A STUDY OF THE PSYCHOSOCIAL CONSEQUENCES OF DIVORCE
AND THE EFFECTIVENESS OF AN INTERVENTION DESIGNED
TO MITIGATE SUCH EFFECTS

Thesis submitted for the degree of
Doctor of Philosophy
at the University of Leicester

by

Joy Audrey Edelstein M. Soc. Sc. (Natal-Dbn)
Department of Psychology
University of Leicester

June 1998
ACKNOWLEDGEMENTS

I wish to express my sincere appreciation to:

PROFESSOR MARTIN HERBERT - my guide and mentor - for supervising the project; and for wise counsel, freely and generously given.

DR ALAN SUNDERLAND - for doing duty as my Acting Supervisor.

PROFESSOR LEON TROSKIE - for valuable assistance and advice with the Statistics.

COLLEAGUES, RICHARD McMAHON AND ELAINE SAUNDERS, AND SISTER VIRGINIA PRYTZ - for sharing their expertise and giving so generously of their time to assist with the running of the treatment programme.

MY SON, LYLE EDELSTEIN - for liberally giving of his time to regularly transport some of the participants to the treatment sessions.

MY HUSBAND, HILLIARD EDELSTEIN - for tape-recording the treatment sessions; for being so caring, encouraging and unfailingly supportive; for cheerfully and tirelessly spending long hours on proof-reading; and for willing assistance in ways too numerous to mention.

HELEN DALE - for administrative assistance with the treatment programme; for valued friendship and constant support and encouragement; and for selflessly devoting many hours to the tedium of proof-reading.

HANNALIE CLOTHIER - for typing the preliminary draft of the manuscript.

KEN MATTOCKS - Computer Consultant - for expert technical advice; for organizing and programming the data and drawing the graphs; and for willing and kind assistance with the initial proof-reading.

LAUREEN MATTOCKS - for invaluable advice on the layout and presentation of the written material; for the unstinting use of her considerable expertise in the typing and printing of the final draft of the manuscript; and for so generously assisting with the initial proof-reading.

VIVIENNE DOUGHTY - for her unfailing helpfulness with all enquiries and her sterling liaison work.

THE MOTHERS AND CHILDREN WHO PARTICIPATED IN THE STUDY - for their kind and willing co-operation, without which this project could not have taken place.
A DESCRIPTIVE STUDY OF THE PSYCHOSOCIAL CONSEQUENCES OF DIVORCE AND THE EFFECTIVENESS OF AN INTERVENTION DESIGNED TO MITIGATE SUCH EFFECTS

by

Joy Audrey Edelstein M. Soc. Sc. (Natal-Dbn)

ABSTRACT

The project comprised two Phases. Phase 1 - the Impact study, investigated the adverse effects of divorce on twenty-eight mothers and on their eldest or only adolescent or pre-adolescent child, by means of semi-structured interviews. Major divorce effects for the mothers included downward economic mobility; anxiety; a sense of bereavement; generalized insecurity; guilt; depression; resentment; anger; heightened stress; diminished self-esteem and lack of confidence. Short- and long-term divorce-effects comparisons suggested that mothers adapted to their circumstances, with time. The children experienced varying degrees of deprivation; painful disruption in their lives; anger; frustration; depression; low self-esteem; and grief and sadness at separation from their fathers.

Phase 2 - the Intervention study, examined the effects of maternal counselling and lifeskills training on an experimental group of eighteen divorced mothers and their eldest or only adolescent or pre-adolescent child. Mothers and children completed pre- and post-intervention measures, i.e., batteries of psychometric tests. Test results were compared with those of a like waiting list control group (of ten), assessed before and after a time interval equal to the training period of the experimental group.

The counselling/lifeskills training programme included twelve sessions conducted at weekly intervals, which embraced divorce-related issues, single-parenting, child-management, lifeskills teaching, discussion periods and homework assignments.

Post-intervention measures revealed statistically (and clinically) significant changes for experimental group mothers, but not for untreated controls. These included significant decreases in depression, parenting stress and overindulgence to children and a significant increase in self-esteem.

Post-intervention measures for the untreated experimental group children revealed two statistically significant results, namely, increases (from baseline to the end of their mothers intervention) in General self-esteem, and decreases in egocentric, overindulged behaviours.

Training effects were maintained or improved at a six-month follow-up.
INTRODUCTION

PREFACE

I began to experience a growing interest in the subject of divorce when I became aware that increasing numbers of children from broken homes were being referred to my practice for counselling and psychotherapy. This led me to enquire whether divorce in South Africa was on the increase; or whether the increasing number of referrals represented a greater awareness from the relevant professionals that divorce impacted negatively on children; or whether a combination of both of these factors was involved?

My first line of enquiry was to the Department of Central Statistical Services. Figures provided by this Department indicated that divorce in South Africa had increased steadily in the decade 1980 through 1990, and that by 1994, the annual figure had reached 29,878 divorces involving 38,369 children, under the age of twenty-one years. The number of divorces in the White group was higher than in the Coloured, Asian and Black groups.¹

Also in 1994, the specific divorce rate, that is, the number of divorces per 1,000 married couples, was 14.8 for White, 10.3 for Coloured, 7.8 for Asian ethnic groups - there being no specific divorce rate for Black couples available at this time.

My second line of enquiry involved discussions with colleagues and with professionals in the legal and social science fields. The consensus of opinion was that both factors played a part in the increased attention that was being directed toward the children of divorce.

In my multi-ethnic work with children, I found that the impact of divorce was profound and far-reaching. In most cases the stressful effects of transition were clearly evident, as most of the single-parent families were forced to relocate when the family home was sold, either to defray the costs of divorce or to meet the conditions laid down in the divorce settlement. This meant moving to a new neighbourhood, attending a new school, making new friends and living in an unfamiliar and much less comfortable environment because of the lower financial status, which in most cases, characterized the predominantly mother-headed, single-parent families (Coletta, 1979; Kriesberg, 1970; Winston and Forsher, 1971). The psychological literature emphasises the fact that the financial status of the new single-parent family frequently has a marked effect on the post-divorce adjustment of the child and it has been found that some of the most prevalent stresses that confront the children of divorce, are those associated with downward economic

¹These terms meant the following at that time: White meant of White Caucasian descent; Coloured meant of mixed parentage, namely White with Black or Brown; Asian meant of Indian descent and Black referred to the indigenous Black races of Africa.
mobility (Kriesberg, 1970; Winston and Forsher, 1971). Certainly many of the children I worked with complained bitterly about the hardships of having less money available to them and described the effects that this had on their lives.

Another damaging change for most of the children was the total or partial separation from the non-custodial parent, most often the father. The “loss” of this significant figure was extremely harmful emotionally to the children, and often resulted in depression, anger and loss of self-esteem. There were, of course, the exceptions, where separation from an alcoholic, cruel or abusive parent came as a relief.

Many of the children felt lost and insecure in the reconstituted family unit, because the single-parent, usually the mother, found it difficult to impose appropriate discipline because of her own feelings of depression, inadequacy or guilt, so she frequently failed to set the limits required to govern their behaviour and to guide their development.

As a result of all these factors, the majority of the children presented as bewildered, hurt, angry, depressed, resentful and sometimes aggressive. They frequently expressed feelings of rejection, inadequacy, helplessness, sadness, rage and a lack of confidence and self-esteem. Their schools often reported that they displayed varying degrees of maladjustment, social withdrawal and marked scholastic underachievement. Finally, some of the parents of these children complained that they were non-compliant or even flagrantly uncontrollable or delinquent, while other parents described their children as unco-operative, rude, sullen, difficult to manage and manipulative.

This desolate picture of the impact of divorce on children filled me with concern and I began to ponder about what could be done to alleviate these distressing effects. The picture seemed even bleaker in the light of research findings (Langner and Michael, 1963; Rutter and Madge, 1976; Berner, 1992) which indicated that those individuals whose parents divorced during their childhoods, were twice as likely to have marriages that also ended in divorce or separation than persons from intact families. This meant that the negative effects of divorce are perpetuated from one generation to the next, which made the need to prevent or mitigate such outcomes even more pressing and urgent.

What came readily to mind was that an intervention of some sort might remedy or even circumvent some of the destructive effects described above. Because of the central rôle played by parents in the divorce process, it seemed reasonable to propose that some appropriate counselling and parent training programme might be a logical starting point. The viability of this proposal was further strengthened by the fact that most of the children described, in painful detail, the conflict and bitterness that characterized their parents’ post-divorce relationships. Many of
the children were also conscious of being used as pawns in the acrimonious struggles between parents in the areas of child support and visitation rights. In addition, the children recognized that their parents were unable to communicate constructively or to negotiate successfully with one another.

Finally, the devastating effects of divorce on the parents themselves had to be taken into account. The dreadful loneliness that descends upon a single-parent accustomed to being one of a couple, was high on the list of problems, as was the financial stringency accompanying the supporting of two households on the same funds that had previously supported only one. The difficulties of managing children on their own also featured high on the list of problems acknowledged by custodial parents, who were often physically exhausted and emotionally drained from coping with all the child care commitments and household chores formerly shared by the couple. For some custodial parents, implementing discipline and making family-related decisions, presented the most difficult challenge, especially at a time when they were overwhelmed by feelings of rejection, humiliation, inadequacy, bitterness, anger and depression. Perhaps one of the most unpleasant features of the post-divorce period, for both custodial and non-custodial parents, is the unremitting stress that they have to endure on a daily basis.

It was against this backdrop that the decision was made to investigate the impact of divorce on children and to test the feasibility of an intervention that might remedy and prevent at least some of the ill effects of divorce.

Plan/Outline
The thesis divides into two phases: (i) a literature survey of the psychosocial impact of divorce on parents and children and a descriptive/exploratory investigation of the consequences of divorce in a South African context; and (ii) an evaluative study of a group intervention with a sample of divorced mothers, based upon a programme combining Rogerian (collaborative) principles of counselling and cognitive-behavioural (social learning) principles of parent training.

Phase 1 will be dealt with in Part I of the thesis; Phase 2 in Part II. Part III deals with the conclusion and a critique of the study along with a discussion of future directions.
PART I

Chapter 1 Literature Survey - Impact
Chapter 2 The Investigation: Procedures/Method/Findings/Summary/Conclusions

PART II

Chapter 3 Literature Survey: Intervention Studies
Theory
Practice Groups Relationship
Social Learning Theory

Chapter 4 The Intervention
Chapter 5 Results of the Intervention
Chapter 6 The Discussion

PART III

Chapter 7 Conclusions - including a critique and discussion of future directions
# LIST OF CONTENTS

## PART I (PHASE 1)

### CHAPTER 1

1. **LITERATURE REVIEW: THE PSYCHOSOCIAL CONSEQUENCES OF DIVORCE**
   - 1.1 Introduction
   - 1.2 Major Studies Dealing with Children's Adjustment to Divorce
     - 1.2.1 Children - one-year follow-up study
     - 1.2.2 Children - five-year follow-up study
     - 1.2.3 Adults - Adjustment to Divorce
     - 1.2.4 Adults - one-year follow-up study
     - 1.2.5 Adults - five-year follow-up study
   - 1.3 Less Comprehensive Studies
   - 1.4 Studies of Special Interest, and Some examples of Supportive and Contradictory Research Findings
   - 1.5 Summary

### CHAPTER 2

2. **THE INVESTIGATION: AN OVERVIEW**
   - 2.1 Phase 1: Introduction
   - 2.2 Method
     - 2.2.1 The Participants - Adults
     - 2.2.2 Procedure
     - 2.2.3 The Participants - Children
   - 2.3 Characteristics of the mothers participating in the study and their families
   - 2.4 Measures
     - 2.4.1 Adults
     - 2.4.2 Children
   - 2.5 Data Analysis
   - 2.6 Results
     - 2.6.1 Adults - The Divorced women
     - 2.6.2 Short- and Long-term effects of Divorce
4.4.2.7 Staff Attitudes
4.4.2.8 Feedback
4.4.2.9 Content of the Training Programme Sessions
4.4.2.10 Mid-session Breaks
4.4.2.11 Major Sources of the Content Material Used

4.5 Measures

4.5.1 The Adults Assessment Battery
4.5.1.1 The Parenting Stress Index (PSI)
4.5.1.2 Beck Depression Inventory
4.5.1.3 The Culture-Free Self-Esteem Inventory - Form AD for Adults
4.5.1.4 The Mother-Child Relationship Evaluation (MCRE)
4.5.1.5 The Gains Questionnaire

4.5.2 The Children's Assessment Battery
4.5.2.1 The Culture-Free Self-Esteem Inventory - Form A for Children
4.5.2.2 The Rogers Personal Adjustment Inventory (Revised)
4.5.2.3 The Children’s Depression Scale (CDS)
4.5.2.4 The Family Relations Test

4.6 Data Analysis

CHAPTER 5

5.0 RESULTS OF THE INTERVENTION

5.1 Introduction
5.2 Adult Intervention Results
5.2.0 Experimental and Control Group Mothers
5.2.1 The Baseline (pre-intervention) and post-intervention/no-intervention measures used to ascertain the extent of the similarities and differences between the experimental and control groups at these two points are given for each of the 4 psychometric tests, presented separately in Tables 5.0 to 5.3 which follow
5.2.2 Pre- to post-intervention positive and negative changes in the assessment results obtained by the experimental and control group mothers on each of the 4 psychometric tests in the Adult assessment battery
5.2.3 Statistical treatment of the data, giving the significance levels achieved by the experimental and control group mothers on the assessment results of each of the 4 tests in the Adult assessment battery, and organized in relation to the predictions made in Hypotheses 4 and 6

5.3 Control/Experimental Group mothers (N = 6 Group)

5.4 Children’s Intervention Results

5.4.1 The Baseline (pre-intervention) and post-intervention/no-intervention measures used to ascertain the extent of the similarities and differences between the experimental and control group children at these two points, are given for each of the 4 psychometric tests, in the Children’s assessment battery

5.4.2 Pre- to post-intervention positive and negative changes in the assessment results obtained by the experimental and control group children on each of the 4 psychometric tests in the Children’s assessment battery

5.4.3 Statistical treatment of the data, giving the significance levels achieved by the experimental and control group children on the assessment results of each of the 4 tests in the Children’s assessment battery, and organized in relation to the predictions made in Hypotheses 5 and 7

5.5 Control/Experimental Group children (N = 6 Group)

5.5.1 Statistical treatment of the Assessment data

5.6 Follow-up of the Treatment programme

5.6.1 Using the Gains Questionnaire as a “hold/no-hold” measure of the Intervention programme

5.6.2 Results of the Gains Questionnaire

5.6.2.1 Differences of Means

5.6.2.2 Significance levels obtained by the two groups of mothers measured on the Fisher’s Exact Probability Test

CHAPTER 6

6.0 DISCUSSION - INTERVENTION STUDY

6.1 Discussion of Assessment Results - Adults and Children

6.1.1 Summary

6.2 Results of the Follow-up of the Treatment Programme, using the Gains Questionnaire

6.3 Methodological Issues

CHAPTER 7

7.0 CONCLUSIONS

7.1 Critique of the Intervention Study

7.2 Future Directions of Research
APPENDIX I  
1. List of References of Reliability and Validity studies conducted on the 8 psychometric tests in the Adult and Children’s assessment batteries  
2. Course of South African Education  

APPENDIX II  
1. Semi-structured Interview - Adults  
2. Semi-structured Interview - Children  
3. Gains Questionnaire  

BIBLIOGRAPHY
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Distribution of length of time participants were divorced</td>
</tr>
<tr>
<td>2.2</td>
<td>Centre for Applied Social Sciences - C.A.S.S - Occupational Categories</td>
</tr>
<tr>
<td>2.3</td>
<td>Characteristics of 28 mothers participating in the impact study and their families</td>
</tr>
<tr>
<td>2.4</td>
<td>Ratings made by twenty-eight mothers of post divorce changes in their financial positions</td>
</tr>
<tr>
<td>2.5</td>
<td>Mothers' ratings of the socio-economic standing of the neighbourhoods to which they were forced to move after the divorce</td>
</tr>
<tr>
<td>2.6</td>
<td>Emotions experienced by 28 mothers post-divorce</td>
</tr>
<tr>
<td>2.7</td>
<td>Causes of post-divorce changes in the psychological well-being of 28 mothers</td>
</tr>
<tr>
<td>2.8</td>
<td>Post-divorce levels of self-esteem of 28 mothers</td>
</tr>
<tr>
<td>2.9</td>
<td>Post-divorce levels of confidence of 28 mothers</td>
</tr>
<tr>
<td>2.10</td>
<td>Post-divorce differences in financial position reported by 28 short- and long-term divorcees</td>
</tr>
<tr>
<td>2.11</td>
<td>Comparison of post-divorce numbers of short- and long-term divorcees experiencing specific feelings selected from an array of pre-coded relevant emotions</td>
</tr>
<tr>
<td>2.12</td>
<td>Numbers of short- and long-term divorcees experiencing heightened stress or other causes effecting changes in their psychological well-being</td>
</tr>
<tr>
<td>2.13</td>
<td>Varying degrees of self-esteem of 28 short- and long-term divorcees after their divorces</td>
</tr>
<tr>
<td>2.14</td>
<td>Varying degrees of confidence of 28 short- and long-term divorcees after their divorces</td>
</tr>
<tr>
<td>2.15</td>
<td>Electronic equipment no longer available to 15 children for leisure-time entertainment after their parents divorced</td>
</tr>
<tr>
<td>2.16</td>
<td>Options chosen by 28 children of divorce indicating how much they missed the non-custodial parent following parental separation</td>
</tr>
<tr>
<td>2.17</td>
<td>Emotions experienced by the 28 children as a result of their parents' divorces</td>
</tr>
<tr>
<td>2.18</td>
<td>Reports by 21 of the 28 children concerning the ways in which they regarded their parents as &quot;spoiling&quot; them</td>
</tr>
<tr>
<td>4.0</td>
<td>Characteristics of 28 mothers (18 experimentals and 10 controls) in the Intervention Study and their families</td>
</tr>
<tr>
<td>5.0</td>
<td>Baseline (pre-intervention) and post-intervention/no-intervention measures on the parenting stress index for the experimental (N =18) and control (N =10) groups, respectively</td>
</tr>
<tr>
<td>5.1</td>
<td>Baseline (pre-intervention) and post-intervention/no-intervention measures on the Beck Depression Inventory for the experimental (N =18) and control (N = 10) groups, respectively</td>
</tr>
</tbody>
</table>
Baseline (pre-intervention) and post-intervention/no-intervention measures on the Culture-Free Self-Esteem Inventory (Form AD for Adults) for the experimental (N = 18) and control (N = 10) groups, respectively

Baseline (pre-intervention) and post-intervention/no-intervention measures on the Mother-Child Relationship Evaluation for the experimental (N = 18) and control (N = 10) groups, respectively

Pre- to post-treatment changes in the Total and subscale scores of the Parenting Stress Index - experimental (N = 18) and control (N = 10) group mothers

Pre- to post-treatment changes in the Beck Depression Inventory Total scores - experimental (N = 18) and control (N = 10) group mothers

Pre- to post-treatment changes in the Total and subscale scores of the Culture-Free Self-Esteem Inventory (Form AD) - experimental (N = 18) and control (N = 10) group mothers

Pre- to post-treatment changes in the Scale scores of the Mother-Child Relationship Evaluation - experimental (N = 18) and control (N = 10) group mothers

Significance levels achieved on the Parenting Stress Index by the experimental and control group mothers with pre- and post-treatment and pre- and post-no treatment conditions

Significance levels achieved on the Beck Depression Inventory by the experimental and control group mothers with pre- and post-treatment and pre- and post-no treatment conditions

Significance levels achieved on the Culture-Free Self-Esteem Inventory (Form AD) by the experimental and control group mothers with pre- and post-treatment and pre- and post-no treatment conditions

Significance levels achieved on the Mother-Child Relationship Evaluation by the experimental and control group mothers with pre- and post-treatment and pre- and post-no treatment conditions

Pre- to post-treatment changes in the Total and subscale scores of the Parenting Stress Index - control/experimental group mothers - (N = 6)

Pre- to post-treatment changes in the Beck Depression Inventory Total scores - control/experimental group mothers - (N = 6)

Pre- to post-treatment changes in the Total and subscale scores of the Culture-Free Self-Esteem Inventory (Form AD) control/experimental group mothers - (N = 6)

Pre- to post-treatment changes in the scale scores of the Mother-Child Relationship Evaluation - control/experimental group mothers - (N = 6)

Baseline (pre-intervention) and post-intervention/no-intervention measures on the Culture-Free Self-Esteem Inventory (Form A - Children) for the experimental (N = 18) and control (N = 10) group children, respectively

Baseline (pre-intervention) and post-intervention/no-intervention measures on the Rogers Personal Adjustment Inventory (Revised) for the experimental (N = 18) and control (N = 10) group children, respectively

Baseline (pre-intervention) and post-intervention/no-intervention measures on the Children’s Depression Scale for the experimental (N = 18) and control (N = 10) group children, respectively
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.15(A)</td>
<td>Baseline (pre-intervention) and post-intervention/no-intervention measures of the Denial and Egocentric Responses of the Bene-Anthony Family Relations Test for the experimental (N = 18) and control (N = 10) group children, respectively</td>
</tr>
<tr>
<td>5.15(B)</td>
<td>Baseline (pre-intervention) and post-intervention/no-intervention measures of Attitudes to parents on the Bene-Anthony Family Relations Test for the experimental (N = 18) and control (N = 10) group children, respectively</td>
</tr>
<tr>
<td>5.15(C)</td>
<td>Baseline (pre-intervention) and post-intervention/no-intervention measures of Attitudes to siblings and relatives on the Bene-Anthony Family Relations Test for the experimental (N = 18) and control (N = 10) group children, respectively</td>
</tr>
<tr>
<td>5.16</td>
<td>Pre- to post-maternal treatment changes in the Total and subscale scores of the Culture-Free Self-Esteem Inventory (Form A) - experimental (N = 18) and control (N = 10) group children</td>
</tr>
<tr>
<td>5.17</td>
<td>Pre- to post-maternal treatment changes in the Total and subscale scores of the Rogers Personal Adjustment Inventory (Revised) - experimental (N = 18) and control (N = 10) group children</td>
</tr>
<tr>
<td>5.18</td>
<td>Pre- to post-maternal treatment changes in the Total and subscale scores of the Children’s Depression Scale - experimental (N = 18) and control (N = 10) group children</td>
</tr>
<tr>
<td>5.19(A)</td>
<td>Pre- to post-maternal treatment changes in the Total, Denial and Egocentric subscale scores of the Bene-Anthony Family Relations Test - experimental (N = 18) and control (N = 10) group children</td>
</tr>
<tr>
<td>5.19(B)</td>
<td>Pre- to post-maternal treatment changes in the Total and Attitudes to parents subscales of the Bene-Anthony Family Relations Test - experimental (N = 18) and control (N = 10) group children</td>
</tr>
<tr>
<td>5.19(C)</td>
<td>Pre- to post-maternal treatment changes in the Total and Attitudes to siblings and relatives subscales of the Bene-Anthony Family Relations Test - experimental (N = 18) and control (N = 10) group children</td>
</tr>
<tr>
<td>5.20</td>
<td>Significance levels achieved on the Culture-Free Self-Esteem Inventory (Form A) by the experimental and control group children with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions</td>
</tr>
<tr>
<td>5.21</td>
<td>Significance levels achieved on the Rogers Personal Adjustment Inventory (Revised) by the experimental and control group children with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions</td>
</tr>
<tr>
<td>5.22</td>
<td>Significance levels achieved on the Children’s Depression Scale by the experimental and control group children with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions</td>
</tr>
<tr>
<td>5.23(A)</td>
<td>Significance levels achieved on the Denial and Egocentric subscales of the Bene-Anthony Family Relations Test by the experimental and control group children, with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions</td>
</tr>
<tr>
<td>5.23(B)</td>
<td>Significance levels achieved on the Attitudes to parents Scales of the Bene-Anthony Family Relations Test by the experimental and control group children, with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions</td>
</tr>
<tr>
<td>5.23(C)</td>
<td>Significance levels achieved on the Attitudes to siblings and relatives Scales of the Bene-Anthony Family Relations Test by the experimental and control group children, with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions</td>
</tr>
</tbody>
</table>
5.24 Pre- to post-maternal treatment changes in the Total and subscale scores of the Culture-Free Self-Esteem Inventory (Form A) - control/experimental group children - (N = 6) 165

5.25 Pre- to post-maternal treatment changes in the Total and subscale scores of the Rogers Personal Adjustment Inventory (Revised) - control/experimental group children - (N = 6) 166

5.26 Pre- to post-maternal treatment changes in the Total and subscale scores of the Children's Depression Scale - control/experimental group children - (N = 6) 167

5.27(A) Pre- to post-maternal treatment changes in the Total and Denial and Egocentric subscale of the Bene-Anthony Family Relations Test - control/experimental group children - (N = 6) 168

5.27(B) Pre- to post-maternal treatment changes in the Total and Attitudes to parents subscales of the Bene-Anthony Family Relations Test - control/experimental group children - (N = 6) 169

5.27(C) Pre- to post-maternal treatment changes in the Total and Attitudes to siblings and relatives subscale of the Bene-Anthony Family Relations Test - control/experimental group children - (N = 6) 170

5.28 Comparison of the means of scores obtained by the experimental group mothers on the Gains Questionnaire administered directly after the treatment and at a follow-up six months later as a measure of the hold/no-hold status of the maternal treatment 174

5.29 Significance levels obtained by the experimental group mothers indicating the hold/no-hold status of maternal treatment as measured by the Gains Questionnaire directly after the treatment and at a follow-up six months later 176

LIST OF FIGURES

FIGURE PAGE
2.1 Details of leisure-time activities available before and after divorce 34
2.2 Frequency of the non-custodial fathers' access to the children 48
4.0 Diagrammatic representation of research design 90
5.0 Comparison 1 - pre- and post-treatment measures as indicators of change - experimental group mothers 119
5.1 Comparison 2 - pre- and post-no treatment measures as indicators of change - control group mothers 119
1.0 LITERATURE REVIEW: THE PSYCHOSOCIAL CONSEQUENCES OF DIVORCE

1.1 Introduction

Children are generally the losers when their parents' marriages end in divorce. There is, however, evidence that some children benefit from the breakup of violent, disharmonious marriages, though they suffer grave disadvantages during the actual sound and fury of the breakup itself. Yet other children report a sense of relief when the conflict between their parents ends. But for the majority, perhaps the worst aspect of their plight as children of divorce is that they are totally powerless to act on their own behalf. In South Africa, if children are under the age of twelve-and-a-half years, they cannot say with whom they wish to live, and even at, or beyond this age, their wishes are very often ignored. Children are frequently forced to share their home with their parents' new partners - and generally also with the partners' children - regardless of the relationships which exist between themselves and these step-parents and step-siblings. Sometimes these relationships are good, but more often they are strained and uneasy.

Children cannot choose when to see, or how much time to spend with, the non-custodial parent. All this is usually foisted upon them without consideration of how they feel or what they wish for. Added to this is the pain they experience, in most cases, at the loss (complete or partial) of one parent, the deprivation that often comes with the downward economic mobility consequent upon living in a single-parent family, and all the change and disruption that follows upon divorce.

Throughout the Western world, it is the courts that decide who should have custody of the child or children, when parents divorce. Historically important changes have taken place in the ways in which the courts perceive the awarding of custody. In the nineteenth century, in Britain and elsewhere, the father's claim was given preference, and the major consideration of the courts was the father's common law right to regulate the custody and upbringing of his legitimate children (Clive, 1982). However, the belief that fathers should always have the children, began to change early in the twentieth century, and the trend toward granting the care and control of children to their mothers in the case of divorce, began to take precedence. This trend was strengthened considerably by the theories of child care (notably the effects of maternal deprivation) expounded by John Bowlby (1978a; 1978b; 1981), which led to the Court favouring the placement of all young children with their mothers, as an almost invariable rule.
Historically, another important landmark in the custody issue was the work of Goldstein, Freud and Solnit (1973), who advanced the notion of the “psychological parent”, who by caring for the child’s needs, developed a reciprocal relationship with the child of mutual love and trust. These authors contended that if the child’s psychological development was to be healthy, then he or she should receive continuity of caretaking from this “psychological parent”, regardless of whether or not that person was a biological parent (Bates, 1976; King, 1974; Rutter, 1971; 1972; 1980).

And this is where the matter rests at the present time in South Africa, with the courts showing preference to neither parent in custody awards, but basing their decisions rather upon the needs of the child whose “best interests” they strive to serve. Unfortunately, the matter of what constitutes the child’s “best interests” is interpreted by adults, without consulting the child. (In England and Wales, for example, The Children Act gives much more consideration to children’s views.) In South Africa, also, fathers are the legal guardians of their legitimate children (unless this right is removed by legal process through proof of “unfitness”), and remain so, regardless of which parent is granted custody of the child.

Research has repeatedly highlighted the importance of wise custody decisions. For example, Hetherington, Cox and Cox (1978) have reported on the strong influence that characteristics of the custodial parents have on the child’s post-divorce adjustment. Studies by Wallerstein and Kelly (1980b) and Pett (1982) reported the finding that a good relationship between custodial parent and child, was the most important, single correlate of the child’s social adjustment, after divorce.

Several other researchers have found the custodial parent/child relationship to be predictive of the child’s adjustment after the divorce (Kopf, 1970; Hess and Camara, 1979; Wallerstein and Kelly, 1980a; Hodges, Duschsbaum and Tierney, 1983).

This finding did not apply to the non-custodial parent in Pett’s 1982 study, a result not replicated in other studies (e.g. Wallerstein and Kelly, 1980a; Kurdek et al, 1981).

1.2 **Major Studies Dealing with Children’s Adjustment to Divorce**

Among the best known and most influential studies that have contributed to the understanding of the adjustment of children to divorce, are the two longitudinal studies by Hetherington, Cox and Cox (1978, 1979a, 1979b, 1982) and Wallerstein and Kelly (1974, 1975, 1976, 1977, 1980a, 1980b; Kelly and Wallerstein, 1976).

CHAPTER 1

was composed of one hundred and thirty-one children, ranging in age from two-and-a-half to eight years, drawn from sixty divorced families living in California. The responses of the children to divorce were initially assessed by interviewing family members, directly after the separation of the marriage partners, and then one and five years after the divorce. One of the central suggestions in this study was that children adjusted and responded to divorce in different ways as determined by their age levels. An examination of the characteristic responses and behavioural changes in the children at these ages (1974, 1975, 1976), revealed that:

1. Young pre-school children - (aged 2½ - 3½ years) - manifested regressive behaviour;
2. Middle pre-school children - (aged 3½ - 4½ years) - showed irritability, aggressive behaviour, self-blame and bewilderment;
3. Oldest pre-school children - (aged 5 - 6 years) - displayed increased anxiety and aggressive behaviour;
4. Younger latency-aged children - (aged 7 - 8 years) - reacted with sadness, grieving, fear, fantasies of responsibility and reconciliation, anger and loyalty to both parents;
5. Older latency-aged children - (aged 9 - 10 years) - demonstrated feelings of loss, rejection, helplessness, loneliness, shame, anger and loyalty conflicts; and
6. Adolescents - (aged 11 years and over) - portrayed sadness, shame, embarrassment, anxiety about their future and about marriage, worry, individualization and independence from parents, and withdrawal.

Additionally, Wallerstein and Kelly (1980b) found that somatic symptoms such as headaches and stomachaches were reported by children in the nine-to-twelve-year-old group, with chronic asthma sufferers experiencing intensified and more frequent attacks.

The researchers found that children frequently acquire new emotional meanings for their parents within the divorced family. Having lost the continuity of a shared future with the collapse of the marriage, parents turn to the children as new sources of love and support. And so the children become advisors and helpers, bulwarks against loneliness and despair, or even replacements for other adults.

Other parents tend to overindulge the children in order to be seen as the "good" parent, or become overprotective to ensure that their children are not exposed to any additional pain or hurt.
Frequently hostilities between parents spill over into the access arena, and so focused on punishing the access parent does the custodial parent become, that the children’s feelings and their need for contact with their fathers are ignored.

They found also that the parents in their sample expressed their anger more openly with the older children and tried to shield the younger children from the worst of the bitterness. Thus the older children, the nine to eighteen-year-olds, were frequently more upset, more vulnerable and in greater need of relief.

In the intact family, change in the direction of psychological disengagement from the parents occurs gradually over a period of several years, whereas youngsters from divorced families feel that divorce-induced family changes drastically curtail the time available to them for growing up. They feel under great pressure to achieve independence as rapidly as possible. There are, of course, distinct individual differences in the way they react to this pressure. Characteristically, adolescent development is either impelled forward at a greatly accelerated rate, or it comes to a shuddering halt.

Other family functions that are vital to the maintenance of adolescent development are also impaired by divorce. These include the provision of discipline, external structure and controls. The shaky family structure that prevails immediately after divorce and the slacker discipline of the transition period, together with the increase in parental self-absorption or anguish combine to reduce available controls, thus rendering the adolescent more vulnerable.

Wallerstein and Kelly (1980a) found a contributory factor to adolescent anxiety in divorced families to be their divorce-related perception of their parents as sexual persons - often a shocking discovery for them, as adolescents generally find it comforting to regard their parents as old and sexless. In the divorce situation, however, parental accusations of infidelity or the seeking of new sexual liaisons, present irrefutable evidence that parents do have sexual desires. In cases where parents become involved with far younger lovers, the distress of the adolescent is increased.

Wallerstein and Kelly (1980a) found that the psychological and social changes in the lives of the parents after divorce sometimes led them to preoccupations and behaviours which closely paralleled those of their adolescent children. Many parents found themselves back in the sexual marketplace, a situation which closely resembles the world of the older adolescent. Some mothers and fathers, changed their hairstyles and purchased new wardrobes in an attempt to look younger. They also modified their speech by adopting new ways of talking which they believed resembled those of younger people. From the perspective of the adolescent, the most upsetting
aspect of such change was the conscious or unconscious competition that they now experienced from their parents.

Another finding of Wallerstein and Kelly (1980a) was that many of the adolescents increased in maturity after the divorce and rapidly moved into protective and helpful roles in the single parent family. They readily shared household responsibilities and the care of younger siblings with pride and competence. Other adolescents responded by increasing their distance from their parents and the family crisis. They became involved in numerous activities which kept them away from home. Those adolescents who had already led emotionally and socially detached lives prior to the divorce, were ready for independence and had already set their own course.

Wallerstein and Kelly (1980a) commented on the profound effect of socio-economic factors upon the divorcing families in their sample. They said:

"Virtually every parent in our study was preoccupied with the change in family economics created by the divorce. The most obvious being the legal requirement that the divorcing spouses divide shared community property equally between them. What once supported one family unit must now support two families, forcing a decline in standard of living for every family member, regardless of level of affluence. While our own sympathies and concern quite naturally tended to be directed more to those whose standard of living moved toward or plummeted below the poverty level, the sudden reduction in available monies was as deeply affecting to women of middle-class means. While such women perhaps worried less about feeding their youngsters adequately or having their car repossessed, the stress of adjusting themselves and their children to living on substantially less money was nonetheless real. In addition to this decline and fear of financial instability, there was the psychological response of the parent to both these new conditions, including the perception of how he or she was faring relative to the other spouse."

(Wallerstein and Kelly, 1980, p. 22)

The Wallerstein and Kelly (1980a) findings have been supported by a good deal of other research (Marsden, 1969; Hunt, Fox and Morgan, 1973; Weiss, 1975; Bane, 1976; Hooper, 1983; and Mitchell, 1986 - to name but a few).

1.2.1 Children - one year follow-up study

In this follow-up study Wallerstein and Kelly (1975) found that much of the undesirable behaviour manifested by the pre-school children had ceased, in those instances where the custodial parent had supplied a stable environment for the family. However, despite this improvement, the psychological condition of 44 percent of this age group had deteriorated.

Among the younger latency-aged children, the psychological condition of twenty-three percent was found to have deteriorated (Wallerstein and Kelly, 1976), despite the fact that the intensity
of feelings of this group had, in general, diminished.

Half of the older latency-aged children still displayed depressive behaviour patterns; but the other half seemed to have accepted the divorce, and appeared to have reached a position of stability in their lives.

At this follow-up, unlike the latency-aged children, the adolescents were able to avoid loyalty conflicts, frequently by the simple expedient of distancing themselves from both their parents (Wallerstein and Kelly 1974).

1.2.2 Children - five-year follow-up study

In a five-year follow-up, Wallerstein and Kelly (1980a) found that thirty-four percent of the children and adolescents appeared to be doing especially well. “Doing well” was characterized by high self-esteem, good academic performance, and the ability to cope competently on the playground and at home. There were no significant age or sex differences among these resilient youngsters.

Conversely, over one-third of the children were intensely unhappy and dissatisfied with their lives in the post-divorce family. Seventeen percent of this number felt rejected and unloved by their mothers, and thirty-nine percent felt rejected and unloved by their fathers. Approximately one-quarter of this group continued to be disappointed with the visiting relationship with their fathers, either because of its infrequency or because of the shallow, emotional quality of the relationship. Twenty percent of the group continued to yearn intensely for their absent father and thirty-seven percent were moderately to severely depressed.

Twenty-nine percent of the children fell within the “middle range” which was characterized by adequate and uneven functioning. In general, these children had recovered sufficiently from the divorce to move ahead on many fronts. However, they did demonstrate residual effects in the continuing anger, persistent emotional neediness, unhappiness, and some degree of diminished self-esteem. Despite this, they related fairly well both to adults and to their peers, and they were considered “average” by their teachers.

Wallerstein and Kelly (1980a) isolated seven important factors in the five-year follow-up which they believed to positively influence the adjustment of the children to divorce. These were: the ability of parents to resolve their conflicts and angers and to utilise the relief from conflict provided by the divorce; the custodial parent’s ability to resume the parenting rôle or to improve it; the ability of the non-custodial parent to maintain a regular and mutually satisfying relationship with the child; the range of positive and negative personality attributes possessed by the child and the
ability of the child to extend and develop his/her coping skills; the availability of social support systems to the child; a lack of anger and depression in the child; and the sex and age of the child. Additionally, it was found that boys from divorced families seemed to need a positive relationship with their fathers more than girls from divorced families did.

1.2.3 Adults - Adjustment to Divorce

The authors found that directly after the separation, two-thirds of the mother-child relationships deteriorated, as indicated by lessened co-operation, increased anger (including open fighting), less trust between parent and child and greater tension in daily living. The working mothers found the combined demands of home, work and children very stressful in the single-parent family. The non-working mothers were equally stressed, but in a different way. They became agitated and depressed, and experienced a rising sense of disorder and tension - even panic - which seemed to reflect their distress, rather than the demands of a hectic schedule, as in the case of the working mothers.

Shortly after their marriages had failed, Wallerstein and Kelly (1980a) found that four-fifths of the divorced men in their sample, and an even higher proportion of the divorced women, expressed anger and bitterness toward their former spouses.

The researchers point out that a great deal of anger and hostility is associated with a loss of self-esteem.

Half of the mothers, newly cast as head of the single-parent families, found the rôle of disciplinarian extremely difficult. A large number were unable to say 'no' to demanding children, and difficulties in setting restrictions were compounded by their inner psychological conflicts, by guilt at having initiated the divorce, by lowered self-esteem and by fear of the children's anger. Fearing rejection, these women tried to please and placate, and fearing anger, they avoided placing restrictions upon their children's behaviour.

The authors (1980a) remarked on the interdependence of mother and children. Because the children had been deprived of the reassuring presence of a second adult, the remaining relationship was experienced as both more precious and more vulnerable. The mothers, in their turn, tended to rely heavily on those youngsters who were able and prepared to share responsibilities and to take an active part in running the household. Unfortunately, this sometimes went far beyond genuine co-operation and became full dependence of the parent upon the child in a lasting reversal of rôles that continued over many years, and resulted in the children being overwhelmed and overtaxed by the parent's need. Frequently there was also diminished care of
the younger children during the immediate post-divorce period, and those younger children who did not have older siblings to assist the custodial parent in caring for them, were the most exposed to decreased parenting at this critical time. Psychological disturbance in the custodial parent, as in the case of acute depression, was an extremely difficult situation for children of all ages to cope with. Here again, the authors found that the younger children were the most vulnerable, especially when the parenting deteriorated markedly.

Wallerstein and Kelly (1980a) commented that one of the more complex tasks that the custodial parent had to contend with, was that of integrating his or her personal life (especially sexual life) with parenting. One-third of the custodial mothers in their sample became involved in an active sexual life immediately after separation. Unfortunately, only a few of these enjoyed stable relationships, and the majority of the mothers had a succession of lovers. The children formed attachments to some of the men and rejected others.

1.2.4 Adults - one-year follow-up study

At their one-year follow-up, Wallerstein and Kelly (1980a) found that slightly more than one-third of the women in their sample, lived with an extremely erratic financial situation. By this time, three-fifths of the women and two-fifths of the men had experienced a substantial decline in their standard of living as a result of the divorce. Slightly more than half the men and one-third of the women were not aware of much change in their financial positions.

At this juncture three-fifths of the men favoured the divorce and the remainder had mostly negative feelings about it. One-quarter of the women were unhappily resigned to their divorced status, nearly half expressed negative feelings about the event, thirteen percent had considerable misgivings about it, and nine percent remained bitterly opposed to it. By this time also, forty-five percent of the men and one third of the women had resolved their bitterness about the divorce. More women than men, however, continued to be angry.

With regard to psychological functioning, Wallerstein and Kelly (1980a) found that as a group, the men and women were still in a transition at the one-year mark. As far as the men were concerned, regressive behaviours had ceased as had the angry and sometimes wild outbursts, and the fluctuations in mood. Apart from those who had remarried, the men were moderately lonely, somewhat more mildly depressed, but feeling less of the sense of freedom than the stereotypical expectation in our society, for divorced males.

The women were, in general, moderately depressed and often lonely; in fact nearly one half of the women were depressed, seventeen percent of this number, severely so. The number of
depressed men was comparable with the figure for the women, but their depression was not as severe.

Other parents, however, as Wallerstein and Kelly (1980b) point out, experienced only a new divorce-engendered, moderate depression that commonly accompanies the final acceptance of a failed relationship and its termination. In spite of their depression, these parents continued to function adequately as parents and in other aspects of their lives, though women in particular, tend to feel overwhelmed by the responsibilities of conducting a single-parent household. In examining parental loneliness in more detail, Wallerstein and Kelly (1980a) found that two-fifths of the men were lonely as compared with two-thirds of the women.

Nonetheless, there was a moderate increase in the sense of well-being and general happiness among the women. They felt more capable of managing alone, and experienced a new measure of competence. There was also a corresponding rise in self-esteem, but this was by no means consolidated nor secure. Life had not yet stabilized for these women, who continued to feel some anxiety about their responsibilities as single parents, and living alone was still unsettling for many of them. There were other positive changes also. Fifteen per cent of the men and twenty percent of the women not only significantly increased their gratification in being parents, but in reality functioned better as parents. A large number of others in the sample, experienced more modest changes in the direction of better parenting.

1.2.5 Adults - five-year follow-up study

At the five-year follow-up, Wallerstein and Kelly (1980a) found that sixty-eight percent of the fathers had made their child support payments regularly, nineteen percent paid irregularly, and thirteen percent had defaulted entirely. Although the socio-economic slide had stopped for a number of the women and their positions had stabilized, one-third of their number remained enmeshed in a daily struggle for survival. At the five-year mark also, two-thirds of the men and just more than half the women, viewed the divorce as beneficial. In addition, two-thirds of the parents were communicating with each other, half of them, frequently.

Despite the passage of time, thirty-one percent of the men and forty-two percent of the women had not yet achieved social or psychological stability. On the positive side, however, half the men and fifty-seven percent of the women fell into the broad category of adequate to excellent psychological functioning. The women in this group, in particular, showed enhanced self-esteem, and both the men and the women had a greater sense of contentment with life. Unfortunately a significant minority, encompassing one-third of the men and one-fifth of the women, remained troubled and unhappy.
Forty-three percent of the men and one-third of the women had remarried at the five-year mark. Five men were redivorced and two of these remarried for a second time. Only two of the women redivorced and two were widowed. It was the younger women who remarried, and they were significantly younger than those who remained single.

However, Wallerstein and Blakeslee (1989) made the point that age was not a predictor of the time period required by the women in their sample to gain a sense of stability, but it was for the men. The older men, (forty-three years and older) restabilized more quickly, some within the first year after divorce.

Guidubaldi, Perry and Cleminshaw (1983) pointed out certain limitations to the Wallerstein and Kelly (1974, 1975, 1976, 1980a, 1980b) study, the principal limitations being the restricted sample and the lack of a control group. There were other weaknesses, but nevertheless, the study remains an extremely valuable and important piece of work that gives a sensitive far-ranging and exceptional insight into the trauma of divorce and its multi-faceted effects on both adults and children.

Wallerstein and Blakeslee (1989) reported on a ten-year follow-up of the original sample. The book, entitled Second Chances, illustrated the complex problems and opportunities posed by divorce. At this ten-year follow-up, the psychological tasks facing adults and children at the time of divorce are set out.

Divorce was perceived as setting two sets of tasks for the adults involved. The first was to rebuild their lives as adults so as to make good use of the second chances that the divorce provided. The second task was to parent the children after divorce, protecting them from the crossfire between the former partners, and nurturing them as they grew up. The adult tasks were as follows:

1. Ending the marriage;
2. Mourning the loss;
3. Reclaiming oneself;
4. Resolving or containing passions;
5. Rebuilding;
6. Helping the children : through,
   (i) pre-school
   (ii) the early school years - five to eight
   (iii) the later school years - nine to twelve; and
   (iv) adolescence.

Once the decision to divorce was made, the following were perceived as important as a means
CHAPTER 1

of helping the children.

(a) The expression of sadness was important because it gave children permission to cry and
mourn without having to hide their feelings of loss from the adults or from themselves;
(b) Rationality was important because it contributed to the child's moral development;
(c) Clarity was important so that children would not be encouraged to undertake any efforts
at reconciliation;
(d) Reluctance was important because children needed to feel that parents were aware of
how profoundly upset the children would be;
(e) If true, the parents could say that the children had been one of the greatest pleasures of
the marriage,
(f) Parents needed to prepare children for what lay ahead in as much specific detail as
possible;
(g) Courage was a good word to use when explaining divorce to children. It was important
that the parents emphasized that everyone concerned would have to be brave;
(h) Children needed to be reassured by being given the assurance that they would be kept
informed of all major developments;
(i) Because children felt so completely powerless in the divorce situation, they should be
invited to make suggestions that the adults would seriously consider;
(j) Children needed to be told, over and over again, that the divorce did not weaken the bond
between non-custodial parent and child, despite the fact that they would now live apart; and
(k) Parents needed to give the children permission to love both parents freely and openly.

Wallerstein and Blakeslee (1989) concluded that the psychological tasks for the children were:

1. Understanding the divorce;
2. Strategic withdrawal - children and adolescents needed to return to living their own lives
as soon as possible after the divorce. It was very important for them to recommence their
usual activities at school and at play and to return both physically and emotionally to the
normal tasks of growing up;
3. Dealing with loss;
4. Dealing with anger;
5. Working through and resolving guilt;
6. Accepting the permanence of divorce; and
7. Taking a chance on love - it was most important that children should not feel unlovable
because of the divorce. They should be encouraged to accept realistically that they could
both love and be loved.
The authors of this book do not argue that children have no chance of health and happiness after divorce. Their aim was to point out that children of divorce must face severe challenges, and that parents and society are too frequently unaware and unhelpful.

Wallerstein and Blakeslee (1990) reported an important finding concerning the adults, namely, that divorce continues to occupy a central emotional position in the lives of many adults ten to fifteen years after the event. Both men and women told them that the stress of being a single parent never lessens and the fear of being alone never ceases.

Wallerstein and Blakeslee (1990): "We wanted to believe that time would lessen the feelings of hurt and anger, that time itself heals all wounds and that people by nature are resilient. But there is no evidence that time automatically diminishes feelings or memories; that hurt and depression are overcome, or that jealousy, anger and outrage will vanish. Some experiences are just as painful ten years later, some memories haunt us for a lifetime. People go on living, but just because they have lived ten more years does not mean they have recovered from the hurt."

(Wallerstein and Blakeslee, 1990, p. 60)

Nor were the continuing effects of divorce restricted to the adults alone. Wallerstein and Blakeslee (1990) found that after ten years the children of these broken homes maintained that growing up was harder for them, the children of divorce, than it was for children from intact families. They felt that their lives had been overshadowed by their parents' divorce and they felt deprived of a broad range of economic and psychological supports.

Many of the children entered adolescence and young adulthood with deep reservoirs of unresolved feelings, particularly anger about how their parents had behaved during their marriage. Bitterness was another feeling typically expressed. The authors state quite categorically that it is not possible to predict long-term effects of divorce on children (or adults) from how they react at the outset.

As always, it is necessary to take individual differences into account. Inevitably there will be those who are quite happy with their present lives and who have no regrets about their divorce. This was true of about half the men and women in the Wallerstein and Kelly (1980a) sample when interviewed some ten years later by Wallerstein and Blakeslee (1990).

With a ten-year spread it was possible to encompass all of the three stages of divorce, which, according to Wallerstein and Blakeslee (1990), are as follows:
i) The first or acute stage of divorce commences with growing unhappiness within the failing marriage, the decision to divorce and the departure of one parent from the household.

ii) In the second or transitional stage both adults and children become involved in unfamiliar roles and relationships within the new single-parent structure. Frequently the family has to move to a new home, sometimes located in a new neighbourhood. For several years the home may be unsettled and family life becomes unstable.

iii) In the third stage there is a renewed sense of stability and the divorced family re-establishes itself as a functioning unit.

Hetherington, Cox and Cox (1978, 1979a, 1979b, 1982) carried out the second major study concerning the impact of divorce on children. The authors of this two-year American study drew their sample of ninety-six families from a middle-class, white, pre-school centre in Virginia. Half the families in their sample were divorced and the other half were intact families. The two groups were carefully matched on a number of criteria. The children were matched for age, sex, birth order and nursery school attendance; while the adults were matched for age, education and length of marriage. The assessment procedures used included parent interviews; structured diary records; observations of parent-child interactions, both in the home and in the laboratory; observations of both child-teacher and child-peer interactions in the school setting; checklists and ratings of the child’s behaviour by both parents and teachers; and personality tests and self-report ratings by parents. In addition, measures of childhood development were used to assess sex-role typing, cognitive performance and social development.

Results indicated that the divorced families experienced severe stress and disorganisation during the first year after the divorce. An analysis of parental coping patterns, interpersonal relations and parenting methods was made. Findings were that, in general, the divorced parents were less able to contend successfully with their parenting tasks. They made fewer maturity demands on their children and demonstrated greater inconsistency in disciplining, communicating and reasoning with them. The divorced parents also interacted less with their children and showed them less affection. In turn, the children from these divorced families manifested higher levels of dependent behaviour; showed greater disobedience, aggression and whining behaviour, and demonstrated much less affection as compared with their counterparts from the intact families. Especially affected by the decline in maternal parenting skills, were the mother-son interactions.

The two-year follow-up study conducted by Hetherington, Cox and Cox (1978) revealed that most of the initial negative effects of divorce had diminished, and that both adjustment and stability were being established. A low rate of post-divorce conflict and agreement between former spouses regarding child-rearing and child management practices were major factors resulting in the milder and reduced levels of disorganisation and stress for parents and children. Finally, and importantly, the researchers concluded that, in the short-term, it seemed better for the children to have remained in their discordant but intact families; but that in the long-term, it
seemed more beneficial for the children if the parents divorced.

1.3 Less Comprehensive Studies

Kurdek and a number of associates used a sample of divorced families from an organisation called “Parents without Partners” in Dayton, Ohio, in a study which emphasized the importance of the cognitive and social skills of children as factors which moderated adjustment to divorce (Kurdek and Siesky, 1980a, 1980b; Kurdek, Blisk and Siesky, 1981; Kurdek and Berg, 1983). These researchers found that those children who perceived consequences as being within their locus of control, and who could correctly understand interpersonal relationships, were more likely to achieve positive adjustment to divorce.

Factors in the home environment that were conducive to constructive consequences after the divorce, were low levels of interparental stress and a positive quality in the relationship between the child and the non-custodial parent. Maternal characteristics which resulted in successful custodial parenting were found to include effective use of support systems, reduced stress levels and positive adjustment in relation to the divorce.

A consistent finding in these studies was that the younger children experienced greater divorce-related problems than the older children. This was in contrast to the findings of Wallerstein and her associates, who found that children adjusted and responded to divorce in different ways, as determined by their age levels.

A number of small scale studies have isolated several factors which appear to promote children’s adjustment to divorce.

Jacobson (1978a, 1978b, 1978c) found that discussions between parent and child of divorce-related topics, low levels of hostility between parents before their separation and more time with the non-custodial father after the separation, contributed substantially to the child’s post-divorce adjustment. The results of a study by Berg and Kelly (1979) supported the finding that low levels of hostility between parents before their separation was conducive to the child’s positive adjustment to the divorce.

Rosen (1977) and Hess and Camara (1979) reported that good parental relationships and availability of the non-custodial parent to the child greatly facilitated his or her adjustment after the divorce. In his study, Rosen (1977) interviewed ninety-two children in South Africa, six to ten years after their parents’ divorce, and reported no difference in levels of adjustment between children reared by fifty-one custodial mothers and those reared by forty-one custodial fathers.
The children were examined by projective tests and interviews. Another interesting finding was that four out of five of the children were emphatic that their parents should not have remained together in the conflict-ridden relationship that obtained before the divorce. In the same year, Reinhard (1977) reported that in his study of American adolescent boys and girls, over half of the young people had been disappointed by their parents divorce, but despite this disappointment believed that the divorce had been a sensible decision on the part of their parents.

Santrock and Warshak (1979) reported that children's post-divorce adjustment was promoted by an authoritative management style on the part of the custodial parent; while Warshak and Santrock (1983) found that the child's positive adjustment to the divorce was facilitated by living with a same-sex custodial parent.

Berner (1992) explored the deprivations that children of divorce could expect to experience - deprivations which in many instances produced long-lasting, detrimental effects. In this context, he examined the findings of a number of researchers and commented on them.

Firstly, Berner (1992) considered the question of poverty or financial hardship in the single-parent family, which was most often headed by the mother. The drop in the finances available to these single-parent families often seriously affected the children who had enjoyed far greater financial benefits in the intact family. Cherlin (1981) discussed the effects of the loss of a male income on these families.

Secondly, Berner (1992) considered the question of rôle models. Children of divorce were deprived of good parental rôle models. He pointed out that although the process of modelling was unconscious on the part of both parents and children, it had a profound effect. Sears, Rau and Alpert (1965) maintained that:

"The use of attention and affection in this unconscious process seems to be more important than food and caretaking".
(Sears, Rau and Alpert, 1965, p. 79)

These authors contended further that every individual's sense of family could be traced to this nurturing experience.
Laiken (1981) contended:

"The manner in which we learn to behave and react in our family eventually molds our view of the world. In this sense, we recreate our family again and again in other environments."

(Laiken, 1981, p. 32)

Apposite also in this context, is the fact that a number of researchers have testified to the positive advantages of the intact family. Prominent among these were Blood (1969), Weiss (1979), Lewis, Feiring and Weinraub (1982) and Cockett and Tripp (1994). (The Cockett and Tripp (1994) Exeter Family Study will be discussed in greater detail in the next section of this Chapter.)

Most of these researchers have suggested that consensus and co-ordination were achieved by parents in any marriage (Weiss, 1979); that one parent supported the other, thus enabling one to rest and that the parents provided each other with a peer to consult (Blood, 1969). Furthermore, since there were complementary needs in marriage, one parent complemented the other in the intact relationship (Blood, 1969), and one parent was able to minimize the impact of the other's irrationalities, thereby protecting the children and "providing a safe harbour for a child during a storm". (Weiss, 1979, p. 270) Blood (1969) stipulated that in happy, intact families, a collaborative approach to the socialization of children was possible. Lewis, Feiring and Weinraub (1982) pointed out that fathers served as both economic and emotional factors in marriage. By diminishing the frustrations, doubts and anxieties of the mother and thus allowing her to feel secure, competent and confident, the husband/father was able to promote the emergence and maintenance of responsible maternal behaviour toward the child. Hoffman (1981) made the telling point that fathers "contribute to the credibility that mothers have with their children, and this may be an important factor in the mother's effectiveness". (Hoffman, 1981, p. 375)

Forward (1989) described the trauma of divorce, parental responsibility regarding divorce and the effects of divorce on the children, as follows:

"There is no such thing as a happy divorce. Divorce is invariably traumatic for everyone in the family, even though it may well be the healthiest course of action under the circumstances. But it is essential for parents to realize that they are divorcing a spouse, not a family. Both parents have a responsibility to maintain a connection to their children despite the disruption in their own lives. A divorce decree is not a license for an inadequate parent to abandon his or her children.

A parent's departure creates a particularly painful deprivation and emptiness within a child. Remember, children almost always conclude that if something negative happens within the family, it's their fault. Children of divorced parents are particularly prone to this belief. A parent who vanishes from his child's life reinforces their feelings of invisibility, creating damage to their self-esteem that they'll drag into adulthood like a ball and chain."

(Forward, 1989, p. 47)
Of particular interest to the present study, are some of the long-term effects of divorce. Researchers like Lagner and Michael (1963), Rutter and Madge (1976) and Berner (1992) have shown that individuals whose parents divorced or separated were twice as likely as those from intact homes to have marriages which also ended in divorce or separation, thus perpetuating the harmful effects from one generation to the next.

Rutter (1975) detailed several case histories in which the reasons for poor parenting could be traced back to the parents' own childhoods. In addition, Rutter and Madge (1976) cited divorce as one of the factors that resulted in "intergenerational cycles of disadvantage". However, it must be conceded that there are individual differences and that consequently not all persons from divorced families suffered ill-effects in adulthood, a factor which gave rise to much speculation about differences in quality of parenting in divorced families.

Berner (1992) offered the following pertinent information from the testimony of adults who lived through divorce as children, grew up, married and raised their own families. In the preface to his book, Berner (1992) asked:

"And what do we learn?

We learn that, popular belief to the contrary, divorce does have a lifelong impact. We learn that divorce does not go away. It does not easily recede into the memories of children as they grow into adulthood. We also learn that children who grow up in a divorced home do not necessarily end up in reform school or prison. We learn that children of divorce can overcome the trauma. Today, some of them are secretaries, doctors, attorneys and professors. Today, they are contributing to society. So while we learn that divorce has an impact, we also learn that the impact is not always a negative or regressive one."

(Berner, 1992, p. xii)

1.4 Studies of Special Interest, and Some Examples of Supportive and Contradictory Research Findings

The Guidubaldi, Perry and Cleminshaw (1983) study set out to incorporate a number of methodological improvements relative to earlier divorce-related research. The researchers used one hundred and forty-four school psychologists from thirty-eight American States, to carry out assessments, interviews and ratings of the adults and children in their sample. Each of these psychologists randomly selected an elementary school located within their school district, and then randomly selected six children from the selected school's class lists. Two children each were selected from the first, third and fifth grades. One child from each grade came from an intact family and the other from a divorced family. Six hundred and ninety-nine children were included in the study. The sample was quite evenly divided for marital status, grade and school characteristics and fairly evenly divided by sex and race.
The study evaluated the intellectual, academic, socio-behavioural and adaptive characteristics of the children, as well as family and school environments. In addition to the psychometric measures, the assessments included teacher rating scales, child and parent interviews and parent satisfaction assessments. Tests used in the psychometric assessments were the Wechsler Intelligence Scale for Children (Revised) and the Wide Range Achievement Test (WRAT). The instrument used in the social-behavioural assessment was the Hahnemann Elementary School Behaviour Rating Scale (HESB), and adaptive behaviour was measured by the Vineland Teacher Questionnaire (VTQ). The children were interviewed by the school psychologists, using an instrument adapted from the Harvard University Stress and Families survey.

Parents from both the intact and the divorced families were interviewed by the school psychologists using a structured questionnaire. In addition, all the parents completed the Parent Satisfaction Scale, intended to assess the parents' perceptions of satisfaction in the parenting rôle. The general school characteristics, including type and size of school population; transportation to school, etc.; were evaluated by the school psychologists on a five-point Likert Scale.

Results of the Guidubaldi, Perry and Cleminshaw (1983) study were presented in two major sections. The first offered evidence of differences in social and academic competence between the children from intact families and divorced families. The children from intact families performed better on fifteen of the sixteen Hahnemann classroom behaviour ratings, and on the Vineland communication, daily living and social scales. These children from intact families were also less frequently absent; more popular with peers on both the teacher and parent ratings; exhibited more internal locus of control; and higher full-scale IQ and WRAT reading, spelling and mathematics scores. Grades in reading and mathematics were also higher and these children were less likely to repeat a school grade. The parents from the intact families scored higher than the parents from divorced families on all five parent satisfaction scales.

Other factors examined were sex, age, and other differences in divorce-related adjustment within the divorced family sample. A major finding in this section was the consistent pattern of sex differences in divorce-related adjustment. On a consistent basis, boys from divorced families were found to demonstrate greater social, behavioural and academic difficulties as compared both with girls from divorced families and boys from intact families. (This finding was also consistent with the results from the studies of Hess and Camara (1979); Santrock and Warshak (1979); Wallerstein and Kelly (1980); Hetherington, Cox and Cox (1982) and Kurdek and Berg (1983).) Girls from divorced families demonstrated a significant difficulty in only one of the behavioural measures examined, namely, the HESB ratings of classroom involvement. This
suggested a significant decline in divorce-related maladjustment in girls by this age. By contrast, the fifth-grade boys from the divorced families were the most seriously affected group and demonstrated a wider variety of more severe deficiencies than those presented by the younger boys in the lower grades. This finding was in conflict with Kurdek’s (1981) observation that sex differences might dissipate over time, since those studies which did not report greater divorce-related adjustment problems for boys, were studies which dealt with older children.

Guidubaldi, Perry and Cleminshaw (1983) subjected to analysis the current age of subjects, age at time of divorce and length of time spent in a divorced household, but found that analysis of these factors yielded confusing and inconsistent results. What did emerge, however, was that the younger children displayed rather better adjustment to divorce than the older children, which was in conflict with the Kurdek, Blisk and Siesky (1981) finding that older children demonstrated fewer adjustment problems. It conflicted also with the Hetherington (1972) study that reported that more detrimental divorce effects were associated with younger aged children; and with the Kalter and Rembar (1981) study which concluded that no relationship existed between the age of the child and the degree of maladjustment. However, the Guidubaldi et al (1983) study did lend support to Wallerstein and Kelly’s (1974, 1976) report that there are differential divorce effects on children and that these are mediated by their present stage of development. The Guidubaldi et al (1983) study also demonstrated that boys from divorced homes, in comparison with both girls from divorced homes and boys from intact homes, presented a behaviour profile which indicated high frequencies of negative acting out, involving aggression, opposition and impulsivity. Not only have similar findings been reported in respect of both children of similar age (Hess and Camara, 1979); and in pre-school children studied over a two-year period (Hetherington et al, 1982); but aggression has also been reported in boys from intact families which are torn by high levels of marital discord (Block, Block and Morrison, 1981).

Mitchell (1985) drew her sample from the divorce records of the Court of Sessions in Edinburgh. One hundred and twelve families included in these records met the researcher’s criteria and she was able to trace eighty of these. Seventy-one of the eighty parents agreed to be interviewed. This group was comprised of sixty custodial mothers and eleven custodial fathers - all of whom had continuously cared for their children, born between 1963 and 1965, inclusive (this being one of the researcher’s requirements).

Mitchell (1985) also interviewed one child in each of fifty families. Of this number, twenty-eight were boys and twenty-two were girls. All the children fell within the age range sixteen to eighteen, at the time of the interviews. Of the remaining twenty-one sample families, ten of the mothers refused the researcher permission to interview a child; nine children refused to be interviewed; one child failed to keep several appointments made through the mother; and one child had left
Scotland. All the children interviewed had been between the ages of ten and thirteen years at the time of the divorce.

Additionally, Mitchell (1985) reported that loneliness and bewilderment was felt by the children when their parents separated. They did not perceive conflict as a sufficient reason for their parents to part. This finding appears to be in accord with the suggestion by Richards and Dyson (1982) that children's unhappiness in a conflicted marriage might be aroused by the implied threat of separation. The researcher reported further that the adolescents in her sample felt angry with parents whom they thought responsible for the separation, and some expressed great concern for parents who had been hurt or rejected, and for those who seemed to be lonely. Many of the adolescents yearned for their parents to reconcile, and one in six continued to feel this way five years after the divorce, even in cases where one or both parents had remarried. One-third of the adolescents in this sample had lost touch with one parent directly after the separation; although some of them had eventually renewed contact, only to find that their relationships had changed, because these absent parents had become comparative strangers.

Some of the adolescents in Mitchell's (1985) sample reported that they had felt isolated from their peers at school, particularly in the primary school years. Few of the parents had told their children's teachers about the divorce, and the children, in general, were not only unsure about whether their teachers knew, but they were also ambivalent about teachers or friends being told.

Finally, Mitchell (1985) found that more than half the adolescents in her sample had a step-parent living in the family by the time they reached their middle teens. One-quarter of these young people had experienced more than one parental separation or divorce, and some of them had had more than one new adult living with the family. Frequently, the parents' new partners were resented, either initially or later, and one-quarter were continuously disliked.

Mitchell (1985) concluded that children of divorce needed more explanations; someone to talk to; the knowledge that other children might have had similar experiences; continuing contact with both their parents; and help in accepting step-parents.

The Exeter Family Study (Cockett and Tripp, 1994) was based on a sample of one hundred and fifty-two children drawn from two age groups, namely, nine to ten and thirteen to fourteen years.

Contact was made with potential participant families by sending out almost one thousand questionnaires through thirteen schools in the study area. The eventual participants were chosen in matched pairs in which half the children were living with both biological parents in intact families and the other half lived in families that had been "re-ordered" by the divorce or separation of the parents. Both the parents and the children were interviewed by the research team. The pairs of
children were matched for age, sex, mothers’ educational background, birth order, whether they attended a State or independent school, and social class (based on the occupation of the current head of the household).

The in-depth interviews, which were confidential, were conducted with both parents and children by experienced Social Workers, during the period 1991 to 1992. Additional data on the families, obtained from the schools and family doctors, was gathered only after obtaining the relevant permission of the participants.

The intact families were further divided into two sub-groups, namely, low-conflict families, in which the parents reported no marital problems and/or serious arguments and high-conflict families where parents reported rows and/or marital problems. The re-ordered families were further divided into three sub-groups, namely, lone parent families; step-families; and re-disrupted families. This last sub-group could be further sub-divided into children living with a lone parent or those living in subsequent step-families.

Results of the Cockett and Tripp (1994) study indicated that forty-six percent of the parents in the re-ordered families rated their financial positions as worse after the separation or divorce; forty-one percent stated that their positions had improved and thirteen percent maintained that their positions remained virtually unchanged. Furthermore, parents in the re-ordered families experienced more problems in their physical health and with “nerves”, than their counterparts in the intact families.

A greater number of children from the re-ordered families described themselves as unhappy compared to children from the intact families. There was also a slightly higher rate of unhappiness among children from high-conflict intact families, than among children from low-conflict intact families.

In summary, main findings of the Cockett and Tripp (1994) study for the children, indicate that although the majority of the children did not display acute difficulties after the initial period following the divorce or separation, a significant minority did encounter long-term problems. When a comparison was made with the children from intact families, the children of divorce were more likely to report problems in important areas of their lives, including psychosomatic disorders, problems with school work and poor self-esteem. The children of divorce were also more likely to feel confused and uninvolved in arrangements concerning their future lives, and to harbour enduring feelings of anxiety and unease about both their custodial and non-custodial parents.

