

Support

The women acknowledged that the support emanating from the intimate relationships forged in the group helped them cope with their circumstances. Half the women indicated that they drew strength from each other and from the group energy that emanated from the confluence of members. They also spoke of the encouragement received from an awareness of other women who had successfully endured similar circumstances.

Commonality of Experience

Their shared life situation and the commonality of experiences were presented as a powerful aspect of the group experience. Six of the women identified the normalising benefit of hearing other women struggling with similar concerns, which then allowed them to challenge their assumptions of their own inadequacy. For some, hearing other people's struggles also placed perspective on their own concerns. The women further emphasised the value of being understood by people who could relate personally to their experience, and some reflected on the trigger effect of hearing other women speaking about issues that mirrored their own. Perhaps most significantly, three women articulated the transformative power of accepting others who were a reflection of themselves and thereby altering their perceptions of themselves.

Reciprocity

Four women highlighted the reciprocity of emotional support as an important transformative factor. They explained that they found it more possible to accept support when the act was reciprocal and, furthermore, benefited by connecting with their own strengths and capacities when assisting others.

Challenge and Confrontation between Group Members

While all members identified challenge and confrontation as a reality between members in the group, there were mixed feelings expressed as to its usefulness. On the one hand, some members felt strongly that confrontation was necessary to challenge entrenched self-defeating patterns of behaviour, while other members were more invested in maintaining the primary supportive aspect of the group and felt that this would be compromised if members were to be challenged. The ambivalence expressed by members seems to reflect the tension between the supportive and therapeutic aspects of the group, the need to hold and contain versus the need to probe and challenge.

The anxiety associated with challenge and confrontation in the group may also be related to women's difficulty with conflict and discord, a phenomenon that has been identified as a feature of women's groups (Bernadez, 1996b; Hartung Hagen, 1983, Home, 1991;

Schiller, 1995, 1997). The understanding that women construct the expression of conflict as dangerous and destructive lends an understanding to their reluctance to challenge and confront. The emphasis on co-operation and deference amongst members, and in relation to the facilitator, reinforces Schiller's (1995,1997) proposal that women's groups need to establish a firm relational base and move through mutuality before they enter the more challenging activities of power and conflict. The fact that current group members are beginning to express the need for challenge and confrontation suggests that the group is beginning to move into the next phase, which Schiller refers to as *challenge and change*. where they will begin to express feelings that may be present but submerged. In this way they will have an opportunity to negotiate conflict with the assistance of the facilitator while managing their anxiety related to the disruption of their empathic connections.

In summary, the above results confirm the centrality of relationships in the women's experience of the group and the healing power of an interactive space. The women's accounts indicate how they have been able to utilise their connections with each other for the benefit of their own development and healing. Their narratives emphasise the importance of mutually affirming relationships, which offer the opportunity for validation and acceptance of themselves and their circumstances. It would seem that often the mutually empathic relationships fostered in the group had to repair and restore self-perceptions that had been damaged by earlier relational experiences. Their accounts of personal changes brought about by participation in the group reflect these internal, intrapsychic transformations which were understood in terms of increased self-acceptance, enhanced self-esteem and improved self- confidence. The women noted that altered perceptions of themselves allowed them to manage external stresses more effectively with resultant lower levels of anxiety and depression. This seems particularly important in the light of the realisation expressed that the challenges of their life situation would not dissipate through attending the group.

Results further suggest that the opportunity to modify self-perceptions in the group had ramifications that extended beyond the intrapsychic to the interpersonal realm. The

women's accounts of personal transformations indicated a reorganisation of their relational patterns from their immediate to their larger social network.

In their most immediate context, the women recognised the impact of the group experience on their relationships with their children. It would seem that for some of the women, enhanced self-esteem allowed them to assume their parental role with a degree of authority that they felt had previously been absent. Others related a heightened consciousness of parenting styles, which, they believed, allowed them to manage parenting tasks more effectively. Furthermore, a positive relational experience in the group and the spin-offs of increased self-acceptance, enhanced self-esteem and improved self-confidence, resulted in the women reporting greater tolerance for their children and being less critical of themselves as parents. Thus, it would seem that both mothers and children in this sample have benefited from improved interpersonal relating.

The women further identified enhanced relationships in their proximate and larger social network. An interesting association has been noted in that those women who achieved greater self-acceptance through the group process seemed to also experience their social network as less critical and more supportive. Half the women explained this finding by indicating that their increased self-confidence and improved self-worth allowed them to be more assertive and selective in the relationships that they pursued. These women had begun to identify and seek out positive relational experiences while restricting those they perceived as detrimental to themselves. Thus, it seems that once the women were able to shift how they felt about themselves, they became less susceptible to the intrusiveness and critical attitude emanating from their social arena. There was also mention of increased self-awareness, which they understood to bring a newfound consciousness to previously destructive relational patterns, although some women admitted that they were not always successful in altering these patterns. A further factor that may have been less conscious to the women, but present all the same, was the possibility that increased confidence in themselves and their relational capacities may have influenced the way they entered into social dialogue with others, leaving less room for criticism from those around them. Furthermore, their improved self-esteem may have altered their perception

of the responses of others, thereby minimising their projection of criticism onto the external world.

Reasons for Termination

The prominence of interpersonal dynamics as a reason for terminating with the group once again confirms the impact of the relational aspect of the group. It is not surprising that the loss of a co-member, in particular, should be such a powerful issue for the group members, not only because the healing in the group appears to have taken place in the interpersonal realm, but also because circumstances of loss are inevitably present in the women's experiences. Unfortunately, the prominence of the interpersonal issues as a factor for terminating only emerged in the interviews, which meant that the issues were not fully addressed and worked through in the group. The question that remains is whether the women who believed that they would have benefited by staying in the group longer would have been able to remain within the group and break new relational ground if the issue had received appropriate attention in the group.

The Role of the Facilitator

The women's responses to the role played by the facilitators indicated their centrality in the therapeutic endeavour. Four principal functions of the facilitators were extrapolated from their accounts. It is interesting to read these results in the light of the approach that was adopted by the facilitators, where the focus was on providing caring and empathic engagement, rather than neutrality and the withholding of open expression of feeling, advocated by a more traditional model of therapy. Clearly, the adopted approach fostered a level of safety in the group as the women identified and placed value on the *containing function* of the facilitators, which they commonly experienced as a holding presence. In addition, the facilitators' *unconditional acceptance* that was openly offered to the group was crucial to some women, who thrived on acceptance from an authority figure and benefited by the culture of unconditional acceptance that this modelling encouraged in the group. The authenticity and accessibility of the facilitators did not seem to detract from their perceived professional expertise since half the women mentioned that they valued the facilitators' contribution of *professional skills and knowledge* and also drew

attention to the importance of the facilitator's *task management and facilitation of the group*. The latter included appropriate time management; conducting the process; drawing connections between members; and the use of interpretations.

Despite their mention of the value of the facilitators' professional skills and knowledge, and their request for more didactic input and feedback from facilitators, it is worth noting that this was not entertained as a transformative function. In fact it was clearly noted from some women that the true value of the group was not located in the cognitive input. The seemingly contradictory nature of this response might be indicative of a continuing tension between accepting and embracing their own self-worth and acknowledging their own efficacy on the one hand. On the other hand, they did not trust themselves sufficiently and still sought wisdom and answers from an external source in the form of an authority figure. While the facilitators clearly needed to exercise certain kinds of authority in the therapeutic relationship, the apparent vulnerability of the women revealed in the above response cautions the facilitators to the power dynamics at play. This issue reveals the importance of mutually responsive relationships where the focus is on "power with" rather than "power over" in the collective. It calls on the facilitators to acknowledge the power that they hold and to assume the responsibility of the more powerful partner in the quest for relational mutuality. Personally, it has meant owning my privilege as a white psychotherapist and as a married mother. It has also meant recognising my role in redressing the balance by being open to and acknowledging their influence on me.

Relating the Results to Current Theory

In summary, the women have identified the value of the group in terms of the relationships that were fostered in the group. Through the group therapy they came to trust the acceptance and validation offered by others. These relationships have challenged devaluing relationships that existed in their past and in their current external environment. The women have acknowledged that the interpersonal opportunity created by the group experience brought about positive changes in the way they related to

themselves, the way they related to their children, and the way they related to their family, friends, partners and larger social network.

I will now examine the current data in the light of the prevailing theory of women's psychology, drawing attention to the way in which this research compares, reinforces and enlarges the theory and constructs developed at the Stone Center.

