

HOW FAMILIES EXPERIENCE THE PHENOMENON OF ADOLESCENT  
PREGNANCY AND PARENTING: IMPLICATIONS FOR  
FAMILY THERAPISTS AND EDUCATORS

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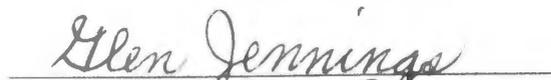
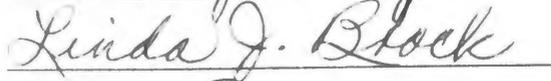
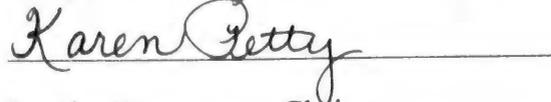
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Glenda J. Boyer entitled "How Families Experience the Phenomenon of Adolescent Pregnancy and Parenting: Implications for Family Therapists and Educators." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.



Linda Ladd, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance.

Interim Department Chair

Accepted:



Interim Dean of the Graduate School

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## DEDICATION

To my parents, Margaret Ann and Billy Joe  
Who nurtured me in learning and in life.

To my first grade teacher, Miss Cloppert  
Who taught me the thrill of reading, the value of teaching, and much more.

To my children, Shane, Becky, and Cody –  
My most precious case studies as I watched them grow.

To my grandchildren Andrew and Mckinley – and those still to come –  
Lights of my life.

and

To the families who were interviewed for this study – I will never forget you.

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I express special gratitude to Karen Reed McWilliams, my intern at the time the support group for pregnant and parenting students was implemented. Her gift for working with pregnant and parenting students was invaluable, and her help with organization made it possible for me to continue the group as the only facilitator the following year. Debby Moore supported the program and me, both professionally and personally. She is

the consummate professional, and I appreciate her greatly. Finally, I am grateful to the young parents who participated in the support group that provided the sample for this study. They taught me so much, and I wish them the best in their parenting and lifelong endeavors.

## ABSTRACT

GLEND A BOYER

### HOW FAMILIES EXPERIENCE THE PHENOMENON OF ADOLESCENT PREGNANCY AND PARENTING: IMPLICATIONS FOR FAMILY THERAPISTS AND EDUCATORS

DECEMBER 2012

The purpose of this qualitative study was to describe how family members experience the phenomenon of adolescent pregnancy and parenting in the family unit, over time, and to examine the meanings family members attach to the experience. The participants were six nuclear families (20 individuals) of six adolescent mothers who had previously participated in a pregnant and parenting students support group at a large suburban North Texas high school. The families were interviewed using semi-structured interview questions, and the interviews were audio and video-taped. Transcriptions were made and analyzed for themes, based on coding by the researcher and coding checks by another researcher and a faculty member.

Seven themes emerged as the transcripts were qualitatively analyzed. The themes were Just a Lot of Emotions – A Rollercoaster, Estrangement – They Wouldn't Talk to Me, Mom's Gonna Kill You – Sibling Relationships, Family Healing – A Joy in the House, Unconditional Support – Someone Stepped Up, Musings on Family Therapy – We Thought about That, and Unresolved Family Issues – Residual Anger and

Resentment. Implications for family therapists and educators working in partnership for families like the ones in the study were discovered.

Conclusions were drawn based on the three research questions that guided the study. The first research question addressed how family relationships changed and/or remained the same as the family experienced adolescent pregnancy and parenting within the family unit. Family relationships remained constant, overall, and the majority of families reported increased closeness, especially between adolescent mothers and their own mothers. However, most of the adolescent mothers perceived that they lost status in the family as a result of their pregnancy, with half of the young mothers specifically stating that they had lost their status as “the good one” after the pregnancy was disclosed. Sibling relationships were significant in the narratives of the families. Older sisters were more likely to be jealous or resentful regarding the pregnancy, while younger siblings were more accepting of their older sisters’ pregnancy and typically had a close relationship with their niece or nephew.

The second research question sought to determine what the families’ needs were, based on their own perceptions. The family members named the school, and specific people within the school, who helped meet educational needs of the family. They also named extended family members and friends who were “like family” as those who helped meet needs. The parents tended to place high priority on the educational needs of the adolescent mothers, and some mentioned needing someone to support and empathize with them, as well as with their daughter. The young mothers, while stressing educational

needs, as well, also put high priority on feeling emotionally safe, accepted, and understood.

The third research question asked how family therapists and educators might meet the needs of families like the ones in the study. The families were overwhelmingly positive when asked if they would have taken advantage of family counseling if it had been offered through the school. The researcher concluded that a partnership between school and family therapists to meet educational, emotional, and developmental needs of families who experience adolescent pregnancy was seen as a natural and practical fit, and recommendations were made for accomplishing this, along with recommendations for further research.

This study is significant for schools, family therapists, and the families of pregnant and parenting adolescents. It is the only study that has focused on the family, as a whole, and each individual family member, and it is the only one to do this while seeking direction for family therapists and educators.

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## CHAPTER I

### INTRODUCTION

Adolescent pregnancy is a well-recognized issue in the United States, and teen parents most often choose to follow through with the pregnancy and raise their child/children, rather than to opt for abortion or adoption (Benson, 2004). Teen childbearing increased by three percent in 2006, after a steady 14 year decline from 1991-2005 (Martin et al., 2009). There are large numbers of teens who are parenting infants and toddlers, with all of the associated financial, educational, and emotional issues, while their own adolescent brains are not fully developed (Birkeland, Thompson, & Phares, 2005). Teenage parents are, in many ways, “children having children” (Caulfield, 1999).

While pregnant and parenting teens often have multiple problems, between 65% and 85% of pregnant and parenting adolescents live with their families, who provide them with long term material and psychological support, and there are fewer negative outcomes for teen mothers and their children who do choose to live with their families (Hanson, 1992). The more involved families are in the lives of their pregnant/parenting adolescent, the better the outcomes for educational status, relationship with family, welfare status, contraceptive use, and infant health. According to Hanson, family members should be incorporated into service strategies for pregnant and parenting teens in order to improve life chances for them and their children (Hanson).

If involvement of families in programs for pregnant and parenting adolescents has consistently provided positive results, even with various plans and less than perfect

research designs (Hanson, 1992), more systematic efforts to involve families might provide even more evidence of positive outcomes. The addition of family therapy, specifically, has the potential to enhance outcomes for pregnant and parenting adolescents, their children, and their families, but there are no recent studies in the literature addressing the effectiveness of family therapy for this population. The present study will examine how roles, relationships, and interactions in the family change and/or remain constant with adolescent pregnancy and parenting and what conflicts are created by these changes that might be addressed in family therapy.

### **Statement of Problem**

Teen pregnancy and parenting are ongoing issues in American society that particularly affect the educational (and thus, future financial) prospects of these young people. Teen parenting programs have addressed the need to keep pregnant and parenting teens in school. Many of these programs are based on continuing the academic education of the adolescent, while also addressing issues of parenting and pregnancy by teaching infant care and child development, and they appear to work equally well to keep pregnant and parenting adolescents in school (Crean, Hightower, & Allan, 2001). However, to truly make a difference in the next generation, family scientists and educators need to understand and address challenges faced by the nuclear families of adolescent parents, as well as teaching parenting skills and facilitating academic success.

Unfortunately, there is very little in the literature concerning the effectiveness of family therapy with this population (Cherniss & Herzog, 1996). Family therapy has the potential to ease the changes and conflicts that are inherent in adolescent pregnancy and

parenting within the nuclear family, and to enhance the positive influence of the adolescent's family on outcomes. Research is needed to explore how family therapy might help to improve general family functioning, keep criticism and negativity to a minimum, enhance the adolescent parents' feelings of competency and efficacy, and encourage continued formal educational goals and setting of career goals for adolescent parents (Cherniss & Herzog).

### **Statement of Purpose**

The purpose of this study was to describe how family members experience the phenomenon of adolescent pregnancy/parenting in the family unit, over time, and to examine the meanings family members attach to the experience. The study aimed to take the first step toward collecting qualitative data on how roles, relationships, and interactions change, or remain the same, in the family of a pregnant/parenting adolescent, and what conflicts, if any, are created by these changes that might be addressed in family therapy. The premise of the current study resulted from the researcher's earlier experience with pregnant and parenting high school students, and the sample was drawn from the families of those students. Retrospective data from work with those students added an extra dimension to the results of the present study.

### **Previous Study**

As a high school counselor in the school years 2007-2008 and 2008-2009, this researcher facilitated a support group for pregnant and parenting students in a large, affluent, suburban public high school in North Texas. The group was curriculum-based, drawing from the Parents as Teachers *Born to Learn* (2005) model for parenting and

child development education, and using various adjunct activities to address personal/social development of the students, themselves. The counselor also regularly facilitated discussions about classes, grades, graduation, and post-secondary educational opportunities. Practical considerations, such as childcare, to allow for post-secondary education were addressed.

The group was enthusiastically received by students. They rarely missed the weekly meetings, either before or after their babies were born. Group members often emailed the counselor or came by her office to see what the meeting time would be for group that week, and they expressed open disappointment when group had to be cancelled. Several students who participated in the parenting group in the first year came to the counselor at the beginning of the second year to ask when the group would begin meeting.

In the second year of the support group, data were collected using school records and student self-reports. As expected, in the group of 17 students (5 male and 12 female; 8 African American, 8 Caucasian, and 1 Hispanic; 11 seniors and 6 juniors), attendance, graduation rates, and discipline referrals were positively affected, overall, by group participation. Students who were academically at risk appeared to receive the greatest benefits. Posttest respondents reported that the group had been helpful to them, overall, and that participation had improved their self-esteem. Seventy-five percent reported that their relationship with their child's other parent was better as a result of participation in the group. Anecdotal input from parents indicated that they observed positive benefits from the group for their sons or daughters.

In self-reports, students responded to the question “What was most helpful to you about the group?” with the following comments:

“Helpin Me 2 Be a Better Mother”

“Being able to share my concerns and questions with [the counselor]”

“knowing I’m not the only one going through this”

“being around other people who were going through the same thing”

“I Had Fun in group”

“I looked forward to it each week to get away and be able to have people around that understood me.”

Because it was conducted in a school setting, the desired outcomes for the parenting group focused on educational successes, with the premise that students perform better academically when they are not overwhelmed by adult responsibilities and when they feel competent socially and personally, as well as academically. The importance families play in any student’s academic success, including this particular group of students, was considered a given.

As a family therapy doctoral student, the counselor was particularly aware of systemic influences for the students who participated in the parenting group. Students were referred to her as soon as a principal, school nurse, or another counselor became aware that a student was pregnant or parenting. Sometimes she met with the student and his or her family and observed firsthand the family chaos that typically results when an adolescent pregnancy is announced or discovered. At other times she observed the student as she or he agonized over decisions about the pregnancy and tried to cope with

parental hurt, anger, and opinions in regard to the pregnancy and what actions should be taken, which were often different than the student's.

The counselor observed as students helped each other with relationship problems in the context of group. It was especially heartening to see adolescent fathers encouraging each other and offering up their own experience, so that the young mothers and fathers developed understanding and empathy for what their child's other parent might be experiencing. However, as valuable as the young fathers' input was, for present and future relationship issues, most of the young mothers did not have the support or participation of their child's father. Less than one third (5 of 17) of the students who participated in the parenting group in 2008-2009 were males, and only 3 of those were in the group with their child's mother. Even the mothers who were still involved with their baby's father, or who received support from him, lived with their own nuclear families.

The young parents' nuclear families were involved only minimally in support offered through the parenting group. They signed permission for their son or daughter to participate in the group (if under 18), and they had the opportunity to participate in two or three events each year for the young parents, their children, and their families (parents, grandparents, siblings). No opportunity was given for the family members to receive help in negotiating the changing roles, relationships, and interactions that go with an adolescent pregnancy.

The counselor (this researcher) came to believe that possibly the most important component of the young parents' system (their nuclear families) was being largely left out of the interventions put in place, even as the young parents in the group seemed to

struggle continuously with nuclear family issues. The issues brought up in the group included financial arrangements, primary responsibility for care and decision-making regarding the baby, parameters of continued contact with the baby's other parent, custody arrangements, social privileges allowed to the parenting adolescent, child care, and perhaps most of all, ambiguous expectations, roles, relationships, and interactions. One example was a young mother whose parents insisted they had to have custody of her son in order to provide medical insurance for him, according to the young mother. She related that they told her they would sign custody back over to her when she "showed them she was mature enough." They did not define "mature enough," but made it clear to her at intervals that they would "keep" her son if she did not do what they wanted.

The researcher/counselor resolved to build her dissertation around interviews with the families of former group members (now adults), so that she could get input from the entire family on the experience of adolescent pregnancy and what would be helpful for family therapists and educators to know, in terms of supporting the entire family unit through the experience of adolescent pregnancy/parenting. After conducting a small field study as a requirement for a graduate course, the counselor/researcher found that retrospective data from the group setting was valuable in adding another dimension to the family interview. In the case of the field study family, the student had disclosed regarding her family's belief system about arranged marriages and how it affected her decision to date her child's father, and perhaps the unconscious decision to become pregnant. This disclosure did not come out in the family interview. Retrospective data proved valuable

to triangulate with the interview and field notes, lending a different perspective and greater depth.

The totality of the counselor/researcher's experience with pregnant/parenting high school students (group facilitator, casual contact with families, and researcher in the field study) produced the premise of the present study. Families of the (now adult) former students from the parenting group were interviewed to explore their perception of the experience of adolescent pregnancy and parenting in the family, and data from the interviews were enhanced with retrospective data from the parenting group, itself.

### **Theoretical Framework**

The proposed qualitative study was anchored in a social constructivism worldview, using a phenomenological approach, and incorporating the complementary assumptions and concepts of Alfred Adler and Virginia Satir as the lens. Social constructivism focuses on the way that participants construct meaning in their everyday lives. The researcher plays an important role in the way that these meanings are constructed. There is an acceptance that there is no objective reality, but only the reality that people construct out of their experiences (Creswell, 2007). This paradigm employs a moderate position between an emphasis on objectivity of the researcher and relativism. There is a shared construction of knowledge between the participants and the researcher, with the goal of interpreting and understanding the meanings participants make of their experiences. There are two levels of meaning – the meanings communicated to the researcher by participants and the meanings the researcher assigns to these meanings as

he/she tries to understand and explain the experiences of everyday life of the participants (Daley, 2007).

As a research method, phenomenology focuses on describing the essence of an experience or phenomenon (Creswell, 2007). In the present study, families will be interviewed and observed in order to describe the subjective experience of adolescent pregnancy/parenting within the family, for the family as a whole, and for each individual in the family.

The concepts and assumptions of Adler and Satir are a valuable lens for examining the change produced in the family system and individual family members when an adolescent becomes pregnant and parents within the family system. Adler believed that human beings are social by nature, purposive in their behavior, and creative in making a place for themselves in life. He believed that they should be understood holistically, and that the lifestyle, a set of convictions about oneself, life, and others, is used to approach life tasks of work, friendship, love, self, and spirit. Poor coping with basic life tasks is a sign of discouragement, which can be overcome easily early in life, and with more effort in later life. Social interest is how Adler described a quality which causes human beings to be naturally responsible and cooperative. Adler espoused a value system based on social democracy and equality of all people. Adlerians believe in helping people by using education and preventive measures, primarily, although crisis work and remediation are also addressed (Sweeney, 1981).

Virginia Satir's therapeutic beliefs are compatible with Adler's, and often very similar. She believed that change is possible, and that hope is a necessary ingredient for

change. In her view, everyone has the internal resources needed to cope and to grow, and people can choose to respond to stress rather than react to situations. In terms of parenting, Satir believed that parents do the best they can at any given time, and that they often repeat patterns from their childhood, even if they are dysfunctional. In moving toward wholeness, one goal should be to accept parents as people, rather than knowing them only in their roles. Satir considered self-worth to be of primary importance, and she believed that healthy coping is directly related to level of self-worth. Healthy relationships are built on equality, according to her (Satir et al, 1991).

In working with families, both Adler and Satir saw open communication (Dinkmeyer & Dinkmeyer, 1981; Sayles, 2002), the equality of family members (Satir, et al, 1991; Sweeney, 1981), the self-esteem of each family member, and focus on health and prevention rather than pathology (Satir et al; Sweeney) to be of primary importance. Adlerian concepts of family constellation, family council, goals of misbehavior, and encouragement, along with Satir's concepts of survival stances (placating, blaming, being super-reasonable, irrelevant) and stages of change (status quo, introduction of a foreign element, chaos, integration, practice, new status quo) (Satir et al; Sweeney) were applied in this study, as well.

### **Research Questions**

1. How do family relationships change and/or remain the same when an adolescent becomes pregnant and/or parents within the family system, based on information obtained in videotaped semi-structured interviews, written responses of the family members, and the researcher's observation?

2. What are the needs of families with an adolescent member, who is pregnant/parenting, as perceived by the family members, based on information gained in semi-structured interviews, written responses of the family members, and the researcher's observation?
3. How can educators and family therapists help to meet the needs of families with a pregnant/parenting adolescent, based on information gained in videotaped semi-structured interviews, written responses of the family members, and the researcher's observation?

These questions have significance for family therapists and educators as they work with the families of pregnant/parenting adolescents. The questions are also significant for policy makers in terms of knowing how much to emphasize family therapy in public policy surrounding adolescent pregnancy/parenting. The answers to these questions are valuable to other family professionals, child development professionals, and medical professionals, as they work with pregnant/parenting adolescents, their children, and their nuclear families. Perhaps most importantly, the answers to these questions have significance for pregnant/parenting adolescents and their children, and for all members of their nuclear and extended families.

The research questions draw from existing research, which documents the problems for families with pregnant/parenting adolescents (Hanson, 1992). However, the study of the phenomenon of the experience of adolescent pregnancy/parenting in the context of the nuclear family is relatively unexplored, as are the implications for family therapy with the families of pregnant/parenting adolescents.

## **Operational Definitions**

1. Adolescent mother – Designation of a young woman who became pregnant and became a mother when she was between the ages of 13 and 19. The young women in the study were also referred to as adolescents, pregnant adolescents, parenting adolescents, and young mothers. These terms were used interchangeably, even if the young mother was past 19 by the time her family was interviewed.
2. Adolescent father – Designation of a young man who impregnated a girl and became a father when he was between the ages of 13 and 18. The young men in the study were also referred to as adolescent fathers, parenting adolescents, young fathers, and the fathers of the adolescent mothers' babies. These terms were used interchangeably, even if the young man was past 18 by the time of the current study.
3. Baby – Designation of the child of the adolescent mothers and adolescent fathers, as defined above. The babies were also referred to as infants, children, and toddlers. These terms were used interchangeably, even though the children of the adolescent mothers, as defined above, were, in fact, toddlers by the time of the interviews.
4. Mother – Designation of the biological mothers of the adolescent mothers, as defined above.
5. Father – Designation of the biological father of the adolescent mothers, as defined above.

6. Siblings – Designation of the siblings of the adolescent mothers, as defined above. They were also referred to as sisters and brothers.
7. Family therapy and family counseling – These terms, while arguably having some differences, were used interchangeably in the study, to avoid any misunderstanding of the term “therapy” by the families interviewed.

### **Assumptions**

1. It was assumed that the roles and interactions of family members change and evolve with the events of adolescent pregnancy and parenting in the family.
2. It was assumed that gaining an understanding of the pregnant/parenting adolescents’ experiences, and that of their family members, is valuable to family professionals – family therapists and educators, specifically.

### **Delimitations**

Participants were limited to families of former students who were enrolled at a large suburban high school in North Texas during the school years 2007-2008 and/or 2008-2009, and who participated in the pregnant and parenting support group facilitated by this researcher.

### **Summary**

Adolescent pregnancy and parenting affect financial and educational prospects of the young parents, and for their children, as well. Adolescent parenting programs have proven successful in keeping pregnant and parenting adolescents in high school, while also addressing pregnancy and parenting education (Crean, Hightower,& Allan, 2001). However, the needs of the other members of the adolescent’s family, and of the family as

a unit, have not been addressed in the literature to any significant degree, in spite of the fact that a large percentage of pregnant and parenting adolescents live with their nuclear families (Hanson, 1992). Living with the nuclear family provides adolescent mothers with material and psychological support, resulting in fewer negative outcomes for the young mothers and their children (Hanson), but family therapy has the potential to enhance outcomes for all members of families where an adolescent becomes pregnant and parents within the family unit.

