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Dispelling Myths and Creating Opportunity: A Comparison of the Strengths of Single-Parent and Two-Parent Families

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▼ Abstract

Although single-parent family life has become mainstream in many ways, knowledge about these families has been focused predominantly on the chronic problems they experience. This study describes the strengths of single-parent families, compares these strengths to those of two-parent families, and describes families' explanations of the effect of self-identified strengths on health. Although single-parent and two-parent families are different structurally, the nature and pattern of strengths are found to be more similar than different between these two groups. These findings challenge stereotypical views of single-parent families that emphasize problems and vulnerability and exclude a consideration of their strengths.

As contemporary families become more diverse, the notion of the traditional two-parent family as the cultural ideal has been challenged. Twenty-seven percent of American families and 22% of Canadian families with dependent children are currently headed by one parent, usually the mother. ^{1,2} Existing studies have focused primarily on the risks or vulnerability of single-parent families, but research addressing the capabilities of these families is almost non-existent. From a feminist perspective, this problem-oriented view of single-parent families stems from androcentric bias; because single-parent families do not conform to the traditional nuclear family structure, they have been considered somehow incomplete or deviant. ³ Implicit in this perspective is an assumption that two-parent families are the "gold standard" by which other nontraditional family forms must be judged. Family strengths-the internal resources or capabilities of the family system and its members-may be critical factors that influence how families cope with health and illness situations, how they promote the healthy development of members, and how they work toward adopting

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healthier lifestyles (Allen M, 1994, Unpublished data). ⁴ However, few studies have examined the relationships between particular family strengths and either health behaviors or health status. In order for nurses to assist single-parent families to develop and maintain healthy ways of living, a balanced understanding of their strengths as well as their needs and problems must be developed.

This study describes similarities and differences in the strengths of two-parent families and single-parent families led by mothers who are separated or divorced, and it explores these families' explanations of how their strengths affect their health. This study was part of a larger investigation grounded within the Developmental Health Model, ⁵⁻⁸ which examined predictors of family health promotion processes in this population. ^{6,9} Consistent with the goals of feminist research, this study attempted to challenge the biases present in previous research about single-parent families and to empower by providing an alternative view of the unique needs and experiences of these women and their families.

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REVIEW OF LITERATURE

Much of the literature on family strengths has focused on two-parent families, with the earliest work in this area having its roots in the study of family stress. From this perspective, family strengths are viewed as broad resources that assist families in dealing with stressful life events. ¹⁰⁻¹² For example, Olson et al, ¹² using a national sample of 1140 American families, identified family strengths at four stages of the family life cycle that were found to be important in managing stressors. At each stage, the family's ability to deal with stressful events was influenced by its strengths, although the strengths found to be most important differed according to the stage of the family life cycle. More recently, family hardiness has been proposed as a strength that assists families in dealing with stressful situations. ¹¹ Developed from Kobasa's ¹³ work on individual hardiness, family hardiness is proposed to encompass four interrelated dimensions:

1. commitment, or working together to manage problems
2. confidence, a belief in the capability of the family to manage a problem
3. challenge, seeking out new life experiences as growth opportunities
4. control, the family's sense of being in control of family life rather than being shaped by external events

Family strengths also have been viewed as internal characteristics of the family system that are indicative of family health. Vastly different conceptualizations of family health have been used in these studies, ranging from the absence of psychopathology ¹⁴ to those dealing with the family's ability to function effectively and to meet its goals. ¹⁵⁻¹⁸ Lewis et al ¹⁴ compared videotaped interactions of 12 families with an adolescent receiving inpatient psychiatric treatment to 11 control families in order to differentiate characteristics of healthy versus nonhealthy family systems. Most studies, however, have employed nonclinical samples of families from the general population, ¹⁵ some of whom identified themselves as "strong" or "healthy." ¹⁶⁻¹⁸ In two studies relatively large samples of economically and culturally diverse families were used. ^{15,18}

Drawing on a synthesis of theoretical work in the area of family strengths, Dunst, Trivette, and Deal ⁴ conceptualize family strengths as consisting of three overlapping sets of cognitive, attitudinal, and behavioral characteristics:

1. family values-attitudes, beliefs, and expectations that contribute to the family's way of functioning

2. family competencies-knowledge, skills, and abilities of the family unit and its members that are used to mobilize internal and external resources

3. family interactional patterns-qualities of family relationships that foster the flow of information and resources within the family so that members are supported

These authors propose that strong families do not necessarily possess all of the same qualities, nor is there one preferred model of a strong family. Given the vast array of characteristics that may be identified as family strengths, it is the unique combination of specific values, competencies, and interactional patterns within families that defines their unique ways of growing and changing (ie, their unique family functioning style).