It is interesting to note that this model of group therapy has evolved through a process that has been led by the women in the group. In other words, these women have spontaneously "discovered" the value of connecting with each other as a growth fostering mechanism. As noted earlier, it was through my witnessing of and participating in the group and in this study that I came to understand and formulate thoughts and ideas about women's capacities for connection. It was only with this experience that I began to read theories of women's psychology, particularly that of the Stone Center. Through this process I discovered that the results of this study resonated with their clinical experience, and supported a theory that places relationships at the center of women's psychological reality.

Miller and Stiver's (1997) concept of the central relational paradox could lend support to the notion that authentic connection in the group replaced an experience of chronic disconnection. Group members and therapists collaborated to create a secure relational space that tolerated painful experiences in an atmosphere of resonance and empathy. The opportunity to bring experiences of diversity and disconnection into connection resulted in a reintegration, both personally and interpersonally. This process enabled the women to enter into other relationships in a less constricted and more self-enhancing manner. In Gilligan et al's terms (Gilligan, Lyons, & Hanmer, 1990), the authentic relationships of the group provided encouragement for the development of an unrestricted voice. From this position, the women may have been less susceptible to the self-sacrificing and self-silencing that occurred when they came into contact with the dominant mainstream voice of their culture.

In contrast, the notion of a relational paradox also provides an explanation for the apparent disengagement that occurred when there were unspoken interpersonal issues or the threat of loss of a member in the group. According to Miller and Stiver's theory, this might be understood to be a strategy of disconnection that occurred in the face of harm or violation without the facilitation of a reconnection.

To return to the therapeutic value of the group, it seems that of equal importance is the confirmation of each woman's relational capacities. In stark contrast to the isolation and loneliness associated with the experience of being on the fringe of society, and carrying the burden of failed relationships, the group experience appears to have provided the women with assurance of their own relational capacities. The possibility of connecting intimately with others in a mutually beneficial manner seems to have reaffirmed the women's capacity for being a "person-in relationship," to use Kaplan's (1991) term. It has restored their sense of self-worth by confirming their confidence in their relational worth. Thus, the process of participating in the creation of this relational experience was in itself transformative.

Notably, the relational movement tracked by the women echoes the five qualities of growth-enhancing relationships identified by Miller (1988). Firstly, their enthusiastic accounts of their transformational experience were conveyed with a degree of energy that contrasted strikingly with their initial accounts of exhaustion and low energy that they associated with being a single parent. Secondly, women who perceived themselves previously as being stuck became empowered as parents and as women in relation to others. Thirdly, their accounts suggested that they had greater insight into themselves and had begun to understand other women with more clarity. Fourthly, the women recognised that they had developed greater authenticity and self worth. Finally, their request for more frequent groups of longer duration, and their more optimistic accounts of their relationships outside of the group, indicated an increased desire for connection in general. The fact that the women in this study related so closely to the qualities identified by Miller in growth-enhancing relationships provides substantiating evidence for the attributed value of a relational approach to healing.

The results of this study clearly support the movement within women's psychology away from a developmental theory of separation or individuation, and towards a theory that places mature connection as the central endeavour in women's growth and development. The fact that the women themselves guided the therapeutic intervention and the results of this study reflect their personal experience, unencumbered by the theoretical influence of the academic realm, suggests that the women have accessed an inevitable inclination to move in and towards relationships. Even if we consider that the female therapists and researcher involved have probably influenced this process, the point remains that this venture has been relatively theoretically vacuous. Yet, we, as a group of women, have arrived at an end point that mirrors the emerging theory of women's psychological development. The centrality of relational processes in this research reinforces a view of women's psychological growth as occurring in and through participation and engagement with others. The results go beyond placing relationships on the map of a journey towards separation since the women were not speaking of arriving at an end point of independence, but were indicating the value of participation in responsive relationships as an ongoing, fully-developed way of being. In so doing, this research reinforces the theory emerging from the Stone Center which recognises that relationships are not only the mechanism through which development occurs, but, in their mature form, are also the primary goal of development.

Utilising Group Therapy as a Relational Model

Although this research has not attempted to compare a group therapy intervention to the use of other therapeutic modalities with single mothers, the results of this study suggest that the advantages of the adopted approach extend beyond the cost-effectiveness of this intervention. The results indicate that group therapy, with its myriad of relational opportunities and with the influence that emanates from a collectivity, can offer an appropriate forum in which to undertake relational restructuring with single mothers. The opportunity for these women to move out of isolation was provided through the possibilities presented by the group membership and the larger relational unit. Through a

process of active and mutual engagement, the group provided a healing space that fostered movement back into connection.

Through the group process, the women who were part of this process were able to make a connection between their own experience and that of other women in similar circumstances. This was valuable in validating and depathologising their experiences. In the process self-worth that had been bruised by negative attitudes emanating from a culture that invests in the notion of a nuclear family was rebuilt. The power that emerged from the network of support translated into the capacity to challenge the projections that they received as a marginalized group. Thus, coming together, recognising and naming the experience of the group as a whole effectively released the individual members from isolation and shame. The experience of personal self-doubt and disempowerment was replaced by an experience that fostered self-confidence and relational power and, in so doing, provided an alternative vision for the individual women concerned.

It has been shown that in the safety of a group that offers emotional availability, mutual respect, and responsiveness, the members are able to explore areas of diversity and uniqueness. As Miller and Stiver (1994) have noted, the normative flow of healthy relationships is from connection, into disconnection and then into reconnection again, where both the individuals and the relationships involved will have shifted. Thus, in the group, the women were able to move through a process of connection, facilitated by the commonalities of their experiences, to disconnection when differences and conflicting views emerged, and ultimately back into connection. Furthermore, through a process of connection, the women were able to explore differences and personal issues without fear that they would be isolated.

Future Therapeutic Interventions

Continuing and Broadening the Intervention

The prevalence of single mother families in our country and the projected increase in this statistic, together with the emotional, practical and economic hardship faced by many of the women who head these households, leaves little necessity to motivate for the need to

establish more widespread assistance for these women. The group therapy intervention, as reported by the single mothers in this study, suggests that this approach can offer both emotional support and healing in the form of altered intrapsychic and interpersonal experiences. Unlike other forms of therapy that may run the risk of pathologising the single mother and her family, the group offers a space in which the women can begin to recognise the levels of oppression that exist externally in their larger sociocultural context and that influence the way that they internalise self-perceptions.

The extended impact of empowering interactions is borne out in the results that reflect that the shifts created through relationships in the group permeate to other relationships. The increase in personal power is evident and brings into focus the possibility that this form of intervention can translate into participation in a shared responsibility for the larger community. In other words, the mobilisation of energies of each individual that takes place in the growth-promoting relational context of the group could extend beyond the immediate relationships to the wider setting where new-found energy and an altered vision can promote action. Furthermore, the collective struggle that emerges from the group experience may encourage individuals to move into action together and use the power generated to respond to a larger reality. In this case it would be worthwhile to consider the possibility of expanding the group therapy intervention and working with a larger number of single mothers in an attempt to tackle the broader sociocultural and political context in which beliefs and opinions about single mothers are constructed. Thus the goal of the work would not only be to create transformation in the personal context, but to begin to amend the way in which these women, who constitute a large percentage of our parenting population, are marginalized and disempowered in the first instance.

Providing Community-based Satellite Groups

For the past ten years the groups have convened at the Child Guidance Clinic in Rosebank, Cape Town, while an occasional short-term group was convened at a community-based setting. While the clinic is accessible to public transport, many of the women who are living on the bread line find this extra cost prohibitive. Furthermore,

most of the women can only attend groups after work hours, and since personal safety on public transport after dark is questionable, the women attending the evening groups have had to live in the vicinity of the clinic or have access to private transport. For this reason it seems necessary to consider the possibility of implementing the long-term groups in community-based settings that would be more accessible to the lower income women. However, the recent experience of Lipman, Secord and Boyle (2001), which highlights a move from clinic-based to community-based groups, suggests that recruitment and participation can be more difficult in a community-based setting compared with clinic settings, where mothers have been mobilised to ask for assistance.