The purpose of this qualitative study was to examine how families experience the phenomenon of adolescent pregnancy and parenting in the nuclear family and what implications might be discovered for family therapists and educators. A phenomenological approach allowed for shared meanings between the families and the researcher, and the concepts and assumptions of Alfred Adler and Virginia Satir about families gave a framework for interpretation. It is hoped that this research will provide insight for educators and family therapists, who are in ideal positions to address the needs of families like the ones in this study.

## CHAPTER II

### REVIEW OF RELEVANT LITERATURE

Adolescent pregnancy is a well-recognized issue in the United States, and teen parents most often choose to follow through with the pregnancy and raise their child/children, rather than to opt for abortion or adoption (Benson, 2004). In 2006, teen childbearing increased for the first time in 15 years, following a steady decrease from 1991-2005 (Martin et al, 2007). This means that there are large numbers of teens who are parenting infants and toddlers, with all of the associated financial, educational, and emotional issues, while their own adolescent brains are not fully matured (Birkeland, Thompson, & Phares, 2005). Teenage parents are, in some ways, “children having children” (Caulfield, 1999).

While pregnant and parenting teens often have problems, between 65% and 85% of pregnant and parenting adolescents live with their families, who provide them with long term material and psychological support. There are fewer negative outcomes for teen mothers and their children who do choose to live with their families. The more involved the families of pregnant and parenting adolescents are, the better the outcomes for educational status, relationship with family, welfare status, contraceptive use, and infant health. Family members should be incorporated into service strategies for pregnant and parenting teens to improve life chances for them and their children (Hanson, 1992).

If involvement of families in programs for pregnant and parenting adolescents has consistently positive results, even with various plans and less than perfect research

designs (Hanson, 1992), it appears that more systematic efforts to involve families might provide even more evidence of positive outcomes. Family therapy, specifically, has the potential to enhance outcomes for pregnant and parenting adolescents, their children, and their families, but the current literature does not specifically address the effectiveness of family therapy for this population. A qualitative study of how roles and interactions in the family change with adolescent pregnancy and parenting and what conflicts are created by these changes that might be addressed in family therapy is an appropriate first step. Following is a discussion of relevant literature addressing parenting programs, school-based programs, adolescent fathers, and home based family therapy, along with an assessment of deficiencies in the literature.

### **Theoretical Framework**

This study will use a social constructivism position/paradigm, and with a phenomenological approach, and incorporating the complementary assumptions and concepts of Alfred Adler and Virginia Satir as a lens. Social constructivism focuses on the way that participants construct meaning in their everyday lives. The researcher plays an important role in the way that these meanings are constructed. There is an acceptance that there is no objective reality, but only the reality that people construct out of their experiences. Phenomenology focuses on describing the essence of an experience or phenomenon (Creswell, 2007). In the present study, families will be interviewed and observed in order to describe the essence of the experience of adolescent pregnancy/parenting within the family.

Social constructivism employs a moderate position between emphasis on objectivity of the researcher and relativism. There is a shared construction of knowledge between the participants and the researcher, with the goal of interpreting and understanding the meanings participants make of their experiences. There are two levels of meaning – the meanings communicated to the researcher by participants and the meanings the researcher assigns to these meanings as he/she tries to understand and explain the experiences of everyday life of the participants (Daley, 2007).

In working with families, both Adler and Satir saw open communication (Dinkmeyer & Dinkmeyer, 1981; Sayles, 2002), the equality of family members (Satir et al; Sweeney, 1981), the self-esteem of each family member, and focus on health and prevention rather than pathology (Satir et al; Sweeney) to be of primary importance. Adlerian concepts of family constellation, family council, goals of misbehavior, and encouragement, along with Satir's concepts of survival stances (placating, blaming, being super-reasonable, irrelevant) and stages of change (status quo, introduction of a foreign element, chaos, integration, practice, new status quo) (Adler, 1992; Satir et al; Sweeney) will be applied in this study, as well.

### **Review of Literature**

The body of research on adolescent pregnancy and parenting is extensive. It comes from many disciplines, including social work, education, parent educators, nursing and other medical fields, and government. However, the literature is fragmented and most topics of research are narrow and not generalizable (Benson, 2004). Some programs and studies address pregnancy and infant care education, some teach parents to ready their

children for school, some concentrate on child development education, some facilitate attachment between mother and infant, and some aim to keep teen parents in school (Crean et al, 2001). For family therapists, there is very little to serve as guidance when working with pregnant/parenting adolescents and their families.

### **Parenting Programs and Family Involvement .**

Many programs and researchers have addressed the need for family involvement in work with pregnant and parenting adolescents (Benson, 2004), and a few have specifically targeted the relationship between the adolescent parents (Robbers, 2008; Harris, 1998). Benson (2004) examined the literature to establish what empirically-based “promising practices” have been documented in working with pregnant and parenting adolescents. He found that best practices include encouraging parental support and communication, promoting supportive family of origin relationships, and evaluating the contributions of the members of the family system.

Adolescent Family Life (AFL) federally funded programs place major emphasis on a family approach to delivering services to pregnant and parenting teens, and AFL grants require using methods that will help families deal with sexual activity, pregnancy, and parenthood of adolescents (Hanson, 1992). In examining three federally funded programs that involved families of pregnant and parenting adolescents, Hanson found that, in all three programs, the more involved families of the adolescent parents were, the better the outcomes for educational status, relationship with family, welfare status, contraceptive use, and infant health. Only one of the three programs included family counseling as a “recommended” measure. Parenting programs, while showing good

results with keeping teen mothers in school (Crean et al, 2001), show only marginally positive results in other areas of the young parent's life (Wagner, 1999).

Parenting programs for adolescents have found family involvement to be positive in the life of pregnant/parenting adolescents and their children (Benson, 2004), but the types of family involvement are different in different programs, and no research was found that went past "recommending family counseling" (Hanson, 1992). Family therapists and educators have very little empirical guidance in how to use family therapy with the families of pregnant and parenting adolescents, either as part of a program, or as a stand-alone intervention.

### **School-based Programs**

Parenting programs for pregnant and parenting adolescents are often provided by school districts (Texas Education Agency, 2011). Nothing in the literature could be found in regard to who adult adolescents are most likely to initially confide in about a pregnancy, but in this researcher's two decades of experience in secondary educational settings, school counselors, teachers, or school nurses are often the first adults to whom pregnant adolescents disclose a pregnancy, and, in the researcher's experience, the school is one of the first contacts parents generally make after their daughter's pregnancy is disclosed/discovered. This puts educators in a unique position to provide services and referrals to pregnant/parenting students and their families. One service that could be valuable to the families, based on documented difficulties in the families of pregnant/parenting adolescents, is family therapy (Cherniss & Herzog, 1996).

Parenting programs for pregnant and parenting adolescents offered in the school setting may include childcare, parenting education, and preparation for post-graduation education or employment (Texas Education Agency, 2011). However, family involvement is usually minimal in these programs. A few districts have family resource centers that either provide referrals to families for counseling resources or offer family counseling at the center, itself. Typically, school counselors and administrators refer students and their families to the family resource centers (Frankel, Harvell, & Wauchope, 1997).

According to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) (2009), outcomes for schools and students improve with the introduction of mental health services into schools. Students and families have easier access to services; schools have improved ability to prevent or respond to crisis situations; students have higher achievement and attendance rates; dropout rates, retention rates, and suicide rates are lower; classroom behavior improves; and there are economic benefits for schools associated with almost all of the previous outcomes (U.S. Department of Health and Human Services, 2009). Parenting programs and family life centers provided by school districts provide educational and emotional support for students and their families, but neither specifically addresses the need for family intervention with families of pregnant or parenting students. In addition, parenting programs are typically designed for pregnant and parenting adolescent girls, not for male students who are fathers (Texas Education Agency, 2011).

At least two researchers (Harris, 1998; Robbers, 2008) studied relationships of male and female teen parents in a school setting. Using interviews and focus groups, Harris identified themes and patterns within and across gender groups in urban African American adolescent parents, in regard to their perceptions of sex, love, intimacy, pregnancy, and parenting. The participants were 22 adolescent mothers ages 12 to 17, and six adolescent fathers ages 17-18.

The adolescent mothers expressed regret in not waiting longer before becoming sexually active, with the main reason for the regret being that they were no longer with their first sexual partner. They believed that sexual intercourse was acceptable for adolescents, however, and that once adolescents began having sex, they would continue to be sexually active. The fathers in the study would not have chosen to delay first intercourse, and they were more likely to use contraception than the mothers were (Harris, 1998).

The majority of the mothers had a perception of love and intimacy that did not necessarily include sex; most still had an intimate relationship with the father of their child and said that they had been in love with him when they became pregnant. The fathers agreed that intimacy did not have to include sex, and that they were in a relationship with the mother of their child when the pregnancy occurred, but most of those relationships had ended. Mothers associated pregnancy with negative feelings and unwanted body changes, as well as worsening of their personal situations. Fathers perceived negative aspects to having a child, including more responsibility and less freedom. Pregnancies were perceived as a result of being “irresponsible” by both mothers

and fathers, but neither group considered abortion an option. Mothers and fathers were similar on parenting issues, with neither group being overly harsh, but both groups were uninformed about medical and physical needs (like pediatric visits and sleep needs) for their children (Harris, 1998).

While Harris' (1998) study used adolescent mothers and fathers who were not involved with each other, Robbers (2008) evaluated a multifaceted intervention program for teenage mothers and their male partners, which included 159 fathers ages 16-30 and approximately the same number of teenage mothers. Eighty percent of participants were Hispanic. Robbers found that the program resulted in improved parental attitudes and relationships with their children, and that fathering behaviors significantly increased, especially father-child interaction. The study did not address the effect of the program on the relationship between young mothers and fathers, and family counseling/therapy was not one of the core services provided by the program. In fact, there is no indication that the nuclear families of the young parents were involved in the program in any structured way. The health and welfare of the baby and continuing education of the parents were the primary concerns.

### **Adolescent Fathers**

Teen fathers typically face financial difficulties, educational barriers, relationship instability, and legal trouble (Marsiglio & Cohan, 1997). Although the body of research on adolescent pregnancy and parenting is extensive (Benson, 2004), research and public policy focused on adolescent fathers remains minimal (Marsiglio & Cohan). However,

there are some recent studies that address the phenomenon of adolescent fatherhood, and these are described in the following paragraphs.

Parra-Cardona, Wampler, and Sharp (2006) designed and implemented a parenting program for adolescent fathers of Mexican descent who were involved in the juvenile justice system. Fourteen fathers, ages 13-17, participated in six two-hour sessions that addressed a variety of topics, including family-of-origin issues, parental responsibility, child development, prevention of abuse, and basic parenting skills. They found positive results based on follow-up interviews with six of the participants, done from a phenomenological viewpoint. The participant fathers reported emotional, behavioral, and cognitive benefits resulting from group participation. These included a reduced sense of isolation, a supportive environment in which to share their experiences, and supportive mentoring to assist them with parenting responsibilities.

In a follow-up study with the same participants, Parra-Cardona et al. (2008) analyzed three interviews conducted with each of six Latino adolescent fathers, 15-17 years old, done within a six-week time frame following completion of the six sessions in the parenting group described above. The researchers' purpose was to obtain descriptions of fathering experiences, to learn about gradual adaptation to fatherhood, and to identify areas of research for more complex future studies focused on strengthening fathering efforts of this cultural group of adolescent fathers. As in the earlier study (Parra-Cardona et al, 2006), the researchers used data management software to facilitate data analysis.

Themes that came out of this study (Parra-Cardona et al, 2008) included struggling with the reality of being a father, experiencing a unique kind of love for one's

child, deciding whether to try to maintain a romantic relationship with the child's mother or to try to establish a co-parenting relationship with her, trying to connect with the nuclear family, motivation to give up drugs and violent or illegal behaviors, "being there" for the child, and desire to value family and culture. The teen fathers reported feelings of depression, anger, anxiety, and fear about becoming fathers, but all worked through those feelings, and fatherhood became a strong motivator to improve their lives. The participants were in a community where abortion is not generally acceptable, and only two of them even considered the idea. The researchers believed that the study confirmed the need for family therapists to work with disadvantaged adolescent fathers, and to have good understanding of their life experiences (Parra-Cardona et al).

The relationship between adolescent father parenting stress, social support, and involvement with infants was studied by Fagan, Bernd, and Whiteman (2007) using 50 teenage father-mother dyads of three-month-old infants. The majority of participants (about 60%) were African American and approximately one third were Hispanic. The authors found that the more involved fathers were with the pregnancy, the more significantly parenting stress was lowered, and the higher involvement with infants after the birth. Social support (from the parents of both young parents) was not found to increase father involvement. This study comes closer to examining family relationships by considering the impact of family members on adolescent fathers and their relationship with their infants, but the parts of the family system are considered separately (young mother's perceptions, young father's parents, young mother's parents), and the focus is on only one member of the system – the father.

## **Family Therapy**

Although no recent research has been found that addresses the impact of family therapy with the families of pregnant/parenting adolescents, Cherniss and Herzog (1996) did study maternal and child outcomes in an intensive program for disadvantaged adolescent mothers that included home-based family therapy. (At the time of their study, they found no published study that evaluated the impact of family therapy for teenage parents.) The researchers used a random sample of 116 pregnant/parenting adolescents who were referred by an adolescent pregnancy program at a local hospital, child protective services, and public medical clinics. The adolescents were referred only when a medical or social service professional was alarmed by emotional, social, or family problems exhibited by the adolescent. These young mothers were considered to be at risk for not meeting minimal emotional and physical needs of their infants – criteria that fit only 15% of teen parents in the country (Cherniss & Herzog).

All mothers in the sample received home visits, developmental guidance, supportive counseling, and help in acquiring other needed services. Half of them also received a home-based family therapy intervention. Most (62%) had already given birth, and the rest were pregnant (Cherniss & Herzog, 1996). Over half were African American; almost one third were Latina; and the rest were white. Almost half were living with two parents (including stepparents); almost one third lived with a mother or stepmother; and the rest either lived alone, with a boyfriend, or with other friends or family (Cherniss & Herzog).

The therapists in the family therapy group addressed communication, roles, and intergenerational patterns in the family, and also helped the families with practical issues like securing child care and medical care. They attempted to work with all family members who were willing to attend the sessions, and mothers of the adolescents were the most frequent attenders (except for the adolescent, herself), followed by her siblings, boyfriends or husbands, and fathers (Cherniss & Herzog, 1996). Although the study lasted two years, there was no set time limit for treatment in either group. The most common reason for termination was that the worker and the client agreed that treatment goals had been met. The average length of treatment was 10.4 months, and the average number of sessions was 25 (Cherniss & Herzog).

Outcome indicators in the Cherniss and Herzog (1996) study were: developmental status of the child, as measured by the Bayley Scales of Infant Development (Collard, 1983); maternal outcomes (repeat pregnancies, school attendance, and dependency on welfare), assessed by the clinicians; quality of parenting, as measured by the Home Observation for Measurement of the Environment (HOME) (Caldwell & Bradley, 1984); and family social support, measured by the Kin subscale of the Family Support Scales (FSS) (Dunst, Jenkins, & Trivette, 1984).

At the end of two years, half of the participants had become pregnant again, and almost half were dependent on welfare. However, they showed significant improvement in two aspects of parenting (responsiveness and involvement), and, although the dropout rate did not improve, it did not get worse (Cherniss & Herzog, 1996). Outcomes for the family therapy group were less negative than in the comparison group, but only at the 12-

month follow-up, not at the 24-month follow-up. At the 12-month follow-up, the family therapy group participants were stronger on eight of the nine outcome measures, four of those at a level of statistical significance. The family treatment group improved significantly more on the parenting qualities of responsiveness and involvement, and they declined significantly less on acceptance. Family social support was not significantly higher for the family therapy group, even at the 12-month follow-up (Cherniss & Herzog).

These researchers (Cherniss & Herzog, 1996) concluded that significant improvement in parenting, even for one year, especially in the very early part of an infant's life, would almost certainly benefit the child for the rest of his or her life. They believe it is also possible that a later follow-up (beyond the two years) might show continued improvement that was not apparent in the 24-month follow-up, since other researchers have seen similar phenomena in working with adolescent mothers (Olds, 1988). They also suggest that in future studies, measures should be more focused on family processes such as roles, communication, and conflict; and that booster sessions of family therapy might be helpful with similar populations, since other researchers (Bry & Krinsley (1972) found benefits to follow-up family therapy sessions at one, three, and six month intervals when using behavioral family therapy.

As important as this study (Cherniss & Herzog, 1996) is, it is limited in that the researchers only looked at outcomes for the adolescent mother and her child. In fact, they only sought benefit for the young mother and child, although other family members have been shown to be at risk. In a descriptive study, East (1998) suggested a need to address

the disproportionately high risk for early pregnancy and childbearing in sisters of teen mothers, but this was not addressed in the Cherniss and Herzog study. Neither were possible issues for brothers of adolescent parents, marital difficulties associated with having an adolescent parent in the family, or other possible systemic changes or problems.

A systemic approach was used in order to improve developmental status of the child, maternal outcomes (repeat pregnancies, school attendance, and welfare dependency), quality of parenting, and family social support – all to enhance the lives of the young mother and her child (Cherniss & Herzog, 1996). This premise was almost surely apparent to the other family members, and while there may have been incidental benefits to them, and to the family as a whole, the equal importance of each family member necessary to facilitate change (Dinkmeyer & Dinkmeyer, 1981; Satir et al, 1991) was not in place.

Tatum, Moseley, Boyd-Franklin, and Herzog (1995) reviewed cultural issues for African American families and intergenerational systemic family issues pertaining to teen pregnancy in African American families. These issues were observed in families participating in a home-based family therapy program for adolescent parents and their extended families. Case material from one family was included to illustrate systemic themes and interventions. The issues reviewed included multigenerational incidence of teen pregnancy and single parenthood, intergenerational role conflict regarding parenting, discontinuities and disruptions in development for both the adolescent and other family members, and the exclusion or absence of consistent male figures.

The researchers (Tatum et al, 1995) reported that through home-based family therapy, the multiple generations of women in the case family were “helped to see that they were projecting their anger toward men in their past onto the baby’s teenage father” (p. 25). The cycle of exclusion of fathers was broken, and the adolescent father was encouraged to remain active in his child’s life. The home-based family therapy approach was found to be a way to build trust with the families, address the multi-generational issues, and produce positive change for teen parents and their children.

As in the 1996 study (Cherniss & Herzog), the primary focus was on the welfare of the infant, with improvement in health, development, and future well-being of all family members a secondary goal (Tatum et al, 1995). A systemic approach was used, but primarily for the benefit of one or two people in the system. In addition, the issues reviewed appear to be the issues as perceived by the researchers. There is no evidence that they asked the families to identify what they perceived the issues to be. The one exception was role conflict regarding parenting. While this may have also been a perceived issue of the researchers, it was an issue in the case family, as well. The adolescent mother wanted to be the primary caregiver and parent of her child, but she felt that her mother tried to take over that role (Tatum et al).

This researcher found only one study (Silva & Tonete, 2006) that attempted to discover how the nuclear family experiences adolescent pregnancy and parenting. This qualitative study used semi-structured interviews to ascertain the meaning of the adolescent pregnancy for their families. The researchers found that the families viewed

the pregnancy as a problem to be faced with family support. Their worry was seen as a mobilizing factor to help them solve adversities.

The themes that emerged included: shock over the pregnancy, impotence to pregnancy prevention, happiness and improvement in family relationships when the baby is born, and frustration due to the interruption/change in the “family life project” as a result of the adolescent’s facing pregnancy without a stable relationship. Silva and Tonete concluded that professional care to pregnant adolescents and their families should be delivered by placing value on the family perspective and in partnership with the family. They believe that working within the social context of the family and recognizing the family as an active subject in the process makes it easier to cope with conflicts (Silva & Tonete).

This study (Silva & Tonete, 2006) is valuable for its recognition of the importance of the family perspective and the need for family partnership. This researcher found commonalities in the themes that emerged in the Silva and Tonete study and the ones she found in her own field study in 2009. However, this study (Silva & Tonete) was not conducted with the purpose of finding implications for family therapists and educators, and it was conducted in a different culture where adolescent pregnancy might be experienced very differently in the family than it would be in the cultures of the United States and in specific regions of the country.