Also associated with detrimental consequences for these children of divorce, were parental
conflict and parental difficulties. However, it appeared that a far more crucial negative factor, was the loss of a parent, which was exacerbated by the added risk that future parental relationships would break down also. In this regard, the researchers point out that previous studies have suggested, in strong terms, that it was the parental conflict, rather than the separation itself, that was related to negative consequences for the children, after the divorce (e.g., Sharpley and Webber, 1989). They contended further, that it had even been suggested that it might be preferable to resolve these highly conflicted situations by ending the parental relationship, rather than allowing it to continue. The researchers affirmed that the data from their study provides some evidence that “such a justification for divorce may be a misunderstanding of the reality” (Cockett and Tripp, 1994, p. 57). They suggest that parental separation itself was one of the major factors associated with the creation of adjustment difficulties for the children of divorce. Needless to say, the media publicity given to these findings, and the way they were interpreted by politicians debating the rôle of the family in society, gave rise to much controversy, as did methodological issues such as the definitions of low and high conflict.

Other studies have shown that children living in families in which there are high levels of parental conflict, regardless of whether these families were intact or divorced, fared far worse than children from families in which there were low levels of conflict (Jenkins and Smith, 1991; Dunlop and Burns, 1988; Chase-Landsdale and Hetherington, 1990). The important review by Amato and Bruce (1991) reported on eight studies dealing with the consequences for children of living in high-conflict intact families, low-conflict intact families and divorced families. These authors reported that children from the high-conflict intact families not only had poorer future adjustment prospects than children from low-conflict intact families; but that overall, they also demonstrated lower levels of general adjustment than children from divorced families. This review also reported on studies that examined the effects on children of ongoing parental conflict after the divorce. (Kurdek and Berg, 1983; Luepritz, 1982; Johnson et al, 1985)

In another review, Emery (1988) concentrated on the very involved association of a variety of life events which could exert a negative influence on the adjustment of children of divorce. This author contends that most of the studies dealing with divorce, especially those of a more empirical or clinical nature, have tended to be confined to white middle-class families. The difficulties experienced by various professionals, when trying to decide which of the immediate post-divorce behaviours displayed by children (and more particularly by adolescents), could be classified as normal, and which were abnormal, were also examined in some detail in this article.

A third review (Pasley and Ihinger-Tallman, 1987) focused on the complicated and difficult problems relating to remarriage. Discussed in this context, was the quality of the child’s relationship with the non-custodial parent; and the important effects that the nature of this
relationship had on the adjustment of the child were evaluated. The effects of repeated parental remarriage and divorce on the child’s adjustment has been dealt with by Ferni (1984); Bumpass (1984) and Petersen and Zill (1986).

Finally, Pledge (1992) reviewed the literature regarding the impact of marital separation or divorce on the individual. The focus was on divorce preparation as a process and examined divorce-related stressors, individual differences in coping and adjustment, coping and the use of social support systems, cognitive appraisal, attributional style and treatment. This researcher concluded that the initial separation process for women is typically more stressful than for men, regardless of who initiated the separation or divorce.

1.5 Summary

In summary, findings by Wallerstein and Kelly (1974, 1975, 1976, 1977, 1980a, 1980b, and Kelly and Wallerstein, 1976) indicate that the negative effects of divorce for both parents and children extended for as long as fifteen years after the event and probably beyond. Another major finding points to the fact that children respond differentially to divorce as determined by differences in their ages. Post-divorce psychological and social changes in the lives of parents were found to sometimes lead to preoccupations and behaviours which closely paralleled those of their adolescent children, and the authors also commented upon the profound effect of socio-economic factors upon the divorcing families in their sample.

Wallerstein and Blakeslee (1989) set out the psychological tasks facing both adults and children at the time of divorce.

Hetherington, Cox and Cox (1978, 1979a, 1979b, 1982) matched children from samples of divorced and intact families for age, sex, birth order and nursery school attendance, and their parents for age, education and length of marriage. Findings were that divorced parents were less able to contend successfully with parenting tasks.

Other notable findings were that children living in families with high levels of conflict, regardless of whether their families were intact or divorced, fared worse than children living in families with lower levels of conflict. (Cockett and Tripp, 1994; Jenkins and Smith, 1991; Amato and Bruce, 1991; Chase-Landsdale and Hetherington, 1990; Dunlop and Burns, 1988.)
CHAPTER 2

2.0 THE INVESTIGATION : AN OVERVIEW

The investigation falls into two phases: (1) demographic and other changes for mothers and children, resulting from the experience of divorce; and (2) the effects of a counselling programme based on social learning theory and lifeskills training, designed to mitigate (and hopefully prevent) changes that have adverse implications. Phase 2 is described in Chapters 3 and 4. It involves most of the participants described overleaf in 2.2.1.

2.1 Phase 1 : Introduction

There is plenty of evidence about the adverse effects of divorce in, inter alia, studies from the United States (Wallerstein and Kelly, 1974, 1975, 1976, 1977, 1980a, 1980b) and from the United Kingdom (Hetherington, Cox and Cox, 1978, 1979a, 1979b, 1982; Cockett and Tripp, 1994). However, there is a paucity of studies on the effects of divorce in South Africa, with its very different multicultural ethos.

H1 - My first proposition is concerned with the effects of divorce upon the mothers who retain the responsibility of, and caring for, the children following separation(s) and divorce. My hypothesis is that mothers suffer the following adverse psychosocial effects consequent upon divorce: (a) downward economic mobility; (b) anxiety and a sense of bereavement; (c) feelings of generalised insecurity, guilt and depression; (d) high levels of resentment and anger; (e) heightened stress; (f) diminished self-esteem; and (g) lack of confidence.

H2 - I further hypothesize that mothers who have been divorced for a relatively long period of time (over two years) will have begun to adapt to their changed circumstances and will show a significant reduction in the effects described above in (a) to (g).

H3 - My third proposition is concerned with the effects of divorce upon the children of these divorced families. The proposition is that divorce has adverse psychosocial effects upon them because of: (a) a lack of money for entertainment and new clothes; (b) the unavailability of facilities formerly present in the intact family; (c) negative social effects consequent upon the enforced relocation to less spacious and comfortable accommodation in generally poorer neighbourhoods with the sale of family homes; (d) sadness and grief occasioned by the “loss” of the non-custodial parent and possibly because of unsatisfactory access conditions; (e) experienced feelings of anger or rage; (f) experienced feelings of depression and frustration; and (g) confusion and the possible development of problem behaviours in cases of lax discipline and poor limit setting in the new single-parent family.
2.2 Method

2.2.1 The Participants - (a) Adults

Twenty-eight mothers enrolled for the Phase 1 investigation of the psychosocial impact of divorce, and were asked to undergo a semi-structured interview which included answering a questionnaire. The referral sources of these participants were as follows:

1. All medical doctors practising in the greater Durban area were circularised and asked to support the research. They were requested to put into touch with the researcher any of their divorced patients who met the requirements for inclusion in the sample as listed in the circular letter. The doctors were also supplied with all the basic information pertaining to the commitment required of participants and what they would be offered in the Counselling and Life Skills Training Programme.

2. All attorneys in the greater Durban area received a similar circular letter to that sent to the medical practitioners, and containing the same request for referrals and support for the research.

3. The researcher was contacted by the Chairperson of the Durban Branch of the Single-Parents’ Association who had been told of the project by her medical practitioner. This Association freely offered its full support and co-operation and furnished a complete list of its divorced members resident in the greater Durban area. The list included the names and ages of the children in each divorced family and gave telephone numbers where the families could be reached. The Association also circularised all those who met the requirements for inclusion in the sample and asked them to contact the researcher.

4. A local newspaper which includes a feature column dealing with topics of public interest and social concern carried a short article on the research project, and invited its eligible, divorced readers to make contact with the researcher, whose telephone number was provided.

The participants were taken on as the referrals arrived as long as they met the following criteria:

1. They had to be members of the White population group. It must be emphasised that this decision was in no way motivated by racial prejudice, nor was it intended to be in any way discriminatory. Furthermore, the counselling and lifeskills training programme may well be applied to other ethnic groups in the future, particularly since the researcher’s own practice is open to all race groups. What did motivate the decision, however, was the practical, methodological difficulties inherent in cross-cultural research, especially in South African society which is made up of so many and such diverse ethnic groups. These groups have wide differences in language, religion, beliefs, value systems, cultural backgrounds, child-rearing practices as well as customs in respect of marriage and divorce. Another important obstacle was the prevailing unrest and violence in the country at the time that the project was undertaken, that is, before the first democratic election and the establishment of the Government of National Unity. Because the researcher is in full-time employment, it was necessary to conduct the counselling and lifeskills training programme at night. The sessions did not end until well after ten o’clock, a time when it was extremely dangerous to travel on the public roads from one area to another. Night-time travel was particularly dangerous for the Non-White groups. There were also
periodic curfews which prohibited movement as specific areas were declared unrest areas with fluctuations in the levels of violence.

2. Criterion two focussed on the length of time that the participants had been divorced. It was at first proposed to use only those who had recently divorced, that is, who had been divorced for only a few months, or at most, for less than one year. It soon became obvious that it would be quite impossible to assemble a sufficient number of such recently divorced persons who also had children who met the age requirement for inclusion in the sample.

This was perceived, at first, as a devastating blow to the initial aim of “nipping in the bud” (perhaps preventing) traumatic effects. On reflection it seemed less critical given the ongoing nature of traumata resulting from disruption of bonds, loss of familiarity of social context, and bereavement. An opportunity to examine short-term and longer-term consequences, and the healing and preventive rôle of counselling now offered itself.

In consequence of these factors, it was finally decided to use the criterion “divorced for approximately ten years or less”. That post-divorce effects continue to impact on those concerned after the passage of this length of time is amply supported in the current research literature - see Chapter 1, p. 12.

Shown in Table 2.1, below, is the distribution of “length of time since divorce” in the present sample, over the ten-year period selected as an appropriate criterion for inclusion in the study.

3. The third criterion for participation was a residential one. In order to be eligible for inclusion in the sample, the divorced persons had to be resident in the greater Durban area, also known as the Durban Magisterial District.

**TABLE 2.1**

**DISTRIBUTION OF LENGTH OF TIME PARTICIPANTS WERE DIVORCED**

<table>
<thead>
<tr>
<th>YEAR OF DIVORCE</th>
<th>NUMBER OF CASES</th>
<th>LENGTH OF TIME DIVORCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>8</td>
<td>1 to 11 Months - Less than 1 Year</td>
</tr>
<tr>
<td>1991</td>
<td>2</td>
<td>12 to 23 Months - Less than 2 Years</td>
</tr>
<tr>
<td>1990</td>
<td>4</td>
<td>24 to 35 Months - Less than 3 Years</td>
</tr>
<tr>
<td>1989</td>
<td>5</td>
<td>36 to 47 Months - Less than 4 Years</td>
</tr>
<tr>
<td>1988</td>
<td>1</td>
<td>48 to 59 Months - Less than 5 Years</td>
</tr>
<tr>
<td>1987</td>
<td>4</td>
<td>60 to 71 Months - Less than 6 Years</td>
</tr>
<tr>
<td>1986</td>
<td>1</td>
<td>72 to 83 Months - Less than 7 Years</td>
</tr>
<tr>
<td>1985</td>
<td>0</td>
<td>84 to 95 Months - None less than 8 Years</td>
</tr>
<tr>
<td>1984</td>
<td>0</td>
<td>96 to 107 Months - None less than 9 Years</td>
</tr>
<tr>
<td>1983</td>
<td>1</td>
<td>108 to 119 Months - Less than 10 Years</td>
</tr>
<tr>
<td>1982</td>
<td>2</td>
<td>120 and 131 Months - Less than 11 Years</td>
</tr>
</tbody>
</table>

N = 28
There were no refusals following the individual explanations given to the participants about the project. However, the number of referrals involved fell well below the hoped for sample size; but the circumstances described above left me no choice but to investigate this admittedly small sample.

2.2.2 Procedure

All the individual contacts with the participants, both adults and children, took place in my consulting rooms. Here, in a relaxed atmosphere, a welcome cup of tea or other refreshment could be offered when deliberate breaks were taken to avoid tiring participants during the relatively long semi-structured interviews and the later assessments.

The referrals came very slowly and sparsely. Despite the numbers, I had to work within a limited time frame because of professional commitments and those of the colleagues who kindly assisted me with the training programme, as the procedure was to interview each participant individually to explain the project, and then to interview and assess them shortly before the intervention, which is to be described in Phase 2, Chapter 4, Section 4.4.2.

There would have been an inordinate delay in building up to N = 50, and the added difficulty of extensive time variations between the initial contact with participants who were earlier or later referrals.

2.2.3 The Participants - (b) Children

As well as sharing two maternal inclusion criteria, namely, membership of the White population group and being domiciled within the Durban Magisterial District, the children had to meet two further criteria in order to be included in the sample:

1. It was decided to include only the eldest or only child in each unit of divorced mother and children because of the limited resources available to the project both in terms of finance and manpower. It would have been impossible for the researcher, working on her own, to cope with the extra work that would have flowed from the inclusion of all the children in each family unit. There were, however, several questions pertaining to the other children in the family included in the semi-structured interviews.

2. It was decided to restrict the sample to family units in which the eldest or only child fell within the age range “more than eight and less than fifteen years”. This decision was based on the finding by Wallerstein and Kelly (1980b) that the children of divorce adjust and respond differentially according to age. Because of the special nature of the impact of divorce on the older adolescent as graphically described by Wallerstein and Kelly (1980a) and reported in Chapter 1, p. 4; it was decided to impose an upper age limit on the sample that would exclude the older adolescent so that the issues being studied in
this research project would not tend to be confused. Also the sample was not large enough to allow for the inclusion of widely differing groups of subjects. (The age criterion refers to children’s ages at the commencement of the study.)

2.3 Characteristics of the mothers participating in the study and their families

The socio-economic status of the parents in the research sample was coded according to their occupations. The Index of Occupational Categories in South Africa (Schlemmer and Stopforth, 1979), was used as a guide to coding these occupations. and the list of occupational categories published from this Index by the Centre for Applied Social Sciences (C.A.S.S.) at the University of Natal, is reproduced in Table 2.2, below. The characteristics of the mothers and their families are given in Table 2.3, overleaf.

TABLE 2.2

CENTRE FOR APPLIED SOCIAL SCIENCES - C.A.S.S. - OCCUPATIONAL CATEGORIES

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PROFESSIONAL AND MANAGERIAL</td>
</tr>
<tr>
<td>2</td>
<td>MIDDLE WHITE COLLAR</td>
</tr>
<tr>
<td>3</td>
<td>MANUAL FOREMEN, SKILLED ARTISANS, FARMERS AND STATUS EQUIVALENT</td>
</tr>
<tr>
<td>4</td>
<td>ROUTINE NON-MANUAL AND SEMI-SKILLED MANUAL</td>
</tr>
<tr>
<td>5</td>
<td>UNSKILLED MANUAL AND MENIAL</td>
</tr>
</tbody>
</table>
CHAPTER 2

TABLE 2.3

CHARACTERISTICS OF 28 MOTHERS PARTICIPATING IN THE IMPACT STUDY AND THEIR FAMILIES

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>PARTICIPANT CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age of Mothers (in Years)</td>
<td>35.1 (26-46)**</td>
</tr>
<tr>
<td>Average age of Fathers (in Years)</td>
<td>38.9 (29-54)**</td>
</tr>
<tr>
<td>Maternal Educational Qualifications:</td>
<td></td>
</tr>
<tr>
<td>(1) 2 to 4 Years Secondary Education</td>
<td>4 (14.3%)</td>
</tr>
<tr>
<td>(2) Matriculation or Foreign Equivalent</td>
<td>16 (57.1%)</td>
</tr>
<tr>
<td>(3) Tertiary Education: Post Graduate</td>
<td>1 (3.6%)</td>
</tr>
<tr>
<td>(4) Graduate</td>
<td>0</td>
</tr>
<tr>
<td>(5) Diploma</td>
<td>7 (25.0%)</td>
</tr>
<tr>
<td>Paternal Educational Qualifications:</td>
<td></td>
</tr>
<tr>
<td>(1) 2 to 4 Years Secondary Education</td>
<td>5 (17.8%)</td>
</tr>
<tr>
<td>(2) Matriculation or Foreign Equivalent</td>
<td>13 (46.4%)</td>
</tr>
<tr>
<td>(3) Tertiary Education: Post Graduate</td>
<td>0</td>
</tr>
<tr>
<td>(4) Graduate</td>
<td>4 (14.3%)</td>
</tr>
<tr>
<td>(5) Diploma</td>
<td>4 (14.3%)</td>
</tr>
<tr>
<td>(6) National Technicians' Certificate (4-6)</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>Maternal Socio-economic Status:</td>
<td></td>
</tr>
<tr>
<td>C.A.S.S. Categories: 1</td>
<td>7 (25.0%)</td>
</tr>
<tr>
<td>2</td>
<td>19 (67.9%)</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>Paternal Socio-economic Status:</td>
<td></td>
</tr>
<tr>
<td>C.A.S.S. Categories: 1</td>
<td>12 (44.4%)</td>
</tr>
<tr>
<td>2</td>
<td>5 (18.5%)</td>
</tr>
<tr>
<td>3</td>
<td>8 (29.6%)</td>
</tr>
<tr>
<td>4</td>
<td>2 *(7.4%)</td>
</tr>
<tr>
<td>Average Age of Targeted Child (Years)</td>
<td>10.6 : (8-14)**</td>
</tr>
<tr>
<td>Sex of Targeted Children</td>
<td>12 (M) : 16 (F)</td>
</tr>
<tr>
<td>Average Family Size</td>
<td>1.9 Children</td>
</tr>
<tr>
<td>Average Age of Siblings (Years)</td>
<td>6.4 : (1-11)**</td>
</tr>
<tr>
<td>Sex of Siblings</td>
<td>18 (M) : 7 (F)</td>
</tr>
</tbody>
</table>

*One of the 28 Fathers was unemployed - so figures have been given for 27.

**Range of Ages

A description of the course followed by South African education, from school commencement to graduation at a secondary or tertiary level, is presented under this heading in Appendix 1.
2.4 **Measures**

2.4.1 **Adults**

The major instrument used in this Phase 1 of the study (Phase 2 is described in Chapter 3) was a semi-structured interview, constructed by the researcher on the basis of the literature and her clinical experience. The semi-structured interview consists of eight separate sections. These are:

1. Personal data
2. Socio-economic factors
3. Physical health
4. Psychological factors
5. Opinions and attitudes
6. The problems of rearing children as a single parent
7. Social issues
8. Divorce issues

The format of the interview schedule is flexible to allow for the collection of different types of data. Some of the questions require a simple Yes/No answer, while others need to permit a wider choice and are thus based on a Likert-scale-type series of statements which present seven possible choices. Yet other questions simply have numbers of possible alternatives from among which the respondent may select one or more.

Respondents were specifically asked to identify the feelings they experienced, both in general and about their divorce in particular. Long lists of feelings based on research findings reported in the literature concerning the emotions experienced by divorced persons and on the researcher’s clinical experience of working with divorced persons, were presented to the respondents who were asked to mark as many as were applicable. At the end of the lists, under the heading "other", respondents were asked to add any feelings that they had experienced but that were not included.

2.4.2 **Children**

As in the case of the Adult semi-structured interview, that designed for the children also comprises eight separate sections. Seven of these sections cover the same topics in both schedules; but Section 6, although it deals with the topic of single parent families in both instruments, differs in perspective in the child and adult versions. The adult Section 6 deals with
the problems of rearing children as a single parent, while the children’s Section 6 investigates the problems inherent in living in a single-parent family.

The format of the children’s interview schedule is as flexible as that of the adults, with some of the questions requiring simple Yes/No answers, while the answers to others are based on a Likert-scale-type series of statements with which the children were asked to signify their degree of agreement or disagreement on a five-point scale. The number of answer choices offered to the children are fewer than those offered to their mothers in this category of question in order to reduce the difficulty and to avoid possible confusion for these young respondents. Yet other questions are answered by the selection of one or more options from among a number of possible responses.

As with the adults, the children were encouraged to identify their feelings in regard to both personal and divorce-related matters. Long lists of feelings described in the literature as being commonly experienced by children of divorce, or reported to the researcher by children from divorced families with whom she had worked, were presented to the children who were asked to select as many as applied to them. They were also asked to add any feelings that they personally might have experienced in these contexts, but which did not appear on the lists.

Both the Adult and Children’s semi-structured interviews are reproduced in their entirety in Appendix 2.

2.5 Data Analysis

Most of the interview items were pre-coded so as to obtain a computer based analysis of information and frequencies with regard to the eight categories or issues as described earlier. There was also an opportunity for mothers and children to describe “other” possibilities in their life situations which had not been covered by the pre-coded items.

The Likelihood Ratio Chi-Square test was used for all the comparisons in this section - Short- and Long-term Effects of Divorce - since 25 to 50 percent of the cells had expected counts of less than 5, which meant that Chi-Square might not be a valid test. As is common in the Human Sciences, statistical significance in the present study is taken to be any figure of 0.05 or less. All tests where there is a directional finding were one-tailed.
2.6 Results

2.6.1 Adults - The Divorced Women

The Results are organized in relation to each of the hypotheses/predictions specified earlier. Hypothesis 1 predicts that mothers will suffer a number of adverse psychological effects consequent upon divorce. These effects will be described in (a) to (g), below.

(a) Downward economic mobility

It was predicted that the mothers would suffer a decrement in their financial situations as a result of their divorces. This prediction was borne out by the mothers own ratings of their post-divorce financial positions, as shown in Table 2.4, below, in which 50 percent of the mothers rated their financial positions as worse after the divorce than before it, 42.9 percent rated it as better and 7.1 percent stated that their financial situations remained unchanged.

| TABLE 2.4 |

| RATINGS MADE BY TWENTY-EIGHT MOTHERS OF POST DIVORCE CHANGES IN THEIR FINANCIAL POSITIONS |

<table>
<thead>
<tr>
<th>MUCH BETTER</th>
<th>BETTER</th>
<th>SOMEWHAT BETTER</th>
<th>NEUTRAL - NEITHER BETTER NOR WORSE</th>
<th>SOMEWHAT WORSE</th>
<th>WORSE</th>
<th>MUCH WORSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>17.9%</td>
<td>21.4%</td>
<td>3.6%</td>
<td>7.1%</td>
<td>21.4%</td>
<td>7.1%</td>
<td>21.4%</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td>NO CHANGE</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>42.9%</td>
<td></td>
<td></td>
<td>50.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BETTER</td>
<td></td>
<td></td>
<td>= 7.1%</td>
<td></td>
<td>WORSE</td>
<td></td>
</tr>
</tbody>
</table>

In addition, 82 percent of the single-parent units were forced to seek alternative accommodation after the divorce, while only 18 percent of the divorced families could afford to remain in the homes previously occupied by the intact families. Of the 82 percent who were forced to move, 47.8 percent rated the new neighbourhoods to which they relocated as equivalent to the old ones; 34.8 percent rated the new neighbourhoods as “down market” when compared to the previous neighbourhoods; and 17.4 percent rated their new neighbourhoods as “up market”. These figures are shown in Table 2.5, overleaf.
Seventy-one percent of the mothers had worked prior to the divorce, and twenty-nine percent had not. All the mothers included in this twenty-nine percent of non-workers, stated that it would now be necessary for them to find employment, in order to maintain a reasonable standard of living for themselves and their children. Three mothers who did not run cars prior to the divorce, did so after it. This represented an increase of 10.7 percent in car ownership (or on lease), after the divorce. Because the distances to be travelled in South Africa are relatively great and the public transport so poor and unreliable even in the large towns and cities, making sacrifices in other areas in order to afford running a car, is understandable. Similarly, the disastrously high crime rate in the country makes access to a telephone an essential, particularly in mother-headed, single-parent family units, where women and children live without male protection. Thus, it was not surprising to find that three family units who did not have telephones before the divorce, acquired them after the event. There were no changes in the number of families employing domestic help before and after the divorce, probably because most of the mothers were “working mothers” prior to the divorce, and so employed home help to assist in caring for the children.

Illustrated in Figure 2.1 overleaf, were the differences in the range of electronic equipment and leisure-time activities and entertainments, available to the mothers and their children, pre- and post-divorce. Some of these findings were consistent with the post-divorce tendency reported in the literature, to a downward economic mobility in the mother-headed, single-parent family. Examples from the structured interviews which supported these findings were: fewer visits to the movies; reduced access to record/tape players and records/tapes; a substantial reduction in extra-mural activities (for example, music and dancing lessons, private sports coaching, speech training, etc.) for the children; fewer holidays; a small reduction in the sporting activities, club memberships and other leisure-time pursuits of the fathers; and a substantial reduction in visits
FIGURE 2.1

DETAILS OF LEISURE-TIME ACTIVITIES AVAILABLE BEFORE AND AFTER DIVORCE

- TELEVISION
- M NET (PAY CHANNEL)
- MOVIES
- DINING OUT
- PARTIES
- CHILDREN'S OUTINGS
- CHILDREN'S EXTRA-MURAL
- MOTHER HOBBIES
- FATHER ACTIVITIES
- HOLIDAYS
- RECORDS/RECORD PLAYERS

% OF TOTAL

PRESENTLY
PREVIOUSLY
to the hairdresser or beautician, and in attendance at aerobics or "keep-fit" classes, or in participation in creative hobbies like pottery or quilting, on the part of the mothers.

There were small post-divorce increases in the provision of birthday or special occasion parties for the children, and in their participation in school tours and outings. This suggests a possible maternal attempt to compensate the children for the divorce, or might represent an example of maternal overindulgence, for the same reason.

(b) Anxiety and a sense of Bereavement;
(c) Feelings of Generalized Insecurity, Guilt and Depression; and
(d) High levels of Resentment and Anger

It was predicted that the mothers would experience: (b) anxiety and a sense of bereavement, manifested as grief, as a result of the "loss" of their former partners through divorce; (c) general feelings of insecurity as lone parents, guilt concerning the breakdown of their marriages and the potentially detrimental effects on their children of growing up in single-parent families, as well as feelings of depression; and (d) high levels of resentment and anger generated by the adversarial nature of divorce. Substantial numbers of the mothers (more than 40 percent) selected the emotions enumerated above, as the major negative feelings that they experienced after divorce. These were selected from an array of twenty-four pre-coded feelings presented for their consideration in the semi-structured interview questionnaire. The numbers and percentages (of the total of 28) who selected each of the options are shown in table 2.6, below.

TABLE 2.6
EMOTIONS EXPERIENCED BY 28 MOTHERS POST-DIVORCE

<table>
<thead>
<tr>
<th>PRE-CODED EMOTIONS</th>
<th>Number of mothers experiencing each emotion</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>20</td>
<td>71.4</td>
</tr>
<tr>
<td>Sense of Bereavement (Grief)</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>Feelings of Generalized Insecurity</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>Guilt</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>Depression</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td>Resentment</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>Anger</td>
<td>15</td>
<td>53.6</td>
</tr>
</tbody>
</table>

As shown in Table 2.6, above, the major feelings experienced by a substantial number of the mothers were correctly predicted in Hypothesis 1.
(e) **Heightened Stress**

It was predicted that the mothers would experience a state of heightened stress after their divorces. Stress was manifested as an acknowledged change in their psychological well-being. Participants were asked to choose one or more options from an array of eight possible causes of change in their psychological well-being, as indicated in Table 2.7, below.

**TABLE 2.7**

**CAUSES OF POST-DIVORCE CHANGES IN THE PSYCHOLOGICAL WELL-BEING OF 28 MOTHERS**

<table>
<thead>
<tr>
<th>Causes</th>
<th>Number of mothers selecting each cause</th>
<th>Percentage of Total (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relief - no more quarrelling</td>
<td>10</td>
<td>35.7</td>
</tr>
<tr>
<td><strong>1</strong> Stress - work or other pressures</td>
<td>15</td>
<td>53.6</td>
</tr>
<tr>
<td>The good feelings - being your own person</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>2</strong> Worry - about financial situation</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Stimulation - meeting challenges as a lone person</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>Unhappiness - resulting from loneliness</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Pride - at having the strength to end a bad marriage</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>2</strong> Insecurity - about coping as a lone parent</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>NEUTRAL - No change in psychological well-being</td>
<td>4</td>
<td>14.3</td>
</tr>
</tbody>
</table>

**1** Stress is the variable concerned  
**2** Additional aspects of the post-divorce stress experienced by the mothers.

Thus Table 2.7 above shows that, as predicted, a substantial number of the mothers experienced heightened stress after their divorces.

(f) **Diminished Self-Esteem**

It was predicted that the mothers would suffer a diminution in self-esteem as a result of their divorces. Almost one-third (32.1 percent) acknowledged that they thought more negatively about themselves after their divorces than before, 14.3 percent stated that there was no difference in the way they thought about themselves before and after the event, and 53.6 percent thought more positively about themselves. In addition, presented with a Likert-scale type question offering
seven options regarding post-divorce maternal levels of self-esteem, the participants were asked to select the option that best described the state of their self-regard. The results are shown in Table 2.8, below.

TABLE 2.8

POST-DIVORCE LEVELS OF SELF-ESTEEM OF 28 MOTHERS

<table>
<thead>
<tr>
<th>Self-Esteem Categories</th>
<th>Number of Mothers</th>
<th>Percentage of Total (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High S-E</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>High S-E</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>Somewhat High S-E</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>TOTAL &quot;HIGH&quot; SELF-ESTEEM</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>Neutral - Neither High nor Low S-E</td>
<td>4</td>
<td>14.3</td>
</tr>
<tr>
<td>Somewhat Low S-E</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>Low S-E</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td>Very Low S-E</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>TOTAL &quot;LOW&quot; SELF-ESTEEM</td>
<td>11</td>
<td>39.3</td>
</tr>
</tbody>
</table>

Of interest in the results shown in Table 2.8, above, is that 12 of the 13 participants who selected an option on the "High Self-Esteem" dimension, chose the "Somewhat High Self-Esteem" or lowest of the "High Self-Esteem" categories. Conversely, just more than half of the participants who selected an option on the "Low Self-Esteem" dimension, chose the middle or "Low Self-Esteem" category. These results support the prediction that a substantial number of mothers experienced a diminution in self-esteem after their divorces.

(g) Lack of Confidence

It was predicted that the mothers would experience a lack of confidence in themselves after their divorces. As predicted, nearly two-fifths (39.3 %) of the participants acknowledged that they were not as confident after their divorce as they had been before it. In addition, the participants were presented with a Likert-scale type question offering seven options regarding post-divorce maternal levels of confidence and were asked to select the option that best described their post-divorce confidence levels. These results are shown in Table 2.9, overleaf.
### TABLE 2.9

**POST-DIVORCE LEVELS OF CONFIDENCE OF 28 MOTHERS**

<table>
<thead>
<tr>
<th>Confidence Level Categories</th>
<th>Number of Mothers choosing each option</th>
<th>Percentage of Total (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Confident</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>Confident</td>
<td>11</td>
<td>39.3</td>
</tr>
<tr>
<td>Somewhat Confident</td>
<td>5</td>
<td>17.8</td>
</tr>
<tr>
<td>TOTAL CONFIDENT</td>
<td>19</td>
<td>67.8</td>
</tr>
<tr>
<td>Neutral - Neither Confident nor Lacking Confidence</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Somewhat Lacking Confidence</td>
<td>5</td>
<td>17.8</td>
</tr>
<tr>
<td>Lacking Confidence</td>
<td>3</td>
<td>10.7</td>
</tr>
<tr>
<td>Very Lacking Confidence</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>TOTAL LACKING CONFIDENCE</td>
<td>9</td>
<td>32.1</td>
</tr>
</tbody>
</table>

As predicted, Table 2.9 indicates that nearly one-third (32.1%) of the mothers reported varying degrees of diminished confidence after their divorces.

#### 2.6.2 Short- and Long-term effects of Divorce

The same sample of 28 mothers was used to examine the short- and long-term effects of divorce. The second proposition (H2) hypothesizes that mothers who have been divorced for a relatively long period of time (over two years) will have begun to adapt to their changed circumstances and will show a significant reduction in the adverse effects of divorce as described in (a) to (g) for the mothers in the previous section (Section 2.6). "Over two years" was selected as the cut-off point for long-term divorce since two years is generally the time that normal Grief/Bereavement tends to last.

(a) **Downward economic mobility**

As shown in Table 2.10 overleaf, 70 percent of the short-term divorcées reported that their financial positions had worsened since their divorces, while only 38.9 percent of the long-term divorcées regarded their financial positions as being worse since the dissolution of their
<table>
<thead>
<tr>
<th>FINANCIAL POSITION CATEGORIES</th>
<th>SHORT-TERM</th>
<th></th>
<th>LONG-TERM</th>
<th></th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Divorcées</td>
<td>% of the Total</td>
<td>Number of Divorcées</td>
<td>% of the Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>who chose each Category (N = 10)</td>
<td>(N = 18)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much Better</td>
<td>0</td>
<td>0.0</td>
<td>5</td>
<td>27.8</td>
<td></td>
</tr>
<tr>
<td>Better</td>
<td>1</td>
<td>10.0</td>
<td>4</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>Somewhat Better</td>
<td>1</td>
<td>10.0</td>
<td>1</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>TOTAL - BETTER</td>
<td>2</td>
<td>20.0</td>
<td>10</td>
<td>55.6</td>
<td></td>
</tr>
<tr>
<td>Neutral - neither Better nor Worse</td>
<td>1</td>
<td>10.0</td>
<td>1</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Somewhat Worse</td>
<td>2</td>
<td>20.0</td>
<td>4</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>Worse</td>
<td>1</td>
<td>10.0</td>
<td>1</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Much Worse</td>
<td>4</td>
<td>40.0</td>
<td>2</td>
<td>11.1</td>
<td></td>
</tr>
<tr>
<td>TOTAL - WORSE</td>
<td>7</td>
<td>70.0</td>
<td>7</td>
<td>38.9</td>
<td></td>
</tr>
<tr>
<td>p Level</td>
<td></td>
<td></td>
<td></td>
<td>0.17</td>
<td></td>
</tr>
</tbody>
</table>
Thus as predicted, the long-term divorcées had begun to adapt to their changed circumstances, as shown in the comparison between the two groups, which indicated that a far greater percentage of the short-term divorcées rated their financial positions as worse after the divorce than before it; and, conversely, a greater percentage of long-term divorcées rated their financial positions as better after the divorce than before it. However when the post-divorce difference in financial position reported by the short- and long-term divorcées, respectively, was compared statistically, it was found to be insignificant - $p = 0.17$.

Furthermore, 4 or 40 percent of the short-term divorcées and their children were still living in the pre-divorce family homes, while only 1 or 5.6 percent of the long-term divorcées remained in such familiar surroundings. This meant that a fairly large proportion of the recently divorced had yet to deal with the trauma of moving to new and probably inferior accommodation, located in poorer, unfamiliar neighbourhoods, and the children would in all probability have to move to new schools and make new friends.

Finally, 3 or 30 percent and 5 or 27.8 percent, respectively, of short- and long-term divorcées, who had not previously worked, would now have to seek employment in order to maintain a reasonable standard of living for themselves and their children.

(b) Anxiety and a sense of Bereavement;
(c) Feelings of Generalized Insecurity, Guilt and Depression, and
(d) High levels of Resentment and Anger

It was predicted that with the adaptation to their changed circumstances, the long-term divorcées would show a significant reduction in the adverse effects of the emotions enumerated in the heading above. This is illustrated in Table 2.11, overleaf.

As predicted, there was a reduction in adverse effects of the emotions listed above for those mothers who had been divorced for two years or more. However, this reduction was not statistically significant in all cases. The mothers experiencing anxiety, a sense of bereavement and anger, did not show a statistically significant reduction in the effects of these emotions with the passage of time; but those experiencing feelings of generalized insecurity, guilt, depression and resentment did, as indicated in Table 2.11, overleaf.
TABLE 2.11

COMPARISON OF POST-DIVORCE NUMBERS OF SHORT- AND LONG-TERM DIVORCEE EXPERIENCING SPECIFIC FEELINGS SELECTED FROM AN ARRAY OF PRE-CODED RELEVANT EMOTIONS

<table>
<thead>
<tr>
<th>EMOTIONS</th>
<th>SHORT-TERM</th>
<th></th>
<th></th>
<th></th>
<th>LONG-TERM</th>
<th></th>
<th></th>
<th></th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of</td>
<td>% of Total</td>
<td>Number of</td>
<td>% of Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divorcees</td>
<td>(N = 10)</td>
<td>Divorcees</td>
<td>(N = 18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>9</td>
<td>90</td>
<td>11</td>
<td>61.1</td>
<td>0.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of Bereavement/Grief</td>
<td>7</td>
<td>70</td>
<td>6</td>
<td>33.3</td>
<td>0.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings of Generalized Insecurity</td>
<td>8</td>
<td>80</td>
<td>4</td>
<td>22.2</td>
<td>0.002*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilt</td>
<td>7</td>
<td>70</td>
<td>5</td>
<td>27.8</td>
<td>0.03*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>8</td>
<td>80</td>
<td>6</td>
<td>33.3</td>
<td>0.007*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resentment</td>
<td>7</td>
<td>70</td>
<td>5</td>
<td>27.8</td>
<td>0.03*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>7</td>
<td>70</td>
<td>8</td>
<td>44.4</td>
<td>0.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Statistically significant levels.

(e) Heightened Stress

It was predicted that with adaptation to their circumstances, long-term divorcées would show a significant reduction in heightened stress, as compared with short-term divorcées. Stress was included in an array of 8 possible causes of change in the psychological well-being of the participants after divorce, as shown in Table 2.12, overleaf. Worry about their financial situation and the feelings of insecurity generated by their uncertainty about being able to cope as lone parents, were taken as additional aspects of the stress experienced by the mothers.
**TABLE 2.12**

**NUMBERS OF SHORT- AND LONG-TERM DIVORCÉES EXPERIENCING HEIGHTENED STRESS OR OTHER CAUSES EFFECTING CHANGES IN THEIR PSYCHOLOGICAL WELL-BEING**

<table>
<thead>
<tr>
<th>Causes of change in psychological Well-being</th>
<th>SHORT-TERM</th>
<th></th>
<th>LONG-TERM</th>
<th></th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Divorcees</td>
<td>% of Total (N = 10)</td>
<td>Number of Divorcees</td>
<td>% of Total (N = 18)</td>
<td></td>
</tr>
<tr>
<td>Relief - no more quarrelling</td>
<td>5</td>
<td>50.0</td>
<td>5</td>
<td>27.8</td>
<td>0.34</td>
</tr>
<tr>
<td>1 Stress - work or other pressures</td>
<td>7</td>
<td>70.0</td>
<td>8</td>
<td>44.4</td>
<td>0.19</td>
</tr>
<tr>
<td>The good feelings - being your own person</td>
<td>3</td>
<td>30.0</td>
<td>4</td>
<td>22.2</td>
<td>0.65</td>
</tr>
<tr>
<td>2 Worry - about financial situation</td>
<td>6</td>
<td>60.0</td>
<td>1</td>
<td>5.6</td>
<td>0.001*</td>
</tr>
<tr>
<td>Stimulation - meeting challenges as a lone person</td>
<td>2</td>
<td>20.0</td>
<td>1</td>
<td>5.6</td>
<td>0.25</td>
</tr>
<tr>
<td>Unhappiness - resulting from loneliness</td>
<td>3</td>
<td>30.0</td>
<td>1</td>
<td>5.6</td>
<td>0.08</td>
</tr>
<tr>
<td>Pride - at having the strength to end a bad marriage</td>
<td>3</td>
<td>30.0</td>
<td>1</td>
<td>5.6</td>
<td>0.82</td>
</tr>
<tr>
<td>2 Insecurity - about coping as a lone parent</td>
<td>5</td>
<td>50.0</td>
<td>2</td>
<td>11.1</td>
<td>0.02*</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0</td>
<td>4</td>
<td>22.2</td>
<td></td>
</tr>
<tr>
<td>NEUTRAL - No change in psychological well-being</td>
<td>0</td>
<td>0.0</td>
<td>4</td>
<td>22.2</td>
<td></td>
</tr>
</tbody>
</table>

1 The variable concerned

2 Additional aspects of stress - the variable concerned.

* Indicates statistical significance
As predicted, Table 2.12, on the previous page, indicates that a smaller proportion of the long-term divorcees reported heightened stress (44.4 percent) as compared with the short-term divorcees (70 percent). But this difference was insufficient to reach statistical significance. However, both the additional aspects of stress (i.e. worry about their financial situations and insecurity about coping as lone parents) showed statistically significant differences between the short- and long-term divorcees, thus indicating a statistically significant reduction in the effects of these stressors on the long-term divorcees.

(f) Diminished Self-Esteem

It was predicted that with adaptation to their new circumstances after divorce, the long-term divorcees would show a significant reduction in the adverse effects on their self-esteem, as compared with the short-term divorcees. As shown in Table 2.13, below, this prediction was partially valid, in that a greater percentage (55.6%) of the long-term divorcees reported varying degrees of positive self-esteem, as compared with a figure of only 30 percent for short-term divorcees reporting such feelings of positive self-regard.

<table>
<thead>
<tr>
<th>Categories of Self-Esteem</th>
<th>SHORT-TERM</th>
<th>LONG-TERM</th>
<th>p Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Divorcees</td>
<td>% of Total (N = 10)</td>
<td>Number of Divorcees</td>
</tr>
<tr>
<td>Very High S-E</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>High S-E</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat High S-E</td>
<td>3</td>
<td>30.0</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL ‘HIGH’ SELF-ESTEEM</td>
<td>3</td>
<td>30.0</td>
<td>10</td>
</tr>
<tr>
<td>Neutral - Neither High nor Low S-E</td>
<td>1</td>
<td>10.0</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Low S-E</td>
<td>1</td>
<td>10.0</td>
<td>3</td>
</tr>
<tr>
<td>Low S-E</td>
<td>4</td>
<td>40.0</td>
<td>1</td>
</tr>
<tr>
<td>Very Low S-E</td>
<td>1</td>
<td>10.0</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL ‘LOW’ SELF-ESTEEM</td>
<td>6</td>
<td>60.0</td>
<td>5</td>
</tr>
</tbody>
</table>

Nevertheless, the differences cited above failed to reach statistical significance - $p = 0.25$ - which suggests that divorce has a relatively enduring effect on the self-esteem of those concerned.
Finally, it was predicted that the long-term divorcées would have begun to adapt to their changed circumstances, and would thus show a significant reduction in lack of confidence, as compared with the short-term divorcées.

The partial validity of this prediction is shown in Table 2.14, below, which indicates that more than three-quarters (77.8 percent) of the long-term divorcées expressed varying degrees of confidence, while less than one-quarter of their number (22.2 percent) reported experiencing some degree of lack of confidence. Conversely, half the short-term divorcées expressed varying degrees of confidence, while the other half reported experiencing varying degrees of lack of confidence.

### TABLE 2.14

<table>
<thead>
<tr>
<th>Categories of Confidence</th>
<th>SHORT-TERM</th>
<th>LONG-TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Divorcees</td>
<td>% of Total (N = 10)</td>
</tr>
<tr>
<td>Very Confident</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Confident</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Somewhat Confident</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>TOTAL CONFIDENT</td>
<td>5</td>
<td>50.0</td>
</tr>
<tr>
<td>Neutral - Neither confident nor lacking confidence</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Somewhat lacking Confidence</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Lacking Confidence</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Very Lacking in Confidence</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>TOTAL LACKING CONFIDENCE</td>
<td>5</td>
<td>50.0</td>
</tr>
</tbody>
</table>

A comparison of short- and long-term divorcées in respect of confidence levels failed to yield a sufficient reduction in adverse post-divorce effects to reach statistical significance - p = 0.14. As with self-esteem, the suggestion is that divorce has a fairly enduring effect on the confidence levels of those involved.
2.6.3 Children

The third hypothesis is that divorce has adverse psychosocial effects upon the children of divorce, and these are discussed below.

(a) Lack of money for entertainment and new clothes; and
(b) the unavailability of facilities formerly present in the intact family

Of the 28 children in the impact study, 15 (or 53.6 percent) lost access to certain electronic equipment formerly available to them for leisure-time entertainment in the intact family. The type of equipment to which they no longer had access and the numbers of children affected are given in Table 2.15, below.

<table>
<thead>
<tr>
<th>Type of Electronic Equipment</th>
<th>Number of Children concerned</th>
<th>% of Total number concerned (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video Cassette Recorders</td>
<td>9</td>
<td>32.1</td>
</tr>
<tr>
<td>M-net Decoders (Pay Channel)</td>
<td>7</td>
<td>25.0</td>
</tr>
<tr>
<td>Music Centres</td>
<td>10</td>
<td>35.7</td>
</tr>
<tr>
<td>Records/Tapes and Record/Tape Players</td>
<td>8</td>
<td>28.6</td>
</tr>
</tbody>
</table>

This equipment was no longer available to the children either because their custodial parents found it too expensive to replace or repair it when it broke down, or more often, because the non-custodial parent laid claim to it and so removed it when the parents separated. Sixteen of the single-parent units had to replace basic television sets after the divorce - five because the old sets were faulty and beyond repair, and eleven because the original sets were removed by the non-custodial parents at the time of separation. This meant that all of the single-parent families had at least a basic television set for some leisure-time entertainment.

Given three options - always, sometimes, never - to indicate how frequently they were able to buy new clothes and school uniforms for the children as soon as this was necessary, 20 of the mothers stated that they could only sometimes buy new clothes for the children when these were needed. In addition 6 of these children (21.4 percent) were only sometimes provided with new
school uniforms when these were required, while the remaining 22 (78.6 percent) always had their school uniforms replaced as soon as this was necessary. The children corroborated these facts independently in their interviews.

In South Africa, it is generally a legal requirement, written into the Final Divorce Order, that non-custodial fathers, who are usually the major wage earners, provide the children's school uniforms and pay their school fees. The relative financial positions of the divorcing couple are, of course, taken into account.

At the time of the semi-structured interview, 15 (53.6 percent) of the children did not participate in any form of private extra-mural activities after school, and 13 (46.4 percent) did. Prior to the family breakdown, 20 (71.4 percent) of the children had regularly engaged in such activities - which included private tennis, swimming coaching; art, dancing, speech training or music lessons; and modelling or horse-riding classes - while 8 (28.6 percent) had not.

The foregoing testifies to the validity of this section of the hypothesis, and is wholly consistent with the typical downward economic mobility of the single-parent, mother-headed family unit described in the literature as a common consequence of divorce.

(c) Negative psychosocial effects arising from enforced relocation because of the sale of family homes after the divorce

It was predicted that the children would suffer adverse effects after the divorce because of their enforced relocation consequent upon the sale of their family homes which generally became necessary in order to meet the financial requirements of the divorce settlements. In the impact study, 23 of the 28 (82.1 percent) single-parent units were forced to relocate to new and generally poorer neighbourhoods. For the children this meant attending new schools and making new friends, as well as having to deal with the general disruption of living in unfamiliar and less comfortable surroundings. Nine, or nearly one-third (32.1 percent) of the children had to share often smaller and less comfortable bedrooms with a family member in their new accommodation. This was particularly irksome for the 5 (17.9 percent) children who had been accustomed to having their own separate bedrooms in the family homes occupied by their intact families prior to the divorce.

(d) Sadness and grief consequent upon the "loss" of the non-custodial parent and/or unsatisfactory access conditions

It was predicted that the children would suffer feelings of sadness and grief at being separated from the non-custodial parent, and that they might find the access conditions unsatisfactory. The childrens' reactions to "losing" their non-custodial parent are shown in Table 2.16, overleaf. The
information set out in this Table shows that the prediction was correct. Furthermore, 15 (53.6 percent) of the children declared themselves unhappy about their parents’ divorce, while 13 (46.4 percent) stated that they were shocked by the event. This unhappiness appeared, in part at least, to be related to the children’s reluctance to “share” their fathers with stepmothers’ like-aged children. Seventeen of the children (60.7 percent) stated that they would be unhappy or very unhappy if they had to live with and share their fathers with stepmothers’ like-aged children; whereas only 6 of these children (21.4 percent) felt that they would be unhappy or very unhappy living with and sharing their mothers with stepfathers’ like-aged children.

TABLE 2.16

OPTIONS CHOSEN BY 28 CHILDREN OF DIVORCE INDICATING HOW MUCH THEY MISSED THE NON-CUSTODIAL PARENT FOLLOWING PARENTAL SEPARATION

<table>
<thead>
<tr>
<th>Options chosen which indicate how much the non-custodial parent was missed</th>
<th>Number of Children choosing each option</th>
<th>% of Total (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very much</td>
<td>16</td>
<td>57.1</td>
</tr>
<tr>
<td>A little</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td>Not at all</td>
<td>4</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Ten, or just over one-third (35.7 percent) of the children declared themselves dissatisfied with the access conditions; 9, (32.1 percent) of these because they wished to see the non-custodial parent more frequently, while the tenth child felt that the access was too frequent. Eighteen (64.3 percent) of the children were satisfied with the access conditions. The frequency of the non-custodial fathers’ access to the children is set out in Figure 2.2, overleaf.
(e) Feelings of anger or rage; and
(f) feelings of depression (moodiness, worry and unhappiness) and frustration (upset and tension)

It was predicted that the children would experience feelings of anger or rage, as well as feelings of depression characterized by moodiness, worry and unhappiness, and feelings of frustration characterized by feelings of upset and tension, as a result of their parents' divorce. Offered an array of thirteen pre-coded feelings the children were asked to choose those that they experienced after the breakdown of their families. Their selections of the major feelings experienced are presented in Table 2.17, below. These results testify to the validity of the predictions.

**TABLE 2.17**

**EMOTIONS EXPERIENCED BY THE 28 CHILDREN AS A RESULT OF THEIR PARENTS' DIVORCES**

<table>
<thead>
<tr>
<th>Pre-coded feelings</th>
<th>Number of children experiencing each feeling</th>
<th>Percentage of Total (N = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>19</td>
<td>67.8</td>
</tr>
<tr>
<td>Depression:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moodiness</td>
<td>13</td>
<td>46.4</td>
</tr>
<tr>
<td>Worry</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>Unhappiness</td>
<td>12</td>
<td>42.9</td>
</tr>
<tr>
<td>Frustration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upset</td>
<td>16</td>
<td>57.1</td>
</tr>
<tr>
<td>Tension</td>
<td>9</td>
<td>32.1</td>
</tr>
</tbody>
</table>
(g) Confusion and the possible development of behaviour problems as the result of lax discipline and poor limit setting in the new single-parent family

It was predicted that the children would be confused and that they would probably develop behaviour problems as the result of lax discipline and poor limit setting in the new single-parent family. Fifteen (53.7 percent) of the children admitted to being spoilt by their mothers and 17 (60.7 percent) said that they were spoilt by their fathers. Of these spoilt children, 11 (39.3 percent) claimed to be spoilt by both parents. Seven (25.0 percent) of the children declared that they were not spoilt by either parent.

The ways in which the parents reacted to the 21 who reported being spoilt by them are examined overleaf, in Table 2.18.
# TABLE 2.18

REPORTS BY 21 OF THE 28 CHILDREN CONCERNING THE WAYS IN WHICH THEY REGARDED THEIR PARENTS AS “SPOILING” THEM

<table>
<thead>
<tr>
<th>Ways in which the parents spoilt their children</th>
<th>Numbers of children spoilt and by whom</th>
<th>Percentages of children spoilt by one or both parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mothers (N = 15)</td>
<td>Fathers (N = 17)</td>
</tr>
<tr>
<td>1. Buys child whatever s/he asks for</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2. Takes the child wherever s/he wishes to go</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>3. Thinks up treats for the child - even when these are undeserved</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>4. Always allow the child to have his/her own way</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5. Threatens punishment but fails to carry out threat</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>6. Other*</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*This child confused his mother’s reward plan for improved scholastic performance with “spoiling” - so he stated that he was only “spoilt” when he did well at school.
The inconsistent and/or overly permissive approach of just under half of the divorced mothers in the impact study, as shown in Table 2.18, on the previous page - this being consistent with the situation reported in the literature - strongly suggests that these parents encountered problematic and non-compliant behaviours in their children. The suggestion is further strengthened by the admission of 13 (46.4 percent) of the mothers that they were not able to discipline their children effectively, while 12 (42.9 percent) felt that they could discipline effectively, and 3 (10.7 percent) assumed a neutral position. Thus the final prediction made in the third hypothesis is supported by the data.

2.7 Discussion

The results of the impact study support much of the material reported in the literature, and confirmed the fact that both adults and children suffer adverse psychosocial effects as a consequence of divorce.

The results will be considered in relation to each of the hypotheses on which the study was based and some of the methodological problems will be discussed.

2.7.1 Adults - The Divorced Women

Seven specific areas (a) to (g) were considered in framing the first hypothesis, namely, that the divorced mothers would suffer adverse psychosocial effects as a result of their divorces.

The first area focused upon the downward economic mobility which follows divorce. In the post-separation/divorce situation an income that formerly financed a single family unit now had to provide a livelihood for two separate households. In the present study, only five of the twenty-eight single-parent families were still living in the homes they had occupied prior to the divorce - and even this small number had no guarantee that this would be a permanent arrangement. The other twenty-three single-parent units had been forced to relocate to alternative accommodation which was less spacious and less comfortable and situated in poorer neighbourhoods. Half the mothers rated their financial positions as worse after the divorce than before it. Among other disadvantages these families had reduced access to certain electronic equipment for leisure-time entertainment, fewer visits to the movies, and there was a sharp reduction in maternal visits to the hairdresser and/or the beautician and they had to cease or curtail their attendance at aerobics or other “keep-fit” classes. Nor could many of these divorced women any longer afford to participate in hobbies like pottery or quilting that they had formerly enjoyed. In addition, eight mothers who had not been employed prior to the divorce stated that they would now have to seek employment in order to provide a reasonable standard of living for themselves and their children. All these factors testify to the validity of the prediction that the divorced families would find
themselves in a worse financial position than they were in, prior to the divorce.

The second area examined involved the anxiety feelings and sense of bereavement typically experienced by divorced women. As predicted most of the mothers acknowledged that they were frequently anxious about their worsened financial positions; about coping with the many responsibilities they had to shoulder as lone parents; about the future - and about numerous other issues.

Also in keeping with the prediction, a smaller number admitted to feeling a keen sense of bereavement with the loss of their former partners. These women described the almost intolerable loneliness that they felt, and spoke of the hardship of having no one to consult with, or to share their doubts with, especially when they had to make difficult decisions about the children or about important family matters.

The third area involved the feelings of generalized insecurity, guilt and depression that assailed these lonely, divorced women. As predicted, many of them acknowledged that they experienced insecurity and guilt, and reported suffering painful bouts of post-divorce depression. The feelings of generalized insecurity arose mainly from fears of being unable to cope with the responsibilities of lone parenting; but also from the many problems inherent in living alone. The guilt feelings stemmed primarily from the fact of the divorce itself, and from the concern of the mothers that their children would be detrimentally effected by growing up in a single parent family and because they felt responsible for depriving their children of their fathers.

The fourth area was concerned with the high levels of anger and resentment that the mothers harboured about the divorce. Most of them felt scorned, abandoned or betrayed - and this added a hostile dimension to their reactions to the event. As predicted a sizeable number of these divorcées admitted to such feelings of anger and resentment. An important factor in this regard is the adversarial nature of divorce in South Africa which fuels these negative and inimical reactions.

The fifth area included in the first hypothesis, looked at the heightened stress that is generated by the divorce. Divorce is recognized as a major transition, and the many changes that occur in the lives of those involved give rise to greatly increased stresses and strains. These conditions tend to persist until such time as the individuals are able to adapt to their new circumstances. As predicted most of the mothers acknowledged that they experienced heightened stress after their divorces.

The sixth area concerns the drop in self-esteem which typically accompanies divorce. As predicted many of the women involved felt unwanted, unattractive and boring, and believed that
it was because of these negative qualities that they were abandoned by their spouses. These women also often felt inadequate because they feared that they would be unable to discipline and manage the children effectively on their own - a feeling which was frequently intensified by the judgemental attitudes of hostile former spouses.

The seventh area examines the characteristic lack of confidence experienced by divorced women. In the present impact study, as predicted, a substantial number of the mothers reported varying degrees of "lack of confidence" after divorce, and acknowledged that they were less confident after divorce than they had been before the event.

2.7.2 Short- and long-term effects of divorce

Hypothesis 2 predicts that mothers who have been divorced for a relatively long period of time (over two years) will have begun to adapt to their changed circumstances and will show a significant reduction in the effects described in (a) to (g) in the previous section: 1. Adults: The divorced women. These predictions proved to be only partially correct in that not all the reductions in the post-divorce adverse effects described were statistically significant, though most of them were fairly substantial.

Statistically significant reductions in adverse effects of long-term divorce were apparent in (c): feelings of generalized insecurity, guilt, and depression; part of (d): high levels of resentment; and in aspects of (e): heightened stress, namely "worry about the financial situation" and "insecurity about coping as a lone parent". It seems reasonable to assume that these feelings and reactions peaked in intensity in the early stages of the post-divorce period, but that the mothers were able to adapt fairly rapidly to the circumstances causing these effects, so that they relatively quickly diminished or disappeared.

Conversely, however, the post-divorce effects described in the following did not show a statistically significant reduction after the first two years: (a): downward economic mobility; (b) anxiety and a sense of bereavement; part of (d): anger; part of (e): heightened stress - "regarding work and other pressures"; (f): diminished self-esteem; and (g): lack of confidence. This seems to suggest that these adverse effects were more pervasive and enduring and thus less susceptible to the process of adaptation. Thus they continued without abating markedly for much longer periods of time.

What must also be taken into account is the matter of individual differences. It may be that different individuals with their differing personalities and temperaments react to divorce in unique and individual ways - which would include the speed with which they would adapt to the various
aspects of important life events and the manner in which they would deal with personal crises. These features seem likely to be linked to the resilience or vulnerability of the individual concerned.

2.7.3 Children

Hypothesis 3 proposes that divorce has adverse psychosocial effects upon the children concerned. This is discussed in (a) to (g) below.

As predicted in (a): a lack of money for entertainment and new clothes; and (b): the unavailability of facilities formerly present in the intact family; have far-reaching effects on the children of divorce.

In the present technological age, children rely heavily upon electronic equipment for leisure-time entertainment in the home, especially when there is little money available for other types of entertainment. Television plays a prominent rôle in this regard, and equipment like the video-cassette recorder, which can be used to screen movies or to record favourite television programmes which are screened at inconvenient times, is an important adjunct to the television set. In the present study, the loss of access to video-cassette recorders after the divorce caused genuine distress to the children who had lost the use of these machines. Others lost access to M-Net decoders, which meant that they could no longer watch the pay channel. For them, this meant being excluded when their peers discussed programmes screened on this channel, which caused them great unhappiness because it made them feel alienated from their friends.

The teenagers, in particular, were deeply upset and frustrated by their loss of access to music centres and to record/tape players. Music is an important feature of the teenage culture and the group of children who were deprived of access to this type of electronic equipment responded with smouldering resentment.

Clothes also play an important rôle in the lives of children. In the present study, most of the children were often not provided with new clothes when these were needed, and even then, economy rather than fashion had to be the primary consideration in most of the single-parent families. Adolescents, and to a lesser degree, younger children, have a deep-seated need to conform by wearing the latest fashions as a means of identifying with their peers. An example of this need to conform is illustrated by the international success achieved by the manufacturers of "blue jeans", which were adopted by the young in all countries of the world. Adolescents and children who cannot afford to dress in accordance with the latest "craze" - and thus are unable to conform - feel painfully excluded. Many of them choose to forgo a party or function simply because they feel that they do not have "the right clothes" to wear.
These factors impinge negatively on their already poor self-esteem.

While living in their intact families, most of the children participated in private extra-mural activities like tennis or swimming coaching, art, dancing, speech training, or music lessons; and modelling or horse-riding classes. After the divorce, a far smaller number were able to participate in such occupations because of a lack of funds and the difficulties encountered by the single parents in transporting their children to and from these activities. These problems are compounded by the lamentable inadequate Public Transport system in South Africa. Those children who had to give up their extra-mural activities lost the satisfaction and/or the opportunity for ego-enhancement that results from participating in activities in which they could excel.

The negative psychosocial effects which arose from the enforced relocation of most of the children with the sale of their family homes after the divorce, is dealt with in (c), below. As predicted this factor created great disruption in the lives of the children concerned, most of whom moved to smaller, less comfortable dwelling places in unfamiliar, generally down-market neighbourhoods. They had to attend new schools and make new friends. All this occurred at a time when they were especially vulnerable, having been recently separated from their fathers, and so they were in the throes of a major transition when they were forced to cope with the stress and strain of enduring a number of additional changes, all happening simultaneously.

Sadness and grief consequent upon the “loss” of the non-custodial parent and/or dissatisfaction with the access conditions is dealt with in (d), below. As predicted, more than half the children voiced their unhappiness about the parental divorce, while the remainder expressed shock about the event. Three-fifths of the children stated that they missed their fathers “very much”, while a little under a third of their number said that they missed their fathers “a little”.

Of interest in this regard, is the fact that three-fifths of the children declared that they would be unhappy or very unhappy if they had to live with and “share” their fathers with a step-mother’s like-aged children; whereas just over one-fifth of the children had similar reservations about living with and “sharing” their mothers with a step-father’s like-aged children.

It seems reasonable to suggest that since so much less time is spent with the non-custodial parent than with the custodial parent, the children believed that they would resent and imagined that they would find the presence of other children intrusive during these precious periods of togetherness with their fathers. This also seems to be borne out by the fact that almost one-third of the children stated that they would like to see their non-custodial fathers more frequently.

Discussed under (e) and (f) were the predications that the major post-divorce emotions that the children would experience would be anger or rage; depression (characterized by moodiness,
worry and unhappiness); and frustration (characterized by upset and tension). These predictions proved correct, since these emotions were selected far more frequently than any of the others presented in the array of thirteen pre-coded feelings offered in the semi-structured interview. Over two-thirds of the children experienced anger or rage; more than half felt extremely upset and almost one-third experienced tension - the feelings which characterized frustration; while more than two-fifths experienced moodiness, worry and unhappiness, respectively, these being feelings which characterize depression.

It is wholly understandable that the children of divorce should experience anger, depression and frustration, since they find themselves embroiled in a situation that is not of their making and which is totally out of their control. Most of them would not choose to have their parents divorce - but they have absolutely no say in the matter. Many of the children have to live with their parents' new partners - and often with the new partner's children, whether or not they find these people congenial or even tolerable. They are not consulted in any way, and in some instances children have to live with a succession of parental partners, who drift in and out of their lives. In those instances where the children establish good relationships with some of these partners and grow fond of them, they suffer a series of painful “losses” which are emotionally damaging to children who develop best when exposed to a continuity of association with the significant persons in their lives.

Finally, in (g), the confusion felt and the possible development of behaviour problems by the children, is discussed. This comes about as a result of the lax discipline and poor limit setting which is prevalent in many single-parent families. By their own admission, over half of the children were spoilt by their mothers; three-fifths were spoilt by their fathers, and almost two-fifths claimed that both their parents spoilt them. (What is meant by spoiling is described in Table 2.18 on page 50.) Such situations typically develop when estranged and hostile parents vie with one another for the affection and approval of their children. The parents hesitate to discipline or punish for fear of alienating the children or driving them into an alliance with the rival parent. Often the children take advantage of such situations by manipulating both parents to their own advantage. The lack of parental control and poor limit setting frequently leads to non-compliant and problematic childhood behaviours - or worse - and the overly permissive parental attitudes give rise to insecurity feelings in the children who no longer know what is expected of them. All these factors lead to instability and maladjustment in many single-parent families, to the detriment of all concerned.

The foregoing is not intended to suggest that all single-parent families will be beset by problems or be doomed to failure. Many single parents cope admirably and the children are stable and well-adjusted. In these instances, the estranged partners generally maintain an amicable
relationship with each other, and in the interests of the children, settle any differences that arise in a spirit of co-operation and goodwill.

In addition, in those cases where there has been an alcoholic, cruel or abusive parent, or where the levels of parental conflict have been extremely high, intense and bitter, the children often feel a sense of relief once the divorce has taken place.

2.7.4 Methodological issues

The present study, like all research of this kind, has certain methodological problems. It would, for instance, have been preferable to select the sample randomly from a bigger group, instead of simply having to accept participants as they presented themselves to take part in the study. It was, however not possible or practical to do otherwise, given the time constraints of the researcher.

The sample was also much smaller than hoped for, but again, it was not practical to wait for the numbers to build up. There would have been an inordinate delay in building up to a larger number, e.g., N = 50; with the added difficulty of extensive time variations between the participants who were earlier or later referrals.

The fact that the sample was based on a wide and diverse source of referrals and because the participants entered the study as they were referred (as long as they met the inclusion criteria), it can be fairly claimed that this is a representative sample of white South African divorcees. In the light of the relative smallness of the sample, it is necessary to be cautious about the generalizability of the findings here. Small samples are not of necessity unreliable or invalid; but they do necessitate the caveat mentioned above, and highlight the desirability of a replication study.

2.8 Conclusions

In the main, the results of this impact study supported the findings reported in the divorce literature, and provided strong evidence to confirm that divorce has adverse psychosocial effects on the majority of mothers and children who experience this painful life event. The results also indicated that the mothers adapted more rapidly to some of these adverse effects than to others, which proved to be more pervasive and entrenched.

As in other research, the women in this study faced varying degrees of impoverishment after the divorce, largely because the incomes which had previously financed single, intact family units now
had to maintain two separate households. All the women in this study who had not worked prior to their divorces, had to re-enter the labour market after their marriages had ended in order to provide a reasonable standard of living for themselves and their children. The almost invariable sale of family homes to meet the requirements of divorce settlements, or the continued occupation of these homes by the estranged former husbands, resulted in relocation of the reordered families to less spacious and comfortable accommodation in poorer neighbourhoods; and the women had often to forgo most - if not all - luxuries and pleasurable activities in which they had participated as married women. They also had less entertainment, fewer holidays and far less leisure time as a result of the increased responsibilities of single-parenting.

Anxiety was found to be the most prevalent emotion suffered by the mothers, followed by anger, heightened stress and depression. Other prominent emotions suffered were a painful sense of bereavement at the “loss” of the former spouse; generalized insecurity; guilt; and strong feelings of resentment, characterized by hostile and often abusive behaviour toward their former partners. Somewhat less prevalent but more abiding conditions were diminished self-esteem and a loss of confidence.

A comparison between short- and long-term adverse effects of divorce indicated that two years after the event there were statistically significant reductions in the feelings of generalized insecurity; guilt; and depression; and in aspects of heightened stress, namely in “worry about the financial situation” and “insecurity about coping as a lone parent”. This suggested that the mothers had begun to adapt to their changed circumstances. There were fairly substantial but statistically insignificant reductions in the adverse effects of downward economic mobility; anxiety; a sense of bereavement; anger; an aspect of heightened stress - namely, stress regarding work and other pressures; diminished self-esteem and loss of confidence. This suggested that these situations and emotions were more enduring and pervasive, so that they did not so readily respond to the process of adaptation. In this context, the question of individual differences cannot be ignored. Clearly those concerned, given their differing temperaments and personalities, might well react to divorce in unique and individual ways, which would include the speed with which they adapted to various adverse life events and personal crises. The speed of adaptation and their overall reaction to crises could also be linked to the resilience or vulnerability of the persons concerned.