Including Single Fathers

If this intervention should be extended it might also be possible to consider the needs of single fathers. Up until this point the long-term group intervention has focussed solely on single mothers with an understanding that the levels of oppression and hardship run deeper for them in that these women appear to experience greater economic disadvantages and social ostracism than their male counterparts. This became evident when, in the early days of the project, men were included in the short-term groups. Often these men were in a financial position to 'buy in' assistance in the form of au pairs and domestic help. Perhaps even more significant was the perceived difference in the level of support from their external environment, usually offered to them by women in their extended families and social networks. This support was often received in conjunction with praise and encouragement extolled on them by their wider social contexts. In addition, only 1% of children in South Africa live with single fathers as opposed to the already quoted 42 % of children who live with single mothers (Kane-Berman, Henderson, de Souza, 2001).

The decision to work solely with single mothers in the long-term group was reached after an extended period in which only women had chosen to participate in these groups. This decision was taken when it became apparent that the women were working through conflicts created in part by cultural prescriptions and based on their socialisation as women. This resulted in a gender-based solidarity and support, which often positioned

males in the opposite camp. It also seemed that the all women's group provided them with a safe place in which to recover their self-esteem and explore less traditional ways of being - free from the dynamics that may be played out with a male presence.

This approach is supported by the extensive literature on gender in groups that recognises the value of a same-sex group for women where their inhibitions and conflicts have a gender-based sociocultural origin (Bergman & Surrey, 1997; Bernadez, 1996b; Brody, 1987; Butler & Wintram, 1991). In fact, studies indicate that women tend to participate less in mixed groups, tend to submit to men as authorities, receive fewer communications, address other women less frequently, focus on issues of male interest and censor themselves on female-gender specific subjects (Bernadez, 1996a). In contrast, Bernadez and Stein's (1979) early study establishes that women in same-sex groups are more likely to uncover gender behaviour and related conflicts. Thus, the assumption is that the all-female group allows women to work together in an atmosphere of trust and camaraderie to overcome struggles that are located in a gender context.

The research, however, also promotes the notion that once women have established a reformed identity in a same-sex group, both men and women could benefit from the opportunity to examine gender issues in a mixed group (Bergman & Surrey, 1997; Bernadez, 1996b; Schoenholtz-Read, 1996). Notably, one of the women interviewed, who had spent a considerable amount of time in the group, proposed the inclusion of males in a future group. The idea of combining men and women would allow for views of the opposite sex to be worked through and projections to be withdrawn so that more satisfying relationships could be achieved. This would offer single fathers the opportunity to receive the support and therapy that they may require, given their own predicaments created by their socialisation and prescriptions of masculinity that tend to encourage separateness and dominance. Furthermore, a mixed group would have the added advantage of providing single fathers, who have taken on a primary parenting role, with exposure to female nurturing and their developed care giving abilities. The necessity of an initial male-only group is debatable, though, given the perspective argued

by Bernadez (1996b) that issues of subordination do not usually provide the same concern for men in the presence of women.

Extending the Time and Frequency of the Sessions

Although half the women interviewed indicated that they would prefer the sessions to be more frequent or of longer duration, they also came to recognise that the reality imposed by the demands of their external lives, and particularly the needs of their children, precludes the possibility of spending more time in the group. Perhaps this contradiction is a reflection of the tension that exists for these women in balancing their own needs with those of their children and the demands of their lives. It is noteworthy then, that all the women reached the same conclusion that resulted in them relinquishing some of their own needs in order to meet their obligations. Once again, this reinforced the women's commitments to their families, which often resulted in a cost to themselves.

Future Research

This study has offered an in-depth account of a limited sample of single mothers who have all participated in the same intervention. While the results offer an account of these women's experiences in the group and their understanding of the processes of transformation, it would be interesting to extend the research to further interventions, utilising both this model as well as other forms of therapy, such as individual long-term psychotherapy. Results could then be used to compare the relative value of different models of therapy and could add to our knowledge base of processes of transformation for single mothers.

Continued research in this area would not only serve to enhance our theoretical knowledge of women in general, and single mothers in particular, but would hopefully bring further attention to a much neglected group of women. By highlighting the challenges that confront single mothers, and by exploring the value of psychotherapy options for this population, we could begin to address the needs of the extensive and growing number of single mother families. This study runs the risk of appearing idealistic in that it not only demonstrates the personal value of the intervention, but also

attempts to suggest the possibility of tackling the socio-cultural and political context that forms the backdrop for these women's experiences. Perhaps these projected potentialities are overzealous, but arise from collective participation in a truly inspirational experience that has created a deep sense of optimism and energy. However, with continued research in the area we will come to know with greater certainty the true value and scope of possible interventions. In the meantime, it is hoped that this study has been successful in shedding light on the group experience and the process of transformation experienced by the women who participated in this intervention.

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Appendix A

Semi-structured Interview Schedule

Semi-structured Interview Schedule

Demographic Details
Name
Address
Age
Race
How long living in CT
Occupation Full/Part-time Income Bracket
Dates of group membership

Family Situation (genogram)
Family of origin
Single/Separated/Divorced/Widowed/New partner/Remarried – when?
Number, age, sex of children
Who lives in current home

Relationship with Father and Support Network
Children's contact with father
Mother's current attitude to and relationship with father
Father's financial support
Mother's support network: practical, emotional, financial

Experience of Being a Single Mother
Feelings and thoughts about being a single mother and a single parent family
-good things, bad things/challenges
-what help do you need
-what would you like to change in your life/stay the same
Perception of relationships with your children, extended family, friends, wider social network

Group Experience
Expectations of Group
Reasons for joining group
Initial expectations of group
First contacts with group
-did it match expectations
-in what way was it different

Experience of Group
Positive and negative aspects
-how has it helped you
-what has changed/shifted in your life
-what has remained the same
-what did you learn

Experience of Termination
Reasons for termination
Experience since terminating with group
-have changes been long-lasting or is there regression

Perceptions and Understanding of Group Process
How does the group work
-Describe the process
-key features to the success/failure of the group
-how would you set up a group
Relationships with co-members
-what were the dynamics
-how did their presence help/hinder your development
How was conflict/differences dealt with
Proposed changes to the group
Role of the facilitator

Appendix B

Participant's Case Histories and Clinical Observations

Mercia

Identifying Data

Mercia is a 42-year-old single woman who has two sons of 15 and 18 years of age, each from different fathers. She is a high school teacher and lives in her own home, with her parents boarding in a separate flatlet at the back of the house. They live in a working class suburb and Mercia teaches at a school notorious for its gangsters and high levels of violence in the classrooms.

Personal History

Mercia is the second oldest of six siblings. Her father was a church minister in the disadvantaged "coloured" communities and was frequently relocated, which resulted in many moves for the family. As Mercia was the oldest daughter, she was expected to help her mother with the care of her younger siblings. She attended a boarding school during her high school education, and thereafter attended a teacher's training college where she enrolled for a three-year diploma course. However, she fell pregnant in a rebound relationship in her second year at college, and reduced her qualification to a two-year certificate. Three years later she gave birth to her second son, after reconciling with the man that had been in and out of her life since she was 18 years old. She has erratic contact with the fathers of both her sons and has received minimal financial support from them over the years. She has few expectations of the father of her elder son, but harbours more resentment to the father of her younger son, who married another woman on his son's first birthday. This son was knocked over by a motor vehicle at the age of seven years, and has suffered brain damage after living through a six-week coma and spending a further three months in hospital with a fractured skull. He now attends a school for children with special needs where he is learning practical skills that will equip him with a trade. Mercia's parents are highly critical of her lifestyle and the fact that she has illegitimate children. They are now pensioners and since neither of them drive, Mercia is constantly taxiing her mother and running errands for her, however her efforts are never acknowledged. Mercia experienced a depressive episode approximately a year prior to joining the group and was hospitalised for a few weeks while under the care of a

psychiatrist. By the time she entered the group, she was no longer receiving psychiatric treatment or taking any medication. She is currently studying part-time through correspondence for her teaching degree.

Relationship History

Mercia tells of a series of relationships in which her partners abandon her. She has never felt cared for or respected by the men she dates and relies on her female friends for emotional support. At the age of 27 years, a few months after the birth of her younger son, she relocated to Cape Town where she took up a teaching post at the school where she is currently employed. There she met Stanley and Sharon, two colleagues. She became firm friends with Sharon and facilitated a relationship between the two. Two years later she began to have a clandestine relationship with Stanley, which she describes as a "one-night stand that has lasted 13 years." During this time he has continued to have a formal relationship with Sharon, while pursuing a surreptitious sexual relationship with Mercia. Sharon has become aware of Mercia's relationship with Stanley over the last few years and has terminated her friendship with her, but continues to date Stanley. Mercia has attempted to leave Stanley over the 13-year period and on occasion has got involved with other men. Stanley has responded jealously to her suitors and has persuaded Mercia to return to him with unfulfilled promises to leave Sharon and enter fully into the relationship with her. Mercia continues to believe that she needs to abandon the relationship, but feels that she "doesn't have the strength of mind" while she has to confront him on a daily basis at school. She has been unable to find a job elsewhere.