In searching the literature, several themes emerge. They are as follows: the importance of family involvement for more positive outcomes for adolescent parents and their children (Benson, 2004); the feasibility of working through public education

systems to intervene early and consistently with families of pregnant/parenting adolescents (Texas Education Agency, 2011); the need to work with the families of male, as well as female, adolescent parents (Harris, 1996; Parra-Cardona et al., 2006; Parra-Cardona et al., 2008; Robbers, 2008); and the potential of family therapy to ease the conflicts of families with an adolescent member who is pregnant or parenting (Cherniss & Herzog, 1996).

### **Deficiencies**

No research has been found addressing the efficacy of family therapy with the families of teen parents in over a decade, and even the older research was sparse (Cherniss & Herzog, 1996; Tatum et al, 1995). These two studies (Cherniss & Herzog; Tatum) were aimed at improving the outcomes for the infants, and incidentally, for the adolescent mother. They did not attempt to address the needs of each family member or of the family as a unit.

Only one study (Silva & Tonete, 2006) was found that qualitatively examined the experience of the family when there is an adolescent pregnancy, and it did not do so in light of how family therapy could be used with these families. The study was done in Brazil, with Brazilian families as participants, and published in a Brazilian journal. Although the themes Silva found were roughly parallel to the themes found by the current researcher in her earlier field study, it is possible that Brazilian families experience adolescent pregnancy and parenting differently than families in the United States. Finally, this researcher found nothing in the literature that addresses the need for early

intervention with the families of pregnant adolescents and their male partners in the chaotic period of the first weeks and months after the pregnancy is disclosed/discovered.

### **Conclusions**

To truly make a difference in the next generation, family scientists need to work within the family systems of pregnant/parenting adolescents, and to recognize and address the challenges faced by the nuclear families of adolescents for the benefit of the adolescent parents, their children, other individual family members, and the family as a unit. An early intervention of family therapy (with or without other components of a pregnancy program) has the potential to ease the family changes and conflicts that are inherent in adolescent pregnancy and parenting, and to enhance the positive influence of the adolescent's family on outcomes for all members and for the nuclear family unit.

Research is needed to explore how family therapy can best be used with pregnant and parenting adolescents and their families. Small, well-designed qualitative studies to determine how families experience the phenomenon of adolescent pregnancy and what they see as the issues and needs, would be an excellent first step. These could be followed by larger studies using family therapy to address the issues and needs (as experienced by families) to improve outcomes for all family members and for the family units.

### **Summary**

Pregnant and parenting adolescents and their families have many needs, and there are a number of teen parenting programs of varying types available. These appear to be effective in helping teen parents remain in school (Crean et al, 2001). However, the effectiveness of programs for teen parents in improving parenting and understanding of

child development is minimal (Wagner, 1999), and intervention with the adolescent parent's family is virtually unexplored, in terms of outcomes for all family members and the family as a whole.

The issue of adolescent pregnancy/parenting calls for family intervention, since all family members are affected in multiple ways. Family therapy is well suited for work with pregnant and parenting adolescents and their families, and well-designed, methodical research is called for in this area so that outcomes can be accurately measured and family interventions designed accordingly.

## CHAPTER III

### METHODOLOGY

Qualitative research seeks to discover the meaning individuals or groups assign to a social or human experience, using data collected in a natural setting, with sensitivity to the individuals and/or groups being studied. Patterns or themes are found by using inductive data analysis, and the voices of participants, reflexivity of the researcher, and description and interpretation by the researcher are all a part of the final report of the study. Any qualitative study begins with a worldview, a particular qualitative approach, and possibly a theoretical lens (Creswell, 2007).

The present study used a phenomenological approach, focusing on understanding the essence of the phenomenon of adolescent pregnancy and parenting within the nuclear family. Phenomenological studies collect data primarily using interviews with multiple individuals (five to 25) who have experienced a single phenomenon. Interviews are transcribed, and the researcher immerses himself or herself in the data to extract common themes and the essence of the phenomenon. A researcher using a phenomenological approach brackets his or her own experiences around the phenomenon in order to determine what influence they might have on the study, even before the study begins (Creswell, 2007).

A social constructivist worldview, in which individuals seek understanding and place subjective meaning on their experiences based on social interaction and historical and cultural norms, is often imbedded in phenomenological studies (Creswell, 2007), as it

was in the present study. The researcher also incorporated the complementary assumptions and concepts of Alfred Adler and Virginia Satir as a theoretical lens. The importance of open communication (Adler, 1992; Dinkmeyer & Dinkmeyer, 1981; Sayles, 2002), the equality of family members (Adler, 1992; Satir et al, 1991; Sweeney, 1981), the self-esteem of each family member (Satir et al; Sweeney), and stages of family change (status quo, introduction of a foreign element, chaos, integration, practice, new status quo) (Satir, et al; Sweeney), and Adler and Satir's concepts of how people attach subjective meanings to life experience (Dinkmeyer & Dinkmeyer; Satir et al) are particularly compatible with qualitative research, done from a social constructivism worldview, and using a phenomenological approach.

### **Participants**

The participants for this study were a criterion sample drawn from the families of 29 male and female former high school students (now adults) who participated in a weekly support group for pregnant and parenting students at a large suburban North Texas high school during the school years 2007-2008 and/or 2008-2009. The students were between the ages of 15 and 19 at the time they participated in the support group. (No young parent currently under the age of 18 was included in the present study). The group members were made up of approximately 50% Caucasian, 30% African American, and 20% Hispanic students. (In the school district as a whole, 65% of students were Caucasian, 11% were African American, 13% were Hispanic, and 12% were Asian American.)

Of the 29 young parents, 22 were female and 7 were male; 10 were African American; six were Hispanic; and 13 were White. Twelve lived with a single mother; nine with both biological parents; two with a grandmother; two with a mother and stepfather; two with family friends; one with a biological father; and one with a stepfather. Half of the females were still involved with the fathers of their children (romantically, financially, or in co-parenting), and all of the males were still involved with the mothers of their children. Only one male and one female lived with their child's other parent, and these two lived together with family friends. Two of the males (one White and one Hispanic) and four of the females (all White) had definite plans to marry their child's other parent.

Among the 22 females, 11 lived with single mothers; six with both biological parents; two with a mother and stepfather; one with a biological father; one with a stepfather; and one with a family friend. All six African American adolescent mothers lived with a single mother; three of the Hispanic girls lived with a single mother and two lived with a mother and stepfather; six of the Caucasian girls lived with both biological parents, two with a single mother, one with a stepfather; one with a biological father; and one with a family friend. Of the seven males, three lived with both parents; two lived with a grandmother; one lived with his mother; and one lived with a family friend. Two African American males lived with their grandmothers; one with both parents; and one with a single mother. One of the White males lived with both parents, and the other lived with a family friend; the Hispanic male lived with both biological parents.

The present study included six nuclear families of these young men and women, as they existed at the time the young parents participated in the school support group. The participants included single-parent and intact two-parent families of African American and Caucasian ethnicities and varying family sizes. The young parents were between the ages of 18 and 21, and their siblings were 12 to 17 years of age.

### **Protection of Human Participants**

Protection of human participants was accomplished by voluntary participation, participants' freedom to stop participating in the study at any time, protection of confidentiality, and protection of emotional and physical safety. The interviews were conducted at the homes of the participants, at their convenience. Purposes of the research, procedures, and potential risks and benefits were included in the consent form which was signed by the participants, as outlined by the Internal Review Board. Consent was obtained from each family member, as well as parental consent for participation of any minor siblings of the young parents. Participants were free to withdraw their data from the study at any time.

Confidentiality was maintained by secure storage of data, including field notes, videotapes, and transcripts and notes regarding transcripts, in a locked file cabinet in the researcher's home office. Numbers were used to designate participant families.

### **Instrumentation**

Data were collected by means of semi-structured, open-ended interview questions (Appendix B), field notes of the interviewer/researcher, and videotapes of family interviews. The family members were interviewed together, with each being given an

opportunity to respond to interview questions. Family members had the opportunity to discuss questions with each other, as well as with the interviewer.

Each family member was also given an opportunity to provide a confidential written description of their experiences around adolescent pregnancy/parenting in the family (writing prompt in Appendix C), but none chose to respond. Additionally, the researcher observed family interactions and made field notes of her observations. Interviews were videotaped and the audio portion transcribed.

### **Methodology**

The study was conducted using a social constructivism worldview, and with a phenomenological approach, using theory and constructs from Alfred Adler and Virginia Satir's work with families as a lens. With a social constructivist worldview, the researcher focused on the way that participants constructed meaning in their everyday lives, accepting that the only reality was the reality they constructed from their experience, and acknowledged the importance of the role of the researcher in the construction of meaning (Creswell, 2007). There was a shared construction of knowledge between the participants and the researcher, with the goal of understanding and interpreting the meanings participants made of their experiences (Daley, 2007).

Using a phenomenological approach, the researcher interviewed families, focusing on understanding the essence of the phenomenon of adolescent pregnancy and parenting within the nuclear family. She increased trustworthiness and validity in the study by triangulating data from verbalizations and non-verbal interactions of the family members, along with her own field notes, and used other researchers to check coding and

themes for consistency with the researcher's findings. Before the study began, and throughout data collection and interpretation, the researcher examined her own experiences around the phenomenon of adolescent pregnancy/parenting in the family, in order to determine what influence they might have.

The theoretical lens was compatible with both social constructivism and phenomenology. Both Adler and Satir believed that people attach subjective meanings to life experience (Dinkmeyer & Dinkmeyer, 1981; Satir et al, 1991). Incorporation of their concepts and assumptions strengthened and added depth to the use of phenomenology and social constructivism in the methodology of the study.

### **Procedure**

The following steps were followed in the collection of data:

1. The researcher began by contacting the families of former pregnancy/parenting support group members, using contact information previously voluntarily provided by the teen parents as they left the program. She contacted prospective participants by phone, speaking with the young adult parent or one of his/her parents or guardian.
2. Using a script (Appendix D), the researcher briefly explained the procedures and purpose of the study, provided information on potential risks and benefits of participation, and asked whether the family would be interested in participating. The presence of all family members who lived in the home at the time of the young parent's pregnancy/early parenting was requested, but accommodations were made when all could not be present.

3. A time was set for the interviews, at the convenience of the family, and the researcher's contact information was provided to the family.
4. If a second contact was necessary to confirm participation, the researcher called the following day.
5. Interviews of 45-60 minutes were conducted in the homes of the young parent and her family. This site was chosen in order to observe the family in their own space, enhancing comfort of the participants and providing natural observation for the researcher. The researcher spent a total of 60-90 minutes at the home of each family (including time to set up video equipment at the beginning and pack up when the interviews were over), and observed the families' interactions as the interviews progressed. Interviews were in a family format in which each family member had an opportunity to give input on each interview question.
6. Upon completion of the family interview, each family member had an opportunity to provide confidential written information by responding to the researcher's prompt (Appendix C), in addition to what he/she contributed in the family interview. The researcher provided the prompt and a writing instrument and clipboard for each family member's use. The purpose of the written component was twofold: to provide family members an opportunity to share information with the researcher that they would not be comfortable sharing with the entire family present, and to provide the researcher with a separate set of data to triangulate with videotaped interviews and the researcher's field notes.
7. Following the interview, each family member received a \$10 gift card.

8. Field notes were made immediately following departure from the participants' homes.

Following the data collection procedures above, data analysis proceeded with transcription, coding, and development of themes.

### **Data Analysis**

Data analysis began with the researcher's immersion into the data by viewing and reviewing videotapes of the interviews and reading and rereading transcriptions of interviews and the field notes. The raw data were translated into meaningful segments (open coding), and analyzed for both inter-case and cross-case themes by clusters of meaning attached to the experience (axial coding) (Creswell, 2007). The researcher was able to identify core themes and subthemes, and another graduate student and a faculty member were engaged to check the themes found by the primary researcher. The graduate student read the transcripts to verify the presence of the identified themes, and the faculty member checked the themes using a rubric. The faculty member and the researcher met to discuss and make minor alterations to original themes.

Differences between themes in the various modalities of data collection (answers to interview questions, field notes, and body language in videotapes) were examined. Triangulation of data (Creswell, 2007) from interviews, video, and researcher observations increased trustworthiness of the results, as did the use of other researchers to check themes. The researcher also incorporated retrospective data from her previous study to provide yet another set of data from a different frame of reference.

## **Role and Positioning of the Researcher**

The researcher had a short-term relationship with the participant families.

Although she worked with the young parents in a high school setting in the context of a support group for up to one and one half years, and she had brief contact with some of the family members, her last contact with any of them was one year before the present study began. All of the young parents were over 18 by the time the present study began, and the researcher no longer worked in the school or the district where the group was conducted, nor did she live in the city where the high school is located. However, she did have a previous counselor/student relationship with the young parents and had met some of their children and other family members, which affected her positioning in the current research. The researcher has not had experience with pregnant/parenting adolescents in her own nuclear or extended family.

The researcher is an educator and counselor/therapist by profession. The values driving the current research were belief in the importance of continued personal/social and educational development for adolescent parents, the health and well being of their children, and the well being of their other family members and of the family unit as a whole. As a counselor and family therapy student, the researcher believes in the value of therapeutic relationship and in the necessity of considering the systems (family, educational, community) in any intervention for positive change. She carefully examined her own culture and values as the research proceeded to monitor how they might affect the research, itself, and the outcomes.

## Summary

In the present study, the researcher attempted to discover how families experienced the phenomenon of adolescent pregnancy/parenting, using qualitative research methods within a social constructivist worldview, from a phenomenological approach, and incorporating the assumptions and concepts from the work of Adler and Satir developed in their work with families. She collected data using videotaped family interviews, field notes, and retrospective data from a previous study. Data analysis included triangulation of data from each collection procedure and checking of themes by other researchers and against retrospective data.

Every effort was made to protect the confidentiality and emotional and physical safety of participants in the recruitment, data collection, and data analysis stages of the study. The researcher was cognizant of how the person of the researcher affected her research. She monitored and later reported how her culture, heritage, and professional value system might affect the research and its outcome. The study aimed to understand how families experience the phenomenon of adolescent pregnancy/parenting, and to ascertain implications for educators and family therapists, using qualitative methods in a phenomenological approach.

## CHAPTER IV

### RESULTS

This study explored how families experience the phenomenon of adolescent pregnancy/parenting in the family unit. Six families (20 individuals, including the young mothers and their parents, siblings, and young children) were interviewed and audio/video taped. Verbatim transcriptions were made, analyzed for themes, and qualitative results obtained. Themes, sub-themes, trends and anecdotal information are reported in this chapter, as well as demographic information relating to the participants.

#### **Description of Sample**

The six participant families were drawn from a group of students who had voluntarily participated in a support group for pregnant and parenting students at a large suburban high school. An attempt was made to contact all 29 families, but contact information for most was no longer valid. In addition to the six families who were interviewed, five other families showed interest in participating, but the researcher was not able to schedule an interview, in spite of multiple attempts at contact.

In four cases, communication broke down when either the young mother or her parent expressed a desire to participate, but coordination with the rest of the family was never achieved. One young mother was enthusiastic about participating, but never returned the researcher's call after the researcher specified that the interview would take place at the home of the young mother – even after the researcher left a message offering several other options for the location of the interview. Only one young parent declined to

be interviewed, for reasons of time constraints with work and school. Both young fathers and young mothers participated in the support group, but most participants were female. All of the young parents interviewed were female, but the researcher was able to obtain some anecdotal information on two of the young fathers, as well.

All but one of the young mothers had graduated high school by the time of the interviews, and that participant expected to graduate within months. Two were working part time or full time; one was working part time and going to college full time; one was planning to attend college the following semester; and one was staying at home to care for her child.

The six young mothers whose families were interviewed ranged in age from 18 to 20 at the time of the interviews. Two of the families were African American, and four were Caucasian. (At any given time, the demographics of the original support group were approximately evenly divided between Hispanic, African American, and Caucasian students.) Two of the young mothers were eldest children; three had both younger and older siblings; and one was the youngest in her family.

Various family constellations were represented in the six interviews. Two young mothers were interviewed with only their child present; one was interviewed with her child and a younger sister; one was interviewed with her mother, her younger sister, and her child; one was with both parents and her child; and one was with both of her parents, her brother, and her child. All young mothers lived either with their parent(s) or near them. The parents of two of the young mothers were married, and the other four had parents who were divorced.

All families were interviewed in their homes. Three of the young mothers lived with their child in the home of their parent(s); one lived with a friend's family; one lived with her boyfriend and her child; and one lived in an apartment with her child while her husband was a serviceman on deployment. At the time of the interviews, only one young mother was still in a romantic relationship with her child's father (married to him). The other five had only occasional contact with their child's father, in regard to the child, but three of those had more regular contact with other family members of their child's father.

### **Findings**

In analyzing the transcripts for themes, the researcher immersed herself in the data by reading the transcripts numerous times, bracketing statements that exemplified emerging themes. A coder and the researcher's committee chair also read the transcripts to validate the presence of statements supporting the themes. Seven themes were found that answered the three research questions regarding how family relationships change and/or remain constant with adolescent pregnancy and parenting, the needs of families who experience adolescent pregnancy and parenting, and how educators and family therapists can help to meet those needs. The themes are as follows:

Just a Lot of Emotions – A Rollercoaster

Estrangement – They Didn't Talk to Me

Mom's Gonna Kill You – Sibling Relationships

Family Healing – A Joy in the House

Unconditional Support – Someone Stepped Up

Musings on Family Therapy – We Thought About That

Unresolved Family Issues – Residual Anger

### **Just a Lot of Emotions – A Rollercoaster**

Family members described the jumble of emotions they dealt with in the early weeks and months after the disclosure of the pregnancy. While all of the themes that emerged in the interviews involved emotions, most of the family members described these early feelings as being overwhelming, confusing, and difficult to sort out. This theme was present in all six family interviews. It is pertinent to how relationships in the family evolve during an adolescent pregnancy (the first research question), but may also highlight the possible importance of early interventions with families who experience adolescent pregnancy and parenting within the family unit (research questions 2 and 3). Following are quotations from the interviews that illustrate the theme. Subthemes are Shock, Anger, Betrayal, Sadness and Denial and Secrecy.

#### **Shock, Anger, Betrayal, Sadness**

Shock, anger, betrayal, and sadness were the most obvious and intense feelings on the rollercoaster that the family members described, and were also the most prevalent initial emotions upon learning of the pregnancy.

(O1Father)...it was just shock, anger, uh, uh, I always thought we had a lot of trust; that was broken; just a lot of emotions [shaking head]...We had a lot of things to work through...a very emotional time....with [wife] being gone, and me trying to start a new business, and keep [son], and her [motioning to daughter]...her emotional rollercoaster [laughs].

(01Mother) I was having to conceal my frustration and my hurt, because I knew this was where we were goin', but sometimes I was still mad. I was still mad – that everthing she had given up; goin' to school, and everything her friends were doing, and a part of me – I would see her friends running around town, and I just got mad.

(01Adolescent Mother) There wasn't much excitement, at all, until we found out the sex of the baby [looks at mom]; and then it started getting kind of, at least for me...

(01Mother) um...I don't know...for me it took a *long* time [Dad nods emphatically].

(03Mother) I felt betrayed; I felt horrible, horrible, horrible...

(03Adolescent Mother) I was just pregnant and angry [shakes head and sighs].

(04Adolescent Mother) I don't know. I guess everyone was really disappointed in me.

(04Father) I was extremely upset with her. It took me a week or two to really come to grips with it [daughter watching him; mom looking down]. Not mad at her, *per se*, but just really brokenhearted at what I knew she was fixin' to have to do, and what she had given up in her life. I knew, at that point in time, that it was going to be really hard for her [daughter smiles]. That's why, I think, I was the most upset.

(05Adolescent Mother) My mom cried and cried for days, and she was so depressed... And she was real upset because she thought – I guess she thought that having a baby would, I would mess up my life... That was a personality change for her – for about two weeks. It was bad.

### **Denial and Secrecy**

This subtheme emerged in several ways. It appeared in the pregnant adolescents' denial of the pregnancy to themselves, as well as denying it to their parents. Some adolescents hid their pregnancies from their parents for an extended period of time. In fact, the adolescents spoke strongly of their inability to even disclose that they had become sexually active. In the parents of the adolescent, this subtheme emerged as an inability to believe that their daughter was pregnant, and for some, denial of their daughters' determination to have the baby, rather than opt for an abortion, when the parent thought this would be a good option.

#### **This is not happenin'.**

(01Mother) She set us down, outside, and said that she wanted to talk to us...told us she was pregnant. I think I literally had an out of body experience...I just thought, "I'm dreaming; this is not happenin'."