The present study revealed that the children also suffered adverse effects as the result of their parents’ divorces. They experienced varying degrees of deprivation as a result of the drop in their standards of living. The relativity of this “deprivation” must be clarified, since it does not mean deprivation in the absolute sense, as used by psychologists. There was - and still is to a more limited extent - a high standard of living in South Africa, particularly among White South Africans.
Thus many of the children who were accustomed to high standards of living encountered a drop in these standards - which they experienced as “deprivation”. This deprivation took various forms, including a loss of access to certain electronic equipment for leisure time entertainment in the home; less money for entertainment outside of the home; sometimes having to do without new clothes when the old ones were worn out or outgrown; the inability to keep abreast of the latest fashions which often caused embarrassment and alienation from peers; and having to forgo participation in private extra-mural sports coaching or the pursuit of creative leisure-time pursuits, like music, dancing or art classes. The children also suffered a painful disruption in their lives with the enforced relocation of the reordered families; and deep-seated feelings of grief and sadness because of the separation from their fathers.

The most prevalent post-divorce emotion experienced by the children was anger, followed by frustration and depression. Many of the children also experienced confusion and in some cases developed behaviour problems as the result of lax discipline and poor limit setting in the reordered families. Most of the children admitted to being spoilt by the fathers; a slightly smaller number reported being spoilt by their mothers; and some of their number stated that they were spoilt by both parents.

However, despite the foregoing, which focuses only on the adverse effects of divorce, it must be emphasized that these ill-effects are clearly not invariable. Some divorced mothers manage splendidly and cope very effectively with their children, who appear to suffer minimal damage from the experience and who develop into stable, well-adjusted adolescents who lead happy, productive and successful lives.

These findings essentially confirm the theoretical and empirical assumptions and conclusions of Wallerstein and Kelly and other seminal thinkers about divorce and its consequences. The findings highlight the need for interventions of a preventive and remedial type (hence the study described in the next Section). Despite the confirmatory findings there remains a need for further research, particularly in regard to the mechanisms and dynamic processes that produce the adverse effects (for all concerned, but notably for the mothers and children) in a divorce.
PART II (PHASE 2)
CHAPTER 3

3.0 LITERATURE REVIEW: INTERVENTION STUDIES

3.1 Introduction

The intervention involves an attempt to combine aspects of the two main models, i.e. humanistic (Rogerian) and cognitive-behavioural (social learning theory), as these models both embody what I regard as essential themes running through much of the literature on the damaging effects of divorce on both parents and children, i.e. consequences for the self-esteem and self-efficacy of those involved; notably a disempowering of parents; and an assumption which is plausible in the light of the literature on children’s problems (Herbert, 1991) that disempowered (and needy) parents fail to provide many of the skills, nurturance and care needed by children for their optimal development.

H4 - For this hypothesis my assumption is that divorce counselling, rooted in social learning and Rogerian (humanist) principles (core conditions such as respect, genuineness, and non-possessive warmth), and dealing (inter alia) with issues of transition and loss, self-esteem, self-efficacy, self-empowerment and personal dignity, will result in a reduction of stress (e.g. depression) and other adverse sequelae and a raised feeling of confidence, self-awareness and positive self-regard in divorced mothers.

H5 - My fifth proposition concerns the prediction that changes effected in the mothers by exposure to the intervention programme will be reflected in related changes in their children, that is, by reduction in stress (e.g. depression), and other adverse emotional consequences of divorce in the children, and an increase in self-esteem, confidence and healthy self-regard.

H6 - For the sixth Hypothesis, my assumption is that after exposure to those aspects of the Treatment programme which deal with behavioural and child management techniques, positive changes will occur in the ways the experimental group mothers relate to and discipline their children, and that consequently maternal attitudes will become more accepting and less overprotective, overindulgent and rejecting.

H7 - My seventh proposition again concerns the prediction that changes effected in the mothers by exposure to that part of the intervention described in H6 will be reflected in behavioural changes in their children, that is, by a reduction in egocentric, non-compliant behaviours, and thus in more positive child-parent and child-family relationships.

H8 - The eighth proposition predicts a "placebo effect", that significant, positive changes, as measured by the Adult and Children's assessment batteries, will occur in the untreated control group mothers and children.

The purpose of the intervention was to attempt to mitigate the adverse effects described in Chapter 1, namely:
1. (a) to reduce the adverse effects of divorce, as hypothesized in Chapter 2, page 24 (H₁, H₂, H₃), and confirmed in Phase 1 of the investigation, that is, the loss of self-esteem of the mothers and other negative effects related to the self-concept (e.g., self-efficacy, critical self-talk, guilt);

(b) to help the mothers work through the sense of bereavement caused by the “loss” of their former marriage partners;

(c) to diminish the mothers’ feelings of inadequacy when faced with the task of managing their children’s behaviour on their own (i.e. being the sole disciplinarian), and having to be the sole decision-maker in the single-parent family; and

2. by so doing, to explore the possibility that the intervention might (theoretically) have preventive effects.

3.2 Different types of Intervention

The types of intervention chosen were based on a review of the major theories and models of change available. The most effective to emerge were essentially of the Rogerian/Egan Counselling and cognitive-behavioural parent training type, that is, part relationship based counselling, plus various types of cognitive-behavioural skills training. The rationale for this combination flows from a consideration of the following models.

3.2.1 Theoretical issues

The concept of self-empowerment is at the centre of what seem to be the most effective approaches to issues of the kind raised by divorce and its after effects. At a theoretical level there might be said to be a convergence of strands: relational effects (the core conditions described by Rogers (1951); the cognitive structuring (e.g. attributions and self-valuations) described by theorists such as Kelly (1991) and Bandura (1977); the problem-solving ideas of people like Egan (1986); and the cognitive-behavioural theories proposed by clinicians from a social-learning perspective (e.g. Patterson, 1982).

These approaches (described below) generate certain kinds of curricula (content) for interventions, but (importantly) involve subtle relationship processes which facilitate change. Practitioners like Cunningham and Davis (1985) and Webster-Stratton and Herbert (1994) emphasize the blending of content and process, the latter being notably embodied in a collaborative or partnership mode of working with clients.

As an example, Webster-Stratton and Herbert (1994) empower parents using a three-pronged approach:
(1) by giving them the knowledge base concerning children’s developmental needs, behaviour management principles, and individual or temperamental differences and how these affect social relationships;

(2) by helping them learn the important skills involved in communication building, social relationships, problem-solving and tactical thinking; and

(3) by accepting and respecting their values and beliefs and trying to understand how these impact upon their family lives, rules and relationships.

The specific content and processes used by Webster-Stratton and Herbert (1994) are outlined in their Table 4.1 given overleaf.
### TABLE 4.1 Sources of increased self-empowerment

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KNOWLEDGE</strong></td>
<td></td>
</tr>
<tr>
<td>Child development</td>
<td>Developmental norms and tasks</td>
</tr>
<tr>
<td>Behavior management</td>
<td>Behavioral (learning) principles</td>
</tr>
<tr>
<td>Individual and temperamental differences</td>
<td>Child Management (disciplinary strategies)</td>
</tr>
<tr>
<td></td>
<td>Self-awareness (self-talk, schema, attributions)</td>
</tr>
<tr>
<td></td>
<td>Interactions (awareness of contingencies, communications)</td>
</tr>
<tr>
<td></td>
<td>Resources (support, sources of assistance)</td>
</tr>
<tr>
<td></td>
<td>Parent involvement with children</td>
</tr>
<tr>
<td><strong>SKILLS</strong></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Self-restraint/anger management</td>
</tr>
<tr>
<td>Problem-solving (including problem analysis)</td>
<td>Self-talk (depressive thoughts)</td>
</tr>
<tr>
<td>Tactical thinking (use of techniques/methods)</td>
<td>Attend-Ignore</td>
</tr>
<tr>
<td>Building social relationships</td>
<td>Play-raise-encourage</td>
</tr>
<tr>
<td>Enhancing children's academic skills</td>
<td>Contracts</td>
</tr>
<tr>
<td></td>
<td>Consistent consequences</td>
</tr>
<tr>
<td></td>
<td>Sanction effectively (Time Out, loss of privileges, natural consequences)</td>
</tr>
<tr>
<td></td>
<td>Monitoring</td>
</tr>
<tr>
<td></td>
<td>Social/relationship skills</td>
</tr>
<tr>
<td></td>
<td>Problem-solving skills</td>
</tr>
<tr>
<td></td>
<td>Fostering good learning habits</td>
</tr>
<tr>
<td></td>
<td>Self-assertion/confidence</td>
</tr>
<tr>
<td></td>
<td>Empathy for child's perspective</td>
</tr>
<tr>
<td></td>
<td>Ways to give and get support</td>
</tr>
<tr>
<td><strong>VALUES</strong></td>
<td></td>
</tr>
<tr>
<td>Strategic thinking (working out goals, philosophy of child rearing, beliefs)</td>
<td>Treatment/life goals</td>
</tr>
<tr>
<td></td>
<td>Objectives (targeted child behaviors)</td>
</tr>
<tr>
<td></td>
<td>Ideologies</td>
</tr>
<tr>
<td></td>
<td>Rules</td>
</tr>
<tr>
<td></td>
<td>Roles</td>
</tr>
<tr>
<td></td>
<td>Relationships</td>
</tr>
<tr>
<td></td>
<td>Emotional barriers</td>
</tr>
<tr>
<td></td>
<td>Attractions</td>
</tr>
<tr>
<td></td>
<td>Prejudices</td>
</tr>
<tr>
<td></td>
<td>Past history</td>
</tr>
<tr>
<td></td>
<td>Discussion/debate</td>
</tr>
<tr>
<td></td>
<td>Sharing</td>
</tr>
<tr>
<td></td>
<td>Listening</td>
</tr>
<tr>
<td></td>
<td>Respecting/accepting</td>
</tr>
<tr>
<td></td>
<td>Negotiating</td>
</tr>
<tr>
<td></td>
<td>Dehumanizing</td>
</tr>
<tr>
<td></td>
<td>Explaining/interpreting</td>
</tr>
<tr>
<td></td>
<td>Reframing</td>
</tr>
<tr>
<td></td>
<td>Resolving conflict</td>
</tr>
<tr>
<td></td>
<td>Clarifying</td>
</tr>
<tr>
<td></td>
<td>Supporting</td>
</tr>
<tr>
<td></td>
<td>Adapting</td>
</tr>
</tbody>
</table>

Based on Herbert, 1988.

(Webster-Stratton and Herbert, 1994, pp. 159-160)
The partnership between the parents and the professional has the effect of restoring dignity, respect and self-control to parents who are often seeking help for their children's problems at a vulnerable time of low self-confidence and intense feelings of guilt and self-blame. It is a plausible hypothesis that a collaborative or partnership model (for example, following a divorce or separation), which gives parents responsibility for developing solutions (alongside the professional), is more likely to increase the parents' sense of confidence, self-sufficiency and perceived self-efficacy in treatment than other models which do not hold parents responsible for solutions. Ample support for the value of this approach is to be found in the literature (as is discussed more fully at the end of the description of the collaborative approach used by Webster-Stratton and Herbert (1994) - which follows on pages 66 and 79).

Rogerian theory, which epitomizes the humanistic approach, is client-centered, nondirective, nonintrusive and supportive (Rogers, 1951). The Rogerian therapist's "unconditional positive regard" for clients helps them to help themselves by seeking their own answers in their movement toward self-actualization and maturity. What is advantageous about this approach is that it promotes the individual's positive self-esteem and self-direction.

One of the crucial problems that must be overcome in order to implement a successful therapeutic programme is stimulation and maintenance of the parents' interest and motivation to participate in joint work. There are some important specific and so-called 'non-specific' factors to take into account, while carrying out an intervention.

Bandura (1977b) is of the opinion that human behavior is subject to two major categories of influence: efficacy expectations and outcome expectations, represented in schematic form in the Figure, below.

![Diagram of Efficacy and Outcome Expectations](image)

(Bandura 1977b, p. 118)

According to Bandura all psychological procedures designed to bring about change, whatever their type, are mediated through this system of beliefs about the level of skill required to bring about an
outcome and the likely end result of a course of action. Efficacy expectations are thought to be the most important component. The main effect on outcome expectations is through the strengthening of efficacy expectations ("I am able to do it"). Thus, successful treatment depends - in this view - on the degree to which therapy creates or strengthens the client’s expectations of personal efficacy. Verbal persuasion has only relatively weak and short-lived effects on such expectations. On the other hand, performance accomplishments are very potent, hence the success of techniques like behaviour rehearsal.

There is a good deal of overlap in the models. George Kelly (1955, 1991), the originator of the Personal construct model, was responsible for elucidating the cognitive elements in attributions. Personal construct theory has a special bearing on practice theories. Even the most atheoretical professional has attitudes, and these attitudes, inter alia, have a knowledge function which gives meaning to the world in which we live. In other words, attitudes provide a frame of reference with which people can make interpretations of life and they are an economical way of assembling a variety of facts and creating a model for action. All individuals are concerned to anticipate (or predict) what happens to them and around them. Once sense can be made of one’s world, it is possible to make the necessary adaptations to changing circumstances. To this end, individuals construct a model of events in their thought process, through which they construe life - its events and inhabitants. And on the basis of this construing or interpreting, it is possible for the individual to take appropriate (or with faulty constructs) inappropriate actions.

Kelly employs the metaphor “man the scientist” to illustrate his contention that individuals are constantly trying to understand and predict (i.e. anticipate) events. The term “personal construct system” pinpoints an important dimension of his theory, as the word “personal” highlights the fact that every individual lives in a unique world. People may resemble one another in their construing processes, but fundamentally, no one person is an exact replica of another. Every individual lives in a world that is unique to him or herself because it is idiosyncratically interpreted and experienced. As an example, the manner in which thought-disordered schizophrenic people perceive their world depends upon the way they have arranged their hierarchy of constructs and the importance they attach to them.

Kelly thus provides one answer to the question of why two people react very differently to the same situation. It is because the two people are not, in fact, in the same situation, it only appears to be the same from the viewpoint of a third party. The situation may be very dissimilar from the point of view of each individual’s construing system. Each may be responding meaningfully in terms of his or her own situation as he or she interprets it.

Yet another model is the collaborative model, based on social learning theory (cognitive). This model deals effectively with practical issues. An interesting theoretical approach for working with parents
which falls within this cognitive social learning model, while integrating some of the core elements of
the existential-humanistic approach, was used by Webster-Stratton and Herbert (1994). These
practitioners felt somewhat uneasy calling their approach “parent training” since they believed that this
term might imply a model based on a hierarchical relationship between themselves (the professionals)
and the parents, in which the professional “expert” was perceived as correcting (or fixing) some
“deficit” within the parent. Regardless of what they call their interventive approach, they stress that
the underlying helping process they advocate for working with parents is based on a collaborative
model. They emphasized that collaboration implies:

(a) a nonblaming, supportive, reciprocal relationship based on utilizing equally the professionals’
knowledge and the parents’ unique strengths and perspectives;

(b) respect for each person’s contribution, a relationship built on open communication and trust;

(c) that parents actively participate in goal-setting and therapy agenda and take responsibility with
the professional for solving their own or their family’s problems; and

(d) that parents provide ongoing evaluation of each therapy session so that the professional can
use these evaluations to refine and adapt the intervention to ensure that it is sensitive to the
family’s needs.

In short, using this approach, the professional works with the parents by actively soliciting their ideas
and feelings, understanding their cultural content, by jointly involving them in the process of sharing
their experiences, discussing and debating ideas, and problem-solving. The professional does not
set him/herself up as the “expert” dealing out advice or lectures to parents regarding how they should
parent more effectively; but rather s/he invites parents to help write the “script” for the intervention
programme.

Thus, in this approach, it is the professional’s rôle as collaborator, to understand the parents’
perspectives, to clarify issues, to summarize important ideas and themes raised by the parents, to
teach and interpret in a manner that is culturally sensitive, and finally, to teach and suggest possible
alternative approaches or choices when parents request assistance and when misunderstandings
arise.

Support for the value of this approach is to be found in the literature on self-efficacy, attribution,
helplessness and locus of control. For instance, Bandura (1982, 1989) proposed that self-efficacy
is the mediating variable between knowledge and behaviour. Thus self-efficacious parents will tend
to persist at a task until they achieve success.
Also indicated in the literature is the fact that those who determine their own goals and priorities are
more likely to persist when encountering difficulties, and less likely to manifest the debilitating effects
of stress (e.g. Dweck, 1975; Seligman, 1975).
Furthermore, other research findings (Backeland and Lundwall, 1975; Janis and Mann, 1977;
Meichenbaum and Turk, 1978) suggest that this collaborative process has the many and varied advantages of decreasing attrition rates, increasing motivation and commitment, reducing resistance, augmenting temporal and situational generalization, and giving both parents and professionals a stake in the outcome of the intervention efforts. Conversely, controlling or hierarchical modes of therapy, in which the professional makes decisions for parents without incorporating their input may result in dependency, resentment, low self-efficacy, increased resistance and a low level of commitment (Janis and Mann, 1977; Patterson and Forgatch, 1985).

In short, in situations where parents are not given appropriate ways to participate, they may see no viable alternative but to drop out or resist therapy (or training) as a means of asserting their independence and their control over the process.

Experiencing loss and change (Transitional models) is an important strand in the counselling of divorced clients. The themes of change, loss and gain, which feature prominently in any major period of transition during the lifetime of an individual, have aroused increasing interest among psychologists.

A transition (change) has been defined as “a discontinuity in a person’s life space” (Adams, Hayes and Hopson, 1976). The crucial point about transition is that no matter what manner of life crisis faces an individual - be it divorce, the breakup of a family, the reconstituting of a new family, or the massive changes that the developing child must master during the adolescent years - what is required to deal successfully with these events is new behaviours, different responses to changing circumstances.

The professional’s understanding of the typical reactions to major transitional events - that is, the fairly predictable sequence of reactions - will assist him/her in attempts to guide clients (parents) in their efforts to cope with difficult changes in their lives. The typical cycle of reactions comprises seven stages/phases which tend to occur in the wake of disruptive life experiences. These stages/phases are:

1. **Immobilization**
   
   This first stage/phase is characterized by a sense of being overwhelmed, of being unable to make plans, unable to understand and unable to reason. Many people experience this initial phase as a feeling of being “frozen up” or paralysed.

2. **Minimization**
   
   The second phase of the cycle is characterized by minimization of the change or disruption, even to the point of trivializing it. Very often a person will deny that the change exists. Denial provides time for a temporary retreat from reality to allow the internal forces to regroup and regain the strength to comprehend the new life that the disruption (e.g. the loss of a parent or spouse through divorce or separation) has forced upon the person. The loss is generally accompanied by intense grief and pain.
3. **Depression**

Eventually - for most people - the realities of the change and of the resulting stresses begin to become apparent. In this third phase there is a growing awareness that some changes must be made in the way the person is living: and as the person becomes aware of the realities involved she/he sometimes becomes depressed. The depression is usually the consequence of feelings of powerlessness, of aspects of the person's life being out of her/his control. Some people become so depressed that they may even entertain suicidal ideas.

4. **Letting go**

As people become more aware of the realities, they are able to progress to the fourth phase which is accepting reality for what it is. In the first three phases there was an attachment to the past or pre-transitional situation - whether conscious or not. The move to the fourth phase involves a process of unhooking from the past and of being able to say, “Here I am now; here is what I have; I know I can survive.” As this is accepted as the new reality, optimism becomes possible. The crucial factor is that a clear “letting go” is necessary.

5. **Testing**

The “letting go” provides a bridge to the fifth or testing phase. People become much more active in this phase and may begin testing themselves in relation to their new situation - they try out new behaviours, new life styles, new skills and new ways of coping with transition. There is also a tendency to stereotype - to have categories and classifications of the ways things and people should or should not be in relation to the new situation. There is a good deal of personal energy available during this phase, and it is quite likely that those in transition will easily become angry and irritable.

6. **Search for meaning**

Following the activity and self-testing which occurs in phase five, there is a more gradual shifting towards becoming concerned with understanding and for seeking meanings for how things are different and why they are different. This sixth phase is a cognitive process in which those involved attempt to gain an understanding of what all the activity, anger and stereotyping and so on meant.

7. **Internalization**

All the conceptualizing that takes place in phase six enables people to move into the seventh and final phase. This last phase is characterized by the internalizing of the new meanings and incorporating them into their behaviour.

> "Overall, the seven transition phases represent a cycle of experiencing a disruption, gradually acknowledging its reality, testing oneself, understanding oneself, and incorporating changes in one’s behaviour."

(Hopson, 1988, p. 22)

A diagrammatic representation of the cycle of transition is given overleaf.
3.3 Some Relationship Models used in Intervention Programmes

An important consideration is the selection of an appropriate relationship model for use in any intervention programme. This is crucial because the nature of the parent-professional relationship is a basic ingredient of the helping process. Three such major models are discussed below.

1. The Expert Model

This model assumes that professionals should be experts and that it is their responsibility to solve parents' problems. Consequently the professionals feel that unless they are able to lessen the severity of any and all parental difficulties (which is realistically impossible), they have failed in their task. This view exerts ongoing pressure upon the helping professional. According to Hilton Davis (1993), there are two major problems with this model. Firstly, if professionals aim for the impossible, they will automatically and consistently fail. This failure has the effect of making them feel ineffective and unsuccessful, with the result that they will attempt to avoid such situations in the future. Davis (1993) cites the example of the professional who may avoid listening to accounts of parental distresses because he believes he cannot help, in spite of the fact that being with and listening to the parent is in itself helpful.
The second problem is that the expert model leads to professional behaviour that is detrimental both to parents and to the helping process, partly because it is unrealistic and partly because it is motivated by defensiveness. In this model, the professional takes over control, that is, he asks the questions, makes all the decisions and takes or dictates the actions. These behaviours have the effect of suggesting the superiority of the professional, and in so doing, cast doubt upon the expertise of the parent. This results in the undermining of parental self-esteem, which decreases the ability of the parent to adapt.

2. The Partnership Model

Effective help depends upon the relationship that develops between the parent and the professional. The ideal relationship is a partnership, not a dictatorship, in which the professional is assumed to be superior by virtue of knowledge. It is difficult to achieve this ideal, both because of professional preconceptions and parental expectations, but it is none the less important to try. To do this properly requires an explicit understanding of the nature of the relationship for which we strive, and this entails negotiation with parents in order to clarify their expectations and to establish joint aims, and in the process, to help parents understand that professionals are neither omnipotent nor omniscient. It may also be necessary to negotiate the ingredients of a successful relationship, the components of which are described briefly below:

(a) working closely together - one person cannot handle all the work of investigating, decision-making and allied tasks on his own. Both parent and professional must be involved and committed to work hard if success is to be achieved;

(b) common aims - ideally a partnership demands that the partners have common goals. There must be explicit agreement which has been negotiated between them;

(c) complementary expertise - the expertise and other qualities of parents and professionals are clearly different, but complementary and of equal importance. Neither one can operate without the other if the result of their work is to be optimized;

(d) mutual respect - a partnership requires mutual respect if it is to be successful. Acceptance of the notion of "complementary expertise" is respectful, and involves both partners accepting the equal importance of the other;

(e) negotiation - it is unrealistic to expect either partner to be correct all the time or even to assume that they will be in complete agreement. Disagreements are inevitable and must be resolved. Founding the relationship on negotiation reduces the probability of conflict.

"If everything the professional does were regarded as suggestions presented for parental consideration and negotiation, and not as given wisdom or command, the relationship would be more open and effective."

(Davis, 1993, p. 39)

The respect shown to parents inherent in this more tentative approach makes them feel more valued, increases their regard for the professional and reduces the likelihood of disagreement;
CHAPTER 3

(f) communication - skilled communication, involving two-way transmission of information in a manner understood by all participants, is essential for a partnership to be successful. Davis (1993) points out that from the point of view of the professional, this involves: (i) providing the circumstances in which the parent/partner can give clear and appropriate information; (ii) listening carefully to their messages; (iii) interpreting messages as accurately as possible; and (iv) responding appropriately;

(g) honesty - there is a strong need for honesty in a relationship. This involves the assumption on both sides that all ideas, feelings and information that have relevance for their joint endeavour will be shared accurately and openly, even when the information or news is not good;

(h) flexibility - the relationship must be sufficiently flexible to adapt to changes in the parents and their circumstances, as well as being flexible enough to adapt to what is negotiated with parents.

Cunningham and Davis (1985) refer to this partnership as the “consumer” model, because the professionals using it view parents as the consumers of their services, which means that the parents are seen as having the right to decide and select what they believe to be appropriate for their consumption. It was Mittler and Mittler (1982) and others (Mittler and McConachie, 1983; Pugh, 1982) who referred to the collaborative approach described above, as a “partnership”, a term that acknowledges the sharing of expertise in order to achieve a common purpose.

3. The Transplant Model

Cunningham and Davis (1985) describe a third model which they call the “transplant” model, that has been described as a compromise between the Partnership and Expert models. They maintain that professionals are using this model when they perceive themselves as having expertise, but at the same time recognize the advantage of using parents as a resource. In this model, part of the expertise which was previously the sole prerogative of the professional is transplanted into the care of the parents. For example, professionals train parents in behavioural and educational methods so that they can work with their children in the home setting. Physiotherapists provide exercises for parents to use with their cerebral palsied or otherwise physically handicapped children, and occupational therapists provide home programmes, so that parents can help the child with perceptual and other problems, to name but a few such instances.

Because the professional rôle is perceived as transplanting skills, the professional retains control of decision-making as in the expert model. The professional also selects the objectives, treatments, and teaching or training methods. Nevertheless, in the Transplant model, the parents are perceived as willing to help their children, appropriately placed for this purpose and in need of the skills required to enable the child to progress. The likely effect of recognizing this relative parental competence is that parental self-confidence, adjustment and the active involvement in helping their child, are all reinforced.
3.4 The Fundamental Characteristics Required for Effective Counselling

There are certain general qualities that a counsellor must possess that are essential to the helping process and certain characteristics that s/he requires if s/he is to initiate and establish an effective partnership with parents.

The characteristics that are basic to the process of effective counselling were first highlighted by Carl Rogers (1959). Rogers (1959) proposed what he called an “If ... then ...” model in which he maintained that “if” the professional displayed these characteristics, and the person seeking help was aware of them, “then” that person would change in a favourable manner. Rogers (1959) and others have referred to these characteristics as “attitudes”.

Davis (1993) commented:

“Like Rogers, I refer to these qualities as attitudes to indicate a general and pervasive stance that is taken by skilled helpers towards the people with whom they work.”
(Davis, 1993, p. 53)

Davis (1993) is of the opinion that these “attitudes” are at the heart of all supportive work with parents. He believes further that the “attitudes” in themselves furnish practical guidance for the way in which professionals should behave in the helping context, regardless of the techniques employed. The “attitudes” are described below.

1. **Respect**

This is generally considered chief among the “attitudes required for effective counselling”. It is closely akin to what Rogers (1959) referred to as “unconditional positive regard” or “warmth”. It is an intricate idea that has reference to the professional being non-judgemental and being unconditionally positive in his thinking about parents, no matter what their problems, personal characteristics, values or nationality might be.

This statement by Davis (1993) accurately reflects the approach in the present research:

“For me, personally, it is even stronger than this, and involves according them honour or esteem. I feel privileged to be trusted by parents and allowed to share their lives for a brief time. Respect means valuing the people with whom I work, treating them as very important.”
(Davis, 1993, p. 54)

Egan (1986) believes that respect is demonstrated in both the professional’s attitude toward clients and in the ways in which professionals work with clients. He maintains further that the attitude toward
clients is respectful if the professional:

(a) cares about the welfare of clients;
(b) considers each client to be a unique human being rather than a case;
(c) views clients as capable of determining their own fates; and
(d) assumes the goodwill of clients until this assumption is demonstrated to be wrong.

Egan (1986) contends further that the professional’s attitude becomes respectful behaviour, when, in working with clients, he:

(a) develops competence in helping and uses it;
(b) attends and listens actively;
(c) suspends critical judgement;
(d) communicates empathic understanding;
(e) expresses reasonable warmth and friendliness;
(f) helps clients identify and cultivate their own resources;
(g) provides encouragement, support, and appropriate challenge; and
(h) helps clients get the work of each relevant step of the helping process done.

2. Genuineness

This “attitude” can be equated with the Rogerian characteristic of “congruence”. Genuine professionals are open to all experiences and are thus able to perceive them accurately and meaningfully without distorting them with defences, personal prejudices or problems. To help parents effectively it is necessary to explore their problems extensively and thoroughly, without denying or minimizing them, and without making assumptions about them that relate more closely to the constructions and biases of the professional than they do to those of the parents. In other words, the professional must try to see the meaning intended by the parents. Other aspects of genuineness are honesty and sincerity. This involves always telling parents the truth and never misleading them and being able to admit lack of knowledge or mistakes. It is crucial for parents to be able to trust the professional who works with them. This is particularly important in those situations where hurtful or distressing issues for the parents must be addressed. Such issues are only dealt with when addressing them is of indisputable value to parents, and then the matter must be positively and sensitively handled. The matter of confidentiality is also closely related to the trust issue. Parents must be given an absolute assurance that every aspect of their interaction with the professional is absolutely confidential. Spontaneity and consistency are also important aspects of genuineness. Egan (1986) adds that genuine helpers refuse to overemphasize their rôle, that is, they do not take refuge in the rôle of counsellor. They are also assertive in the helping process - without being aggressive - and they avoid defensiveness. The non-defensive helper tries to understand what parents are thinking and feeling when they express negative attitudes toward him, and he continues to work with them.
3. Empathy

Empathy can best be described as an attempt to understand the world from the standpoint of another. It means trying to put oneself in the other’s place in an attempt to perceive what sense s/he makes of his/her situation. In the parent/professional situation, it means that the professional must attempt to “feel” him/herself into the inner life of the parent and then work with the model that this produces. It is, however, not possible to totally understand another person in every aspect, simply because we tend to interpret others on the basis of our own ways of perceiving. But if the professional has an open mind he can be receptive to the ways others interpret events.

Nor is it enough to be empathic. It is essential for the professional to convey this empathy to the parent, to express the understanding very clearly and accurately. When this is achieved successfully, it has the effect of enhancing the rapport between professional and parent, and it helps the parent to examine and clarify his/her understanding of his/her current situation. The professional indicates to the parent that s/he understands by reflecting the parent’s meaning back to him/her. Reflecting meaning effectively is far from simple. Because whatever the parent says involves expressing many different meanings simultaneously, there are a range of remarks that could indicate understanding to the parent. Cunningham and Davis (1985) make the following penetrating comment in this regard:

“It is like attempting to hit a target with an arrow. Many arrows may be accurate, but only a few hit the bull. The skill is to capture succinctly the true essence of the parent’s meaning (to hit the bullseye). That this has been achieved may be indicated by the liveliness of the parent’s response.”
(Cunningham and Davis, 1985, p. 101)

Professionals should also avoid pretending to understand or guessing when the meaning of the parent’s remarks are unclear. In such instances it is quite acceptable to ask a parent to clarify what he/she is saying.

To these three basic “attitudes” posed by Rogers (1959), professionals working with parents have added yet others. The two additional “attitudes” discussed below are considered of substantial importance by Davis (1993).

4. Humility

Davis (1993) perceives humility as a strength and maintains that the professional with genuine humility is an effective helper because:
(a) s/he is realistic about what s/he has to offer;
(b) s/he is aware of her/his limitations;
(c) s/he is accepting of the contributions of others;
(d) his/her humility prevents his/her own self-importance getting in the way of the helping process;
(e) his/her humility prevents false expectations about the knowledge and competence of the professional (on the part of the parent); and
(f) his/her humility prevents professional defensiveness.

Davis (1993) makes the final point that professionals with unrealistic expectations of themselves are likely to have difficulties in communicating openly with parents, are likely to fail to achieve what they expect and are likely to be easily threatened. Because of all these factors, they will be unable to adopt a partnership model to relate to parents, and will instead, hide behind the expert model.

5. **Quiet Enthusiasm**

Davis (1993) makes the point that anyone who does a good job has enthusiasm for what they do, regardless of what it might be - and the professional helper is no exception. Others are drawn to the enthusiastic person, and the professional has no difficulty in transmitting his enthusiasm to the parents with whom he works. It is also of great assistance in establishing sound parent/professional relationships.

Davis (1993) particularly stresses "quiet" enthusiasm because it is completely inappropriate for the professional to be loud or ostentatious when dealing with tragic or serious events, such as severe illness, death, or divorce, or when handling the psychological and social problems that arise from these unhappy events. Although such problems are sad, it does not follow that the professional must feel sad about them. In fact, Davis contends that s/he is entitled to take pride in those situations where s/he is able to tell bad news in a careful, sensitive and skilful manner, and to enjoy doing this well, because s/he is aware that it is of benefit to the recipients. In short, the professional must derive some reward from his/her work if s/he is to continue. There is also the danger that the professional who is not certain of his/her rôle, who is defensive and beset with personal worries, or who feels under pressure because of what is happening in the helping situation, will eventually dilute his/her effectiveness as a support, and in consequence, be less effective in his/her attempts to help the parents with whom she/he works.
3.5 Intervention Studies - General

As well as being a major 'impact' study, the Wallerstein and Kelly (1980a) study is also an interventive one. The authors offered a counselling service and interviewed each parent in the sample at weekly intervals over a six-week period, and each child was seen for three to four sessions, beginning after the first two sessions with the parents. Parent interviews ranged from an hour to one and one-half hours, and most of the child sessions lasted fifty minutes. Generally, the same clinician saw all family members. The average number of interviews with each family was fifteen. Ultimately, the mothers were seen more often than the fathers, both because the researchers observed greater motivation for counselling on the part of the women, and because the women were generally more anxious because of their new rôle as head of a single-parent unit.

At the end of the original six-week session, the families were invited to return a year later for follow-up consultations and research, and were given an assurance that the clinician would be available in the interim to deal with any questions they might have, or any problems that might beset them.

Wallerstein and Kelly (1980a) describe the positive reactions of their sample to their intervention as follows:

"Even within our own very limited intervention, two-fifths of the men and a somewhat greater number of the women characterized the counselling which was offered as useful and supportive and were still following suggestions which had been made at the first meeting five years earlier."

(Wallerstein and Kelly, 1980a, p. 318)

Adults

Vera (1993) reported on a five to ten week social work intervention programme to assist separated and divorced persons in their adjustment to divorce. Twenty-five participants, aged twenty-five to fifty-three years, completed pre- and post-measures of the Divorce Adjustment Scale (Fisher 1976). All but two individuals gained in the overall adjustment score. There was, however, a good deal of variation between individuals and in the pattern and magnitude of improvement.

Lee and Hutt (1990) examined the effects of a group intervention programme designed to teach coping skills to recently separated and divorced adults. Findings were that the intervention programme reduced anxiety, increased the ability to live in the present, increased independence, made participants more spontaneous and increased their ability to form meaningful relationships.

Davidoff and Schiller (1983) discussed workshops offered to the newly divorced on a crisis basis. Experienced professional women volunteers provided expert information on coping with single
CHAPTER 3

identity, handling the children, finances and the legal aspects of divorce. The final session focused on growth through the mastery of the participants’ crises.

Gamble (1984) provided a short-term, structured group counselling programme to a group of custodial parents and their children after separation and divorce. A parent’s Handbook and Leader’s Manual were developed for use in the study. A matched control group was provided with no treatment. Each group completed demographic and clinical questionnaires pre- and post-test (nine to twelve months later), to determine whether the programme helped the participants to improve the functional areas measured by the questionnaires. Results indicated that participants from both groups were functioning within the “average” or normal ranges established by the specific tests. The experimental group adults improved significantly over the control group adults in one area: physical symptoms; and the experimental group children progressed significantly more than the control group children in the area: dependency. In all other clinical areas no significant differences were found between the adults and the children in the two groups.

Because parental cognitions appear to play an important rôle in parent-child relationships, the study by Johnston and Mash (1989) focused on the need to develop and validate measures of the relevant cognitive dimensions. One aspect of parental cognition identified as significant across a range of child ages and in both clinical and normal samples, is parenting self-esteem (Mash and Johnston, 1983), which encompasses both perceived self-efficacy (an instrumental dimension reflecting competence, problem-solving ability and parenting capability) and satisfaction derived from parenting (an affective dimension reflecting frustration, anxiety and motivation). The Johnston and Mash (1989) study was designed to provide psychometric, normative and validity information for the Parenting Sense of Competence scale (PSOC). The researchers gathered information from 297 mothers and 215 fathers of 4 to 9 year old boys and girls living in a large Canadian city. This random sample of 528 appropriate households was derived from a door-to-door survey of 5,343 households, contacted over a five month period. Participants were asked to complete and return a packet containing the PSOC, as well as the Child Behaviour Checklist to be completed for a selected target child.

Findings indicated significant inverse relationships between perceptions of child behaviour problems and of parenting. Child behaviour problems reported by mothers related to parenting satisfaction, while those reported by fathers related to both satisfaction and efficacy as a parent. Reports of parenting by mothers and fathers were positively correlated; fathers, however, obtained significantly higher scores than mothers, particularly on the satisfaction dimension. The PSOC scores did not vary as a function of the age or sex of the children. Where mother-father pairs completed the PSOC in respect of the same target child (208), significant positive correlations were found for the Total, efficacy and satisfaction scores. Parental perceptions of child behaviour were also significantly correlated with PSOC scores. However, the patterns of correlations for mothers and fathers suggest
that for fathers' perceptions of parenting efficacy may be based, at least partially, on the extent to which the child is perceived as problematic, while for mothers, feelings of parenting efficacy seemed to reflect other influences. Instead of basing their self-evaluations on the degree of child problems, mothers may rely more on social comparison processes or on estimates of their ability to handle child problems, in evaluating their competency as parents. Additionally, fathers reported self-esteem levels higher than those reported by mothers, particularly on the satisfaction dimension. No differences were found between parental scores on the efficacy factor.

In summary, the researchers found that the PSOC seem to be a useful measure of parenting self-esteem, and the psychometric information contained in the report provides a basis both for future study of parental cognitions and for the clinical applications of the PSOC.

Children

There have been a large number of successful intervention studies undertaken to alleviate the negative consequences of divorce upon children. However, since there was no direct intervention with the children in the present study, these interventive studies are merely mentioned, since it did not seem relevant to discuss them further. (Smith, 1980; Boren, 1983; Titkin and Cobb, 1983; Snyder, 1984; Pedro-Carrol and Cawen, 1985; Gwynn and Brantly, 1987; Cosbie-Burnett and Newcomer, 1990; Yarvin, Leber and Kalter, 1991; Jupp and Purcell, 1992.)

3.6 Parent Training Studies

Introduction

One of the prime issues in parent training is how best to teach parents. Three different approaches to parent (and child) skills training have been isolated by Walder et al (1969); namely, individual consultation, a controlled learning environment, and using educational groups.

Herbert (1991) points out that there are several advantages in working with a group which manifests similar difficulties (such as common experience of divorce). He explains that these advantages include the following four functions; namely, experiential, dynamic, social and didactic.

Herbert (1991) contends further that sharing experiences with other similarly placed parents can be both comforting and reassuring; but he warns:

"Swapping "horror stories" is fine up to a point, but must not go on too long, thus engendering a mood of pessimism. The opportunity to express feelings of apprehension, resentment and anger (the latter aimed - not uncommonly - at the helping agencies) in a group setting, can be beneficial if handled sensitively by the group organiser."

( Herbert, 1991, p. 256)
Herbert (1991) commends the psychologist to the work of Johnson and Johnson (1975) who maintain that group intervention will be effective if it meets the following criteria:

“The group climate should be warm, accepting and non-threatening - vital if people are to engage in controversy, expose their vulnerability, show their ignorance, take risks with touchy subjects.

Learning should be conceived as a cooperative enterprise - impossible if the participants ‘come over’ as hostile, competitive, ridiculing, arrogant or judgmental.

Learning should be accepted as the primary purpose of the group - a desideratum that requires painstaking and imaginative preparation of the material and sensitive but firm management of the group.

Every member of the group should participate in discussions - a function, again, of a skillful, facilitative, group leader.

Such leadership functions might usefully be shared out for certain themes and/or sessions.

Group sessions don’t have to be endlessly solemn or heavy-going. They should be stimulating and thus pleasurable, and (at times) sheer fun.

Evaluation should be viewed as an integral part of the group’s activities. Group skills can be improved by constructive, critical evaluation.

Members should attend regularly and come prepared - and the importance of mutual responsibility for well-being of the group may be underlined by drawing up contracts with participants.

(Herbert, 1991, pp. 256-257)

3.7 Reviews and Individual Parent Training Studies

There are a number of excellent reviews describing studies in which parents were successfully trained as agents of behaviour change for their children. These reviews have provided convincing evidence that this approach is effective in reducing undesirable childhood behaviours (Cone and Sloop, 1971; Berkowitz and Graziano, 1972; Johnson and Katz, 1973; O’Dell, 1974, 1975; O’Dell, Flynn and Benlolo, 1977; Cobb and Medway, 1978; and Webster-Stratton and Herbert, 1994).

The purpose of an article by Webster-Stratton and Herbert (1993) was to describe the therapeutic processes involved in a parent training programme for families with conduct-disordered children. The data for the study was derived from video-taped transcriptions of over 100 hours of group discussion therapy sessions. Indicated in the findings was the crucial point that the therapeutic process of helping parents to learn how to manage their children’s behaviour problems was based on a collaborative model. Included in this model were six rôles for therapists, categorized as:
CHAPTER 3

(1) Building a supportive relationship with parents - by being empathic and using effective communication skills;

(2) empowering parents - by building on their strengths and experiences to promote feelings of confidence in their parenting skills and their ability to respond to new situations that might arise in the absence of the therapist;

(3) teaching parents - about children’s developmental needs, behaviour management principles and communication skills;

(4) interpreting - the therapist must translate the language of cognitive, behavioural and developmental concepts into words and behaviours that the parents can understand. Also, to communicate effectively, the therapist must interpret the language, theories and culture of the family;

(5) leading and challenging - the therapist must lead the group to ensure focus and organization in the therapy sessions. Parents become frustrated if discussion wanders or if one person monopolizes the session. The therapist must also deal with group process issues, e.g., arguments and resistance;

(6) prophesizing - the therapist’s rôle as prophesizer is important in preparing families for setbacks and future relapses in their own and their children’s behaviour.

In addition to describing the rôles for therapists, the article describes the scripts for parents which includes five recurring themes related to helping parents to cope more effectively. These are:

(a) promoting parents’ problem-solving - the end goal of the programme is for parents to realize that there is no single solution for parenting. At the termination of the programme, the parents had gained confidence in their own ability to think sequentially and analyse parent-child interpretations, to search for external causes for their children’s misbehaviour and to generate an array of possible solutions. They had also learnt the problem-solving strategies needed to decide on the best solution to chose.

(b) helping parents “come to terms” with their child - the therapist gradually helps the parent come to terms with the realistic facts concerning the temperamental nature of their child, and with the hard work involved in parenting a conduct-disordered child;

(c) gaining empathy for their child - the therapist helps the parents to gain understanding, empathy and acceptance of their child’s unique personality;

(d) parents’ accepting their own imperfections - coping effectively implies that parents must accept their own imperfections as parents, as well as their child’s strengths and difficulties. The therapist helps the parents learn to stop belittling and berating themselves for their angry or frustrated reactions and depressive or anxious thoughts - they come to understand that these reactions to their child are normal;

(e) refueling the parent to ensure maintenance - parents need to recognize the importance of refueling themselves as individuals and couples. Continuing parent support groups were encouraged so that they could babysit for each other, in order for the parents to get time away from the children. “Booster shots” for the group with the therapist, on a routine basis, were also suggested for ongoing support.

Pugh, De’Ath and Smith (1994) published a valuable resource book, which catalogues a wide range of education and support services for parents across the United Kingdom. This was a sequel to their
earlier publication (Pugh and De’Ath, 1984), which reported on a three year development project based at the National Children’s Bureau from 1980 to 1983, which sought to paint a national picture of preparation, education and support for parents in Britain at that time. The project used a life cycle approach to parent education, and it examined the rôle of schools, colleges and youth services in preparing young people for family life; at antenatal education, at support services for families within the community; and at the rôle of the media in parent education.

The context of family life has changed in many respects in the ten years between the two publications, and much of the 1984 information is now out of date - but the matter of parent education remains as vital and central as ever. The International Year of the Family was celebrated in 1994, so once again, parents were under the spotlight throughout the world. It was also in recognition of this important event that the 1994 resource book by Pugh, De’Ath and Smith was written.

The authors comment on some of the serious challenges facing parents in the 1990’s. They point out that the combination of changing work and family patterns - with escalating rates of divorce and remarriage, which has resulted in more and more children growing up in single-parent families - has raised serious concerns about parents’ ability to raise their children satisfactorily. While they accept that there are no easy solutions to these challenges, the authors maintain that there are numerous ways in which support and education can be provided which will make it possible for all parents to do “well enough” (a key concept to be discussed below) by their children. “Good enough” parenting is a focal idea in the 1994 publication, which the authors describe as a small scale review of current practice in the field of parent education.

Pugh, De’Ath and Smith (1994) use the term “parent education” to encompass approaches at each stage of the life cycle, and they define it as: a range of educational and supportive measures which: (1) help parents and prospective parents to understand their own social, emotional, psychological and physical needs and those of their children and enhance the relationship between them; and (2) create a supportive network of services within local communities and help families to take advantage of them.

The authors present the book with three main objectives: (1) to contribute to the current debate on parent education and parental responsibility; (2) to present a revised and updated review of what help parents and prospective parents in Britain might find under the general umbrella of “parent education” and family support; and (3) to encourage those working with parents and their children to re-examine what their own contribution to the network of supportive and educative services might be, and to question the nature of their relationship with parents.

The book is also presented in three main parts. Part 1 examines what it is like to be a parent in the 1990’s. Part 2 presents an analysis of current initiatives across Britain, using published documents and research, and information gathered by a short questionnaire survey of individuals and organisations working in the field; and Part 3 summarizes the evidence presented throughout the
book to suggest a coherent approach to parent education and support.

Pugh, De'ATH and Smith (1994) discuss the concept “good enough” parenting - first coined by Donald Winnicott - at some length. The authors contend that while all parents want to do the best for their children, there is no single correct way to rear children, no rigid set of rules to which all “good” parents should adhere. Research has shown that the quality of relationships within families and the style and nature of parenting are more important for the healthy development of children than particular types or structures of families. Children thrive in any kind of family where there is consistent love and nurturance, support and discipline. Taking into account the need to avoid a cookbook approach, and keeping in mind the importance of being sensitive to the individual characteristics of children and the cultural context, the authors ask how then the journey toward being a “good enough” parent might be described? In answer to their question, the authors start with the statement that “good enough” parents are confident, competent parents who are:

1. building up their knowledge about: human health and development - particularly child development - and what to expect at what stage; where to go for help; their rights; common ailments and how to cope with accidents; and the education system;

2. developing certain skills and attributes, many of which are social skills, developed over a lifetime, which all adults need if they are to function adequately. These skills and attributes include being authoritative, loving, accepting and sensitive to their children’s needs. It also means being consistent, reliable, dependable and setting appropriate boundaries and providing adequate supervision and encouragement for the children. In addition, “good enough” parents must develop open, honest communication with the ability to listen, reflect and make good decisions, and they must avoid harsh punishments and reinforce good behaviour - to mention but a few of the practices, abilities and qualities they require; and

3. developing understanding and self-awareness: of themselves as parents and of their needs; of their values and attitudes and how these impact on others; and of how their upbringing affects their ability to be parents.

The authors stated that it was clearer in 1994 than it was ten years earlier that “good enough” parenting leads to more confident parents who bring up more confident children, that access to appropriate support services was crucial, and that some of the skills of parenting can be learned.

Pugh, De'ATH and Smith (1994) emphasize that the importance of self-confidence and self-esteem is central to the many parenting courses and support schemes that they review in their book. They make the further point that while the knowledge, skills and understanding already described are components to which the “good enough” parent might aspire, the social and economic pressures on parents in the 1990's are substantial and no parent should be expected to provide the care and nurturance required by a child without adequate levels of support. The book provides an outline of what such adequate support might entail in terms of preparation, education and support, but the authors caution that there is an additional crucial element of support without which “good enough”
parenting is very difficult: namely, without what Rutter (1974) describes as "permitting circumstances" or the necessary life opportunities and facilities, or what they condense into the phrase "the bare necessities of life".

In Chapter 6 of the book a range of schemes and services are examined which aim to meet parental needs for companionship, information, increased self-confidence and for greater knowledge and understanding by parents of themselves and their children. Some kinds of support are informal, offering opportunities for mutual learning and peer support (Pound and Mills, 1985). Other kinds, like play groups, some family centres and home visiting schemes (Home Start and Newpin befriending schemes - Cox, 1993) have made it possible for parents to move beyond the provision of services to their children to opportunities for their own involvement (frequently with some form of training), and then still further to an extension of the prospects of their own learning opportunities. Yet other schemes have worked with more vulnerable families or with those who were facing particular life crises. A number of these schemes have succeeded in keeping families together and in raising parental self-confidence. Although some schemes have been less successful in changing relationships within families, more recent reports have been positive in describing improvements in parent-child relationships (Cox et al, 1992). There appears to have been an increase in some localities of opportunities for parental involvement in their children’s schooling - either in a general way or as their children’s educators (Davis and Gill, 1993), or in the extension of the parents’ own development and learning (Baginsky, 1993). Many of these schemes have had positive outcomes for both parents and children.

There has also been a growth in the number of parent education, parent effectiveness training, and specialist parent training courses - some in behavioural methods of managing their children in order to reduce the frequency of behaviour problems and others using different approaches. (Hinton, 1987; Jenner, 1992; and Jenner and Gent, 1993) Unfortunately many of these schemes are not widely available, and while reports of their effectiveness have often been encouraging in the short-term, there has not yet been an assessment on a long-term basis.

The book also lists examples of work with families with special needs, for example, families with disabled children, with disabled parents, with single-parents, teenage parents, parents in custody, black and minority ethnic families and with fathers. While the authors found a wide range of support services for parents, there was little evidence of a coordinated approach to such provision in a locality. Concern was voiced about cuts in funding for statutory services; emphasis on targeted rather than on universal services; and extensive reliance on a sometimes insecurely funded voluntary sector. The authors commented:

"In order for support to be available to all who want it, at the time they want it, and in the way
In the final Chapter of the book, Pugh, De’Ath and Smith, (1994) offer forty separate recommendations under the heading “Agenda of Action”. Wherever possible they have linked their recommendations to the specific requirements of recent British legislation and government guidance. The recommendations cover four areas: general recommendations; education for family life; preparation for parenthood; and, education and support for parents.

The Cunningham, Brenner and Boyle (1995) study also focused on parent training for parents of children with disruptive behaviour disorders. Their contention was that a significant proportion of children with disruptive behaviour disorders do not receive mental health assistance, and that utilization is lowest among groups whose children are at greatest risk. To increase the availability, accessibility and cost efficacy of parent training programmes, this prospective randomized trial compared a large group community-based parent training programme to a clinic-based individual parent training programme. Checklists concerning problems at home were sent to all families of junior kindergarten children in the Hamilton, Ontario public and separate school boards. Those families who returned questionnaires above the 90th percentile were block randomly assigned to one of three conditions: (1) a 12-week clinic-based individual parent training programme (Clinic/individual); (2) a 12-week community-based large group parent training programme (Community/group); or (3) a waiting list control condition. Immigrant families, those using English as a second language, and parents of children with sever behaviour problems were significantly more likely to enroll in Community groups than in Clinic/individual parent training. Four measures of demographics and mediating mechanisms and nine outcome measures were used, including parent-child interactions and problem-solving audiotapes. Data were collected during home visits by research assistants who were uninformed of the Family’s condition. The basic structure and process in the Clinic/individual and Community/group sessions were identical.

Results of the study indicated that parents in the Community/groups reported greater improvements in behaviour problems at home for the children and better maintenance of these gains at a six month follow-up. In addition, a cost analysis showed that, with groups of eighteen families Community/groups were more than six times as cost effective as Clinic/individual parent training.

The aim of a study by Davis and Hester (undated) was to evaluate the Parent-Link parenting education programme, using methods that allowed outcomes for families to be explored. The Parent-Link courses consisted of thirteen two to three hour, loosely structured sessions conducted by Course Coordinators (trained parents) and included the presentation of information, rôle plays, open discussions, small group work and booklets to accompany each session. Session content focused on assertiveness, communication and listening skills, with the purpose of increasing knowledge and
confidence in parenting skills. A distinction was made between needs and wants. Parents were expected to become more aware of meeting their own as well as their children's needs. Practical ways of meeting parental needs were explored, as it was thought that if parents felt good about themselves, they would be able to model self-worth for their children.

Predictions were made that there would be significant changes in the parents during their course attendance. The changes predicted included improvements in the children's behaviour; a decrease in parental anxiety, depression and stress; an increase in parental self-esteem; improved family relationships and changes in parental attitudes accompanied by increased parental confidence. It was also predicted that the Coordinators and the course would be perceived positively by the participants.

After some attrition, the intervention group comprised 59 parents enrolled on ten Parent-Link courses. An additional 42 parents were used as a comparison group so that the extent to which parents spontaneously changed over 12 to 13 weeks, without participation in a Parent-Link course, could be estimated. The intervention and comparison groups were matched as closely as possible for socio-economic level, education, family structure (living with or without a partner), employment situation, family size and age of targeted child. Most of the parents attending the courses were women and white. The two groups were assessed in exactly the same way - before and after the intervention group participated in a Parent-Link course; and the comparison group - before and after a fallow period equal in length to the intervention period.

Most of the measures used in the study were derived from 5 questionnaires which the parents completed twice at an interval of approximately three months. The measures were: the Child Behaviour Checklist, the General Health Questionnaire, the Family Grid, the Parental attitude Questionnaire and the Parenting Stress Index Short Form.

In analysing the data each different measure was explored to ascertain to what extent the intervention and comparison groups were similar before any intervention took place. Although differences were not statistically significant on any of the variables, in practice a few were sufficiently disparate to make direct comparisons injudicious until more detailed analysis had been undertaken. (For the purposes of the study, any value equal to or less than 0.01 was regarded as significant, and unless otherwise stated, all comparisons were done using the Mann-Whitney test.)

Results of the study supported in almost every instance the researchers predictions that the intervention group would change significantly in a positive direction during the Parent-Link programme, in contrast to the comparison group who were not expected to change. The one exception was the prediction that parental anxiety/depression would decrease significantly, whereas although this result changed in a positive direction, it failed to reach significance levels. The remaining results for the intervention group were in accordance with the predictions as indicated
below:

(a) Children's behaviour - there was not only a statistically significant decrease in overall behaviour problems, but also a decrease in social problems, anxiety/depression, aggressive and delinquent behaviours.

(b) Parental self-esteem increased and there was a significant reduction in the self-ideal discrepancy as shown on the Family Grid.

(c) Relationships within the family - after the intervention, these parents felt significantly more positive about relationships with their children and their partners.

(d) Parental attitudes - there was no change in the parents' warmth towards their child, but parents became less strict and overprotective in their approach and less authoritarian after the intervention. There was also a reduction of conflict with their children.

(e) Parenting stress - the parents who fell within the normal range on the Parenting Stress Index Short Form at the inception of the study perceived their children as less difficult after the intervention. Parents who fell within the clinical range of the PSI-Short Form at the beginning of the study, showed significantly reduced stress levels after the intervention on all four scores (Parental Distress, Parent/Child dysfunction, Difficult Child and Total Stress score).

Also as predicted, the comparison group did not change significantly on Children's Behaviour, Parental Anxiety/Depression, Parental Self-esteem, Relationships within the Family and Parental Attitudes. There was also relatively little change on Parenting Stress except for spontaneous improvement on the Difficult Child measure.

Finally, the results showed support for the prediction that the intervention group would perceive the Course Coordinators, the course content and format and the effects upon themselves in a positive light. The Course Coordinators were described as helpful and most of the participants in the intervention felt that they had been treated with respect, understanding, support and encouragement. Overall, the participants felt that they had benefited from the experience.

3.8 Summary

The introductory remarks to this chapter deal with the purpose of the present intervention - namely, an attempt to mitigate the adverse effects of divorce on mothers and children, and an exploration of the possibility that the intervention might (theoretically) have preventive effects.

Several different types of intervention are discussed, based on a review of the major theories and models of change available. The most effective to emerge were essentially of the Rogerian/Egan Counselling and Cognitive-behavioural Parent Training type. The concept of self-empowerment is at the centre of what seems to be the most effective approaches to issues of the kind raised by divorce and its after effects. Some relationship models are outlined and the importance of selecting
an appropriate model for use in any intervention programme is stressed, since the nature of the parent-professional relationship is a basic ingredient of the helping process. Three models - the Expert, the Partnership (the one selected for use in the present study), and the Transplant model are discussed. Also essential to the helping process are certain characteristics that a counsellor requires in order to initiate and establish an effective partnership with parents. These five fundamental characteristics - respect, genuineness, empathy, humility and quiet enthusiasm - required for effective counselling, are briefly described.

A number of intervention studies, both general and of the parent training type, are reviewed. The general intervention studies focus on programmes designed to assist separated and divorced person to adjust to divorce (Vera, 1995; Lee and Hutt, 1990; Davidoff and Schiller, 1983); a short-term group counselling programme for a group of custodial parents and their children (Gamble, 1984); and a study by Johnson and Mash (1989) which focused on the need to develop and validate measures of relevant cognitive dimensions because of the important rôle played by parental cognitions in parent-child relationships. The researchers identified parenting self-esteem (which encompasses perceived self-efficacy and satisfaction derived from parenting) as one aspect of parental cognition that was significant across a range of child ages in both clinical and normal samples.

Since there was no direct intervention with the children in the present study, successful interventions undertaken to alleviate negative consequences of divorce upon children are list but not discussed.

The section on parent training studies lists a number of excellent reviews describing studies in which parents were trained as agents of behaviour change for their children. Discussion of individual studies include that of Webster-Stratton and Herbert (1993), who describe the therapeutic processes involved in a parent training programme for families with conduct-disordered children; a review of a resource book published by Pugh, De’Ath and Smith (1994) which catalogues a wide range of education and support services for parents across the United Kingdom, comments on the challenges facing parents in the 1990’s, and discusses the concept of “good enough” parenting; a study by Cunningham, Bremner and Boyle (1995) which also focuses on children with disruptive disorders and in which the parents were trained either in clinic-based individual programmes or community-based large group programmes; and finally, the study by Davis and Hester (undated) which evaluated the Parent-Link education programme.

It is impossible in the space available to review the plethora of parent training approaches. (See Webster-Stratton and Herbert, 1994; Davis and Hester, undated.) However I have chosen to comment on two approaches, namely, Social Learning Theory and Rogers.
CHAPTER 4

4.0 THE INTERVENTION

4.1 Method

Twenty-eight of the parents discussed in Part I were offered (as previously explained to them at the initial contact) a place on the treatment programme. However, after the programme had commenced, four found that they were unable to take up the offer for very specific reasons. The assessment and evaluation data based on the battery of psychometric tests described below is complete.

The first 10 participants to be referred constituted a waiting list control group, and were interviewed and assessed and then (to provide a no-treatment/fallow period condition) assessed again for the programme twelve weeks later. At that stage - for ethical reasons - they joined 18\(^2\) divorcées who had been referred during the twelve week period for the counselling and lifeskills training programme, i.e., N = 28. However because of the 4 participants mentioned above, who had to drop out of the programme after one or two sessions, for very specific reasons, the number was reduced to N = 24.

4.2 Attrition

Unfortunately of the 10 controls enrolled in the study, 4 dropped out early on in the intervention for the following specific reasons:

1. One nursing sister changed from day to night duty to be available to assist her learning disabled child with Homework in the afternoons.
2. A second nursing sister relocated to accept a promotion to Night matron in a rural hospital.
3. One mother relocated to Johannesburg to be with her biological family.
4. One mother relocated to another city on a job promotion.

Thus a total of 28 participants (10 control and 18 experimental) were available for the Phase 1

---

\(^2\)Actually 20 participants were referred for the treatment programme while the control participants were on the waiting list, but two dropped out before they could be assessed for Stage 1 or Stage 2 of the study, because a sudden upsurge in political unrest made it too dangerous for them to drive to sessions at night, and so they regretfully had to forgo participating in the programme for reasons of personal safety. These two participants could thus not be included in the final number.
evaluation; Phase 2 analysis involved a comparison of the same 10 control and experimental participants (i.e., the no-treatment/fallow period group vs treatment group). At the beginning of the treatment/counselling programme the 10 controls - for ethical reasons offered the opportunity to join after 12 weeks on the waiting list - did so, making a combined N = 28). They are not included in the treatment vs no-treatment data analysis. Only 6 of the 10 controls were able to continue; thus 24 completed the entire programme. (See Figure 4.0, overleaf)

It was unfortunate that a disproportionate number dropped out from the control group, however the reasons described above do not suggest some form of bias in dropping out that might confound the results.

Ideally the participants should have been randomly selected from those who wanted to attend the treatment programme and allocated in equal numbers to a waiting list for an equivalent period for the duration of the programme, and later offered treatment. This is discussed further in the concluding chapter.
FIGURE 4.0

DIAGRAMMATIC REPRESENTATION OF RESEARCH DESIGN

BASELINE 1
(10 Controls interviewed and assessed over 1 week)

12 WEEKS
No Intervention

BASELINE 2
(10 Controls interviewed and assessed over 2 weeks)

12 WEEKS
Intervention - Parent Counselling and Lifeskills Training

BASELINE 1
(18 Experimentals interviewed and assessed over 2 weeks)

4 Controls drop out

BASELINE 3
(6 Controls interviewed and assessed over 2 weeks)

and

BASELINE 2
(18 Experimentals interviewed and assessed over 2 weeks)

(Gains Questionnaire completed)

FOLLOW-UP
(6 Controls)

24 WEEKS
No Intervention

and

(18 Experimentals)
(Gains Questionnaire completed)
4.3 **Characteristics of the Treatment and Control groups**

Demographic and other characteristics of the Treatment and Control groups are detailed in Table 4.0, overleaf.

All the parents who participated in the intervention study were women. It was hoped to offer the same treatment programme to their estranged husbands - at a different time each week - but unfortunately, for reasons that will be dealt with in Chapter 7: Conclusions (p. 189) - the enrolment figures were so poor that the venture had to be abandoned.

A substantial proportion (55.6 percent) of the divorced women in the experimental group had completed their secondary education, as had 60 per cent of the controls; while 22.3 percent of the experimental group and 40.0 percent of the controls had some form of tertiary education. Paternal education in the two groups differed more widely, with 55.6 percent of the experimental group and 30.0 percent of the controls having completed their secondary education; while 22.3 percent of the experimental group and 60.0 percent of the controls had some form of tertiary educational qualification. These differences in education levels were statistically significant.

**NOTE:** The way education is organized in South Africa is detailed in a section headed “Course of South African Education” in Appendix 1.

Almost all the mothers, in both groups (94.5 percent - experimental and 90.0 percent - controls), came from socio-economic levels 1 and 2. Again there were greater differences between the fathers in the two groups, with 55.6 percent of the experimental group and 70.0 percent of the controls coming from socio-economic levels 1 and 2; while 44.4 percent of the experimental group and 20.0 percent of the controls came from socio-economic levels 3 and 4, and one control group father was unemployed. (When employed, all the past positions held by this man were in socio-economic category 4.) These differences in socio-economic status were not statistically significant.

The average family size in both groups was two children, and the average ages of the targeted children were 10.8 and 10.4 years, respectively, for the experiment and control groups.
### TABLE 4.0

**CHARACTERISTICS OF 28 MOTHERS (18 EXPERIMENTALS AND 10 CONTROLS) IN THE INTERVENTION STUDY AND THEIR FAMILIES**

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>PARTICIPANTS CHARACTERISTICS</th>
<th>p VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXPERIMENTAL GROUP</td>
<td>CONTROL GROUP</td>
</tr>
<tr>
<td><strong>Average age of Mothers (in years)</strong></td>
<td>34.2 (26-42)*2</td>
<td>37.1 (30-46)*2</td>
</tr>
<tr>
<td><strong>Average age of Fathers (in years)</strong></td>
<td>38.4 (29-54)*2</td>
<td>39.8 (32-49)*2</td>
</tr>
<tr>
<td><strong>Maternal Educational Qualifications:</strong></td>
<td></td>
<td>0.32*4</td>
</tr>
<tr>
<td>(1) 2 to 4 Years Secondary Education</td>
<td>4 (22.2%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>(2) Matriculation or Foreign Equivalent</td>
<td>10 (55.6%)</td>
<td>6 (60.0%)</td>
</tr>
<tr>
<td>(3) Tertiary Education:</td>
<td></td>
<td>0.05*4</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>1 (5.6%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Graduate</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Diploma</td>
<td>3 (16.7%)</td>
<td>4 (40.0%)</td>
</tr>
<tr>
<td><strong>Paternal Educational Qualifications:</strong></td>
<td></td>
<td>0.67*4</td>
</tr>
<tr>
<td>(1) 2 to 4 Years Secondary Education</td>
<td>4 (22.2%)</td>
<td>1 (10.0%)</td>
</tr>
<tr>
<td>(2) Matriculation or Foreign Equivalent</td>
<td>10 (55.6%)</td>
<td>3 (30.0%)</td>
</tr>
<tr>
<td>(3) Tertiary Education:</td>
<td></td>
<td>0.25*4</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Graduate</td>
<td>2 (11.1%)</td>
<td>2 (20.0%)</td>
</tr>
<tr>
<td>Diploma</td>
<td>1 (5.6%)</td>
<td>3 (30.0%)</td>
</tr>
<tr>
<td>(4) National Technicians’ Certificate</td>
<td>1 (5.6%)</td>
<td>1 (10.0%)</td>
</tr>
<tr>
<td><strong>Maternal Socio-economic Status</strong></td>
<td></td>
<td>0.67*4</td>
</tr>
<tr>
<td>C.A.S.S. Categories:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>5 (27.8%)</td>
<td>2 (20.0%)</td>
</tr>
<tr>
<td>2</td>
<td>12 (66.7%)</td>
<td>7 (70.0%)</td>
</tr>
<tr>
<td>3</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>4</td>
<td>1 (5.6%)</td>
<td>1 (10.0%)</td>
</tr>
<tr>
<td><strong>Paternal Socio-economic Status</strong></td>
<td></td>
<td>0.25*4</td>
</tr>
<tr>
<td>C.A.S.S. Categories:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>7 (38.9%)</td>
<td>3 (30.0%)</td>
</tr>
<tr>
<td>2</td>
<td>3 (16.7%)</td>
<td>4 (40.0%)</td>
</tr>
<tr>
<td>3</td>
<td>6 (33.3%)</td>
<td>2 (20.0%)</td>
</tr>
<tr>
<td>4</td>
<td>2 (11.1%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td><strong>Average Age of Targeted Children (in years)</strong></td>
<td>10.8 (8-14)*2</td>
<td>10.4 (9-12)*2</td>
</tr>
<tr>
<td><strong>Sex of Targeted Children</strong></td>
<td>9 M : 9 F</td>
<td>3M : 7 F</td>
</tr>
<tr>
<td><strong>Average Family Size</strong></td>
<td>1.9</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Average Age of Siblings (in years)</strong></td>
<td>6.1</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>Sex of Siblings</strong></td>
<td>11 M : 6 F</td>
<td>6 M : 2 F</td>
</tr>
</tbody>
</table>

See: Notes - *1 to *4, overleaf
4.4 The Intervention

4.4.1 Introduction

The approach to parent skills training adopted in the present study, was to use educational groups in which all the parents were trained together. (See Chapter 3, pp. 78 - 79) The teaching aids employed were mini-lectures, printed handouts summarizing the content of the lectures, large and small group discussions, homework assignments, audio-tapes and a video-tape presentation.