Group Experience

Mercia was referred to the group after attending parenting sessions at the Child Guidance Clinic. Initially she felt intimidated by the other members, particularly the white women in the group, however she began to feel more comfortable when she became aware that that the other women were experiencing similar difficulties to her. At times she felt deflated by the fact that she was sharing her problems, particularly surrounding her relationship with Stanley, but not doing anything to alter her situation. She also had

some difficulty hearing the advice of the group when they told her that she had to leave Stanley. Nevertheless, she describes her overall experience in the group as positive. She believes that her confidence was greatly improved by the fact that group members accepted her unconditionally and recognised the strength she displays in coping with her harsh environment. She feels that this confidence has assisted her in asserting herself and setting limits with her family and friends. In addition, she has received positive feedback regarding her relationship with her sons and this has helped her to value her children and the relationship they share. Mercia terminated with the group after five years when her car broke down and she was unable to afford to repair it. In the interview, it also emerged that she was afraid that other group members were going to leave and she wanted to avoid feeling abandoned.

Clinical Observations

Mercia presents as a petite woman with a bubbly personality and a good sense of humour. She has adapted to the harshness of her environment and the level of violence that surrounds her by using abusive language freely when expressing herself, and by striking out physically in her classroom and with her own children. Initially she was fairly reserved in the group and only shared when she was invited to speak. With time it emerged that she has low self-esteem and is most concerned that she should be in favour with everyone and not offend anyone. It seems that her low self-esteem stems from her relationship with her parents, where she has been constantly undermined and has never felt as though she is living up to their standards. Her father was particularly critical of her during childhood, and this was exacerbated by the self-imposed prejudice and racism against his community that he communicated to his children. Her relationship with Stanley perpetuates her low self worth, which makes it difficult for her to leave him. She has learnt to enjoy her sons and appreciates their caring and responsible natures.

Gail

Identifying Data

Gail is a 50-year-old divorcee. She has a 14 year-old son who was born in a relationship prior to her marriage. She is a travel agent and until recently owned a partnership in an agency. She sold the agency after the death of her partner and is now employed by another travel agency. She lives with her son in a home she had built in an upmarket suburb of Cape Town.

Personal History

Gail is the middle daughter with two sisters. Her father died suddenly when she was approximately ten years old. Gail had shared a close relationship with him and struggled emotionally after his death. She always felt like the "ugly duckling" in relation to her sisters and lacked confidence that seemed to come so easily to her mother and sisters. She suffered from anorexia during her teenage years, which resulted in a number of psychiatric hospitalisations. She recalls that she could not look at herself in a mirror at this time in her life and has always felt unacceptable on some level. After completing school, she enrolled for a travel agent's course, joined a travel agency, and in time she bought into her own agency. At the age of 36 years she had an unplanned pregnancy and gave birth to a son. She chose to leave the father of her child during the pregnancy, after a seven-year relationship. She felt emotionally supported by her family, but struggled in the early years with the demands of her child and work. She has not received any maintenance from the father of her child, but was traced by her son's paternal grandfather three years ago. Unbeknown to his family, he has set up a trust for his grandson and has paid off the mortgage on Gail's house.

Relationship History

Gail had no sexual partners when she was growing up and in her early adult years. She felt extremely shy and awkward in the company of males. At the age of 29 years she fell into a relationship with a man who had pursued her for a while. The relationship continued for seven years, although he had affairs during this time. She chose to stay

with him despite his unfaithfulness as she believed that she did not deserve any better. At the age of 36 years, she fell pregnant with his child. The relationship ended soon thereafter when she decided that she could not marry him. He left the country and she has not seen him since the birth of her son. At the age of 40, after a two-year courtship, she married a divorced man with three children. The relationship had not been consummated prior to the marriage, and during the two years of the marriage, she continued to be physically rejected and ignored by her husband. It was only when they divorced two years later that Gail discovered her husband was involved in a long-term homosexual relationship. She retreated from males after this relationship and avoided social situations, which made her feel uncomfortable. In the group, however, she expressed an intense desire to be in a fulfilling relationship and to experience true companionship. Since terminating with the group, she has had a brief relationship with a man that she views as a positive and growthful experience, and is now feeling more confident and open to further relationship possibilities.

Group Experience

Gail was a member of the group for four years. She was referred to the group by her son's therapist. She felt sceptical at the possibility of the group helping her as she felt that her years of therapy, including group therapy, had been unsuccessful. She felt frustrated and disillusioned with herself, believing she was entrenched in her self-defeating patterns. She thus joined the group with few expectations and was immediately surprised to enjoy the experience of meeting other women with whom she could identify. Her previous group experiences had been in psychiatric settings with a mixed membership. She feels that the greatest benefit in this group was seeing herself reflected in others and recognising the self-defeating patterns that were a feature for many of the women. She believes that it was easier to work with her problems externally by saying to others what she needed to say to herself. She also found it helpful that she could recognise the strengths of the other women, and then gradually could begin to own these positive aspects within herself. She was further bolstered by her ability to help others and the positive feedback that she received for this in the group. She did, however, feel frustrated and envious when others moved on more quickly than she did, particularly

when she had been instrumental in assisting them in the process. This also, though, had the positive impact of propelling her forward and forcing her to take the next step in her own process. She believes that the support and encouragement offered by the group in an atmosphere of honesty has been instrumental in restoring her trust in herself and others. She chose to terminate with the group at a time when her son's therapy was ending and it was becoming logistically more difficult for her to take the time off work to attend the sessions. She feels that she could have continued, but believes that she was "80% ready to leave." Although she was initially nervous about leaving the group, she soon discovered that she was able to deal with the crises that faced her.

Clinical Observations

Gail presents as an attractive, tall woman with striking red hair. She has a powerful presence in the group, offering thoughtful and insightful feedback to the other members. During her first year in the group she would constantly put herself down and was unable to hear positive feedback from the other members. Her sibling issues were played out in the group by her constant need to elevate others and then to find herself wanting. During this period she fell into a depression in which she expressed suicidal ideation. She allowed the group to hold and support her through the experience and eventually emerged from this depressive episode, having shifted fundamental aspects of her self-perception. Although she was enjoying her connection with the women, she was still finding it difficult to muster the confidence to entertain a relationship with a man. She spent many hours acknowledging this need and exploring her reticence to open herself up to the opportunity. She shared her awareness that her own issues have rubbed off on her son, who also has a tendency to isolate himself socially. She was motivated to change this pattern within herself in order to help him to move on. It seems that since leaving the group she has continued on her path of self-development, and with greater self-acceptance, she has begun to take the risk to interact with men.

Katherine

Identifying Data

Katherine is a 34-year-old divorcee. She has a son of eight years. She currently works as a sales representative.

Personal History

Katherine was born to a lower middle-class family. She has two older brothers and a younger sister, with whom she feels she has never had close relationships. As a child, she describes herself as "calm" and "homely," in contrast to her siblings who were more outgoing and rebellious. She attended the local school, where she had three close friends. Her mother did not work until she was in Std 6 (Grade 8), when her father lost his job. At this point her father began to drink heavily, never returned to work and relations in the family became tense. Katherine became her mother's confidant and would challenge her father, which would create conflict in the home. When she was in Std 9 (Grade 11), her brother two years her elder, suffered a stroke from a tumour on his kidney. He was dismissed from national service and has been in his mother's care ever since. Katherine never planned her future, was not given any guidance or support from her parents, and did not know what she wanted to do when she completed school with a university exemption. She started working in office jobs upon completing school so that she could afford to leave home. She switched jobs frequently, whenever she was bored.