Regardless of differences in conceptualization and terminology, core family strengths identified from the body of work reviewed include [4,11,12,14-18](#):

- * open communication

- * family pride, including a sense of optimism and loyalty

- * effective problem-solving and negotiation skills

- * active coping, including seeking growth experiences

- * cohesion or emotional closeness

- * adaptability or flexibility

- * spiritual wellness

- * a sense of commitment, as reflected in time spent together, supportiveness, and appreciation of each other

It is unclear whether strengths identified in two-parent families are also single-parent family strengths as comparative studies are lacking. Leve and Fagot [19](#) suggest that the different composition of single-parent families implies that different processes of family interaction will be used. Stinnett and DeFrain [18](#) included single-parent families in their sample of 3000 families but did not provide specific information regarding the number of single-parent families who participated. In one study comparing single- and two-parent families having a child with cerebral palsy, [20](#) no differences in family cohesion, communication, mastery, emotional health, extended family support, and two of three coping patterns that mothers used were found between family types. Although single-parent families reported less use of one coping pattern (maintaining family integration, cooperation, and optimistic appraisal) and were less financially stable, these families were found to have higher levels of adaptability than two-parent families.

Research examining the particular strengths of single-parent families is very limited and consists primarily of exploratory studies using small convenience samples that focus on mothers' strengths. For example, Duffy, Mowbray, and Hudes [21](#) found that recently divorced women could identify personal goals and were interested in developing both personal and family strengths and resources. Likewise, Richards' [22](#) grounded theory study of single mothers' perceptions of coping with family life revealed family strengths of creative coping and problem-solving, a sense of pride and satisfaction in "making it on your own," and a positive, optimistic appraisal of being a single-parent family. More recently, Anderson's [23](#) phenomenological study of five divorced mothers and their school-aged children revealed mothers' strengths such as increased understanding of self and others, determination, optimism, and confidence in managing family life. Three family strengths were also identified:

1. *co-creating family harmony*, an increased sense of belonging, enjoyment of

each other, and happiness that developed as a consequence of divorce

2. *humane connecting*, a strong sense being bonded by love and security

3. *sharing family power*, respect and acceptance of each other-living by the guideline of "power with" rather than "power over"

The idea that single-parent families engage in greater role flexibility and develop less hierarchical power structures than two-parent families has been supported in other studies. [19,20,24](#) Although more cooperative, egalitarian parent-child relationships evident in single-parent families have been framed in terms of loss of parental control that is detrimental to healthy child development, [25](#) the increased responsibility given to children from single-parent families has been linked to higher levels of autonomy, responsibility, self-esteem, and personal aspirations. [26,27](#)

A mother's nontraditional sex role orientation, a personal strength reflecting internalized values and beliefs that emphasize equality between men and women both at home and in the workplace, has been linked to divorce adjustment in several studies. [28-30](#) Divorced women who hold traditional sex role orientations have been found to seek stability, whereas women who hold more nontraditional sex role orientations are more likely to embrace change in their lives. [29](#) The extent to which divorced women view themselves as legitimate family leaders may affect their ability to work with their children to redefine the boundaries of family life following marital separation. [31](#) It has been proposed that parents who hold more nontraditional views regarding sex roles are likely to provide an environment for their children characterized by flexibility, adaptability, and choice. [32](#)

Few investigations have focused on understanding the relationships between family strengths, health behaviors, and health status. In both single-parent and two-parent families, a more nontraditional sex role orientation in mothers has been positively associated with involvement in health promotion activities, [15,33](#) including greater use of self-reliance in solving health problems. [34](#) A mother's mental health [35](#) and a parenting style that promotes autonomy [36](#) have also been related to healthy lifestyle practices of single-parent families. Role flexibility was found to influence the use of health services in one study of employed single mothers. [37](#) Women with high degrees of role flexibility tended to seek assistance from a family physician for children's health and illness care, whereas those with low role flexibility were more likely to use emergency health services. There remains a clear gap in the literature with respect to the relationships among family strengths and both the health practices and health status of family members.