As well as ensuring that all the core facilitative conditions of the helping process were involved in the training (See Chapter 3, pp. 72 - 75), parents were also taught the skills necessary to ensure that they could take greater control over their own lives. This combination of counselling and the teaching of lifeskills provided in the training programme, was deemed most likely to be effective in helping parents to deal more adequately with the negative effects of divorce.

The participants in the Counselling/Lifeskills training programme were also provided with some basic instruction in cognitive-behavioural strategies and methods for the management of unwanted post-divorce behaviours in their children. A broad focus approach was adopted which gave information about general behavioural principles as well as teaching skills for altering particular problem behaviours which the parents might wish to change.

Thus the intervention programme combined three separate types of interventive procedures, namely:
1. Post-divorce counselling for the facilitation of the resolution of the trauma of divorce;
2. Lifeskills training to facilitate the self-empowerment of the maternal participants; and
3. Cognitive-behavioural training to facilitate the management and control of difficult post-divorce and other childhood behaviours.

Many of the divorced mothers in the research sample felt that they had failed as wives and that they had damaged their children, because one of the consequences of the divorce was that the children would be exposed to the ongoing disadvantages of being reared in a single-parent family.

Herbert (1991) pointed out that there are a number of advantages in working with a group which manifests similar difficulties (See Chapter 3, p. 78). Herbert (1991) also commends the psychologist to the work of Johnson and Johnson (1975), who maintain that group intervention will be effective if it meets certain criteria (See Chapter 3, p. 80). All these criteria were taken into account in organising and structuring the intervention programme described below, and they were discussed, both individually and jointly, with the other professionals who staffed the training programme. The relevant criteria were also discussed with the maternal participants at the initial orientation session, and reinforced throughout the subsequent sessions.

4.4.2 The Counselling and Lifeskills Training Programme

4.4.2.1 Preparation for the Programme

Just prior to the commencement of the training programme, the researcher spent several hours with each maternal participant and her eldest or only child at a meeting arranged to interview and assess the members of each mother-child unit. In the case of the waiting list control group members, this was a second meeting, the first having taken place prior to the “no treatment” period of three months which preceded the joint training of both the experimental and control groups. This particular sequence of events had been selected for ethical reasons, namely, so that treatment could be provided to the control group also.

At the end of the meeting with each participant, she was informed of the purpose of the study, the duration of the programme, the length of each session, the venue, what the programme staff undertook to provide and what undertakings the participants would be expected to give. She was informed also that a notice announcing the date, time and other details of the first meeting would be sent to her in good time, through the post.
CHAPTER 4

4.4.2.2 Programme Staff

The programme was manned by a staff of four professionals. Of these, two were experienced, registered Clinical Psychologists, namely, the researcher and a male colleague. The third staff member was a mature post-graduate student of psychology engaged in completing a Master’s degree and who had considerable experience in interviewing and counselling as an employee of the Human Sciences Research Council. The fourth staff member was a mature, experienced Nursing Sister employed as an Industrial Nurse, who had special training in working with family, social and industrial problems of employees. She, too, had experience in interviewing and counselling gained at numerous workshops dealing with the Employees’ Assistance Programme (EAP) which was offered by her employer to the Company’s employees. This staff member helped with appropriate mini-lectures, but was not used as a group leader.

4.4.2.3 The Venue

The group met in a very large lecture room at the University of Natal, Durban. The room was spacious enough to comfortably accommodate the three separate small groups (each led by a staff member) into which the whole or large group was divided, once at each session, for the purposes of small group discussions. The room was air-conditioned for comfort, an important advantage because of the hot, humid Durban weather.

A kitchenette adjoining this room was equipped with an urn for boiling water and the necessary crockery and cutlery for serving teas. It was here that the group met for tea or coffee and biscuits at the end of each session.

In order to ensure that there was no bias, the two psychologists and the Master’s student led each of the small groups in turn, so that all participants were equally exposed to the three group leaders over the twelve-session training programme. The Nursing Sister joined a different small group at each session, in the capacity of an observer.

The lecture room was equipped with blackboards, an overhead projector, and a video-cassette recorder and television set. The researcher provided a tape-recorder and audio-tapes for the purpose of recording the sessions.

4.4.2.4 General Organisation and Structure of the Sessions

The twelve group meetings were held between 7.00 p.m. and 9.45 p.m., at weekly intervals on every Tuesday evening from the 22/09/1992 to the 08/12/1992. The meetings were held in the
evenings as all the participants were working mothers who were not able to attend during normal working hours. The day (Tuesday) on which the meetings were held, was decided upon at the first meeting, and then adhered to throughout the training period. It was obviously the day of the week on which the bulk of the participants had no evening commitments.

Each session was tape-recorded so that any absentee participant could listen to the material from the missed session before the next meeting. Both the participants and the programme staff wore name tags, bearing first names only. In addition, staff members were encouraged to familiarize themselves with the names and circumstances of each participant.

During meetings, the participants were seated at small tables to facilitate the writing of any notes they wished to take. Each participant was provided with a file in which to keep the handouts of the didactic material prepared for that session. They were asked to read these handouts at home, before the next session, to reinforce what they had learned. A sheaf of lined, A4 paper was included in each file for the making of notes or for participation in the exercises that formed part of most of the sessions. They were also each provided with a pen, a pencil and a rubber.

The tea-time at the end of each session was intended to provide the opportunity for the participants to become better acquainted with each other, and with the programme staff, in a relaxed, sociable atmosphere. It also provided the opportunity for the staff members to circulate, and thus to become acquainted with all the participants in the group in an informal, pleasant and non-threatening way.

A “spillover” period of ten to fifteen minutes was made available at the end of the tea-time period to enable participants to approach a staff member of their choice with specifically individual questions or concerns, and where necessary, to discuss these.

4.4.2.5 The Format of the Sessions

Before each meeting, the researcher contacted each of the other staff members to discuss his/her part in the forthcoming session. In these discussions, it was decided which sections of the didactic material each staff member would present, using the printed handouts as a base, as well as selected additional material to which he/she could refer. The staff members had received all the handouts and additional material pertaining to the entire programme before the training commenced. In addition to this contact, the researcher was available during a specified period each evening of the week to deal with any queries the staff members might have and to discuss particular concerns. Staff members were also asked to arrive at the venue for the meetings twenty minutes before the session was due to commence to settle any outstanding concerns they
might have and to allocate staff duties for the evening, for example, the handing out of the name
tags which were collected at the end of the session, the setting up of the tape-recorder, turning
on the urn for tea, checking the order of any transparencies to be used on the overhead projector,
etc.

Wherever possible, and if appropriate, staff members were allowed a good deal of choice
regarding the material they presented, but there were, of course, certain sensitive areas that were
best handled by the two registered clinical psychologists, who also presented the bulk of the mini-
lectures.

The pre-session contacts also enabled the staff members to discuss questions that might arise,
and it was understood that any staff member could refer a participant’s question to the researcher
if they did not feel comfortable answering it, on the grounds that she had written the programme.

A plan or agenda for each meeting was prepared and written in bold on a large sheet of
newsprint. Different coloured felt-tipped pens were used to write the details of the different
components to be presented and the plan was affixed to the wall with Prestik so that it could
easily be removed at the end of the session.

The general theme of the session was used as a heading and each component and other event
scheduled for the evening was listed in the sequence in which it would be presented. The name
of the staff member lecturing on the various topics or organising a specific event was indicated
beside the relevant component. This agenda was found to be extremely useful as it served
several valuable functions:

a. It ensured a brisk pace and an orderly sequence;
b. It provided appropriate cues for the staff members actively engaged in the
different events; and
c. It provided the participants with a summary of what was to take place. A copy of
this summary formed the face sheet of the handout for the session.

The meetings generally included: (a) lectures; (b) discussion periods following the presentation
of each component; (c) exercises relevant to the text of the mini-lectures; (d) small group
discussions; and (e) large group discussions.

(a) Mini-lectures: The contents of each session were arranged to express a particular, central
theme. These topics were presented as mini-lectures by the members of staff. The use of
different presenters added interest and variety to the presentations. Although comprehensive
summaries of the mini-lectures were distributed to the participants in the handouts, the staff members who delivered the mini-lectures were not expected to adhere rigidly to the outline, particularly in the case of the clinical psychologists. The outline was treated as a guide from which deviations could be made in order to render the material more flexible and spontaneous. This also enabled the presenter to incorporate examples or even to illustrate answers to previous questions. The Master’s student and the Nursing Sister were asked to discuss any deviations they wished to make with one of the psychologists before presenting them to the participants.

(b) Discussion periods: To encourage the full participation of all the group members, each mini-lecture was followed by a short discussion period of at least ten minutes. During this period the group members were encouraged to discuss any relevant concern or raise any pertinent questions. At the first session, group members and participants jointly signed a contract undertaking to hold in absolute confidence any personal information that might be obtained about other participants in the course. This pledge of confidentiality did much to facilitate free and open discussion between the participants and between the participants and the staff. (This was of course, exclusive of such information as the participants had agreed to release for the purposes of the research, in which in any event, no individual would be named.)

(c) Relevant exercises: Some of the most important ideas presented in the sessions were reinforced by providing exercises dealing with the same topic and in which the participants could take part. For example, the “Getting to know you” exercise which formed part of the orientation session involved arranging the participants in pairs and asking each pair to share items of personal information with each other. Then each group member, in turn, was asked to share the information regarding her partner with the large group. In later sessions exercises involving relaxation and stress reduction procedures, non-verbal cues, assertiveness, problem-solving and managing unwanted childhood behaviours were used to reinforce the mini-lectures on these topics.

(d) Small group discussions: The small groups were largely concerned with discussion about, and the monitoring of, the previous week’s Homework assignments, but could also include any controversial topic that might have arisen from the mini-lectures. Each participant took a turn to be the spokesperson for her small group, and as such, she summarised the discussion that took place in her small group, and then reported back on it to the large group when it re-formed after the separate small group discussions were concluded. This enabled the entire body of participants to share ideas and sometimes to propose solutions to any difficulties that members of one of the small groups might have encountered. The small groups comprised a maximum of ten participants and a group leader who was one of the programme staff. Staff members took it in turns to lead each small group to ensure that the participants were equally exposed to each
CHAPTER 4

of the group leaders and thus avoid the possibility of bias.

(e) Large group discussions: As described above, the large group acted as a forum for the
discussion of what had transpired in the small groups and as such extended the possibilities for
the sharing of ideas and the proposal of possible solutions to the difficulties of individual
participants. It also encouraged the idea of participants helping each other as well as seeking
help from the programme staff.

4.4.2.6 Homework Assignments

After each session, specific homework assignments pertaining to the session content were set;
for example, to record an unwanted or disruptive childhood behaviour displayed by a child in the
family, or to carefully plan and execute an assertive action. In addition, the participants were
asked to read the handout which covered all that had been presented in the session.

The value of these homework assignments was stressed throughout the course, and appreciation
was shown and encouragement given to those participants who completed their assignments well
as a means of reinforcing this responsible behaviour.

The homework assignments served the following purposes:

(a) They gave the participants the opportunity to practise the skills and techniques
described in the sessions;

(b) They gave the staff feedback on the extent to which the material taught was
understood by the participants;

(c) They gave the parents the feeling of active involvement from the very first session
in the programme; and

(d) They again emphasized that learning was one of the primary purposes of the

Throughout the course, each participant’s homework was carefully monitored and supervised in
the small group discussions. This did much to make the participants feel valued and important.

4.4.2.7 Staff Attitudes

Informality, warmth and humour in relating to the participants was encouraged from the outset.
To this end, staff and participants were on first name terms. Appropriate instances of self-
disclosure, particularly in situations where staff members could discuss their own weaknesses
in a coping but amusing manner, was also encouraged as a means of prompting easy and open
discussion in the groups. These attitudes were deliberately fostered as this ensured that staff members, particularly in their capacity as group leaders, were not regarded as “experts” who would “tell the participants what to do”.

However, an image that was quite intentionally created, was that the staff members had knowledge of teaching skills, of lifeskills, of behaviour change and management methods and of divorce counselling; while at the same time, strong emphasis was placed on the fact that the participants themselves were “experts” on their own children and that they had first-hand experience and knowledge of divorce and its effect on the family. It was made very clear that the situation was one of a partnership, in which staff and participants could learn a good deal from one another, as well as a climate in which the participants could learn from each other.

As in all groups, a primary goal for the group in this research project was to help the parents feel confident, competent and relaxed, both in their rôle as parents and as persons in their own right. Wherever possible, parents suggestions about the running of the course were put into effect and staff members encouraged the participants to help one another as much as possible.

Two guidelines laid down in an attempt to ensure that destructive incidents were minimized, were the following:

(a) The staff member presenting a mini-lecture or leading a small group was in charge. Other staff members were asked to desist from interrupting or interfering in any way. However, in post-session staff discussion time, any differences would be openly aired and discussed.

(b) The staff member in charge of a small group was responsible for the monitoring of homework assignments of the participants in his/her group. Other staff members were requested not to make additional suggestions during the tea breaks or other informal times, so as not to confuse those participants who tended to solicit the opinions of other staff members at one time or another. It is a well-known fact that contradictory suggestions are not helpful to parents and do not result in their consistently applying a programme or carrying out a prescribed task. Once again, staff members could discuss such suggestions among themselves in staff discussion times, and the staff member concerned was then at liberty to pass on the suggestion to the participant as an alternative if he/she saw fit.
4.4.2.8 Feedback

Pre- and post-training programme data on participants' attitudes, successes, behaviour changes, etc., were gathered in an effort to evaluate the efficacy of the intervention. The most comprehensive way of achieving this was by asking the participants to twice complete a “Gains Questionnaire”, the first time at the end of the training programme, and the second time, six months later, at a follow-up meeting.

4.4.2.9 Content of the Training Programme Sessions

A brief summary of the content of each of the sessions in the training programme is presented below.

SESSION 1: ORIENTATION - "GETTING TO KNOW YOU"

In this session, the participants were introduced to each other and to the programme staff. Details of the aims and an outline of the entire programme were presented, as was a summary of the general approach. This approach stressed three important beliefs, namely, that divorce is a major life event which is transitional in nature; that it is possible to train people to cope more effectively with the transitions in their lives; and that, because children are the parents of tomorrow, it is of the utmost importance to alleviate divorce-related emotional and other problems that affect them. Ways in which this could be achieved were by improving the coping skills of parents, by helping parents to recognize and meet their children's emotional needs and by teaching parents how to manage and control childhood behaviours. Enrolment and contract forms were completed by the group members who then participated in a “Getting to know you” exercise.

SESSION 2: REASSURANCE FOR THE CHILDREN

This session focused on ways the participants could use to reassure their children. It included a general model of transition as applied to divorce and outlined the major effects of transition. It dealt in some detail with the reactions children have to divorce, the defence mechanisms they employ to stave off the pain as they work through the divorce trauma and techniques for managing the “working through” behaviours that children frequently display.

SESSION 3: REASSURANCE FOR "THE DIVORCED"

The session focused on providing reassurance for the participants themselves. This included a
description of immediate post-separation reactions and emphasized that such reactions are the
norm; underlined the need to ‘mourn’ a lost marriage; offered suggestions on how to cope with
the loneliness that follows a divorce; discussed the “Blame chain” and described ways of
handling self-doubt; stressed the importance of combatting the resentment and bitterness that
stem from a broken marriage and outlined constructive ways that participants could use to help
them face the future on their own.

SESSION 4  (A) LOOKING AFTER YOURSELF
(B) CONFRONTING SOME THORNY ISSUES

The ideas of supportive self-talk and the expression of feelings were introduced, and the concept
of “appropriateness” was explained. Skills for managing emotions were described, the criteria
for adequate self-care were discussed and the group members participated in a relaxation
exercise. The thorny issues of custody, child maintenance and access were confronted and ways
of dealing with frustrating access problems were suggested.

SESSION 5  (A) LETTING GO OF THE PAST
(B) HINTS FOR MANAGING DIFFICULT CHILDHOOD BEHAVIOURS

Pointers were given for explaining divorce to children. The essential step of “letting go of the
past” once the grief of a broken marriage had been worked through, was underlined and
emphasized as a fundamental element of emotional recovery. The irrational beliefs that people
harbour were examined and techniques for venting anger constructively were discussed.

How to pinpoint, and observe and record unwanted childhood behaviours was outlined in the
second half of the session, and the advantages of examining behaviours in terms of the A.B.C.
sequence, was discussed.

SESSION 6  (A) “KNOW YOURSELF”
(B) MORE HINTS FOR MANAGING DIFFICULT CHILDHOOD BEHAVIOURS

The important self-knowledge questions, “Would I have chosen for this to have happened?” and,
“Do I know what I want from this new situation?” were posed. It was shown that the first question
left the individual with three possible options, namely: accept and put up with the situation; refuse
to accept the situation; and, accept the situation and try to benefit from it. The effects of these
options were carefully examined and the usefulness of the key question, “What is the worst that
can happen?” was explored.
The second question was used to introduce the technique of "values clarification" as a means of crystallizing needs and values, and the differing consequences of proactive and reactive behaviour was discussed. Stress control techniques were described.

In the second half of the session, more hints for managing difficult childhood behaviours were given, and managing "C" for Consequence was outlined. In addition, effective ways of handling rewards and penalties, and encouraging good attending behaviour, were discussed.

SESSION 7  
(A) "KNOWING AND UNDERSTANDING YOUR SITUATION"  
(B) TABOO CORNER: DATING, SEX AND THE SINGLE PARENT

In "Knowing your new situation", the importance of recognizing transition as a prerequisite to coping with it, was stressed and the movement through the stages of transition was discussed.

Self-empowerment skills were examined, focusing on the four types of skills required, namely:

- **My skills**: skills I need to survive and grow generally;
- **Me-and-you skills**: skills I need to relate effectively to you;
- **Me and others**: skills I need to relate effectively to others; and,
- **Me and specific situations**: skills I need for my education, skills I need at work, skills I need at home, skills I need at leisure and skills I need in the community.

In Taboo corner, it was stressed that just because a person was divorced did not mean that he or she stopped being human or experiencing human needs. Carefully examined were the sensitive issues of dating and sex in the context of single parenthood, and the effects of parental dating on the children. The dangers of exposing children to frequent attachment-separation experiences as was the case if parents introduced a number of opposite-sex friends or lovers into the family unit, were explored. The fact that children are naturally curious about a parent's way of expressing affection or sexual feelings was discussed, as was the fact that each parent must strike his or her own balance between honesty and the right to privacy. It was pointed out that the ages of the children played a rôle in how much a parent would be likely to share in this context. The common reactions of ex-spouses to dating was also considered.

SESSION 8  
(A) "KNOWING OTHER PEOPLE WHO CAN HELP"  
(B) MORE HINTS FOR MANAGING DIFFICULT CHILDHOOD BEHAVIOURS

The importance of finding other people to talk with about problems, in the absence of the spouse after divorce, was emphasized. How to give and receive feedback was discussed and guidelines for giving constructive feedback were presented. The question of when it was appropriate to give
feedback was also considered.

In the latter half of the session which dealt with more hints for managing difficult childhood behaviours, the “A” for antecedents was discussed, with particular attention to situations that seemed to trigger difficult behaviours. In this context, hints were given for anticipating trouble and planning to avoid it. The need for clear, consistent messages concerning the “rules of the house” was given prominence. In addition, an effective procedure for dealing with sleep problems was outlined.

SESSION 9   (A)  'LEARN FROM THE PAST'
(B)  THE PRINCIPLES OF GOOD COMMUNICATION
(C)  MORE ABOUT MANAGING DIFFICULT CHILDHOOD BEHAVIOURS

How we learn from specific experiences and the fact that there is a learning potential in both positive and negative experiences was explained. The principles of effective communication were outlined and the role of communication in making and maintaining relationships was discussed. The skills of sending and receiving messages were examined in some detail. A model of communication was presented and obstacles to effective communication were considered. Effective parent-child communication was described with emphasis on the skill of reflecting the child’s feelings back to him. The effectiveness of appropriate self-disclosure was illustrated.

In the latter half of the session, dealing with the management of difficult childhood behaviours and ways of extending the behavioural approach to other behaviours in the child’s repertoire were discussed with the suggestion that other unwanted childhood behaviours be recorded. Categories of difficult childhood behaviours were listed and ways of maintaining improvement in a child’s behaviour were suggested.

SESSION 10   (A)  SELF-EMPOWERMENT AND HOW TO LEARN FROM EXPERIENCE
(B)  HOW TO BE ASSERTIVE

The belief underlying the concept of self-empowerment, namely, “no matter what, there is always an alternative we can choose”, was examined. The five dimensions needed to become more self-empowered, that is, awareness, goals, values, lifeskills and information, were described. How to learn from experience, how to make decisions, and how to be assertive were outlined and the group members participated in an assertiveness exercise. Some strategies open to two assertive persons when they meet, were discussed, for example, seeking alternatives, negotiation and compromise. What the actual skills of being assertive involved, were outlined.
SESSION 11:  (A) BEING POSITIVE ABOUT ONESELF  
(B) PROBLEM-SOLVING

The importance of enjoying healthy self-regard and the beneficial effects of having positive self-esteem were examined. The experience of being a winner or a loser and the effects on the individual of achieving success or suffering failure, were considered. Berne’s (1964) idea of “stroking”, “positive stroking” in particular, was outlined. The nature of problem-solving was explained and a seven-phase model of problem-solving was presented (Hopson and Scally, 1980). The idea of creative problem-solving was introduced and the skills that needed to be acquired for effective problem-solving, were outlined. The group members participated in a problem-solving exercise.

The format of Session 12 was discussed. In Session 12, the participants were to present an outline of what they thought should be covered in a Counselling and Lifeskills Training programme for divorced persons.

SESSION 12  (A) “GAINS YOU HAVE MADE”  
(B) PARTICIPANTS’ PRESENTATION  
(C) TERMINATION OF THE PROGRAMME: “SAYING GOOD-BYE”

The participants completed a Likert scale-type “Gains Questionnaire” that provided a range of options indicating degrees of improvement, no change or deterioration in interpersonal skills and lifeskills dealt with in the training programme. The participants then presented their ideas on what should be included in an effective Counselling and Lifeskills Training programme for divorced persons. In order that all the participants should be strongly motivated to attend the last session, despite the fact that some might feel threatened by the prospect of taking part in the participants’ presentation, every effort was made to render the session particularly interesting. A short video-film entitled “Mom and Dad are divorced, but I’m OK” was screened and an interesting and informative lecture on custody and access, with question time, was presented by a leading Durban attorney. This was followed by a short farewell address by the researcher, who thanked participants and staff members for their valuable help and participation and reminded them of the follow-up meeting that was to be arranged in six months. A special tea brought the meeting to a close.

4.4.2.10 Mid-session Breaks

A short break was given midway through each session to allow the participants briefly to leave
the lecture room for various purposes. This break provided inveterate smokers with an opportunity to smoke a cigarette in the open concourse adjoining the lecture room, since the participants had all been asked not to smoke in the lecture room itself out of consideration for the non-smokers.

4.4.2.11 Major Sources of the Content Material Used

The training programme drew heavily on the work of Hopson and Scally (1981, 1987a, 1987b, 1987c), for the material dealing with the teaching of lifeskills, while the material presented on the management of difficult childhood behaviours came largely from the eight short volumes by Carole Sutton, entitled "Managing difficult children" which formed part of a project conducted at the Centre for Behavioural Work with Families at the University of Leicester.

Finally, the material on divorce issues was gleaned from a number of sources; but principally from the work of Rutter, (1972, 1975, 1979, 1980, 1988); Rutter and Madge (1976); Hetherington, Cox and Cox (1978, 1979a, 1979b); Wallerstein and Kelly (1974, 1975, 1976, 1977, 1980a, 1980b); Wallerstein and Blakeslee (1990); Wallerstein (1983); Banks (1981); Hooper (1983); Mitchell (1985, 1986); Green (1989); and Braude and Francisco-La Grange (1993).

4.5 Measures

Most of the measures used in the intervention study were derived from two carefully selected assessment batteries appropriate for use with adults and children, respectively. These instruments measured specific emotional and psychological attributes that were vulnerable to divorce related effects. The relevance and appropriateness of the instruments in the assessment batteries to serve the purpose envisaged, were tested in a small pilot study conducted prior to the research project itself. In consequence, the Leeds Scales (Snaith, Bridge and Hamilton, 1976) were replaced with the Beck Depression Inventory (Beck, 1993 edition) in the adult assessment battery, because it not only included all the major symptom categories of depression, but also supplied clear, manageable, quantitative results. The shorter Leeds Scales (Snaith, Bridge and Hamilton, 1976) focused only on anxiety and the more generalized symptoms of depression, and specifically stressed the relationship between these two emotions, which made it less relevant to the objectives of the present research.

The adult assessment battery consisted of four self-report questionnaires repeated by the participants on two occasions, before and after the three-month fallow period by the controls; and
before and after the treatment programme by the experimental group. In addition, the six control
group parents, who after the fallow period took up the places offered to them on the treatment
programme\textsuperscript{3}, repeated the questionnaires a third time at the end of the treatment.

A fifth questionnaire - the Gains Questionnaire - specifically designed to measure any changes
reported by the mothers in those areas upon which the treatment programme focused, was also
repeated twice by all the parents participating in the treatment, once directly after termination of
the programme and a second time six months later as a follow-up to establish whether or not the
treatment “held”.

The children’s assessment battery consisted of three self-report questionnaires and the Bene-
Anthony Family Relations Test. The control group children repeated this assessment battery
before and after the fallow period. The experimental group children repeated the assessment
battery before and after their mothers participated in the treatment programme. The six control
group children whose mothers also participated in the treatment after the fallow period, repeated
the battery a third time at the end of the maternal treatment period.

The two assessment batteries are briefly described below. It should be noted that the procedure
for obtaining each of the measures are fully described in the test manuals.

The data collection process was carried out blind. Each participant had a case number which
was not known to the researcher. Unfortunately it was not possible within the constraints of a
single-handed study of this kind, where confidentiality issues were also salient, to obtain an
independent rating in order to estimate inter-judge reliability. However, a high degree of
consistency was ensured by the researcher, experienced in the use of these tests, and following
rigorously the scoring instructions, conducting all the necessary data collection.

4.5.1 The Adult Assessment Battery

4.5.1.1 The Parenting Stress Index (PSI)

This questionnaire was developed by Abidin (1983) as a measure of parental stress. The
instrument has been revised and refined several times, until the present form (Form 6) consists
of 101 items with an optional 19 item life stress scale. Of these items, 47 are divided among the
six dimensions of the Childrens Domain - namely, Adaptability, Acceptability, Demandingness.

\textsuperscript{3}For ethical reasons, it was important to offer the control group the opportunity to
receive the same treatment as the experimental group. Time constraints made it impractical
to run a second programme for the small number of participants involved.
Child Mood, Child Distractibility/Activity and Child Reinforces Parent - to which they relate. The remaining 54 items are divided among the seven dimensions of the Parent Domain - namely, Depression, Attachment, Restriction of Rôle, Sense of Competence, Social Isolation, Relationship with Spouse and Parent Health.

Test takers are presented with the items which describe feelings of stress and asked to record to what extent they agree with each item on a scale of 1 (Strongly Agree) to 5 (Strongly Disagree). The scores derived furnish Total, Child Domain and Parent Domain scores. Normal Total scores fall within the range 180-245; while high Total scores reach a figure of 260+. High scores represent parent-child systems which are under stress and at risk for the development of dysfunctional parenting behaviours or behaviour problems in the child involved. Similarly, High Child Domain scores of 122+ are associated with children who display qualities which make it difficult for parents to fulfil their parenting rôles, while High Parent Domain scores of 153+ suggest that the sources of stress and potential dysfunction of the parent-child system may be related to dimensions of the parent’s functioning.

4.5.1.2 Beck Depression Inventory

The Beck Depression Inventory (Beck, 1993 edition) consists of 21 groups of statements. After reading each group of statements carefully, the test taker is instructed to circle the number (0, 1, 2, or 3) next to the statement in each group which best describes the way s/he has been feeling for the past week, including the day of the test. If several statements within a group seem to apply equally well, s/he is instructed to circle each one. The test taker is exhorted to read all the statements in each group before making his/her choice. The groups of statements are as follows:

1. Sadness (A)
2. Pessimism (B)
3. Sense of Failure (C)
4. Dissatisfaction (D)
5. Guilt (E)
6. Expectation of Punishment (F)
7. Self-dislike (G)
8. Self-accusations (H)
9. Suicidal Ideas (I)
10. Crying (J)
11. Irritability (K)
12. Social Withdrawal (L)
13. Indecisiveness (M)
14. Body-image Change (N)
15. Work Retardation (O)
16. Insomnia (P)
17. Fatigability (Q)
18. Anorexia (R)
19. Weight Loss (S)
20. Somatic Preoccupations (T)
21. Loss of Libido (U)

The test is scored by summing the ratings given by the test taker for each of the 21 items. Each item consists of a group of 4 statements rated from 0-3. The maximum Total score is 63. A score of 0-9 is described as “Minimal”; scores of 10-16 are referred to as “Mild”; scores of 17-29 are classified as “Moderate”, and scores of 30-63 are described as “Severe”.

108
4.5.1.3 The Culture-Free Self-Esteem Inventory - Form AD for Adults

The Culture-Free Self-Esteem Inventories were designed by Battle (1992 edition) for both adults and children. Form AD for adults was standardized on adults ages 16 through 65, representing a wide cross-section of the population. Form AD contains 40 items and 4 subtests. The subtests are as follows:

1. General Self-Esteem - (16 items). This refers to the individual’s overall perceptions of his/her worth.
2. Social/peer-related Self-Esteem - (8 items). This refers to the individual's perceptions of the quality of his/her relationships with peers.
3. Personal Self-Esteem - (8 items). This refers to the individual's most intimate perceptions of his/her self-worth.
4. Lie Scale - (Items that indicate defensiveness) (8 items).

The test items are divided into two groups indicating high and low self-esteem, respectively. Responses are of the forced-choice variety - the test taker checking each item yes or no. Scores are derived by totaling the number of items checked that indicate high self-esteem, excluding the Lie items. The Total possible scores for Form AD is 32. Scores are classified as follows: Very High - 30+; High - 27 - 29; Intermediate - 20 - 26; Low 14 - 19; and Very Low - 13 and below. Separate scores can be computed for each of the subtests, and these subtest scores provide additional information that may not be readily revealed in an inspection of the Total score only.

4.5.1.4 The Mother-Child Relationship Evaluation (MCRE)

The Mother-Child Relationship Evaluation was designed by Roth (1980 edition - Third Printing 1990) to establish a frame of reference for attitudes by which mothers relate to their children, and reflects Symonds’s (1949) definitions of 4 maternal attitudes, namely, Acceptance (A), Overprotection (OP), Overindulgence (OI), and Rejection (R). The 4 attitudes are defined as follows:

1. Acceptance - (12 items) - is an expression of an adequate mother-child relationship in terms of mother’s sincerity of affect expression, interest in child’s pleasures, activities and development, and perception of the child as a good child.
2. Overprotection - (12 items) - is an expression of parental anxiety in terms of prolonged infantile care, prevention of development of independent behaviour and an excess of control.
3. Overindulgence - (12 items) - is expressed in excessive gratification with lack of parental control indicated in terms of oversolicitousness and excessive contact.
4. Rejection - (12 items) - is the denial of love and an expression of hate towards the child in terms of neglect, harshness, severity, brutality and strictness.

The test consists of 48 statements. Each statement is scored on a five point scale - items 1 through 39 from 5 (Strongly Agree) to 1 (Strongly Disagree); and items 40 through 48 from 1 (Strongly Agree) to 5 (Strongly Disagree). The value above each circled response - which represents the test taker's choice - is the individual value for that response. To obtain the raw score for each attitude scale, the point values for each circled response is added in the appropriate columns. Raw scores for each scale range from 12 to 60 points. (Each scale has 5 columns of responses.) The raw scores for the scales are then placed on the Mother-Child Relationship Profile on the last page of the MCRE booklet. The profile indicates the percentiles and normalized T-scores corresponding to each raw score. The higher the scale score, the greater the attitude; the lower the scale score, the lesser the attitude. Scores in the middle range, between the 25th and 75th percentiles, should be interpreted with caution.

If three or four scales are relatively high and of similar magnitude (that is, in the same quartile), the attitude of the mother toward the child can be regarded as confused. This inconsistency of attitudes is well-known to psychologists, who are aware that it is possible for a mother to feel hostile toward and accepting of her child at the same time. This relationship differs substantially from the one in which a mother feels hostile and nonaccepting toward her child. A number of such combinations with varying interpretations are possible.

4.5.1.5 The Gains Questionnaire

This questionnaire was specifically designed for use in the intervention study, as a measure of any change reported by the programme participants in those areas upon which the treatment programme focused, and as a follow-up measure to test whether or not the skills and techniques taught to the mothers “held” with the passage of time.

The questionnaire consisted of 19 questions, presented in two sections. Section 1 was made up of 9 questions and explored the manner in which the participants related to people - more specifically, to their former spouses, their children, work colleagues, friends and people in general.

Section 2 consisted of 10 questions and explored personal change in the participants in those areas focused upon in the counselling and lifeskills training programme - for example, assertiveness, positive communication, positive self-esteem, the expression of positive and negative feelings, decision-making, problem-solving, building self-confidence, the ability to ask for feedback and handling anxiety feelings.
Each of the 19 questions was of the Likert-scale type, and allowed the respondents a choice of 7 options. The questionnaire was administered directly after the treatment programme and again six months later as a follow-up, to establish whether or not the training “held”.

4.5.2 The Children's Assessment Battery

4.5.2.1 The Culture-Free Self-Esteem Inventory - Form A for Children

This inventory was designed by Battle (1992 edition) to measure the construct of self-esteem in children. Form A for children consists of the following 5 subtests:

1. General Self-Esteem - (20 items) - which refers to the individual’s overall perceptions of his/her worth.
2. Social/peer-related Self-Esteem - (10 items) - which refers to the individual’s perceptions of the quality of his/her relationships with peers.
3. Academic/school-related Self-Esteem - (10 items) - which refers to the individual’s perceptions of his/her ability to succeed academically.
4. Parental/home-related Self-Esteem - (10 items) - which refers to the individual’s perceptions of his/her status at home - including his/her subjective perception of how his/her parents or parent surrogates view him/her.
5. Lie subtest (items that indicate defensiveness) - (10 items).

The test was standardized on children of ages 5 through 15 years. Test items are divided into two groups - namely, those that indicate high self-esteem and those that indicate low self-esteem. Responses are of the forced-choice variety - the test taker checks each item yes or no. Scores are derived by totalling the number of items checked that indicate high self-esteem - excluding the Lie scale items. (A separate Lie scale score may be computed totalling the number of items checked correctly in the Lie scale.) The Total possible Self-Esteem score for Form A is 50, and the highest possible Lie score is 10. Separate subtest scores may also be computed. Scores are classified as follows: Very High - 46+; High - 41 - 45; Intermediate - 26 - 40; Low - 15 - 25; and Very Low - 14 and below.

4.5.2.2 The Rogers Personal Adjustment Inventory (Revised)

The Rogers Personal Adjustment Inventory consists of 2 self completion questionnaires - one for boys and one for girls - and was designed by Rogers (1931) to measure adjustment in children in four areas, namely to their environment, their peers, their families and themselves. The instrument was revised by Patricia Jeffrey (1984) for use with children aged 9 to 13 years. With the revision the 4 subscales were changed as follows:
1. Personal Inferiority was changed to Personal Difficulties (P) - a measure of how adequate a child feels: less capable, less attractive, less clever than others.

2. Social Maladjustment was changed to Social Difficulties (S) - a measure of a child's adjustment to his/her peers: to what extent s/he feels unhappy and unable to cope in a group situation and with friends.

3. Family Maladjustment was changed to Family Difficulties (F) - a measure of the amount of conflict a child feels toward his/her family.

4. Daydreaming (remained unchanged) - a measure of a child's fantasy life and is particularly valuable considered with the other scores to give an indication of how the child is coping with his/her difficulties.

The Total Maladjustment score was changed to the Total Difficulties score.

Scoring was also simplified in the revision. Each scoring response was allocated one point. Two marking keys were designed to make the marking quick and simple. The total numbers of points obtained by adding together the "D", "P", "S" and "F" scores, respectively, for each question furnished the "D", "P", "S" and "F" scores. A Total score is obtained by adding together the "D", "P", "S" and "F" scores. The scores are classified by age (9, 11 and 13 years) as Low, Average or High. A "Low" score indicates a child who shows less than average difficulty in adjusting to self, environment, family and friends. An "Average" score indicates that whilst there is some evidence of unhappiness or conflict or difficulty this is no greater than usually shown by his/her peers. A "High" score indicates a child who presents with a greater number of difficulties than his/her peers. Such children are not as successful in adjusting to self, environment, family or friends, depending on the areas in which "High" scores are obtained. The final judgement is not made on the basis of scores alone, but takes into account the individual responses.

4.5.2.3 The Children's Depression Scale (CDS)

The Children's Depression Scale (CDS) was developed by Lang and Tisher (1983) to measure depression in children aged 9 to 16 years. The scale is made up of 66 items, 48 of which are depressive items and 18 are positive or "Pleasure" items. The two sets of items are retained as independent scales which are scored separately to yield depression and positive (pleasure) scores, respectively. There are 5 subscales in the depression scale and 1 subscale in the pleasure scale. The depression subscales are as follows:

1. Affective Response (AR): refers to the feeling, state and mood of the respondent (8 items);

2. Social Problems (SP): refers to the difficulties in social interaction, isolation and loneliness of the child (8 items);

4. Preoccupation with Sickness and Death (SD): refers to the child's dreams and fantasies in relation to his/her sickness and death (7 items).

5. Guilt (GL): refers to the child's self-blame (8 items).

The positive or pleasure subscale is as follows:

1. Pleasure and Enjoyment (PE): refers to the presence of fun, enjoyment, happiness in the child's life, or his/her capacity to experience these things (8 items).

The items in each of the subscales are mutually exclusive, that is, each item belongs to one subscale only. However, there are nine depressive items and ten positive items which do not cluster together and which do not belong to any of the subscales described above. These depressive and positive items are scored as "Miscellaneous D" and "Miscellaneous P" items, respectively.

The sixty-six CDS items are printed on different coloured cards, one colour for each subscale. Each item is printed on a separate card and the cards are numbered one to sixty-six. Five boxes are provided, each with a slit in the top. The boxes are labelled: "Very Wrong"; "Wrong"; "Don't Know/Not Sure"; "Right"; and "Very Right". The boxes are set up in this order in a row in front of the child respondent, with the "Very Wrong" box on the extreme left and the "Very Right" box on the extreme right. The cards are then presented one by one to the child who is asked to place each one into the box which best describes how well he thinks the statement on the card fits for him. The child is told to ask for an explanation if any of the items are not understood. If the tester deems it appropriate, the child may be asked whether he prefers to read the items himself or have them read to him. The test is intended for use with children aged nine to sixteen years, but can be used for younger or reading-disabled children if the tester reads the items aloud. Items placed in the "Very Wrong", "Wrong", "Don't Know/Not Sure", "Right" and "Very Right" boxes score 1, 2, 3, 4 and 5 points, respectively.

Once all the items have been scored, the scores for each of the subscales are added together to produce the subscale scores. A Total depressive score is obtained by adding the scores of the five depression subscales plus the score on the miscellaneous D items. A Total positive score is obtained by summing scores on the positive subscale and the miscellaneous P items. A table of deciles indicates scores obtained by a "normal population". The subjects' raw scores are entered into this table and the lines may be joined to produce a profile of depression for each subject. In interpreting the scores, the relative height of the depression and pleasure scores are
crucial. If the general depression scores are very high and the pleasure scores are very low, this indicates a high level of depression and a very low capacity to experience pleasure and enjoyment.

4.5.2.4 The Family Relations Test

This test was designed by Bene and Anthony (1978) to measure the direction and intensity of the child’s feelings towards the various members of his/her family and his/her estimate of their reciprocal regard for him/her. The Form for Older Children, developed for use with children aged 7 to 15 years was used in the study. The test material of the Family Relations Test was designed to give a concrete representation of a subject’s family. It comprises twenty figures representing people of different ages, shapes and sizes. The figures are sufficiently stereotyped to represent members of any child’s family, yet ambiguous enough to become, under suggestion, a particular family. The figures range from grandparents to infants and from among these, the subject is able to create his or her own significant family circle. Another important figure, in addition to the family members, is incorporated into the test. This figure stands for “Nobody” and it is used to accommodate those test items that the subject feels do not apply to anyone in the family. Each of the figures is attached to a base that can be erected to form a box-like structure with a slit in the top to simulate a letter-box. The test items which are statements of positive and negative feelings are printed on small individual cards and the task of the subject is to “post” each card into the letter-box of the family member whom the message the card conveys fits best. The distribution of feelings in the test can be thought of in terms of “experienced” feelings emanating from the child and directed to family members (Outgoing feelings), and “imagined” feelings emanating from family members and directed towards the child (Incoming feelings).

The first component examined in the results is the extent of the subject’s emotional involvement with various family members as indicated by the number of cards conveying messages posted into the letter-box of each family member and into the subject’s own letter-box. The nature of these feelings, that is, positive and negative, is also noted. Each card scores 1 point.

Other aspects that are taken into account are:

1. The relative psychological importance of the various family members - the total number of items posted into the letter-box of any one person is taken to indicate the measure of emotional involvement with that person.
2. Egocentric responses - these are responses which the subject directs to him/herself, and which contain the two elements of self-love and self-hate, both of which indicate preoccupation with the self.
3. Ambivalence - the relationship between the positive and negative Outgoing and
the positive and negative Incoming items used by the subject can be made to furnish ratios of Ambivalence.

4. Outgoing and Incoming feelings - the Outgoing feelings are feelings that come from the subject and make him/her a loving, ambivalent or hostile individual. In normal children these feelings can be expected to be consistent with their behaviour.

5. Defenses - the test situation creates its own system of defenses against the expression of guilty feelings. These defenses may be assumed to be related to habitual modes of defense as modified by the limitations imposed by the test material. The defense mechanisms which may be indicated by the test results are denial, idealisation, displacement, wish-fulfilment and regression.

6. Absence of normal defensiveness - if the test record shows an exaggerated emergence of strong positive or negative feelings, a lack of defensiveness is indicated.

NOTE: A list of references is given in Appendix 1 of Reliability and Validity studies conducted on the 8 psychometric tests in the Adult and Children's assessment batteries. Full details of these references appear in the Bibliography.

4.6 Data Analysis

Each psychometric measure was explored to ascertain to what extent the experimental and control groups were similar at the beginning of the study, before any intervention took place. All comparisons were carried out statistically, using: a test of homogeneity of variances. The hypothesis of equal variances was tested using the F-statistic.

Only one set of subscale scores (the Parent Domain scores of the Parenting Stress Index) indicated a significant difference between the two groups before the intervention began. For the rest, the statistical test indicated that there were no significant differences between the groups in regard to the baseline assessment results of each of the 4 psychometric measures in the adult assessment battery. Where relevant, this matter will be discussed further in the Results Chapter which follows.

The results obtained from the pre-intervention assessments were then compared with the post-intervention assessment results. These comparisons were done separately for the experimental and control groups, using a t-Test for dependent samples. The t-Tests were used to assess whether there were any real differences between the two groups after the intervention. Differences were expressed as probability values (for example: \( p = 0.02 \)). The smaller this value, the less likely it is that the difference between the groups has occurred by chance. For the purpose of the present study, any value equal to or less than 0.05 - the value traditionally used
in the Human Sciences - will be regarded as significant, that is, as not having occurred by chance. The F-test of variances between samples is also a statistical method used to determine whether differences between groups could be due to chance. As in Phase I of the study, all tests where there is a directional finding were one-tailed. The results of the intervention will be presented in the Results Chapter which follows.

The first expectation was that if the Treatment programme to which the experimental group mothers were exposed was proving effective, there would be significant changes in the experimental group mothers, but not in the controls.

The second expectation was that if the Treatment programme effected changes in the experimental group mothers, these would be reflected in similar changes in the experimental group children, but not in the controls.

The Gains Questionnaire was administered to participants directly after the Treatment programme ended and again at a follow-up administration six months later as a hold/no-hold measure of the maternal treatment provided. The Fisher exact probability test was used to calculate significance levels, since this test is appropriate for use with small samples, and since the Chi-square test might not be valid because some of the cells have expected counts of less than 5.

The results obtained from 6 control group mothers - referred to as the control/experimental group - have been handled quite separately because of certain difficulties which arose in the handling of these results. These mothers accepted places on the Treatment programme after the fallow period elapsed. These places were offered to them for ethical reasons, that is, to afford them the opportunity to share in any benefits which might flow from the treatment provided to the experimental group. But it did mean that they participated in the intervention. One of the major difficulties arising from this position was that if this control/experimental group were to be combined with the experimental group, then it would be compared with itself in all the comparisons made between the experimental and control groups, whereas the experimental group would be compared with a discrete control.

On the other hand, if the control/experimental group were to be treated as part of the control group, then the psychometric test results would have to be submitted to a repeated analysis of variance (e.g., the repeated Manova test) to compare the control group (N = 10) before and after the fallow period with the control/experimental group (N = 6) after the intervention. Because the "before intervention" results are repeated - i.e., they are the same as the "post-fallow period" results, the data for the 4 control group individuals who are not also in the control/experimental group fall away, and the comparison can only be carried out for the subgroup of 6. This serves
to numerically weaken the control group and this will affect its comparisons with the experimental group.

It was found that for the subgroup of 6, the repeated measures of variance for comparisons between the three groups (i.e., the controls at Baseline 1 - the pre-fallow period; the controls at Baseline 2 - the post-fallow period; and the control/experimental group at Baseline 3 - the post-intervention period), turned out to give exactly the same results as the dependent paired t-Tests\(^4\) carried out on the control/experimental group earlier, in order to ascertain whether post-intervention changes were of the same order for this group as for the experimental group. Unfortunately the number of participants in this control/experimental group was too small to provide conclusive evidence of significance or the lack of it. Although statistical treatment did furnish some significant results, it is probably preferable to base the evaluation of the nature of changes in this group on the number of individuals who changed positively and negatively on each of the psychometric tests.

\(^4\)Professor Troskie, Head of the Department of Mathematical Statistics at the University of Natal (Durban), informs that this can be proven mathematically to be so.
CHAPTER 5

5.0 RESULTS OF THE INTERVENTION

5.1 Introduction

The Chapter begins with a presentation of baseline (pre-intervention) and post-intervention measures for each of the 4 psychometric tests in the Adult assessment battery, as calculated for the experimental and control groups. This material makes it possible to evaluate pre- and post-intervention similarities and differences between the groups as a whole. All comparisons were carried out statistically.

Next comes an examination of the pre- to post-intervention positive and negative changes in the individual assessment results for each of the experimental and control group mothers on the 4 tests in the assessment battery. This is followed by a presentation of the results of the statistical treatment of the data, giving the significance levels achieved by the experimental and control groups on each of the 4 psychometric measures with pre- and post-treatment and pre- and post-no treatment conditions, respectively.

Results for the adults and children are dealt with separately. The results for both are organized in relation to the hypotheses (H₄, H₅, H₆, H₇, and H₈, respectively), as specified earlier in Chapter 3, Section 3.1, p. 60.

The chapter ends with a discussion of the Gains Questionnaire which was used as a “hold/no-hold” measure of the maternal treatment provided.

5.2 Adult Intervention Results

The means by which therapeutic change in the experimental group mothers was evaluated was three-fold:

1. A check that the baselines (starting points) for the experimental and control groups were not significantly dissimilar, plus a comparison of their end-points.

2. A comparison of the pre-treatment measures with the post-treatment measures taken 3 months later, was used as an indicator of change for the experimental group mothers and their children.

3. A second comparison was made between change in the experimental group as described above and change in the no-treatment control group, as measured pre-no treatment period to post-no treatment (no-intervention) period. (See Figures 5.0 and 5.1, overleaf.)
5.2.0 Experimental and Control Group Mothers

5.2.1 The Baseline (pre-intervention) and post-intervention/no-intervention measures used to ascertain the extent of the similarities and differences between the experimental and control groups at these two points are given for each of the 4 psychometric tests, presented separately in Tables 5.0 to 5.3 which follow.

Pre-intervention and post-intervention Means and Standard Deviations are given for each of the
2 groups, as are the significant differences between the groups as calculated on a test for the homogeneity of variances. Wherever possible, normative or other appropriate data are shown at the foot of each Table, so that the extent to which the measures for the present samples approximate or differ from those of the standardization samples may be evaluated.

Table 5.0 below presents the data for the Parenting Stress Index.

**TABLE 5.0**

**BASELINE (PRE-INTERVENTION) AND POST-INTERVENTION/NO-INTERVENTION MEASURES ON THE PARENTING STRESS INDEX FOR THE EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUPS, RESPECTIVELY**

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Stress Scores</td>
<td>EXPERIMENTAL</td>
<td>268.4</td>
<td>248.9</td>
<td>41.9</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>262.7</td>
<td>255.6</td>
<td>38.8</td>
</tr>
<tr>
<td>Child Domain Scores</td>
<td>EXPERIMENTAL</td>
<td>113.6</td>
<td>105.7</td>
<td>19.9</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>112.8</td>
<td>111.9</td>
<td>30.5</td>
</tr>
<tr>
<td>Parent Domain Scores</td>
<td>EXPERIMENTAL</td>
<td>154.8</td>
<td>143.2</td>
<td>24.9</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>149.9</td>
<td>143.7</td>
<td>10.7</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

**NOTE:** High Scores (Raw scores) -
- Total - 260+
- Child Domain - 122
- Parent Domain - 153

**Normative Data**

- Mean S.D.
  - Total Stress score: 221.1 38.9
  - Child Domain: 98.4 19.2
  - Parent Domain: 122.7 24.6

The Table shows a significant pre-intervention difference (Prob F' = 0.01) between the experimental and control groups in the Parent Domain scores at the initial assessment. This indicates that the Parent Domain scores for the 2 groups were dissimilar before treatment was provided to the experimental group mothers. There were no significant pre-intervention differences between the 2 groups in either the Total or Child Domain scores at the initial assessment, which indicates that these scores were similar before the experimental group mothers were exposed to treatment. The Table shows further that there was a significant post-intervention difference (Prob F = 0.04) between the 2 groups in the child domain scores at the
post-intervention assessment, and that the significant difference between the 2 groups at the pre-intervention assessment in the Parent Domain, had not been maintained at the post-intervention assessment, after the provision of treatment to the experimental group mothers.

This will be discussed further in Chapter 6 - Discussion - which follows.

Table 5.1 below, presents the data for the Beck Depression Inventory.

TABLE 5.1

BASELINE (PRE-INTERVENTION) AND POST-INTERVENTION/NO-INTERVENTION MEASURES ON THE BECK DEPRESSION INVENTORY FOR THE EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUPS, RESPECTIVELY

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEANS</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td>EXPERIMENTAL</td>
<td>11.7</td>
<td>6.5</td>
<td>9.4</td>
<td>10.7</td>
</tr>
<tr>
<td>CONTROL</td>
<td>14.4</td>
<td>11.4</td>
<td>10.7</td>
<td>10.5</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

NOTE: Classification of Raw scores - Minimal - 0 - 9
      Mild - 10 - 16
      Moderate - 17 - 29
      Severe - 30 - 63

This Table shows no significant pre-intervention differences between the Total scores for the 2 groups, indicating that these scores were similar before the intervention began. However, there was a highly significant post-intervention difference (Prob F = 0.005) in the Total scores of the 2 groups, indicating that these scores were significantly different at the post-intervention assessment, after the provision of treatment to the experimental group mothers.

Table 5.2 overleaf, presents the data for the Culture-Free Self-Esteem Inventory (Form AD).
## TABLE 5.2

Baseline (Pre-Intervention) and Post-Intervention/No-Intervention Measures on the Culture-Free Self-Esteem Inventory (Form AD for Adults) for the Experimental (N = 18) and Control (N = 10) Groups, Respectively

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td>Total Self-Esteem</td>
<td>EXPERIMENTAL</td>
<td>21.5</td>
<td>25.4</td>
<td>7.5</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>18.1</td>
<td>19.6</td>
<td>7.0</td>
</tr>
<tr>
<td>General Self-Esteem</td>
<td>EXPERIMENTAL</td>
<td>11.3</td>
<td>13.2</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>8.6</td>
<td>10.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Social Self-Esteem</td>
<td>EXPERIMENTAL</td>
<td>6.7</td>
<td>7.0</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>5.9</td>
<td>6.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Personal Self-Esteem</td>
<td>EXPERIMENTAL</td>
<td>3.6</td>
<td>5.3</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>3.6</td>
<td>3.4</td>
<td>3.2</td>
</tr>
<tr>
<td>Lie Scale Scores</td>
<td>EXPERIMENTAL</td>
<td>5.0</td>
<td>5.9</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>5.1</td>
<td>5.8</td>
<td>1.7</td>
</tr>
</tbody>
</table>

**NOTE:** Normative Data

Form AD - Means and Standard Deviations in Brackets:

- Total Self-Esteem Scores - 23.08 (6.67)
- General Self-Esteem - 11.78 (3.70)
- Social Self-Esteem - 6.62 (1.46)
- Personal Self-Esteem - 4.68 (2.43)

There were no significant pre-intervention differences between the 2 groups for the Total or any of the subscale scores, indicating that these scores were similar before the intervention began. Nor did the post-intervention assessment results produce any significant differences between the 2 groups, though the general trend for all but the Personal Self-Esteem scores was for the probability values to be lower, suggesting that there was greater dissimilarity between the scores of the 2 groups than at the initial pre-intervention assessment.

Table 5.3 overleaf, presents the data for the Mother-Child Relationship Evaluation.
### TABLE 5.3

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN BEFORE</th>
<th>MEAN AFTER</th>
<th>STANDARD DEVIATION BEFORE</th>
<th>STANDARD DEVIATION AFTER</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>EXPERIMENTAL</td>
<td>42.2</td>
<td>44.9</td>
<td>5.9</td>
<td>5.8</td>
<td>0.22</td>
</tr>
<tr>
<td>Scale Scores</td>
<td>CONTROL</td>
<td>42.5</td>
<td>42.4</td>
<td>4.0</td>
<td>3.8</td>
<td>0.19</td>
</tr>
<tr>
<td>Overprotection</td>
<td>EXPERIMENTAL</td>
<td>31.4</td>
<td>30.3</td>
<td>4.6</td>
<td>4.3</td>
<td>0.35</td>
</tr>
<tr>
<td>Scale Scores</td>
<td>CONTROL</td>
<td>32.0</td>
<td>31.2</td>
<td>6.0</td>
<td>6.9</td>
<td>0.09</td>
</tr>
<tr>
<td>Overindulgence</td>
<td>EXPERIMENTAL</td>
<td>31.2</td>
<td>29.3</td>
<td>3.3</td>
<td>3.3</td>
<td>0.64</td>
</tr>
<tr>
<td>Scale Scores</td>
<td>CONTROL</td>
<td>30.5</td>
<td>32.7</td>
<td>3.7</td>
<td>3.5</td>
<td>0.79</td>
</tr>
<tr>
<td>Rejection</td>
<td>EXPERIMENTAL</td>
<td>32.0</td>
<td>32.7</td>
<td>4.4</td>
<td>5.8</td>
<td>0.41</td>
</tr>
<tr>
<td>Scale Scores</td>
<td>CONTROL</td>
<td>32.5</td>
<td>33.2</td>
<td>3.3</td>
<td>3.7</td>
<td>0.18</td>
</tr>
</tbody>
</table>

**NOTE:** Raw scores for each scale range from 12 to 60. (Each item is scored on a 5-point scale). Scores in the middle range - between the 25th and 75th percentiles - should be interpreted with caution. Equivalent raw scores are:

- Acceptance scores between 26 and 44
- Overprotection scores between 19 and 36
- Overindulgence scores between 20 and 34
- Rejection scores between 18 and 36

The Table shows no significant pre-intervention differences between the 2 groups for any of the 4 scale scores. This indicates that the initial assessment scores for the 2 groups were similar before the intervention began. Similarly, there are no significant post-intervention differences between the post-intervention assessment scores for the 2 groups. However, the general trend for all except the Overindulgence scores, was for the probability levels to be lower - hence closer to significance levels - which suggests greater dissimilarity between the groups than at the pre-intervention assessment.

To summarize, except for the Parent Domain scores (Parenting Stress Index) all the remaining pre-intervention assessment scores (both Total and subscale scores) for the 4 tests in the Adult assessment battery, showed no significant differences between the experimental and control groups. This indicated that the 2 groups were generally similar on all the characteristics.
measured by the psychometric tests, before the experimental group mothers were exposed to the treatment programme - an important consideration for the comparisons that follow. In any case, the one significant difference would work against, not for the stress hypothesis.

In terms of the shift in mean test scores for the groups taken as a whole, there were modest movements in a positive direction on all the instruments. The positive changes for the experimental group (controls in parentheses) are:

**Parenting Stress Index**: Total, Child and Parent Domains: 19.5 (7.1); 7.9 (0.9); 11.6 (6.2).

**Beck Depression Inventory**: Total: 5.2 (3.0).

**Culture-Free Self-Esteem Inventory**: Total, and General, Social, Personal and Lie Subscales: 3.9 (1.5); 1.9 (1.6); 0.3 (0.1); 1.7 (0.2); 0.9 (0.7).

**Mother-Child Relationship Evaluation**: Acceptance, Overprotection, Overindulgence and Rejection Scales: 2.7 (0.1); 1.1 (0.8); 1.9 (0); 0 (0).

5.2.2 Pre- to post-intervention positive and negative changes in the assessment results obtained by the experimental and control group mothers on each of the 4 psychometric tests in the Adult assessment battery

The averaging of group results (as analysed above) can disguise or distort therapeutic outcomes; after all the results of therapy may be positive for some individuals, neutral for some and negative for others. Throughout this section, the emphasis is placed on analysing the degree of individual positive change since this was the objective of the maternal Treatment programme.

Table 5.4, overleaf, presents the data for the Parenting Stress Index, showing the numbers of positive, negative and unchanged scores obtained by the experimental and control group mothers, pre- to post-intervention.
TABLE 5.4

PRE-TO POST-TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE PARENTING STRESS INDEX - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP MOTHERS

<table>
<thead>
<tr>
<th></th>
<th>TOTAL AND SUBSCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF INCREASED SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF *DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIMENTAL GROUP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>1</td>
<td>6</td>
<td>6.8</td>
<td>11</td>
<td>35.6</td>
<td></td>
</tr>
<tr>
<td>Child Domain</td>
<td>0</td>
<td>5</td>
<td>6.2</td>
<td>13</td>
<td>13.4</td>
<td></td>
</tr>
<tr>
<td>Parent Domain</td>
<td>1</td>
<td>5</td>
<td>7.8</td>
<td>12</td>
<td>20.6</td>
<td></td>
</tr>
<tr>
<td><strong>CONTROL GROUP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>0</td>
<td>4</td>
<td>21.8</td>
<td>6</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td>Child Domain</td>
<td>1</td>
<td>6</td>
<td>9.8</td>
<td>3</td>
<td>22.7</td>
<td></td>
</tr>
<tr>
<td>Parent Domain</td>
<td>0</td>
<td>5</td>
<td>21.0</td>
<td>5</td>
<td>8.6</td>
<td></td>
</tr>
</tbody>
</table>

*Decreased scores indicate change in a positive direction, i.e., decreased stress.

The Table shows that 11 of the 18 experimental group mothers (or 61.1 percent) obtained decreased Total scores; 13 (or 72.2 percent) obtained decreased Child Domain scores; and 12 (or 66.7 percent) obtained decreased Parent Domain scores. Results for the control group mothers indicated that 6 of the mothers (or 60.0 percent) obtained decreased Total scores; 3 (or 30.0 percent) obtained decreased Child Domain scores; and 5 (or 50.0 percent) obtained decreased Parent Domain scores. In summary, this shows that a greater percentage of experimental group mothers (with treatment) than control group mothers (without treatment) obtained positive scores, that is scores indicating decreased stress.

Table 5.5, overleaf, presents the data for the Beck Depression Inventory, indicating the numbers of positive, negative and unchanged scores obtained by the experimental and control group mothers, respectively - pre- to post-intervention.
TABLE 5.5

PRE-TO POST-TREATMENT CHANGES IN THE BECK DEPRESSION INVENTORY TOTAL SCORES - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP MOTHERS

<table>
<thead>
<tr>
<th>TOTAL SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF INCREASED SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF *DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL GROUP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>2</td>
<td>1</td>
<td>3.0</td>
<td>15</td>
<td>6.4</td>
</tr>
<tr>
<td>CONTROL GROUP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>2</td>
<td>2</td>
<td>5.0</td>
<td>6</td>
<td>6.7</td>
</tr>
</tbody>
</table>

*Decreased scores indicate change in a positive direction, i.e., a decrease in depression.

The Table indicates that 15 (or 83.3 percent) of the 18 experimental group mothers obtained decreased Total depression scores. Results for the control group mothers indicated that 6 mothers (or 60.0 percent) obtained decreased Total depression scores. In summary, this indicates that a higher percentage of experimental group mothers (with treatment) than control group mothers (without treatment) obtained positive scores on the test, i.e., scores that indicated a decrease in depression.

Table 5.6 overleaf, presents the data for the Culture-Free Self-Esteem Inventory (Form AD), showing positive, negative and unchanged pre- to post-intervention scores obtained by the experimental and control group mothers.
TABLE 5.6

PRE- TO POST-TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE CULTURE-FREE SELF-ESTEEM INVENTORY (FORM AD) - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP MOTHERS

<table>
<thead>
<tr>
<th></th>
<th>TOTAL AND SUBSCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF 'INCREASED' SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIMENTAL GROUP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>1</td>
<td>14</td>
<td>5.5</td>
<td>3</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>General Self-Esteem</td>
<td>3</td>
<td>10</td>
<td>4.3</td>
<td>5</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Social Self-Esteem</td>
<td>11</td>
<td>5</td>
<td>1.6</td>
<td>2</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Personal Self-Esteem</td>
<td>6</td>
<td>11</td>
<td>2.9</td>
<td>1</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Lie Scores</td>
<td>8</td>
<td>9</td>
<td>2.0</td>
<td>1</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td><strong>CONTROL GROUP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>1</td>
<td>5</td>
<td>4.6</td>
<td>4</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>General Self Esteem</td>
<td>1</td>
<td>6</td>
<td>3.2</td>
<td>3</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Social Self-Esteem</td>
<td>3</td>
<td>4</td>
<td>1.5</td>
<td>3</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Personal Self-Esteem</td>
<td>4</td>
<td>3</td>
<td>2.0</td>
<td>3</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Lie Scores</td>
<td>2</td>
<td>6</td>
<td>2.0</td>
<td>2</td>
<td>2.5</td>
<td></td>
</tr>
</tbody>
</table>

*Increased scores indicate change in a positive direction, i.e., indicate increased Self-Esteem. For the Lie scores (not included in the Total), increased scores indicate increased defensiveness and decreased scores indicate decreased defensiveness.

The Table shows that 14 (or 77.8 percent) of the 18 experimental group mothers obtained increased Total Self-Esteem scores; 10 (or 55.6 percent) obtained increased General Self-Esteem scores; 5 (or 27.8 percent) obtained increased Social Self-Esteem scores; and 11 (or 61.1 percent) obtained increased Personal Self-Esteem scores. Only 1 (or 5.6 percent) of these mothers obtained a decreased (positive) Lie scale score, indicating little decrease in the defensiveness of the experimental group.

Results for the 10 control group mothers indicated that 5 (or 50.0 percent) obtained increased Total Self-Esteem scores; 6 (or 60.0 percent) obtained increased General Self-Esteem scores; 4 (or 40.0 percent) obtained increased Social Self-Esteem scores; and 3 (or 30.0 percent) obtained increased Personal Self-Esteem scores. Only 2 (or 20.0 percent) of the control group mothers obtained decreased Lie scale scores, indicating little decrease in the defensiveness of the group.

In summary, a higher percentage of experimental group mothers (with treatment) obtained increased Total Self-Esteem scores than control group mothers (without treatment). The 2
groups obtained a very similar percentage of increased General Self-Esteem scores. A greater percentage of control group mothers (without treatment) obtained increased Social Self-Esteem scores than experimental group mothers (with treatment). A higher percentage of experimental group mothers (with treatment) obtained increased Personal Self-Esteem scores than control group mothers (without treatment). There was little change in the defensiveness of either of the 2 groups, though the defensiveness of the control group did decrease more than that of the experimental group.

Table 5.7. below, presents the data for the Mother-Child Relationship Evaluation, showing positive, negative and unchanged pre- to post-intervention scores obtained by the experimental and control group mothers.

**TABLE 5.7**

PRE- TO POST-TREATMENT CHANGES IN THE SCALE SCORES OF THE MOTHER-CHILD RELATIONSHIP EVALUATION EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP MOTHERS

<table>
<thead>
<tr>
<th>SCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF &quot;INCREASED&quot; SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF &quot;DECREASED&quot; SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIMENTAL GROUP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance</td>
<td>0</td>
<td>14</td>
<td>3.4</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>Overprotection</td>
<td>2</td>
<td>5</td>
<td>2.2</td>
<td>11</td>
<td>2.9</td>
</tr>
<tr>
<td>Overindulgence</td>
<td>4</td>
<td>4</td>
<td>2.0</td>
<td>10</td>
<td>4.1</td>
</tr>
<tr>
<td>Rejection</td>
<td>0</td>
<td>10</td>
<td>3.4</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>CONTROL GROUP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance</td>
<td>2</td>
<td>5</td>
<td>1.8</td>
<td>3</td>
<td>2.7</td>
</tr>
<tr>
<td>Overprotection</td>
<td>1</td>
<td>3</td>
<td>2.7</td>
<td>6</td>
<td>2.7</td>
</tr>
<tr>
<td>Overindulgence</td>
<td>0</td>
<td>8</td>
<td>3.3</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Rejection</td>
<td>2</td>
<td>4</td>
<td>4.0</td>
<td>4</td>
<td>2.3</td>
</tr>
</tbody>
</table>

*Positive change for the Acceptance scale is indicated by increased scores, which indicate increased acceptance of the child.

**Positive change for the Overprotection, Overindulgence and Rejection scores is indicated by decreased scores, which indicate a decrease in the non-acceptance of the child.

The Table shows that 14 (or 77.8 percent) of the 18 experimental group mothers obtained increased scores on the Acceptance scale; 11 (or 61.1 percent) obtained decreased scores on the Overprotection scale; 10 (or 55.6 percent) obtained decreased scores on the Overindulgence scale; and 8 (or 44.4 percent) obtained decreased scores on the Rejection scale.
Results for the 10 control group mothers showed that 5 (or 50.0 percent) obtained increased scores on the Acceptance scale; 6 (or 60.0 percent) obtained decreased scores on the Overprotection scale; 2 (or 20.0 percent) obtained decreased scores on the Overindulgence scale; and 4 (or 40.0 percent) obtained decreased scores on the Rejection scale.

In summary, a higher percentage of experimental group mothers (with treatment) obtained increased scores on the Acceptance scale than the control group mothers (without treatment). The 2 groups obtained an almost equal percentage of decreased scores on the Overprotection scale. A higher percentage of experimental group mothers (with treatment) obtained decreased scores on the Overindulgence scale than the control group mothers (without treatment). Finally, an almost equal percentage of experimental and control group mothers, with and without treatment, respectively, obtained decreased scores on the Rejection scale.