Relationship History

Katherine recognises that her relationships have always been with men who appear outgoing and confident. These men actively seek her out, and when she is pursued she moves into the relationship quickly. Commonly, the men then withdraw and she finds that she is left investing all the effort to maintain the relationship. Katherine met Steve when she was 24 years old. The same pattern persisted where he pursued her. She recounts that she first became aware of problems in their relationship when he became friendly with a psychiatrist who was supplying him with tranquillisers and other medication. He began doing construction work on a farm for this man who was building

a retreat for his patients. Katherine believes that the psychiatrist was bisexual and was jealous of her relationship with Steve. She discovered through the psychiatrist that Steve had been married previously - something he had failed to tell her. The psychiatrist forbade her to visit the farm and Katherine's attempts to contact Steve on the farm were thwarted, although by this stage they were engaged. She eventually drove out to the farm and confronted Steve, who then left the farm and they were married soon thereafter. Katherine fell pregnant shortly after the marriage. Steve was working long hours and overtime, and she only became suspicious when he stayed away on weekends and when her sister brought it to her attention that she did not believe that he was being faithful. She eventually discovered he was having an affair and they separated when she was five months pregnant. Steve was not at the birth and showed no interest in his son. He told a social worker at the time that perhaps he would take an interest when his son was seven years old. They went on to divorce a year later and he remarried for the third time shortly thereafter. Katherine met Gavin when her son was two years old. Gavin drank heavily and became verbally abusive from early on in the relationship. The relationship was characterised by break-ups and reconciliations. When Gavin moved to Cape Town four years ago, after one of these break-ups, Katherine followed a few months later. After joining the group, she moved into her own home, but continued a platonic relationship with Gavin. Steve reappeared in Katherine's life a few months ago, when he divorced his third wife. After visiting them in Cape Town from Johannesburg, he expressed a desire to forge a relationship with his son, made promises to buy them a house and to keep in regular contact. He reneged on these promises and it later emerged that he had met another woman, who was now expecting his baby. Subsequently Katherine entered another relationship, moved in after a few days, and discovered later that this man was abusing drugs. She is now without a home and is moving between Gavin and the new boyfriend, depending on who is in favour.

Group Experience

Katherine has been in the group for four years. She feels very dependent on the group and expresses her fear that someone might leave the group. She waits every week for her Thursday sessions and ideally she would like to meet twice a week or make the sessions

longer. She sees that she has changed in the group and remembers that when she first joined she felt that she had nothing to say about herself and also could not respond to others. Over the past year she has become aware of a great need to talk and share thoughts and feelings that get evoked in the group. She particularly appreciates the support and caring that she gets from the group and is appreciative of the more forceful members of the group who encourage her to take action in her life, for example, to go out and look for a job when unemployed. She feels that group members often have very good advice, although they may not be able to put it into practice in their own lives. She feels that she has transformed through the group experience and describes that she has developed confidence and a stronger sense of herself. She says that this has impacted on her parenting as she can assume a role of authority and make decisions whereas she was previously allowing her son to dictate. She also feels more assertive in her relationships, but would still like to break her pattern where she moves quickly into relationships without caution.

Clinical Observations

Katherine presents as an attractive, petite woman who looks younger than her years. Her youthful appearance is further reinforced by her "teenage" style of dress, her mannerisms, and speech. When she initially joined the group, she contributed minimally and seemed to have few opinions on the subjects under discussion. Over time, however, she seems to have become more aware of her own thoughts and feelings and is keen to share these with the rest of the group. She has formed close bonds with other women in the group and is considered a caring and reliable friend, attending to the practical needs of others outside of the group. Her relationships, however, are characterised by emotional dependency, both inside and outside the group. In the group she relies on the guidance and advice of others, particularly the older members, and is often "parented" by them. Outside of the group, she shares a close relationship with her son, who appears to take on the role of a parental child. In her relationships with men she swiftly moves into a dependent position, where there is an expectation that her partner will take care of her, emotionally and financially. Inevitably she is disappointed, but rather than build her independence, she seeks new relationships to offer her the elusive security she is craving.

Hope

Identifying Data

Hope is a 34-year-old single woman with a seven-year old son. She is currently employed as a manager in the development office at a university.

Personal History

Hope is the only daughter and middle child, born to parents who lived in Umtata in the Transkei, a former African homeland created by the apartheid government. Her father was a commercial trader and the family was financially comfortable, with a holiday house at the coast. She attended a girls' convent boarding school from the age of six and would return home once a term, over holidays. She recalls the discipline of the school and has memories of being forced to eat, as she was a poor eater, and then vomiting up her food. The family moved to Kwazulu Natal when Hope was ten years old. Although she missed the rural existence, she was very happy to leave boarding school and move to the local school. Hope was a high achiever who excelled academically and in sport, and was popular among her peers. In matric, [final school year] she was nominated head girl. Hope's home life was characterized by parental conflict. Her father was absent and distant and her mother used Hope as a confidant with whom she shared her marital frustrations. In her teenage years Hope and her brothers were aware that their mother was having an affair, which evoked their father's jealousy and rage. Hope recalls an incident where her father fired shots from a gun, threatening to kill himself. She remembers feeling very burdened by the parental conflict in her final year at school and chose to spend the following year as a Rotary exchange student. Her departure to Canada coincided with her parents' separation and their selling of the family home. On her return to South Africa the following year, her father insisted that Hope attend the local university and forbade her to follow her wish to study at the University of Cape Town (UCT). Hope felt that he wanted to have her in close proximity for his own support. She later transferred to UCT, where she completed a social science degree, majoring in politics and psychology. From the period of their first separation, her parents continued to separate and then reunite over a period of three years until they finally divorced in her

first year at UCT. Four months later her father remarried a family friend whom Hope and her brothers find objectionable. Her mother also remarried and moved to Gauteng. When Hope completed her studies, she worked in rural development and started her own company focusing on literacy projects. She joined UCT in the development office two years ago.

Relationship History

Hope had a boyfriend throughout high school and she recalls that they were considered to be the "golden couple" by their peers. They parted after school when she left the country for a year. Thereafter, she had a series of relationships where she felt that her partners could not measure up to her first love. She met her son's father at the age of 25 years. She was attracted to his good looks and enjoyed his interest in nature and his semi-rural lifestyle, however she was aware that they had opposing political and religious views. He was right wing and staunchly religious. She fell pregnant after three months while using condoms and took the decision to keep her child, with support from her mother. During the pregnancy, however, she realised that the relationship with her partner was doomed and took the decision to leave him. He subsequently married another woman and has minimal contact with his son. Hope receives sporadic financial support from him. She has recently emerged from a 15-month relationship and is currently living in a flatlet on her ex-boyfriend's mother's property. She has a close friendship with the latest ex-boyfriend, but struggled with his lack of financial and emotional independence.

Group Experience

Hope has been in the group for a year. She has experienced the group as very supportive, particularly at times when she has been in crisis. She feels that the women in the group are all quite different to her and she would probably not have got to know them outside of the group. She feels connected to the others and has enjoyed both giving and taking from the group. The possibility to help others has been very rewarding for her and has increased her self worth. She believes, however, that there is not enough probing and challenging in the group, which would assist members to move beyond repetitive patterns of behaviour. She would like the facilitators to be more active in this regard. She is

afraid, though, that some group members will not react well to any confrontation. She also perceives that some members thwart the process by deflecting the attention when they are afraid of the feelings that may emerge from others.

Clinical Observations

Hope presents as a very attractive woman. She is eloquent and perceptive, with a depth of understanding of herself and others. She has a warmth and sensitivity that connects her to others, but her erudition and high levels of achievement at times distance her from other group members, perhaps similarly to the way in which she was set apart as the head girl at school. She is often the engine of the group in the sense that she drives the process to greater depths by being frank yet supportive in her feedback, and inviting others to challenge her. She has a close and thoughtful relationship with her son and struggles with the dual demands of a challenging job and the special needs of her son, who has been diagnosed with a learning disability. She has high expectations of herself and an acutely developed sense of responsibility that results in her taking on a considerable amount at work and in her personal life, which inevitably leaves her feeling overburdened and not quite coping with her load.

Stephanie

Identifying Data

Stephanie is a 29-year-old single woman with a daughter of three years old. She works in the life insurance industry as an administrator of a pension fund.