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RESEARCH QUESTIONS

In response to the gaps identified in the literature, this study addresses the following three questions:

1. What are the perceived strengths of two-parent families and single-parent families led by mothers who are separated or divorced?
2. How similar or different are these strengths by family type?
3. How do families explain the effect of self-identified strengths on their health status and health practices?

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METHOD

In this comparative study, two approaches were used to collect the data: (1) mailed questionnaires completed separately by the mother and one index child (age 10 to 14 years) in each family, and (2) semistructured family interviews conducted with a subsample of 16 families. Qualitative interviews were used to confirm quantitative findings and to reveal new insights about family members' perceptions of their strengths and the effect of these qualities on health status and health practices. It has been argued elsewhere [38,39](#) that designs that combine "stories" and "numbers" are highly appropriate for critical paradigm research, such as this feminist study, where a primary concern is the development of persuasive knowledge that can be used to foster positive changes in the lives of oppressed groups such as single mothers and their children.

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Sample and setting

A convenience sample of 138 families (68 single-parent and 70 two-parent) was recruited from a mid-size city in Southern Ontario to participate in the survey. Ninety families were recruited from a pool of 380 families in an existing random sample of single-parent and two-parent families ($N = 1018$). The remainder of the sample ($n = 56$) was recruited using newspaper advertisements and posters circulated in a variety of community settings accessed by families who met the study criteria. In all, 142 of the 146 families who agreed to participate returned completed questionnaires (return rate: 97%). Four completed questionnaires were unusable as participants did not meet the sample criteria.

Single-parent families were eligible to participate if the family was headed by a mother who had been separated from her partner for at least 1 year, was currently unmarried and not living in a common-law relationship, and had physical custody of at least one child between the ages of 10 and 14 years. Eligible two-parent families consisted of male-female couples who were legally married or living in common-law relationships and who had physical custody of at least one child (10 to 14 years of age). Both the mother and index child had to speak and read English.

The average age of mothers was 39 years ($SD = 5.40$, range 28-56 years), and that of the children was 12.0 years ($SD = 1.17$), with an equal proportion of boys and girls represented. The number of children per family ranged from one to seven, with a mean of 2.3 ($SD = 1.1$). On average, mothers had completed 14.5 years of formal education (range 8-23 years, $SD = 2.85$), and 70% were employed. Family income ranged from \$10,000 to \$250,000 per year ($M = \$46,651$, $Md = \$40,000$, $SD = 39.32$). The majority of the 68 single mothers (75%) were legally divorced, with the time living as a single-parent family averaging 7.2 years (range = 1-17 years, $SD = 3.30$). Over 90% of the sample were Caucasian, and approximately 20% were first-generation immigrants. Families who identified their ethnic backgrounds ($n = 116$) did so as follows: British ($n = 64$), European ($n = 30$), Hispanic ($n = 7$), and other ($n = 5$). The sample was similar to the Canadian population with respect to percentage of mothers employed, mean family income, proportion of first-generation immigrants, and ethnic composition. [40,41](#) The demographic profile of single-parent and two-parent families was similar with two exceptions. Single-parent families had lower family incomes ($M = \$26,700$, $SD = \$15,450$) than two-parent families ($M = \$66,400$, $SD = \$45,420$), $t(133) = -6.82$, $p < .001$. Single-parent families also had fewer children ($M = 2.13$, $SD = 1.0$) than two-parent families ($M = 2.53$, $SD = 1.09$), $t(136) = -2.11$, $p = .04$.

A subsample of 16 families (7 single-parent, 9 two-parent) was purposively selected to participate in the family interview portion of this study. Using information provided on the demographic questionnaire, families were selected to ensure diversity in family type, income, ethnicity, and presence of health problems, as well as mother's education and employment status. For single-parent families, diversity in the length of time since separation was also sought. A profile of families who participated in the interviews is found in the [box](#) entitled "Profile of Interview Families." All families that were contacted agreed to be interviewed.



Box. No caption available.

Data collection

In the survey portion of this study, three instruments were used to measure the strengths of family cohesion, family pride, and mother's nontraditional sex role orientation. Each of these measures is a summated rating scale in which higher scores reflect higher degrees of the attributes being measured. A demographic profile was also used to collect information about family composition, culture/ethnicity, socioeconomic status, and personal and family history.