5.2.3 Statistical treatment of the data, giving the significance levels achieved by the experimental and control group mothers on the assessment results of each of the 4 tests in the Adult assessment battery, and organized in relation to the predictions made in Hypotheses 4 and 6.

Table 5.8, below, presents the significance levels achieved on the Parenting Stress Index by the experimental and control group mothers, with pre- and post-treatment and pre- and post-no treatment conditions.

NOTE: All the statistical results presented in this section were calculated using t-Tests.

TABLE 5.8

SIGNIFICANCE LEVELS ACHIEVED ON THE PARENTING STRESS INDEX BY THE EXPERIMENTAL AND CONTROL GROUP MOTHERS WITH PRE- AND POST-TREATMENT AND PRE- AND POST-NO TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALE</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL</td>
<td>Total Stress Scores</td>
<td>18</td>
<td>0.02*</td>
</tr>
<tr>
<td>(Counselling and Lifeskills Training Condition)</td>
<td>Child Domain Scores</td>
<td>18</td>
<td>0.04*</td>
</tr>
<tr>
<td></td>
<td>Parent Domain Scores</td>
<td>18</td>
<td>0.02*</td>
</tr>
<tr>
<td>CONTROL</td>
<td>Total Stress Scores</td>
<td>10</td>
<td>0.87</td>
</tr>
<tr>
<td>(No-Treatment Condition)</td>
<td>Child Domain Scores</td>
<td>10</td>
<td>0.29</td>
</tr>
<tr>
<td></td>
<td>Parent Domain Scores</td>
<td>10</td>
<td>0.44</td>
</tr>
</tbody>
</table>

*Indicates statistical significance
It was predicted in Hypothesis 4 that the treatment programme would result in a significant reduction of stress in the experimental group mothers, but not in the controls. The validity of this prediction is clearly illustrated in Table 5.8 on the previous page, which indicates that there was a statistically significant reduction in stress for the experimental group mothers in all the areas measured by the Parenting Stress Index, whereas there were no statistically significant reductions of stress in any of these areas for the control group mothers.

Table 5.9, below, presents the significance levels achieved on the Beck Depression Inventory, by the experimental and control group mothers, with pre- and post-treatment and pre- and post-no treatment conditions.

**TABLE 5.9**

SIGNIFICANCE LEVELS ACHIEVED ON THE BECK DEPRESSION INVENTORY BY THE EXPERIMENTAL AND CONTROL GROUP MOTHERS, WITH PRE- AND POST-TREATMENT AND PRE- AND POST-NO TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALE</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Depression Scores</td>
<td>18</td>
<td>0.002*</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Depression Scores</td>
<td>10</td>
<td>0.24</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

As predicted in Hypothesis 4, there was a statistically significant reduction in the levels of depression experienced by the experimental group mothers as a result of their exposure to the Treatment programme, but there was no such reduction for the no-treatment controls.

Table 5.10, overleaf, presents the significance levels achieved on the Culture-Free Self-Esteem Inventory (Form AD), by the experimental and control group mothers, with pre- and post-treatment and pre- and post-no treatment conditions.
Chapter 5

Table 5.10

Significance Levels Achieved on the Culture-Free Self-Esteem Inventory (Form AD) by the Experimental and Control Group Mothers, with Pre- and Post-Treatment and Pre- and Post-No Treatment Conditions

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALE</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Self-Esteem Scores</td>
<td>18</td>
<td>0.004*</td>
</tr>
<tr>
<td></td>
<td>(ii) General Self-Esteem Scores</td>
<td>18</td>
<td>0.03*</td>
</tr>
<tr>
<td></td>
<td>(iii) Social Self-Esteem Scores</td>
<td>18</td>
<td>0.21</td>
</tr>
<tr>
<td></td>
<td>(iv) Personal Self-Esteem Scores</td>
<td>18</td>
<td>0.001*</td>
</tr>
<tr>
<td></td>
<td>(v) Lie Scale Scores</td>
<td>18</td>
<td>0.01*</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Self-Esteem Scores</td>
<td>10</td>
<td>0.29</td>
</tr>
<tr>
<td></td>
<td>(ii) General Self-Esteem Scores</td>
<td>10</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>(iii) Social Self-Esteem Scores</td>
<td>10</td>
<td>0.84</td>
</tr>
<tr>
<td></td>
<td>(iv) Personal Self-Esteem Scores</td>
<td>10</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>(v) Lie Scale Scores</td>
<td>10</td>
<td>0.36</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

It was predicted in Hypothesis 4 that there would be a raised feeling of positive self-regard in the experimental group mothers, but not in the controls.

As shown in Table 5.10 above, there were in fact statistically significant, or highly significant changes in a positive direction in the self-esteem of the experimental group mothers, in the Total and all but 1 subscale score. The non-significant change was in the Social Self-Esteem subscale, and an inspection of the raw data revealed that this was probably due to a "ceiling effect", since the greater majority of individual raw scores for this scale were already high before the treatment began.

Also as predicted, there were no statistically significant changes in the results of the control group after the no-treatment period.

Finally Table 5.11, overleaf, presents the significance levels achieved on the Mother-Child Relationship Evaluation, by the experimental and control group mothers, with pre- and post-treatment and pre- and post-no treatment conditions.
### TABLE 5.11

SIGNIFICANCE LEVELS ACHIEVED ON THE MOTHER-CHILD RELATIONSHIP EVALUATION BY THE EXPERIMENTAL AND CONTROL GROUP MOTHERS, WITH PRE- AND POST-TREATMENT AND PRE- AND POST-NO TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALE</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIMENTAL</strong></td>
<td>(i) Acceptance Scale Scores</td>
<td>18</td>
<td>0.01*</td>
</tr>
<tr>
<td>(Counselling and Lifeskills Training Condition)</td>
<td>(ii) Overprotection Scale Scores</td>
<td>18</td>
<td>0.12</td>
</tr>
<tr>
<td>(iii) Overindulgence Scale Scores</td>
<td>18</td>
<td>0.02*</td>
<td></td>
</tr>
<tr>
<td>(iv) Rejection Scale Scores</td>
<td>18</td>
<td>0.45</td>
<td></td>
</tr>
<tr>
<td><strong>CONTROL</strong></td>
<td>(i) Acceptance Scale Scores</td>
<td>10</td>
<td>0.89</td>
</tr>
<tr>
<td>(No-Treatment Condition)</td>
<td>(ii) Overprotection Scale Scores</td>
<td>10</td>
<td>0.42</td>
</tr>
<tr>
<td>(iii) Overindulgence Scale Scores</td>
<td>10</td>
<td>0.06</td>
<td></td>
</tr>
<tr>
<td>(iv) Rejection Scale Scores</td>
<td>10</td>
<td>0.50</td>
<td></td>
</tr>
</tbody>
</table>

*Indicates statistical significance

It was predicted in Hypothesis 6, that maternal exposure to certain aspects of the Treatment programme would result in positive changes in the ways in which the experimental group mothers related to and disciplined their children, and that consequently maternal attitudes would become more accepting toward the children and less overprotective, overindulgent and rejecting.

As shown in Table 5.11 above, the Acceptance scores for the experimental group mothers showed a statistically significant increase, as predicted, and the Overindulgence scale scores showed a statistically significant decrease, indicating the predicted reduction in overindulgent maternal behaviours toward the children. (According to the test developer, the 3 scales, Overprotection, Overindulgence and Rejection all indicate non-acceptance of the child.)

However, there was no statistically significant decrease in the Overprotection and Rejection scores, as predicted. In fact, there was a slight increase in the Rejection scale scores.

The control group results revealed no statistically significant changes in either the Acceptance scale or the 3 non-acceptance scales of the test.

### 5.3 Control/Experimental Group mothers (N = 6 Group)

The 10 control participants (reduced to 6) who were offered (for ethical reasons) the opportunity to join the Treatment programme do not figure in the main analyses. However, it is of interest to see (briefly) how they fared once they joined the intervention. None had changed significantly during the fallow period. In summary their progress in treatment is as follows:
Table 5.11(A) indicates that 3 or 50.0 percent of the mothers in this group obtained decreased Total stress scores after participation in the intervention; 4 or 66.6 percent obtained decreased Child Domain scores; and 5 or 83.3 percent obtained decreased Parent Domain scores. As noted above, decreased scores indicate change in a positive direction.

Table 5.11(B) indicates that all the mothers in this group obtained decreased Total depression scores after their participation in the intervention.
TABLE 5.11(C)

PRE-TO POST-TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE CULTURE-FREE SELF-ESTEEM INVENTORY (FORM AD) - CONTROL/EXPERIMENTAL GROUP MOTHERS - (N=6)

<table>
<thead>
<tr>
<th>Total and Subscale Scores</th>
<th>Number of Unchanged Scores</th>
<th>Number of *Increased Scores</th>
<th>Mean Increase (in points)</th>
<th>Number of Decreased Scores</th>
<th>Mean Decrease (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total scores</td>
<td>0</td>
<td>5</td>
<td>5.6</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>General Self-Esteem</td>
<td>0</td>
<td>5</td>
<td>3.0</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Social Self-Esteem</td>
<td>1</td>
<td>5</td>
<td>2.2</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Personal Self-Esteem</td>
<td>4</td>
<td>2</td>
<td>2.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Lie Scores</td>
<td>3</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
<td>1.7</td>
</tr>
</tbody>
</table>

*Increased scores indicate change in a positive direction, i.e., indicate increased self-esteem

For the Lie scores (not included in the Total), increased scores indicate increased defensiveness and decreased scores indicate decreased defensiveness.

Table 5.11(C), above, indicates that 5 or 83.3 percent of the mothers in this group obtained increased Total Self-Esteem Scores after participation in the intervention; 5 or 83.3 percent also obtained increased scores for both General and Social Self-Esteem; and 2 or 33.3 percent obtained increased Personal Self- and Social Self-Esteem; and 2 or 33.3 percent obtained increased Personal Self-Esteem scores. Additionally, half the group (i.e., 3 or 50.0 percent) of the mothers obtained decreased Lie scores, indicating a decrease in levels of defensiveness.
TABLE 5.11(D)

PRE- TO POST-TREATMENT CHANGES IN THE SCALE SCORES OF THE MOTHER-CHILD RELATIONSHIP EVALUATION - CONTROL/EXPERIMENTAL GROUP MOTHERS - (N=6)

<table>
<thead>
<tr>
<th>Scale Scores</th>
<th>Number of Unchanged Scores</th>
<th>Number of *Increased Scores</th>
<th>Mean Increase (in points)</th>
<th>Number of **Decreased Scores</th>
<th>Mean Decrease (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance</td>
<td>2</td>
<td>0</td>
<td>0.0</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Overprotection</td>
<td>1</td>
<td>2</td>
<td>3.5</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Overindulgence</td>
<td>1</td>
<td>2</td>
<td>1.5</td>
<td>3</td>
<td>3.3</td>
</tr>
<tr>
<td>Rejection</td>
<td>0</td>
<td>3</td>
<td>2.7</td>
<td>3</td>
<td>4.0</td>
</tr>
</tbody>
</table>

*Positive change for the Acceptance scale is indicated by increased scores, which indicate increased acceptance of the child.

**Positive change for the Overprotection, Overindulgence and Rejection scores is indicated by decreased scores, which indicate a decrease in the non-acceptance of the child.

Table 5.11(D), above, indicates that none of the mothers in this group obtained increased (positive) Acceptance scores after their participation in the intervention. In addition, 3 or 50.0 percent, respectively, obtained decreased (positive) scores for the Overprotection, Overindulgence and Rejection scales. This suggests that half the mothers in the Control/Experimental group became less non-accepting of their children after their participation in the intervention.

When this data was submitted to statistical treatment, the following results were obtained:

1. It was predicted in Hypothesis 4 that the Treatment programme would result in a significant reduction of stress in those exposed to it. However, statistical treatment of the data did not show a significant decrease in the levels of stress experienced by these participants in the Treatment programme.

2. As predicted in Hypothesis 4, the Total Depression score showed a statistically significant decrease (p = 0.05).

3. It was predicted in Hypothesis 4, that exposure to the Treatment programme would result in a significant increase in the Self-Esteem of the participants. As predicted, there was a statistically significant increase (p = 0.05) in the Social Self-Esteem subscale scores of the mothers, and near statistical significance (p = 0.06) in their Total Self-Esteem scores. Their General and Personal Self-Esteem subscale scores, however, fell further
short of statistical significance.

4. It was predicted in Hypothesis 6 that maternal attitudes would become more accepting, and less overprotective, overindulgent and rejecting. In the event, there were no statistically significant changes evident in the 4 maternal attitudes measured by the Mother-Child Relationship Evaluation.

5.4 **Children’s Intervention Results**

5.4.1 The Baseline (pre-intervention) and post-intervention/no-intervention measures used to ascertain the extent of the similarities and differences between the experimental and control group children at these two points, are given for each of the 4 psychometric tests in the Children’s assessment battery.

The intervention in respect of the experimental group children was indirect, and based on the assumption that any changes effected in their mothers through exposure to the Treatment programme, would be reflected in related changes in the children themselves.

The data relating to each of the 4 psychometric tests are presented separately in Tables 5.12 to 5.15(C) which follow. Pre-intervention and post-intervention Means and Standard Deviations are given for each of the 2 groups, as are any significant differences between the groups, as calculated on a test for the homogeneity of variances. Wherever possible, normative or other appropriate data are presented at the foot of each Table, to facilitate the evaluation of the extent to which the measures for the present sample approximate or differ from those of the standardization samples.

Table 5.12, overleaf, presents the data for the Culture-Free Self-Esteem Inventory (Form A). The Table shows a significant pre-intervention difference ($p = 0.002$) between the experimental and control group children for the Social Self-Esteem subscale score; and a significant post-intervention difference ($p = 0.01$) between the groups for the Academic Self-Esteem subscale score. There was also a significant pre-intervention difference between the 2 groups of children for the Lie (or defensiveness) scale score. This means that the 2 groups were statistically similar for the Total and 3 subscale scores at the pre-intervention Baseline.
TABLE 5.12

BASELINE (PRE-INTERVENTION) AND POST-INTERVENTION/NO-INTERVENTION MEASURES ON THE CULTURE-FREE SELF-ESTEEM INVENTORY (FORM A - CHILDREN) FOR THE EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP CHILDREN, RESPECTIVELY

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>38.06</td>
<td>40.56</td>
<td>9.17</td>
</tr>
<tr>
<td></td>
<td>EXPERIMENTAL</td>
<td>38.60</td>
<td>41.50</td>
<td>5.70</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>14.39</td>
<td>16.17</td>
<td>4.43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>15.20</td>
<td>16.70</td>
<td>3.32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.00</td>
<td>7.67</td>
<td>2.97</td>
</tr>
<tr>
<td></td>
<td>EXPERIMENTAL</td>
<td>7.50</td>
<td>7.80</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>8.28</td>
<td>8.17</td>
<td>1.80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7.70</td>
<td>8.00</td>
<td>1.89</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8.33</td>
<td>8.67</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>EXPERIMENTAL</td>
<td>8.20</td>
<td>9.00</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>6.28</td>
<td>6.83</td>
<td>2.46</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.50</td>
<td>6.80</td>
<td>1.27</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

NOTE: Means and Standard Deviations of the standardization sample of like-aged children are given below: (Standard Deviations in brackets):
Total S-E = 35.37 (8.32); General S-E = 14.6 (3.72); Social S-E = 6.05 (2.35); Academic S-E = 7.52 (2.14); and Parental S-E = 7.73 (2.18)

Table 5.13, overleaf, presents the data for the Rogers Personal Adjustment Inventory (Revised) for the experimental and control group children.
### TABLE 5.13

Baseline (pre-intervention) and post-intervention/no-intervention measures on the Rogers Personal Adjustment Inventory (Revised) for the Experimental (N = 18) and Control (N = 10) group children, respectively.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td>Total Difficulties Scores</td>
<td>EXPERIMENTAL</td>
<td>25.61</td>
<td>24.39</td>
<td>3.41</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>24.80</td>
<td>23.70</td>
<td>6.56</td>
</tr>
<tr>
<td>Daydreaming Scores</td>
<td>EXPERIMENTAL</td>
<td>1.39</td>
<td>1.44</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>1.90</td>
<td>1.40</td>
<td>2.37</td>
</tr>
<tr>
<td>Personal Difficulties</td>
<td>EXPERIMENTAL</td>
<td>10.72</td>
<td>10.27</td>
<td>2.44</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>10.20</td>
<td>10.90</td>
<td>2.78</td>
</tr>
<tr>
<td>Social Difficulties Scores</td>
<td>EXPERIMENTAL</td>
<td>8.27</td>
<td>7.77</td>
<td>2.90</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>7.80</td>
<td>7.00</td>
<td>1.54</td>
</tr>
<tr>
<td>Family Difficulties Scores</td>
<td>EXPERIMENTAL</td>
<td>5.22</td>
<td>4.88</td>
<td>1.43</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>4.90</td>
<td>4.40</td>
<td>0.99</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

**NOTE:** Means and Standard Deviations (in brackets) of the standardization of like-aged children are given below:
- Total Difficulties = 24.73 (4.62);
- Daydreaming = 1.50 (1.32);
- Personal Difficulties = 9.56 (2.56);
- Social Difficulties = 8.52 (1.58);
- Family Difficulties = 5.16 (1.58).

The Table 5.13 shows a statistically significant pre-intervention difference between the experimental and control group children for the Total (p = 0.02) and Daydreaming subscale scores (p = 0.006); and a statistically significant post-intervention difference between the groups for the Social Difficulties subscale score (p = 0.05). The Personal, Social and Family Difficulties subscale scores are statistically similar at the pre-intervention Baseline, indicating that the 2 groups of children were similar in these areas of adjustment before the intervention began.

Table 5.14, overleaf, presents the data for the Children’s Depression scale. The Table shows no statistically significant pre-intervention differences between the experimental and control group children, for the Total or any of the subscale scores of the test. There is a statistically significant post-intervention difference between the 2 groups for the Pleasure and Enjoyment subscale score. This difference will be discussed in more detail in the Discussion Chapter which follows.
## TABLE 5.14

**BASELINE (PRE-INTERVENTION) AND POST-INTERVENTION/NO-INTERVENTION MEASURES ON THE CHILDREN’S DEPRESSION SCALE FOR THE EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP CHILDREN, RESPECTIVELY**

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN BEFORE</th>
<th>MEAN AFTER</th>
<th>STANDARD DEVIATION BEFORE</th>
<th>STANDARD DEVIATION AFTER</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Depression Scores</strong></td>
<td>EXPERIMENTAL</td>
<td>133.22</td>
<td>127.83</td>
<td>35.35</td>
<td>31.21</td>
<td>0.63</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>140.00</td>
<td>120.30</td>
<td>40.00</td>
<td>35.22</td>
<td>0.64</td>
</tr>
<tr>
<td><strong>Affective Response Scores</strong></td>
<td>EXPERIMENTAL</td>
<td>21.16</td>
<td>18.66</td>
<td>7.21</td>
<td>6.46</td>
<td>0.65</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>20.30</td>
<td>19.30</td>
<td>8.06</td>
<td>8.30</td>
<td>0.35</td>
</tr>
<tr>
<td><strong>Social Problems Scores</strong></td>
<td>EXPERIMENTAL</td>
<td>23.61</td>
<td>20.22</td>
<td>9.48</td>
<td>6.78</td>
<td>0.79</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>21.90</td>
<td>19.00</td>
<td>8.60</td>
<td>7.74</td>
<td>0.61</td>
</tr>
<tr>
<td><strong>Self-Esteem Scores</strong></td>
<td>EXPERIMENTAL</td>
<td>22.33</td>
<td>20.22</td>
<td>8.57</td>
<td>6.28</td>
<td>0.61</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>23.40</td>
<td>18.60</td>
<td>7.21</td>
<td>5.01</td>
<td>0.75</td>
</tr>
<tr>
<td><strong>Preoccupation with Sickness</strong></td>
<td>EXPERIMENTAL</td>
<td>19.66</td>
<td>19.05</td>
<td>5.00</td>
<td>4.90</td>
<td>0.43</td>
</tr>
<tr>
<td>and Death Scores**</td>
<td>CONTROL</td>
<td>22.90</td>
<td>18.50</td>
<td>6.17</td>
<td>6.45</td>
<td>0.31</td>
</tr>
<tr>
<td><strong>Guilt Scale Scores</strong></td>
<td>EXPERIMENTAL</td>
<td>22.61</td>
<td>21.94</td>
<td>6.55</td>
<td>5.31</td>
<td>0.59</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>23.50</td>
<td>20.70</td>
<td>7.53</td>
<td>6.53</td>
<td>0.44</td>
</tr>
<tr>
<td><strong>Miscellaneous D Items</strong></td>
<td>EXPERIMENTAL</td>
<td>27.16</td>
<td>27.11</td>
<td>6.04</td>
<td>7.76</td>
<td>0.79</td>
</tr>
<tr>
<td><strong>Scores</strong></td>
<td>CONTROL</td>
<td>20.00</td>
<td>24.00</td>
<td>6.42</td>
<td>6.27</td>
<td>0.52</td>
</tr>
<tr>
<td><strong>Total Pleasure Scores</strong></td>
<td>EXPERIMENTAL</td>
<td>67.50</td>
<td>67.77</td>
<td>10.62</td>
<td>8.32</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>70.70</td>
<td>65.50</td>
<td>6.61</td>
<td>10.88</td>
<td>0.33</td>
</tr>
<tr>
<td><strong>Pleasure and Enjoyment</strong></td>
<td>EXPERIMENTAL</td>
<td>29.55</td>
<td>29.88</td>
<td>4.39</td>
<td>4.02</td>
<td>0.26</td>
</tr>
<tr>
<td><strong>Scores</strong></td>
<td>CONTROL</td>
<td>31.20</td>
<td>28.70</td>
<td>3.04</td>
<td>7.08</td>
<td>0.04*</td>
</tr>
<tr>
<td><strong>Miscellaneous P</strong></td>
<td>EXPERIMENTAL</td>
<td>37.94</td>
<td>37.88</td>
<td>7.31</td>
<td>5.68</td>
<td>0.26</td>
</tr>
<tr>
<td><strong>Items Scores</strong></td>
<td>CONTROL</td>
<td>39.50</td>
<td>36.80</td>
<td>5.06</td>
<td>4.44</td>
<td>0.46</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

**NOTE:** Means and Standard Deviations (in brackets) of the normal (not diagnosed as depressed), control group children used by Lang and Tisher in establishing the Construct Validity of the CDS:

- Total D scores = 116.9 (35.3);
- Affective Response = 17.4 (6.0);
- Social Problems = 17.4 (6.9);
- Self-Esteem = 21.2 (7.2);
- Preoccupation with Sickness and Death = 16.1 (4.9);
- Guilt = 20.4 (7.0);
- Total Pleasure score = 41.5 (8.9);
- Pleasure and Enjoyment = 16.0 (4.8).

No Miscellaneous D or P Item measures are provided.

Tables 5.15(A), 5.15(B) and 5.15(C) present the data for the Bene-Anthony Family Relations Test.
This rather complex test deals with certain personal characteristics of the participating children, namely, the extent to which they deny positive and negative feelings (Denial - responses to Nobody); and their self-evaluation (Egocentric responses indicting self-love or self-hate) - as well as their attitudes to parents, siblings and relatives. In the interest of greater clarity these various aspects have been dealt with in separate Tables.

Table 5.15(A) overleaf, presents the data for the Bene-Anthony Family Relations Test which deals with the Denial and Egocentric responses.
### TABLE 5.15(A)

Baseline (pre-intervention) and post-intervention/no-intervention measures of the denial and egocentric responses of the Bene-Anthony Family Relations Test for the experimental (N = 18) and control (N = 10) group children, respectively.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td><strong>DENIAL - Responses to “Nobody”</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>EXPERIMENTAL</td>
<td>22.61</td>
<td>22.60</td>
<td>9.60</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>28.10</td>
<td>29.80</td>
<td>11.54</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>EXPERIMENTAL</td>
<td>3.50</td>
<td>4.22</td>
<td>2.36</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>6.70</td>
<td>6.30</td>
<td>3.65</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>EXPERIMENTAL</td>
<td>6.78</td>
<td>6.83</td>
<td>5.39</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>7.90</td>
<td>8.70</td>
<td>4.45</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>EXPERIMENTAL</td>
<td>3.83</td>
<td>3.06</td>
<td>3.45</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>4.20</td>
<td>4.00</td>
<td>2.78</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>EXPERIMENTAL</td>
<td>8.50</td>
<td>8.44</td>
<td>4.30</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>9.30</td>
<td>10.80</td>
<td>3.74</td>
</tr>
<tr>
<td><strong>EGOCENTRIC - Responses to “Self”</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>EXPERIMENTAL</td>
<td>3.78</td>
<td>1.89</td>
<td>3.97</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>2.90</td>
<td>2.00</td>
<td>4.14</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>EXPERIMENTAL</td>
<td>2.38</td>
<td>0.78</td>
<td>2.63</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>1.10</td>
<td>1.00</td>
<td>1.28</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>EXPERIMENTAL</td>
<td>1.00</td>
<td>0.83</td>
<td>1.68</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>1.60</td>
<td>0.60</td>
<td>3.78</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>EXPERIMENTAL</td>
<td>0.00</td>
<td>0.22</td>
<td>0.76</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>0.10</td>
<td>0.40</td>
<td>0.31</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>EXPERIMENTAL</td>
<td>0.33</td>
<td>0.05</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>0.10</td>
<td>0.00</td>
<td>0.31</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

**All the values are the same for one CLASS level (0).

Table 5.15(A), above, shows no statistically significant pre- or post-intervention differences.
between the experimental and control group children for the Denial responses. This indicates that the 2 groups of children were similar in all areas in respect of this dimension at the pre-intervention Baseline.

However, there are statistically significant pre-intervention differences between the 2 groups of children in respect of the Egocentric responses. These are to be found on the Outgoing Positive, Outgoing Negative and Incoming Negative dimensions. The implications of these differences will be discussed further in the Discussion Chapter which follows.

Table 5.15(B), overleaf, presents the data for the Bene-Anthony Family Relations Test dealing with the attitudes of the experimental and control group children toward their parents.
### TABLE 5.15(B)

Baseline (pre-intervention) and post-intervention/no-intervention measures of attitudes to parents on the Bene-Anthony Family Relations Test for the experimental (N = 18) and control (N = 10) group children, respectively.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>GROUP</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
<th>PROB&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BEFORE</td>
<td>AFTER</td>
<td>BEFORE</td>
</tr>
<tr>
<td></td>
<td>EXPERIMENTAL</td>
<td></td>
<td>CONTROL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTITUDE - to Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>EXPERIMENTAL</td>
<td>14.22</td>
<td>11.00</td>
<td>8.22</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>11.00</td>
<td>8.90</td>
<td>5.19</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>EXPERIMENTAL</td>
<td>5.11</td>
<td>3.60</td>
<td>3.79</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>3.60</td>
<td>2.40</td>
<td>2.07</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>EXPERIMENTAL</td>
<td>1.61</td>
<td>2.10</td>
<td>2.95</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>2.10</td>
<td>2.30</td>
<td>3.23</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>EXPERIMENTAL</td>
<td>6.00</td>
<td>3.90</td>
<td>4.32</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>3.90</td>
<td>3.30</td>
<td>3.71</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>EXPERIMENTAL</td>
<td>1.50</td>
<td>1.40</td>
<td>1.20</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>1.40</td>
<td>0.90</td>
<td>1.29</td>
</tr>
<tr>
<td>ATTITUDE - to Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>EXPERIMENTAL</td>
<td>18.72</td>
<td>15.4</td>
<td>5.03</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>15.4</td>
<td>16.10</td>
<td>6.98</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>EXPERIMENTAL</td>
<td>7.89</td>
<td>6.00</td>
<td>4.31</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>6.00</td>
<td>6.90</td>
<td>3.60</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>EXPERIMENTAL</td>
<td>2.00</td>
<td>1.20</td>
<td>2.81</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>1.20</td>
<td>1.00</td>
<td>1.49</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>EXPERIMENTAL</td>
<td>6.94</td>
<td>6.70</td>
<td>3.57</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>6.70</td>
<td>7.00</td>
<td>2.91</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>EXPERIMENTAL</td>
<td>1.89</td>
<td>1.50</td>
<td>1.68</td>
</tr>
<tr>
<td></td>
<td>CONTROL</td>
<td>1.50</td>
<td>1.20</td>
<td>1.03</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

This section of Table 5.15(B), above, shows no statistically significant pre-intervention differences between the experimental and control group children for the Attitude to Father responses; but there is a statistically significant post-intervention difference between the 2 groups for the
Outgoing Positive responses. This indicates that the 2 groups of children were similar for this dimension before the intervention began.

The second section of Table 5.15(B), on the previous page, shows a statistically significant pre-intervention difference between the 2 groups of children for the Outgoing Negative dimension of the Attitude to mother responses. There were no statistically significant post-intervention differences.

Table 5.15(C), overleaf, presents the data for the Bene-Anthony Family Relations Test dealing with the Attitudes to siblings and relatives.
Table 5.15(C), above, shows no statistically significant pre- or post-intervention differences
between the experimental and control group children for the Attitudes to siblings. Importantly, this indicates that the 2 groups of children were similar for this dimension before the intervention began.

However, the second section of Table 5.15(C) on the previous page - Attitudes to relatives - shows two statistically significant pre-intervention differences between the experimental and control group children, that is, on the Outgoing Positive and Incoming Negative subscales. In addition, there are 4 post-intervention differences between the groups for the Total Attitudes to relatives scale and on the Outgoing Positive, Incoming Positive and Incoming Negative subscales. This indicates that the 2 groups of children were more similar before the intervention began than they were after the Treatment programme.

5.4.2 Pre-to post-intervention positive and negative changes in the assessment results obtained by the experimental and control group children on each of the 4 psychometric tests in the Children's assessment battery

Throughout this section, the emphasis is placed on positive change since this was the objective of the maternal Treatment programme, and since it was predicted that changes effected in the mothers would be reflected in related changes in their children. Where pertinent, the negative changes are dealt with also.

Table 5.16, overleaf, presents the data for the Culture-Free Self-Esteem Inventory (Form A), showing the numbers of positive, negative and unchanged scores obtained by the experimental and control group children, pre-to post-intervention.
PRE-TO POST-MATERNAL TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE CULTURE-FREE SELF-ESTEEM INVENTORY (FORM A) - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP CHILDREN

<table>
<thead>
<tr>
<th></th>
<th>TOTAL AND SUBSCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF INCREASED SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPERIMENTAL GROUP CHILDREN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>1</td>
<td>9</td>
<td>7.3</td>
<td>8</td>
<td>2.8</td>
<td></td>
</tr>
<tr>
<td>General Self-Esteem Scores</td>
<td>3</td>
<td>10</td>
<td>4.0</td>
<td>5</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Social Self-Esteem Scores</td>
<td>7</td>
<td>7</td>
<td>2.6</td>
<td>4</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Academic Self-Esteem Scores</td>
<td>5</td>
<td>5</td>
<td>2.0</td>
<td>8</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Parental Self-Esteem Scores</td>
<td>4</td>
<td>9</td>
<td>1.3</td>
<td>5</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Lie Scale * Scores</td>
<td>3</td>
<td>9</td>
<td>2.1</td>
<td>6</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td><strong>CONTROL GROUP CHILDREN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>0</td>
<td>8</td>
<td>5.1</td>
<td>2</td>
<td>6.0</td>
<td></td>
</tr>
<tr>
<td>General Self-Esteem Scores</td>
<td>0</td>
<td>8</td>
<td>2.5</td>
<td>2</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Social Self-Esteem Scores</td>
<td>1</td>
<td>6</td>
<td>1.5</td>
<td>3</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Academic Self-Esteem Scores</td>
<td>3</td>
<td>4</td>
<td>2.3</td>
<td>3</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Parental Self-Esteem Scores</td>
<td>4</td>
<td>5</td>
<td>1.8</td>
<td>1</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Lie Scale * Scores</td>
<td>2</td>
<td>5</td>
<td>1.4</td>
<td>3</td>
<td>1.3</td>
<td></td>
</tr>
</tbody>
</table>

*The Lie Scale scores are not included in the Total. These scores indicate levels of defensiveness.

Table 5.16. above, shows that the following numbers of experimental group children obtained increased (positive) Total and subscale scores for the Self-Esteem Inventory, pre- to post-maternal training. These numbers were: Total Self-Esteem - 9 (or 50.0 percent); General Self-Esteem - 10 (or 55.6 percent); Social Self-Esteem - 7 (or 38.9 percent); Academic Self-Esteem - 5 (or 27.8 percent); and Parental Self-Esteem - 9 (or 50.0 percent). Only 1 subscale had more decreased than increased scores, namely the Academic Self-Esteem subscale, where 8 (or 44.4 percent) of the children obtained decreased scores and only 5 (or 27.8 percent) had increased scores.

The control group children obtained the following numbers of increased (positive) scores on this test, namely: Total and General Self-Esteem - 8 each (or 80.0 percent each); Social Self-Esteem - 6 (or 60.0 percent); Academic Self-Esteem - 4 (or 40.0 percent); and Parental Self-Esteem - 5 (or 50.0 percent). Both groups of children obtained scores equivalent to 50 percent on the Lie
(defensiveness) scale.

In summary, except for the Parental Self-Esteem subscale scores and Lie scale scores - on which both groups achieved scores equivalent to 50.0 percent - the control group children gained higher percentages of increased scores on the remaining subscales and on the Total scores.

Table 5.17, below, presents the data for the Rogers Personal Adjustment Inventory (Revised), showing the numbers of positive, negative and unchanged scores obtained by the experimental and control group children, pre- to post-intervention.

**Table 5.17**

PRE- TO POST-MATERNAL TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE ROGERS PERSONAL ADJUSTMENT INVENTORY (REVISED) - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP CHILDREN

<table>
<thead>
<tr>
<th>TOTAL AND SUBSCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF INCREASED SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL GROUP CHILDREN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>0</td>
<td>8</td>
<td>2.5</td>
<td>10</td>
<td>4.2</td>
</tr>
<tr>
<td>Daydreaming Scores</td>
<td>5</td>
<td>6</td>
<td>1.3</td>
<td>7</td>
<td>1.0</td>
</tr>
<tr>
<td>Personal Difficulties</td>
<td>2</td>
<td>8</td>
<td>2.3</td>
<td>8</td>
<td>3.3</td>
</tr>
<tr>
<td>Social Difficulties</td>
<td>2</td>
<td>7</td>
<td>2.3</td>
<td>9</td>
<td>2.8</td>
</tr>
<tr>
<td>Family Difficulties</td>
<td>5</td>
<td>6</td>
<td>1.5</td>
<td>7</td>
<td>2.1</td>
</tr>
</tbody>
</table>

| CONTROL GROUP CHILDREN |                            |                           |                           |                           |                           |
| TOTAL Scores            | 1                          | 4                         | 2.8                       | 5                         | 4.4                       |
| Daydreaming Scores      | 5                          | 2                         | 1.5                       | 3                         | 2.7                       |
| Personal Difficulties   | 0                          | 6                         | 2.2                       | 4                         | 1.5                       |
| Social Difficulties     | 3                          | 2                         | 1.0                       | 5                         | 2.0                       |
| Family Difficulties     | 4                          | 1                         | 3.0                       | 5                         | 1.6                       |

The section of Table 5.17, above, shows that the following numbers of experimental group children obtained decreased (positive) Total and subscale scores for the test, pre- to post-maternal Treatment. These numbers are: Total Difficulties - 10 (or 55.6 percent); Daydreaming - 7 (or 38.9 percent); Personal Difficulties - 8 (or 44.4 percent); Social Difficulties - 9 (or 50.0 percent); and Family Difficulties - 7 (or 38.9 percent). In no instance, did these children obtain a greater percentage of increased than decreased scores for any of the subscales - though they did obtain an equal percentage of increased and decreased scores for the Personal Difficulties.
subscale. The control group children obtained the following numbers of decreased (positive) scores on the test: Total Difficulties - 5 (or 50.0 percent); Daydreaming - 3 (or 30.0 percent); Personal Difficulties - 4 (or 40.0 percent); Social Difficulties - 5 (or 50.0 percent); and Family Difficulties - 5 (or 50.0 percent).

In summary, 50.0 percent of both groups of children obtained decreased Social Difficulties scores; the control group achieved a greater percentage of decreased scores than the experimental group for the Family Difficulties subscale; and the experimental group children obtained a small but consistently higher percentage of decreased scores than the control group for the remaining three subscales and for the Total Difficulties scale.

Table 5.18, overleaf, presents the data for the Children's Depression scale, showing the numbers of positive, negative and unchanged scores obtained by the experimental and control group, pre-to post-intervention.
Table 5.18 above shows that the following numbers of experimental group children obtained decreased Total and subscale scores on this test: These numbers are as follows: Total Depression Score - 11 (or 61.1 percent); Affective Response - 9 (or 50.0 percent); Social Problems - 10 (or 55.6 percent); Self-Esteem - 10 (or 55.6 percent); Preoccupation with Sickness and Death - 9 (or 50.0 percent); Guilt - 12 (or 66.7 percent); Miscellaneous D Items - 8 (or 44.4 percent); Total Pleasure Score - 7 (or 38.9 percent); Pleasure and Enjoyment - 6 (or
33.3 percent); and Miscellaneous P Items - 7 (or 38.9 percent). (Decreased scores are positive for the Total Depression scale and subscales, and increased scores are positive for the Total Pleasure scale and subscales.) The control group children obtained the following numbers of decreased scores for the Total scale and subscales: Total Depression Score - 8 (or 80.0 percent); Affective Response - 5 (or 50.0 percent); Social Problems - 7 (or 70.0 percent); Self-Esteem - 1 (or 10.0 percent); Preoccupation with Sickness and Death - 8 (or 80.0 percent); Guilt - 7 (or 70.0 percent); Miscellaneous D Items - 8 (or 80.0 percent); Total Pleasure Score - 6 (or 60.0 percent); Pleasure and Enjoyment - 6 (or 60.0 percent) and Miscellaneous D Items - 6 (or 60.0 percent). In summary, the control group children obtained greater numbers of decreased scores than the experimental group children for the Total Depression scale and 5 of the 6 depressive subscales; 50.0 percent of both groups obtained decreased scores for the Affective Response subscale; and the control group children obtained greater percentages of decreased scores than the experimental group children for the Total Pleasure Score and the 2 Pleasure subscales.

Tables 5.19(A), 5.19(B) and 5.19(C) which follow, present the data for the Bene-Anthony Family Relations Test. As already stated, this test deals with certain personal characteristics of the participating children, and each of the aspects will be dealt with in one of the Tables mentioned above. In each case, the number of increased and decreased responses, as well as the nature of these responses (i.e., positive or negative) will be examined. For this purpose the Outgoing and Incoming Positive responses and the Outgoing and Incoming Negative responses will be combined. (Positive and Negative Outgoing responses are those directed by the child toward him/herself and others, while Positive and Negative Incoming responses are those experienced by the child as being directed toward him/herself by others.)

Table 5.19(A), overleaf, deals with the Denial and Egocentric responses made by the experimental and control group children.
Table 5.19(A) shows the changes in the Total, Denial, and Egocentric subscale scores of the Bene-Anthony Family Relations Test between pre- to post-maternal treatment for Experimental (N = 18) and Control (N = 10) group children.

### Denial - responses to “Nobody”

<table>
<thead>
<tr>
<th></th>
<th>Total Scores</th>
<th>Outgoing Positive</th>
<th>Outgoing Negative</th>
<th>Incoming Positive</th>
<th>Incoming Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER OF UNCHANGED SCORES</strong></td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td>6</td>
<td>6.2</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>2</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>3.7</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>1.9</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>7</td>
<td>3.8</td>
</tr>
</tbody>
</table>

### Egocentric - responses to Self

<table>
<thead>
<tr>
<th></th>
<th>Total Scores</th>
<th>Outgoing Positive</th>
<th>Outgoing Negative</th>
<th>Incoming Positive</th>
<th>Incoming Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER OF UNCHANGED SCORES</strong></td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1.5</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>1.0</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>13</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>16</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>14</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Note:** EXP = Experimental and CON = Control

Table 5.19(A), above, shows that 10 (or 55.6 percent) of the experimental group children obtained increased Denial scores and 8 (or 44.4 percent) obtained decreased scores. Since Denial, as a defense mechanism, cannot categorically be conceptualized as positive or negative, both increased and decreased scores are taken into account. Of the increased Denial scores, 61.1 percent of the combined (Outgoing and Incoming) responses were positive and 44.4 percent were negative. Of the decreased scores, 27.8 percent of the combined responses were positive and 38.9 percent were negative.

The Table shows further that 6 (or 60.0 percent) of the control group children obtained increased Denial scores and 3 (or 30.0 percent) obtained decreased scores. Of the combined (Outgoing and Incoming) responses to the increased scores, 35.0 percent were positive and 60.0 percent were negative, while for the decreased scores, 45.0 percent of the combined responses were positive and 15.0 percent were negative.
In summary, a slightly larger percentage of the control than the experimental group children obtained increased scores; but a substantially larger percentage of the experimental than control children responded positively in the increased scores. Conversely, more experimental than control children obtained decreased scores, and of these, fewer experimental children responded positively and more responded negatively than the controls.

In the section of Table 5.19(A) dealing with Egocentricity, 4 (or 22.2 percent) of the experimental group children obtained increased scores, and 10 (or 55.6 percent) obtained decreased scores. Of the increased scores, 11.1 percent of the combined (Outgoing and Incoming) responses were positive and 5.6 percent were negative; whereas for the decreased scores, 25.0 percent of the combined responses were positive and 19.4 were negative. The Table shows further that 3 (or 30.0 percent) of the control group children obtained increased scores and 5 (or 50.0 percent) obtained decreased scores. Of the increased scores, 30.0 percent of the combined (Outgoing and Incoming) responses were positive and 10.0 percent were negative. Of the decreased scores, 20.0 percent of the combined responses were positive and 15.0 percent were negative. In summary, a smaller percentage of the experimental than the control children obtained increased Egocentric scores, and they also obtained a larger percentage of decreased scores. Additionally, of the increased scores, the experimental children obtained lower percentages of both combined positive and combined negative responses than did the controls; whereas for the decreased scores, the experimental group children obtained higher percentages of both the combined positive and combined negative responses, than did the controls.

Table 5.19(B), overleaf, deals with the Attitudes of the participating children to their parents.
### TABLE 5.19(B)

PRE- TO POST-MATERNAL TREATMENT CHANGES IN THE TOTAL AND ATTITUDES TO PARENTS SUBScales OF THE BENE-ANTHONY FAMILY RELATIONS TEST - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP CHILDREN

<table>
<thead>
<tr>
<th>TOTAL AND SUBSCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF INCREASED SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
</tr>
<tr>
<td><strong>ATTITUDE to Father</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>59</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td><strong>ATTITUDE to Mother</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>43</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>43</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

**NOTE:** EXP = Experimental and CON = Control

The first section of Table 5.19(B) deals with the Attitudes to Father. The Table shows that 8 (or 44.4 percent) of the experimental group children obtained increased scores, and the same number and percentage obtained decreased scores. Of the increased scores, 41.7 percent of the combined (Outgoing and Incoming) responses were positive and 33.3 percent were negative; and of the decreased scores, 41.7 percent of the combined responses were positive and 30.6 percent were negative.

As regards the control group children, 3 (or 30.0 percent) obtained increased scores and 5 (or 50.0 percent) obtained decreased scores. Of the increased scores, 20.0 percent of the combined (Outgoing and Incoming) responses were positive and the same percentage (20.0) were negative; whereas, of the decreased scores, 50.0 percent of the combined responses were positive and 45.0 percent were negative.

In summary, the experimental group children obtained the same number of increased and
decreased scores: whereas the control group children obtained a substantially larger number and percentage of decreased than increased scores. Of the increased scores, the experimental group children obtained larger percentages of both the combined (Outgoing and Incoming) positive and negative responses than the controls. Conversely, for the decreased scores, the control group children obtained larger percentages of both the combined positive and negative responses than the experimental children.

In the section of Table 5.19(B) (on the previous page) which deals with Attitudes to Mother, 8 (or 44.4 percent) of the experimental group children obtained increased scores and 9 (or 50.0 percent) obtained decreased scores. Of the increased scores, 41.7 percent of the combined (Outgoing and Incoming) responses were positive, and 22.2 percent were negative. Of the decreased scores, 50.0 percent of the combined (Outgoing and Incoming) responses were positive and 36.1 percent were negative. In regard to the control children, 5 (or 50.0 percent) obtained increased scores while 3 (or 30.0 percent) obtained decreased scores. Of the increased scores, 55.0 percent of the combined (Outgoing and Incoming) responses were positive and 30.0 percent were negative. Of the decreased scores, 30.0 percent of the combined responses were positive and 45.0 percent were negative.

In summary, a larger percentage of control than experimental group children obtained increased scores; and conversely, a larger percentage of experimental than control group children obtained decreased scores. Of the increased scores, the control group children obtained larger percentages of both combined positive and negative responses; while of the decreased scores, the experimental children obtained a larger percentage of combined positive scores and the controls obtained a larger percentage of the combined negative scores.

Table 5.19(C), overleaf, deals with the Attitudes of the participating children to siblings and relatives.
TABLE 5.19(C)

PRE-TO POST-MATERNAL TREATMENT CHANGES IN THE TOTAL AND ATTITUDES TO SIBLINGS AND RELATIVES SUBSCALES OF THE BENE-ANTHONY FAMILY RELATIONS TEST - EXPERIMENTAL (N = 18) AND CONTROL (N = 10) GROUP CHILDREN

<table>
<thead>
<tr>
<th>TOTAL AND SUBSCALE SCORES</th>
<th>NUMBER OF UNCHANGED SCORES</th>
<th>NUMBER OF INCREASED SCORES</th>
<th>MEAN INCREASE (in points)</th>
<th>NUMBER OF DECREASED SCORES</th>
<th>MEAN DECREASE (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
<td>CON</td>
<td>EXP</td>
</tr>
<tr>
<td>ATTITUDE to Siblings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>5</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td>3.70</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>18</td>
<td>10</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>2.40</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>1.60</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>1.70</td>
</tr>
<tr>
<td>ATTITUDE to Relatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Scores</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>3.00</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>11</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>3.25</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>13</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1.00</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>10</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>2.00</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>12</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>1.00</td>
</tr>
</tbody>
</table>

The section dealing with the Attitudes to siblings shows that 7 (or 38.9 percent) of the experimental group children obtained increased scores and 6 (or 33.3 percent) obtained decreased scores. Of the increased scores, 27.8 percent of the combined (Outgoing and Incoming) responses were positive and 77.8 percent were negative. Of the decreased scores, there was the same percentage, namely 16.7 percent, for both the combined (Outgoing and Incoming) positive and the combined negative responses.

As regards the control group children, 2 (or 20.0 percent) obtained increased scores and 4 (or 40.0 percent) obtained decreased scores. Of the increased scores, 10.0 percent of the combined responses were positive and 50.0 percent were negative. Of the decreased scores, 50.0 percent of the combined responses were positive and 70.0 percent were negative.

In summary, a larger percentage of experimental than control children obtained increased scores, and a larger percentage of control than experimental children obtained decreased scores. Of the increased scores, the experimental group children obtained larger percentages of both the combined positive and the combined negative responses than the controls. For the decreased
scores, the control group children obtained larger percentages of both the combined positive and the combined negative responses than the experimental children.

In the section of Table 5.19(C) dealing with the Attitudes of the participating children to relatives, the Table shows that 3 (or 16.7 percent) of the experimental children obtained increased scores and 7 (or 38.9 percent) obtained decreased scores. Of the increased scores, 38.9 percent of the combined (Outgoing and Incoming) responses were positive and 16.7 percent were negative. Of the decreased scores, 44.4 percent of the combined responses were positive and the same percentage was negative.

As regards the control children, none obtained increased scores and 3 (or 30.0 percent) obtained decreased scores. Of the decreased scores, 50.0 percent of the combined responses were positive and 20.0 percent were negative.

In summary, 16.7 percent of the experimental group children obtained increased scores and the control group obtained none. In addition, the experimental group children obtained a larger percentage of decreased scores than the controls. Of the increased scores, the experimental children obtained a larger percentage of combined positive than combined negative responses. Of the decreased scores, the control children obtained a larger percentage of combined positive responses than the experimental children, but a smaller percentage of combined negative responses.

5.4.3 Statistical treatment of the data, giving the significance levels achieved by the experimental and control group children on the assessment results of each of the 4 tests in the Children's assessment battery, and organized in relation to the predictions made in Hypotheses 5 and 7

Table 5.20, overleaf, presents the significance levels achieved on the Culture-Free Self-Esteem Inventory (Form A) by the experimental and control group children, with pre- and post-maternal treatment and pre- and post-no maternal treatment conditions.

**Note:** All the statistical results presented in this section were calculated using t-Tests.
### TABLE 5.20

SIGNIFICANCE LEVELS ACHIEVED ON THE CULTURE-FREE SELF-ESTEEM INVENTORY (FORM A) BY THE EXPERIMENTAL AND CONTROL GROUP CHILDREN WITH PRE- AND POST-MATERNAL TREATMENT AND PRE- AND POST-NO MATERNAL TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALES</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL</td>
<td>(Counselling and Lifeskills Training Condition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>Total Self-Esteem Scores</td>
<td>18</td>
<td>0.13</td>
</tr>
<tr>
<td>(ii)</td>
<td>General Self-Esteem</td>
<td>18</td>
<td>0.05*</td>
</tr>
<tr>
<td>(iii)</td>
<td>Social Self-Esteem</td>
<td>18</td>
<td>0.18</td>
</tr>
<tr>
<td>(iv)</td>
<td>Academic Self-Esteem</td>
<td>18</td>
<td>0.25</td>
</tr>
<tr>
<td>(v)</td>
<td>Parental Self-Esteem</td>
<td>18</td>
<td>0.80</td>
</tr>
<tr>
<td>(vi)</td>
<td>Lie Scale</td>
<td>18</td>
<td>0.24</td>
</tr>
<tr>
<td>CONTROL</td>
<td>(No-Treatment Condition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i)</td>
<td>Total Self-Esteem Scores</td>
<td>10</td>
<td>0.11</td>
</tr>
<tr>
<td>(ii)</td>
<td>General Self-Esteem</td>
<td>10</td>
<td>0.08</td>
</tr>
<tr>
<td>(iii)</td>
<td>Social Self-Esteem</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>(iv)</td>
<td>Academic Self-Esteem</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td>(v)</td>
<td>Parental Self-Esteem</td>
<td>10</td>
<td>0.64</td>
</tr>
<tr>
<td>(vi)</td>
<td>Lie Scale</td>
<td>10</td>
<td>0.49</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

It was predicted in Hypothesis 5, that changes effected in the experimental group mothers as a result of their participation in the Treatment programme would be reflected in related changes in their children - one of these predicted changes being an increase in self-esteem. In the event, there was a statistically significant increase in the General Self-Esteem scores of the experimental group children, post-intervention; but this did not extend to the Total or other subscale scores of the Culture-Free Self-Esteem Inventory, the test used to measure self-esteem in the children. No statistically significant changes were anticipated in the self-esteem scores of the control group children - and none occurred.

Table 5.21, overleaf, presents the significance levels achieved on the Rogers Personal Adjustment Inventory (Revised), by the experimental and control group children.
TABLE 5.21

SIGNIFICANCE LEVELS ACHIEVED ON THE ROGERS PERSONAL ADJUSTMENT INVENTORY (REVISED)
BY THE EXPERIMENTAL AND CONTROL GROUP CHILDREN WITH PRE- AND POST-MATERNAL
TREATMENT AND PRE- AND POST-NO MATERNAL TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALES</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Scores</td>
<td>18</td>
<td>0.23</td>
</tr>
<tr>
<td></td>
<td>(ii) Daydreaming</td>
<td>18</td>
<td>0.82</td>
</tr>
<tr>
<td></td>
<td>(iii) Personal Difficulties</td>
<td>18</td>
<td>0.53</td>
</tr>
<tr>
<td></td>
<td>(iv) Social Difficulties</td>
<td>18</td>
<td>0.49</td>
</tr>
<tr>
<td></td>
<td>(v) Family Difficulties</td>
<td>18</td>
<td>0.44</td>
</tr>
<tr>
<td>CONTROL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(No-Treatment Condition)</td>
<td>(i) Total Scores</td>
<td>10</td>
<td>0.51</td>
</tr>
<tr>
<td></td>
<td>(ii) Daydreaming</td>
<td>10</td>
<td>0.47</td>
</tr>
<tr>
<td></td>
<td>(iii) Personal Difficulties</td>
<td>10</td>
<td>0.33</td>
</tr>
<tr>
<td></td>
<td>(iv) Social Difficulties</td>
<td>10</td>
<td>0.10</td>
</tr>
<tr>
<td></td>
<td>(v) Family Difficulties</td>
<td>10</td>
<td>0.34</td>
</tr>
</tbody>
</table>

It was also predicted that other adverse consequences of divorce would be reduced in the experimental group children, for example, certain manifestations of poor personal adjustment. This prediction, however, was not validated; and no statistically significant reductions occurred in the Total or any of the subscale scores of the Rogers Personal Adjustment Inventory, the instrument used to measure personal adjustment in the children. However, as anticipated, no statistically significant positive changes occurred in the personal adjustment of the control group children.

Table 5.22, overleaf, presents the significance levels achieved on the Children’s Depression scale, by the experimental and control group children.
It was predicted that the experimental group children would achieve statistically significant decreases in their levels of depression, after their mothers participated in the Treatment programme. This prediction did not, however, prove to be correct, and no significant changes occurred - despite the fact that there were statistically significant reductions in the levels of maternal depression, post intervention.

Surprising, although no change was anticipated and even though their mothers revealed no statistically significant reductions in depression, the control group children achieved statistically significant decreases in their Total depression scores, and in the Self-Esteem and Preoccupation with Sickness and Death subscale scores on the Children's Depression scale. This result will be addressed further in the Discussion Chapter which follows.

TABLE 5.22

SIGNIFICANCE LEVELS ACHIEVED ON THE CHILDREN'S DEPRESSION SCALE BY THE EXPERIMENTAL AND CONTROL GROUP CHILDREN, WITH PRE- AND POST-MATERNAL TREATMENT AND PRE- AND POST-NO MATERNAL TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALES</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Depression Score</td>
<td>18</td>
<td>0.54</td>
</tr>
<tr>
<td></td>
<td>(ii) Affective Response</td>
<td>18</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>(iii) Social Problems</td>
<td>18</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>(iv) Self-Esteem</td>
<td>18</td>
<td>0.36</td>
</tr>
<tr>
<td></td>
<td>(v) Preoccupation with Sickness and Death</td>
<td>18</td>
<td>0.59</td>
</tr>
<tr>
<td></td>
<td>(vi) Guilt</td>
<td>18</td>
<td>0.69</td>
</tr>
<tr>
<td></td>
<td>(vii) Miscellaneous Depressive Items</td>
<td>18</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>(viii) Total Pleasure Score</td>
<td>18</td>
<td>0.89</td>
</tr>
<tr>
<td></td>
<td>(ix) Pleasure and Enjoyment</td>
<td>18</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>(x) Miscellaneous Pleasure Items</td>
<td>18</td>
<td>0.95</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Depression Score</td>
<td>10</td>
<td>0.01*</td>
</tr>
<tr>
<td></td>
<td>(ii) Affective Response</td>
<td>10</td>
<td>0.49</td>
</tr>
<tr>
<td></td>
<td>(iii) Social Problems</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td></td>
<td>(iv) Self-Esteem</td>
<td>10</td>
<td>0.009*</td>
</tr>
<tr>
<td></td>
<td>(v) Preoccupation with Sickness and Death</td>
<td>10</td>
<td>0.01*</td>
</tr>
<tr>
<td></td>
<td>(vi) Guilt</td>
<td>10</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>(vii) Miscellaneous Depressive Items</td>
<td>10</td>
<td>0.07</td>
</tr>
<tr>
<td></td>
<td>(viii) Total Pleasure Score</td>
<td>10</td>
<td>0.38</td>
</tr>
<tr>
<td></td>
<td>(ix) Pleasure and Enjoyment</td>
<td>10</td>
<td>0.36</td>
</tr>
<tr>
<td></td>
<td>(x) Miscellaneous Pleasure Items</td>
<td>10</td>
<td>0.41</td>
</tr>
</tbody>
</table>

*Indicates statistical significance
Tables 5.23(A), 5.23(B), and 5.23(C), below and overleaf, present the significance levels achieved on various aspects of the Bene-Anthony Family Relations Test by the experimental and control group children.

Table 5.23(A) below, presents the data for the Denial (Responses to "Nobody") and Egocentric (Responses to Self) subscales.

### TABLE 5.23(A)

SIGNIFICANCE LEVELS ACHIEVED ON THE DENIAL AND EGOCENTRIC SUBSCALES OF THE BENE-ANTHONY FAMILY RELATIONS TEST BY THE EXPERIMENTAL AND CONTROL GROUP CHILDREN, WITH PRE- AND POST-MATERNAL TREATMENT AND PRE- AND POST-NO MATERNAL TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALES</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DENIAL SCALE - Responses to &quot;Nobody&quot;</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Denial Score</td>
<td>18</td>
<td>0.98</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>18</td>
<td>0.34</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>18</td>
<td>0.95</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>18</td>
<td>0.28</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>18</td>
<td>0.95</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Denial Score</td>
<td>10</td>
<td>0.43</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>10</td>
<td>0.64</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>10</td>
<td>0.44</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>10</td>
<td>0.74</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>10</td>
<td>0.006*</td>
</tr>
<tr>
<td><strong>EGOCENTRIC SCALE - Responses to Self</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Egocentric Score</td>
<td>18</td>
<td>0.02*</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>18</td>
<td>0.02*</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>18</td>
<td>0.38</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>18</td>
<td>0.21</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>18</td>
<td>0.06</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Egocentric Score</td>
<td>10</td>
<td>0.33</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>10</td>
<td>0.85</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>10</td>
<td>0.32</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>10</td>
<td>0.19</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>10</td>
<td>0.34</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

Hypothesis 7 predicted that changes effected in the experimental group mothers by their
exposure to the Treatment programme, would be reflected in related changes in their children, in that the children would display a reduction in egocentric, over-indulged and non-compliant behaviours, and that they would manifest more realistic and improved child-parent and child-family relationships.

Table 5.23(A), on the previous page, shows no statistically significant changes in the Denial scores of the experimental group children, suggesting no realistic changes in their denial of either positive or negative feelings; whereas the control group children showed a statistically significant increase in the denial of negative feelings directed toward them (Incoming Negative) by family members.

The prediction was somewhat more accurate for the Egocentric scale, which showed a statistically significant decrease in the Total and Outgoing Positive scores of the experimental group children, indicating a substantial decrease in the number of self-love responses made. Clinical experience has lead psychologists to expect high self-love responses in privileged and overindulged children.

Further, as anticipated, there were no statistically significant changes in the egocentric scores of the control group children.

These results will be discussed further in the Discussion Chapter which follows.

Table 5.23(B), overleaf, presents the significance levels achieved on the Attitudes to parents subscales of the Bene-Anthony Family Relations Test, by the experimental and control group children, with pre- and post-maternal Treatment and pre- and post-no maternal Treatment conditions.
TABLE 5.23(B)

SIGNIFICANCE LEVELS ACHIEVED ON THE ATTITUDES TO PARENTS SCALES OF THE BENE-ANTHONY FAMILY RELATIONS TEST BY THE EXPERIMENTAL AND CONTROL GROUP CHILDREN WITH PRE- AND POST-MATERNAL TREATMENT AND PRE- AND POST-NO MATERNAL TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALES</th>
<th>SIZE OF N</th>
<th>( p ) LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTITUDE to Father</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXPERIMENTAL</strong></td>
<td>(Counselling and Lifeskills Training Condition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Total Attitude to Father Score</td>
<td>18</td>
<td>0.67</td>
<td></td>
</tr>
<tr>
<td>(ii) Outgoing Positive</td>
<td>18</td>
<td>0.61</td>
<td></td>
</tr>
<tr>
<td>(iii) Outgoing Negative</td>
<td>18</td>
<td>0.75</td>
<td></td>
</tr>
<tr>
<td>(iv) Incoming Positive</td>
<td>18</td>
<td>0.69</td>
<td></td>
</tr>
<tr>
<td>(v) Incoming Negative</td>
<td>18</td>
<td>0.45</td>
<td></td>
</tr>
<tr>
<td><strong>CONTROL</strong></td>
<td>(No-Treatment Condition)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Total Attitude to Father Score</td>
<td>10</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>(ii) Outgoing Positive</td>
<td>10</td>
<td>0.05*</td>
<td></td>
</tr>
<tr>
<td>(iii) Outgoing Negative</td>
<td>10</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>(iv) Incoming Positive</td>
<td>10</td>
<td>0.63</td>
<td></td>
</tr>
<tr>
<td>(v) Incoming Negative</td>
<td>10</td>
<td>0.24</td>
<td></td>
</tr>
</tbody>
</table>

| **ATTITUDE to Mother** | | | | |
| **EXPERIMENTAL** | (Counselling and Lifeskills Training Condition) | | | |
| (i) Total Attitude to Mother Score | 18 | 0.78 |
| (ii) Outgoing Positive | 18 | 0.55 |
| (iii) Outgoing Negative | 18 | 0.26 |
| (iv) Incoming Positive | 18 | 0.59 |
| (v) Incoming Negative | 18 | 0.50 |
| **CONTROL** | (No-Treatment Condition) | | | |
| (i) Total Attitude to Mother Score | 10 | 0.75 |
| (ii) Outgoing Positive | 10 | 0.37 |
| (iii) Outgoing Negative | 10 | 0.66 |
| (iv) Incoming Positive | 10 | 0.78 |
| (v) Incoming Negative | 10 | 0.39 |

*Indicates statistical significance

Contrary to the prediction in Hypothesis 7, no positive changes took place in the attitudes of the experimental group children to either of their parents, as shown in Table 5.23(B), above. There was, however, one statistically significant change revealed in the attitudes of the control group children to their fathers. But this was unfortunately a negative change, in that it involved a substantial decrease in the number of Outgoing Positive responses made to their fathers by this group of children. This indicated a decrease in the number of positive feelings directed to their fathers by the control children.
Table 5.23(C), below, shows the significance levels achieved on the Attitudes to siblings and relatives by the experimental and control group children, with pre- and post-maternal Treatment and pre- and post-no maternal Treatment conditions.

### TABLE 5.23(C)

SIGNIFICANCE LEVELS ACHIEVED ON THE ATTITUDES TO SIBLINGS AND RELATIVES SCALES OF THE BENE-ANTHONY FAMILY RELATIONS TEST BY THE EXPERIMENTAL AND CONTROL GROUP CHILDREN WITH PRE- AND POST-MATERNAL TREATMENT AND PRE- AND POST-NO MATERNAL TREATMENT CONDITIONS

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SCALE/SUBSCALES</th>
<th>SIZE OF N</th>
<th>p LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTITUDES to Siblings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Attitude to Siblings Score</td>
<td>18</td>
<td>0.26</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>18</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>18</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>18</td>
<td>0.87</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Attitude to Siblings Score</td>
<td>10</td>
<td>0.22</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>10</td>
<td>0.51</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>10</td>
<td>0.06</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>10</td>
<td>0.20</td>
</tr>
<tr>
<td><strong>ATTITUDES to Relatives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPERIMENTAL (Counselling and Lifeskills Training Condition)</td>
<td>(i) Total Attitude to Relatives Score</td>
<td>18</td>
<td>0.09</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>18</td>
<td>0.94</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>18</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>18</td>
<td>0.16</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>18</td>
<td>0.18</td>
</tr>
<tr>
<td>CONTROL (No-Treatment Condition)</td>
<td>(i) Total Attitude to Relatives Score</td>
<td>10</td>
<td>0.25</td>
</tr>
<tr>
<td></td>
<td>(ii) Outgoing Positive</td>
<td>10</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>(iii) Outgoing Negative</td>
<td>10</td>
<td>0.34</td>
</tr>
<tr>
<td></td>
<td>(iv) Incoming Positive</td>
<td>10</td>
<td>0.30</td>
</tr>
<tr>
<td></td>
<td>(v) Incoming Negative</td>
<td>10</td>
<td>0.34</td>
</tr>
</tbody>
</table>

Once again, the Table indicates that, contrary to the prediction in Hypothesis 7, no statistically significant, family-related, positive changes took place in the attitudes of the experimental group children to their siblings or other relatives. With respect to the control group children, no positive changes in their attitudes to their siblings and relatives were anticipated, and none occurred.
5.5 **Control/Experimental Group children (N = 6 Group)**

These are the children of the 6 control group mothers who accepted places (for ethical reasons) on the Treatment programme after the fallow period had elapsed. The post-maternal intervention assessment results obtained by these children have not been included in the main analysis of the data as their mothers figured in the main experimental/control group comparisons; but it is of interest to very briefly examine what changes, if any, occurred in their assessment results after the inclusion of their mothers in the Treatment. Changes in their assessment results were as follows.

**TABLE 5.24**

PRE- TO POST-MATERNAL TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE CULTURE-FREE SELF-ESTEEM INVENTORY (FORM A) - CONTROL/EXPERIMENTAL GROUP CHILDREN - (N=6)

<table>
<thead>
<tr>
<th>Total and Subscale Scores</th>
<th>Number of Unchanged Scores</th>
<th>Number of *Increased Scores</th>
<th>Mean Increase (in points)</th>
<th>Number of Decreased Scores</th>
<th>Mean Decrease (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Scores</td>
<td>2</td>
<td>3</td>
<td>2.3</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>General Self-Esteem</td>
<td>2</td>
<td>3</td>
<td>1.7</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Social Self-Esteem</td>
<td>2</td>
<td>3</td>
<td>1.0</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Academic Self-Esteem</td>
<td>4</td>
<td>1</td>
<td>1.0</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Parental Self-Esteem</td>
<td>4</td>
<td>1</td>
<td>1.0</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Lie Scores**</td>
<td>0</td>
<td>5</td>
<td>1.8</td>
<td>1</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*Increased scores are positive and indicate an increase in Self-Esteem.

**The Lie scores are not included in the Total scores. These scores indicate levels of defensiveness.

Table 5.24 indicates that 3 or 50.0 percent of these children obtained increased scores, for the Total Self-Esteem scale and for the General and Social Self-Esteem subscales, after their mothers participated in the intervention; and only 1 or 16.6 percent of their number obtained increased scores on the Academic and Parental Self-Esteem subscales.