Personal History

Stephanie is the eldest of three children born to parents in the UK. Her sister, three years her junior, suffers from epilepsy. Both her parents had been married previously and her father had children from his previous marriage. Their family life was characterized by parental conflict and abuse, with numerous separations and reconciliations. Stephanie, being the eldest, was her mother's confidant. Her parents divorced when she was seven years old, at a time when her mother was pregnant with another man's baby. Her mother moved to a home for the destitute with Stephanie and her sister, and left the younger son with his father. Her mother then married the father of her baby a year later. Stephanie was sexually and physically abused by her stepfather from eight to twelve years of age. During this time she attempted suicide on one occasion. The family moved to South Africa on her stepfather's instigation when Stephanie was twelve years old. She attended many different schools as they moved about the country and had little interest in her education. She finished high school in Johannesburg when she was 16 years old. After completing school, she moved out of home, and took an administrative job in the insurance industry and remained with the same company for ten years. During her twenties she began attending clubs and drugging heavily on weekends. At the age of 24 years, she experienced a major depression and began psychotherapy and taking antidepressant medication. During this time she distanced herself from her mother, but continued to have sporadic contact with her biological father, who had remarried and continued to live in the UK. Stephanie met Richard, her partner, at the age of 28 years and came off drugs when she became aware of the consequences of his drug dependence. They moved to Port Alfred, a seaside village, two years later, after Richard had undergone a third bout of in-patient rehabilitation. She took a menial job at a tenth of the salary she had been earning. Stephanie felt isolated and frustrated in the small town and

was anxious about Richard, who was drinking heavily again. She was taken by surprise when she fell pregnant a few months later, because although they had not used contraception, she had been informed that she would not be able to conceive without gynaecological intervention. In addition, their sexual contact was very infrequent. She experienced postpartum depression after the birth of her daughter. When her daughter was a year, she decided to leave Richard and move to Cape Town.

Relationship History

Stephanie has had a number of long-term relationships, lasting a few years each. The men would characteristically come from close-knit, if not enmeshed, families, and Stephanie would become a part of the family. Stephanie recognises that her relationships have always been characterised by co-dependency. She would take on the role of rescuing her partner. Her relationship with Richard disintegrated during a time when she was in need of his support and he was unable to provide it. She does not enjoy sexual contact as a result of her history of sexual abuse, and in the past would use alcohol to disinhibit herself. However, when she stopped drinking in Port Alfred, she avoided sexual contact with Richard. She remains on good terms with him. He would now like her to return to Port Alfred and re-establish the relationship. Although the fantasy of being taken care of is appealing, Stephanie is also aware of the limitations of the relationship. She is not in a relationship at present, but is constantly dating men.

Group Experience

Stephanie is the latest member to join the group and has been a member for the past eight months. She discovered the group after making investigations soon after arriving in Cape Town. She felt isolated for the few weeks prior to joining the group as she had only one acquaintance in the city, and was most relieved to have contact with other women when she commenced with the group. She bonded easily with the others members, who have enjoyed her quick wit and sense of humour. Stephanie has appreciated the understanding and acceptance she has received from the group members and has relied on the group as her main support system while establishing herself in Cape Town. She experiences the group as a safe haven where she can trust others enough to expose herself without fear

that she will be rejected or misunderstood. She expected more advice when she first joined the group, but has come to realise that there is not always an answer or one way of proceeding. She feels that contact with others has normalised her experience as a single parent and has stabilised her mood.

Clinical Observations

Stephanie presents as underweight, pale in complexion, with contrasting black hair. She is a resilient young woman who has learnt to be independent from a young age. She manages her trying circumstances by throwing herself into finding practical solutions to the challenges that confront her. This also acts as a defensive strategy to avoid getting swamped by her feelings. When she initially joined the group she had difficulty using the group time and it emerged that she was not accustomed to taking anything for herself, or receiving nurturance from others. In addition, it seemed that she was afraid that she would be rejected when she exposed herself to the group. Over the last few months she has come to trust the unconditional acceptance of the other members and is beginning to heal feelings of being "bad" and "not good enough" that stem from her past, particularly her history of sexual abuse. Her susceptibility to co-dependent relationships with men shows her comfort with taking care of others and satisfies her desire to be needed. She has an ambivalent relationship with her daughter where, on the one hand, she feels needed by her dependence, but claustrophobic feelings are also roused by her daughter's neediness and demands. She has come to feel contained and supported in the group, but is highly sensitive to any confrontation, which she perceives as an attack, and reacts by wanting to retaliate or withdraw.

Nadia

Identifying Data

Nadia is a 33-year-old divorcee with two daughters of nine and thirteen years of age. She is employed as a programme coordinator for the careers office at a university. She is also the warden of a university residence for students and lives with her daughters in a flatlet attached to the residence.

Personal History

Nadia is the second eldest of four sisters, born to a working class family in Cape Town. Her father was an alcoholic and she describes her mother as a "hysterical" and "anxious" woman. She has always enjoyed a close relationship with her sisters, but believes that all their needs were neglected when they were growing up as her father's drinking diverted the focus. During her school years, Nadia had a best friend with whom she continues to have close contact. After completing school, Nadia pursued a Bachelor of Arts degree and is now in the process of studying part-time for a Psychology Honours degree. She met her husband when she was 22 years old and fell pregnant soon thereafter. Her family is Christian and he is Muslim, which created some tension between the families, however, when her daughter was three years old, they chose to marry. The marriage lasted eighteen months, during which time she fell pregnant with her second child. Her daughters were four years old and six weeks respectively when she left her husband. She reports that he had started drinking and drugging heavily and had become physically abusive towards her on a few occasions. He entered rehabilitation for his addictions, but subsequently has had numerous relapses. While initially the children saw him frequently, his contact had become erratic over the years, and they have withdrawn emotionally from him. Nadia receives no financial support from her ex-husband and is financially independent, other than occasional funds received from his aunt.

Relationship History

Nadia is aware of a pattern of abuse in her relationships with men. Although physical abuse only occurred in her relationship with her ex-husband, she is conscious that

subsequent relationships have been characterized by emotional abuse. She notes that although she starts off on an equal footing with her partners, the relationships inevitably degenerate to a point where she is note treated respectfully. This dynamic impacts on her self-esteem and she finds it difficult to remove herself from the relationship. She has had one positive relationship over the last few years, however her daughters did not accept this partner and eventually the strain caused Nadia and her partner to abandon the relationship.

Group Experience

Nadia was a member of the group for two years. She joined the group at a time when she was having difficulty with her daughters, particularly around the issue of their accepting her partner. She experienced the group as a safe space that provided an opportunity for self- reflection. She appreciated the support and guidance she received from other members who could relate to her issues and felt that the group acted as an auxiliary partner in the absence of a supportive relationship. During her time in the group she became aware of her own unresolved issues and pressing needs that previously had remained buried beneath the demands of her children and the other responsibilities in her life. She chose to leave the group at a time when she began to unpack her feelings about her past, and felt the need for individual therapy so as to have more space to deal with the emerging issues. This was a breakthrough for Nadia, who had previously denied her own needs. With hindsight she appreciates that the group encouraged and assisted her in the task of focussing on herself.

Clinical Observations

Nadia presents with a tough exterior, further reinforced by her short, shaven hair. She speaks forcefully and with an assertiveness that makes it hard for others to challenge her. Over time, though, she has also revealed a vulnerability that has allowed the group to become aware of her fragility. Her life outside of the group is characterised by chaos as she takes on more than she is able to manage - being a single parent with two jobs and studying part-time. Her vulnerability emerges when she is unable to meet the demands she has undertaken and when sharing the difficulties of her relationships. She has a warm

and open relationship with her daughters, but complains of tremendous sibling rivalry between the girls. It seems that they are fighting for her attention, which is spread very thinly. They also seem to react to the chaos that infiltrates their lives and to the lack of containment provided by their mother. The younger daughter expresses this in terms of separation anxiety from her mother. However, now that Nadia is receiving the containment through therapy that she has never experienced herself, the problem seems to be dissipating as she is in a better position to offer containment to her children.

Mary

Identifying Data

Mary is 44 years of age. She is a divorcee who lives with her two daughters of 11 and 13 years of age, and her ailing mother, who has Alzheimer's disease. Mary is a microbiologist and works in a pathology laboratory. They live in a house in a middle-class suburb of Cape Town.