The cohesion scale of the Family Adapt-ability and Cohesion Evaluation Scales (FACES III) [42](#) was used to measure emotional closeness of family members. Individuals are asked to indicate the frequency with which 10 items describe their family on a 5-point Likert-type scale from "almost never" (1) to "almost always" (5). This instrument has been used with samples of racially and economically diverse adults and adolescents and has well-established reliability and validity. [42,43](#) Cronbach's alpha coefficients in this study for mother, child, and family scores were .89, .86, and .89, respectively.

Family pride was measured using the seven-item pride subscale of the Family Strengths Scale (FSS). [42](#) The scale uses a five-point Likert-type format and measures family members' perceptions of the degree of loyalty, optimism, and trust present in their families. Reliability and validity of the FSS were established with a predominantly White sample of 2740 husbands, wives, and adolescents from 31 states, with a reported Cronbach's alpha of .88 and test-retest reliability coefficient over a 4-week interval of .73. [42](#) Cronbach's alpha coefficients in this study were .86 for mothers, .88 for children, and .90 for the family score.

The 10-item version of the FEM Scale [44](#) was used to measure mother's sex role orientation. Participants are asked to rate their agreement with a series of statements about appropriate women's roles on a five-point Likert scale from "strongly agree" (1) to "strongly disagree" (5). Total scores range from 10 (most traditional) to 50 (most feminist/nontraditional). Initially developed as a 20-item scale, acceptable alpha reliabilities have been reported for both versions, which have been found to be highly correlated ($r = .96$). [44,45](#) Based on the premise that feminists are more accepting of nontraditional roles for women than nonfeminists, researchers have established construct validity through correlations of FEM scores with measures of identification with the women's movement ($r = .59$) and activism in the women's movement ($r = .39$). [44,45](#) In this study, internal consistency of the scale was .84.

The questionnaires, written consents, instructions for completion, and a self-addressed stamped envelope were mailed to the family along with a \$10 check for the mother and a \$5 gift certificate for the child as partial remuneration for their time and inconvenience. Mothers' and children's questionnaires were identical with the exceptions that only mothers completed the FEM scale and the demographic questionnaire. Participants were asked to complete the questionnaires independently. Follow-up letters were sent 3 and 6 weeks after the initial mailing for questionnaires that had not been returned.

As the questionnaires were returned, family interviews lasting 45 to 75 minutes were conducted in the family home. Open-ended questions were used to explore family members' perceptions of the strengths of their families and to elicit their explanations of the effect, if any, that these strengths have had on their health status and health practices. Interview questions were used with flexibility so that the interaction between the interviewer and family had a dialogic quality. Throughout the interview, probes were used selectively for elaboration of responses, and families' descriptions were validated and clarified. At the conclusion of the interview, key points were summarized, and the family was invited to clarify or add to their descriptions.

Data analysis

Aggregation of data provided by individual family members into a "family score" is an imperfect solution to an unresolved family measurement issue. Although mothers' mean scores were significantly higher than children's scores for both pride ($t(136) = 4.85, p < .05$) and cohesion ($t(136) = 4.78, p < .05$), the differences were small and the correlations between mother and child scores were well above the .30 cutoff point for creating aggregate scores suggested by Larsen and Olson. ⁴⁶ Thus, family scores for pride and cohesion, representing the mean of mother and child scores on these variables, were used in the analysis. T-tests were used to examine differences in family cohesion, family pride, and mother's sex role orientation by family type. The significance level for all analyses was $p < .05$.

Interview data were tape recorded and transcribed verbatim. The data management and analysis approach described by Knafl and Webster ⁴⁷ was used. For each group (single-parent, two-parent), content analysis was used to summarize family responses to interview questions. The responses of each group were then compared to identify similarities and differences between the groups.

RESULTS

Perceived strengths of single-parent families

Family members described a number of positive attributes of their families. These strengths were grouped into categories (Table 1). Cohesion or emotional closeness was the strength identified most frequently by single-parent families. Often family members reported that family relationships had become closer as a result of having experienced the stresses of divorce and chronic health problems. Three families emphasized family pride and optimism in their responses. For one family, this was manifested in a sense of determination and being able to "survive" as a single-parent family and in the son's admiration for his mother's efforts to take a "risk" and go back to school. For another family, pride was rooted in a sense of satisfaction that family members had grown to protect one another. The ability to focus on the positive rather than negative aspects of the family was important in creating an atmosphere in the home that was different from the "destructive" environment that one family had endured with an emotionally abusive and controlling father. Two families each identified spending time together, open communication, and the ability to help each other out and work as a team toward a common goal as positive assets of their families.