Additionally, 5 or 83.3 percent of the children obtained increased Lie scores, indicating an increase in defensiveness.
Table 5.25 indicates that 3 or 50.0 percent of these children obtained decreased Total and Personal Difficulties scores after their mothers participated in the intervention; 4 or 66.6 percent obtained decreased Social Difficulties scores; 2 or 33.3 percent obtained decreased Daydreaming scores; and only 1 child or 16.7 percent of the group obtained a decreased Family Difficulties score.
TABLE 5.26

PRE- TO POST-MATERNAL TREATMENT CHANGES IN THE TOTAL AND SUBSCALE SCORES OF THE CHILDREN'S DEPRESSION SCALE - CONTROL/EXPERIMENTAL GROUP CHILDREN - (N=6)

<table>
<thead>
<tr>
<th>Total and Subscale Scores</th>
<th>Number of Unchanged Scores</th>
<th>Number of *Increased Scores</th>
<th>Mean Increase (in points)</th>
<th>Number of **Decreased Scores</th>
<th>Mean Decrease (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL DEPRESSION SCORES</td>
<td>0</td>
<td>3</td>
<td>5.7</td>
<td>3</td>
<td>29.7</td>
</tr>
<tr>
<td>Affective Response</td>
<td>0</td>
<td>1</td>
<td>0.3</td>
<td>5</td>
<td>2.0</td>
</tr>
<tr>
<td>Social Problems</td>
<td>0</td>
<td>3</td>
<td>4.0</td>
<td>3</td>
<td>6.3</td>
</tr>
<tr>
<td>Self-Esteem</td>
<td>1</td>
<td>1</td>
<td>2.0</td>
<td>4</td>
<td>4.3</td>
</tr>
<tr>
<td>Preoccupation with Sickness and Death</td>
<td>2</td>
<td>1</td>
<td>2.0</td>
<td>3</td>
<td>4.0</td>
</tr>
<tr>
<td>Guilt</td>
<td>0</td>
<td>1</td>
<td>7.0</td>
<td>5</td>
<td>7.0</td>
</tr>
<tr>
<td>Miscellaneous D Items</td>
<td>0</td>
<td>3</td>
<td>3.0</td>
<td>3</td>
<td>4.0</td>
</tr>
<tr>
<td>TOTAL PLEASURE SCORES</td>
<td>1</td>
<td>4</td>
<td>8.3</td>
<td>1</td>
<td>3.0</td>
</tr>
<tr>
<td>Pleasure and Enjoyment</td>
<td>0</td>
<td>5</td>
<td>3.4</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Miscellaneous Pleasure Items</td>
<td>0</td>
<td>4</td>
<td>4.8</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*Increased scores are positive on the Pleasure scale, indicating an increased capacity to experience pleasure and enjoyment, and negative on the Depression scale as this indicates an increase in Depression.

**Decreased scores are positive on the Depression scale, indicating a decrease in levels of depression; but negative on the Pleasure scale as this indicates a decreased capacity to experience pleasure and enjoyment.

Table 5.26 indicates that 5 or 83.3 percent of the children obtained decreased scores for the Affective Response and Guilt subscales after their mothers participated in the intervention; 4 or 66.7 percent obtained a decreased Self-Esteem score; and 3 or 50.0 percent obtained decreased scores for the Total Depression Scale and for the Social Problems, Preoccupation with Sickness and Death and the Miscellaneous Depressive Items subscales.

In addition, 4 or 66.7 percent of the children obtained increased scores for the Total Pleasure scale and the Miscellaneous Pleasure Items subscale; and 5 or 83.3 percent of the group obtained increased scores for the Pleasure and Enjoyment subscale. This shows that half or more than half of the Control/Experimental group children obtained decreased Depression scores and more than half obtained increased Pleasure scores after their mothers participated in intervention.
Table 5.27(A) above, indicates that 3 or 50.0 percent of this group of children obtained increased Total Denial scores, and the same number and percentage obtained decreased Total Denial scores, after their mothers participated in the intervention. Of the increased Denial scores, 58.3 percent of the combined (Outgoing and Incoming) responses were positive and 50.0 percent were negative. In addition, of the decreased Denial scores, 41.7 percent of the combined (Outgoing and Incoming) responses were positive and 50.0 percent were negative.

Table 5.27(A) indicated further than none of the Total Egocentric scores for this group of children increased and 2 or 33.3 percent decreased, after their mothers participated in the intervention. Of the combined increased responses of the subscales, only 8.3 were positive and 16.7 were negative. Further, of the combined decreased responses, 25.0 percent were positive and 16.7 percent were negative.
Pre- to post-maternal treatment changes in the total and attitudes to parents subscales of the Bene-Anthony Family Relations Test - control/experimental group children - (N=6)

<table>
<thead>
<tr>
<th>Total and Subscale Scores</th>
<th>Number of Unchanged Scores</th>
<th>Number of Increased Scores</th>
<th>Mean Increase (in points)</th>
<th>Number of Decreased Scores</th>
<th>Mean Decrease (in points)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTITUDE to Father</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>1</td>
<td>3</td>
<td>5.3</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>3</td>
<td>1</td>
<td>5.0</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>4</td>
<td>2</td>
<td>1.5</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>2</td>
<td>1</td>
<td>7.0</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>5</td>
<td>1</td>
<td>3.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>ATTITUDE to Mother</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>0</td>
<td>2</td>
<td>6.0</td>
<td>4</td>
<td>5.8</td>
</tr>
<tr>
<td>Outgoing Positive</td>
<td>1</td>
<td>4</td>
<td>2.3</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Outgoing Negative</td>
<td>3</td>
<td>1</td>
<td>1.0</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>Incoming Positive</td>
<td>0</td>
<td>2</td>
<td>4.5</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Incoming Negative</td>
<td>2</td>
<td>1</td>
<td>2.0</td>
<td>3</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Table 5.27(B) above indicates that 3 or 50.0 percent of this group of children obtained increased Total Attitude to Father scores, and 2 or 33.3 percent obtained decreased Total Attitude to Father scores, after their mothers participated in the intervention. Of the increased Attitude to Father scores, 16.7 percent of the combined (Outgoing and Incoming) responses were positive and 25.0 percent were negative. Further, of the decreased Attitude to Father scores, 41.7 percent of the combined responses were positive and none were negative.

Table 5.27(B) indicated further that 2 or 33.3 percent of the Total Attitude to Mother scores obtained by the children increased, and 4 or 66.7 percent decreased, after their mothers participated in the intervention. Of the combined (Outgoing and Incoming) increased responses to the subscales, 50.0 percent were positive and 16.7 percent were negative. Furthermore, of the combined decreased responses, 50.0 percent were positive and 41.7 percent were negative.
Table 5.27(C) above, indicates that 2 or 33.3 percent of the Control/Experimental group children obtained increased Total Attitudes to Sibling scores; and the same number (2) and percentage (33.3 percent) obtained decreased Total Attitude to Siblings scores, after their mothers participated in the intervention. Of the increased Attitude to Siblings scores, 50.0 percent of the combined (Outgoing and Incoming) responses were positive and 16.7 percent were negative. In addition, of the decreased Attitudes to Siblings scores, 8.3 percent of the combined responses were positive, and 33.3 percent were negative.

Table 5.27(C) indicates further that 3 or 50.0 percent of the Total Attitudes to Relatives scores obtained by the children increased, and 1 or 16.7 percent decreased, after their mothers participated in the intervention. Of the combined (Outgoing and Incoming) increased responses to the subscales, 33.3 percent were positive and 16.7 percent were negative. Additionally, of the combined decreased responses, 8.3 percent were positive and the same percentage (8.3 percent) were negative.
5.5.1 **Statistical treatment of the Assessment data**

It was predicted in Hypothesis 5 that changes effected in the mothers exposed to the Treatment programme would be reflected in related changes in their children. The post-intervention assessment results for the Culture-Free Self-Esteem Inventory indicated that the scores of half the children increased on the Total Self-Esteem scale, and on the General and Social Self-Esteem subscales; and 1 child obtained an increased score on the Academic and Parental subscales, respectively. None of these results were of sufficient magnitude to reach statistical significance. Thus the best that can be said is that the trend of these scores was in the direction of conformity with the prediction.

Hypothesis 5 also predicted that the other adverse consequences of divorce would be reduced in children whose mothers changed positively as a result of their exposure to the Treatment. Post-intervention positive results for the Rogers Personal Adjustment Inventory indicated that the scores of half the children decreased for the Total Difficulties scale and for the Personal Difficulties subscale; while two-thirds obtained decreased scores for the Social Difficulties subscale. A very small proportion of the children obtained decreased scores for the Daydreaming and Family Difficulties subscales. None of these results were statistically significant. Again, these results were not as predicted; but the general trend was in the direction of conformity with the prediction.

Hypothesis 5 predicted further that there would be a post-intervention reduction in the levels of depression experienced by these children. However the post-intervention assessment results, as measured on the Children’s Depression scale, showed no statistically significant reductions in the children depression scores, despite the fact that half their number obtained substantially decreased scores. This seems to suggest that the small size of the group could be a factor that obfuscates the proof of significance. So, as with the other 2 tests discussed above, these results were not as predicted, but the trend was in the general direction of conformity with the prediction.

Hypothesis 7 predicted that changes effected in the mothers by their exposure to the Treatment would result in a reduction in egocentric, overindulged and non-compliant behaviours in the children, and in more positive child-parent and child-family relationships. These attitudes to self and others were measured on the Bene-Anthony Family Relations Test. Post-intervention assessment results indicated a very slight increase in Denial scores; most of the Egocentric scores remained unchanged; there was a decrease in the Incoming Negative scores (negative responses emanating from father) for the Attitude to father scale; a slight increase in positive responses to and from mother for the Attitude to mother scale; and little change in the scores for the Attitudes to siblings and relatives scales. Thus there were no statistically significant positive
changes on the Totals or subscales of the Denial, Egocentric, Attitudes to mother, Attitudes to siblings or Attitudes to relatives scales. Hence, the data from these scales did not support the prediction made in Hypothesis 7.

However, there was a statistically significant change in the Incoming Negative subscale of the Attitudes to father scale, representing a substantial decrease in the number of imagined, negative feelings emanating from the fathers and directed toward their children. This suggests an improvement in child-father relationships, and as such, supports the prediction made in Hypothesis 7.

It is encouraging that, by and large, the changes in the children should be in the positive direction, even though not statistically significant. The attenuation of effect seen in their mothers is not surprising, as there was no direct intervention with the children and no precise monitoring of what parents did to or with their children, during and after their child management sessions.

5.6 Follow-up of the Treatment programme

5.6.1 Using the Gains Questionnaire as a “hold/no-hold” measure of the Intervention programme

The content of the Gains Questionnaire was described in Chapter 4 (Section 4.5.1.5, p. 111), so let it suffice to say that this instrument consists of 19 questions divided into 2 sections. Section 1 explored the manner in which the intervention programme participants related to people (former spouses, their children, colleagues, friends, etc.); and Section 2 explored personal change in the participants in those areas upon which the lifeskills training focused. All questions were of the Likert-type and offered 7 options. The Questionnaire is described in full in Appendix II, Part 3, page 289.

The Gains Questionnaire was used as a measure of the extent to which the information imparted to the participants (based on Rogerian [humanist] principles and social learning theory) and the child management and lifeskills techniques and strategies taught, were retained (or held) by the participants, over time.

Proof of retention (or “hold”) could be obtained by:

1. a simple comparison of the means of individual and Total scores of the responses to the Gains Questionnaire administered to the participants directly after the intervention programme and at a follow-up 6 months later. Means that remained the same, or that were higher at the follow-up administration, indicated retention (or “hold”) of the training received; while lower means at the follow-up administration indicated non-retention or (“no-hold”) of the training received;
submitting the data to a Fisher’s Exact Probability Test. This is an extremely useful nonparametric test which may be used to compare 2 very small samples. It can be used also, when Chi-Square may not be a valid test because some of the cells have expected counts of less than 5.

5.6.2 Results of the Gains Questionnaire

5.6.2.1 Differences of Means

Table 5.28, overleaf, presents a comparison of the means of each of the 19 Questions in the Gains Questionnaire, for the experimental group mothers, at the post-treatment and follow-up administrations.
### TABLE 5.28

COMPARISON OF THE MEANS OF SCORES OBTAINED BY THE EXPERIMENTAL GROUP MOTHERS ON THE GAINS QUESTIONNAIRE ADMINISTERED DIRECTLY AFTER THE TREATMENT AND AT A FOLLOW-UP SIX MONTHS LATER AS A MEASURE OF THE HOLD/NO-HOLD STATUS OF THE MATERNAL TREATMENT

<table>
<thead>
<tr>
<th>QUESTION NUMBER</th>
<th>POST-TREATMENT MEANS</th>
<th>FOLLOW-UP MEANS 6 MONTHS LATER</th>
<th>DIFFERENCE OF MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.06</td>
<td>5.00</td>
<td>-0.06</td>
</tr>
<tr>
<td>2</td>
<td>4.39</td>
<td>5.39</td>
<td>1.00</td>
</tr>
<tr>
<td>3</td>
<td>5.11</td>
<td>5.44</td>
<td>0.33</td>
</tr>
<tr>
<td>4</td>
<td>5.67</td>
<td>5.83</td>
<td>0.16</td>
</tr>
<tr>
<td>5</td>
<td>5.61</td>
<td>5.72</td>
<td>0.11</td>
</tr>
<tr>
<td>6</td>
<td>5.83</td>
<td>5.89</td>
<td>0.06</td>
</tr>
<tr>
<td>7</td>
<td>5.00</td>
<td>5.59</td>
<td>0.59</td>
</tr>
<tr>
<td>8</td>
<td>4.67</td>
<td>5.17</td>
<td>0.50</td>
</tr>
<tr>
<td>9</td>
<td>5.44</td>
<td>5.39</td>
<td>-0.05</td>
</tr>
<tr>
<td>TOTAL</td>
<td>46.78</td>
<td>49.42</td>
<td>+2.64</td>
</tr>
</tbody>
</table>

### SECTION 2 - CHANGES IN PERSONAL ATTRIBUTES

<table>
<thead>
<tr>
<th>QUESTION NUMBER</th>
<th>POST-TREATMENT MEANS</th>
<th>FOLLOW-UP MEANS 6 MONTHS LATER</th>
<th>DIFFERENCE OF MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.94</td>
<td>5.89</td>
<td>-0.05</td>
</tr>
<tr>
<td>2</td>
<td>5.44</td>
<td>5.83</td>
<td>0.39</td>
</tr>
<tr>
<td>3</td>
<td>5.67</td>
<td>5.50</td>
<td>-0.17</td>
</tr>
<tr>
<td>4</td>
<td>5.11</td>
<td>5.50</td>
<td>-0.39</td>
</tr>
<tr>
<td>5</td>
<td>5.28</td>
<td>5.22</td>
<td>-0.06</td>
</tr>
<tr>
<td>6</td>
<td>5.67</td>
<td>5.50</td>
<td>-0.17</td>
</tr>
<tr>
<td>7</td>
<td>5.50</td>
<td>5.33</td>
<td>-0.17</td>
</tr>
<tr>
<td>8</td>
<td>5.06</td>
<td>4.94</td>
<td>-0.12</td>
</tr>
<tr>
<td>9</td>
<td>5.44</td>
<td>5.56</td>
<td>0.12</td>
</tr>
<tr>
<td>10</td>
<td>5.50</td>
<td>5.67</td>
<td>0.17</td>
</tr>
<tr>
<td>TOTAL</td>
<td>54.61</td>
<td>54.94</td>
<td>+0.33</td>
</tr>
</tbody>
</table>

Table 5.28, above, shows that at the follow-up administration of the Questionnaire, there were slight increases in the means of 7 of the 9 questions, and decreases in the means of 2 in Section 1.
In Section 2 of the Questionnaire, the follow-up administration showed slight increases in the means of 4 questions and slight decreases in the means of 6. The Total mean difference for Section 1 was +2.64 and that for Section 2 was +0.33. Thus, on balance, these results were consistent with the assumption that the training "held".

A similar result was obtained for the 6 control participants who entered the Treatment programme. At the follow-up administration of the Questionnaire the means of 3 of the 9 questions remained the same, the means of 5 questions increased slightly and the mean of 1 question decreased slightly, in Section 1. In Section 2, the mean of 1 question remained the same and the means of the remaining 9 questions all increased slightly. The Total mean difference for Section 1 was +2.33 and that for Section 2 was +3.17. Thus for this group of mothers also, the results are consistent with the assumption that the training "held".

5.6.2.2 Significance levels obtained by the two groups of mothers measured on the Fisher’s Exact Probability Test

Table 5.29, overleaf, shows the significance levels achieved on the experimental group mothers indicating the hold/no-hold status of the maternal Treatment as measured by the Gains Questionnaire at the post-treatment and follow-up administrations.
SIGNIFICANCE LEVELS OBTAINED BY THE EXPERIMENTAL GROUP MOTHERS INDICATING THE HOLD/NO-HOLD STATUS OF MATERNAL TREATMENT AS MEASURED BY THE GAINS QUESTIONNAIRE DIRECTLY AFTER THE TREATMENT AND AT A FOLLOW-UP SIX MONTHS LATER

<table>
<thead>
<tr>
<th>QUESTION NUMBER</th>
<th>PROBABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.89</td>
</tr>
<tr>
<td>2</td>
<td>0.05*</td>
</tr>
<tr>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>4</td>
<td>0.94</td>
</tr>
<tr>
<td>5</td>
<td>0.96</td>
</tr>
<tr>
<td>6</td>
<td>0.29</td>
</tr>
<tr>
<td>7</td>
<td>0.07</td>
</tr>
<tr>
<td>8</td>
<td>0.19</td>
</tr>
<tr>
<td>9</td>
<td>0.18</td>
</tr>
</tbody>
</table>

*Indicates statistical significance

Table 5.29, above, shows that there was 1 statistically significant difference in Section 1 of the Questionnaire, namely, for Question 2; and 1 in Section 2, for Question 9. The rest of the 17 questions in the 2 Sections did not differ significantly, which strongly suggests that the training "held" at the follow-up administration of the Questionnaire.

The content of the 2 questions that differed significantly is examined below.

QUESTION 2: "We (mother and former spouse) can now discuss maintenance matters (child support) with more or less anger than before (choice of 7 options)".

At the post-training administration of the Gains Questionnaire, 9 mothers chose the 'neither more nor less anger' or neutral option; 6 mothers chose one of the options indicating more anger than before; and 3 mothers chose one of the options indicating less anger than before.

At the follow-up administration of the Questionnaire, 5 mothers chose the neutral option; 12 mothers chose one of the options indicating more anger than before; and, 1 mother chose one of the options indicating less anger than before.

This result suggests that the relationship with the former spouse in respect of discussion of
maintenance matters deteriorated in the 6 months following the Treatment programme.

QUESTION 9: "In the area of asking for feedback, I feel that I can now ask for feedback (more easily or less easily than before)".

At the post-training administration of the Gains Questionnaire, 3 mothers chose the 'neither more easily nor less easily' or neutral option; and 15 chose one of the options indicating that they could ask for feedback more easily than before.

At the follow-up administration of the Questionnaire, 5 mothers chose the neutral option and 13 chose one of the options indicating that they could ask for feedback more easily than before.

The trend in the responses to this question is in the direction of not being able to ask for feedback quite as easily as before, since more of the mothers chose the neutral option and thus fewer chose options indicating that they could ask for feedback more easily than before.

To test for any statistically significant differences in the results of the 2 (post-treatment and follow-up) administrations of the Gains Questionnaire, for the small group of 6 control group mothers who joined the Treatment programme, the same test (Fisher’s Exact Probability Test - 2-tailed) was used as for the experimental group mothers. The remaining 18 questions did not differ significantly, which suggests that the maternal training “held” at the follow-up administration of the Questionnaire.

The content of the question that differed significantly (p = 0.02), is examined below:

QUESTION 8: "In the area of worrying, I feel that I now worry (less than before - more than before)".

The trend in the responses to this question was in the direction of the mothers worrying more at the follow-up administration than they did at the post-treatment administration of the Questionnaire.
CHAPTER 6

6.0 DISCUSSION - INTERVENTION STUDY

The results of the intervention study clearly indicate that the divorced mothers benefitted from the Treatment programme, which facilitated a number of positive and valuable changes in the participants - and to a far lesser degree - also in their children.

These results will be examined in relation to the hypotheses upon which the study was based; whereafter some of the methodological problems inherent in the study will be examined and some suggestions for the direction of future research will be made.

6.1 Discussion of Assessment Results - Adults and Children

For the experimental group mothers, Hypothesis 4 predicted that the intervention programme would result in a reduction of stress (e.g., depression) and other adverse sequelae of divorce (identified in the research literature and in Phase 1 of the study), and a raised feeling of self-confidence, self-awareness and positive self-regard.

Hypothesis 6 predicted further that after exposure to those aspects of the Treatment programme which dealt with experiential themes plus behavioural and child management techniques, positive change would occur in the ways that these mothers related to and disciplined their children, and that consequently maternal attitudes would become more accepting and less overprotective, overindulgent and rejecting. Hypothesis 8, predicted no such significant positive change in the untreated controls.

As predicted, data in respect of the measures of stress and depression, namely the Parenting Stress Index and the Beck Depression Inventory, strongly supported the assumption that exposure to the intervention programme would result in a reduction of stress and depression in many of these divorced mothers. Evidence of this support was provided not only by the percentages of decreased (positive) post-intervention scores obtained by the participants - and in most instances, the magnitude of the mean decreases in these scores - but also by the statistical significance of these positive changes as reflected in both psychometric tests.

The following proportions of experimental group mothers obtained decreased scores on the Total scale and two subscales of the Parenting Stress Index: Total scale - three-fifths; Child Domain subscale - seven-tenths; and Parent Domain - two-thirds. Five-sixths of these mothers obtained decreased scores on the Beck Depression Inventory.

These results contrast fairly favourably with those obtained by the control group mothers. Their
percentages of decreased (positive) post-no intervention scores were generally - though not invariably (there were no differences on the Total scale of the Parenting Stress Index) - somewhat lower than those obtained by the experimental group mothers; and what positive changes did take place, were not of sufficient magnitude to reach statistical significance on these 2 psychometric tests.

The following proportions of control group mothers obtained decreased scores on the Total scale and two subscales of the Parenting Stress Index: Total scale - three-fifths; Child Domain - three-tenths; and Parent Domain - half of the group. Three-fifths of the group obtained decreased scores on the Beck Depression Inventory.

The prediction that there would be increases in the self-esteem of the mothers who participated in the treatment programme was supported by both the assessment results on the Culture-Free Self-Esteem Inventory (Form AD), and by the numbers and magnitude of the increased scores obtained by the participants. More than three-quarters of the participants obtained increased Total Self-Esteem scores; more than half the group obtained increased General Self-Esteem scores; and just over three-fifths obtained increased Personal Self-Esteem scores.

Conversely, less than one-third of the experimental group mothers obtained increased Social Self-Esteem scores. Importantly, the positive changes in the Total, General and Personal Self-Esteem scores, were all of sufficient magnitude to reach statistical significance.

On the other hand, half of the control group mothers obtained increased Total Self-Esteem scores; three-fifths obtained increased General Self-Esteem scores; and two-fifths and less than one-third, respectively, obtained increased Social and Personal Self-Esteem scores. None of the positive changes in the Self-Esteem scores were of sufficient magnitude to reach statistical significance.

Overall, an average of 55.6 percent of the experimental group mothers obtained increased scores for the combined Total and subscale scores for this test; whereas the average of the combined scores for the control group mothers, was 45.0 percent.

As predicted in Hypothesis 6, more than three-quarters of the experimental group mothers obtained increased Acceptance scale scores on the Mother-Child Relationship Evaluation after participation in the Treatment programme, indicating a greater acceptance of their children than before. Furthermore, just over three-fifths and over a half of these mothers obtained decreased scores for the Overprotection and Overindulgence scales, respectively, indicating a reduction in these non-accepting attitudes toward their children - a result which was also predicted. Additionally, just over two-fifths of the treated mothers obtained decreased Rejection scores, while more than half of the group obtained increased Rejection scores. Thus the prediction was not correct for this scale, as the treated mothers had become somewhat more rejecting of their children than before. This inconsistency of attitudes is well-known to psychologists. It is quite
possible for a mother to feel hostile toward and accepting of her child at the same time. This relationship differs from one with a mother who feels hostile and non-accepting of her child. A number of combinations with varying interpretations are possible. However, the increases in the Acceptance scale scores and the decreases in the Overindulgence scale scores were of such magnitude that the positive changes in these two areas reached statistical significance, confirming that the mothers had become more accepting and less overindulgent toward their children, with Treatment.

Fewer of the control (than the experimental) group mothers obtained increased Acceptance scale scores (half of the group); and the controls obtained smaller decreases in their scores than the treated mothers for the three non-acceptance scales (i.e., Overprotection, Overindulgence and Rejection), notably for the Overindulgence scale for which four-fifths of the group obtained increased scores, indicating a substantial increase in overindulgent behaviour toward their children. As already mentioned, none of the positive score changes were of sufficient magnitude to achieve statistical significance.

The experimental group mothers improved significantly in contrast to the control group mothers on all 4 psychometric tests, a result which was anticipated since it was assumed that any positive changes in the untreated controls would not be of the same magnitude as change in the treated experimental group.

The post-intervention assessment results generated by the small (N = 6) group (those control group mothers who accepted places on the treatment programme after the fallow period elapsed), followed the same positive direction as those generated by the larger experimental group. This meant that these results conformed, to a degree, to the predictions made in Hypotheses 4 and 6; but because of the size of the sample, statistical significance was difficult to prove or disprove. The results for this group on each of the 4 psychometric tests in the Adult assessment battery, are considered below.

On the Total Stress scale of the Parenting Stress Index and on the Child and Parent Domains subscales, the decreases in the post-intervention scores of these 6 mothers were insufficient to achieve statistical significance for this small sample. However the general trend was in the direction of conformity with the prediction made in Hypothesis 4.

All the mothers in the group obtained decreased (positive) post-intervention scores on the Beck Depression Inventory. In this instance the amount of positive change was sufficient to achieve statistical significance, so the result was in agreement with the prediction in Hypothesis 4.

The group obtained increased (positive) post-intervention scores on each of the Total, General
and Social Self-Esteem scale and subscales of the Culture-Free Self-Esteem Inventory (Form AD). The amount of positive change on the Social Self-Esteem subscale was of sufficient magnitude to achieve statistical significance; but the amount of positive change on the Total and General Self-Esteem subscale fell short of this. Again, the trend was in the direction of conformity with the prediction made in Hypothesis 4.

Results of the Mother-Child Relationship Evaluation revealed no statistically significant results; but the trend displayed in the results of the three non-acceptance scales, was in the direction of conformity with the prediction made in Hypothesis 6.

Hypotheses 5 and 7 made predictions regarding the children. Hypothesis 5 predicted that changes effected in the experimental group mothers by their exposure to the intervention programme, would be reflected in the related changes in their children, that is by reduction of stress (e.g., depression) and other adverse consequences of divorce in the children, and an increase in self-esteem, confidence and healthy self regard.

Hypothesis 7 predicted that the exposure of the mothers to those aspects of the Treatment programme which dealt, inter alia, with behavioural and child management techniques, would result in positive changes in certain maternal attitudes, discipline and mother-child relationships, that would be reflected in related changes in their children, that is, by a reduction in egocentric, overindulged and non-compliant behaviours, and in more realistic and positive child-parent and child-family relationships. Hypothesis 8 predicted no significant positive change in the control group children.

The assessment results of the 4 psychometric tests in the Children’s assessment battery are examined below, in relation to these hypotheses.

The children’s assessment results are not nearly as clear cut as those of their mothers. Some factors which might have influenced this are the fact that no direct intervention was undertaken with the children, and that there were greater pre-intervention differences between the results of the experimental and control groups than was the case with the adults.

Results of the Culture-Free Self-Esteem Inventory (Form A) showed that half of the experimental group children obtained increased (positive) post-intervention scores for the Total scale and for the Parental Self-Esteem subscale; just over half obtained increased scores for the General Self-Esteem subscale; and just under two-fifths obtained increased scores for the Social Self-Esteem subscale. Conversely, just under three-tenths of the group obtained increased scores for the Academic Self-Esteem subscale, while four-ninths obtained decreased (negative) scores for this subscale. Nonetheless, the positive change in the General Self-Esteem subscale score was of sufficient magnitude to achieve statistical significance. Thus results for this subscale agreed with
the prediction made in Hypothesis 5, and suggested that changes effected in their mothers resulted in related changes in the children, since the experimental group mothers achieved statistically significant changes on their Total Self-Esteem scores and on all the subscale scores except the Social Self-Esteem subscale scores.

The Total Self-Esteem scale and the Parental and Social Self-Esteem subscales all tended to be in the direction of conformity with the prediction; but the Academic Self-Esteem subscale was in total disagreement with the assumptions made.

The Culture-Free Self-Esteem Inventory results for the control group children showed greater percentages of increased scores (but mostly with smaller mean increases) than the results of the experimental children for the Total scale and three subscales. The percentage of increased scores for the Parental Self-Esteem subscale was equal to that of the experimental group children.

None of the positive changes shown on this test were of sufficient magnitude to achieve statistical significance, as was predicted.

Results of the Rogers Personal Adjustment Inventory (Revised) showed that just more than half of the experimental group children obtained decreased (positive) post-intervention scores for the Total Difficulties scale; half the group obtained decreased scores for the Social Difficulties subscale; just under two-fifths obtained decreased scores for the Daydreaming and for the Family Difficulties subscales; and four-ninths obtained decreased scores for the Personal Difficulties subscale. None of these positive changes were of sufficient magnitude to achieve statistical significance; thus it can only be said that in general, all the positive changes that occurred on this test tended to be in the direction of conformity with the prediction made in Hypothesis 5.

The control group children obtained smaller proportions of decreased scores than the experimental group children for the Total Difficulties scale and for the Daydreaming and Personal Difficulties subscales. As with the experimental group children, half of the control children obtained decreased scores for the Social Difficulties subscale; and half the control children obtained decreased scores for the Family Difficulties subscale. None of these positive changes were of sufficient magnitude to achieve statistical significance. Thus, as predicted, there was no significant positive change in the control group children in respect of their personal adjustment.

Assessment results for the Children's Depression scale showed that between half and two-thirds of the experimental group children obtained decreased (positive) post-intervention scores for the Total Depression scale and for all the depressive subscales, with the exception of the Miscellaneous Depressive Items subscale, for which four-ninths obtained decreased scores. However none of these positive changes were of sufficient magnitude to achieve statistical significance. In addition, half to just over half of the children obtained increased (positive) scores on the Total Pleasure scale and the 2 pleasure subscales. Again, these positive changes were
not of sufficient magnitude to achieve statistical significance; but the higher scores on all the
pleasure scales did indicate that at least half - and in some cases, more than half - of the children
displayed an increased capacity to experience pleasure and enjoyment. However, the most that
can be said for this test, overall, is that the results tended to be in the direction of conformity with
the prediction made in Hypothesis 5.

The assessment results for the control group children for this test were both surprising and
unexpected. The results showed that nine-tenths of the children obtained decreased post-no
intervention scores on the Self-Esteem subscale; four-fifths of the group obtained decreased
scores for the Total Depression scale and for the Preoccupation with Sickness and Death and
the Miscellaneous Depressive Items subscales; seven-tenths obtained decreased scores for the
Social Problems and Guilt subscales; and half the group obtained decreased scores for the
Affective Response subscale. Two-fifths and fewer of the children obtained increased (positive)
scores for the Total Pleasure scale and the 2 pleasure subscales.

The positive changes for the Total Depression scale, and for the Preoccupation with Sickness
and Death and Self-Esteem subscales, were all of sufficient magnitude to reach statistical
significance. The substantial decreases in these scores reflects an overall decrease in the levels
of depression experienced by the control group children; a decrease in the number of their
thoughts pertaining to sickness and death; and an increase in their self-esteem. (In this test, the
lower the score, the higher the self-esteem.)

Because the control group mothers were untreated, there are no treatment-related changes in
maternal attitudes or behaviours to account, either wholly or in part, for any of the significantly
positive changes recorded in these assessment results. Consequently these significantly positive
changes can only be attributed to beneficial life events occurring during this period; to a
spontaneous resolution of the depression experienced by these children; or the changes must
be accepted as purely random, or as occurring by chance.

Another puzzling feature of these results is the fact that the children displayed a decreased
capacity to experience pleasure or enjoyment, despite the decrease in the levels of their
depression. These assessment results do not support the prediction of no positive change in the
control group children.

For purposes of convenience and clarity, the assessment results of the complex Bene-Anthony
Family Relations Test have been divided into three sections, namely, into a section dealing with
the Denial and Egocentric subscales; a section dealing with Attitudes to parents; and a section

---

5* There was unfortunately no record kept of life events occurring during course of the
Treatment programme.
dealing with Attitudes to siblings and relatives.
Whereas increased and decreased scores for the other tests in the Children's assessment battery can be viewed, quite simply, as either positive or negative in nature (for example, decreased depression scores are positive and increased depression scores are negative; while conversely, increased self-esteem scores are positive and decreased self-esteem scores are negative); the situation in respect of the Bene-Anthony Family Relations Test is much more complex and confusing, in that perplexities surrounding increased and decreased scores are compounded by the divisions into Outgoing Positive and Negative and Incoming Positive and Negative responses, which are included in both the increased and decreased scores. Hence the test does not lend itself to the same kind of treatment as the other tests already discussed. For this reason, discussion of the Bene-Anthony Family Relations Test will be confined to statistical treatment of the data, in this section of the Chapter.

Statistical treatment of the assessment results of the Denial subscale of the Bene-Anthony Family Relations Test shows no statistically significant post-intervention results for the experimental group children. This suggests that there was little change in the numbers of Outgoing Positive and Negative feelings (emanating from the children and directed toward family members) or of Incoming Positive and Negative feelings (imagined feelings emanating from family members and directed to the children). This result does not support the prediction made in Hypothesis 7. For the control group children, however, there was a statistically significant increase in the number of post-no intervention Incoming Negative responses in the Denial scale. This represented an increase in the number of imagined negative feelings emanating from family members (and directed toward the children) which were denied by them (the children). This suggests increased defensiveness.

The assessment results for the Egocentric scale of the Bene-Anthony Family Relations Test, show 2 statistically significant decreases in the post-no intervention scores of the experimental group children. These statistically significant decreases are for the Total Egocentric scale and the Outgoing Positive subscale. The Total Egocentric scale decrease indicates an overall decrease in the numbers of egocentric responses made by the children; but even more importantly, the decrease in the Outgoing Positive subscale indicates a decrease in the number of self-love or overindulged responses emanating from the children concerned. These two results support the prediction made in Hypothesis 7, more particularly the Outgoing Positive result, since it suggests a possible link between the changes effected in the mothers resulting in related changes in the children. It highlights the connection between the decrease in the number of self-love or overindulged responses by the children and the statistically significant post-intervention decrease in the overindulgent behaviours of the experimental group mothers as measured on the Overindulgence scale of the Mother-Child Relationship Evaluation.
This link between maternal change and related change in the children might be viewed as the result of the process of circular causation. As the reduction in the overindulged attitudes of the children might be linked to the reduction in overindulgent maternal behaviour, so too could the significant increase in maternal self-esteem be linked to the significant improvement in the General Self-Esteem of their children. If we apply the process of circular causation to the self-esteem example, this is how it might operate: the self-esteem of the mothers improved significantly with treatment. This change in the mothers, who now began modelling behaviours in which their new-found self-regard was evident, affected the way the children felt about themselves, and they, in turn, reacted in ways that were consistent with their improved perceptions of themselves. As the children displayed more self-regard, so the mothers, encouraged by this enhancement in their children's self-perceptions, began to regard themselves even more favourably, with the result that their self-esteem improved still further. So what happened to the mothers had a ripple effect upon the children, and this, in turn, had an enhanced effect on the mothers, in a continuing spiral.

Admittedly, this proposition is highly speculative, as is discussed in more detail in the section dealing with methodological issues, which follows later in this Chapter.

There were no statistically significant changes shown in the post-intervention assessment results of the control group children on the Egocentric scale of the Bene-Anthony Family Relations Tests. This supports the prediction of no positive change in the results of the control group children.

The post-intervention assessment results on the Attitudes to parents scales of the Bene-Anthony Family Relations Test generated no statistically significant changes in the attitudes of the experimental group children to either of their parents. Consequently, these results do not support the prediction made in Hypothesis 7.

However, there was one statistically significant change in the post-no intervention assessment results of the control group children for these scales. This change was a statistically significant decrease on the Outgoing Positive subscale of the Attitudes to father scale, indicating a substantial decrease in the number of positive feelings emanating from the children concerned, and directed to their fathers. This result does support the prediction of no significant positive change in the control group children; and in fact goes beyond, since this is a negative result, which suggests a deterioration in child-father relationships. There were no significant changes in the attitudes of the control group children to their mothers.

Finally, the post-intervention and post-no intervention assessment results for the experimental and control group children, for the Attitudes to siblings and relatives scales of the Bene-Anthony Family Relations Test, showed no statistically significant changes on either scale for either group.
Thus the results do not support the prediction made in Hypothesis 7, regarding the experimental group; but the results do support the prediction of no significant positive change in the control group children.

The post-intervention results of the small group of children of the small number (N = 6) of control group mothers who accepted places on the Treatment programme after the fallow period elapsed are as follows:

Post-intervention results for the Culture-Free Self-Esteem Inventory (Form A), revealed that none of the positive changes were of sufficient magnitude to achieve statistical significance. The results did not fully support the prediction in Hypothesis 5, though the general trend was in the direction of conformity with this prediction.

Post-intervention assessment results for the Rogers Personal Adjustment Inventory (Revised), indicate that none of the positive changes were of sufficient magnitude to achieve statistical significance, and thus, while the results do not fully support the prediction made in Hypothesis 5, the general trends appear to be in the direction of conformity with the prediction.

The post-intervention assessment results of the Children's Depression scale, for these children, indicate that on the depressive scale and subscales, none of the positive changes were of sufficient magnitude to achieve statistical significance (perhaps because of the smallness of the group).

As in the case of the experimental and control group children, discussion of the Bene-Anthony Family Relations Test will be confined to the statistical treatment of the data, for the reasons already given. There were no statistically significant post-intervention changes shown on the Total or subscales of the Denial; Egocentric; Attitudes to mother; Attitudes to siblings; and, Attitudes to relatives scales of the Bene-Anthony Family Relations Test. Hence the data from these scales did not support the predictions made in Hypothesis 7.

However, there was a statistically significant change in the Incoming Negative subscale of the Attitudes to father scale for this group of children. This significant change represented a substantial decrease in the number of imagined, negative feelings emanating from the fathers and directed toward the children. This suggests an improvement in child-father relationships, and as such, this subscale supports the prediction made in Hypothesis 7.

6.1.1 Summary

The results from the Adult assessment battery gave clear and statistically significant indications of positive post-intervention changes in the experimental group mothers. As predicted, they had
become less stressed; less depressed; had improved their self-esteem and increased their feelings of healthy self-regard; and had become more accepting of their children and less overindulgent. It has to be added that there were individual differences in these improvements. The results of the same assessment battery revealed no statistically significant positive changes in the control group mothers. Thus as predicted, there were no significant positive changes in the untreated controls. Again, there were individual differences.

The small N = 6 group mothers produced 2 statistically significant positive change results namely a significant decrease in depression levels (measured on the Beck Depression Inventory); and a significant increase in Social Self-Esteem (measured on the Culture-Free Self-Esteem Inventory). Apart from this, the general trend of the group’s results was in the direction of conformity with the predictions made in the hypotheses.

The children’s results, for all three groups (experimental, control and N = 6 special group) were less clear and specific than those of their mothers. The experimental group children produced 2 statistically significant results on the Children’s assessment battery; namely, a significant increase in General Self-Esteem measured on the Culture-Free Self-Esteem Inventory - Form A; and a significant reduction in the numbers of self-love or overindulged feelings (measured on the Outgoing Positive subscale of the Egocentric scale of the Bene-Anthony Family Relations Test). For the rest, the general - but not invariable - trend in the results of the experimental group children was in the direction of conformity with the predictions made, with the important exception of no improvement in child-parent or child-family relationships.

The control group children produced a surprising and unexpected reduction in Total depression levels and on 2 of the subscales of the Children’s Depression scale. The 2 subscales indicated a reduction in the number of thoughts regarding sickness and death, and a reduction in the number of self-deprecating thoughts injurious to self-esteem. Other statistically significant results for these children were negative in nature; namely a significant increase in the number of Incoming Negative responses for the Denial scale and a decrease in the number of Outgoing Positive responses on the Attitude to father scale.

Apart from the exceptions recorded, the general trend in the assessment results of these children was in the direction of no positive change, as predicted.

There was a single statistically significant change in the assessment results of the N = 6 group children. This was a change in the Incoming Negative subscale of the Attitude to father scale. This significant change represented a substantial decrease in the number of imagined negative feelings emanating from the fathers and directed towards the children. This suggests an improvement in child-father relationships which would be in agreement with the prediction in
Hypothesis 7, though the results on the other subscales of the Bene-Anthony Family Relations Test, namely, the Denial; Egocentric; Attitude to mother; Attitudes to siblings and Attitudes to relatives, were not supportive of this prediction. For the other 3 tests in the assessment battery, the results of the N = 6 group children showed a trend in the direction of conformity with the predictions made in Hypothesis 5.

6.2 Results of the Follow-up of the Treatment Programme, using the Gains Questionnaire

The Gains Questionnaire was used to measure the extent to which the information imparted; the divorce counselling provided, and the lifeskills and child management techniques and strategies taught, were retained by the participants in the intervention programme, over time. Proof of retention (or hold) was obtained in two ways, that is, by a simple comparison of means of the individual and Total scores of the responses to the Gains Questionnaire, administered directly after the intervention and at a follow-up six months later; and by submitting the data to a Fisher's Exact Probability Test.

The Gains Questionnaire was divided into two sections. The first section which consisted of nine Likert-type questions offering seven options each; dealt with the ways in which the participants related to others - specifically to their former spouses, to their children, to their work colleagues, to their friends and to people in general. The second section which consisted of ten Likert-type questions with seven options each, explored personal change achieved by the participants in those areas upon which the intervention programme focused, namely: assertiveness training; positive communication; self-esteem enhancement; the expression of positive and negative feelings; decision-making; problem-solving; control of worrying; feedback-seeking; and confidence-building.

Results of the comparison of means for the experimental group mothers at the follow-up administration of the Gains Questionnaire were as follows: there were slight increases in the means of 7 questions and slight decreases in the means of 2 questions in Section 1. Section 2 showed small increases in the means of 4 questions and very small decreases in the means of 6 questions. The Total mean difference for Section 1 was +2.64 and that of Section 2 was + 0.33. These results are consistent with the assumption that the training was retained (or held) at the follow-up administration of the Gains Questionnaire.

Results of the comparison of means for the small control/experimental group mothers at the follow-up administration of the Gains Questionnaire were as follows: the means of 3 of the 9 questions remained the same; the means of 5 questions increased slightly and the mean of 1...
question decreased slightly, in Section 1. In Section 2, the mean of 1 question remained the same and the means of the other 9 questions all increased slightly. The Total mean difference for Section 1, was +2.33 and that of Section 2 was +3.17. Thus for this group of mothers also, the results are consistent with the assumption that the training was retained (or held).

The results for the statistical treatment of the data, using the non-parametric Fisher's Exact Probability Test, are as follows. For the experimental group mothers, there was only 1 statistically significant difference in Section 1 of the Gains Questionnaire (on Question 2); and 1 statistically significant difference (on Question 9) in Section 2. The remaining seventeen questions in the 2 sections showed only insignificant differences from one another. In other words, in all but these 2 questions the "obtained" and "expected" frequencies did not differ significantly which strongly suggests that the training "held" at the follow-up. The content of the 2 questions that differed in a statistically significant way, is discussed below.

The significant difference in Question 2 of Section 1, revealed a deterioration in the divorced parents ability to discuss matters of child support with one another in a calm and amicable manner at the follow-up administration of the Questionnaire. Possible reasons for this are the increase in maternal assertiveness, and the increase of their knowledge regarding their entitlements in respect of maintenance and its annual escalation to keep abreast of changes in the cost of living index.

The significant difference in Question 9 in Section 2, concerned the ease with which the participants could ask for feedback. The trend in responses to this question was in the direction of not being able to ask for feedback as easily as before, for which no explanation comes to mind.

For the control/experimental group mothers, there were no statistically significant differences in Section 1 of the Questionnaire at the follow-up administration; and only 1 - for Question 8 - in Section 2. This meant that eighteen of the nineteen questions did not differ significantly at the follow-up, which again strongly suggests that the training was retained (or held).

Question 8 was concerned with the extent to which mothers could control their tendency to worry, and the follow-up result is in the direction of the mothers worrying more than they did at the post-treatment administration of the Gains Questionnaire.

6.3 Methodological Issues

There are a number of methodological problems in the present study. Some of these are related to the fact that there was no funding available to support the project.
The first of the problems concerns the way in which the experimental and control groups were constituted. Ideally, the participants should have been randomly selected from those who wished to participate in the Treatment programme, and allocated in equal numbers to an experimental and a waiting list control group - the latter, for a period of time equivalent to that of the duration of the programme (3 months). During this time both groups would have been assessed twice (pre- and post-intervention).

The number of referrals fell well below the hoped for sample size (referral sources were medical doctors and attorneys practising in the greater Durban area), and the participants were taken on as the referrals arrived, as long as they met the inclusion criteria. Thus, for practical reasons, the random selection described above, was not possible, and as a result, the control group was not as well matched at baseline as would have been preferred, and the groups were not equal in numbers.

One reason for the urgency in beginning baseline assessments with the control group, was the fear that if they had had to wait too long for some active involvement, they might have lost interest and dropped out, a serious consideration in this situation where recruitment was so slow and the samples so small. The small sample size was in itself problematic, since it is well-known that sampling error is a function of sample size - and the error tends to be smaller for larger groups.

Some of the baseline differences between the experimental and control groups are recorded below.

Firstly, an examination of the characteristics of the mothers and their families indicated that the control group fathers were significantly better educated than the experimental group fathers. It is possible that because these fathers were less influential in the mother-headed single families than they would have been in intact families, that this factor lost some of its effect.

Secondly, whereas there were equal numbers of boys and girls (9M:9F) among the targeted children in the experimental group, there were far more girls than boys (3M:7F) among the targeted children in the control group. This might have made a considerable difference to the 2 groups of mothers, taking into account that the targeted children were oldest or only children, and that boys are consistently found to display more behaviour problems than girls. The upshot of this would be likely to make the disciplinary rôle more difficult for the experimental than for the control group mothers.

Baseline differences between the 2 groups for the psychometric tests are discussed below.

There was only a single, significant difference between the experimental and control group mothers for the 4 psychometric tests in the Adult assessment battery. This significant difference was for the Parent Domain of the Parenting Stress Index. The mean score for the experimental group mothers on this subscale, was significantly higher than that of the control group mothers,
and fell within the “High score” category. This suggested that the sources of stress and potential
dysfunction of the parent-child system might be related to dimensions of the parents’ functioning.
Thus the experimental group not only involved children with potentially more behaviour problems
than their control group counterparts, but also involved mother with higher stress levels. One
could speculate that these higher stress levels provided greater scope for spontaneous
improvement in the experimental group, than was the case for the controls. They might also work
against the hypothesis in being more difficult to help.

The baseline differences between the 2 groups of children were more numerous than those
between their mothers. Apart from the Children’s Depression scale, which revealed no pre-
intervention differences at all, each of the other psychometric tests in the Children’s assessment
battery revealed 1 or more differences between the children.

There was a significant pre-intervention difference between the groups for the Social Self-Esteem
subscale of the Culture-Free Self-Esteem Inventory (Form A). The control group children
obtained a significantly higher mean score on this subscale than the experimental group children.
Post-intervention mean scores indicated that they maintained their lead, despite the fact that the
experimental children obtained a larger mean increase on this subscale at the post-intervention
assessment.

There were 2 significant pre-intervention differences between the 2 groups of children on the
Rogers Personal Adjustment Inventory (Revised). The experimental group children obtained a
higher Total scale mean score, and a lower Daydreaming subscale mean score than the control
group children. They (the experimental children) maintained a higher score for the Total scale
mean at the post-intervention assessment, although the Total scale scores of both groups fell by
more than 1 point (decreased scores are positive for this test, in that they indicate less
maladjustment or difficulty). The Daydreaming subscale mean score for both groups increased,
(this subscale is a measure of the child’s fantasy life and gives an indication, when considered
with the other scores, of how the child is coping with his/her difficulties); but that of the
experimental group increased substantially and surpassed that of the controls.

There were 3 significant pre-intervention differences on the Egocentric scale of the Bene-Anthony
Family Relations Test.
Firstly, the experimental group children obtained a much higher pre-intervention Outgoing Positive
mean score than the controls, indicating that a substantial number of self-love or overindulged
responses were made by the experimental group. The post-intervention Outgoing Positive mean
score obtained by the experimental children showed a dramatic decrease, to an even lower level
than that of the controls. This indicated a marked decrease in the number of self-love or
overindulged responses made by these children.

Secondly, the control group children obtained a significantly higher pre-intervention Outgoing Negative mean score than the experimental group, indicating that they made markedly more self-hate responses. The post-intervention scores of both groups of children decreased for this subscale; but that of the control children fell even lower than that of their experimental counterparts.

Thirdly, both groups of children had fairly low pre-intervention Incoming Negative subscale scores, but that of the control group was significantly lower. The scores of both groups dropped further at the post-intervention assessment, but although that of the controls remained the lower, this difference was not sufficient to achieve significance.

There was a single significant pre-intervention difference on the Outgoing Negative subscale of the Attitude to mother scale of the Bene-Anthony Family Relations Test. The experimental group children obtained a significantly higher pre-intervention Outgoing Negative mean score than the controls. This indicated that the experimental children made significantly more negative and hostile responses to their mothers than the controls did. Although the scores were lower, the same pattern was maintained at the post-intervention assessment.

Finally there were 2 significant pre-intervention differences on the Attitudes to relatives scale of the Bene-Anthony Family Relations Test. The first of these indicated a significantly higher pre-intervention mean score for the experimental group on the Outgoing Positive subscale of the Attitude to relatives scale. This indicated that these children made a significantly higher number of positive responses to relatives than the controls. This pattern was maintained at the post-intervention assessment.

The second significant pre-intervention difference was on the Incoming Negative subscale of the Attitude to relatives scale. The control group children obtained a significantly higher score on this subscale than the experimental group, indicating that they imagined markedly more hostile and negative feelings were being directed to them by relatives. The mean scores of both groups of children decreased substantially at the post-intervention assessment, that of the controls falling even lower than that of the experimental group.

For adults and children alike, it must be borne in mind that the pre-intervention differences dealt with above, meant that the experimental and control groups were beginning at different points, so that consequently it could be expected that their patterns of change would be different. It also meant that the experimental and control groups might not be directly comparable in the areas concerned. As already mentioned, the differences between the 2 groups of children were more numerous and greater than those of the adults, where, in fact, the differences - only of statistical significance - were minimal.
Another problem involves the actual assessments of the adults and children. It would have been preferred if these could have been undertaken by an independent psychologist, to obviate the possibility of bias, and to render the results more powerful. Unfortunately, the resources were not available for this purpose, so the researcher had to undertake the assessments on her own. However, in an attempt to counter this problem, at least in part, the psychometric tests used were selected for their clearly laid out, quantitative scoring systems, which did not require the researcher to make any interpretations or judgements that might introduce some bias.

There was also the problem of non-blind assessment. The researcher was aware that both experimental and control group participants were being assessed: so in an attempt to counter this problem, the groups were not assessed separately; only the participants’ surnames appeared on the protocols (only first names were used for the purposes of interviews and the intervention); and the case numbers allocated to the participants when they joined the study were written onto their protocols by the researcher’s secretary, only after they had been scored, from a list which the secretary kept in her possession. Furthermore, all the tests were self-report instruments which required no interpretations or judgements on the part of the researcher. The case numbers, which were unknown to the participants, were prefixed by the letters E (Experimental) and C (Control). Although these precautions cannot be considered unassailable means of protecting against bias, as some of the surnames did in fact become known to the researcher in quite accidental ways, at least they went some way toward reducing any possible unconscious bias.

A serious methodological problem involves the lack of definitive proof that changes effected in the experimental group mothers were reflected in related changes in their children. For this to be clearly proven, it would have been necessary to include some objective, independent measures of maternal adaptation which could be indisputably linked to changes in their children’s behaviour. The present links are more speculative and based on the emergence of like or connected change in the assessment results of mothers and children. For example, both mothers and children obtained statistically significant post-intervention increases for General Self-Esteem, as measured on the Culture-Free Self-Esteem Inventories (Form AD and A); and a post-intervention statistically significant decrease in the number of overindulged, self-love responses made by the experimental children on the Egocentric scale of the Bene-Anthony Family Relations Test, was connected with the statistically significant decrease in the overindulgent behaviours of the experimental group mothers as measured on the Overindulgence scale of the Mother-Child Relationship Evaluation.

Although this problem is recognized as far-reaching and as one which weakens the results, further assessments would have been much more demanding on the participants in the research, and in any event, the lack of resources unfortunately made it impossible.
While all these methodological problems are recognized and understood, a case can yet be made for the validity of the results concerning the positive changes in the mothers who participated in the intervention programme. This Treatment programme did seem to provide some benefits and support for the divorced mothers concerned, more particularly for those who were most visibly stressed, depressed, self-deprecating, and who had difficulties regarding the acceptance and non-acceptance of their children. Hopefully too, the changes in their mothers did to some extent, improve or alleviate the situation of the children.

It is hoped also, that the Treatment programme developed for this project, will be of use in the future in bringing some relief to other divorced families, and that it may be influential in preventing or alleviating some of the adverse effects of divorce by encouraging the Courts and Local Welfare Agencies to provide like services to divorced families at the earliest possible stages of the divorce process.
PART III
CHAPTER 7

7.0 CONCLUSIONS

7.1 Critique of the Intervention study

Results of the intervention study indicated that those divorced mothers who were exposed to the Treatment programme, gained encouraging benefits from their participation. For example, they became significantly less stressed; less depressed, enjoyed higher levels of self-esteem and healthy self-regard; and became significantly more accepting of their children, as well as markedly less overindulgent toward them. These benefits were well retained at a six month follow-up.

There were no significantly positive changes in the areas mentioned above in the control group mothers, over an equal period of time, which serves to confirm the value of the Treatment programme.

Positive changes in the experimental group children were fewer and less definitive than those in their mothers. But in this context, it must be remembered that there was no direct intervention with these children, because one of the aspects specifically addressed in the study was the assumption that changes effected in the mothers would be reflected in related changes in their children. But some significant changes did take place in the experimental group children; for instance, there was a significant increase in their General Self-Esteem; and a marked decrease in their self-love or overindulged attitudes. However, to link these improvements in the children directly (due to the process of circular causation) to the significant increases in maternal self-esteem, or to the substantial decrease in maternal overindulgent behaviours, would be speculative at best - as already pointed out in the previous Chapter (p. 184 and p. 191).

Quite unexpectedly, and contrary to what had been hypothesized, there were significant decreases in the overall level of depression and in 2 specific depressed areas (namely, Preoccupation with Sickness and Death, and Self-Esteem - as measured on the Children’s Depression scale) for the control group children. Since these children and their mothers had received no treatment whatsoever, it could only be assumed that these changes were the result of a spontaneous resolution of the depression; or that they were attributable to the occurrence of some positive life event/s during this period; or that they occurred randomly or by chance (error variance on the tests - a possibility that besets any psychometric research, and notably projective testing).
Other significant results obtained by the control group children were unfortunately negative in nature. The first negative result involved increased denial of imagined negative feelings directed to these children by family members - signifying increased defensiveness (as measured on the Incoming Negative subscale of the Denial scale which forms part of the Bene-Anthony Family Relations Test). Secondly, there was a substantial decrease in the number of positive feelings directed to their fathers by the control group children - signifying a possible deterioration in child-father relationships (as measured on the Outgoing Positive subscale of the Attitude to father scale of the Bene-Anthony Family Relations Test).

There were no significantly negative changes in the experimental group children over the same period of time.

The assessment results of the control/experimental group mothers (consisting of the 6 control group mothers who took up places on the Treatment programme, offered to them for ethical reasons) indicated that they had obtained 2 significantly positive results; namely, a very substantial decrease in levels of depression, and a substantial increase in Social Self-Esteem. These results are powerful, since the very small number of mothers in the group makes statistical significance - or the lack of it - very difficult to prove. The major importance of these results is that they indicate that the Treatment programme also had some positive benefits for this small group of mothers.

The children of these mothers obtained a single significant result on the 4 psychometric tests in the Children’s assessment battery. The same problem of proving significance for such a small sample applies. Furthermore, because a single father-child dyad was concerned in this negative result, it cannot be taken as representative of the group.

The result showed a significant increase in the imagined hostile feelings, emanating from the father to the child concerned - signifying a possible deterioration in the father-child relationship (as measured on the Incoming Negative subscale of the Attitude to father scale, of the Bene-Anthony Family Relations Test).

An important aspect of the type of intervention selected is that group counselling and training is a cost effective way of alleviating the damaging consequences of divorce. Not only is it possible to deal at any one time with numbers of divorced persons or their children: but the group format has particular advantages of its own. It supplies (inter alia) a forum in which the participants can learn from each other, and it provides a uniquely supportive atmosphere born of common experience. Additionally, it provides within a collaborative style (Cunningham and Davis, 1985; Webster-Stratton and Herbert, 1992): the opportunity for parents and professionals to interact and to learn from one another in a warm, informal and non-threatening environment. It also has the potential to enhance the self-efficacy and empowerment of its members.
Furthermore, providing divorce counselling for the experimental group mothers and training them in lifeskills and child management skills enabled them to deal more effectively with the adverse consequences of divorce. This enhancement of maternal ability to cope with adversity resulted from their exposure to the counselling and training because this treatment effected a broadening and extension to their existing skills; gave them mastery over new and particularly relevant skills, pertinent to the management and control of those areas of their functioning in which they felt inadequate and powerless; and from the improvement in maternal self-evaluations, which led to greater confidence and efficiency in their handling of formerly difficult or overwhelming situations.

This tripartite approach (i.e., the blending of divorce counselling and training in lifeskills and child-management skills into one treatment programme), was selected for use in the study because it made it possible to focus the didactic material upon those areas of maternal functioning that had been most affected by the divorce, and in which the mothers consequently needed the most help and advice. These areas of impaired or defective maternal functioning emerged from their responses to the semi-structured interview schedules (administered in Phase 1 of the research); from reports and findings in the divorce literature; and from the researcher’s own experience of working with divorced persons.

It is also concluded that unhelpful attributions on the part of some of the participants in the treatment programme, hindered greater therapeutic change. Herbert (1993) pointed out that myths and unhelpful attributions could get in the way of the therapeutic change. The validity of this statement was frequently demonstrated in the material emerging from the Large and Small group discussions that formed part of the training sessions in the present study, as well as in some of the responses to questions in the Adult semi-structured interviews. Some angry, bitter or resentful mothers in the experimental group frequently assumed that negative traits and difficult dispositions were the causes of unpleasant behaviours displayed by their ex-husbands, when these undesirable behaviours were in fact frequently elicited by their own hostile and unco-operative attitudes towards their former spouses. The same mothers also attributed characteristics they disliked in their former spouses to the children when they misbehaved. This was evident in statements like, “She gets that horrible streak from her father”, or “His father was such a slob, so I shouldn’t be surprised that he is so untidy”. Fortunately, frank discussion about these unhelpful maternal attributions, combined with a steady abatement of maternal bitterness, anger and resentment as the training progressed, did much to change these negative assumptions into a more positive vein in at least some of these mothers.

This trend was also evident in some of the children. Those children who aligned themselves with their mothers frequently attributed unpleasant dispositions or behaviours to their fathers. Conversely, children who harboured angry or hostile feelings toward their mothers, frequently attributed the blame for the divorce to them rather than to their fathers.
Sadly, the attribution of negative ulterior motives to the non-custodial fathers by some of the experimental group mothers - which persisted even after their exposure to the treatment programme - resulted in a continued maternal determination to block paternal access to the children, or to make visitation periods so tense, conflicted and unpleasant, that some of the fathers began to see the children less and less frequently. This trend was confirmed by a decrease in maternal readiness to discuss access matters amicably with their former spouses at the follow-up administration of the Gains Questionnaire, as compared with the position they took when this questionnaire was administered directly after the intervention. In addition, a few of the mothers continued to obstruct paternal access from persistent motives of revenge. But for whatever reason paternal access was rendered more difficult or disagreeable, the negative effects for the children were unquestionable.

Another conclusion is that certain gender differences exist in reactions to separation and divorce, and in the willingness of men and women to participate in divorce counselling or other interventive procedures. Pledge (1992) found that the initial separation process was typically far more stressful for women than it was for men, regardless of which party initiated the decision to part. Discussion in the Large and Small groups, which formed part of the training sessions in the present study, strongly supported this finding. Wallerstein and Kelly (1980a) observed greater motivation for counselling among the women in their sample than among the men. The authors suggested that, in part at least, this might have been the result of the new, “head of the household” rôle assumed by the mothers in the single-parent families, which created high levels of anxiety in these women. In addition, the authors noted that the “pressing agendas” (p. 320) brought to counselling by these mothers for the handling of their distressed and angry children, also demanded more time than was required by the non-custodial fathers.

My own brief contact with a small group of 5 fathers who consented to participate in the same treatment programme as that offered to their former spouses - but at a different time - supports the Wallerstein and Kelly (1980a) finding. The nineteen additional fathers, to whom the same offer was made, refused to be involved on the grounds of not having time to attend sessions, or they stated categorically that they did not require any assistance in coping with their divorces. The small group who had consented to participate rapidly dwindled to 2, and these 2 attended so irregularly that the project was finally abandoned, to my great disappointment. I am of the opinion that the children would have shown far greater improvement if both their parents had participated in the training.

A comparison of the results of the present study with a number of studies reported in the literature, which described highly successful, direct interventions with children of divorce, leads to the conclusion that direct intervention effects greater psychotherapeutic and psychosocial
change than indirect intervention, as was used in the present project. The studies mentioned are: Smith, 1980; Boren, 1983; Titkin and Cobb, 1983; Snyder, 1984; Pedro-Carroll and Cawen, 1985; Gwynn, 1986; Gwynn and Brantley, 1987; Cosbie-Burnett and Newcomer, 1990; Yarvin, Leber and Kalter, 1991; and Jupp and Purcell, 1992.

The use of the indirect intervention in the present study was for the purpose of testing the hypothesis that changes effected in the experimental group mothers by exposing them to a treatment programme, would bring about related changes in their children - which to a limited degree, proved to be the case. It is, however, understood that to maximize the benefits to both parents and children, the ideal route to follow would be to expose the fathers, the mothers and the children, to direct treatment programmes.

The point has been made before in the discussion of methodology that the relatively small number of participants (the reasons for which were discussed in the Section on sample selection) requires caution in accepting uncritically the validity of the findings. Nevertheless, there was undoubted face validity indicated by the parents who participated in the study, in terms of indicators of consumer satisfaction and positive counselling outcomes. It is clearly a sample of White South African divorcees (despite encouraging supportive evidence for the findings of other national samples), and is not the basis for immodest extrapolations to the wider world of divorce. Nevertheless, the need for an investigation of a problem area that looms large in a country where there is a very high rate of divorce, and a study of personal distress that also looms large in the experience of many divorced women and their children, has been met. It is hoped that this study will generate replications and more elaborate investigations of divorce and its consequences.

7.2 Future Directions of Research

In considering the future directions for research, it is important to consider the rôle of replication studies. To replicate a study involves duplicating it as precisely as possible in an effort to establish whether the same findings or results are obtained. If the same or very similar findings are obtained, the validity of the findings are strengthened, and they can then be confidently assumed to be true for other samples taken from the same or like populations. It would be extremely valuable if the findings of the present study were to be replicated by future research, because this would provide a basis upon which to decide whether or not a repetition of the Treatment programme should be undertaken, in order to provide other groups of divorced persons with the same benefits as those enjoyed by the participants in the original study. Additionally, future research studies could enquire into the present findings in a more detailed way, as well as following up new and related themes.

Of great importance also, in the South African context, is for future research to extend the
Treatment programme used in the present study to samples of participants from other racial and ethnic groups in order to test its relevance and effectiveness for divorced Black, Asian and Coloured\(^6\) South Africans, with their widely differing cultures, mores and traditions. Annual statistics have shown that divorce is on the increase for all the peoples of this troubled land; and so, where the programme might be found less relevant or totally unsuitable for any of the racial or ethnic groups concerned, it might be possible, with the help of the participants, to devise different and more appropriate types of training to suit particular needs.

Another area of divorce that urgently requires further research, concerns a highly controversial issue that is hotly debated in the psychological literature and among practising helping professionals.

This issue concerns the relative benefits or disadvantages to children, of living in harmony with a divorced single-parent, as opposed to children remaining within an intact family, riven by ongoing stress and excessive parental conflict. Helping professionals currently hold conflicting views on this issue, some supporting the divorce option and others adhering firmly to the view that the intact family - at almost any cost - remains the better option. Supporters of the latter view contend that children themselves, often acknowledge that they would prefer to remain within the intact family. This may well be true - but do these children, given their inevitable lack of objectivity because of the emotionally charged nature of their situation, always know what is best for them?

It is important that children be heard (as insisted upon in the Children Act of 1989) but great caution must be shown. Children tend to leave out of account the excessive stress and strain that they endure when their parents have a severely conflicted relationship. They may not even understand what a negative impact these stresses make upon them psychologically, physically and emotionally. Major exponents of the view that children are better off by remaining in the intact family are: Hetherington, Cox and Cox, 1978, 1979a, 1979b, 1982; Mitchell, 1985; and Cockett and Tripp, 1994.

Hetherington, Cox and Cox (1978, 1979a, 1979b, 1982) conducted a comprehensive, multivariate, two-year study which showed that divorce had a negative impact on children.

Findings were that divorced parents were less able to deal with parenting tasks, made fewer maturity demands on their children and were less consistent in disciplining, reasoning and communicating with their offspring. The parents also interacted less with, and displayed less affection toward, their children. In turn, the children from divorced families manifested higher levels of dependent, disobedient, aggressive, demanding, unaffectionate and whining behaviour than the children from intact families. However, the results of the two-year follow-up study

---

\(^6\)These terms are used purely in a descriptive sense and are not intended to convey any racist bias.
indicated that, with the passage of time, the worst of the initial effects of divorce were diminished; and by the second year after the divorce, both adjustment and stability were again being established.

Wallerstein and Kelly (1980a) take a somewhat neutral view in stating that "neither unhappy marriage nor divorce are especially congenial for children; each imposes its own set of stresses." (Pp. 306 - 307). Walczak and Burns (1984) take a similar stand in their comment that the divorce-related experience is so complex, that no statement can be made about its effects on children with total certainty.

Several other studies have reported either no difference or positive effects of divorce on the adjustment of the children involved. (Rosen, 1977; Reinhard, 1977; Coletta, 1979; Kurdek and Siesky, 1980b; Bernard and Nesbitt, 1981.) Some criticism has been levelled at these research projects on the basis of the limited scope of the criterion measures employed in the studies which included only child interview and questionnaire data, and the fact that no control groups of children from intact families were included, to more directly investigate the effects of divorce. Additionally, it is the view of the researcher that both these standpoints have merit, and which of the two would be the more appropriate and serve the best interests of a given child, would depend entirely upon the unique circumstances which obtain within the families concerned.

Because of all these conflicting views, it is important that carefully controlled research be undertaken into this area at this time, in order to seek a final resolution, whatever that might be. Knowledge gleaned from such research would be very useful to the helping professions - notably to forensic psychologists - as a guide to the advice and assistance that should be given to persons contemplating divorce.

A similar situation obtains in respect of the research findings regarding the differential reactions of boys and girls to divorce. Several studies (Wallerstein and Kelly, 1980a, 1980b; Hetherington, Cox and Cox, 1982; and Berg, 1983) have found that boys from divorced homes experienced greater difficulties, both socially and cognitively, than girls. These effects for boys were also found to be "more pervasive and long-lasting" (Hetherington, Cox and Cox, 1982, p. 261). Wallerstein and Kelly (1980a) reported that boys from divorced families appeared to need positive relationships with their fathers more than girls from divorced families did. In this instance also, it is important to have conclusive evidence to show whether boys have greater vulnerability to the divorce situation than girls do, because this could serve as a basis for professional treatment decisions.

Following on from the above, is the need to resolve the differences in outcome studies investigating the placement of children of divorce with the same- or the opposite-sex parent.
Santrock and Warshak (1979) found that children living with the opposite-sex parent manifested more difficulties than those living with the same-sex parent.