(03Adolescent Mother) I found out about two weeks after I got pregnant, and um, I kept it a secret for about five months, and I didn't tell my mom until I was about five and a half months...

(04Adolescent Mother) I took two pregnancy tests, at the same time [mom watching her as she speaks], and then I took about three more after that. And, she [pointing to mom] knew. She knew.

(04Mother) Instinct [smiling]. I kept asking her, “Sarah, are you pregnant; are you pregnant?” “no, no, no, no,” [daughter’s answer], but I just sensed it (smiled).

**Can’t tell mom I’m having sex.**

(03Adolescent Mother) I mean, we had the “birds and the bees” talk, all the time. She told me, “You really have to come tell me; I’ll get you on birth control – the whole talk...but, it’s really not that easy to go up to your parents and say, “Oh, yo, I’m having sex, and, you know, can you buy me condoms and get me on birth control?” ...In high school, most kids cannot go to their parents when they are in high school and say, “I’m having sex.”

(06Adolescent Mother) [My mom said] “If you were going to...” Like, she asked me; she asked me a couple of times, “Do you want birth control?” and I was like, ‘cause, you know [smiles], I was a kid. I was like, you know, “I don’t want to let my mom know I’m having sex!” So, I told her, “no.”

**It’s not going to happen, mom – conflict over option of abortion.**

(03Mother) Well, then we had to think about, “What are we going to do; are you going to have a baby? What are you going to do with a baby?” I took her to an abortion clinic, but she decided not to go through with it.

(04Adolescent Mother) ...and so she, uh, freaked out, and started crying, and she really wanted me to get an abortion, and, uh, she's never gotten one herself, but I guess it's easier to tell someone else to do it...So, she wanted me to get an abortion, and I was like, "no," you know...My mom cried and cried for days, and she was so depressed, and she begged me to keep getting an abortion, and every now and then, I would be in the bathroom, and she would knock on the door, and she'd be like, "Have you decided; have you decided, yet?" And I'd be like, "It's not gonna happen, Mom."

(06Adolescent Mother) He [father] said [to adolescent's mother], "You need to get her an abortion." [then, when prompted to tell whether she and her mother discussed abortion] Nope. It never even crossed my mind. The first thing she asked me, like, when she showed me the stick [pregnancy test], she said, "You're pregnant. What are you going to do?" I was, like, "I guess I'm going to take care of her," you know? [shrugs]. It was never, uh, oh, maybe I should get an abortion, and she never said, "You should get an abortion, or you should think about whether you should have an abortion." That was nothing that we ever had to discuss...because we're both so against it.

### **Estrangement – They Wouldn't Talk to Me**

The second theme identified was Estrangement. Family members described the estrangement they experienced in terms of lack of communication, change in perceived family status, physical separation, uncertain relationship with the baby's father and his

family, and the adolescents' feelings of disdain and estrangement from their own fathers. This theme was present in all seven interviews. It is pertinent to how family relationships evolve with the event of an adolescent pregnancy (research question 1), as well as addressing research questions 2 and 3, regarding the needs of the families and the roles of educators and family therapists in early intervention. The five subthemes found were: They Didn't Talk to Me, No Longer the Good One – Perceived Change in Family Status, Leaving the Family, Trying to Make it Work with the Baby's Father, and He Didn't Have a Say-So – the Adolescent's Disdain/Indifference for her Own Father.

### **They Didn't Talk to Me**

Four of the six young mothers referred to a period of time when either their mother or their father would not speak to them after the pregnancy was disclosed. All but one specified the number of days that this was the case. The parents indicated that they did not want to say something they regretted, but to the pregnant adolescents, it signaled rejection that they still remembered two years later.

(01Adolescent Mother) It was just day by day; it was hard. There was a lot of silence.

(02Adolescent Mother) Oh, yeah, [mother was upset]. She didn't talk to me for three days... We [family] needed to talk more! [nods emphatically]

(04Adolescent Mother) [looks at interviewer and purses lips] He [looking at her father] didn't talk to me for three days.

(06Adolescent Mother) She [mother] didn't talk to me for, like, a week.

### **No Longer the Good One –Perceived Change in Family Status**

The young mothers perceived a change in family status as a result of becoming pregnant. Three specifically mentioned losing their status as “the good one” or “the smart one.

(02Adolescent Mother) I was *always* the good one, before. Now, my little sister's the good one [smiling].

(04Adolescent Mother) I was the good one...I was the good one [before the pregnancy].

(06Adolescent Mother) She [mother] told me she was really disappointed in me, and that she was going to send me off to my dad's, or, whatever. I'm her first born daughter; I'm the oldest, and I, um, you know; I've always been so smart, and she was like, “You're the last person I would have expected...” She had such high hopes for me. She actually was a teen mom, also...and so she knew the struggle, and she always – we all knew the struggle – and she was like, “This is the last thing I would expect from you,” you know. “I thought you were better than this,” you know; “I thought you were smarter than this.” ...I felt kinda bad; well, like, really bad, because I was supposed to, you know, set the example, and you know, I was the smart one, and I was supposed to get a scholarship and go off to college, and all this.

## Leaving the Family

Four of the six adolescents left the family for a period of days, weeks, or months, at some point, following the disclosure of their pregnancy to their parents. One mother of a pregnant adolescent was absent from the family, for the most part, for the first four months of her daughter's pregnancy because her mother was ill, but it was, nevertheless, estrangement from the family.

(01 Adolescent Mother) And, um, then, when I told [my parents], we were just all upset, so I went over to my sister's for a while, and she just helped me through that process – the grieving process, I guess.

(02 Adolescent Mother) I went and stayed with [my mom's] friend that I had called, for a few days, and finally she [mom] called, and said "You need to come back. We need to talk about this."

(04 Adolescent Mother) Um, whenever I was 16, and I was pregnant – I was about six months pregnant – me and my mom got in a real big argument, and so I called [best friend], which, she was my best friend back then, and I told her what was going on, and she told her mom, and her mom came and got me, and we took all my stuff, 'cause my mom was mad, and she said, "Take all your stuff," not really thinking I'm gonna [smiles]. But, I did. I took all my stuff and moved down here, and I avoided my mom for about two months.

## **Trying to Make it Work with the Baby's Father**

All six of the young mothers interviewed had a desire to remain in a romantic relationship with the father of their child. All made serious efforts to do their part to sustain the relationship, and all expressed regret if they were not able to make it work, even if they realized at some point that it was for the best. Some of the parents expressed a desire for the young father to remain involved in his child's life, at least in terms of helping provide materially.

(01Adolescent Mother) I definitely needed to know, just, if [the baby's father] was going to be involved, in those early months...not so much whether he would be there for [the baby].

(01Father) Well, from a financial standpoint, [the baby's father], he...stepped up. He provided [dad and daughter nod].

(01Adolescent Mother) Finally! [all laugh] [We got married] a year ago.

(02Adolescent Mother) It [relationship with baby's father] was never really good ...It's much easier without him.

(03Mother) There was a phase, though, after the baby was born, when [daughter] wanted to be with the baby's dad, so she moved out.

(03Adolescent Mother) ...and I came right back...I had to learn the hard way.

(04Adolescent Mother) Her [baby's] daddy wasn't around.

(04Father) I want to say this, right here. I'm proud of [daughter] because she still wants him to be part of this baby's life, and she has just worked to get him to be part of that baby's life.

(04Adolescent Mother) He, he wants to be a dad when it's convenient for him.

(04Father) Knowing how he was, she still worked to have him a part of that, and I applaud that.

(04Adolescent Mother) She [baby] loves her D-A-D-D-Y [spelling so baby won't hear the word].

(06Adolescent mother) ...and, you know, me and him [baby's father] [sighs; becomes somber], it's been a, it's been a rough two years, you know [looks to sister to verify]. We were together, for the most part, and, you know, it's just back and forth; in and out of our relationship; him doing stupid things, and us breaking up, and then me going right back to him. We were engaged, actually [laughs]. One year of her [baby's] life we were together. He proposed, or whatever, and we were going to get married June 20. And, he broke it off, I think, sometime in June, but that was way too soon. We were already making plans, and already had the spot [venue] done, and I took it really, really, really hard...

### **He Didn't Have a Say-So – Adolescent's Disdain/Indifference for her Own Father**

This subtheme was found in the narratives of all the young mothers, except one, whose fathers were no longer married to their mothers and had not been actively involved with the family in some time.

(03Adolescent Mother) Dad wasn't too happy. I really didn't care. [mom and daughter laugh]. He didn't have a say-so in my life, so, you know, I really didn't care....His side of the family – I really didn't want to hear it. I really don't care for him; don't want to hear it.

(06Adolescent Mother) [talking about relationship with father] [making face; long sigh; laugh] My dad found out I was pregnant because he lives in [another state]. He found out because I had pictures on MySpace, and stuff, and he was like, [stern father voice] “Why does she have pictures on MySpace of her being pregnant? That's not anything cute, and du-du-du-du-du.” And my mom was like, you know [to adolescent's father], “You're not helping with anything, so, I don't really care what you have to say.” And his wi-, girlfr-, well, whatever she is [rolling eyes], she was like...[prissy voice] “Yeah, she's a whore; I knew she was going to get pregnant; oh, da-da-da-da-da; de-de-de-de-de, and she's not going to finish school, and...” ...it probably would have bothered me, but I was just like, “I don't care.” We didn't really pay too much attention to him (smiling)...nothing he said was a determining factor in anything.

### **Mom's Gonna Kill You – Sibling Relationships**

The importance of sibling relationships emerged as a significant theme in every interview. The family members talked about the support that was lent by siblings of the adolescent mother, as well as jealousies and hurt that emerged in the siblings of the adolescent mothers. For the most part, siblings were accepting of the pregnancy – even

excited about becoming an aunt or uncle. For those who did feel jealous or hurt, almost all came around to a supportive position. At the same time, the siblings were often marginalized in some way as the parents focused on the pregnancy and the adolescent mother. Family members spoke poignantly about how siblings were affected, and the adolescent mothers expressed appreciation and regret, as well as other deep emotions regarding how their actions had affected their siblings and how siblings had responded to the experience of adolescent pregnancy in the family.

(01Father) I know, [daughter's name] and her sister, sibling rivalry, and all, but I think they are closer now than they have ever been.

(01Mother) She [sister] was nine years older; [she thought] she should have been the one [who got pregnant first]...It was a little hurt; a lot of hurt.

(01Adolescent Mother) She was married; did it the right way [laughs in self-deprecation]. It was hard for her, but she got over it.

(02Adolescent Mother) My older sister was in the Marines. I thought she was gonna be...she...I just thought she was going to just yell at me and yell at me, but she was actually [animated] really cool about it...She [little sister] cried [wistful smile].

(03Younger Female Sibling) Where was I? [as mother talked about going to pick up adolescent mother and baby in another state]

(03Adolescent Mother) Who knows?

(03 Mother) You are in your own small world [smiling; touching daughter's face].

I [was preoccupied with your sister and the baby].

(03 Younger Female Sibling) [when asked how her relationships changed with mother and sister] ...with my sister, she hated me, so...I didn't like her. I'm over it [mom smiles broadly].

(03 Adolescent Mother) I was just pregnant and angry [shakes head and sighs]. I took it out on my sister a lot.

(04 Mother) Our oldest daughter is 34. [She had] just adopted a baby. So, [eldest daughter's name] was resentful of both of the girls – [middle daughter's name] a little bit, but [adolescent mom's name], especially, for taking the light off this one [pointing to picture of adopted grandchild]. And then [middle daughter] is pregnant, and very resentful of [adolescent mom]. She [middle daughter] says, "Oh, she just always has to do what I do!" [laughing, animated, father smiling at adolescent mom; she smiles, too] ...[then sister said] "At least I'm not the bad one [any more]!"

(05 Adolescent Mother) And then I called my sister in the bathroom – my little sister – she was like 14 at the time – and she said, "Mom's gonna kill you." [sing-song voice, and laughs]...[When I moved], I guess we kind of drifted because we just went our own separate ways...but I did miss my baby baby sister...

(06Adolescent Mother) And, I came downstairs, and went in my room, and she [younger sister] was actually the first person I told [sister tending to baby; exchanging glances with adolescent mother].

(06Younger Female Sibling) I was, I just remember saying, “I’m going to be ‘auntie’, and I was, kind of; I was happy ... I think after she [sister] got pregnant, we got closer.

(06Adolescent Mother) Yeah, I think we did, too [smiling broadly].

(06Younger Female Sibling) [in talking about whether she ever felt angry about family resources going to sister and baby] No, I didn’t think about it like that [smiled]. I was just thinking, she [adolescent mom] needs it, like, she needs it, and, stuff like that, and... I love her [adolescent mom], [then in baby talk to baby] and I love [baby’s name]... I’m just glad [baby] is here.

### **Family Healing – A Joy in the House**

The theme of family healing was present in all family interviews, in some form. Some adolescent mothers and their mothers expressed a longing for the adolescent mother to “come home” after estrangement, and most talked about the baby as a large factor in healing of breaches in the family. Some parents expressed open praise and admiration of their daughters’ mothering, although they may have had doubts about an adolescent’s ability to parent, earlier on. This theme addresses all three research questions, in terms of how family relationships change and the family’s needs for healing that could be facilitated by educators and family therapists. The subthemes that emerged

were Wish for Daughter to “Come Home,” A Joy in the House – The Role of the Baby in Healing, and A Good Mother – A Parent’s Pride.

### **Wish for Daughter to “Come Home”**

The mothers of the adolescents who left home for a time wished for them to come home, either for emotional or practical reasons, and the daughters wanted to go home, as well, in almost every case.

(03Mother) ...but, I kept in touch with her. Somebody told me, “keep in touch with her; keep an open mind; make sure she can reach you, if she needs you.” ...Every day she was not here, it was breaking my heart. I cried so much, oh my God, you know?... I cried so much. I mean if she was happy, I’m happy, but I knew she was not happy over there... At first, I would call her. She would ignore my calls. She didn’t want to talk to me, but eventually, she opened up; told me how miserable she was; said she wanted to come back.

(05Adolescent Mother) ...so then we [adolescent mom and her mother] came back in contact...and she was real excited, like by the time that [baby’s name] was there, she [mom] wanted to be there, and she took care of me the whole time I was in the hospital, and all that stuff [nodding and smiling]...[She went home], but she always wants me to go back, but the thing is that I’m already on the right track, now, so I’m gonna stay here [smiling].

## **A Joy in the House – The Role of the Baby in Healing**

All but one of the families indicated that the baby's birth was a big factor in family healing and reconciliations in family relationships.

(01Father) It was, it really was, it was a trying time...but look what we got (motioning to granddaughter)...a little girl (entire family smiles at toddler).

(03Adolescent Mother) [After the baby was born], everybody was, like, the happiest [looks at mom]. Mom, over here, was, like "Oh, my grandbaby!" and ever since then, she's been spoiling him...[mother smiles].

(03Younger Female Sibling) He's so cute.

(04Mother) We had our patches, you know, bad patches, but, for the most part, a mama with her pregnant daughters is kind of amazing [laughs; broad smile; baby laughs in imitation; dad laughs].

(04Father) She [daughter] lost her whole life, but I'm telling you that, in my opinion [pointing for emphasis], God doesn't make mistakes, and we do not view that baby as a mistake...She's a great joy in this house.

(04Mother) We got close. We got much closer [motioning to daughter]. I was with her when she had the baby [smiling broadly; daughter smiles].

(06Adolescent Mother) She [mother] knew what I knew [she was a teenage mother]. Um, and, then I think that, as I got further along in my pregnancy, we

got really, really, really close, and I was able to talk to her, like, um, about anything, and you know, she was there for me... [Then, about improved relationship with her father] Oh – when she was born. That’s when he was like, [high voice] “Oh, send me pictures of the baby.” ... Everyone, I mean, how could you be mad? [smiles and motions toward baby laughing and playing with adolescent mother’s sister].

### **A Good Mother – A Parent’s Pride**

Parents either directly verbalized, or else indicated by their actions, that they felt pride in their daughter’s parenting, even when they had previously had their doubts about her ability to parent well.

(01Father) Well, one of my concerns was how [daughter’s name] was going to do. She had a lot of friends – she needed to be surrounded by friends during the pregnancy. The group got smaller and smaller, and she was isolated. I wondered if after the baby was born, if she would just say, “I’m gone [to be with friends].” ...but... she’s a good mother...she’s a good mother [looks at daughter].

(01Mother) ...a very good mother...

(01Adolescent Mother) Thank you. [Younger brother pats adolescent mom on leg].

(04Mother) I expected her [daughter] to be the primary caretaker, and she did a very good job [nodding; daughter looks at interviewer, pursing lips]. We could have taken over a parental role, but we wouldn’t have been doing either one of

them a service. We're not going to live forever, and [smiling broadly], she's good! ... We're proud of her.

(04Father ) We're very proud of her. [All nod; daughter smiles, but does not make eye contact].

### **Unconditional Support – Someone Stepped Up**

The young mothers and/or their families indicated that people and institutions had stepped in to help when the families were struggling over the news of the pregnancy and how to manage it in the family system. They mentioned people and programs at the adolescent's school and extended family and friends, specifically.

#### **The School Helped a Lot**

The school was often the first thing mentioned when the families were asked what their needs were and who met them. Specific counselors, principals, teachers, and school programs were said to have helped meet the families' needs.

(02Adolescent Mother) The school helped a lot! [nodding] When I went to talk to them [school counselor] about [online accelerated courses], they were really helpful. [School support counselor] was helpful; group [support group for pregnant and parenting students] was helpful.

(03Adolescent Mother) I needed support. I didn't have a lot of that in family. I had support through the counselors at school. They were really helpful, and the lunch ladies actually gave me a free lunch every day [mother and sister smile].

(04Father) That [online] program made it possible for her [adolescent mother] to graduate. I don't think she would have done it without that. It's just a wonderful thing.

(05Adolescent Mother) I'm already about to graduate from high school, and only [school district] offers this deal [online courses], and I really want to graduate from [name of high school]. I don't want to graduate from any other school than [name of high school], so I'm gonna stay here [smiling]...

(06Adolescent Mother) Um, when I had to tell my [great] grandma, she said, "[Adolescent Mother's name], please, please, just finish school, and don't have a bunch of babies back-to-back."... Yeah, and um, school... I mean, not too long after I got pregnant, I went to the [alternative school], and I absolutely hated the [alternative school]... I was so miserable... it seemed to get a lot better after I went back to the high school... [At the alternative school] I sat at a cubicle all day... I felt like I was being isolated just because I was pregnant... I never wanted to go there, in the first place. My mom thought it would be best, and it just wasn't – you know?... I mean, I mean, I had so much support, especially from our, from our group thing. I loved going to group! I liked talking; I mean, no one there judged me, you know. Everybody's the same. Everybody is pregnant, or has a baby. They know what I'm going through. They know what I'm feeling, you know... It seems like, when I was in the high school... like I could eat in the class, if I got

hungry...and...I mean, it was just like... Yeah! They made those accommodations for me. I felt like my needs were met.

### **I Was Surprised – Support of Extended Family and Family Friends**

The young mothers and their parents expressed surprise and gratitude for the support of extended family, in particular, and friends, to a lesser degree.

(01Adolescent Mother) I was actually surprised by the support [of maternal grandparents]. I was actually shocked to know that they actually supported me and weren't angry. They were probably the most I was concerned about; them handling everything, and it was a lot better than I hoped.

(01Father) ...very supportive [other family members nod]...It couldn't have been any better.

(01Mother) My mother tends to be very judgmental. She [adolescent mother] was welcomed with open arms. It was going to be OK, you know. [My dad] helped me a lot – gave me a lot of courage. I said “She’s only going to be 19,” and he said “Your mom and I were only 18!” And I said, “well ya’ll were smarter,” and he said, “no we weren’t!”

(04Mother) She [daughter] was most worried about her grandparents, his parents [indicating husband]. Very critical; her granddad is a very critical man.

(04Father) We both [he and wife] told them.

(04Adolescent Mother) I hid in my room [parents smile at each other].

(04Mother) Their reaction was, like, “man...” [throws up hands, indicating surprise that they didn’t say more].

(04Adolescent Mother) [in response to question asking if reaction of grandfather was critical] Hmmm, mmm. Not at all.

(06Adolescent Mother) My mom and my grandma raised us, and when I had to tell my grandma...um, when I had to tell my grandma, that was really, really hard. I thought she would be really mad, but she said, “[adolescent mother’s nickname]... You made a mistake. The baby is not the mistake; the act was the mistake...and, you know, be careful. Don’t let it happen again, until you’re ready for it, and can afford it, and can afford to take care of another one,” you know? She was like, like, really supportive [emphatically].