Table 1

Information related to mother's sex role orientation was found throughout six of the seven interviews, particularly when the divorce experience was described. In one case where very limited data related to sex role orientation were available, the mother did not refer to her divorce except to say that her husband left her and the children shortly after immigrating to Canada. The women's descriptions of themselves before and during their marriages reflected a range of sex role orientations, from quite traditional to very nontraditional. Two of these mothers described themselves as coming from backgrounds in which traditional roles of men and women had been emphasized. For both of these women, their marriages mirrored this picture of family life and created problems for them in attempting to leave unhappy marriages. The following excerpts illustrate the challenges faced by these women as a result of traditional views of family roles:

I was brought up in a very religious background.... My grandparents were together for 57 years ... and my mom and dad have been together for years.... I wanted to please [my father] ... and I never stood up to anybody.... I went into a marriage with that idea and was taught not to rock the boat.... People have to

work at a marriage and you make it work.... But the things that were happening were very destructive and here she was, 11 years old [daughter], and could see some things I couldn't see.

[My husband] did everything. He paid my Visa. Got what I wanted.... He took care of all the bills. I didn't have a clue. I had to learn all that.... It was a matter of taking a big gulp and walking in and saying "Okay, how do I do this?"

In contrast, one mother appeared to hold a more nontraditional sex role orientation prior to marriage. This mother explained that she had been raised with more nontraditional views about women's roles and had been encouraged as a child to pursue her interest in auto mechanics. She explained how her parent's divorce influenced her thinking as follows:

My mom and dad separated when I was quite young and she was an abused, battered wife. I thought then that no man was going to get the best of me. Not just men, but I always wanted to be on my guard.

This mother reported that she had always been in charge of the household, assuming both traditional male and female roles and, in one sense, had functioned as a single parent for several years before divorce because her husband was quite distant from the family. She described her roles as follows:

I was always bringing up the kids. He didn't have much to do with them to begin with. Disciplining and stuff had always been up to me. Fixing stuff around the house. The same with the car, the house, the garden. I have always been in charge of that too.

Regardless of their sex role beliefs, all of these women spoke of positive personal changes that they experienced as a result of becoming single parents. Their descriptions of personal growth are evident in the following excerpts.

I'm a lot more active than when I was married. We are a lot more spontaneous ... a lot more laid back ... and relaxed.... There was just a whole weight lifted off my shoulders.

I was very introverted and kept a lot to myself.... I didn't ask much from anyone. I was strong.... Now, I'm more open and I ask for help.

I'm more outspoken and I find it easier to express my feelings.... I have had to rely on my own judgment.... so I solve my own problems.... I've become more independent.... a little more assertive.

In addition to personal growth, the reports of these mothers indicated that they had come to accept themselves as heads of households and to value life as a single-parent family. Many of the changes reported by these women to have developed or increased following divorce reflect more feminist or nontraditional attitudes toward women's roles. This openness is illustrated in these statements.

I was jealous of these [married] people who had happy households and loved each other.... These are moms that on the outside looked like everything was so wonderful.... But I realize now, a lot of times, I have more than they do.

I'm not going to be beaten.... I'm out to prove that single mothers can survive. ... There are a lot of things going on with women right now and that need to be

said.

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Perceived strengths of two-parent families

All of the 11 two-parent families identified strengths. However, four families had difficulty doing this and reported only one strength each (Table 2). The most frequently reported family strength, cohesion or closeness, was reported by all but one family.



Table 2

Working together as a team was identified as an important quality by another five families. This characteristic was described by families as the ability to pull together and support each other in order to work toward a common goal. Three families reported that spending time together was a family strength. Finally, keeping a positive, optimistic outlook and working democratically were reported by one family each.

One mother who had difficulty identifying strengths of the family unit explained this by stating: "We never really had one [a family]." This mother had been experiencing marital problems and was taking sole responsibility for managing her son's many health problems on her own. She was able to identify strengths in the relationship with her son, which included closeness and spending time together. In continuing to search for a positive quality of her family, she summarized somewhat reluctantly:

After all that we have been through ... there's just something that seems to keep pulling us all back and making us want to work it out... There's something special there. There's a lot of love ... there's always been a lot of love.