This is an extraordinarily complex issue, as so many factors must be taken into account. To begin with, there is the "all other things being equal" factor, which involves the assessment of both parents to decide which of them is the "psychological parent", or whether the child basically has an equally warm and loving relationship with both parents, and feels equally "valued" by his or her mother and father. There must also be an evaluation of the general, overall suitability of each parent for the custodial task. There is also the question of sibling relationships and sibling support systems to be considered, in those families consisting of children of both sexes, particularly in those instances where there has been some suggestion from the professionals involved, that the children should be "split up" in order to place the boys with the father and the girls with the mother. A final resolution to this extremely difficult and contentious issue would be of inestimable value to forensic psychologists, in particular, and could be a valuable guide in making custody recommendations.

Another important direction for future research involves helpful interventions which enable children to cope better with divorce and other difficult situations. Some notable work has already been done in this area.

Spivack and Shure (1974) and Shure and Spivack (1978, 1982) have conducted useful research into the teaching of coping skills to children. In particular, they have researched "Interpersonal cognitive problem-solving skills", the name they gave to the child's ability to think through and reach adaptive conclusions about relationships with other people. The researchers contended that these interpersonal cognitive problem-solving skills had a major effect on subsequent social adjustment. From this, it was possible to conclude that vulnerability and resilience play a major rôle in the differential adjustments of individuals to stressful and traumatic situations or life events. From recent research, it can also be concluded that teaching children specific coping skills appears to improve their ability to successfully adjust to difficult situations. Additional research into this area is to be found in Werner and Smith (1977) and Garmezy (1975, 1987). These research findings have important implications for future outcome studies dealing with children of divorce in those situations where more direct intervention is employed to alleviate the ill-effects of this growing scourge.

Other researchers (Kurdek and Siesky, 1980a, 1980b; Kurdek, Blisk and Siesky, 1981; Kurdek and Berg, 1983), have found that children who viewed consequences as within their locus of control, and who were able accurately to comprehend interpersonal relations, were more likely to succeed in adjusting positively to divorce. Low interparental stress and positive child/non-custodial parent relationships were also found to be conducive to effective child adjustment after
divorce.

Perhaps a combination of the approaches, techniques and strategies used in these research projects - namely, those involving the teaching of coping skills to children and encouraging them to view consequences as within their locus of control (or other suitable treatment combinations) - could be more effective in helping them to overcome the adverse effects of divorce, than employing only a single strategy would be. Certainly the blend of divorce counselling, lifeskills training and training in child-management skills in the treatment programme in the present study, was considered more effective in creating positive change in the experimental group mothers, than any one of these techniques would have been if used on its own.

An extremely fruitful area for future research concerns the reluctance of divorced men to participate in divorce counselling or any other related intervention. This was clearly demonstrated in the present study and the same trend was reported by Wallerstein and Kelly (1980a). In South Africa, this attitude in men may well be rooted in the "macho" image that many men strive to project, as strong, courageous, sports-loving (and often hard drinking) males, who are completely self-reliant and able to fend for themselves. These individuals view as weakness any acceptance of help or advice in dealing with stressful or difficult life events. The first task of research into this area would be to establish exactly what these obstructive and entrenched attitudes might be, and then to find ways of changing and softening them.

Finally, of great value would be research into the thorny issue of access to children by the non-custodial parent - most often the father. Both parents would have to be involved, as the custodial parents would have to be convinced of the pervasive and lasting damage to children caused by fraught and infrequent contact with the access parent. Findings from the present study indicate that some custodial parents stubbornly persist in manipulating visitation rights, despite counselling in this regard. Custodial and non-custodial parents alike, would benefit from intensive training in positive communication and negotiating skills. Ways would have to be sought to prevail upon the custodial parents to put the interests of their children first.

Future research into these diverse divorce-related issues faces an enormous and rewarding challenge, in that it can achieve a great deal in establishing valuable guidelines for the improved management of the many aspects of divorce. In so doing, it can be instrumental in mitigating - or in some cases, perhaps even preventing - the harmful effects of divorce on both the adults and children concerned.
APPENDIX I

1. List of References of Reliability and Validity studies conducted on the 8 psychometric tests in the Adult and Children’s assessment batteries

2. Course of South African Education
APPENDIX I

LIST OF REFERENCES OF THE RELIABILITY AND VALIDITY STUDIES CONDUCTED ON THE PSYCHOMETRIC TESTS IN THE ADULT AND CHILDREN'S ASSESSMENT BATTERIES

ADULT ASSESSMENT BATTERY

(1) PARENTING STRESS INDEX (ABIDIN, 1983)

Concurrent and Construct Validity

Discriminant Validity

Stability

(2) BECK DEPRESSION INVENTORY (BECK, 1967)

Concurrent Validity

(3) CULTURE-FREE SELF-ESTEEM INVENTORY - FORM AD FOR ADULTS - (BATTLE, 1992)

Reliability and Validity


CHILDREN'S ASSESSMENT BATTERY

(1) THE CULTURE-FREE SELF-ESTEEM INVENTORY (REVISED) - (FORM A - CHILDREN) - (BATTLE, 1992)

Reliability and Validity

(2) ROGERS PERSONAL ADJUSTMENT INVENTORY (REVISED) - (JEFFREY, P, 1984)

Reliability and Validity
Ashmead, O'Hagan, Sandys and Swason, 1983.

(3) CHILDREN'S DEPRESSION SCALE (LANG AND TISHER, 1983)

Reliability and Validity

Content Validity

Construct Validity
Cronbach, 1949; Sandler and Joffe, 1965.

(4) FAMILY RELATIONS TEST (BENE AND ANTHONY, 1978)

Reliability

Validity
Cronbach and Meehl, 1955.
2. COURSE OF SOUTH AFRICAN EDUCATION

In South Africa, the period from school commencement to graduation from secondary school spans a period of twelve years. Primary school education includes two "grades or class" years and five standards (Standards 1 to 5), giving a total of seven Primary school years (now called grades 1 to 7). Secondary or High School education commences in Standard 6 and continues to Standard 10, a period of five years in all (now called grades 8 to 12). The successful school leaver is awarded a Senior Certificate or a Matriculation certificate. If he or she reached the required standard for an Exemption, the school leaver is then eligible for University entrance.

For the less academically inclined High School child, there are the National Technicians' Certificates or N.T.C. qualifications. The N.T.C. 1, 2 and 3, are more practical equivalents to the Secondary school Standards 8, 9 and 10. Each N.T.C. level encompasses one year of Technical College study, during which the student studies two languages and four technical subjects relevant to the field in which he or she wishes to qualify. Subjects are studied at a semester level, that is, six months theoretical study and six months practical work. Certificates are only awarded on completion of level three, that is, at the end of three years of study.

National Technicians' Certificates can also be taken at levels 4, 5 and 6. At these levels, they are taken at the Technikon and regarded as being at a tertiary level of education. Students may only be admitted to these tertiary N.T.C. levels of study, if they have a Standard 10 Certificate, or if other qualifying criteria are applied and satisfied.

Another area of tertiary education is provided by the National Diplomas which courses of study are also available at the Technikons. Students may be admitted to these courses of study if they are in possession of a Standard 10 Certificate; if they are mature applicants, aged twenty-three years or more, who are in possession of certain work qualifications; or if they are in possession of certain recognized foreign qualifications.
APPENDIX II

1. Semi-structured Interview - Adults

2. Semi-structured Interview - Children

3. Gains Questionnaire
**SECTION 1 - PERSONAL DATA**

1. SURNAME OF FAMILY: ___________________________________________________________

2. FORENAMES OF EX-HUSBAND: __________________________________________________

3. FORENAMES OF EX-WIFE: _________________________________________________________

4. WHO IS THE CUSTODIAL PARENT? (A) MOTHER ☐ (B) FATHER ☐

5. DETAILS OF PARENT COMPLETING THIS SCHEDULE:
   (A) HOME ADDRESS: __________________________________________________________

   (B) POSTAL CODE: ________

   (C) POSTAL ADDRESS: _________________________________________________________

   (D) POSTAL CODE: ________

   (E) TELEPHONE NUMBERS: (HOME) ____________________________ (WORK) __________

6. NAME OF CONTACT PERSON:?
   (A) GRANDPARENT (B) RELATIVE
   (C) FRIEND (D) OTHER

7. TELEPHONE NUMBER OF CONTACT PERSON:
   (HOME) ____________________________ (WORK) ____________________________

8. | CHILDREN'S NAMES | SEX | AGE | BIRTH DATE | SCHOOL AND STANDARD |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7 In cases where the responding parent has no telephone but can be contacted through some other person.
SECTION 2 - SOCIO-ECONOMIC SITUATION OF THE FAMILY UNIT

1. HAS YOUR FINANCIAL POSITION CHANGED SINCE THE DISSOLUTION OF YOUR MARRIAGE? IS IT:
   (A) MUCH BETTER □
   (B) BETTER □
   (C) SOMewhat BETTER □
   (D) NO DIFFERENCE - NEITHER BETTER NOR WORSE □
   (E) SOMewhat WORSE □
   (F) WORSE □
   (G) MUCH WORSE □

2. WHEN YOU WERE MARRIED, DID YOU BOTH KNOW WHAT YOUR FINANCIAL POSITION WAS?
   (A) YES □  (B) NO □

3. WHO HANDLED THE FAMILY FINANCES DURING YOUR MARRIAGE?
   (A) HUSBAND □
   (B) WIFE □
   (C) BOTH □

4. WITHIN WHICH OF THESE INCOME GROUPS DOES YOUR PRESENT INCOME FALL?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td>R0 -10000</td>
<td>(B)</td>
<td>R10001 -12000</td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td>R15001 -18000</td>
<td>(E)</td>
<td>R18001 -22000</td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td>R26001 -30000</td>
<td>(H)</td>
<td>R30001 -36000</td>
</tr>
<tr>
<td>(J)</td>
<td></td>
<td>R42001 -48000</td>
<td>(K)</td>
<td>R48001 -54000</td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td>R12001 -15000</td>
<td>(F)</td>
<td>R22001 -26000</td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td>R36001 -42000</td>
<td>(L)</td>
<td>R54001 AND ABOVE</td>
</tr>
</tbody>
</table>

(These income groups have been derived by combining into one every two categories in the 1989 South African Income Tax tables for unmarried persons.)
5. **WITHIN WHICH GROUP DID YOUR INCOME FALL WHEN YOU WERE MARRIED?**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>R0</td>
<td>-12000</td>
<td>(B)</td>
<td>R12001</td>
<td>-14000</td>
<td>(C)</td>
</tr>
<tr>
<td>(D)</td>
<td>R16001</td>
<td>-20000</td>
<td>(E)</td>
<td>R20001</td>
<td>-24000</td>
<td>(F)</td>
</tr>
<tr>
<td>(G)</td>
<td>R30001</td>
<td>-40000</td>
<td>(H)</td>
<td>R40001</td>
<td>-50000</td>
<td>(I)</td>
</tr>
<tr>
<td>(J)</td>
<td>R60001</td>
<td>-70000</td>
<td>(K)</td>
<td>R70001</td>
<td>-80000</td>
<td>(L)</td>
</tr>
</tbody>
</table>

(These income groups have been derived by combining into one every two categories in the 1989 South African Income Tax Tables for married persons.)

6. **HAVE YOU CONTINUED TO LIVE IN THE FAMILY HOME?**

(A) YES  
(B) NO

7. **IF YOU ANSWERED “NO” TO QUESTION 6 ABOVE, HOW DO YOU RATE YOUR PRESENT ACCOMMODATION AS COMPARED WITH THE FAMILY HOME?**

(A) VERY COMFORTABLE  
(B) COMFORTABLE  
(C) SOMEWHAT COMFORTABLE  
(D) NO DIFFERENCE - NEITHER COMFORTABLE NOR UNCOMFORTABLE  
(E) SOMEWHAT UNCOMFORTABLE  
(F) UNCOMFORTABLE  
(G) VERY UNCOMFORTABLE

8. **IF YOU ANSWERED “NO” TO QUESTION 6 ABOVE, HOW WOULD YOU RATE THE AMOUNT OF SPACE YOU HAVE IN YOUR PRESENT ACCOMMODATION AS COMPARED WITH YOUR FAMILY HOME?**

(A) VERY SPACIOUS  
(B) SPACIOUS  
(C) SOMEWHAT SPACIOUS  
(D) NO DIFFERENCE - NEITHER SPACIOUS, NOR CRAMPED  
(E) SOMEWHAT CRAMPED  
(F) CRAMPED  
(G) VERY CRAMPED
9. HOW DOES YOUR PRESENT ACCOMMODATION COMPARE WITH YOUR PREVIOUS FAMILY HOME? IS THE STANDARD OF ACCOMMODATION:

- (A) MUCH HIGHER □
- (B) HIGHER □
- (C) SOMEWHAT HIGHER □
- (D) NO DIFFERENCE - NEITHER HIGHER NOR LOWER □
- (E) SOMEWHAT LOWER □
- (F) LOWER □
- (G) MUCH LOWER □

10. HOW WOULD YOU RATE YOUR NEW NEIGHBOURHOOD?

- (A) VERY “UP” MARKET □
- (B) “UP” MARKET □
- (C) SOMEWHAT “UP” MARKET □
- (D) NO DIFFERENCE - NEITHER “UP” MARKET, NOR “DOWN” MARKET □
- (E) SOMEWHAT “DOWN” MARKET □
- (F) “DOWN” MARKET □
- (G) VERY “DOWN” MARKET □

11. WHAT SORT OF CHANGE DID THE MOVE BRING ABOUT? DID YOU MOVE FROM:

- (A) A HOUSE TO ANOTHER HOUSE □
- (B) A HOUSE TO A SIMPLEX □
- (C) A HOUSE TO A DUPLEX □
- (D) A HOUSE TO A FLAT □
- (E) A FLAT TO ANOTHER FLAT □
- (F) A FLAT TO A HOUSE □
- (G) A FLAT TO A SIMPLEX □
- (H) A FLAT TO A DUPLEX □
- (I) A FLAT TO A BOARDING HOUSE OR HOTEL □
- (J) A HOUSE TO A BOARDING HOUSE OR HOTEL □
12. HOW MANY BATHROOMS DO YOU HAVE?
   (A) ONE □   (B) TWO □   (C) MORE THAN TWO □

13. IS THIS A GREATER OR SMALLER NUMBER THAN IN YOUR PREVIOUS HOME?
   (A) GREATER □
   (B) THE SAME □
   (C) SMALLER □

14. DID YOU PREVIOUSLY RUN A CAR?
   (A) YES □   (B) NO □

15. DO YOU RUN A CAR AT PRESENT?
   (A) YES □   (B) NO □

16. IF YOU DO NOT RUN A CAR AT PRESENT, DOES IT MAKE IT DIFFICULT:
   (A) FOR THE CHILDREN TO GET TO SCHOOL
       YES □   NO □
   (B) FOR YOU TO GET TO WORK?
       YES □   NO □
   (C) TO APPLY FOR CERTAIN JOBS (E.G. REPPING OR OTHERS REQUIRING YOUR
       OWN TRANSPORT)?
       YES □   NO □
   (D) TO ENJOY ENTERTAINMENTS THAT INVOLVE TRAVELLING (E.G. GOING TO
       PARTIES AT FRIENDS' HOMES OR TO THE CINEMA OR ON WEEK-END
       OUTINGS)?
       YES □   NO □
   (E) TO DEAL WITH EMERGENCIES, LIKE SUDDEN ILLNESS OR ACCIDENT?
       YES □   NO □
APPENDIX II

17. IF YOU DO NOT FIND IT DIFFICULT TO MANAGE WITHOUT A CAR, SPECIFY HOW YOU DEAL WITH EACH OF THE SITUATIONS DESCRIBED ABOVE.

(A) HOW THE CHILDREN GET TO SCHOOL

(B) HOW YOU GET TO WORK

(C) HOW YOU COULD APPLY FOR A JOB REQUIRING YOUR OWN TRANSPORT

(D) HOW YOU GET TO ENTERTAINMENTS THAT INVOLVE TRAVELLING

(E) HOW YOU WOULD DEAL WITH EMERGENCIES LIKE ACCIDENTS OR SUDDEN ILLNESS

18. DID YOU PREVIOUSLY EMPLOY A DOMESTIC SERVANT?

(A) YES ☐ (B) NO ☐

19. DO YOU EMPLOY A DOMESTIC SERVANT AT PRESENT?

(A) YES ☐ (B) NO ☐
APPENDIX II

20. IF YOU ANSWERED “NO” TO QUESTION 18 ABOVE, WHY DO YOU NO LONGER EMPLOY A DOMESTIC SERVANT?
(A) CANNOT AFFORD ONE
(B) NO SERVANT’S ACCOMMODATION WHERE YOU NOW LIVE
(C) PREFER TO DO YOUR OWN WORK
(D) SOME OTHER REASON. (SPECIFY BELOW)

21. WHAT DOES NO LONGER EMPLOYING A DOMESTIC SERVANT MEAN FOR YOU? DOES IT MAKE LIFE:
(A) MUCH MORE DIFFICULT
(B) MORE DIFFICULT
(C) SOMEWHAT MORE DIFFICULT
(D) NO DIFFERENCE: NEITHER MORE NOR LESS DIFFICULT
(E) SOMEWHAT LESS DIFFICULT
(F) LESS DIFFICULT
(G) MUCH LESS DIFFICULT

22. DOES NOT EMPLOYING A DOMESTIC SERVANT HAVE FURTHER EFFECTS FOR YOU? DOES IT ALSO MAKE LIFE:
(A) MUCH MORE STRESSFUL
(B) MORE STRESSFUL
(C) SOMEWHAT MORE STRESSFUL
(D) NO DIFFERENCE - NEITHER MORE NOR LESS STRESSFUL
(E) SOMEWHAT LESS STRESSFUL
(F) LESS STRESSFUL
(G) MUCH LESS STRESSFUL

23. DO THE CHILDREN GET POCKET MONEY AT PRESENT?
(A) YES
(B) NO
APPENDIX II

24. DID THE CHILDREN GET POCKET MONEY IN THE PAST?
   (A) YES □   (B) NO □

25. WHY DO THE CHILDREN NO LONGER RECEIVE POCKET MONEY?
   (A) CAN'T AFFORD TO GIVE THEM POCKET MONEY □
   (B) CHILDREN SHOULD WORK FOR WHAT THEY GET □
   (C) CHILDREN JUST WASTE MONEY □
   (D) OTHER REASON □

26. IF YOU CHOSE CATEGORY (D) “OTHER” TO ANSWER QUESTION 25 ABOVE, PLEASE SPECIFY.
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

27. DO YOU HAVE A TELEPHONE IN YOUR PRESENT HOME?
   (A) YES □   (B) NO □

28. DID YOU HAVE A TELEPHONE IN YOUR PREVIOUS HOME?
   (A) YES □   (B) NO □

29. IF YOU ANSWERED “NO” TO QUESTION 27 ABOVE, WHY DO YOU NOT HAVE A TELEPHONE?
   (A) NO TELEPHONES PRESENTLY AVAILABLE IN THE AREA □
   (B) ON THE POST OFFICE WAITING LIST FOR A TELEPHONE □
   (C) CAN'T AFFORD A TELEPHONE □
   (D) DON'T WANT A TELEPHONE □
   (E) OTHER □

30. IF YOU CHOSE CATEGORY (E) “OTHER” TO ANSWER QUESTION 29 ABOVE, PLEASE SPECIFY.
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
31. HAVE YOU ALWAYS WORKED?
   (A) YES □ (B) NO □

32. IF YOU ANSWERED “NO” TO QUESTION 31 ABOVE, WILL IT NOW BE NECESSARY FOR YOU TO FIND EMPLOYMENT IN ORDER TO MAINTAIN A REASONABLE STANDARD OF LIVING FOR YOURSELF AND THE CHILDREN?
   (A) YES □ (B) NO □

33. IF YOU HAVE BEEN OUT OF THE LABOUR MARKET FOR SOME TIME, HOW DO YOU FEEL ABOUT SEEKING EMPLOYMENT?
   (A) VERY CONFIDENT □
   (B) CONFIDENT □
   (C) SOMEWHAT CONFIDENT □
   (D) NO DIFFERENCE - NEITHER CONFIDENT NOR LACKING IN CONFIDENCE □
   (E) SOMEWHAT LACKING IN CONFIDENCE □
   (F) LACKING IN CONFIDENCE □
   (G) VERY LACKING IN CONFIDENCE □

34. DO YOU FEEL YOU CAN COPE IN THE LABOUR MARKET, OR ARE YOU GOING TO NEED SOME TRAINING IN ORDER TO COPE?
   (A) CAN COPE □
   (B) NEED A REFRESHER COURSE □
   (C) NEED TRAINING □
35. ARE THE FOLLOWING ENTERTAINMENTS AND LEISURE TIME ACTIVITIES PRESENTLY AVAILABLE TO YOU AND THE CHILDREN?

(A) TELEVISION
   YES □   NO □

(B) TELEVISION WITH M-NET
   YES □   NO □

(C) VISITS TO THE MOVIES
   YES □   NO □

(D) DINING OUT
   YES □   NO □

(E) BIRTHDAY/SPECIAL OCCASION PARTIES
   YES □   NO □

(F) SCHOOL TOURS/OUTINGS (CHILDREN)
   YES □   NO □

(G) EXTRA-MURAL ACTIVITIES (CHILDREN) E.G. MUSIC OR DANCING LESSONS, SPEECH TRAINING, SWIMMING LESSONS, KARATE, SCOUTS, GIRL GUIDES, ETC.
   YES □   NO □

(H) MOTHER: WEEKLY HAIRDO, BEAUTY PARLOUR, GYM OR AEROBICS, POTTERY OR OTHER CREATIVE INTEREST
   YES □   NO □

(I) FATHER: GOLF OR OTHER SPORTING ACTIVITIES, GYM OR BODY BUILDING, FISHING, SERVICE OR OTHER CLUB MEMBERSHIPS
   YES □   NO □

(J) ANNUAL HOLIDAY AWAY FROM HOME OR OVERSEAS
   YES □   NO □

(K) RECORD PLAYER AND RECORDS
   YES □   NO □
36. WHICH OF THESE WERE AVAILABLE PREVIOUSLY:

(A) YES □ NO □

(B) YES □ NO □

(C) YES □ NO □

(D) YES □ NO □

(E) YES □ NO □ SPECIFY________________________

(F) YES □ NO □ SPECIFY________________________

(G) YES □ NO □ SPECIFY________________________

(H) YES □ NO □ SPECIFY________________________

(I) YES □ NO □ SPECIFY________________________

(J) YES □ NO □ SPECIFY________________________

(K) YES □ NO □ SPECIFY________________________

37. ARE THE CHILDREN ON A MEDICAL AID SCHEME?

FATHER’S □ MOTHER’S □ OTHER □ NONE □

38. IF THE ANSWER TO THE QUESTION ABOVE WAS “NONE”, WHO COVERS THE CHILDREN’S MEDICAL AND DENTAL EXPENSES?

(A) FATHER □

(B) MOTHER □

(C) OTHER □

IF (C) SPECIFY__________________________________________________

39. IS IT POSSIBLE TO BUY YOURSELF AND THE CHILDREN NEW CLOTHES AND SCHOOL UNIFORMS (CHILDREN ONLY) WHEN THESE ARE NEEDED?

(A) NEW CLOTHES (SELF)

ALWAYS □ SOMETIMES □ NEVER □

(B) NEW CLOTHES (CHILDREN)

ALWAYS □ SOMETIMES □ NEVER □

(C) SCHOOL UNIFORMS (CHILDREN)

ALWAYS □ SOMETIMES □ NEVER □
40. WHAT DO YOU THINK YOUR FINANCIAL POSITION WILL BE IN THE FUTURE?
   (A) MUCH BETTER THAN AT PRESENT □
   (B) BETTER THAN AT PRESENT □
   (C) SOMEWHAT BETTER THAN AT PRESENT □
   (D) NO DIFFERENCE - NEITHER BETTER NOR WORSE THAN AT PRESENT □
   (E) SOMEWHAT WORSE THAN AT PRESENT □
   (F) WORSE THAN AT PRESENT □
   (G) MUCH WORSE THAN AT PRESENT □

SECTION 3 - PHYSICAL HEALTH

1. WOULD YOU SAY THAT YOU HAVE IN GENERAL BEEN A HEALTHY PERSON?
   (A) YES □ NO □

2. HOW WOULD YOU RATE YOUR PRESENT STATE OF HEALTH?
   (A) MUCH BETTER THAN USUAL □
   (B) BETTER THAN USUAL □
   (C) SOMEWHAT BETTER THAN USUAL □
   (D) NO DIFFERENCE - NEITHER BETTER NOR WORSE THAN USUAL □
   (E) SOMEWHAT WORSE THAN USUAL □
   (F) WORSE THAN USUAL □
   (G) MUCH WORSE THAN USUAL □
APPENDIX II

3. IF THERE HAS BEEN A CHANGE IN YOUR HEALTH, TO WHAT DO YOU ATTRIBUTE IT?
   (A) RELIEF: BECAUSE THERE IS NO MORE QUARRELING □
   (B) STRESS: CAUSED BY WORK OR OTHER PRESSURES □
   (C) THE GOOD FEELINGS: THAT COME FROM BEING YOUR OWN PERSON □
   (D) WORRY: ABOUT YOUR FINANCIAL SITUATION □
   (E) THE STIMULATION: OF MEETING CHALLENGES ON YOUR OWN □
   (F) UNHAPPINESS: BECAUSE OF LONELINESS □
   (G) PRIDE: BECAUSE YOU WERE STRONG ENOUGH TO END THE MARRIAGE □
   (H) INSECURITY: BECAUSE OF DOUBTS ABOUT BEING ABLE TO COPE ON YOUR OWN □
   (I) OTHER □

4. IF YOU SELECTED CATEGORY (I) "OTHER" TO ANSWER QUESTION 3 ABOVE, PLEASE SPECIFY.

5. HAS/HAVE THERE BEEN ANY CHANGES IN THE HEALTH OF YOUR CHILD/CHILDREN?
   (A) YES □  (B) NO □

6. IF YOU ANSWERED "YES" TO QUESTION 5 ABOVE, SPECIFY WHICH OF THE CHILDREN HAVE BEEN AFFECTED (I.E. IF THERE IS MORE THAN ONE CHILD).
   (A) ALL THE CHILDREN □
   (B) FIRST (ELDEST) CHILD □
   (C) LAST (YOUNGEST) CHILD □
   (D) OTHER CHILDREN (PLEASE SPECIFY PLACE/PLACES IN THE SIBLING LINE.) □ □ □ □
APPENDIX II

7. IF YOU ANSWER "YES" TO QUESTION 5 ABOVE, HOW WOULD YOU RATE THE HEALTH OF YOUR CHILD/CHILDREN AT THE PRESENT TIME
   (A) MUCH BETTER THAN USUAL □
   (B) BETTER THAN USUAL □
   (C) SOMEWHAT BETTER THAN USUAL □
   (D) ON DIFFERENCE - NEITHER BETTER NOR WORSE THAN USUAL □
   (E) SOMEWHAT WORSE THAN USUAL □
   (F) WORSE THAN USUAL □
   (G) MUCH WORSE THAN USUAL □

8. IF THERE HAVE BEEN CHANGES IN THE HEALTH OF YOUR CHILD/CHILDREN, TO WHAT DO YOU ATTRIBUTE THESE CHANGES?
   (A) FREEDOM FROM FEAR OF PARENTAL VIOLENCE OR QUARRELLING □
   (B) DISSATISFACTION WITH THE PRESENT ENVIRONMENT □
   (C) RELIEF BECAUSE OF MORE AMICABLE RELATIONSHIP BETWEEN PARENTS □
   (D) CONCERN ABOUT THE LONELINESS OR DEPRESSION OF EITHER PARENT □
   (E) RESENTMENT ABOUT HAVING MORE CHORES AND RESPONSIBILITIES IN THE SINGLE-PARENT FAMILY □
   (F) ENJOYMENT OF GREATER FREEDOM AND RECOGNITION □
   (G) INSECURITY CAUSED BY FEARS THAT THE CUSTODIAL PARENT MAY ALSO LEAVE □
   (H) OTHER □

9. IF YOU SELECTED CATEGORY (H) "OTHER" TO ANSWER QUESTION 8 ABOVE, PLEASE SPECIFY.
   ________________________________
   ________________________________

SECTION 4 - PSYCHOLOGICAL FACTORS

1. WOULD YOU SAY THAT YOU HAVE IN GENERAL BEEN A PERSON WHO FEELS A SENSE OF PSYCHOLOGICAL WELL-BEING?
   (A) YES □       (B) NO □
APPENDIX II

2. HOW WOULD YOU RATE YOUR PRESENT STATE OF PSYCHOLOGICAL WELL-BEING?
   (A) MUCH BETTER THAN USUAL □
   (B) BETTER THAN USUAL □
   (C) SOMEWHAT BETTER THAN USUAL □
   (D) NO DIFFERENCE - NEITHER BETTER NOR WORSE THAN USUAL □
   (E) SOMEWHAT WORSE THAN USUAL □
   (F) WORSE THAN USUAL □
   (G) MUCH WORSE THAN USUAL □

3. IF THERE HAS BEEN A CHANGE IN THE STATE OF YOUR PSYCHOLOGICAL WELL-BEING, TO WHAT DO YOU ATTRIBUTE IT?
   (A) RELIEF: BECAUSE THERE IS NO QUARRELLING □
   (B) STRESS: CAUSED BY WORK OR OTHER PRESSURES □
   (C) THE GOOD FEELINGS: THAT COME FROM BEING YOUR OWN PERSON □
   (D) WORRY: ABOUT YOUR FINANCIAL SITUATION □
   (E) THE STIMULATION: OF MEETING CHALLENGES ON YOUR OWN □
   (F) UNHAPPINESS: BECAUSE OF LONELINESS □
   (G) PRIDE: BECAUSE YOU WERE STRONG ENOUGH TO END THE MARRIAGE □
   (H) INSECURITY: BECAUSE OF DOUBTS ABOUT BEING ABLE TO COPE ON YOUR OWN □
   (I) OTHER □

4. IF YOU SELECTED CATEGORY (I) "OTHER" TO ANSWER QUESTION 3 ABOVE, PLEASE SPECIFY.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. HAS/HAVE THERE BEEN ANY CHANGES IN THE STATE OF PSYCHOLOGICAL WELL-BEING OF YOUR CHILD/CHILDREN?
   (A) YES □      (B) NO □
6. IF YOU ANSWERED YES TO QUESTION 5 ABOVE, SPECIFY WHICH OF THE CHILDREN HAVE BEEN AFFECTED (I.E. IF THERE IS MORE THAN ONE CHILD).

(A) ALL THE CHILDREN □
(B) FIRST (ELDEST) CHILD □
(C) LAST (YOUNGEST) CHILD □
(D) OTHER CHILDREN (PLEASE SPECIFY PLACE/PLACES IN THE SIBLING LINE)

□ □ □ □

7. IF YOU ANSWERED "YES" TO QUESTION 5, HOW WOULD YOU RATE THE STATE OF PSYCHOLOGICAL WELL-BEING OF YOUR CHILD/CHILDREN AT THE PRESENT TIME?

(A) MUCH BETTER THAN USUAL □
(B) BETTER THAN USUAL □
(C) SOMEWHAT BETTER THAN USUAL □
(D) NO DIFFERENCE - NEITHER BETTER NOR WORSE THAN USUAL □
(E) SOMEWHAT WORSE THAN USUAL □
(F) WORSE THAN USUAL □
(G) MUCH WORSE THAN USUAL □

8. IF THERE HAVE BEEN CHANGES IN THE STATE OF PSYCHOLOGICAL WELL-BEING OF YOUR CHILD/CHILDREN, TO WHAT DO YOU ATTRIBUTE THESE CHANGES?

(A) FREEDOM FROM FEAR OF PARENTAL VIOLENCE OR QUARRELLING □
(B) DISSATISFACTION WITH THE PRESENT ENVIRONMENT □
(C) RELIEF BECAUSE OF A MORE AMICABLE RELATIONSHIP BETWEEN THE PARENTS □
(D) CONCERN ABOUT THE LONELINESS OR DEPRESSION OF EITHER OR BOTH PARENTS □
(E) RESENTMENT ABOUT HAVING MORE CHORES AND RESPONSIBILITIES IN THE SINGLE-PARENT FAMILY □
(F) ENJOYMENT OF GREATER FREEDOM AND RECOGNITION □
(G) INSECURITY CAUSED BY FEARS THAT THE CUSTODIAL PARENT MAY ALSO LEAVE □
(H) OTHER □
9. IF YOU SELECTED CATEGORY (H) "OTHER" TO ANSWER QUESTION 8 ABOVE, PLEASE SPECIFY.

________________________________________________________________________

________________________________________________________________________

10. ARE YOU AS SELF-CONFIDENT AT PRESENT AS YOU WERE IN THE PAST?
   (A) YES □    (B) NO □

11. WHICH OF THE ALTERNATIVES GIVEN BELOW BEST MATCHES HOW CONFIDENT YOU FEEL AT THE PRESENT TIME?
   (A) VERY CONFIDENT □
   (B) CONFIDENT □
   (C) SOMEWHAT CONFIDENT □
   (D) NO DIFFERENCE - NEITHER CONFIDENT, NOR LACKING CONFIDENCE □
   (E) SOMEWHAT LACKING IN CONFIDENCE □
   (F) LACKING IN CONFIDENCE □
   (G) VERY LACKING IN CONFIDENCE □

12. DO YOU AT PRESENT THINK MORE POSITIVELY OR MORE NEGATIVELY ABOUT YOURSELF AS A PERSON THAN YOU DID IN THE PAST?
   (A) MORE POSITIVELY □    (B) MORE NEGATIVELY □

13. WHICH OF THE POSSIBLE ALTERNATIVES GIVEN BELOW BEST MATCHES THE WAY YOU FEEL ABOUT YOURSELF AT THE PRESENT TIME? DO YOU HAVE:
   (A) VERY HIGH SELF-ESTEEM □
   (B) HIGH SELF-ESTEEM □
   (C) SOMEWHAT HIGH SELF-ESTEEM □
   (D) NO DIFFERENCE - NEITHER HIGH NOR LOW SELF-ESTEEM □
   (E) SOMEWHAT LOW SELF-ESTEEM □
   (F) LOW SELF-ESTEEM □
   (G) VERY LOW SELF-ESTEEM □
14. HOW DO YOU COPE WITH DIFFICULT, UNPLEASANT OR UNEXPECTED SITUATIONS AT PRESENT? ARE YOU ABLE TO HANDLE THESE SITUATIONS:

(A) VERY WELL □
(B) WELL □
(C) FAIRLY WELL □
(D) NO DIFFERENCE - NEITHER WELL NOR BADLY □
(E) FAIRLY BADLY □
(F) BADLY □
(G) VERY BADLY □

15. DO YOU HANDLE LIFE'S CRISES BETTER OR WORSE THAN YOU DID IN THE PAST

(A) BETTER □  (B) WORSE □

16. WHAT SORTS OF FEELINGS HAVE YOU BEEN EXPERIENCING LATELY?

(A) ANGER □  (B) ANXIETY □
(C) RELIEF □  (D) UNHAPPINESS □
(E) HAPPINESS □  (F) DEPRESSION □
(G) GUILT □  (H) VENGEFULNESS □
(I) HATRED □  (J) BEWILDERMENT □
(K) GRIEF □  (L) RESENTMENT □
(M) SURPRISE □  (N) CONTENTMENT □
(O) INSECURITY □  (P) HOPEFULNESS □
(Q) HOPELESSNESS □  (R) HELPLESSNESS □
(S) DESPAIR □  (T) HUMILIATION □
(U) DISBELIEF □  (V) EXCITEMENT □
(W) ELATION □  (X) OTHER □

17. IF YOU CHOSE CATEGORY (X) "OTHER" TO ANSWER QUESTION 16 ABOVE, PLEASE SPECIFY WHAT OTHER FEELINGS YOU HAVE BEEN EXPERIENCING.

________________________________________________________
________________________________________________________
________________________________________________________

226
18. DO YOU TAKE PROPER CARE OF YOURSELF?

(1) DO YOU TAKE REGULAR EXERCISE?
   (A) YES □  (B) NO □

   (1) (i) HOW MANY EXERCISE PERIODS DO YOU HAVE PER 7-DAY WEEK?
          SEVEN □  SIX □  FIVE □  FOUR □
          THREE □  TWO □  ONE □
          ONLY INFORMAL WEEK-END EXERCISE □

(2) DO YOU TAKE TIME FOR RELAXATION?
   (A) YES □  (B) NO □

   (2) (i) HOW OFTEN DO YOU RELAX?
          (a) VERY FREQUENTLY □
          (b) FREQUENTLY □
          (c) SOMewhat FREQUENTLY □
          (d) NO DIFFERENCE - NEITHER FREQUENTLY NOR INFREQUENTLY □
          (e) SOMewhat INFREQUENTLY □
          (f) INFREQUENTLY □
          (g) VERY INFREQUENTLY □

(3) DO YOU EAT REGULAR MEALS?
   (A) YES □  (B) NO □

   (3) (i) HOW MANY PROPER BALANCED MEALS DO YOU EAT PER 24-HOUR DAY?
          THREE □  TWO □  ONE □  NONE □

   (3) (ii) DO YOU SNACK BETWEEN MEALS?
          YES □  NO □

(3) (iii) IF YOU SNACK, HOW FREQUENTLY DO YOU DO SO PER 24-HOUR DAY?
          (a) VERY FREQUENTLY □
          (b) FREQUENTLY □
          (c) SOMewhat FREQUENTLY □
          (d) NO DIFFERENCE - NEITHER FREQUENTLY NOR INFREQUENTLY □
          (e) SOMewhat INFREQUENTLY □
          (f) INFREQUENTLY □
          (g) VERY INFREQUENTLY □
(4) **DO YOU HAVE SUFFICIENT REST?**

YES □    NO □

(4) (i) **HOW MANY HOURS OF SLEEP DO YOU GENERALLY HAVE PER 24-HOUR DAY? PLEASE SPECIFY ____________________________**

(5) **DO YOU HAVE SUFFICIENT FUN AND ENTERTAINMENT?**

(A) YES □    (NO) □

(5) (i) **HOW WOULD YOU CLASSIFY THE AMOUNT OF ENTERTAINMENT THAT YOU HAVE? WOULD YOU CLASSIFY IT AS:**

(a) QUITE SUFFICIENT □

(b) SUFFICIENT □

(c) SOMEWHAT SUFFICIENT □

(d) NO DIFFERENCE - NEITHER SUFFICIENT NOR INSUFFICIENT □

(e) SOMEWHAT INSUFFICIENT □

(f) INSUFFICIENT □

(g) QUITE INSUFFICIENT □

19. **WHAT ABOUT YOUR SLEEP? IS IT:**

(A) VERY SOUND □

(B) SOUND □

(C) SOMEWHAT SOUND □

(D) NO DIFFERENCE - NEITHER SOUND NOR DISTURBED □

(E) SOMEWHAT DISTURBED □

(F) DISTURBED □

(G) VERY DISTURBED □
APPENDIX II

20. HOW HAS YOUR WEIGHT BEEN LATELY? HAVE YOU:

(A) GAINED 10 OR MORE KILOS
YES □ NO □

(B) GAINED BETWEEN 4 AND 9.9 KILOS
YES □ NO □

(C) GAINED BETWEEN 0.1 AND 3.9 KILOS
YES □ NO □

(D) NO DIFFERENCE - NEITHER GAINED NOR LOST WEIGHT □

(E) LOST BETWEEN 0.1 AND 3.9 KILOS
YES □ NO □

(F) LOST BETWEEN 4 AND 9.9 KILOS
YES □ NO □

(G) LOST 10 OR MORE KILOS
YES □ NO □

21. HOW DO YOU FEEL ABOUT YOURSELF AS A WOMAN/MAN AT THE PRESENT TIME?

(A) VERY SATISFIED □

(B) SATISFIED □

(C) SOMEWHAT SATISFIED □

(D) NO DIFFERENCE - NEITHER SATISFIED, NOR DISSATISFIED □

(E) SOMEWHAT DISSATISFIED □

(F) DISSATISFIED □

(G) VERY DISSATISFIED □

22. HOW DO YOU SEE YOURSELF IN THE RÔLE OF A WIFE/HUSBAND?

(A) COMPLETELY SATISFACTORY □

(B) SATISFACTORY □

(C) SOMEWHAT SATISFACTORY □

(D) NO DIFFERENCE - NEITHER SATISFACTORY, NOR UNSATISFACTORY □

(E) SOMEWHAT SATISFACTORY □

(F) UNSATISFACTORY □

(G) VERY UNSATISFACTORY □
23. HOW DO YOU FEEL ABOUT YOURSELF AS A MOTHER/FATHER?
   (A) VERY SATISFIED □
   (B) SATISFIED □
   (C) SOMEWHAT SATISFIED □
   (D) NO DIFFERENCE - NEITHER SATISFIED, NOR DISSATISFIED □
   (E) SOMEWHAT DISSATISFIED □
   (F) DISSATISFIED □
   (G) VERY DISSATISFIED □

24. HOW DO YOU FEEL ABOUT YOURSELF AS A CAREGIVER TO YOUR CHILDREN?
   (A) VERY SATISFIED □
   (B) SATISFIED □
   (C) SOMEWHAT SATISFIED □
   (D) NO DIFFERENCE - NEITHER SATISFIED, NOR DISSATISFIED □
   (E) SOMEWHAT DISSATISFIED □
   (F) DISSATISFIED □
   (G) VERY DISSATISFIED □

25. HOW DO YOU FEEL ABOUT THE FUTURE?
   (A) VERY OPTIMISTIC □
   (B) OPTIMISTIC □
   (C) SOMEWHAT OPTIMISTIC □
   (D) NO DIFFERENCE - NEITHER OPTIMISTIC, NOR PESSIMISTIC □
   (E) SOMEWHAT PESSIMISTIC □
   (F) PESSIMISTIC □
   (G) VERY PESSIMISTIC □
APPENDIX II

26. **WHAT DO YOU THINK THE QUALITY OF YOUR LIFE WILL BE IN THE FUTURE?**
   (A) MUCH BETTER THAN AT PRESENT □
   (B) BETTER THAN AT PRESENT □
   (C) SOMEWHAT BETTER THAN AT PRESENT □
   (D) NO DIFFERENCE - NEITHER BETTER NOR WORSE THAN AT PRESENT □
   (E) SOMEWHAT WORSE THAN AT PRESENT □
   (F) WORSE THAN AT PRESENT □
   (G) MUCH WORSE THAN AT PRESENT □

**SECTION 5 - OPINIONS AND ATTITUDES**

1. **HOW WOULD YOU DESCRIBE YOUR FORMER HUSBAND/WIFE? WOULD YOU DESCRIBE HIM/HER AT PRESENT AS:**
   (A) VERY PLEASANT □
   (B) PLEASANT □
   (C) SOMEWHAT PLEASANT □
   (D) NO DIFFERENCE - NEITHER PLEASANT NOR UNPLEASANT □
   (E) SOMEWHAT UNPLEASANT □
   (F) UNPLEASANT □
   (G) VERY UNPLEASANT □

2. **WHICH OF THE ALTERNATIVES GIVEN BELOW WOULD BE DESCRIPTIVE OF YOUR FORMER HUSBAND/WIFE? COULD HE/SHE BE DESCRIBED AS:**
   (A) VERY CARING □
   (B) CARING □
   (C) SOMEWHAT CARING □
   (D) NO DIFFERENCE - NEITHER CARING NOR UNCARING □
   (E) SOMEWHAT UNCARING □
   (F) UNCARING □
   (G) VERY UNCARING □
APPENDIX II

3. IF THERE ARE ANY OTHER CHARACTERISTICS THAT ARE VERY DESCRIPTIVE OF YOUR FORMER HUSBAND/WIFE, PLEASE SPECIFY BELOW

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. HAS HE/SHE CHANGED IN ANY WAY? HAS HE/SHE BECOME:

(A) VERY KIND □

(B) KIND □

(C) SOMEWHAT KIND □

(D) NO DIFFERENCE - NEITHER KIND NOR UNKIND □

(E) SOMEWHAT UNKIND □

(F) UNKIND □

(G) VERY UNKIND □

5. HAVE YOU NOTICED OTHER CHANGES IN YOUR FORMER HUSBAND/WIFE? HAS HE/SHE BECOME:

(A) VERY FORGIVING □

(B) FORGIVING □

(C) SOMEWHAT FORGIVING □

(D) NO DIFFERENCE - NEITHER FORGIVING NOR UNFORGIVING □

(E) SOMEWHAT UNFORGIVING □

(F) UNFORGIVING □

(G) VERY UNFORGIVING □

6. IF THERE ARE ANY OTHER WAYS IN WHICH YOUR FORMER HUSBAND/WIFE HAS CHANGED, PLEASE SPECIFY BELOW

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
APPENDIX II

7. HAVE YOU ALSO CHANGED? HAVE YOU PERHAPS BECOME:
   (A) MUCH MORE CARING □
   (B) MORE CARING □
   (C) SOMEWHAT MORE CARING □
   (D) NO DIFFERENCE - NEITHER MORE CARING NOR LESS CARING □
   (E) SOMEWHAT LESS CARING □
   (F) LESS CARING □
   (G) MUCH LESS CARING □

8. HAVE YOU CHANGED IN OTHER WAYS? HAVE YOU PERHAPS BECOME:
   (A) MUCH MORE CONSIDERATE □
   (B) MORE CONSIDERATE □
   (C) SOMEWHAT MORE CONSIDERATE □
   (D) NO DIFFERENCE - NEITHER MORE CONSIDERATE NOR MORE INCONSIDERATE □
   (E) SOMEWHAT MORE INCONSIDERATE □
   (F) MORE INCONSIDERATE □
   (G) MUCH MORE INCONSIDERATE □

9. IF THERE ARE ANY OTHER WAYS IN WHICH YOU HAVE CHANGED, PLEASE SPECIFY BELOW

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
10. WHAT SORT OF FATHER/MOTHER DO YOU THINK YOUR FORMER SPOUSE IS TO THE CHILDREN? DO YOU THINK THAT HIS/HER TREATMENT OF THEM IS:
   (A) VERY FAIR □
   (B) FAIR □
   (C) SOMEWHAT FAIR □
   (D) NO DIFFERENCE - NEITHER FAIR NOR UNFAIR □
   (E) SOMEWHAT UNFAIR □
   (F) UNFAIR □
   (G) VERY UNFAIR □

11. IS YOUR FORMER SPOUSE A REASONABLY CONSISTENT DISCIPLINARIAN?
   (A) YES □   (B) NO □

12. DO YOU AND YOUR FORMER SPOUSE AGREE OR DISAGREE ON CHILD REARING METHODS?
   (A) YES □   (B) NO □

13. IF YOU CHOSE THE CATEGORY (B) DISAGREE TO ANSWER QUESTION 12 ABOVE, IS YOUR FORMER SPOUSE NONE THE LESS SUPPORTIVE IN WHAT YOU ARE TRYING TO ACHIEVE WITH THE CHILDREN, OR DOES HE THWART YOU WHEN THE CHILDREN ARE WITH HIM?
   (A) SUPPORTS ME □   (B) THWARTS ME □

14. DO YOU THINK THAT YOU COULD BECOME INVOLVED IN A CLOSE, INTIMATE RELATIONSHIP WITH A MEMBER OF THE OPPOSITE SEX AT THIS TIME?
   (A) YES □   (B) NO □

15. DO YOU THINK THAT YOU COULD BECOME INVOLVED IN A CLOSE, INTIMATE RELATIONSHIP WITH A MEMBER OF THE OPPOSITE SEX AT SOME TIME IN THE FUTURE?
   (A) YES □   (B) NO □
SECTION 6 - THE PROBLEMS OF REARING CHILDREN AS A SINGLE PARENT

1. WHO WILL CARE FOR THE CHILDREN WHILE YOU ARE AT WORK IF YOU ARE IN FULL-TIME EMPLOYMENT?
   (1) RELATIVE □
   (2) FRIEND □
   (3) OLDER SIBLING/S □
   (4) DOMESTIC SERVANT □
   (5) DAY MOTHER □
   (6) PLAY CENTRE □
   (7) CRECHE □
   (8) AFTER SCHOOL CARE CENTRE □
   (9) NO-ONE □
   (10) NEIGHBOUR □
   (11) NOT APPLICABLE □

2. WHAT EFFECT DO YOU THINK IT HAS ON CHILDREN (PARTICULARLY YOUNG CHILDREN) TO BE PLACED IN SUBSTITUTE CARE WHILE YOU ARE AT WORK?
   (A) VERY HARMLESS □
   (B) HARMLESS □
   (C) SOMEWHERAT HARMLESS □
   (D) NO DIFFERENCE - NEITHER HARMLESS NOR HARMFUL □
   (E) SOMEWHERAT HARMFUL □
   (F) HARMFUL □
   (G) VERY HARMFUL □
3. **DO YOU BELIEVE THAT YOU CAN DISCIPLINE YOUR CHILDREN EFFECTIVELY ON YOUR OWN?**

<table>
<thead>
<tr>
<th>Option</th>
<th>SAME SEX CHILDREN</th>
<th>OPPOSITE SEX CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Very Effectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(B) Effectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(C) Somewhat Effectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(D) No Difference - Neither Effectively, Nor Ineffectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(E) Somewhat Ineffectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(F) Ineffectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(G) Very Ineffectively</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

4. **WILL YOU BE ABLE TO ANSWER YOUR CHILDREN’S QUESTIONS ABOUT SEX COMPETENTLY?**

<table>
<thead>
<tr>
<th>Option</th>
<th>SAME SEX CHILDREN</th>
<th>OPPOSITE SEX CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Very Competently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(B) Competently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(C) Somewhat Competently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(D) No Difference - Neither Competently Nor Incompetently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(E) Somewhat Incompetently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(F) Incompetently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(G) Very Incompetently</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
5. **DO YOU FEEL THAT YOU CAN (WILL BE ABLE TO) HANDLE TEENAGE DATING PROBLEMS WHEN YOUR CHILD/CHILDREN BEGIN GOING OUT ON DATES, NOW OR IN THE FUTURE?**

- (A) VERY EFFECTIVELY □
- (B) EFFECTIVELY □
- (C) SOMEWHAT EFFECTIVELY □
- (D) NO DIFFERENCE - NEITHER EFFECTIVELY NOR INEFFECTIVELY □
- (E) SOMEWHAT INEFFECTIVELY □
- (F) INEFFECTIVELY □
- (G) VERY INEFFECTIVELY □

6. **HOW DO YOU THINK THAT YOU WILL HANDLE ANY CRISIS THAT MAY ARISE IN THE LIFE/LIVES OF YOUR CHILD/CHILDREN?**

- (A) VERY COMPETENTLY □
- (B) COMPETENTLY □
- (C) SOMEWHAT COMPETENTLY □
- (D) NO DIFFERENCE - NEITHER COMPETENTLY NOR INCOMPETENTLY □
- (E) SOMEWHAT INCOMPETENTLY □
- (F) INCOMPETENTLY □
- (G) VERY INCOMPETENTLY □

7. **DO YOU BELIEVE THAT YOU CAN TELL YOUR CHILD/CHILDREN (ACCORDING TO THEIR AGE/AGES) ABOUT THE DANGERS OF AIDS, ALCOHOL AND DRUGS? CAN YOU DO THIS:**

- (A) VERY COMPETENTLY □
- (B) COMPETENTLY □
- (C) SOMEWHAT COMPETENTLY □
- (D) NO DIFFERENCE - NEITHER COMPETENTLY NOR INCOMPETENTLY □
- (E) SOMEWHAT INCOMPETENTLY □
- (F) INCOMPETENTLY □
- (G) VERY INCOMPETENTLY □
APPENDIX II

8. DO YOU OR DO YOU NOT BELIEVE THAT THE CUSTODIAL PARENT BEARS THE BRUNT OF THE HURT AND ANGER THE CHILD/CHILDREN FEELS/FEEL ABOUT THE DIVORCE?
   (A) VERY TRUE □
   (B) TRUE □
   (C) SOMEWHAT TRUE □
   (D) NO DIFFERENT - NEITHER TRUE NOR UNTRUE □
   (E) SOMEWHAT UNTRUE □
   (F) UNTRUE □
   (G) VERY UNTRUE □

9. WHEN YOUR CHILD IS FEELING HURT AND ANGRY, HOW WOULD YOU HANDLE HIS/HER STATEMENT THAT HE/SHE WOULD RATHER LIVE WITH YOUR EX-SPOUSE THAN WITH YOU?
   (A) VERY SYMPATHETICALLY □
   (B) SYMPATHETICALLY □
   (C) SOMEWHAT SYMPATHETICALLY □
   (D) NO DIFFERENCE - NEITHER SYMPATHETICALLY NOR UNSYMPATHETICALLY □
   (E) SOMEWHAT UNSYMPATHETICALLY □
   (F) UNSYMPATHETICALLY □
   (G) VERY UNSYMPATHETICALLY □

10. DO YOU BELIEVE THAT YOUR CHILD MEANS IT WHEN HE/SHE VERBALISES THE FACT THAT HE/SHE DOES NOT WISH TO LIVE WITH YOU?
    (A) VERY FREQUENTLY □
    (B) FREQUENTLY □
    (C) SOMEWHAT FREQUENTLY □
    (D) NO DIFFERENCE - NEITHER FREQUENTLY NOR INFREQUENTLY □
    (E) SOMEWHAT INFREQUENTLY □
    (F) INFREQUENTLY □
    (G) VERY INFREQUENTLY □
SECTION 7 - SOCIAL ISSUES

1. DO YOU HAVE AT LEAST ONE FRIEND WHO IS SUPPORTIVE AND IN WHOM YOU CAN CONFIDE?
   (A) YES □ (B) NO □

2. DO YOU HAVE THE OPPORTUNITY TO ATTEND SOCIAL GATHERINGS AT WHICH YOU CAN MEET MEMBERS OF THE OPPOSITE SEX?
   (A) YES □ (B) NO □

3. DO YOU HAVE SOMEONE WHO WILL “BABY SIT” OR BE WITH OLDER CHILDREN IF YOU ARE INVITED TO SOME EVENING ENTERTAINMENT?
   (A) YES □ (B) NO □

4. DO YOU ATTEND PARENTS’ MEETINGS AT YOUR CHILD/CHILDREN’S SCHOOL/SCHOOLS?
   (A) YES □ (B) NO □

5. IF YOU ANSWERED “YES” TO QUESTION 4 ABOVE, HOW OFTEN DO YOU ATTEND?
   (A) VERY FREQUENTLY □
   (B) FREQUENTLY □
   (C) SOMewhat FREQUENTLY □
   (D) NO DIFFERENCE - NEITHER FREQUENTLY NOR INFREQUENTLY □
   (E) SOMewhat INFREQUENTLY □
   (F) INFREQUENTLY □
   (G) VERY INFREQUENTLY □

6. DO YOU ATTEND SOCIAL FUNCTIONS AT WORK?
   (A) YES □ (B) NO □
7. IF YOU ANSWERED "YES" TO QUESTION 6 ABOVE, HOW OFTEN DO YOU ATTEND SOCIAL
FUNCTIONS AT WORK?
(A) VERY FREQUENTLY □
(B) FREQUENTLY □
(C) SOMEWHAFT FREQUENTLY □
(D) NO DIFFERENCE - NEITHER FREQUENTLY NOR INFREQUENTLY □
(E) SOMEWHAFT INFREQUENTLY □
(F) INFREQUENTLY □
(G) VERY INFREQUENTLY □

8. DO YOU HAVE SOMEONE WHO WOULD TAKE CARE OF THE CHILDREN IF YOU WERE ILL?
(A) FORMER SPOUSE □
(B) PARENTS □
(C) EX-SPOUSE’S PARENTS □
(D) SOME OTHER RELATIVE □
(E) FRIEND □
(F) NEIGHBOUR □
(G) WORK ASSOCIATE □
(H) PARENTS OF YOUR CHILD’S FRIEND □
(I) TEACHER □
(J) DAY MOTHER OR OTHER SUCH PERSON □

9. IF YOU WANTED TO GO OUT TO DINNER OR TO A CINEMA OR THEATRE, DO YOU HAVE
SOMEONE YOU COULD ASK TO ACCOMPANY YOU?
(A) YES □ (B) NO □

10. DO YOU HAVE A FRIEND OR RELATIVE WHO WOULD CHALLENGE YOU IF YOU ALLOWED
YOUR FEELINGS TOWARD YOUR EX-SPOUSE, THE CHILDREN OR YOURSELF TO GET OUT
OF HAND?
(A) YES □ (B) NO □
11. DO YOU KNOW SOMEONE ELSE IN YOUR POSITION (ANOTHER DIVORCEE) WITH WHOM YOU CAN EXCHANGE IDEAS AND SHARE EXPERIENCES?

(A) YES □  (B) NO □

SECTION 8 - DIVORCE ISSUES

1. WERE YOU AWARE THAT YOUR MARRIAGE WAS GOING WRONG BEFORE YOU WERE FACED WITH THE FACT?

(A) YES □  (B) NO □

2. IF YOU ANSWERED "YES" TO QUESTION 1 ABOVE, HOW LONG BEFORE THE FACT DID YOU BECOME AWARE THAT THINGS WERE GOING WRONG?

(A) LESS THAN A MONTH BEFORE □  (B) ONE TO THREE MONTHS BEFORE □  (C) THREE TO SIX MONTHS BEFORE □  (D) SIX TO TWELVE MONTHS BEFORE □  (E) MORE THAN TWELVE MONTHS BEFORE □

3. HOW MANY TIMES DID YOU SEPARATE BEFORE INSTITUTING DIVORCE PROCEEDINGS?

(A) NEVER SEPARATED □  (B) ONCE □  (C) TWICE □  (D) THREE TIMES □  (E) MORE THAN THREE TIMES □

4. WHAT IS THE DATE ON YOUR FINAL DIVORCE ORDER?

________________________________________________________________________________________
APPENDIX II

5. DID YOU SEEK HELP OR MARRIAGE COUNSELING FROM ANY OF THE SOURCES GIVEN BELOW, BEFORE STARTING OFFICIAL DIVORCE PROCEEDINGS?

(A) FAMSA (FAMILY & MARRIAGE SOCIETY OF S.A.) □
(B) YOUR PRIEST □
(C) YOUR FAMILY DOCTOR □
(D) A PSYCHOLOGIST □
(E) SOME SOCIAL WORK AGENCY (OTHER THAN FAMSA) □
(F) SOME INFLUENTIAL FAMILY MEMBER □
(G) SOME INFLUENTIAL FRIEND □
(H) OTHER □

6. IF YOU CHOSE CATEGORY (H) OTHER, TO ANSWER QUESTION 5 ABOVE, PLEASE SPECIFY.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. DO YOU THINK THAT SOME PERSON WAS RESPONSIBLE FOR THE DIVORCE?

(A) YOURSELF □
(B) YOUR SPOUSE □
(C) BOTH OR YOU □
(D) ANOTHER WOMAN/MAN □
(E) YOUR FAMILY □
(F) YOUR SPOUSE'S FAMILY □
(G) NO ONE □
8. IF YOU CHOSE CATEGORY (G) NO ONE, TO ANSWER QUESTION 7 ABOVE, DID ANY OF THE FACTORS MENTIONED BRING ABOUT YOUR DIVORCE?

(A) GENERAL INCOMPATIBILITY ☐
(B) ALCOHOL, DRUGS OR OTHER ADDICTION OF SPOUSE ☐
(C) PHYSICAL ABUSE OF YOURSELF BY SPOUSE ☐
(D) PHYSICAL ABUSE OF THE CHILDREN BY SPOUSE ☐
(E) SEXUAL ABUSE BY YOUR SPOUSE ☐
(F) SEXUAL ABUSE OF THE CHILDREN BY YOUR SPOUSE ☐
(G) OVER-INVOLVEMENT OF SPOUSE IN SPORT ☐
(H) SPOUSE IS A "WORKAHOLIC" ☐
(I) DISCOVERY THAT SPOUSE HAS A SAME-SEX PREFERENCE ☐
(J) DISCOVERY THAT YOU HAVE A SAME-SEX PREFERENCE ☐
(K) FINANCIAL CONSIDERATIONS - POOR EARNING CAPACITY OF SPOUSE ☐
(L) SEVERE RELIGIOUS DIFFERENCES ☐
(M) SEVERE POLITICAL DIFFERENCES ☐
(N) DISSATISFACTION WITH THE PART YOUR SPOUSE TOOK IN HOUSEHOLD RESPONSIBILITIES ☐
(O) DISSATISFACTION WITH YOUR SPOUSE'S VIEW ON THE REARING OF THE CHILDREN ☐
(P) DISSATISFACTION WITH THE EXTENT TO WHICH YOU AND YOUR SPOUSE PARTICIPATED IN JOINT SOCIAL ACTIVITIES ☐
(Q) DISSATISFACTION ABOUT MONEY MATTERS ☐
(R) POOR COMMUNICATION BETWEEN YOU AND YOUR SPOUSE ☐
(S) SEXUAL PROBLEMS IN THE MARRIAGE ☐
(T) DISSATISFACTION WITH YOUR SPOUSE'S INTEREST AND PROGRESS IN HIS JOB OR PROFESSION ☐
(U) DISSATISFACTION WITH THE AMOUNT OF PERSONAL FREEDOM ALLOWED TO YOU BY YOUR SPOUSE ☐
(V) DISSATISFACTION WITH THE AMOUNT OF PERSONAL INDEPENDENCE AND TIME AWAY FROM THE FAMILY DEMANDED BY YOUR SPOUSE ☐
(W) OTHER ☐
9. IF YOU CHOSE THE CATEGORY (W) OTHER, TO ANSWER QUESTION 8 ABOVE, PLEASE SPECIFY:


10. ARE YOU SATISFIED WITH THE EXISTING ACCESS CONDITIONS?
   (A) YES ☐  (B) NO ☐

11. IF YOU ANSWERED "NO" TO QUESTION 5 ABOVE, ARE YOU DISSATISFIED BECAUSE THE ACCESS IS:
   (A) MUCH TOO FREQUENT ☐
   (B) TOO FREQUENT ☐
   (C) SOMEWHAT TOO FREQUENT ☐
   (D) NO DIFFERENCE - NEITHER TOO FREQUENT, NOR TOO INFREQUENT ☐
   (E) SOMEWHAT TOO INFREQUENT ☐
   (F) TOO INFREQUENT ☐
   (G) MUCH TOO FREQUENT ☐

12. WHAT EFFECTS DO VISITS WITH THE NON-CUSTODIAL PARENT HAVE ON THE CHILDREN? DO THEY FIND THEM:
   (A) VERY REASSURING - i.e. VERY COMFORTING ☐
   (B) REASSURING - i.e. COMFORTING ☐
   (C) SOMEWHAT REASSURING - i.e. SOMEWHAT COMFORTING ☐
   (D) NO DIFFERENCE - NEITHER REASSURING NOR UNREASSURING - i.e. NEITHER COMFORTING NOR DISTRESSING ☐
   (E) SOMEWHAT UNREASSURING - i.e. SOMEWHAT DISTRESSING ☐
   (F) UNREASSURING - i.e. DISTRESSING ☐
   (G) VERY UNREASSURING - i.e. VERY DISTRESSING ☐
13. WHAT IS YOUR ATTITUDE TO DIVORCE? DO YOU SEE IT AS BEING:
(A) COMPLETELY JUSTIFIABLE □
(B) JUSTIFIABLE □
(C) SOMEWHAT JUSTIFIABLE □
(D) NO DIFFERENCE - NEITHER JUSTIFIABLE NOR UNJUSTIFIABLE □
(E) SOMEWHAT UNJUSTIFIABLE □
(F) UNJUSTIFIABLE □
(G) COMPLETELY UNJUSTIFIABLE □

14. WHAT DOES YOUR MINISTER AND CHURCH COMMUNITY FEEL ABOUT DIVORCE?
DO THEY BELIEVE IT TO BE:
(A) COMPLETELY ACCEPTABLE □
(B) ACCEPTABLE □
(C) SOMEWHAT ACCEPTABLE □
(D) NO DIFFERENCE - NEITHER ACCEPTABLE NOR UNACCEPTABLE □
(E) SOMEWHAT UNACCEPTABLE □
(F) UNACCEPTABLE □
(G) COMPLETELY UNACCEPTABLE □

15. DO YOU THINK THAT IT IS ACCEPTABLE FOR DIVORCED PERSONS TO RE-MARRY?
(A) YES □ (B) NO □

16. DO YOU THINK THAT YOU WILL RE-MARRY AT ANY TIME IN THE FUTURE?
(A) YES □ (B) NO □
APPENDIX II

17. IF YOU ANSWERED “YES” TO QUESTION 16 ABOVE, DO YOU BELIEVE THAT YOU COULD BE A SUCCESSFUL STEP-PARENT?
   (A) VERY CERTAIN OF SUCCESS □
   (B) CERTAIN OF SUCCESS □
   (C) SOMEWHAT CERTAIN OF SUCCESS □
   (D) NO DIFFERENCE - NEITHER CERTAIN NOR UNCERTAIN OF SUCCESS □
   (E) SOMEWHAT UNCERTAIN OF SUCCESS □
   (F) UNCERTAIN OF SUCCESS □
   (G) VERY UNCERTAIN OF SUCCESS □

18. IF YOU RE-MARRIED WOULD YOU ALLOW YOUR SPOUSE TO SHARE IN THE DISCIPLINING OF YOUR CHILDREN?
   (A) YES □  (B) NO □

19. IN WHICH OF THE FOLLOWING SITUATIONS WOULD YOU ALLOW THIS?
   (A) VERY IMPORTANT ISSUES □
   (B) IMPORTANT ISSUES □
   (C) SOMEWHAT IMPORTANT ISSUES □
   (D) NO DIFFERENCE - NEITHER IMPORTANT NOR UNIMPORTANT ISSUES □
   (E) SOMEWHAT UNIMPORTANT ISSUES □
   (F) UNIMPORTANT ISSUES □
   (G) VERY UNIMPORTANT ISSUES □

20. SHOULD THE REASONS FOR THE DIVORCE BE EXPLAINED TO THE CHILDREN?
   (A) YES □  (B) NO □

21. IS IT ACCEPTABLE TO SAY NEGATIVE OR CRITICAL THINGS ABOUT THE EX-SPOUSE TO THE CHILDREN, OR IN THEIR PRESENCE?
   (A) YES □  (B) NO □
22. WHAT KIND OF EFFECT DO YOU THINK DENIGRATING THE EX-SPOUSE HAS ON THE CHILDREN?
   (A) VERY UNHARMFUL □
   (B) UNHARMFUL □
   (C) SOMETHING UNHARMFUL □
   (D) NO DIFFERENCE - NEITHER UNHARMFUL NOR HARMFUL □
   (E) SOMETHING HARMFUL □
   (F) HARMFUL □
   (G) VERY HARMFUL □

23. WHAT ARE YOUR MAJOR FEELINGS ABOUT THE DIVORCE?
   (TICK WHATEVER IS APPLICABLE)
   (A) ANGER □
   (B) OUTRAGE □
   (C) SHOCK □
   (D) SURPRISE □
   (E) RELIEF □
   (F) HUMILIATION □
   (G) WORTHLESSNESS □
   (H) INADEQUACY □
   (I) LONELINESS □
   (J) BETRAYAL □
   (K) HAPPINESS □
   (L) UNHAPPINESS □
   (M) SENSE OF FREEDOM □
   (N) FEAR OF THE FUTURE □
   (O) OTHER □

24. IF YOU ANSWERED (O) OTHER, TO QUESTION 23 ABOVE, PLEASE SPECIFY:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
25. JUST BEFORE, DURING AND AFTER THE DIVORCE, WHAT SORT OF HELP AND ADVICE WOULD YOU HAVE VALUED MOST?