Personal History

Mary is the youngest of three daughters. She experienced a secure and privileged childhood in a diamond-mining town, where her father was the chief surveyor for the diamond mining company. He was a well-respected man who earned his family high status in the community. Her mother took care of the home and child-rearing responsibilities, with the assistance of domestic staff. At night, her father would drink heavily in the confines of his home and would inevitably become sarcastic and would belittle his wife. Other than these outbursts that were ignored by the family, there was a minimal amount of emotional expression in the home, with no one ever sharing their distress. Mary attended the local junior school and an all-girls' high school in the town. She excelled academically without much effort, and enjoyed school, where she was popular with her peers and participated actively in sport. After completing school, she registered for a Bachelor of Science degree at a university in another province. She had intended to follow a career in teaching, however she failed and withdrew after her second year. She recalls that she was terribly homesick during her two years at university and was missing her high school boyfriend, who was studying elsewhere. She returned home and started studying for a Bachelor of Arts degree through a correspondence university. She gave up her studies at the end of the year, after she spent most of her time socialising and was unable to focus on her coursework. Although she has no recollection of her emotional state over this period, she does recall that she had an undiagnosed "nervous stomach" and suffered from constant nausea throughout the year. With the assistance of one of her sisters, she secured a job in the local pathology laboratory for the following year. As she had no experience in the field, she learnt on the job and simultaneously

obtained a diploma in microbiology through the local technical college. At the age of 24, she met her husband, Richard, who was employed in the permanent force army of the apartheid government. They married a year later. Her early years of marriage were spent living in army barracks in small towns. When she was 30 years old, her first daughter was born, and she gave birth to her second daughter two years later. Her marriage started to falter with the birth of her children, when Richard failed to assume any parental responsibilities. The situation was exacerbated when he lost his position in the permanent force with the collapse of the apartheid government. He was unable to maintain a job in the public sector and after a number of years of following him around the country, Mary, at the age of 38, decided to settle in Cape Town with her children where she hoped to make a life for herself. Since her father had recently passed away, she assisted her mother in packing up the family home, and used her mother's pension and savings to purchase a new home in Cape Town. She joined the group a few months after arriving in the city. Richard's visit later that year confirmed the demise of the relationship and they subsequently decided to divorce. His contact with his family has been erratic since the divorce and he is unreliable with his child maintenance payments. He has been living in Uganda for the past two years.

Relationship History

Mary acknowledges that she has always been attracted to good-looking, charismatic men who have a strong narcissistic element. She entered her first long-term relationship at the age of 16 with her best friend's brother. This relationship lasted two years before she went off to university. Although she missed him terribly when they were apart, she dated other men and had numerous sexual encounters during this time. The relationship was never re-established, although she still entertains fantasies about the missed opportunity with him. She continued to have casual relationships until she met Richard. She was attracted to Richard's fun-loving personality and initially drawn to him by his "big talk." In their early years together, they both enjoyed partying and spent most of their free time socialising with others. Mary believes that the relationship started to disintegrate when she was ready to move on and assume the responsibilities of adulthood and it became apparent that Richard was not. She became increasingly exasperated by his fantasies that

he was going to earn large sums of money, yet he was not contributing to the basic household expenses. Eventually she realised that she would be better off taking care of herself and her girls without the added pressure of having to take care of her dependent husband. Since their separation, Richard has continued to have relationships with women who support him financially. Mary has withdrawn socially and avoids the possibility of meeting other men. Although she frequently says, "All men are bastards," she admits to feeling extremely lonely and fantasising about the possibility of male companionship.

Group Experience

Mary has been a member of the group for five years and believes that she will continue to attend until her children have grown up. She joined the group soon after arriving in Cape Town. At the time she was having difficulty with her six-year-old daughter, who was tantrumming for two to three hours at a time. Initially Mary used the group to explore her relationship with Richard and, with the assistance and support of the group, made the decision to leave him permanently. She also spent a considerable amount of time talking about her ambivalent relationship with her younger daughter. She has particularly appreciated the opportunity to share with the group the burden of parenting, the difficulty of living with her mother's deteriorating mental functioning, and her financial concerns. Although she acknowledges the input and support received from other members, she places particular value on the input and containment she obtains from the facilitators.

Clinical Observations

Mary is a large woman with a powerful presence in the group. She is respected by other members, who defer to her as a senior member, both by age and length of time in the group. She also earns the position by the way in which she responds with containment and advice offered in a maternal manner when others share their difficulties. Furthermore, Mary reinforces this position for herself by not sharing her own vulnerability in the group. When she initially joined the group, she presented her life as very tightly held together and "in control." There was little display of emotion, she ran her home in a regimented way and managed to hold down two jobs, starting at 4.45am. During the course of her first two years of therapy, she began to let go of the defence, and

after a few months of expressing a tremendous amount of anger, she shifted into a depression and reported feeling "out of control", although she still refrained from shedding any tears. Over the years she has continued to find exposure of emotion difficult and has often threatened not to return if she is pressurised to share her more vulnerable feelings. The group has responded by colluding with her desire not to be probed. In this way she does not enter fully into the process and her progress in resolving her issues is retarded. Her reports, however, indicate that there is a high degree of expressed emotion in her home, where she shares a close, yet conflictual relationship with her daughters. She carries a tremendous amount of guilt for the loss and pain incurred to her children by the divorce, and assumes her parenting role with a degree of self-sacrifice that leaves her depleted of personal resources. The exclusive focus on her children further protects her from having to engage with her own life.

Carmen

Identifying Data:

Carmen is a 35-year-old divorcee with a daughter of twelve years and a son of ten years. She is employed as a clerk in the accounts department of a hotel. She has recently bought a house where she resides with her partner of eight years and her children.

Personal History

Carmen is the youngest of eight children born to a working class family. Her mother died of a heart attack when Carmen was five years old and a month later her father was admitted to a psychiatric hospital, where he supposedly died of pneumonia six months later. Carmen is sceptical about the validity of the diagnosis as she is aware that he underwent neurosurgery shortly before his death, however, the subject is not discussed in the family. Carmen and her siblings were raised by her eldest sister, who was 16 years old at the time of her parents' death. Dawn, the eldest sister, supported the family by working in a hotel and received maintenance from the state until each child was 18 years of age. She raised her siblings with an iron fist, but was particularly supportive of Carmen, who was compliant and responsible from a young age. When Carmen was 15 years old, Dawn fell pregnant, but only married the father of her two children ten years later, when her responsibilities to her siblings had ended. Dawn organised Carmen a part-time job in the hotel industry when Carmen was 16 years old. Carmen completed her schooling and then joined the hotel on a full-time basis.

Relationship History

Carmen met her husband, Dennis, at 17 years of age. Dawn did not approve of her sister's choice as Dennis was darker skinned, which placed him in a lower status bracket in her eyes. When Carmen was 20 years old, she fell pregnant and married Dennis a month later. She miscarried after two months and had two subsequent miscarriages. She describes her relationship with Dennis in these early days as supportive and caring, particularly after the birth of their two children, when he proved to be a participatory father. However, when her children were two and four years of age, she discovered that

he was having an affair with her best friend. They separated and divorced within a year, and Dennis married her friend six months later. Carmen found the next few months particularly trying as she was working shifts at the hotel and was having difficulty with child-care. She chose to allow the children to live with their father for a while, but soon realised that it was too painful, both for herself and the children, to be separated. She then secured reliable child-care and has had them living with her and spending alternate weekends with Dennis and his new wife. She met Vincent, a divorcee with no children, soon after her separation from Dennis and has been living with him for the past seven years. Vincent is a periodic binge drinker and there have been periods during their relationship when he has been emotionally and physically abusive to Carmen while under the influence of alcohol. This has dissipated more recently, however he has now started gambling.

Group Experience

Carmen was a member of the group for four years. She initially joined the group in order to deal with the hurt and anger caused by her husband's affair and the subsequent divorce. She recalls that initially she felt uncomfortable in the group and did not trust the other members. With time, though, she felt more comfortable to express herself, particularly when she realised that others were in similar situations to her. She recalls that she was also encouraged to talk when she became aware that no one was going to pressurise her to deal with her issues, and that she would have to take responsibility for herself. She reflected that listening to others in more difficult predicaments, helped to put her problems in perspective. Furthermore, she found it inspiring to hear about the situations that other members were managing to endure. She also discovered that listening to the other women triggered her own thoughts and feelings and helped her to confront more repressed concerns. She feels that her experience in the group has allowed her to work through her anger and hurt and has generally allowed her to feel more confident and "in control." She chose to leave the group when she realised that she no longer needed to attend and felt confident that she could manage by herself.

Clinical Observations

Carmen presents as a large woman with a strong working class accent. She connects warmly with others and shows gratitude whenever she receives support from the group. She has learnt to be independent from a young age and experiences herself as either "in" or "out of control," depending on the level of financial and emotional independence that she is able to maintain. She does not expect to receive anything from others and her relationships are characterised by co-dependence, whereby she takes care of her partners on both a financial and emotional level. In the group, she places the facilitators in a parental role and relies heavily on their support and affirmation. This, together with the indications that she remains reliant on her sister's approval and advice, suggests underlying unmet dependency needs. She is a devoted mother and enjoys a close relationship with both her children, although her daughter tends to take on the role of a parental child.