Mothers' perspectives on the equality of men and women were not explicitly addressed in the interviews with married women. However, the extent to which roles were shared by adult family members provides some indirect evidence of this orientation. All of the mothers in this group were employed outside of the home. It is unclear, however, whether the motivation for employment was based on economic practicality, a valuing of women's place in the workforce, or some combination of these reasons. All mothers reported that they were the primary decision makers in health matters. One mother was solely responsible for all child care and managing many health problems, her husband having removed himself emotionally and sometimes physically from the situation. However, four families reported using role flexibility as a strategy to deal with health problems, although the extent of role sharing was not clearly described. Although the limited evidence available appears to reflect a range of sex role orientations of these women, the data provided in the interviews are not complete enough to substantiate this premise.

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Comparing single-parent and two-parent family strengths

There were no statistically significant differences between single-parent and two-parent families on any of the three strengths measured in this study: family pride, family cohesion, or mother's nontraditional sex role orientation (Table 3). In examining the specific strengths identified during interviews, many similarities between single-parent and two-parent families are evident. Of the five strengths identified by each family type, four were common to both groups: family cohesion, teamwork, optimism/pride, and togetherness. Family cohesion was the most frequently identified strength in both groups, with only one family in each group not identifying this characteristic. The second-ranked strengths differed among the groups, with single-parent families more often identifying optimism/pride than two-parent families (42% versus 11%) and more two-parent families (56%) identifying teamwork than single-parent families (29%). Togetherness was identified as a strength by approximately one third of the



Table 3

families in each group. One unique strength was identified in each group but each was mentioned by few families (ie, 1 or 2).

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Effect of family strengths on health

Although families' explanations of the influence of family strengths on health were quite personal and varied, two prominent themes were evident. First, family members described a strong connection between their strengths and their motivation to cope with difficult situations and/or health problems. This motivational aspect of family strengths was often connected to an overall sense of purpose in life. For example, one mother explained that optimism motivated her to work harder, stating that "If you haven't got hopes and dreams, you might as well lay down and die." In a similar vein, another mother described closeness to her children as "a reason to get up and feel good every day ... and forget all the negative things that are happening." One single mother who was determined to show others that single-parent families can survive and thrive identified her nontraditional views as a source of motivation for daily living by stating, "It gives you power and you can go from that."

Second, family members connected the supportive aspects of family relationships, particularly cohesion and teamwork, to both mental and physical health. For example, several family members explained that family strengths played a role in maintaining a positive mental outlook and preventing mental illness. One mother explained "I think I could become pretty depressed if I started to think about all of the negative things that have happened, so it [family closeness] keeps me from depression."

The connection between family strengths and physical health was less frequently mentioned and less often considered by families. A few family members acknowledged the possibility that family strengths could speed recovery from illness. Others identified how closeness and teamwork offered emotional and tangible benefits that affect the energy needed to maintain health as illustrated in the following comments.

Not one person is taking the load. Everybody helps. It doesn't tear you down and it doesn't wear you down.

I don't get the fatigue and different things that single moms and people get. It's just ... having a big support group and other family around that I can count on.

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DISCUSSION

Study findings support the premise that although single-parent and two-parent families are different structurally, each has strengths. Furthermore, in both the quantitative and qualitative analyses, the nature and pattern of these strengths were more similar than different between these two groups. These findings challenge stereotypical views of single-parent families that emphasize problems and vulnerability and exclude a consideration of their strengths.

Of particular interest is the consistency with which family cohesion was identified as a foundational strength of all families in the study. In the interviews, family cohesion was the most frequently identified strength of both single-parent and two-parent families, and it was one of the specific factors identified by families as affecting their motivation to cope with difficult situations as well as their physical and mental health. The mechanisms by which family cohesion may affect motivation and health status are many and varied. For example, emotional closeness is founded on attachments that may engender a sense of security

needed to take risks and persevere in the face of obstacles. At the same time, the presence of such attachments may contribute to the development of self-esteem, an essential component of mental health. Further, emotional connectedness is often tied to a real or perceived belief in the ability to rely on others for the emotional or tangible support necessary to manage health problems or other difficult life events. Results of this study that are reported elsewhere [6](#) are consistent with this explanation. Family cohesion was found to be the best predictor of health work-a process of health-related problem-solving and goal attainment undertaken by families to maintain or improve their health.