(02Adolescent Mother) And then, I couldn’t hold it back from my mom anymore...but I called her best friend because I didn’t want to tell her [mother], myself...And, so she [mother’s friend] called my mom and tried to get her to come over there.

(06Adolescent Mother)...and then, some friends...like [friend’s name]. [She’s] always been there for me, and she came to the hospital when [baby] was born...[Then, when saying whom she talked to when her mother wasn’t speaking

to her] um... [baby's father's older sister]. She's the same age as my mom; we're all from [another state]...[She] is like my aunt...

### **Musings on Family Therapy – We Thought about That**

Most family members seemed slightly puzzled by the prompt question asking whether they would have taken advantage of family counseling, had it been offered to them early in the pregnancy. However, all of the families said they would have – or probably would have – except one. One family had actually been court ordered to family counseling by a truancy judge, and they had a positive experience. Adolescent mothers commented on the helpfulness of the counseling they had received at school, either individually or in a support group. This theme relates directly to the third research question, in regard to how educators and family therapists can best help families who experience adolescent pregnancy in the family unit.

(01Mother) I think so [when asked whether the family would have taken advantage of free family counseling, if offered]. I think we thought about doing that, but by the time I got home from my mother's...

(02Adolescent Mother) Probably so! [nodding]...I think it would have helped the relationships.

(03Adolescent Mother) Most definitely... Yes, I would have. Yes...I requested to see [support counselor at alternative school], but I really wish I could have seen her at least twice a week, because seeing her once a week for 5-10 minutes...

(03Mother) I would! I'm for counseling any time, because it is just talking to somebody different about things [adolescent mother nods]

(05Adolescent Mother) [smiles] I probably would have done it. Um...I don't know so much about my family [voice drops]. They don't really like to talk much about what's going on in their life, except to people they know.

(06Adolescent Mother) We, we would have, because we did. You remember, I wound up getting into trouble with Judge [truancy judge's name]. He made us – me and my mom – go to this little therapy session thing. We had to do five sessions, but it was really good for us. We talked about a lot of stuff that, I mean, I always think of those things as just really corny, like everybody spilling out their guts, and I think, I don't want to do that! That's stupid! But, you know, the way that they asked questions, made me want to...

### **Unresolved Family Issues – Residual Anger and Resentment**

The most obvious unresolved family issue was residual anger and resentment, and it was observed and talked about mostly in the mothers of the adolescent moms. Other possible unresolved issues were noted, but they did not show up repeatedly, and will be addressed in Chapter V. This theme speaks to all three research questions in regard to changes in family roles, needs of the families, and optimal ways for educators and family therapists to intervene in helpful ways.

(01Mother) I would see her friends running around town, and I just got mad. I'm mad, because she can't do those things, now. She's going in a totally different direction [laughing a little at herself].

(03Mother) I found out from the school counselor [shaking head]. I was trying to find out what was wrong with her. I just didn't know what was wrong with her. She was behaving like this crazy child, and [throws up hands]...when she told me, I didn't believe it...But somebody should be able to tell the parent as soon as they know the child is pregnant!...The problem is, you don't want to put them on birth control, because that means you don't trust them...but you can't trust them...God!

(04Mother) I still get it [anger] every once in a while. I do. I resent it when she's at work, and [baby's name] is on my nerves, and I have things I want to do that I can't do, because there's a baby I didn't have, so...It comes and goes, and it's just maybe once a month.

(04Father) We should be experiencing the empty nest syndrome.

### **Summary**

This chapter presented the findings of a study which explored how families experience the phenomenon of adolescent pregnancy/parenting in the family unit. Six families (20 individuals, including the young mothers and their parents, siblings, and young children) were interviewed and audio/video taped. Verbatim transcriptions were

made, analyzed for themes, and qualitative results obtained. Seven major themes emerged from the interviews: Just a Lot of Emotions – A Rollercoaster, Estrangement – They Wouldn't Talk to Me, Mom's Gonna Kill You – Sibling Relationships, Family Healing – A Joy in the House, Unconditional Support – Someone Stepped Up, Musings on Family Therapy – We Thought about That, and Unresolved Family Issues – Residual Anger and Resentment.

## CHAPTER V

### DISCUSSION, CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS

This study examined the experiences of six families who had experienced the phenomenon of adolescent pregnancy and parenting within the family unit. Families were interviewed using open-ended questions, allowing each family member present to respond. Transcribed interviews were analyzed and coded for themes, using a phenomenological approach and a family systems lens. Seven themes and numerous subthemes emerged, as well as notable exceptions to major themes, informal observations of video portions of the interviews, and anecdotal information – all pertinent to future studies. The findings of the study, as illustrated by verbatim quotes of the family members, were reported in Chapter IV. This chapter will discuss those findings, draw conclusions, explore implications and limitations, and make recommendations for further research. Particular attention will be paid to the voice of the researcher, in light of her previous relationships with the adolescent mothers and the families' perceived view of the researcher.

#### **Discussion**

This qualitative study gave participants from the six families an opportunity to express their retrospective and current experience of adolescent pregnancy and parenting within the context of the family unit. The participants were also given the opportunity to add confidential information, separate from what was discussed with the rest of the

family, using a written prompt asking for any additional thoughts about the experience of adolescent pregnancy/ parenting in the family. They were also given the option to respond to the written prompt later, by email, but none chose to do so. Following is a discussion of the themes and subthemes that emerged from the recorded interviews.

### **Just a Lot of Emotions – A Rollercoaster**

While all of the major themes involved emotions, most of the family members described feelings in the early weeks and months of the pregnancy as being overwhelming, confusing, and difficult to sort out. It was a prominent theme in all six interviews, and described by the majority of individual participants. Two subthemes emerged: Shock, Anger, Betrayal, and Sadness; and Denial and Secrecy. The themes found in the current study were consistent with those found by Silva and Tonete (2006). In particular, the themes of Shock over the Pregnancy and Frustration with the Change in the Family Life Project” in Silva and Tonete are similar to the theme of Just a Lot of Emotions – A Rollercoaster, in the present study.

**Shock, anger, betrayal, and sadness.** Shock, anger, betrayal, and sadness were poignantly expressed by the parents of the adolescent mothers. One father (01) of an adolescent mother shook his head as he described broken trust, anger, “just a lot of emotions...a very emotional time.” The only other father of the adolescent mothers who was interviewed (04) said it took him “a week or two to really come to grips with it.” He described feeling “brokenhearted...that it was going to be really hard” for his daughter “from that point” on. These two fathers were obviously close to their daughters, and both attended to their toddler granddaughters often during the interview, with the babies going

specifically to them for help or comfort. Notably, these two fathers were the only ones who were still married to the adolescent's mother. The adolescent mothers and their mothers in three other families also described the anger and disappointment of the fathers of the adolescent daughters, as well as some degree of reconciliation later, but they did not report the continued hands-on support seen in these two fathers. One adolescent mother reported that she and her dad had grown closer as a result of the pregnancy, but in reality, she had not seen or spoken to him for some time. The influence of estranged fathers will be discussed in more detail as related to the theme of Estrangement.

The mothers of the adolescents described being “mad,” thinking of the things their daughters would have to give up as a result of the pregnancy and because of how it would change their own lives, in terms of the partial responsibility they would bear for care of the infant. One mother said she felt “betrayed...horrible, horrible, horrible.” She described her anger at having offered birth control to her daughter, and later asking her if she was pregnant numerous times, with constant denials, which is consistent with the theme Silva and Tonete (2006) found in their study – Impotency to Pregnancy Prevention. The mothers who were interviewed, and the mothers described by adolescents whose mother was not interviewed, appeared to have more unresolved issues around their daughters' pregnancies than the fathers of the pregnant/parenting adolescents did. This will be discussed further in the context of the theme Unresolved Family Issues – Residual Anger.

The adolescent mothers described feeling their parents' disappointment. One (05) related that her mother “cried and cried for days” because she thought “a baby

would...mess up my life.” Only one adolescent mother (03) verbally described feeling angry, and her mother and sister described her as angry and acting out. The other young mothers described primarily shame and regret at having disappointed their parents. The siblings of the adolescent mother (both the ones interviewed and those who were not present, but were described by other family members) seemed to have the fewest conflicting emotions regarding their sister’s pregnancy and subsequent parenting in the family. Although a few were described as being angry “at first,” most were accepting of the situation, although sometimes very concerned for their parent or sister.

**Denial and secrecy.** In the subtheme of Denial and Secrecy, both the adolescents and their mothers described an inability to believe and acknowledge the fact of the pregnancy and its ramifications. Even one mother, who had asked her daughter numerous times if she was pregnant, reported that she “didn’t believe it” when her daughter finally told her. One mother described it as an “out-of-body experience” when her daughter told her and her husband about the pregnancy. Some of the adolescent mothers described taking multiple pregnancy tests out of disbelief of the positive results. One (03) did not acknowledge her pregnancy to her mother until she was more than five months pregnant, even using orange juice to fake negative results on pregnancy tests her mother required her to take. The fathers of the adolescents did not describe a similar period of denial when they were told about their daughters’ pregnancy.

The subtheme of Denial and Secrecy also presented in the adolescent mothers as an inability to tell their mothers they were sexually active or to ask for birth control, consistent with the theme Impotency to Pregnancy Prevention that Silva and Tonete

(2006) found in their similar study. Even when their mothers had specifically told them they would provide birth control if they requested it, the adolescent mothers reported being unable to ask their mothers for birth control. At least two of the mothers had offered birth control to their daughters, on request, but the daughters reported that they were unable to accept it because they were unable to admit to their mothers that they were sexually active.

### **Estrangement – They Wouldn’t Talk to Me**

The theme of Estrangement manifested in several ways. Lack of communication, change in the adolescent mother’s perception of her status in the family, physical separation, uncertain relationship with the baby’s father, and feelings of disdain for their fathers, in some adolescent mothers, delineated the subthemes. This theme was primarily seen in the adolescent mothers, although it was also perceived in her parents, in some cases. The theme was present in all six interviews. While this specific theme was not found by Silva and Tonete (2006), it is consistent with their themes of Frustration with change in the “Family Life Project” and later Happiness and Improvement in Family Relationships with the Birth of the Baby.

**They didn’t talk to me.** Four of the six adolescent mothers named, to the day, how long one of their parents didn’t talk to them after they got the news of the pregnancy (three were mothers, and one was the adolescent’s father), and one other stated that there was “a lot of silence.” This came up spontaneously in talking about how their parents reacted to the news of the pregnancy, and was not in answer to a direct question, underscoring the pain the adolescent mothers experienced at feeling invisible to their

parent at a time when they were so vulnerable. One adolescent mother (06) elaborated on wishing that her mother would “yell and scream at me” or “be angry and pissed off at me” than to “be disappointed in me. I can’t stand it when she’s disappointed in me.” Another (03) recognized that her mother not speaking to her for three days was an indicator of an ongoing problem, “We needed to talk more!” Yet another adolescent mother (04) looked pointedly at her father as she said, “*He* didn’t talk to me for three days.” This phenomenon defined the subtheme, They Didn’t Talk to Me.

The importance of healthy communication in families where there is an adolescent pregnancy has been addressed in previous studies (Benson, 2004; Cherniss & Herzog, 1996). Benson named encouraging parental support and communication as one of the empirically based “promising practices” in an examination of the literature, and Cherniss and Herzog concluded that future studies should focus more on communication, after seeing some positive results when the therapists in their study worked with families on communication. The importance of communication in families of pregnant or parenting adolescents it is confirmed in the narratives of the families in the current study.

**No longer the good one – change in family status.** The young mothers also described experiencing a change in their status, or role, in the family. Three of the six specifically said that they had been perceived by other family members, especially their parents, to be “The Good One” or “The Smart One,” but lost that status as a result of the pregnancy. One adolescent (02) said she had “*always*” been “the good one,” but “now my little sister’s the good one.” Another adolescent mom (04) stated firmly that she had previously been the “good one.” Her mother confirmed that she was seen in this role by

quoting the adolescent's older sister as saying, "YES! I'm not the bad one, anymore!" when she found out about the pregnancy. A third adolescent mother described having been "the smart one" in her family, until her pregnancy. She quoted her mother as saying, "This is the last thing I would expect from you. I thought you were better than this. I thought you were smarter than this." The adolescent felt she was the one who was supposed to go to college, get a scholarship, and set an example for her younger siblings. The perceived loss of status in the family described specifically by three of the adolescent mothers, and possibly present in others, informs the subtheme No Longer the Good One.

**Leaving the family.** Temporary physical estrangement described by the adolescents and their parents in four of the six families created a cluster of narratives belonging to the subtheme Leaving the Family. Two of the adolescents (01 and 02) left home to spend time with a family friend or older sister for a few days immediately after their parents became aware of the pregnancy. Another (05) left when she was six months pregnant, after an argument with her mother, to stay with a friend in another city. She avoided her mother for two months, until she needed some information from her, at which time they reconciled, but never lived together again. The fourth young mother (03) went to another state to live with her child's father and his family, returning to her mother's home about a month later.

In every case, leaving the family appears to have served the purpose of a cooling off period when intensity between parents and their adolescent daughters was high. One of the two adolescents who did not leave home (06) had an extended network of long-time friends of the family who provided support, and perhaps a buffer, between the

adolescent and her mother for a period of time. The other adolescent who did not leave home was arguably the most compliant, and maybe the most dependent on her parents, of the six. She apparently was able to accept the initial (and some ongoing) disapproval of her parents without leaving home, even for a short period of time. These two young mothers were also the youngest of the six when they became pregnant. One of the adolescents who only left home for a few days described a continuing estrangement between herself and her mother that continues to the present, although she still lives in her mother's home.

While the physical estrangement was typically initiated by the adolescent mother, one family described the absence of the adolescent's mother after the pregnancy was discovered. Shortly after the adolescent mother (01) disclosed her pregnancy, her maternal grandmother became very ill, and her mother left the family to care for her. Both the adolescent and her father commented on the prolonged absence of the mother. The young mother said, "She was gone for four months." The father, after mentioning that he took on a lot of the responsibility at home while she was gone, shrugged his shoulders, shared a glance with his wife, and said, "but she had to get her mom well." It was unclear whether the adolescent's mother stayed gone more than necessary and whether there were still unresolved feelings about it, but it was evident that the family felt some abandonment, while still recognizing the mother's need to be away.

The mothers of the four adolescents who left home had varying reactions to the physical estrangement. All apparently wanted their daughters to return home, either for practical reasons or because they missed their daughter and wanted to be involved in their

grandchild's life, or both. However, one mother's description of her feelings while her daughter was in another state, and not communicating with her, was especially poignant. She repeated advice given to her by a friend and the school counselor to keep in touch with her daughter, keep an open mind, "be sure she can reach you, if she needs to; give her room to come back," even though there had been a great deal of animosity between them. She emotionally explained to the researcher that, "It was breaking my heart. I cried so much, oh my God, you know?" Her daughter ignored her mother's calls, at first, but eventually she "opened up; told me how miserable she was; said she wanted to come back." The separations were emotional for all of the families who experienced them, and the decision of someone to come home, and be welcomed there, may have had some influence on the beginning of the healing process in the family.

**Trying to make it work with the baby's father.** The Estrangement subtheme, Trying to Make It Work with the Baby's Father, was found in all six interviews. While it may be surprising that this subtheme was found without exception in the young mothers' narratives, Harris (1998) found in an earlier study that young mothers regretted becoming sexually active early, primarily because they were not still romantically involved with their first sexual partner. This study is slightly dated, but it appears to ring at least partially true in the current study. Based on the researcher's previous knowledge of the young mothers, it is likely, though not confirmed, that each of the six young mothers were involved with their first sexual partner when they became pregnant.

Each of the six young mothers made an attempt to continue a relationship with her baby's father, although only one is still in a romantic relationship with the father of her

child. Three of the other fathers occasionally see their child, primarily when the child is at the home of his parents, but none take an active role in their child's life, according to information gained in the interviews. This affirms what was found by Cherniss and Herzog (1996) and Fagan et al (2007). Cherniss and Herzog found that the fathers of adolescent mothers' children were the least likely to attend family therapy (after all other family members) when it was offered, and encouragement of young fathers by their families did not correlate with increased involvement of the young father with his child, according to Fagan et al.

The differences observed in the family and circumstances of the one adolescent mother who remains in a relationship with the father of her child, as well as the poignancy of the descriptions of the young mothers' desires and efforts to keep their relationships with their child's father, both because they cared for him, and for the sake of their child, are of particular interest. The young mother who remained involved with the father of her child married him when the child was about one year of age. She was one of two of the girls who were entering their senior year when they became pregnant. The others were younger – 15 or 16 years old. Her boyfriend (now husband) was also a senior at the same high school.

Another thing that sets her apart from the others is that she is one of only two girls whose own parents are still married. The others all lived with a single mother when they became pregnant. None of the young mothers was in a stepfamily situation. Yet another difference in this family was that the adolescent mother's father had a one-on-one talk with his daughter's boyfriend, laying out his expectations for how the young man would

step up to the responsibility of fatherhood. The family laughed, in retrospect, describing how the boyfriend was, “Yes sir; yes sir; yes sir,” and then “got out of there as quick as he could.”

This young woman (01) felt from the beginning that her boyfriend would continue to be involved with his child, but she described her need to know, early on, whether he would continue to be romantically involved with her. Their relationship was on and off during the months of the pregnancy. When the young woman’s father expressed that his (now) son-in-law “stepped up” and “provided,” his daughter quipped, as she and the other family members laughed, “Finally!” explaining that they had married one year ago.

The other young women described their efforts to make the relationship with the father of their child work in various ways, but it was an emotional issue for all, even as their children entered their third year of life. One young woman (02), after describing how her child’s father moved in with her family, but “never did anything but play video games,” said resignedly that the relationship “was never really good...It’s much easier without him.” Another young mother (04) was lauded by her parents for working to get her child’s father to be part of the baby’s life, “knowing how he was.” The young mother, while acknowledging that her baby’s father “wasn’t around,” said “She [baby] loves her D-A-D-D-Y [spelling so the baby would not hear the word].” Perhaps the most poignant narrative was from adolescent mother 06, who said, “...it’s been a rough two years.” She described break-ups resulting from her baby’s father doing “stupid things,” and then “me going right back to him.” They were engaged for a period of time, but he called it off, only weeks before the wedding date. “I took it really, really, really hard...”

**Adolescent mother's disdain for her own father.** Another subtheme of Estrangement related to the adolescent mothers' disdain and/or indifference for their own father. Of the six young mothers, four expressed this sentiment. These were the four whose fathers are no longer married to their mothers and were absent, or a minimal presence, in their lives. Yet, three of these fathers tried to insert themselves into decisions about their daughter's pregnancy. Two of the young mothers were fairly venomous in their descriptions of how they felt about their fathers, referring to how little they had been involved previously, emotionally and financially, saying things like, "He didn't have a say-so in my life," and, "Nothing he said was a determining factor in anything."

Another young mother, whose relationship with her father had been "bad" before the pregnancy, related that when her dad found out about her pregnancy, "he blamed it on her [adolescent's mother]." Her relationship with her father became closer at that time, but it did not continue, as he went to jail a short time later. She told this with a shrug of her shoulders. Adolescent mother 05 had met her biological father approximately nine months before the interview. She reported it was a good experience, and they got somewhat close, but that she had not heard from him in three months. She then explained that he was very ill and, "actually dying right now." She described her confused feelings about this, saying, "...it's just a little bit different. I didn't know him all that well. So, I don't exactly know if it's a big deal, or not."

By contrast, the two young mothers whose fathers were still married to their mothers seemed to be close with their fathers, and their fathers appeared to dote on them, as evidenced by their vulnerabilities to hurt by each other, and also by the value

seemingly attached to praise and support from the fathers by their daughters. Although emotions had run high at the time of disclosure of the pregnancy, they maintained communication after the initial hurt and silence. Both fathers praised their daughters' parenting, and they seemed to harbor less residual anger than the girls' mothers did approximately two years after the birth of the baby. It was apparent that they have contributed to the resilience of their daughters in the difficult circumstances of adolescent pregnancy and parenting.

These two fathers also demonstrated a strong bond with their granddaughters. Both of them intervened if the toddlers did something that might not be safe or was a "no-no," and both toddlers physically went to their grandfathers for attention or help during the interviews. These phenomena will be discussed further in connection with the theme of Family Healing.