Debbie

Identifying Data

Debbie is a 36-year-old divorcee with two children of three and seven years of age. She works as an administrative assistant and lives with her children in a flatlet attached to her parents' home in a middle-class suburb.

Personal History

Debbie is the youngest of three siblings born to a Catholic family. Her older brother and sister have both emigrated. She describes her mother as a "negative, anxious and controlling woman," who strives for attention by playing the role of martyr in the family. She views her father as a soft and ineffectual man, who is taken care of and dominated by his wife. Debbie experienced a very stable childhood, where she grew up in the same home in which she is currently living, and attended the local school. She does, however, recall experiencing anxiety, precipitated by her mother's anxious state and by the perceived lack of emotional support from her parents. After school she completed a secretarial course and entered the job market. She married at the age of 27 years and gave birth to a daughter and son at the age of 30 and 33 years respectively. She became aware that her husband, Trevor, was taking heavy drugs when she was pregnant with her first child. She separated from him and went to live with her parents when she was six months pregnant with her second child in an attempt to pressurize him into dealing with his drug and alcohol addiction. His response, however, was to stop working and sink further into his drug and alcohol abuse. When he failed to reform four months later, she took a decision to divorce him. She has continued to live in her parents' home, which they renovated to accommodate Debbie and her children in a separate flatlet.

Relationship History

Debbie had a series of casual relationships in her teenage years. She met Trevor, a plumber, at the age of 19 years and they married eight years later. They began to live their shared suburban dream by buying and renovating a cottage close to her parents' home. During the early phase of their relationship they shared a strong and intimate bond

and were considered a well-matched couple by their peers. She was aware in these early years that he was a binge drinker, but since it was socially acceptable amongst her peers at this age to drink quite heavily, she was unaware of the extent of his alcohol problem. When she was pregnant with her daughter at the age of 30 years, Trevor was arrested for illegal possession of mandrax drugs. She was completely shocked as she had been unaware of his drug habit. She supported him through the episode and six weeks after the birth of her daughter, she experienced severe post-natal depression. Trevor was very supportive of Debbie over the next few months and took primary responsibility for their daughter. When Debbie was six months pregnant with her second child she became aware that he was taking drugs again and had borrowed a large sum of money from her brother without informing her. She decided to move in with her parents and gave him a period of six months in which to clean himself up. They have remained on amicable terms since their divorce, although more recently she has begun to feel angry with him for not honouring arrangements with his children and with his erratic maintenance payments. Debbie has had several sexual relationships since her divorce, but has always chosen men who seem to become emotionally dependent on her. After a while she gets tired of taking care of them and ends the relationship. She says that at present she is content on her own and does not have the time or energy to invest in another relationship.

Group Experience

Debbie joined the group a few months after her divorce. She was excited at the prospect of joining a group, but also anxious that she would need to divulge the details of her divorce as she felt shameful of her ex-husband's addictions. However, she was relieved to discover that there were women in the group who had been in similar relationships, and it helped her to normalise her experience. She also realised that she was not alone in her struggle of adjusting to single parenting. She found it inspiring on the one hand to hear women who had overcome some of the difficulties, and on the other hand, a boost to her self-esteem when she was able to support someone who was struggling with an issue that she had managed to resolve. She believes that the group has helped her to deal with her unresolved issues with regards to her divorce and the ensuing feelings of guilt and low self-worth. She has also appreciated the parenting advice that she has received. She

would have liked the group to be longer in duration and felt that there was not always enough time for everyone. She chose to leave the group two years after joining when she wanted to join a running club that met at the same time as the group, and realised that she was managing her life with far less anxiety. She also indicated that recent disruptions to the group membership had motivated her departure.

Clinical Observations

Debbie presents as an attractive young woman with a vibrant personality. She was an active member of the group, who shared openly and was forthcoming in her support of others. Debbie's relationships outside of the group, particularly the way she has come to terms with her parents and her ex-husband, as well as her connection with her children, demonstrates a level of emotional maturity and health. In the last few years she has been able to enjoy and appreciate the value of these relationships while not taking on, or colluding, with the pathology that previously hooked her. She was an important role model to others in the group in this regard. Debbie's time spent in the group appears to have improved her self-esteem and strengthened her confidence. She is an involved and sensitive parent who does not apologise to her children, or anyone else, for her current single parent status. This allows her and her family to interact in their social world without feeling discounted or peripheral.

Terri

Identifying Data

Terri is a 40-year-old single mother of two sons, aged 4 and 16 years. She is employed as a medical receptionist and lives with her sons in an apartment in a middle class suburb of Cape Town.

Personal History

Terri is the only daughter and middle child of five children, born to working class parents in a naval town. Her home life during childhood was characterised by intense parental conflict. Terri personally suffered verbal and physical abuse from her parents and brothers. Her mother was intensely jealous of any attention paid to her, particularly by her father. Terri attended the local school and had one close friend throughout her schooling, although she was too ashamed of her parents' constant bickering and swearing to bring any of her classmates home. She achieved academically in junior school, but lost interest in high school with the exception of home economics, where she enjoyed the attention received from the teacher. She failed Std 7 (Grade 9) and left school in Std 8 (Grade 10) at the age of 16 with the parental message that she "would amount to nothing." She joined the navy as she was under age to enter the private sector. Thereafter she has worked in numerous reception and secretarial jobs.

Relationship History

Terri shied away from sexual contact until she left school, as she was afraid of validating her mother's labelling. Her first boyfriend pressurised her into sexual intercourse at the age of 16. She married a subsequent boyfriend at the age of 18 and found herself in a physically and emotionally abusive relationship. The marriage lasted two years before she returned to her parents' home. In the following two years, while she was working in a hotel, she began to enjoy and seek sexual relations. At the age of 22, she fell pregnant with her first son as the result of a sexual encounter with a visiting foreigner who did not acknowledge paternity. This pregnancy took her by surprise, as she believed she was infertile as she had not been able to conceive during her marriage. The next few years

became a matter of survival, with often insufficient money for food. She began a relationship with the father of her second son at 31 years of age and moved in with him a year later. After the planned birth, their relationship began to deteriorate and once again she found herself with a physically and verbally abusive man. She moved out with her two boys when the younger was 18 months and has been living in her own apartment for the past four years. She maintains a civil relationship with the father of her second son, who continues to be involved in his son's life by way of maintenance and visitation on weekends and school holidays. In discussion, Terri admits that the men she chose as partners confirmed her feelings of worthlessness that have been engendered by her family, and adds that she never felt deserving of a relationship with a man who might respect her. She has not had a serious relationship since leaving the father of her child and struggles with an intense neediness to be affirmed by a man.

Group Experience

Terri was at a particularly low point when she read a notice about the single parent group in a community newspaper. She remembers feeling very anxious in the first session when she was concerned that the other women in the group would not accept her. She began to relax when she heard other members expressing similar concerns and struggling with similar situations. She felt contained by the response of the group members and the facilitators. As other members spoke about the issues in their lives, it triggered further feelings and thoughts for Terri and, after her first year in the group, she began to confront and deal with the abuse of her past. With the support of the members, she was able to challenge the family myth that she was the cause of her own indignity. She believes that the power of the collective has allowed her to begin to trust the genuineness of their sentiments. Her faith in the group has been further strengthened by the culture of honesty that pervades within the group. Furthermore, she acknowledges that her ability to support others has boosted her self-worth. In this climate, she has managed to shift her sense of self and begun to entertain her own worthiness. Terri views her group membership as a long term-commitment that will continue to provide her with support as she faces the daily challenges of single parenting.

Clinical Observations

When Terri first joined the group, she presented as a large woman with a weathered appearance that made her look older than her years. She was intensely needy for attention, and at times fuelled by her anxiety, she would clown in the group and attempt to entertain the others. This style of interaction was met with irritation by some of the members, which only increased Terri's anxiety. With time, however, she began to settle down and felt safe enough to share more of her authentic self. She received positive feedback for this and was encouraged to explore the painful feelings that she had buried from her own consciousness. The process has been truly transformative for Terri. After a period of depression, she has begun to embrace and accept herself, while coming to terms with her past. She has lost weight in the process and has shed years off her appearance in general. Despite her poor relationship with her parents, she has done an admirable job with her own sons, where she has been able to offer them the support and connection that she never received.

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