Despite similarity in the types of strengths that were identified in this study, findings support the idea that single-parent families also may have unique ways of operating that reflect the context of their everyday lives. For example, optimism/pride may be a more critical strength for single-parent families, who have been found to experience more chronic stressors than two-parent families. [48](#) Optimism has been identified as a component of resilience-a personality characteristic that reflects the ability to persevere and grow in spite of adversity. [49](#) The types of problems commonly experienced by single-parent families (eg, poverty, stigma) are often difficult to overcome because they reflect broader social issues that are closely linked to problems of women more generally. In the face of single-parent family stereotypes that emphasize weakness, dependency, and a bleak future, a belief that things will work out for the best may, indeed, be an adaptive mechanism that helps these families continue to strive in the face of a system that changes slowly and is often unsupportive. As described by the mothers in this study, optimism is not unlike what Richards [22](#) described as "pride" of single mothers who were making it on their own by finding creative ways to manage difficult problems, including those related to navigating "the system."

It is noteworthy that mothers' sex role orientations also were linked to beliefs in their ability to manage on their own. Consistent with the findings of previous studies, [28,33,50,51](#) single mothers' descriptions of personal changes they had experienced since becoming single parents suggest that the experiences of divorce and single parenting may promote the development of more nontraditional sex role beliefs in these women. A more nontraditional sex role orientation fits well with the new identity of "single mother" and should be regarded as a personal strength that helps them to more readily accept themselves as legitimate and capable family leaders, a difficult transition for many women. [31](#) The ability to accept themselves and their families as capable and functional may further assist these women to resist negative messages about the worth of their families and to move forward and redesign family life.

The finding that, as a group, single mothers and married mothers in this study did not hold significantly different sex role orientations is of interest in light of previous research. Feminist scholars have critiqued traditional marriage as a situation that entails both "risks" to the freedom and autonomy of women and as a source of support and struggle against this oppression. [52-54](#) The degree of equality present in a marital relationship may inhibit or promote the woman's expression of her sex role ideals. Although findings of this study suggest a shift in single mothers' sex role orientations following divorce, an analysis of changes in married mothers' sex role beliefs was not possible given the limited interview data available. Because gender construction is not limited to experiences within the family but is shaped by broader political, social, and economic contexts, [55](#) married and divorced women who experience gender in diverse social situations should not necessarily differ in their sex role orientations.

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CONCLUSIONS AND IMPLICATIONS

Only single-parent families created through separation or divorce participated in this study; therefore, the extent to which the findings can be applied to single-parent families created through other means is unclear. Recruitment of families from the community resulted in a sample that was quite diverse in terms of demographic characteristics, many of which paralleled those found in the

population of Canadian families. Although the sample was not random, this diversity allows study findings to be applied to a wider range of families.

This study represents a beginning attempt to understand the strengths and capabilities of single-parent families. Credibility of the findings is enhanced through a strong pattern of convergence between qualitative and quantitative study findings. Taken together, these data provide a compelling argument for the similarities found between single-parent and two-parent families, which would not be as believable using "numbers" or "words" alone. Because this study was part of a larger investigation that was not focused solely on strengths of single mothers, the scope and depth of interview data available for analysis were limited. Further, the strengths described by families during interviews reflect those capabilities of which they were consciously aware. Further studies, both qualitative and quantitative, are needed to more fully explore the strengths and capabilities of single-parent families and to tease out how these strengths develop and how they work to influence health and well-being. Because single-parent families face many challenges, studies that examine the resilience of these mothers may be particularly important in developing a better understanding of how healthy single-parent families are created and sustained despite adversity. Studies that employ dialogic methods may be particularly important in uncovering previously unconsidered strengths and in helping participants to consider themselves and their families in a new light.