### **Mom's Gonna Kill You – Sibling Relationships**

Sibling relationships emerged as an important theme in all six interviews. It appeared that the siblings were of great importance in the family's experience of adolescent pregnancy and parenting, and yet, they seemed to be marginalized in some ways, because of the family's focus on the adolescent mother, her pregnancy, and the baby's birth and subsequent place in the family. Other studies have noted the vulnerability of the siblings of adolescent mothers. East (1998) found the younger sisters of adolescent mothers to be at disproportionately high risk for adolescent pregnancy and childbearing, and other less obvious effects may very well be present for siblings (both brothers and sisters) of adolescent mothers.

In the current study, the positions of siblings in the family seemed to play a role in how supportive they were of their sister's pregnancy, and of how much the adolescent mother turned to them for support. Some of the adolescent mothers expressed concerns and regrets about how their early pregnancy may have affected their siblings. The theoretical underpinnings of the study were apparent in the data on sibling relationships, underscoring the importance of birth order and family roles, as described by Alfred Adler and Virginia Satir (Satir et al., 1991; Sweeney 1981).

Adler considered birth order to be a determining factor in personality development (Sweeney, 1981), and the commonalities of birth order characteristics of the adolescent mothers and their siblings in this study seems to confirm this. In fact, all but one of older sisters (only one young mother had an older brother) were described as initially jealous, angry, or unsupportive of their sisters' pregnancies. However, younger siblings were consistently supportive and accepting, and often played an important role in the baby's life, after he or she was born. The theoretical issue of family roles is addressed in another major theme, but the importance of sibling relationships related to roles in the family, as described by Virginia Satir (Satir et al., 1991) are also pertinent to the current discussion. The following paragraphs examine possible interpretations of sibling relationships, in regard to how adolescent pregnancy and parenting were experienced in the families.

**Adolescent mothers with older sisters.** In one family (04), there were two older sisters, one who had just adopted a baby, and one who was older, in an established relationship, and recently pregnant, herself. Neither was present for the interview, but the

parents of the three sisters described the eldest as being jealous and angry, feeling as if the pregnancies of her two sisters took attention away from her and her new baby. The middle sister was described as somewhat jealous of her baby sister, as well, but partially reconciled it with a cryptic comment of, “At least *I’m* not the *bad* one anymore!” There was some laughter in looking at this retrospectively, but the adolescent mother, while she may have had some feelings about her sisters’ reactions, did not comment on her parents’ observations. The older sisters apparently reconciled their feelings of betrayal and jealousy, although they may still harbor some resentment against the baby of the family!

Adolescent mother 01 went to her older sister’s home for some days after the announcement of her pregnancy to her parents. However, the young mother and her parents reported that the older sister was hurt, feeling that “she should have been the one” to have a baby, being nine years older, and married. However, the older sister reportedly felt more angry at her parents than at her sister, because she disagreed with how her parents disciplined (or did not discipline) her younger sister (the young mother). She reportedly “got over” any remaining negative feelings, once the baby was born.

**Adolescent mother with younger brother.** Adolescent mother 01 also has a younger brother (about age 18) who has Downe’s Syndrome. He attended the interview, but did not verbalize much, unless asked a direct question. When asked how he felt about his sister’s pregnancy and the birth of the baby, he responded, “I just like to play with her, and stuff.” He interacted with the toddler during the interview, and sat right next to his big sister. When his father praised the young mother openly for being a good mother, and his wife agreed, the brother reached to pat his sister on the thigh, showing the open

acceptance of his sister and her baby which was characteristic of almost all of the younger siblings in the other families.

**Adolescent mother as the middle of three sisters.** Like family 04, family 02 had three daughters. The adolescent mother was the second born. Her narrative showed her attachment to both sisters. She looked up to her older sister, and had planned (before she became pregnant) to follow in her footsteps by enlisting for military service after high school. She expected her sister to “just yell and yell at me, but she was actually really cool about it.” When the young mother was asked about her younger sister’s reaction, she replied simply, with a seemingly pained and wistful expression, “She cried.” This was typical of other adolescent mothers’ reactions expressing regret for hurting siblings – especially younger ones.

However, in this family, the reactions of the older and younger siblings were reversed, compared to the other families, in that the older sister was supportive, but the younger one, after responding to her sister’s pregnancy with disappointment and hurt, was reported to have sided with her mother (against her pregnant sister) in family fights, and blamed the pregnant sister for the fights because she was pregnant and “hormonal.” The younger sister may have taken advantage of the circumstances to raise her status in the family, considering that the adolescent mother indicated she was replaced as “the good one” in her mother’s eyes by her younger sister when she became pregnant.

**Adolescent mothers as eldest child or eldest daughter.** Two of the adolescent mothers (03 and 05) were eldest children. In family 03, there was one younger sister. Adolescent mother 03 did not disclose her pregnancy to her family until she was past five

months pregnant, and in the meantime, she expressed a lot of volatile anger, often directed at her sister. The sister indicated that she tried to just stay out of the way of her sister, saying, “She hated me, so...I didn’t like her,” then following up, smiling, with, “I’m over it.” This sibling did seem to be marginalized, to some extent. She was unaware of certain parts of the narrative her mother and sister shared, and when she asked, “Where was I?” her sister replied “Who knows?” and her mother patted her head and said, “You were in your own small world.”

Similarly, the younger sister of adolescent mother 05 seemed to be in the background of the pregnancy narrative. The adolescent mother did confide in her first when she found out that she was pregnant, to which the 14-year-old responded, “Mom’s gonna kill you!” but after the adolescent mother left the home, she and her sister drifted apart and went their own separate ways. Adolescent mother 05, as the eldest, was responsible to care for several younger siblings, one only an infant, because her mother was reportedly addicted to prescription pain killers. When she left the home, she reported that she missed her *baby* sister (the youngest) “a lot.” Because this young mother was interviewed alone, there was no opportunity to ask the other siblings how they coped when their sister, who was their second mother, left the family, and who cared for them when she was gone.

Adolescent 06 was the eldest daughter in the family, but she had one older brother, and several younger sisters – one near her age – who participated in the interview. Like all of the younger siblings who participated in family interviews (no older siblings participated), this younger sister was obviously attached to her sister’s baby. She

played with and attended to the toddler while her sister actively participated in the interview. She was the first person her sister confided in, after her mother, about the pregnancy. This sister described feeling a little guilty about her happiness at “getting to be Auntie,” since the pregnancy wasn’t a happy event, initially. When asked if she ever felt at all resentful about so many family resources going to her older sister and the new baby, she responded, “No, I never thought about it like that. I just thought, ‘She [sister] needs it, you know, she needs it.’” This immediate acceptance and generous attitude was observed to be true in all of the younger siblings who participated in the interviews.

Sibling relationships are complicated in all families, but there were some trends in sibling relationships observed in this study. Older sisters tended to be resentful about a younger sister’s pregnancy in adolescence while younger siblings were more generous and accepting of an older sister’s adolescent pregnancy, and tended to be very close to their sister’s child. Even among siblings (sisters) who were initially jealous or resentful, most “got over it,” and became supportive when the baby was born, if not before. Two young mothers specifically mentioned feeling regretful about the hurt they caused their younger siblings, and others may have experienced that without specifically articulating it. Four of the six adolescent mothers had only female siblings. Sibling relationships were shown to be a powerful factor in how the families experienced adolescent pregnancy and parenting.

### **Family Healing – A Joy in the House**

This theme was present in all interviews, in some form. It occurred over time, after the initial flurry of emotions in family members upon discovery of the pregnancy

and the estrangements that happened in all of the families. This theme is consistent with Silva and Tonete's (2006) theme Happiness and Improved Family Relationships with the Birth of the Baby. Family Healing in the present study appeared to be the most complete after the baby's birth, as the family welcomed the new addition. This observed process fits the metaphor Virginia Satir described of a mobile to represent the family (Satir, 1972). If a piece is added to the mobile or removed, or if the mobile is shaken or slapped, it moves wildly until it regains equilibrium from the change. If a piece was removed or added, none of the pieces remain in the same positions as before. The new equilibrium changes the structure of the family. These families experienced adding a new family member amidst a crisis of expectations.

**After estrangement.** One of the earliest ways that family healing began was reconciliation after estrangement. In several instances this took the form of a mother asking her daughter to come back to the family home after staying with friends or other family. Physical proximity appeared to help the healing process in all but one of the six families. The families also healed by bonding over the experience of shared love for the new baby. This was evident in all but one of the six families. It may have happened in the other family, but was not specifically mentioned by the adolescent mother, who was interviewed without the rest of the family members. Parents, siblings, and adolescent mothers defined this experience with comments such as: "...look what we got – a little girl," "She's a great joy in this house," "...everybody was, like, the happiest,"

**Improvement in previously strained relationships.** Even parents who had wanted their daughters to get an abortion became enthralled with their grandchild. One

adolescent mother who had been bitter toward their father became closer with him after the baby's birth when he wanted constant pictures of the baby, came to visit, provided clothes and other things for his granddaughter, and offered to help the adolescent mom with things that would make college easier for her – like a car – perhaps his way of apologizing for the hurtful things he said when she got pregnant.

**A good mother.** The third subtheme that emerged indicating family healing had to do with the adolescents' parents validating them as a parent. Parents in two of the three interviews in which parents participated openly praised their daughter as a mother, even though the interview questions did not address this in any way. There were indications that some, though not all, parents of the adolescents in other families may have validated them as parents either directly or indirectly. Both of the families in which the parents openly praised their daughter's parenting were intact nuclear families in which the adolescent mother's parents were still married to each other.

### **Unconditional Support – Someone Stepped Up**

The narratives of the family members indicated that when they were at their most vulnerable, someone outside the immediate family provided support that was pivotal for the family and the adolescent mother to get back to equilibrium. The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) (2009) found that outcomes for schools and students are better with family involvement. The current study findings indicate that the reverse may also be true – that the outcomes for families facing an adolescent pregnancy may be better when the school is involved.

The outcomes for adolescent parents, individually, are also better when families are involved in programs and treatment for them, according to Hanson (1992). The more involved families are, the better the outcomes are for pregnant and parenting adolescents' educational status, relationship with family, welfare status, contraceptive use, and infant health (Hanson). It is apparent that partnerships between pregnant and parenting adolescents, their families, and the school are beneficial for all concerned.

**The school.** Parents and young mothers in the current study specified the school as one major support. Provisions for the young mother to finish high school in an accelerated program, support of principals, school counselors, support counselors within the school system, the homebound teacher who worked with the young mothers in the early weeks after their baby was born, and the pregnant and parenting students support group facilitated by the researcher were all mentioned as people and programs that provided support. There was also an alternative campus provided, but the young mothers expressed a preference to stay on their regular campus, indicating that they felt isolated from friends and as if they were being punished at the alternative campus, although they were placed on the "non-discipline side" of the program.

**Extended family.** The other major source of unconditional support for both the adolescent mother and her parents was extended family. The family members expressed surprise and appreciation that often, the family member that was expected to be the most angry, critical, and judgmental was the most supportive – usually a particular grandparent. Some of the adolescent mothers talked about how they dreaded to tell a certain grandparent about the pregnancy, and how surprised and relieved they were when

they experienced acceptance rather than criticism. This person was typically supportive of the entire nuclear family system, not just the young mother.

One adolescent's mother talked about the support and encouragement of her own parents (the adolescent's maternal grandparents) toward her as well as toward her daughter. Another young mother described the support of friends of the family who were like family ("she's like a sister"), and from the mother of her baby's father, who took care of her in the early weeks after the birth of the baby. Yet another young mother went to her mother's best friend for help in telling her mother about the pregnancy, and she also received support from her older sister, whom she thought would be extremely critical. A few of the young mothers mentioned friends (peers) who were friends before the pregnancy, but only one mentioned a best friend who was a constant support. Several others described losing friends and being treated badly by peers when their pregnancy was disclosed.

In each family, at least one person or entity had stood in the gap to provide support to the adolescent when her parents were struggling with their own grief and unable to give full support. The school and/or school personnel were specifically mentioned as a positive support by all of the families, in one capacity or another. All of the adolescent mothers in the study had participated in the school support group for pregnant and parenting students. The researcher was the counselor/facilitator in that group (well before the present study began), and several said the counselor was specifically helpful to them, as evidenced by how one young mother answered the last question of the researcher, "Is there anything else you want to tell me or ask me?" with,

“I love you...I really love you.” However, all of the young mothers’ narratives described how helpful it was to have the support of other students who were facing or had faced similar issues to their own. In talking about the counselor and the group members, the adolescent mothers described looking forward to a supportive and non-judgmental environment once a week when the group met. Many also maintained contact outside of the school setting and even after they had graduated high school.

The previous relationship between the adolescent parents and the researcher was addressed in Chapter I and will be expanded on in a later section in this chapter, along with the researcher’s subjective conclusions about changes over time in the adolescent mothers and families who participated in the current study will also be discussed.

### **We Thought about That – Musings on Family Therapy**

Previous studies have suggested including families in service plans for pregnant and parenting adolescents (Benson, 2004; Hanson, 1992; U.S. Department of Health and Human Services, 2009). Cherniss and Herzog (1996) suggested that family therapy for families of pregnant or parenting adolescents could be valuable if other interventions were not successful, and they provided family therapy to half of their participants. Silva and Tonete (2006) studied phenomenon of adolescent pregnancy from the perspective of the family, but did not suggest family therapy as an intervention.

In this study, the last interview question asked whether the family would have chosen to participate in free family therapy offered through the school in the early weeks and months of the adolescent’s pregnancy. The responses were overwhelmingly affirmative, but simply answered, with only brief detail. All but one family interviewed

said they would have or probably would have chosen to participate in family counseling, had it been offered. Some seemed somewhat puzzled by the question, as if they had never considered it, and perhaps did not have a good idea of what it would entail or what the benefits would be. Two families enthusiastically said they would have definitely participated in family counseling, had it been offered.

One of these two families had actually been court ordered to attend family counseling by a truancy judge. The adolescent (whose mother was not present at the interview) described how she and her mother had been helped, and how different it was from what she expected. She had determined that she would not participate, even though she physically had to be present, but she related that the way the counselor asked questions made her want to “talk about it.” She also described how her mother did not take over the sessions as she expected, but held back, allowing her daughter to take the lead. The other family most enthusiastic in saying they would have participated in family therapy described the benefits of individual counseling for the adolescent mother, and the benefits of an objective helper and an opportunity to open up communication.

The narratives of two other young mothers, who were interviewed alone, expressed affirmative answers to the interview question, as well, but one of them stated that she was not so sure about the rest of her family, since “They don’t like to talk much about what’s going on in their life, except to people they know.” This young mother had not lived with her mother and siblings since early in her pregnancy, and her father was not in her life. She reported being close to only one of her aunts, in terms of extended family.

Only two families were interviewed with both the adolescent's mother and father present, and one couple clearly stated that their daughter's pregnancy, along with other stressors in the same time frame had resulted in conflict in their marriage, as well as the family as a whole, and that they considered family/marriage counseling at the time, and might still be open to it. The father jokingly asked the researcher if she might want to provide marriage counseling, indicating that the stressors continue to affect the marriage.

The other family interviewed with both parents of the young mother present provided the only narrative indicating that they would not have chosen to participate in family therapy, had it been offered. The parents indicated that they have been through a lot as a family, previously, and that their daughter's pregnancy was handled in the family without any need for counseling. They cited communication and love as the two things that helped the most. The young mother did not express any opinion on whether she believed family counseling would have been helpful.

### **Unresolved Family Issues – Residual Anger and Resentment**

Although the young mothers, their children, and the families appeared to be coping well at approximately two years after the babies' births, anger and resentment emerged as an unresolved issue. These feelings were probably present to some degree in all family members, but it was verbalized often and vehemently by all three of the mothers of the adolescents who were present in the interviews. They specified feelings of anger at the time of the pregnancy disclosure that was still present at the time of the interviews. These feelings of anger and resentment took various forms, sometimes directed at their daughters, but more often about loss of their own freedom to help parent

their grandchild, loss of freedom and opportunity for their daughters, feelings of resentment toward the baby's father, and feeling as if they were the last to know about the pregnancy while friends, other family members, and sometimes school personnel withheld information. Not only was this continuing anger and resentment present in the mothers of the young mothers who were interviewed, there was also evidence that it may have also been present in the three mothers who were not present for the interviews, as well.

One mother (01) talked about feeling angry, initially, when she saw her daughter's friends "running around town," knowing that her daughter would not be doing the usual senior year and college freshman activities that she would have if she had not gotten pregnant. She indicated that it took her "a long time" to experience any positive feelings about the situation, and that she still feels "mad, because she [daughter] can't do those things, now. She's going in a totally different direction."

Mother 03 shook her head as she said she found out about her daughter's pregnancy from a school counselor when the pregnancy was over five months along, when another support-type counselor who saw her daughter in the school setting had known for some time about the pregnancy, but did not tell the mother. Her anger was exacerbated by the fact that she had offered her daughter birth control, but she did not take advantage of the offer, and had hidden the pregnancy from her long after she knew. (At least one other mother had also offered birth control to her daughter previous to the pregnancy. This issue emerged as a theme in Silva and Tonete's 2006 study – Impotency

to Pregnancy Prevention.) Mother 03 also expressed anger and resentment toward the baby's father and his family.

The third mother interviewed (04) admitted that she still gets angry "every once in a while," sometimes when the baby is "on my nerves and I have things I want to do because there is a baby I didn't have, so..." She clarified that her resentment is less toward her daughter and more toward the baby's father, saying, "I've lost my freedom... [but he] is free." While only anger and resentment were identified as a theme in unresolved issues in the families, there was evidence of other unresolved issues, as well. There was evidence in at least two of the families (possibly present in all six), that the young mother's parents continued to take opportunities to remind her of the consequences of her actions, including a loss of freedom and having a more difficult life, in general. Even during the family interview, they pointed out to the young mother that she needed to "step up," and do more, in terms of helping more with the workload of the family, pursuing college, etc. One father, even while praising his daughter made reference to her life "being over."

Although some of the young mothers openly expressed continued resentment toward the fathers of their babies, they seemed to have fewer ongoing regrets and resentments than their parents did, especially their mothers. They were probably less likely to express resentments in the presence of their parents, but even the young mothers who were interviewed alone seemed to have fewer unresolved issues than their parents, overall.

The stated and observed unresolved issues in these families speak to the possibility that family therapy, especially if implemented early, could help families resolve negative feelings and interactions as they come up, lessening the likelihood that they will be replayed over and over again in the family system, with negative results for all family members.

### **Anecdotal Information on Adolescent Fathers**

Of the 29 students in the original sample, only 25% were male. Only a few of the young fathers regularly attended group, mostly because they tended to be older and graduate sooner after the disclosure of the pregnancy, while the adolescent mothers were sometimes in school and attending the support group for up to two years after the birth of their babies. However, there were typically at least two adolescent fathers attending the support group in the school setting at any given time. The researcher was not able to arrange any interviews with the young fathers and their families, but anecdotal information was obtained about two of them. The researcher spoke to the mother of one of the young fathers and another communicated through Facebook social media.

These two fathers were among the youngest, as well as among the most regular participants in the support group and the most active in their children's lives. One was African American and the other Caucasian. The mother of the African American young father conveyed concern for him. She said that he was no longer "with" his child's mother and was not able to be active in the child's life because of that. She described him as "depressed" and not making good decisions after his former girlfriend had "put him on child support" when he was still in school, didn't have a job, and was being left out of his

daughter's life. The researcher looked at his Facebook profile, which was set to allow public access, and found postings expressing his bitterness at having given up so much to try to be a good father, and subsequently experiencing what he saw as unfair treatment from his child's mother.

This young man became a father at the end of his sophomore year. He dropped out of sports and got a part-time job to help with his baby's expenses and to "get his head on straight," at the urging of his mother. The researcher met him the following year when he attended the support group she facilitated. (His baby's mother was a senior when she was pregnant and had attended the support group the previous year, and then graduated.) This adolescent father was a gifted athlete and a handsome young man. After school most days, he went to the home of his baby's mother to care for the baby while the mom went to work. However, girls at school would sometimes call the young mother and tell her that he was talking to another girl, causing her to feel jealous and angry and call him at school wanting an explanation.

When other young fathers in the support group would express exasperation over the jealousy of their girlfriends/mothers of their babies, this young man would encourage them, giving advice to the effect of, "You just have to tell her, 'Who am I with now? I spend my time with you and the baby. This is where I want to be,'" etc. From the researcher's knowledge, he was one of the most involved and committed fathers in the sample.