(A) ADVICE ON LEGAL RIGHTS □
(B) ADVICE ON FINANCIAL MATTERS, HELP FROM AN ACCOUNTANT □
(C) PSYCHOLOGICAL HELP TO DEAL WITH THE STRESS AND TRAUMA □
(D) ADVICE ON SOCIAL WELFARE ENTITLEMENTS - FAMILY MAINTENANCE GRANTS, LEGAL AID ETC. □
(E) OTHER □

26. IF YOU CHOSE CATEGORY (E) OTHER, TO ANSWER QUESTION 25 ABOVE, PLEASE SPECIFY.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
SECTION 1 - PERSONAL DATA

1. FAMILY SURNAME ________________________________________________
2. INDEX CHILD’S FORENAMES ________________________________________
3. AGE __________  4. DATE OF BIRTH ________________________________
5. HOME ADDRESS _________________________________________________
6. HOME TELEPHONE NUMBER ________________________________________
7. SCHOOL ATTENDED ______________________________________________
8. PRESENT SCHOOL STANDARD ______________________________________
9. SIBLINGS

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>SCHOOL ATTENDED</th>
<th>PRESENT STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. ANY SPECIAL OR NOTEWORTHY FEATURES ______________________________________

SECTION 2 - SOCIO-ECONOMIC FACTORS

1. WHERE DO YOU LIVE?
   (A) HOUSE □
   (B) SIMPLEX □
   (C) DUPLEX □
   (D) FLAT □
   (E) HOTEL/BOARDING HOUSE □
   (F) SHARED ACCOMMODATION □
   (G) OTHER □
2. IF YOU ANSWERED "OTHER" IN QUESTION 1 ABOVE, PLEASE SPECIFY.

3. HOW LONG HAVE YOU LIVED IN YOUR PRESENT ACCOMMODATION?
   (A) LESS THAN 6 MONTHS □
   (B) 6 - 12 MONTHS □
   (C) 13 - 24 MONTHS □
   (D) 25 - 36 MONTHS □
   (E) LONGER THAN 36 MONTHS □

4. IF YOU HAVE MOVED FAIRLY RECENTLY, WHERE DID YOU LIVE BEFORE?
   (A) HOUSE □
   (B) SIMPLEX □
   (C) DUPLEX □
   (D) FLAT □
   (E) HOTEL/BOARDING HOUSE □
   (F) SHARED ACCOMMODATION □
   (G) OTHER □

5. WHY DID YOU MOVE? PLEASE SPECIFY.

6. IN WHICH OF THE TWO PLACES WOULD YOU RATHER LIVE?
   (A) OLD HOME □ (B) PRESENT HOME □

7. DO YOU PRESENTLY HAVE YOUR OWN ROOM OR DO YOU SHARE A ROOM WITH SOMEONE ELSE?
   (A) OWN ROOM □ (B) SHARE □
APPENDIX II

8. IF YOU SHARE, WITH WHOM DO YOU SHARE A ROOM?
   (A) YOUNGER SIBLING □
   (B) PARENT □
   (C) RELATIVE □
   (D) OTHER □

9. IF YOU ANSWERED (C) RELATIVE OR (D) OTHER TO QUESTION 8 ABOVE, PLEASE SPECIFY.

10. HAVE YOU ALWAYS SHARED A ROOM?
    (A) YES □    (B) NO □

11. DID YOU SHARE A ROOM BEFORE YOU MOVED INTO YOUR PRESENT HOME?
    (A) YES □    (B) NO □

12. DOES YOUR MOTHER WORK?
    (A) YES □    (B) NO □

13. IF YOU ANSWERED "YES" TO QUESTION 12 ABOVE, FOR HOW LONG HAS YOUR MOTHER WORKED?
    (A) HAS ALWAYS WORKED □
    (B) HAS WORKED FOR QUITE A LONG TIME □
    (C) HAS WORKED FOR A SHORT TIME ONLY □
    (D) HAS WORKED FOR THE FIRST TIME YOU CAN REMEMBER □

14. WHAT SORT OF TIME DOES YOUR MOTHER WORK?
    (A) FULL-TIME □
    (B) PART-TIME □
    (C) FLEXI-TIME □
15. DO YOU THINK YOUR MUM LIKES WORKING, OR DO YOU THINK SHE MUST WORK SO THAT YOU, AS A FAMILY, CAN BUY THE THINGS THAT YOU NEED?
   (A) LIKES TO WORK □  (B) MUST WORK □

16. DO YOU MIND YOUR MUM WORKING?
   (A) YES □  (B) NO □

17. DOES YOUR MUM HAVE A CAR?
   (A) YES □  (B) NO □

18. IF YOU ANSWERED “NO” TO QUESTION 17 ABOVE, HAS YOUR MUM EVER HAD A CAR?
   (A) YES □  (B) NO □

19. IF YOUR MOTHER DID HAVE A CAR BUT DOESN’T HAVE ONE NOW, WHAT DIFFERENCE HAS THIS MADE TO YOUR EVERYDAY LIVING? HAS IT MADE DAILY LIVING:
   (A) VERY DIFFICULT □
   (B) DIFFICULT □
   (C) NO DIFFERENCE - NEITHER DIFFICULT NOR EASY □
   (D) EASY □
   (E) VERY EASY □

20. WHY DO YOU THINK YOUR MOTHER NO LONGER RUNS A CAR?
   (A) TOO EXPENSIVE TO REPAIR □
   (B) CANNOT AFFORD THE PETROL □
   (C) EQUALLY CONVENIENT TO TAKE THE BUS □
   (D) TEACHES CHILDREN TO FIND THEIR OWN WAY □

21. DOES YOUR MUM HAVE A DOMESTIC SERVANT TO HELP WITH THE HOUSEWORK?
   (A) FULL-TIME HELP □
   (B) PART-TIME HELP □
   (C) NO HELP □
22. IF YOU COMPARE THE AMOUNT OF HELP YOUR MUM HAS NOW WITH THE HELP SHE HAD BEFORE, IS IT:
   (A) MUCH MORE HELP ☐
   (B) MORE HELP ☐
   (C) NO DIFFERENCE - NEITHER MORE NOR LESS HELP ☐
   (D) LESS HELP ☐
   (E) MUCH LESS HELP ☐

23. WHY DO YOU THINK YOUR MUM STOPPED HAVING HELP WITH THE HOUSEWORK?
   (A) CAN'T AFFORD HELP ☐
   (B) PREFERENCES TO DO HER OWN WORK NOW ☐
   (C) THINKS IT TIME THE CHILDREN LEARNED TO HELP WITH THE HOUSEWORK ☐

24. DO YOU GET POCKET MONEY ON A REGULAR BASIS?
   (A) YES ☐   (B) NO ☐

25. IF YOU ANSWERED "NO" TO QUESTION 24 ABOVE, DID YOU EVER GET POCKET MONEY?
   (A) YES ☐   (B) NO ☐

26. IF YOU ANSWERED "YES" TO QUESTION 24 ABOVE, WHO GIVES YOU POCKET MONEY?
   (A) FATHER ☐
   (B) MOTHER ☐
   (C) BOTH PARENTS ☐
   (D) OTHER ☐

27. IF YOU ANSWERED (D) "OTHER" TO QUESTION 26 ABOVE, PLEASE SPECIFY.
28. IF YOU DON'T GET POCKET MONEY ANY MORE, WHAT DO YOU THINK THE REASON IS?
(A) NOT ENOUGH MONEY AVAILABLE ☐
(B) MOTHER DOESN'T THINK POCKET MONEY IS NECESSARY ☐
(C) FATHER DOESN'T THINK POCKET MONEY IS NECESSARY ☐
(D) PARENTS FEEL THAT CHILDREN SHOULD EARN THEIR OWN POCKET MONEY ☐
(E) OTHER REASON ☐

29. IF YOU CHOSE THE CATEGORY "OTHER" FOR QUESTION 28 ABOVE, PLEASE SPECIFY.

30. HOW MANY PROPER "GOING AWAY FROM HOME" HOLIDAYS DO YOU HAVE NOW IN ONE YEAR WITH YOUR MUM?
(A) TWO ☐
(B) ONE ☐
(C) NONE ☐

31. HOW MANY PROPER "GOING AWAY FROM HOME" HOLIDAYS DO YOU HAVE NOW IN ONE YEAR WITH YOUR DAD?
(A) TWO ☐
(B) ONE ☐
(C) NONE ☐

32. DO YOU HAVE MORE OR FEWER HOLIDAYS THAN YOU DID IN THE PAST?
(A) FAR MORE HOLIDAYS ☐
(B) MORE HOLIDAYS ☐
(C) NO DIFFERENCE - NEITHER MORE NOR FEWER ☐
(D) FEWER HOLIDAYS ☐
(E) FAR FEWER HOLIDAYS ☐
APPENDIX II

33. IF YOU HAVE FEWER HOLIDAYS NOW THAN YOU DID IN THE PAST, WHAT DO YOU THINK THE REASON MIGHT BE?
   (A) MUM CAN'T AFFORD HOLIDAYS □
   (B) DAD CAN'T AFFORD HOLIDAYS □
   (C) MUM CAN'T GET TIME OFF WORK FOR HOLIDAYS □
   (D) DAD CAN'T GET TIME OFF WORK FOR HOLIDAYS □
   (E) IT'S MORE FUN TO STAY AT HOME □
   (F) FAMILY CAN'T AGREE ON WHERE TO GO □
   (G) FAMILY MEMBERS DON'T ENJOY HOLIDAYS TOGETHER □
   (H) OTHER □

34. IF YOU CHOSE CATEGORY (H) "OTHER" TO ANSWER QUESTION 33 ABOVE, PLEASE SPECIFY.

35. DO YOU GENERALLY GO ON SCHOOL SPORTS OR EDUCATIONAL TOURS, E.G. HISTORY OR NATURE TOURS?
   (A) YES □ (B) NO □

36. IF YOU DON'T GO, WHAT IS THE REASON?
   (A) CAN'T AFFORD TO □
   (B) DON'T LIKE TO LEAVE THE FAMILY □
   (C) DON'T ENJOY THE TOURS □
   (D) WOULD HAVE TO MISS OTHER PREFERRED ACTIVITIES □
   (E) OTHER □

37. IF YOU CHOSE THE CATEGORY "OTHER" TO ANSWER QUESTION 36 ABOVE, PLEASE SPECIFY.
   ________________________
   ________________________
   ________________________

255
38. AT PRESENT, WHICH OF THE FOLLOWING ELECTRONIC EQUIPMENT DO YOU HAVE FOR LEISURE-TIME ENTERTAINMENT?
   (A) TELEVISION SET □
   (B) VIDEO CASSETTE RECORDER □
   (C) M-NET DECODER □
   (D) MUSIC CENTRE (RECORD AND TAPE PLAYER) □
   (E) RECORD PLAYER □
   (F) TAPE PLAYER □

39. DID YOU HAVE ANY OF THIS ELECTRONIC EQUIPMENT IN THE PAST THAT YOU DON'T HAVE NOW?
   (A) YES □ (B) NO □

40. IF YOU ANSWERED "YES" TO QUESTION 39 ABOVE, PLEASE MARK WHICH EQUIPMENT YOU HAD.
   (A) TELEVISION SET □
   (B) VIDEO CASSETTE RECORDER □
   (C) M-NET DECODER □
   (D) MUSIC CENTRE (RECORD AND TAPE PLAYER) □
   (E) RECORD PLAYER □
   (F) TAPE PLAYER □

41. IF YOU HAVE HAD TO GIVE UP ANY OF THE ELECTRONIC EQUIPMENT YOU USED TO HAVE, WHAT DO YOU THINK THE REASON/REASONS IS/ARE?
   (A) CAN NO LONGER AFFORD IT □
   (B) EQUIPMENT BELONGED TO PARENT WHO LEFT □
   (C) CUSTODIAL PARENT FEELS VIEWING/LISTENING INTERFERES WITH HOMEWORK AND/OR CHORES □
   (D) DON'T ENJOY USING THE EQUIPMENT ANY MORE □
   (E) CUSTODIAL PARENT FEELS THAT CHILDREN SHOULD LEARN TO AMUSE THEMSELVES □
   (F) OTHER □
42. IF YOU CHOSE CATEGORY (E) "OTHER" TO ANSWER QUESTION 41 ABOVE, PLEASE SPECIFY.

________________________________________________________________________

________________________________________________________________________

43. DO YOU TAKE PART IN ANY PRIVATE EXTRA-MURAL ACTIVITIES AFTER SCHOOL?
   (A) YES □   (B) NO □

44. IF YOU ANSWERED "YES" TO QUESTION 43 ABOVE, PLEASE INDICATE WHICH OF THE ACTIVITIES LISTED BELOW ARE THOSE THAT YOU PARTICIPATE IN.
   (A) MUSIC LESSONS □
   (B) BALLET OR OTHER DANCING LESSONS □
   (C) SPEECH TRAINING □
   (D) CLUB SWIMMING LESSONS □
   (E) TENNIS LESSONS □
   (F) CLUB SOCCER TRAINING □
   (G) KARATE □
   (H) ART LESSONS □
   (I) SCOUTS/CUBS/GUIDES/BROWNIES □
   (J) HORSE RIDING □
   (K) OTHER □

45. IF YOU CHOSE CATEGORY (K) "OTHER" TO QUESTION 44 ABOVE, PLEASE SPECIFY.

________________________________________________________________________

________________________________________________________________________

46. IF YOU DON'T TAKE PART IN ANY EXTRA-MURAL ACTIVITIES AT PRESENT, DID YOU PARTICIPATE IN ANY SUCH ACTIVITIES IN THE PAST?
   (A) YES □   (B) NO □
APPENDIX II

47. IF YOU ANSWERED "YES" TO QUESTION 46 ABOVE, WHY DID YOU STOP PARTICIPATING?
(A) LOST INTEREST □
(B) THE ACTIVITIES INTERFERED WITH HOMEWORK □
(C) CAN NO LONGER AFFORD TO PARTICIPATE □
(D) TRANSPORT PROBLEMS - CAN NO LONGER GET TO VENUE OF ACTIVITY □
(E) OUTGROW THE ACTIVITY □
(F) OTHER □

48. IF YOU CHOSE CATEGORY (F) "OTHER" TO ANSWER QUESTION 47 ABOVE, PLEASE SPECIFY.

__________________________________________________________
__________________________________________________________
__________________________________________________________

SECTION 3 - PHYSICAL HEALTH

1. HAVE YOU BEEN FEELING WELL OR SICK FOR A LOT OF THE TIME LATELY?
(A) MOSTLY WELL □ (B) MOSTLY SICK □

2. IS THE WAY YOU HAVE BEEN FEELING LATELY AT ALL DIFFERENT FROM THE WAY YOU USED TO FEEL?
(A) YES □ (B) NO □

3. IF YOUR STATE OF HEALTH HAS CHANGED LATELY, PLEASE INDICATE HOW YOU USED TO FEEL ON THE SCALE GIVEN BELOW.
(A) WELL ALL THE TIME □
(B) WELL MOST OF THE TIME □
(C) NO DIFFERENCE - NEITHER WELL MORE OF THE TIME, NOR SICK MORE OF THE TIME □
(D) SICK MOST OF THE TIME □
(E) SICK ALL THE TIME □
APPENDIX II

4. IF YOU DON'T FEEL WELL FOR MUCH OF THE TIME LATELY, IN WHAT WAYS DO YOU FEEL SICK?
   (A) RESPIRATORY INFECTIONS (COUGHS, COLD, 'FLU, ASTHMA) □
   (B) GASTRIC UPSETS: SORE TUMMY, NAUSEA, CRAMPS, CONSTIPATION, DIARRHOEA □
   (C) HEADACHES □
   (D) ALLERGIES OR SKIN COMPLAINTS □
   (E) OTHER □

5. IF YOU CHOSE CATEGORY (E) "OTHER" TO ANSWER QUESTION 4 ABOVE, PLEASE SPECIFY.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. IF YOU ARE MORE OFTEN SICK LATELY THAN YOU WERE IN THE PAST, WHAT DO YOU THINK THE REASONS ARE?
   (A) STRESS: DIFFICULT TO ADJUST TO NEW ENVIRONMENT, NEW SCHOOL, THE MAKING OF NEW FRIENDS ETC. □
   (B) SEPARATION: MISERABLE THAT PARENTS ARE NO LONGER TOGETHER □
   (C) MISS FATHER VERY MUCH INDEED □
   (D) UPSET BY MOTHER'S DEPRESSION AND UNHAPPINESS □
   (E) AFFECTED BY THE PRESSURES OF HAVING TO BE "GROWN UP" AND RESPONSIBLE □
   (F) FINANCIAL DIFFICULTIES - INSUFFICIENT MONEY FOR ALL THE NECESSITIES □
   (G) OTHER □

7. IF YOU CHOSE CATEGORY (G) "OTHER" TO ANSWER QUESTION 5 ABOVE, PLEASE SPECIFY.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
APPENDIX II

8. WHAT ABOUT YOUR BROTHERS AND SISTERS? (WHERE APPLICABLE) HAVE THEY BEEN FEELING WELL OR SICK FOR A LOT OF THE TIME LATELY?
   (A) MOSTLY WELL ☐ (B) MOSTLY SICK ☐

SIBLINGS NAMES - [State whether (A) or (B) for each one]

9. IS THE WAY THEY HAVE BEEN FEELING LATELY DIFFERENT FROM THE WAY THEY USED TO FEEL?
   (A) YES ☐ (B) NO ☐

SIBLINGS NAMES - [State whether (A) or (B) for each one]

10. IF THE STATE OF THEIR HEALTH HAS CHANGED LATELY, PLEASE INDICATE HOW THEY USED TO FEEL ON THE SCALE PROVIDED BELOW.
   (A) WELL ALL THE TIME ☐
   (B) WELL MOST OF THE TIME ☐
   (C) NO DIFFERENCE - NEITHER WELL MORE OF THE TIME NOR SICK MORE OF THE TIME ☐
   (D) SICK MOST OF THE TIME ☐
   (E) SICK ALL THE TIME ☐

SIBLINGS NAMES - [State whether (A), (B), (C), (D) or (E) for each one]
11. IF YOUR BROTHERS AND SISTERS DON'T FEEL WELL FOR A LOT OF THE TIME LATELY, IN WHAT WAYS DO THEY FEEL SICK?
   (A) RESPIRATORY INFECTIONS: COUGHS, Colds, 'FLU, ASTHMA
   (B) GASTRIC UPSETS: SORE TUMMY, Nausea, cramps, CONSTIPATION, DIARRHOEA
   (C) HEADACHES
   (D) ALLERGIES OR SKIN COMPLAINTS
   (E) OTHER

   SIBLINGS NAMES - [State whether (A), (B), (C), (D) or (E) for each one]
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

12. IF YOU CHOSE THE CATEGORY (E) "OTHER" TO QUESTION 11 ABOVE, IN RESPECT OF ANY OR ALL YOUR BROTHERS AND SISTERS, PLEASE SPECIFY.
   SIBLING NAMES - (How each one feels sick)
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

13. IF YOUR BROTHERS AND SISTERS ARE MORE OFTEN SICK LATELY THAN THEY USED TO BE, WHAT DO YOU THINK THE REASONS ARE?
   (A) STRESS: DIFFICULT TO ADJUST TO NEW ENVIRONMENT, NEW SCHOOL, THE MAKING OF NEW FRIENDS, ETC.
   (B) SEPARATION: MISERABLE BECAUSE PARENTS NO LONGER TOGETHER
   (C) MISS FATHER VERY MUCH
   (D) UPSET BY MOTHER'S DEPRESSION AND UNHAPPINESS
   (E) AFFECTED BY THE PRESSURES OF HAVING TO BE TOO "GROWN UP" AND RESPONSIBLE
   (F) FINANCIAL DIFFICULTIES - INSUFFICIENT MONEY FOR ALL THE NECESSITIES
   (G) OTHER
APPENDIX II

SIBLINGS NAMES - [State whether (A), (B), (C), (D), (E), (F) or (G) for each one]


14. IF YOU CHOSE CATEGORY (G) "OTHER" TO ANSWER QUESTION 13 ABOVE, IN RESPECT
OF ANY OR ALL OF YOUR BROTHERS AND SISTERS, PLEASE SPECIFY.

SIBLING NAMES - (Why each one feels sick)


15. HAS YOUR MOTHER BEEN FEELING WELL OR SICK FOR A LOT OF THE TIME LATELY?

(A) MOSTLY WELL □ (B) MOSTLY SICK □

16. IS THE WAY YOUR MOTHER FEELS NOW DIFFERENT FROM THE WAY SHE USED TO
FEEL?

(A) YES □ (B) NO □

17. IF THE STATE OF YOUR MOTHER'S HEALTH HAS CHANGED LATELY, PLEASE INDICATE
HOW SHE USED TO FEEL ON THE SCALE PROVIDED BELOW.

(A) WELL ALL THE TIME □

(B) WELL MOST OF THE TIME □

(C) NO DIFFERENCE - NEITHER WELL MORE OF THE TIME NOR SICK MORE OF THE
TIME □

(D) SICK MOST OF THE TIME □

(E) SICK ALL THE TIME □
18. IF YOUR MOTHER DOESN'T FEEL WELL A LOT OF THE TIME LATELY, IN WHAT WAYS DOES SHE FEEL SICK?

(A) RESPIRATORY INFECTIONS: COUGHS, Colds, FLU, ASTHMA □
(B) GASTRIC UPSETS: SORE TUMMY, NAUSEA, CRAMPS, CONSTIPATION, DIARRHOEA □
(C) HEADACHES □
(D) ALLERGIES OR SKIN COMPLAINTS □
(E) OTHER □

19. IF YOU CHOSE THE CATEGORY (E) “OTHER” TO ANSWER QUESTION 18 ABOVE, PLEASE SPECIFY.

____________________________________________________
____________________________________________________

20. IF YOUR MOTHER IS MORE OFTEN SICK LATELY THAN SHE USED TO BE, WHAT DO YOU THINK THE REASONS ARE?

(A) STRESS: DIFFICULT TO ADJUST TO THE NEW ENVIRONMENT, POSSIBLY TO A NEW JOB AND TO MAKING NEW FRIENDS □
(B) SEPARATION: UPSET ABOUT SEPARATION FROM HUSBAND □
(C) UPSET AND DEPRESSED BY HER NEW STATUS □
(D) AFFECTED BY THE PRESSURES OF BEING TOTALLY RESPONSIBLE FOR THE WELFARE OF THE FAMILY □
(E) FINANCIAL DIFFICULTIES: NOT ENOUGH MONEY TO MEET ALL THE NEEDS OF THE FAMILY □
(F) OTHER □

21. IF YOU CHOSE CATEGORY (F) “OTHER” TO ANSWER QUESTION 20 ABOVE, PLEASE SPECIFY.

____________________________________________________
____________________________________________________
APPENDIX II

SECTION 4 - PSYCHOLOGICAL FACTORS

1. HOW DO YOU FEEL ABOUT LIFE AT THE PRESENT TIME? DO YOU FEEL:
   (A) VERY HAPPY WITH LIFE
   (B) HAPPY WITH LIFE
   (C) NO DIFFERENCE - NEITHER HAPPY NOR UNHAPPY WITH LIFE
   (D) UNHAPPY WITH LIFE
   (E) VERY UNHAPPY WITH LIFE

2. HAVE YOU ALWAYS FELT THIS WAY ABOUT LIFE?
   (A) YES
   (B) NO

3. HOW DID YOU FEEL ABOUT LIFE IN THE PAST?
   (A) HAPPIER
   (B) THE SAME
   (C) UNHAPPIER

4. HOW DO YOU THINK YOU WILL FEEL ABOUT LIFE IN THE FUTURE?
   (A) BETTER
   (B) THE SAME
   (C) WORSE

5. HOW HAS EVERYTHING BEEN GOING FOR YOU LATELY?
   (A) VERY WELL
   (B) WELL
   (C) NO DIFFERENCE - NEITHER WELL NOR BADLY
   (D) BADLY
   (E) VERY BADLY

6. HAVE THINGS ALWAYS GONE THIS WAY FOR YOU?
   (A) YES
   (B) NO
APPENDIX II

7. HOW DID THINGS GO FOR YOU IN THE PAST? WERE THEY:
   (A) MUCH BETTER □
   (B) BETTER □
   (C) NO DIFFERENCE - NEITHER BETTER NOR WORSE □
   (D) WORSE □
   (E) MUCH WORSE □

8. HOW DO YOU THINK THINGS WILL GO FOR YOU IN THE FUTURE? WILL THEY BE:
   (A) BETTER □
   (B) THE SAME □
   (C) WORSE □

9. HOW DO YOU COPE WITH (MANAGE) ALL THE THINGS YOU ARE EXPECTED TO DO EVERY DAY? DO YOU COPE (MANAGE):
   (A) VERY WELL □
   (B) WELL □
   (C) NO DIFFERENCE - NEITHER WELL NOR BADLY □
   (D) BADLY □
   (E) VERY BADLY □

10. HAVE YOU ALWAYS COPED AS WELL OR AS BADLY AS YOU ARE COPING (MANAGING) NOW?
    (A) YES □ (B) NO □

11. IN THE PAST, HOW DID YOU COPE WITH (MANAGE) ALL THE THINGS THAT YOU WERE EXPECTED TO DO EVERY DAY? DID YOU COPE (MANAGE):
    (A) BETTER THAN AT PRESENT □
    (B) THE SAME AS AT PRESENT □
    (C) WORSE THAN AT PRESENT □
12. HOW DO YOU THINK YOU WILL COPE WITH (MANAGE) ALL THE THINGS THAT ARE EXPECTED OF YOU EVERY DAY, IN THE FUTURE? WILL YOU COPE (MANAGE): 
(A) BETTER THAN AT PRESENT
(B) THE SAME AS AT PRESENT
(C) WORSE THAN AT PRESENT

13. HAVE YOU BEEN WORRIED LATELY BECAUSE YOU HAVE HAD A FEELING THAT SOMETHING UNPLEASANT MIGHT BE COMING? HAVE YOU FELT: 
(A) UNCONCERNED (NOT WORRIED) ALL THE TIME
(B) UNCONCERNED (NOT WORRIED) PART OF THE TIME
(C) NO DIFFERENCE: NEITHER UNCONCERNED (NOT WORRIED) NOR CONCERNED (WORRIED) ANY OF THE TIME
(D) CONCERNED (WORRIED) PART OF THE TIME
(E) CONCERNED (WORRIED) ALL THE TIME

14. IN THE PAST, WERE YOU WORRIED BECAUSE YOU HAD A FEELING THAT SOMETHING UNPLEASANT MIGHT BE COMING? 
(A) YES
(B) NO

15. HOW OFTEN IN THE PAST WERE YOU WORRIED BECAUSE YOU HAD A FEELING THAT SOMETHING UNPLEASANT MIGHT BE COMING? DID YOU FEEL THIS WAY: 
(A) MORE OFTEN THAN AT PRESENT
(B) THE SAME AS AT PRESENT
(C) LESS OFTEN THAN AT PRESENT

16. IN THE FUTURE, HOW OFTEN DO YOU THINK YOU WILL BE WORRIED BECAUSE YOU HAVE A FEELING THAT SOMETHING UNPLEASANT MIGHT BE COMING? 
(A) MORE OFTEN THAN AT PRESENT
(B) THE SAME AS AT PRESENT
(C) LESS OFTEN THAN AT PRESENT
17. AT THE PRESENT TIME (NOW), DO YOU GENERALLY FEEL SAFE (SECURE) OR UNSAFE (INSECURE)? DO YOU FEEL:
(A) VERY SAFE (SECURE) □
(B) SAFE (SECURE) □
(C) NO DIFFERENCE - NEITHER SAFE (SECURE), NOR UNSAFE (INSECURE) □
(D) UNSAFE (INSECURE) □
(E) VERY UNSAFE (INSECURE) □

18. HAVE YOU ALWAYS FELT THIS SAFE (SECURE) OR UNSAFE (INSECURE)?
(A) YES □ (B) NO □

19. IN THE PAST, DID YOU FEEL MORE SAFE (SECURE) OR UNSAFE (INSECURE) THAN YOU DO NOW?
(A) MORE SAFE (SECURE) □
(B) THE SAME AS NOW □
(C) MORE UNSAFE (INSECURE) □

20. IN THE FUTURE, DO YOU THINK THAT YOU WILL FEEL MORE SAFE (SECURE) OR UNSAFE (INSECURE) THAN YOU DO NOW?
(A) MORE SAFE (SECURE) □
(B) THE SAME AS NOW □
(C) MORE UNSAFE (INSECURE) □

21. WHICH OF THE WORDS GIVEN BELOW BEST MATCH THE WAY YOU GENERALLY FEEL THESE DAYS?
(A) HAPPY □ (B) UNHAPPY □
(C) FRIGHTENED □ (D) ANGRY □
(E) RELAXED □ (F) CALM □
(G) UPSET □ (H) TENSE □
(I) HURT □ (J) WORRIED □
(K) CHEERFUL □ (L) MOODY □
(M) OTHER □
22. IF YOU CHOSE CATEGORY (M) "OTHER" TO ANSWER QUESTION 21 ABOVE, PLEASE SPECIFY.

23. WHAT ABOUT YOUR APPETITE? IS IT:
   (A) VERY GOOD □
   (B) GOOD □
   (C) NO DIFFERENCE - NEITHER GOOD NOR POOR (BAD) □
   (D) POOR (BAD) □
   (E) VERY POOR (BAD) □

24. HOW DO YOU SLEEP?
   (A) VERY WELL □
   (B) WELL □
   (C) NO DIFFERENCE - NEITHER WELL NOR BADLY □
   (D) BADLY □
   (E) VERY BADLY □

25. WHICH OF THE DESCRIPTIONS GIVEN BELOW BEST DESCRIBES THE WAY YOU SLEEP?
   (A) I SLEEP LIKE A LOG EVERY NIGHT □
   (B) I SLEEP SOUNDLY MOST NIGHTS □
   (C) I LIE AWAKE FOR SOME TIME BEFORE I FALL ASLEEP □
   (D) I FALL ASLEEP FAIRLY EASILY, BUT I KEEP WAKING UP □
   (E) I WAKE UP VERY EARLY (4 OR 5 O’CLOCK) AND CAN’T GO BACK TO SLEEP AGAIN □
26. WHAT ABOUT DREAMING? DO YOU DREAM:
   (A) VERY OFTEN □
   (B) OFTEN □
   (C) NO DIFFERENCE - NEITHER OFTEN NOR SELDOM □
   (D) SELDOM □
   (E) VERY SELDOM □

27. WHAT SORT OF DREAMS DO YOU HAVE? ARE THEY:
   (A) VERY PLEASANT □
   (B) PLEASANT □
   (C) NO DIFFERENCE - NEITHER PLEASANT NOR UNPLEASANT (FRIGHTENING) □
   (D) UNPLEASANT (FRIGHTENING) □
   (E) VERY UNPLEASANT (FRIGHTENING) □

28. DO YOU MISS YOUR DAD?
   (A) VERY MUCH □
   (B) A LITTLE □
   (C) NOT AT ALL □

29. ARE YOU ANGRY ABOUT THE DIVORCE?
   (A) YES □ (B) NO □

30. WHO DO YOU BLAME FOR THE DIVORCE?
   (A) MOTHER □
   (B) FATHER □
   (C) BOTH PARENTS □
   (D) YOURSELF □
   (E) ANOTHER MAN/ANOTHER WOMAN □
   (F) NO ONE □
   (G) OTHER □
31. IF YOU CHOSE CATEGORY (G) "OTHER" TO ANSWER QUESTION 30 ABOVE, PLEASE SPECIFY.

32. IF YOU ARE NOT ANGRY ABOUT YOUR PARENTS’ DIVORCE, WHICH OF THE FEELINGS BELOW BEST MATCH HOW YOU FEEL ABOUT IT?
(A) UNHAPPY  □  (B) HAPPY  □
(C) REJECTED  □  (D) SURPRISED  □
(E) SHOCKED  □  (F) EMBARRASSED  □
(G) RELIEVED  □  (H) GUILTY  □
(I) ASHAMED  □  (J) OTHER  □

33. IF YOU CHOSE CATEGORY (J) "OTHER" TO ANSWER QUESTION 32 ABOVE, PLEASE SPECIFY.

34. ARE YOU WORRIED ABOUT THE FUTURE?
(A) YES  □  (B) NO  □

35. HOW DO YOU THINK THE FUTURE WILL BE FOR YOU?
(A) HAPPY  □
(B) UNHAPPY  □
(C) A SUCCESS  □
(D) A FAILURE  □
(E) BETTER THAN NOW  □
(F) WORSE THAN NOW  □
(G) OTHER  □
36. IF YOU CHOSE CATEGORY (G) "OTHER" TO ANSWER QUESTION 35 ABOVE, PLEASE SPECIFY.

37. DO YOU THINK THAT THE FACT THAT YOUR PARENTS ARE DIVORCED AFFECTS THE WAY THAT OTHER KIDS FEEL ABOUT YOU?
   (A) YES □   (B) NO □

38. IF YOU ANSWERED "YES" TO QUESTION 37 ABOVE, WHICH OF THE WAYS DESCRIBED BELOW BEST MATCH THE WAY YOU THINK THEY FEEL ABOUT YOU?
   (A) THAT YOU ARE DIFFERENT FROM THEM □
   (B) THAT THERE MUST BE SOMETHING WRONG WITH YOUR FAMILY □
   (C) THAT YOU ARE NOT THE SORT OF KID THEY WANT TO PLAY WITH □
   (D) THAT THEY FEEL SORRY FOR YOU □
   (E) THAT YOU MUST HAVE ALL KINDS OF PROBLEMS □
   (F) THAT THEY ARE BETTER THAN YOU □

SECTION 5 - OPINIONS AND ATTITUDES

1. DO YOU THINK THAT IT IS ACCEPTABLE (ALL RIGHT) FOR MARRIED COUPLES TO GET DIVORCED?
   (A) YES □   (B) NO □
2. IF YOU ANSWERED "NO" TO QUESTION 1 ABOVE, WHICH OF THE REASONS BELOW BEST MATCH WHY YOU THINK THAT IT IS NOT ACCEPTABLE FOR MARRIED COUPLES TO GET DIVORCED?

(A) BECAUSE IT SEPARATES FAMILY MEMBERS

(B) BECAUSE WHEN PEOPLE DIVORCE THEY BREAK THEIR MARRIAGE VOWS WHICH REQUIRE THAT COUPLES REMAIN TOGETHER UNTIL THEY DIE

(C) BECAUSE DIVORCE CAUSES FINANCIAL HARDSHIP FOR ALL THE PERSONS INVOLVED

(D) BECAUSE IT IS DIFFICULT FOR CHILDREN TO GROW UP IN A SINGLE-PARENT FAMILY

(E) BECAUSE LIFE IS VERY LONELY FOR THE NON-CUSTODIAL PARENT

(F) OTHER REASONS

3. IF YOU CHOSE CATEGORY (F) "OTHER" TO ANSWER QUESTION 2 ABOVE, PLEASE SPECIFY.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX II

4. IF YOU ANSWERED “YES” TO QUESTION 1, WHICH OF THE REASONS GIVEN BELOW BEST MATCH WHY YOU THINK THAT IT IS ACCEPTABLE (ALL RIGHT) FOR MARRIED COUPLES TO DIVORCE?

(A) BECAUSE PEOPLE SHOULD NOT BE FORCED TO STAY WITH ONE ANOTHER IF THEY ARE NO LONGER HAPPY TOGETHER □

(B) BECAUSE EVERYONE MAKES MISTAKES, PARTICULARLY ABOUT RELATIONSHIPS WITH OTHERS, SO THEY SHOULD BE “LET OFF” THEIR MARRIAGE VOWS IF THEY ARE REALLY UNHAPPY □

(C) BECAUSE WHEN PARENTS DON’T GET ON THEY FIGHT ALL THE TIME AND THIS UPSETS THE WHOLE FAMILY □

(D) BECAUSE THE CHILDREN ARE BETTER OFF LIVING IN PEACE WITH ONE PARENT THAN LIVING IN CONSTANT CONFLICT WITH BOTH PARENTS □

(E) BECAUSE THE LAW OF THE LAND ALLOWS DIVORCE, OTHER PEOPLE HAVE NO RIGHT TO OBJECT □

(F) OTHER □

5. IF YOU CHOSE CATEGORY (F) “OTHER” TO ANSWER QUESTION 4 ABOVE, PLEASE SPECIFY.

_________________________________________________________

_________________________________________________________
6. WHAT DOES YOUR MINISTER THINK ABOUT DIVORCE? WHICH OF THE ALTERNATIVES GIVEN BELOW BEST MATCH WHAT HE BELIEVES?

(A) THAT DIVORCE IS UNACCEPTABLE EVEN IF THE MARRIAGE PARTNERS ARE DESPERATELY UNHAPPY TOGETHER

(B) THAT THE MOST A COUPLE CAN DO IF THEY FIND IT IMPOSSIBLE TO LIVE TOGETHER, IS TO SEPARATE

(C) THAT A COUPLE MUST FIRST DO EVERYTHING POSSIBLE TO PUT THEIR MARRIAGE RIGHT AND ONLY IF EVERYTHING FAILS IS IT ACCEPTABLE FOR THEM TO SEEK A DIVORCE

(D) THAT HUMAN BEINGS ARE FALLIBLE AND THUS IF A COUPLE HAVE MADE A GENUINE MISTAKE, OR IF ONE OF THEM HAS MADE A GENUINE MISTAKE, THEY MAY SEEK A DIVORCE

(E) OTHER

7. IF YOU CHOSE CATEGORY (E) "OTHER" TO ANSWER QUESTION 6 ABOVE, PLEASE SPECIFY.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX II

8. WHAT KIND OF PERSON IS YOUR FATHER (NOT HOW HE LOOKS)? CHOOSE ANY NUMBER OF THE WORDS GIVEN BELOW THAT YOU THINK DESCRIBE HIM WELL

| (A) LOVING | (B) UNLOVING |
| (C) CARING | (D) UNCARING |
| (E) KIND | (F) UNKIND |
| (G) CONSIDERATE | (H) INCONSIDERATE |
| (I) CHEERFUL | (J) DEJECTED |
| (K) CONCERNED | (L) UNCONCERNED |
| (M) HUMOROUS | (N) HUMOURLESS |
| (O) STRICT | (P) PERMISSIVE |
| (Q) CONSISTENT | (R) INCONSISTENT |
| (S) DEMANDING | (T) UNDEMANDING |
| (U) REASONABLE | (V) UNREASONABLE |
| (W) ACCEPTING | (X) REJECTING |
| (Y) SUPPORTIVE | (Z) UNSUPPORTIVE |

9. WHAT KIND OF PERSON IS YOUR MOTHER (NOT HOW SHE LOOKS)? CHOOSE ANY NUMBER OF THE WORDS GIVEN ABOVE THAT YOU THINK DESCRIBE HER WELL.

| (A) | (B) |
| (C) | (D) |
| (E) | (F) |
| (G) | (H) |
| (I) | (J) |
| (K) | (L) |
| (M) | (N) |
| (O) | (P) |
| (Q) | (R) |
| (S) | (T) |
| (U) | (V) |
| (W) | (X) |
| (Y) | (Z) |
10. IF YOU HAVE BROTHERS AND SISTERS, HOW DO THEY FEEL ABOUT THE DIVORCE?
   (A) STRONGLY APPROVE □
   (B) APPROVE □
   (C) NO DIFFERENCE - NEITHER APPROVE NOR DISAPPROVE □
   (D) DISAPPROVE □
   (E) STRONGLY DISAPPROVE □

   SIBLING'S NAME          FEELING (WHICH FEELING FROM A - E ABOVE)
   ________________________ ________________________
   ________________________ ________________________
   ________________________ ________________________
   ________________________ ________________________
   ________________________ ________________________

11. IF YOUR MOTHER RE-MARRIED, HOW WOULD YOU FEEL TOWARD A STEP-FATHER?
   (A) VERY ACCEPTING □
   (B) ACCEPTING □
   (C) NO DIFFERENCE - NEITHER ACCEPTING NOR REJECTING □
   (D) REJECTING □
   (E) VERY REJECTING □

12. IF YOUR MOTHER RE-MARRIED AND HER NEW HUSBAND HAD CHILDREN ABOUT THE SAME AGE/AGES AS YOU/AND YOUR SIBLINGS, HOW WOULD YOU FEEL ABOUT HAVING TO LIVE WITH THEM AND HAVING TO SHARE YOUR MOTHER WITH THEM?
   (A) VERY HAPPY □
   (B) HAPPY □
   (C) NO DIFFERENCE - NEITHER HAPPY NOR UNHAPPY □
   (D) UNHAPPY □
   (E) VERY UNHAPPY □
13. IF YOUR FATHER RE-MARRIED, HOW WOULD YOU FEEL TOWARD A STEP-MOTHER?
   (A) VERY ACCEPTING □
   (B) ACCEPTING □
   (C) NO DIFFERENCE - NEITHER ACCEPTING NOR REJECTING □
   (D) REJECTING □
   (E) VERY REJECTING □

14. IF YOUR FATHER RE-MARRIED AND HIS NEW WIFE HAD CHILDREN ABOUT THE SAME AGE/AGES AS YOU/AND YOUR SIBLINGS, HOW WOULD YOU FEEL ABOUT HAVING TO LIVE WITH THEM AND HAVING TO SHARE YOUR FATHER WITH THEM?
   (A) VERY HAPPY □
   (B) HAPPY □
   (C) NO DIFFERENCE - NEITHER HAPPY NOR UNHAPPY □
   (D) UNHAPPY □
   (E) VERY UNHAPPY □

SECTION 6 - THE PROBLEMS OF LIVING IN A ‘SINGLE-PARENT’ FAMILY

1. DOES YOUR MOTHER OFTEN ASK YOUR OPINION ABOUT THINGS?
   (A) YES □ (B) NO □

2. DOES YOUR MOTHER NEED YOUR HELP TO MAKE IMPORTANT DECISIONS?
   (A) VERY OFTEN □
   (B) OFTEN □
   (C) NO DIFFERENCE - NEITHER OFTEN NOR SELDOM □
   (D) SELDOM □
   (E) VERY SELDOM □
3. HOW DO YOU FEEL ABOUT YOUR MOTHER RELYING ON YOUR HELP TO MAKE IMPORTANT DECISIONS?
   (A) PROUD THAT SHE CAN RELY ON ME □
   (B) GROWN-UP BECAUSE I AM CONSULTED □
   (C) UNDER PRESSURE BECAUSE I HAVE TO TAKE THIS SORT OF RESPONSIBILITY □
   (D) I AM TOO YOUNG TO DEAL WITH ADULT 'DECISION-MAKING' □
   (E) MY MOTHER SHOULD BE HELPING ME TO MAKE DECISIONS - NOT THE OTHER WAY ROUND □
   (F) OTHER □

4. IF YOU CHOSE CATEGORY (F) "OTHER" TO ANSWER QUESTION 3 ABOVE, PLEASE SPECIFY.

5. DO YOU EVER REFUSE INVITATIONS TO VISIT YOUR FRIENDS BECAUSE YOU FEEL YOU SHOULD BE AT HOME WITH YOUR FAMILY?
   (A) YES □ (B) NO □

6. IF YOUR SCHOOL FRIENDS INVITE YOU TO VISIT THEM AND ASK YOU TO STAY OVER-NIGHT, DO YOU FEEL THAT YOU HAVE TO REFUSE BECAUSE YOUR MOTHER MIGHT WANT YOU TO BE AT HOME.
   (A) YES □ (B) NO □

7. WHEN PEOPLE ASK ABOUT YOUR FAMILY, HOW DO YOU FEEL ABOUT EXPLAINING THAT YOUR PARENTS NO LONGER LIVE TOGETHER? DO YOU FIND THE EXPLANATION:
   (A) VERY EASY □
   (B) EASY □
   (C) NO DIFFERENCE - NEITHER EASY NOR DIFFICULT □
   (D) DIFFICULT □
   (E) VERY DIFFICULT □
APPENDIX II

8. DO YOU WANT BOTH YOUR PARENTS TO ATTEND YOUR SCHOOL FUNCTIONS?
   (A) YES ☐ (B) NO ☐

9. IF YOU ANSWERED "NO" TO QUESTION 8 ABOVE, WHICH OF THE FEELINGS GIVEN
   BELOW BEST DESCRIBE HOW YOU FEEL WHEN BOTH YOUR PARENTS ATTEND A
   SCHOOL FUNCTION?
   (A) ANGER ☐
   (B) EMBARRASSMENT ☐
   (C) FRUSTRATION ☐
   (D) ANXIETY ☐
   (E) DISTRESS ☐
   (F) SURPRISE ☐
   (G) OUTRAGE ☐
   (H) INDIGNATION ☐
   (I) OTHER ☐

10. IF YOU CHOSE CATEGORY (I) “OTHER” TO ANSWER QUESTION 8 ABOVE, PLEASE
    SPECIFY.

________________________________________________________________________
________________________________________________________________________

11. IF YOU ANSWERED “YES” TO QUESTION 8 ABOVE, WHICH OF THE FEELINGS GIVEN
    BELOW BEST DESCRIBE HOW YOU FEEL WHEN BOTH YOUR PARENTS ATTEND A
    SCHOOL FUNCTION?
    (A) PEACEFUL ☐ (B) DELIGHTED ☐
    (C) ENCOURAGED ☐ (D) CALM ☐
    (E) HAPPY ☐ (F) CONFIDENT ☐
    (G) COMFORTED ☐ (H) GRATIFIED ☐
    (I) OTHER ☐
12. IF YOU CHOSE CATEGORY (I) "OTHER" TO ANSWER QUESTION 11 ABOVE, PLEASE SPECIFY.

________________________________________________________________________

________________________________________________________________________

SECTION 7 - SOCIAL ISSUES

1. DO YOU HAVE ANY FRIENDS Whose PARENTS ARE ALSO DIVORCED?
   (A) YES ☐ (B) NO ☐

2. IF YOU ANSWERED "YES" TO QUESTION 1 ABOVE, ARE YOU ABLE TO TALK TO (CONFIDE IN) THESE FRIENDS ABOUT WHAT IS HAPPENING IN YOUR FAMILY?
   (A) YES ☐ (B) NO ☐

3. IF YOU ANSWERED "YES" TO QUESTION 2 ABOVE, DO YOU FIND IT AS EASY TO TALK ABOUT WHAT IS HAPPENING IN YOUR FAMILY TO FRIENDS WHOSE PARENTS ARE NOT DIVORCED?
   (A) YES ☐ (B) NO ☐

4. DO YOU MAKE FRIENDS AS EASILY NOW AS YOU DID IN THE PAST?
   (A) YES ☐ (B) NO ☐

5. WHICH OF THE ALTERNATIVES GIVEN BELOW BEST MATCHES HOW YOU PRESENTLY FEEL ABOUT MAKING FRIENDS? DO YOU FIND MAKING FRIENDS:
   (A) VERY EASY ☐
   (B) EASY ☐
   (C) NO DIFFERENCE - NEITHER EASY NOR DIFFICULT ☐
   (D) DIFFICULT ☐
   (E) VERY DIFFICULT ☐
APPENDIX II

6. DO YOU FIND THAT YOUR SCHOOL FRIENDS OR OTHER FRIENDS INVITE YOU TO PARTIES OR OTHER ENTERTAINMENTS?
(A) VERY OFTEN □
(B) OFTEN □
(C) NO DIFFERENCE - NEITHER OFTEN NOR SELDOM □
(D) SELDOM □
(E) VERY SELDOM □

7. DO YOU FIND A DIFFERENCE IN HOW MUCH YOU ARE ABLE TO ENJOY YOURSELF THESE DAYS COMPARED WITH THE PAST?
(A) YES □ (B) NO □

8. IF YOU ANSWERED "YES" TO QUESTION 7 ABOVE, WHICH OF THE POSSIBILITIES SUGGESTED BELOW BEST MATCH YOUR FEELINGS ABOUT ENJOYMENT?
(A) VERY EASY TO ENJOY MYSELF □
(B) EASY TO ENJOY MYSELF □
(C) NO DIFFERENCE - NEITHER EASY NOR DIFFICULT TO ENJOY MYSELF □
(D) DIFFICULT TO ENJOY MYSELF □
(E) VERY DIFFICULT TO ENJOY MYSELF □

9. DO YOU EVER FEEL THAT YOUR SCHOOLMATES DO NOT WANT TO PLAY WITH YOU BECAUSE YOUR PARENTS ARE DIVORCED?
(A) VERY OFTEN □
(B) OFTEN □
(C) NO DIFFERENCE - NEITHER OFTEN NOR SELDOM □
(D) SELDOM □
(E) VERY SELDOM □
SECTION 8 - DIVORCE ISSUES

1. DID YOU HAVE ANY WARNING THAT YOUR PARENTS WERE GOING TO DIVORCE EACH OTHER?
   (A) SOME □   (B) NONE □

2. IF YOU CHOSE ALTERNATIVE (B) "NONE" TO ANSWER QUESTION 1 ABOVE, DOES THIS MEAN THAT THE DIVORCE CAME AS A COMPLETE SURPRISE TO YOU?
   (A) yes □   (B) no □

3. IF YOU CHOSE ALTERNATIVE (B) "NO" TO ANSWER QUESTION 2 ABOVE, WHAT MADE YOU THINK THAT YOUR PARENTS MIGHT DIVORCE?
   (A) THEY SEEMED TO BE FIGHTING ALL THE TIME □
   (B) THEY WEREN'T LOVING TO ONE ANOTHER ANY MORE □
   (C) FATHER STARTED COMING HOME LATE EVERY NIGHT □
   (D) THEY BOTH LOOKED WORRIED MOST OF THE TIME □
   (E) THEY BOTH LOOKED UNHAPPY MOST OF THE TIME □
   (F) THEY DIDN'T GO OUT TOGETHER ANY MORE □
   (G) MOTHER STARTED LOOKING FOR A JOB □
   (H) THEY WOULD STOP TALKING IF WE/I CAME INTO THE ROOM □
   (I) OTHER □

4. IF YOU CHOSE ALTERNATIVE (G) "OTHER" TO ANSWER QUESTION 3 ABOVE, PLEASE SPECIFY.

__________________________________________________________________________
__________________________________________________________________________
5. HOW DID YOU FEEL WHEN YOU WERE TOLD THAT YOUR PARENTS WERE GOING TO DIVORCE?
(A) SHOCKED ☐  (B) ANGRY ☐
(C) FRIGHTENED ☐  (D) UNHAPPY ☐
(E) HAPPY ☐  (F) RELIEVED ☐
(G) WORRIED ☐  (H) DISBELIEVING ☐
(I) EMBARRASSED ☐  (J) OTHER ☐

6. IF YOU CHOSE ALTERNATIVE (J) "OTHER" TO ANSWER QUESTION 5 ABOVE, PLEASE SPECIFY.

7. DO YOU KNOW THE REASON FOR YOUR PARENT'S DIVORCE?
(A) YES ☐  (B) NO ☐

8. IF YOU ANSWERED "YES" TO QUESTION 7 ABOVE WHO EXPLAINED THE REASON FOR THE DIVORCE TO YOU?
(A) MOTHER ☐
(B) FATHER ☐
(C) BOTH PARENTS TOGETHER ☐
(D) RELATIVE ☐
(E) FAMILY FRIEND ☐
(F) SOME PROFESSIONAL PERSON E.G. SOCIAL WORKER, PSYCHOLOGIST, DOCTOR ☐
(G) OTHER ☐

9. IF YOU CHOSE CATEGORY (G) "OTHER" TO ANSWER QUESTION 8 ABOVE, PLEASE SPECIFY.

________________________________________
________________________________________

283
10. IF YOU ANSWERED "NO" TO QUESTION 7 ABOVE, IS THERE SOMEONE YOU TRUST WHOM YOU COULD ASK TO EXPLAIN THE REASONS FOR YOUR PARENTS' DIVORCE TO YOU?

(A) FATHER  
(B) MOTHER  
(C) GRANDPARENT  
(D) OTHER RELATIVE  
(E) FAMILY DOCTOR  
(F) FAMILY FRIEND  
(G) OTHER PROFESSIONAL PERSON  
(H) OTHER  

11. IF YOU CHOSE ALTERNATIVE (H) "OTHER" TO ANSWER QUESTION 10 ABOVE, PLEASE SPECIFY.

__________________________________________________________________________

__________________________________________________________________________

12. DO YOU THINK ANYONE IS TO BLAME FOR YOUR PARENTS DIVORCE?

(A) YES  (B) NO  

13. IF YOU ANSWERED "YES" TO QUESTION 12 ABOVE, WHICH OF THE PEOPLE NAMED BELOW DO YOU THINK WERE TO BLAME?

(A) MOTHER  
(B) FATHER  
(C) BOTH PARENTS  
(D) MOTHER'S MALE FRIEND  
(E) FATHER'S WOMAN FRIEND  
(F) A RELATIVE  
(G) A FAMILY FRIEND  
(H) OTHER  

284
14. IF YOU CHOSE CATEGORY (H) "OTHER" TO ANSWER QUESTION 13 ABOVE, PLEASE SPECIFY.

15. HOW OFTEN DO YOU SEE YOUR DAD (NON-CUSTODIAL PARENT)?
   (A) SEVERAL TIMES A WEEK □
   (B) ONCE A WEEK □
   (C) EVERY SECOND WEEK-END □
   (D) ONCE A MONTH □
   (E) ONCE EVERY TWO OR THREE MONTHS □
   (F) TWICE A YEAR (FOR SCHOOL HOLIDAYS) □
   (G) ONCE A YEAR □
   (H) NEVER □

16. ARE YOU SATISFIED WITH THE AMOUNT OF TIME YOU ARE ALLOWED TO SPEND WITH YOUR DAD AT PRESENT?
   (A) YES □ (B) NO □

17. IF YOU CHOSE ALTERNATIVE (B) "NO" TO ANSWER QUESTION 16 ABOVE, WHICH OF THE ALTERNATIVES GIVEN BELOW BEST DESCRIBES HOW MUCH TIME YOU WOULD LIKE TO SPEND WITH YOUR DAD? WOULD YOU LIKE TO SEE HIM:
   (A) MUCH MORE FREQUENTLY □
   (B) MORE FREQUENTLY □
   (C) NO DIFFERENCE - NEITHER MORE FREQUENTLY NOR MORE INFREQUENTLY □
   (D) MORE INFREQUENTLY □
   (E) MUCH MORE INFREQUENTLY □

18. WOULD YOU BE PLEASED IF YOU THOUGHT THAT YOUR MOTHER AND FATHER WOULD COME TOGETHER AGAIN?
   (A) YES □ (B) NO □
19. IF YOU CHOSE ALTERNATIVE (A) "YES" TO ANSWER QUESTION 18 ABOVE, ABOUT HOW OFTEN DO YOU THINK HOW WONDERFUL IT WOULD BE IF YOUR PARENTS CAME TOGETHER AGAIN?
   (A) VERY OFTEN □
   (B) OFTEN □
   (C) NO DIFFERENCE - NEITHER OFTEN NOR SELDOM □
   (D) SELDOM □
   (E) VERY SELDOM □

20. DOES YOUR MOTHER SPOIL YOU?
   (A) YES □ (B) NO □

21. IF YOU CHOSE ALTERNATIVE (A) "YES" TO ANSWER QUESTION 20 ABOVE, IN WHAT WAYS DOES YOUR MOTHER SPOIL YOU? DOES SHE:
   (A) BUY YOU WHATEVER YOU ASK FOR □
   (B) TAKE YOU WHEREVER YOU WANT TO GO □
   (C) KEEP THINKING UP TREATS TO GIVE YOU, EVEN IF YOU DON'T DESERVE THEM □
   (D) ALWAYS LET YOU HAVE YOUR OWN WAY □
   (E) THREATEN PUNISHMENTS BUT ALWAYS LET YOU OFF □
   (F) OTHER □

22. IF YOU CHOSE ALTERNATIVE (F) "OTHER" TO ANSWER QUESTION 21 ABOVE, PLEASE SPECIFY.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

23. HAS YOUR MOTHER ALWAYS TREATED YOU IN THIS WAY?
   (A) YES □ (B) NO □
APPENDIX II

24. IF YOU CHOSE ALTERNATIVE (B) "NO" TO ANSWER QUESTION 23 ABOVE, IN WHAT WAY HAS YOUR MOTHER'S TREATMENT OF YOU CHANGED? HAS SHE BECOME:
   (A) MUCH MORE LENIENT (SOFT) □
   (B) MORE LENIENT □
   (C) NO DIFFERENCE - NEITHER MORE LENIENT NOR MORE STRICT □
   (D) MORE STRICT □
   (E) MUCH MORE STRICT □

25. DOES YOUR FATHER SPOIL YOU?
   (A) YES □ (B) NO □

26. IF YOU CHOSE ALTERNATIVE (A) "YES" TO ANSWER QUESTION 25 ABOVE, IN WHAT WAYS DOES YOUR FATHER SPOIL YOU? DOES HE:
   (A) BUY YOU WHATEVER YOU ASK FOR □
   (B) TAKE YOU WHEREVER YOU WANT TO GO □
   (C) KEEP THINKING UP TREATS TO GIVE YOU, EVEN IF YOU DON'T DESERVE THEM □
   (D) ALWAYS LET YOU HAVE YOUR OWN WAY □
   (E) THREATEN PUNISHMENTS BUT ALWAYS LET YOU OFF □
   (F) OTHER □

27. IF YOU CHOSE ALTERNATIVE (F) "OTHER" TO ANSWER QUESTION 26 ABOVE, PLEASE SPECIFY.

28. HAS YOUR FATHER ALWAYS TREATED YOU IN THIS WAY?
   (A) YES □ (B) NO □
29. IF YOU CHOSE ALTERNATIVE (B) "NO" TO ANSWER QUESTION 28 ABOVE, IN WHAT WAY
HAS YOUR FATHER'S TREATMENT OF YOU CHANGED? HAS HE BECOME:

(A) MUCH MORE LENIENT (SOFT) □
(B) MORE LENIENT □
(C) NO DIFFERENCE - NEITHER MORE LENIENT NOR MORE STRICT □
(D) MORE STRICT □
(E) MUCH MORE STRICT □
GAINS QUESTIONNAIRE

(A) HOW HAVE MY IMPORTANT RELATIONSHIPS CHANGED?

(Put a cross in the box next to the alternative that best describes the change.)

1. MY RELATIONSHIP WITH MY FORMER SPOUSE IS NOW:
   (A) MUCH BETTER ☐
   (B) BETTER ☐
   (C) SOMEWHAT BETTER ☐
   (D) NEITHER BETTER NOR WORSE ☐
   (E) SOMEWHAT WORSE ☐
   (F) WORSE ☐
   (G) MUCH WORSE ☐

2. WE CAN NOW DISCUSS MAINTENANCE MATTERS:
   (A) WITH MUCH LESS ANGER ☐
   (B) WITH LESS ANGER ☐
   (C) WITH SOMewhat LESS ANGER ☐
   (D) WITH NEITHER MORE NOR LESS ANGER ☐
   (E) WITH SOMEWHAT MORE ANGER ☐
   (F) WITH MORE ANGER ☐
   (G) WITH MUCH MORE ANGER ☐

3. WE CAN NOW DISCUSS ACCESS TO THE CHILDREN:
   (A) MUCH MORE AMICABLY ☐
   (B) MORE AMICABLY ☐
   (C) SOMEWHAT MORE AMICABLY ☐
   (D) NEITHER MORE NOR LESS AMICABLY ☐
   (E) SOMEWHAT LESS AMICABLY ☐
   (F) LESS AMICABLY ☐
   (G) MUCH LESS AMICABLY ☐
APPENDIX II

4. MY RELATIONSHIP WITH MY CHILDREN IS NOW:
   (A) MUCH BETTER ☐
   (B) BETTER ☐
   (C) SOMewhat BETTER ☐
   (D) NEITHER BETTER NOR WORSE ☐
   (E) SOMEWHAT WORSE ☐
   (F) WORSE ☐
   (G) MUCH WORSE ☐

5. I FIND THAT I CAN NOW DISCIPLINE MY CHILDREN:
   (A) MUCH MORE EFFECTIVELY ☐
   (B) MORE EFFECTIVELY ☐
   (C) SOMEWHAT MORE EFFECTIVELY ☐
   (D) NEITHER MORE NOR LESS EFFECTIVELY ☐
   (E) SOMEWHAT LESS EFFECTIVELY ☐
   (F) LESS EFFECTIVELY ☐
   (G) MUCH LESS EFFECTIVELY ☐

6. I FIND THAT MY COMMUNICATION WITH MY CHILDREN IS NOW:
   (A) MUCH BETTER ☐
   (B) BETTER ☐
   (C) SOMEWHAT BETTER ☐
   (D) NEITHER BETTER NOR WORSE ☐
   (E) SOMEWHAT WORSE ☐
   (F) WORSE ☐
   (G) MUCH WORSE ☐
APPENDIX II

7. I FIND THAT MY RELATIONSHIP WITH MY COLLEAGUES AT WORK IS NOW:
   (A) MUCH BETTER THAN BEFORE  □
   (B) BETTER THAN BEFORE  □
   (C) SOMEWHAT BETTER THAN BEFORE  □
   (D) NEITHER BETTER NOR WORSE THAN BEFORE  □
   (E) SOMEWHAT WORSE THAN BEFORE  □
   (F) WORSE THAN BEFORE  □
   (G) MUCH WORSE THAN BEFORE  □

8. I FIND THAT MY RELATIONSHIPS WITH MY FRIENDS IS NOW:
   (A) MUCH BETTER THAN BEFORE  □
   (B) BETTER THAN BEFORE  □
   (C) SOMEWHAT BETTER THAN BEFORE  □
   (D) NEITHER BETTER NOR WORSE THAN BEFORE  □
   (E) SOMEWHAT WORSE THAN BEFORE  □
   (F) WORSE THAN BEFORE  □
   (G) MUCH WORSE THAN BEFORE  □

9. I FIND THAT I NOW RELATE TO PEOPLE IN GENERAL:
   (A) MUCH BETTER THAN BEFORE  □
   (B) BETTER THAN BEFORE  □
   (C) SOMEWHAT BETTER THAN BEFORE  □
   (D) NEITHER BETTER NOR WORSE THAN BEFORE  □
   (E) SOMEWHAT WORSE THAN BEFORE  □
   (F) WORSE THAN BEFORE  □
   (G) MUCH WORSE THAN BEFORE  □
(B) **AREAS OF SPECIFIC PERSONAL CHANGE**

*(Put a cross in the box next to the alternative that best describes the change.)*

1. **IN THE AREA OF ASSERTIVENESS, I AM:**

   (A) Much more assertive
   (B) More assertive
   (C) Somewhat more assertive
   (D) Neither more nor less assertive
   (E) Somewhat less assertive
   (F) Less assertive
   (G) Much less assertive

2. **IN THE AREA OF COMMUNICATION, I AM A:**

   (A) Much better communicator
   (B) Better communicator
   (C) Somewhat better communicator
   (D) Neither a better nor a worse communicator
   (E) Somewhat worse communicator
   (F) Worse communicator
   (G) Much worse communicator

3. **IN THE AREA OF SELF-ESTEEM, I AM NOW:**

   (A) Much more positive about myself
   (B) More positive about myself
   (C) Somewhat more positive about myself
   (D) Neither more nor less positive about myself
   (E) Somewhat less positive about myself
   (F) Less positive about myself
   (G) Much less positive about myself
4. **IN THE AREA OF POSITIVE FEELINGS. I NOW EXPRESS MY POSITIVE FEELINGS:**
   (A) MUCH MORE APPROPRIATELY □
   (B) MORE APPROPRIATELY □
   (C) SOMEWHAT MORE APPROPRIATELY □
   (D) NEITHER MORE NOR LESS APPROPRIATELY □
   (E) SOMEWHAT LESS APPROPRIATELY □
   (F) LESS APPROPRIATELY □
   (G) MUCH LESS APPROPRIATELY □

5. **IN THE AREA OF NEGATIVE FEELINGS. I NOW EXPRESS MY NEGATIVE FEELINGS:**
   (A) MUCH MORE CONSTRUCTIVELY □
   (B) MORE CONSTRUCTIVELY □
   (C) SOMEWHAT MORE CONSTRUCTIVELY □
   (D) NEITHER MORE NOR LESS CONSTRUCTIVELY □
   (E) SOMEWHAT LESS CONSTRUCTIVELY □
   (F) LESS CONSTRUCTIVELY □
   (G) MUCH LESS CONSTRUCTIVELY □

6. **IN THE AREA OF DECISION-MAKING. I FEEL THAT THE DECISIONS THAT I NOW MAKE ARE:**
   (A) MUCH MORE EFFECTIVE □
   (B) MORE EFFECTIVE □
   (C) SOMEWHAT MORE EFFECTIVE □
   (D) NEITHER MORE NOR LESS EFFECTIVE □
   (E) SOMEWHAT LESS EFFECTIVE □
   (F) LESS EFFECTIVE □
   (G) MUCH LESS EFFECTIVE □
7. IN THE AREA OF PROBLEM-SOLVING, I FEEL THAT THE PROBLEM-SOLVING THAT I
UNDERTAKE IS NOW:
(A) MUCH MORE SUCCESSFUL THAN BEFORE □
(B) MORE SUCCESSFUL THAN BEFORE □
(C) SOMewhat MORE SUCCESSFUL THAN BEFORE □
(D) NEITHER MORE NOR LESS SUCCESSFUL THAN BEFORE □
(E) SOMewhat LESS SUCCESSFUL THAN BEFORE □
(F) LESS SUCCESSFUL THAN BEFORE □
(G) MUCH LESS SUCCESSFUL THAN BEFORE □

8. IN THE AREA OF WORRYING, I FEEL THAT I NOW WORRY:
(A) MUCH LESS THAN BEFORE □
(B) LESS THAN BEFORE □
(C) SOMewhat LESS THAN BEFORE □
(D) NEITHER LESS NOR MORE THAN BEFORE □
(E) SOMewhat MORE THAN BEFORE □
(F) MORE THAN BEFORE □
(G) MUCH MORE THAN BEFORE □

9. IN THE AREA OF FEEDBACK, I FEEL THAT I CAN NOW ASK FOR FEEDBACK:
(A) MUCH MORE EASILY THAN BEFORE □
(B) MORE EASILY THAN BEFORE □
(C) SOMewhat MORE EASILY THAN BEFORE □
(D) NEITHER MORE NOR LESS EASILY THAN BEFORE □
(E) SOMewhat LESS EASILY THAN BEFORE □
(F) LESS EASILY THAN BEFORE □
(G) MUCH LESS EASILY THAN BEFORE □
10. IN THE AREA OF SELF-CONFIDENCE, I NOW FEEL:
   (A) MUCH MORE CONFIDENT THAN BEFORE  □
   (B) MORE CONFIDENT THAN BEFORE  □
   (C) SOMEWHAT MORE CONFIDENT THAN BEFORE  □
   (D) NEITHER MORE NOR LESS CONFIDENT THAN BEFORE  □
   (E) SOMEWHAT LESS CONFIDENT THAN BEFORE  □
   (F) LESS CONFIDENT THAN BEFORE  □
   (G) MUCH LESS CONFIDENT THAN BEFORE  □
BIBLIOGRAPHY


Fletcher v. Fletcher 1948 (1) S.A. (A.D.), 130.


BIBLIOGRAPHY


Stock v Stock 1981 (3) S.A. (A.D.) 1280