The strong pattern of similarities between single-parent families and two-parent families found in this study provides a more balanced view of single-parent families than existing work that is predominantly problem oriented. As nurses, we are called to consider how the structural characteristics of families and their environments create barriers to healthy living. However, if we fail to also consider the potential and strength of individuals and families with whom we work, regardless of the circumstances of their lives, we stop short of carrying out our social responsibility to truly care for all. This process implies a willingness to disband stereotypical beliefs about families from specific groups and to be open to the uniqueness and possibilities that exist in even the most difficult of life circumstances. These changes may hold emancipatory potential for families, as working with nurses becomes focused on developing their abilities within the context of everyday life challenges. For single-parent families in particular, acknowledging and accepting their strengths may assist these families to recognize and understand their capabilities and, through this understanding, to create a family reality that supports the health and well-being of mothers and children alike.

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Key words: coping; divorce; single-parent families; two-parent families

IMAGE GALLERY

Select All

Profile of Interview Families:

SINGLE-PARENT FAMILIES:

The seven families in this group each had two to three children and had been living as single-parent families for 5 to 11 years. Six families were Caucasian, having British (n = 2), French (n = 2), or Scandinavian (n = 2) ancestry. One family who had emigrated from El Salvador described their ethnicity as Hispanic, and mother's first language is Spanish. Six mothers were living with significant chronic health problems including chronic fatigue syndrome, reactive-dependent abuse, degenerative disc disease, Olfert's disease, arthritis, diabetes, and headache. Three children were autistic.

Two mothers were employed full time, one of whom had completed college following her divorce and held a full-time job despite many chronic health problems. Two mothers had given up full-time jobs following separation—only because of the inability to find affordable child care available either because of problems encountered in managing their health problems. The mothers took on part-time work that the children do from full-time to supplement the family's main source of income. A disability pension. Annual income of these families were relatively low (\$51,000 to \$40,000), with all but one of these falling below \$20,000 per year.

TWO-PARENT FAMILIES:

Each of the 9 two-parent families had between one and four children. Parents had been married from 8 to 27 years. All families were Caucasian, and five were of British descent. The remaining three families were first-generation immigrants from the United States, Iceland, South Africa, and Chile. The Chilean family had entered Canada as political refugees, and both parents had been teachers in their countries prior to immigration (one as a teacher, her a teacher and nurse leader). All of the mothers were employed three full-time, one part-time and family income ranged from \$20,000 to \$61,000 per year.

Three of these families were dealing with chronic health problems. Two mothers were living with medical health problems (depression and anxiety attacks). Of the two children with chronic health problems, one was autistic, and a second 10-year-old boy had a heart problem that was necessary to attend school at the age of 5 years. This child's family was dealing with physical, behavioral, and emotional health issues related to this problem, as well as many additional life stresses.

Strengths	Frequency	Examples
Communication	6	"We're a very close family. We talk about most things." "I think it's the closeness we have, affectionately above, it's important that the kids know they are loved."
Problem-solving	3	"When the divorce first happened... after long months just feel like you want back to school. I thought that was pretty hard to provide things for us and to have a job too."
Teamwork	2	"We're not the only ones in this situation. There are a lot of people with my income that are still having difficulties. The way I look at it, it's really going to get better."
Open communication	3	"We play and laugh... We share music together and if I were healthier, there would be more activity."
Teamwork	2	"We can talk about whatever we want to... the girls are going to speak their minds. But that's because that's the way I want it."
Teamwork	2	"They're always there when you need them. Like when there is a crisis, everybody kind of steps in."

Table 1

Strengths	Frequency	Examples
Communication	8	"We care for one another. I think we're grown closer together because we are used to our own in a new country."
Teamwork	5	"We are fairly open and we make a lot to each other."
Teamwork	3	"I think that we are a team and we always try to stress that. When you help with the dishes, you are helping the team."
Teamwork	3	"So many things have happened to my family in the past and it's made like a social study thing the family does... our ability to pull together in really tough times."
Teamwork	3	"We do lots of things together... ride bikes, go on vacation, go with the dogs to the park."
Optimism	1	"We try to stay cheerful and we're not negative... We don't allow whining and complaining and we try to keep a positive atmosphere."
Democracy	1	"Sometimes we will make [the children] decide how they will be punished. There used to be a lot of spanking... but not anymore. They get time-outs and grounding."

Table 2

Box. No caption avail...

Variables	Means (SD)		
	Single-parent	Two-parent	t
Cohesion	27.4 (6.30)	38.7 (5.05)	-1.26
Prox	26.2 (5.81)	29.8 (5.55)	-0.64
SDQ	41.8 (1.85)	40.4 (1.36)	0.93

Box. SDQ scores: combined raw calculation.

Table 3

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