The other young father, who communicated briefly with the researcher on Facebook was in military service and deployed to another country at that time. He agreed

to be interviewed when home on leave a few months later, but the researcher was not able to reach him to schedule the interview. He was also a sophomore when his daughter was born. He and his girlfriend/baby's mother went directly into an accelerated online program to allow them to graduate early. Both attended the support group facilitated by the researcher. The adolescent mother was one of the young mothers interviewed for the study. This father had also been very involved in his daughter's life. The couple began living together (with another family) when the baby was only a few months old. They shared physical care of their daughter, but they also had issues of jealousy between them, as well as the problems that go with having no real income and no independent transportation, which made it difficult to work, even part-time.

This young father was no longer "with" his daughter's mother and not active in his child's life at the time of the present study. He seemed saddened by not seeing his daughter, but not openly bitter, as the other young father seemed. When asked about parenting as an adolescent, he said, "There's not that much to say about parenting. It comes naturally." Although this information is anecdotal, and there is information on only two fathers, this input points to the difficulty young fathers may have in remaining active in their child's life, no matter how committed and motivated they are.

To the researcher's knowledge, only one of the 29 fathers in the sample is still actively involved in his child's life. That is a father who was a senior when his girlfriend became pregnant. She was also a senior, and they married approximately one year before the interviews were done. The young mother, her parents, and her brother were

interviewed for the study, but the young father/husband was in military service and deployed to another country, so he was not able to participate.

Based on this sample, it is unlikely that adolescent fathers will continue to be involved in the lives of their children. This seems to indicate that while involvement of the young fathers can be very positive for the child and the young father, and studies aimed at encouraging young fathers to take their role seriously (Fagan et al, 2007; Parra-Cardona et al, 2006; 2007; Robbers, 2008) are valuable, the reality is that, in most cases, the adolescent mother and her nuclear family will be the primary caretakers and the primary influences in the child's life. In fact, Hanson (1992) reported that 65-85 percent of pregnant and parenting adolescents live with their families, and that living with the nuclear family is a protective factor for adolescent parents. It is obvious that work with the nuclear family is extremely important, both for the child, the adolescent mother, and other nuclear family members, in terms of physical and mental health, educational and career achievement, and general wellbeing.

### **Influence of the Researcher**

Because of the researcher's previous relationship with the participants, some effects of her influence were expected to emerge. It is impossible to tell how much influence and in what ways the researcher had, but there were some impressions that emerged as a result of the interviews for this study. The adolescent mothers, in particular, were eager to be interviewed, when contacted by the researcher. This could have been because they wanted to show their previous counselor that they were doing well, and have her meet their families and show off their toddlers. However, this eagerness may

also have resulted from a strong need to tell their story and have it recorded by the researcher. It is the researcher's strong impression that both were factors.

The researcher was warmly greeted by the young mothers and their families at the time of the interviews. They openly expressed their feelings and told how they made meaning of the experience of adolescent pregnancy and parenting as a family. It was openly stated in two interviews, and may have been true in others, that the young mother had gone to great effort to clean and decorate the family home where her family would be interviewed. One young mother cautioned her father that he had to wear a dress shirt for the interview, and she told him at one point in the interview that he needed to button a button that had come undone. These types of efforts might have happened just as readily had the interviewer been a stranger, but they also may have been an effort to make preparations for the visit of a counselor whom they respected and appreciated. Again, it is likely that a combination of the two is likely.

Another possible effect of the researcher having a previous relationship with the participants is that they may have chosen not to disclose negative, embarrassing, or other information, and that they might have been more likely to reveal that information to an interviewer who was a stranger to them. The researcher believes that, while this is a possibility, it is also possible that because the interviewer already knew the young mothers and many of their personal and family issues, it may have made it more comfortable to disclose, based on the previous relationship. It is also true that participants, both young mothers and other family members, did disclose information that showed them or their family members to be imperfect – personal anger and resentment,

substance use, fighting in the family, and others. The interviewer's aim was to establish an environment of acceptance and openness to make the family members comfortable enough to disclose freely. Her belief is that the interviews and the data were richer and more honest because of the previous relationship she had with the young mothers.

### **Change Over Time from the Perspective of the Researcher**

Because the researcher did know the participants previous to the current study, informal conclusions were drawn about how the participants (and, in some cases, the other family members) progressed and changed over time. Contrary to what she expected to see, as the facilitator of the support group, the researcher witnessed the resiliency and tenacity of the pregnant and parenting adolescents as they dealt with very difficult situations. None dropped out of school, and all appeared to have good parenting instincts. In fact, at times it seemed as if they may have had better parenting instincts than some older, well-educated parents who sometimes seem to lose contact with instinctive parenting. No attachment problems were observed, with one possible exception in a young mother who attended group regularly, but appeared angry and disclosed very little.

The young mothers were conscientious about seeking medical care and good daycare for their infants, and the babies appeared to be on track developmentally and well cared for physically when parents and babies were observed together. The young parents were somewhat immature when compared with older parents in terms of their interests and what was important to them – and in how the couples interacted with each other – but it did not appear to affect their parenting. None were ever observed to be harsh verbally

or physically with their child. The group members clearly bonded with each other and kept in touch outside of school.

The young mothers were unlikely to breastfeed their babies, and many had C-sections rather than natural births. They were less conscientious about some things than older, well-educated parents might be, like very strict dietary rules for babies and allowing them to watch TV, but their babies were given nourishing food and were not left in front of the television as a babysitter for long periods of time, as far as the counselor could ascertain. As a group, they seemed to have very common-sense oriented parenting.

Another thing that the young mothers, in particular, had in common was that they struggled emotionally with their own parents. They shared the hurtful and seemingly unreasonable things their parents said or expected, and their general attitudes in regard to the pregnancy. Although none of the adolescent mothers had planned their pregnancy or been happy about it initially, most began to feel excited as the pregnancy progressed. However, most reported that their parents did not share their excitement – usually until the baby was born. When the researcher encountered six of these young mothers again for family interviews, their attitudes toward their toddlers and toward parenting seemed constant, but they had matured in some ways, and the families had reached a different place, as well, for the most part.

**Family 01.** Young mother 01 only participated in the support group for a short time because she was a senior and graduated early in an accelerated program. Still, she was very positive about having her family interviewed when the researcher contacted her. The family was interviewed in the young mother's apartment, where she lived with her

daughter while her husband was deployed to a military assignment. The anger she had expressed about her parents in group seemed to have dissipated, and the rigid attitudes she described in them seemed to have subsided, as well. In fact, they praised her as a mother, and she expressed regret at having caused them pain. When this young mother became pregnant, she was going into her senior year and had already accepted an athletic scholarship to a four-year university, which she gave up. The scholarship was not mentioned in the interview, nor were specific educational plans for the present or future, so it was difficult to tell whether and when she planned to resume her education.

**Family 02.** Young mother 02 was quiet, but determined from the time the researcher knew her. She finished high school in the very last weeks of her pregnancy and tried to encourage her baby's father to return to school. In the interview, the researcher learned that the young mother was still living with her mother. She had been working at the same job for over a year, but had been laid off the very day of the interview because of the downturn in the economy. She was very discouraged about her relationships with family members (especially her mother) and the lack of responsibility that her child's father was exhibiting, feeling that she was "doing it all alone," without his support or that of her family. She tended to her toddler daughter as she was interviewed, making eye contact and smiling at her, but she was obviously very tired and/or discouraged, and was not as attentive as the interviewer had perceived her to be when her daughter was an infant. Her determination seemed to be intact, though, as she told the interviewer that she believed she might join the service, as she had planned to do after high school before she became pregnant.

**Family 03.** There had been a great deal of turmoil in family 03. The daughter refused to disclose her pregnancy until very late, but was acting “like a crazy child” during that time, according to her mother, so there was extensive conflict between the adolescent and her mother. This improved with the birth of the baby, but flared again when he was only a few months old and the young mother took the baby and went to stay with her baby’s father’s family in another state. She eventually came back, and at the time of the interview, the acrimony between the young mother and her mother was much improved. However, the daughter still tensed when her mother brought up certain things, like saying that her daughter needed to get into college, and the mother expressed continuing anger over some things that had happened. While the family still had some conflict, their ties to each other seemed strong and healthy, for the most part. In the eyes of the researcher, the young mother had changed very little, except to become more stable and mature. She was always a very caring mother, and her care for her toddler son during the interview showed that had not changed.

**Family 04.** Family 04 had strong ties, as well, but much like family 03, the parents, while praising their daughter as a mother, continued to tell her how she needed to improve – start college, take more responsibility around the house, etc. This young mother was somewhat quiet and disliked conflict from the time the researcher met her. When any conflict came up about relationships during support group time at school, she became uncomfortable. She seemed the same way with her parents, only becoming assertive once, when she firmly confronted her father about not speaking to her for days after the announcement of the pregnancy. She may have been the only group member

who seemed to have very little anger toward others, including her baby's father, when he did not assume responsibility for helping care for his child. Even an extremely difficult birth did not seem to dampen her motherly feelings and actions, which were still very apparent at the time of the interview.

**Family 05.** Young mother 05 showed remarkable resilience. Before her pregnancy, as the eldest child in a single parent family, she had done most of the caretaking for her younger siblings, since her mother was “addicted to” pain medication and “slept a lot,” according to the young mother. She left her mother's house during her pregnancy and, while she and her mother later reconciled, the young mother has never gone back there to live. She had changed living situations several times, living with different families, since she had no real support from her own family. At the time of her interview, she was living with her toddler daughter, her best friend, and her best friend's grandmother. She was finishing up high school coursework and considering several options when that was done.

This young mother had never met her biological father until a few months before the interview, and her stepfather had done some inappropriate things which caused her to be estranged from him until after she turned 18. The researcher believes that she must have had good nurturing and care at some point – possibly when she was very young before her mother began to be dependent on substances. Young mother 05 was attached to her baby and cared well for her, physically (perhaps because she had practice with her younger siblings), and those behaviors were still apparent at the time of the interview. She had the least family support of any of the young mothers who were interviewed, but

others took her in and met her needs. She is a very attractive and engaging young woman, but small in stature and childlike in some ways, which may be part of the reason people are glad to care for her. She has a positive attitude and becomes excited over social news. At the time of the interview, she had kept up with a number of young mothers who had been in the support group, and knew news of all. Her outlook on life did not appear to be changed over the time the researcher knew her.

**Family 06.** Young mother 06 went through several obvious stages of change over the time the researcher knew her. She is very intelligent, but had already gotten in some disciplinary trouble and had truancy issues before she became pregnant. In fact, she was assigned to an alternative school setting soon after she became pregnant because of these behavior issues. When she returned to her regular campus, she began attending the support group. During her pregnancy, her behavior and school attendance improved dramatically. After the birth of her baby, however, she eventually had enough discipline trouble to have to go back to the alternative setting, which she really despised.

Incredibly, she graduated early and was offered several scholarships, but ultimately described in the interview how she turned them down to stay close to family and keep her baby close to family. She was currently living in an apartment with her toddler daughter and her boyfriend of approximately one year, only a few steps from the apartment of her mother and younger siblings. She was working and attending community college, and she was the only one of the young mothers interviewed who had a detailed plan for her college education and career.

This young mother displayed good attachment with her child, as well as good parenting skills, but she also had strong support from family and a network of friends “like family” nearby. She had ups and downs during her journey as a pregnant/parenting adolescent, but at the time of the interview, she appeared to be stable and grounded, with plans for her future. It is the researcher’s belief that a high school setting was confining for this very bright, but impulsive adolescent, and that her pregnancy hormones may have contributed to both a calming period during her pregnancy, as well as to the period of postpartum depression she described in her interview.

These six young mothers maintained their educational goals and practiced good parenting skills as they matured through the period of adolescent pregnancy and parenting. This was true, even though four out of six of them were quite young (14 – 16) when they became pregnant. The researcher is aware that there were a limited opportunities to observe the mothers with their babies and toddlers, and that what was observed in these six young mothers may not be typical of pregnant and parenting adolescents, in general. In addition, although these young mothers have come through almost three years of pregnancy and parenting, they still have a long parenting journey to go. While they all have either family or other support systems, only one has started her post-secondary education and formulated a career plan that would enable her to truly be financially independent. Follow-up research with these young mothers and perhaps others might confirm whether they are able to continue meeting their educational, career, and personal goals.

In retrospect, the researcher would continue the support group in much the same format for future school-based support groups for pregnant and parenting adolescents – if the time allotted with students remained one hour per week and the time for the counselor/facilitator to plan and prepare remained minimal. The group, as it was conducted, proved effective, in that students had fewer absences and disciplinary referrals during the time they attended group, as well as higher grades. The more times a student attended the support group, the more improvement was observed. In addition, the students self-reported that the group was beneficial to them.

Initially, the group facilitator/researcher included as much material as possible from the Parents as Teachers curriculum, but the handouts were often left lying on the tables when group ended, and the students seemed to receive more benefit from sharing therapeutically with each other, based on simple activities and discussions. An effort was made to balance therapeutic self-growth activities for the students and information and discussion that directly affected parenting.

The counselor/researcher found that students were open to parenting suggestions from each other and from the counselor, in the context of input from all. Practical and non-judgmental suggestions relating to diet, sleep, discipline, and developmental learning appeared to be accepted more readily than rigid guidelines in these areas. The counselor learned this in part by the feedback students gave on a program conducted by a nurse from a local hospital who facilitated a parent education program for pregnant and parenting students at the alternative learning center. They were somewhat negative about this program and what they perceived to be ideas that were too rigid and a facilitator that

some thought looked down on them as adolescent parents. The counselor's informal conclusion is that pregnant and parenting students benefit from parenting information more if they also have the opportunities to share therapeutically with each other and a counselor in a group setting.

Parents as Teachers (2005) is a well-researched program that has been shown to be effective. Using it in a classroom setting, with time to devote to it each day would undoubtedly be beneficial, and using it along with a therapeutic component for the young parents would be even better, in the opinion of the researcher. The other component needed is more attention to working with the nuclear family, as well as with pregnant and parenting adolescents, individually and in peer groups. This became obvious in the context of the support group and is the reason for the current study.

### **Conclusions**

Three research questions guided this phenomenological study of how families experience adolescent pregnancy and parenting within the family system. The six families interviewed contributed to the almost nonexistent literature in regard to this phenomenon. In this section, conclusions based on the research questions are presented.

The first research question addressed how family relationships changed and/or remained the same as the family experienced adolescent pregnancy and parenting within the family unit. In many ways, family relationships remained constant through the experience, even as families reported that it was a tumultuous time. In the six families interviewed, there were no relationships that were reported to have been cut off as a result of the adolescent's pregnancy, although some were strained. With two exceptions, the

families reported increased closeness, especially between mothers and daughters, after the initial rollercoaster of emotions had somewhat stabilized. The presence of the baby in the family enhanced reconciliation and increased closeness in the family.

The two exceptions to increased family closeness were described by the only two young mothers who were interviewed alone, without any other family members (except their child) present. One had lived away from her mother and siblings almost exclusively since the sixth month of her pregnancy. She described a mother who was addicted to pain medication, sleeping a great deal and leaving much of the parenting to her daughter (the pregnant adolescent). When interviewed, the young mother did not appear to be angry with her mother, or to rule out going back to live with her at some point, but she also did not seem to miss her greatly. She reported that her mother does ask her often to return home, however. The other young mother reported a brief closeness with her estranged father during her pregnancy, but she and her mother had become quite distant. Although she still lived with her mother at the time of the interview, she described her mother and her younger sister as “never here.” This young mother described being very close with her mother prior to her pregnancy. She tried unsuccessfully to get her mother to participate in the interview, but she said her work schedule was too hectic. The young mother appeared to be quite discouraged and lonely.

The major relationships in each family remained constant, for the most part, but most (if not all) of the adolescent mothers perceived that their status in the family had changed. Half of them specifically addressed perceived loss of their status as “the good one,” or “the smart one,” and there was evidence of similar loss of status for the young

mothers in other families. They expressed regret and sadness in regard to this loss of status, sometimes connected to how they might have hurt their siblings or set a bad example for them by becoming pregnant, as well as feeling that they were perceived differently by their parents. Older sisters were much more likely to be jealous or resentful of their sister's pregnancy, at least initially, but younger ones were generally very accepting of their older sisters and very close with their niece or nephew.

The second interview question asked about the needs of families as perceived by the family members, as a result of adolescent pregnancy and parenting in the family system. The narrations of the family members described various needs that were addressed by school programs and school personnel, and support and acceptance from extended family members and friends who were "like family." The young mothers, in particular, described needs being met by specific persons they interacted with at school, especially counselors and other pregnant or parenting students. Parents tended to put high priority on educational needs (i.e., finishing high school). The young mothers, while stressing educational needs, as well, also put high priority on needs to feel emotionally safe, accepted, and understood, as they navigated through their pregnancy and early parenting. One family reported that educational and family emotional functioning needs were met by a truancy judge and the court-ordered family therapist who worked with them at the judge's behest.

The family members struggled to name any unmet needs, but one adolescent's mother reported, and others may have also experienced, that she needed someone to show empathy for her own situation, as many had done for her daughter. Another adolescent's

mother said she needed for someone from school to inform her about her daughter's pregnancy as soon as they knew, not wait for the adolescent to disclose it to her mother much later.

The third research question asked how family therapists and educators might meet the needs of families facing adolescent pregnancy and parenting in the family. This question was addressed by the families' expressed needs. They specified that they needed someone at school to help the adolescent make a plan for finishing her high school education while dealing with pregnancy and parenting, and all six families said that this need had been met by accelerated academic programs offered by the school. The family members also stated that educational and emotional needs had been met by school counselors, teachers, principals, and support counselors within the school setting. Almost all of the young mothers specifically mentioned needs being met by the pregnant and parenting students support group – both by the counselor/facilitator and by the other young parents in the group.

Other needs of the students and their families were addressed by the school that were not specifically mentioned in the interviews, but were mentioned by students at the time they participated in the school support group. The young mothers and their families were provided with medical resources by the school support counselor as soon as their pregnancy was disclosed. Another need the students discussed in the support group, but did not come up in the interviews (possibly because they were no longer students) was onsite daycare. This will be discussed in the Recommendations section of this chapter. (As stated previously, the researcher was aware of these two needs that did not surface in

the interviews because she was a member of the school staff well before the current study began.)

Family members' responses to the last interview question about whether the family would have been open to receiving family counseling provided by the school made it clear that this offer would have been well-received. Only one family said that they probably would not have participated in a program like this. Although the families did not specify family therapy in stating their needs, when presented with the option, they were overwhelmingly positive in their response. There are many positive ways that educators and family therapists can more effectively meet the needs of families who experience adolescent pregnancy and parenting, and these will be detailed in the Recommendations section of this chapter.

### **Implications**

This study provides insight into the lived experiences of families in which an adolescent becomes pregnant and parents in the family unit. The one other study addressing this phenomenon (Silva & Tonete, 2006) found themes that were similar to those that emerged in the present study, but additional themes emerged in the present study, as well, possibly because of its focus on implications for educators and family therapists. Themes which focused on the adolescent's education, needs for support outside the nuclear family, and openness to family therapy were new to this study, as was the focus on intervention with the family in the early weeks and months of the adolescent's pregnancy. The present study also asked the family members to describe their needs, rather than the researcher assigning needs to them.

While there is a large body of literature on adolescent pregnancy and parenting from the 1980's until 2000, the researcher found few studies done in the last five to ten years on adolescent pregnancy and parenting in the family. Cherniss & Herzog (1996) suggested that family therapy has the potential to be valuable for families of pregnant and parenting adolescents, and even provided family therapy for some of their participants, but aimed at benefiting only the young mother and her child. Any benefits to the other members of the family or to the family as a whole were incidental. Silva and Tonete (2006), while studying adolescent pregnancy and parenting from a nuclear family perspective, did not make recommendations for interventions with these families. The current study is unique in its focus on the possible benefits of a partnership between the families of pregnant and parenting adolescents and the school, in terms of providing family intervention in the form of family therapy.

The social constructivist worldview, in which individuals place subjective meaning on experiences, based on social interaction and cultural norms (Creswell, 2007) was ideal for the present study, as was the theoretical lens incorporating the assumptions and concepts of Alfred Adler and Virginia Satir, which include the importance of open communication (Dinkmeyer & Dinkmeyer, 1981; Sayles, 2002), the importance of equality and self-esteem of each family member, and the stages of family change (Satir et al, 1991; Sweeney, 1981). The themes which emerged confirmed the validity of these concepts, assumptions, and worldview as the participants described the meanings they attached to subjective experience paralleling the stages of family change, and as the importance of each family member related to equality and self-esteem became apparent.

This research is relevant for family therapists as they work with families experiencing the changes associated with adolescent pregnancy and parenting in the family. As the family narratives described the pain and confusion of the early weeks and months after the disclosure of the pregnancy, it becomes apparent that intervention at that time would likely be beneficial. The marginalization and importance of siblings could be addressed, as well as the needs of each parent, in addition to the adolescent mother, herself.

In the narratives of the families, almost all of the parents addressed academic and medical needs immediately, but they were less aware of the benefits of early intervention to meet emotional needs, making it apparent that educators can play a role in making parents aware of the possible benefits of early counseling, as well as early attention to medical and educational needs. Family therapists are only able to intervene early if the families reach out to them early. If the family of young mother 06 had been offered family counseling along with other supports built into the educational system, perhaps she and her mother would not have landed in truancy court, where they were court-ordered to family counseling, and this is only one example of how the families in this study might have benefitted by early family therapy intervention.

The results of the study underscore the need for intervention with the whole person and the whole family to achieve the best educational outcome. The high school these adolescent mothers attended did address their needs, with a few exceptions. The value of caring educators, an optional accelerated academic program, effective homebound education, a support group for pregnant and parenting students, and available

individual counseling for the adolescent emerged as factors that helped the adolescent mothers and their families with a good educational outcome. However, the decision by this school district to refuse state funds designated for use with pregnant and parenting students prevented further benefits to the families, which might have included a full or part time staff member to work with these students and their families and/or possible access to dependable, quality, nearby daycare.

Both family therapists and educators may be able to examine their own attitudes toward pregnant and parenting adolescents and their families based on the findings of this study and on personal introspection. As with all clients and students, these young mothers need unconditional acceptance and understanding in order to achieve at their highest potential in all areas of their lives, as do their siblings and parents. Family therapists and educators understand that giving parents help and encouragement results in better parenting, and the words of the family members in this study make these needs and results personal.

In addition to its value for educators and family therapists, the results of this study may be valuable to families facing the phenomenon of adolescent pregnancy and parenting. They may be able to learn from these six families in ways that help their families cope with the emotions and changes they are likely to experience.

### **Limitations**

The results of this study cannot be generalized to all situations. The number of participants is small, by design, to allow for thorough analysis of the qualitative data, but the small number resulted in some limitations. Some young mothers were interviewed

with the entire nuclear family, some were interviewed alone (with only their child present), and some were interviewed with siblings, but no parents present, creating different subsets of the participants which could have affected results. However, consistency in the themes across interviews seems to indicate that they were not affected by the different subsets of the family members.

Parents were only present in half of the interviews, limiting generalization of the results to parents and families, although information about parent experiences was provided through the eyes of the young mothers when their parents were not in the interviews. The researcher was not able to interview any of the young fathers or any young parents who were Hispanic, excluding two potentially important groups. There were members of both groups who were willing to be interviewed, but scheduling difficulties, location of the young parent, and other factors prevented the interviews from taking place. Anecdotal information relating to the young fathers gives a glimpse of their experiences, but still prevents any generalization at all to young fathers.

The participants were drawn from a sample of suburban high school students who attended the same high school. None of the participant families were poor, and none were wealthy. Consequently, the results may not generalize to urban, rural, poor, or wealthy families. Finally, the study is limited in some ways because of the previous relationship the young mothers had with the researcher, who facilitated their support group when they were still high school students. It became apparent that they, and perhaps their families, were still influenced by the previous relationship. The researcher's impression is that the previous relationship created a more relaxed and honest atmosphere than there might

have been otherwise, but it is also possible that the families may have been less forthcoming about some things because of the previous relationship with the interviewer.

### **Recommendations for Research and Practice**

The recommendations below come from the results of the study in combination with the researcher's experience as a therapist and an educator.

1. It is recommended that studies implementing family therapy with pregnant and parenting adolescents and their nuclear families, follow up studies on the current participants, and replication and other similar studies and other similar studies be undertaken.
  - a. A study implementing family therapy with families of pregnant and parenting adolescents would be a good next step, based on the findings of the current study.
  - b. Following up with the current participants would provide longitudinal data, although with a small group.
  - c. A similar study including young fathers with their families and Hispanic families would serve to replicate the current study while adding dimension.
  - d. Similar studies with different high and low income groups and/or in urban or rural areas might indicate whether a family's experience of adolescent pregnancy and parenting would vary in predictable ways, based on family income and community characteristics.

2. It is recommended that schools commit to providing family counseling for families of their students who are pregnant or parenting and this should be offered at the same time as other early interventions, like accelerated academic programs, student support group, and medical information.
  - a. Offering incentives to encourage participation should be considered. Removing absences for students who have been truant would be one example.
  - b. Schools could likely provide this service without any cost to the district or the families. In many districts, local counselors and family therapists volunteer to treat one or two families each school year without charge, as a way of giving back to the community.
3. It is recommended that family therapists intervene with families where there is an adolescent pregnancy as soon as possible after the pregnancy becomes known.
  - a. They might consider addressing educational and medical issues, family conflict and lack of communication, and sibling issues.
  - b. They might assess the need for marital therapy in the parents of the adolescent.
4. Finally, it is recommended that educators and family therapists partner with families of pregnant and parenting adolescents for the best outcomes possible for all concerned.

Further study pertaining to the role of educators and family therapists with the families of pregnant and parenting adolescents and implementing partnerships that enhance services to the families of pregnant and parenting adolescents benefits the professionals (educators and family therapists), as well as improving outcomes for the young parents, their children, and the members of their nuclear families.

### **Summary**

This study realized its purpose of examining the experiences of families of pregnant and parenting adolescents from a phenomenological viewpoint with a focus on implications for educators and family therapists. The shared construction of knowledge between participants and the researcher that is social constructivism (Daley, 2007), along with the concepts of Alfred Adler and Virginia Satir relating to family constellation and birth order, the equality of family members, and stages of family change (Dinkmeyer & Dinkmeyer, 1981; Satir et al, 1991; Sweeney, 1981) provided a framework for the study's premise, as well as its results.

Several themes emerged in a review of the literature, including the importance of family involvement in more positive outcomes for adolescent parents and their children (Benson, 2004); the feasibility of working through public education systems to intervene early and consistently with families of pregnant and parenting adolescents (Texas Education Agency, 2011); the need to work with the families of male, as well as female adolescent parents (Fagan et al, 2007; Harris, 1998; & Robber, 2005); and the potential of family therapy to ease the conflicts of families with an adolescent member who is pregnant or parenting (Cherniss & Herzog, 1996). The present study incorporated these

themes and added the concepts of addressing all family members' needs (not just those of the adolescent parent and child) and asking the family members, themselves, to identify what their needs were and are.

The six family interviews resulted in seven major themes, which were: Just a Lot of Emotions – A Rollercoaster, Estrangement – They Didn't Talk to Me; Family Healing – Joy in the House, Sibling Relationships – Mom's Gonna Kill You, Unconditional Support – Someone Stepped Up, Musings on Family Therapy – We Thought about That, and Unresolved Family Issues – Anger and Resentment. These six themes were analyzed and interpreted, resulting in implications and recommendations for family therapists and educators.

Implications included the importance of addressing the needs of the whole person and the whole family when working with pregnant and parenting adolescents, and the likely positive benefits of a partnership between schools and family therapists. Recommendations were made for future studies, including follow-up with participants from the current study and replication studies, based on the results and implications of the current study. It was also recommended that educators intervene early with the families of pregnant and parenting adolescents by recommending family counseling to them and offering this service at the same time other early interventions (such as accelerated academic programs, support groups, and medical information are offered. Suggestions were made for ways to offer this service without incurring additional expenses for the school district.

Family therapists were encouraged to begin work with the families of pregnant and parenting adolescents as early as possible, addressing the needs of all of the family members and working with the family to be sure they have information on medical, educational, and other needs that may arise. Finally, it was recommended that educators and family therapists partner with families of pregnant and parenting adolescents for the best outcomes possible for all concerned.

Family therapists and educators are uniquely qualified to partner with families of pregnant and parenting adolescents, and with each other. These families can benefit by early intervention, and the school is generally one of the first places a pregnancy is disclosed. Family therapy is an excellent way to address the needs of all family members. Pregnant and parenting adolescents need the support of their family members, and the family members need support to successfully adjust to the family changes that come with an adolescent pregnancy in the family. Schools are in a position to offer and encourage participation in family counseling as one early intervention for pregnant and parenting adolescents and their families. Family therapists need to intervene as early as possible with pregnant and parenting adolescents and their families, and coordination with the school of the young parent would enhance that work. Partnerships between family therapists and educators as they work with the families of pregnant and parenting adolescents would likely be of benefit to all concerned.

## REFERENCES

- Adler, A. (1992). *Understanding human nature: The psychology of personality*. Oxford, England: Oneworld Publications.
- Benson, M. J. (2004). After the adolescent pregnancy: Parents, teens, and families. *Child and Adolescent Social Work Journal*, 21, 435-455).
- Birkeland, R., Thompson, J. K., & Phares, V. (2005). Adolescent motherhood and postpartum depression. *Journal of Clinical Child and Adolescent Psychology*, 34(2), 292-300.
- Bry, B. H. & Krinsley, K. E. (1992). Booster sessions and long-term effects of behavioral family therapy on adolescent substance use and school performance. *Journal of Behavior Therapy and Experimental Psychiatry*, 23(3), 183-189.
- Caldwell, B. M., & Bradley, R. H. (1984). *Home observation for measurement of the environment*. Little Rock University of Arkansas.
- Caulfield, R. (1999). Early parenthood: Tracking parenting teens after graduation from high school. *Early Childhood Education Journal* 27(1), 49-52.
- Cherniss, C., & Herzog, E. (1996). Impact of home-based family therapy on maternal and child outcomes in disadvantaged adolescent mothers. *Family Relations* 45(1), 72-79.
- Collard, R. R. (1983). Review of "Bayley Scales of Infant Development" In O. K. Burros (Ed). *The seventh mental measurements yearbook* (pp. 402-403). Highland Park, NJ: Gryphon Press.

- Crean, H. F., Hightower, A. D., & Allan, J. J. (2001). School-based child care for children of teen parents: Evaluation of an urban program designed to keep young mothers in school. *Evaluation and Program Planning, 24*, 267-275.
- Cresswell, J. W. (2007). *Qualitative inquiry & research design*. Thousand Oaks, CA.: Sage Publications.
- Daly, K. J. (2007). *Qualitative methods for family studies & human development*. Thousand Oaks, CA: Sage Publications.
- Dinkmeyer, D., & Dinkmeyer, D. Jr. (1981). Adlerian family therapy. *American Journal of Family Therapy, 9*, 45-52.
- Dunst, C. J. Jenkins, V., and Trivett, C. M. (1984). Family support scale: Reliability and validity. *Journal of Individual, Family, and Community Wellness, 1*, 45-52.
- East, P. L. (1998). Impact of adolescent childbearing on families and younger siblings: Effects that increase younger siblings' risk for early pregnancy. *Applied Developmental Science, 2*, 62-74.
- Fagan, F., Bernd, E., & Whiteman, V. (2007). Adolescent fathers' parenting stress, social support, and involvement with infants. *Journal of Research on Adolescence, 17*, 1-22.
- Frankel, S., Harvell, C., & Wauchope, B. (1997). *Outside valuation of Connecticut's Family Resource Centers. Final Report. Volumes 1 and 2*. Portsmouth, R.I.: Connecticut State Department of Education.
- Hanson, S. L. (1992). Involving families in programs for pregnant teens: Consequences for teens and their families. *Family Relations, 41*, 303-311.

- Harris, J. L. T. (1996). Urban African American adolescent parents: Their perceptions of sex, love, intimacy, pregnancy, and parenting. *Adolescence, 33*, 833-844.
- Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., Kirmeyer, S., Mathews, T. J. (2009). Births: Final data for 2006. *National Vital Statistics Reports, 57*.
- Olds, D. L. (1998). The prenatal/early intervention project. In R. H. Price, E. L. Gowan, R. P. Lonan & Ramos-McKay (Eds.). *14 ounces of prevention* (pp. 923). Washington, D. D. :American Psychological Association.
- Parents as Teachers (Eds.). (2005). *Born to Learn*. St. Louis, MO: Parents as Teachers National Center, Inc.
- Parra-Cardona, J. R., Sharp, E. A., & Wampler, R. S. (2008). "Changing for my kid": Fatherhood experiences of Mexican-origin teen fathers involved in the justice system. *Journal of Marital and Family Therapy, 34*, 369-387.
- Parra-Cardona, J. R., Wampler, R. S., & Sharp, E. A. (2006). "Wanting to be a good father": Experiences of adolescent fathers of Mexican Descent in a teen fathers program. *Journal of Marital and Family Therapy, 32*, 215-231.
- Robbers, M. L. P. (2008). The caring equation: An intervention program for teenage mothers and their male partners. *Children & Schools, 30*, 37-47.
- Satir, V. (1972). *Peoplemaking: Because you want to be a better parent*. Palo Alto, CA Science and Behavior Books, Inc.

- Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). *The Satir model: Family therapy and beyond*. Palo Alto, California: Science and Behavior Books, Inc.
- Sayles, C. (2002). Transformational change – based on the model of Virginia Satir. *Contemporary Family Therapy, 24*, 93-109.
- Silva, L., & Tonete, V. L. P. (2006). Adolescent pregnancy from a family perspective: Sharing projects of life and care. *Revista Latino-Americana de Enfermagem, 14*, 199-207.
- Sweeney, T. J. (1991). *Adlerian counseling: Proven concepts and strategies*. Muncie, Indiana: Accelerated Development, Inc.
- Tatum, J., Moseley, S., Boyd-Franklin, N., & Herzog, E. P. (1995). A home-based, family systems approach to the treatment of African-American teenage parents and their families. *Zero to Three, 18-25*.
- Texas Education Agency, Division of Health and Safety (2011). *Pregnancy, education, and parenting: Building futures together*. Retrieved from [http://www.tea.state.tx.us/life\\_skills.html](http://www.tea.state.tx.us/life_skills.html)
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2009). *Working Together to Help Youth Thrive in Schools and Communities*. Retrieved from <http://www.samhsa.gov/children/docs/shortReport.pdf>

**APPENDIX A**  
**Consent Form**

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: How Families Experience the Phenomenon of Adolescent Pregnancy and Parenting: Implications for Family Therapists and Educators

Investigator: Glenda Boyer, M.Ed  
Advisor: Linda Ladd, PhD, PsyD

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Boyer's dissertation at Texas Woman's University. The purpose of this research is to determine how family members experience adolescent pregnancy/parenting in the family unit. You have been asked to participate in this study because you are a member of a family where there has been an adolescent pregnancy.

Description of Procedures

As a participant in this study you will be asked to spend 30-45 minutes of your time in a face-to-face interview with the researcher. The researcher will ask you questions about your family and how you interacted with each other during the pregnancy and following the baby's birth. You will also have an opportunity to write down any additional thoughts you have to be given to the researcher and not shared with other family members. The interview will be conducted in your home or another private place that you and the researcher agree on. You and the researcher will decide on a code name for you to use during the interview. The interview will be videotaped and then written down so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be at least 18 years of age or have the consent of your parents, in addition to giving consent yourself.

Potential Risks

The researcher will ask you questions about what happened in your family during the adolescent pregnancy and following the baby's birth. A possible risk in this study is discomfort with these questions. You may take breaks if needed or stop answering questions at any time and end the interview. If you feel you want to talk to a professional about your discomfort, the researcher has provided you with a list of resources. (If any family member wishes to stop participating in the interview, they may say so and leave the room. The researcher will clarify whether the family member needs to take a break or wishes to stop participating in the interview. The researcher will then confirm with other

\_\_\_\_\_ (initials)

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family members whether they are comfortable continuing the interview, and offer an opportunity for a break. Only family members who complete the interview will receive the \$10 gift card.)

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held at your home or a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name. The videotapes, transcripts, written thoughts of the family members, and any notes of the researcher will be stored in a locked cabinet in the researcher's home office. Only the researcher, her advisor, and one coder (person who checks the work of the researcher) will see these materials, and they will be destroyed within one year after the study is finished. The results of the study will be reported in scientific magazines or journals, but your name and any other identifying information will not be included.

A final risk is the possibility that you could feel coerced (pressured) to participate in the study because of your previous relationship with the researcher. Time and distance have been provided since the former relationship, and the researcher no longer works for the school district. The young parents are now adults. You should participate in the study because you are comfortable with it; not because of your previous relationship with the researcher.

The researcher will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and she will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

### Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the interview and optional written component, each family member (all ages included) will receive a \$10 gift card for participating in the study. If you would like to know the results of this study, they will be mailed to you.\*

### Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study, you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this

\_\_\_\_\_ (initials)  
Page 2 of 3

research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu).

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Signature of Participant or Parent/Guardian of Minor Participant Date

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Signature of Minor Participant (if under age 18) Date

\* If you would like to know the results of this study, where should they be sent?

Email or Address:

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**APPENDIX B**  
**Semi-Structured Interview Questions**

### Semi-Structured Interview Questions

1. Tell me how you found out about the pregnancy and what happened after that.
2. How did the family members interact differently before and after the disclosure of the pregnancy/before and after the birth of the baby?
3. What family interactions did not change through the pregnancy and period of time following the baby's birth?
4. Describe any changes in your relationship with your mother/father/children/brothers/sisters during and after the pregnancy.
5. Tell about family members' roles (jobs in the family) before the pregnancy, during the pregnancy, and after the pregnancy (i.e., parent, disciplinarian, child, nurturer, peacemaker, the angry one, the sad one, etc.)
6. Describe how your extended family (grandparents, aunts, uncles, cousins, etc) affected your family during this time. What were their attitudes toward the pregnancy?
7. If the school had offered free counseling to your family when you found out about the pregnancy, would you have attended? Why or why not?

**APPENDIX C**  
**Confidential Writing Prompt**

### Confidential Writing Prompt

Please write down any thoughts you have about the experience of adolescent pregnancy/parenting in your family that you did not share in the family interview. Your responses will not be shared with the other family members.

APPENDIX D  
Telephone Script for Recruiting Participants

## Telephone Script for Recruiting Participants

Hello. This is Glenda Boyer. Am I speaking with [former student's name] or with one of her (his) parents? (*If not, ask to speak to former student or parent. If none are available, either leave a name and return number, or ask when they might return home.*) I was the counselor at [student's former high school] who facilitated the support group for pregnant and parenting students when you (your daughter; your son) was a student there. Are you and your family doing well? (*Wait for a response.*) I see. I'm glad (or sorry) to hear that.

I am no longer at [student's former high school], but I am calling because I am a doctoral student studying family therapy at Texas Woman's University in Denton, and I am interviewing families of the former students who attended the support group. I will be writing a paper about the experiences of the families so that schools and family therapists can better understand adolescent pregnancy in the family and give the family the best support possible.

I will be interviewing families in their homes for about 30 minutes, and at the end of the interview, each family member will receive a \$10 gift card. The families will also receive a copy of the results of the study by mail, if they wish. Would your family be willing for me to come to your home for an interview? (*If answer is "no"*), Thank you so much for your time. I enjoyed talking with you. Goodbye, now.

(*If answer is "yes"*), Great! Thank you. Let me tell you a little more detail about what will happen. The interviews will be videotaped, and after the family interview, each

family member will also have a chance to write down any thoughts they would like to share, but did not, in the interview. These will not be shared with other family members. After the study write-up is complete, the videotapes, transcripts, written thoughts of family members, and any notes the researcher makes will be destroyed. The real names of the family members will not be used in the written study, and no identifying information will be used.

Your family may experience benefits from participating in the study, like feeling closer and having a better understanding of what it was like for the other family members. Although I will take every precaution to be sure that you and your family members are physically and emotionally safe, it is also possible that there may be some risks from participating, like family members disagreeing or getting angry at each other – or new information coming out in the interviews that causes trouble between family members. You have the right to stop participating at any time you wish.

Now, let's set a time for the interview that is convenient for you. I will be talking with families during the month of June. Would you prefer that I come to your home on a Saturday, Sunday, or a weekday? I would like for all of the family members who lived in the home together at the time of the pregnancy, birth, and following to be present. (*If this creates a problem, make accommodations to add other family members or leave some out.*) I will call the day before our interview to remind you of our appointment. I appreciate your family's time and your willingness to participate. I look forward to talking with you. Goodbye, now.