

Women's Involvement in Adult Education and Family Literacy: Consequences for Social Networks, Social Support, and Mental Health

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Abstract: This paper presents preliminary findings from a mixed-methods study that examines how women use adult education and family literacy programs to construct supportive social networks, and, in turn, how these influence their mental health. We argue that these programs offer opportunities to form friendships and to access emotional, informational, and material support, thereby alleviating psychological distress arising from poverty, caregiving, and other stressors. However, intentional efforts to cultivate social ties and support systems among adult learners are needed.

Introduction

Women with limited income and educational attainment are more likely than their higher-SES counterparts to have smaller, less supportive social networks and to experience mental health problems such as depression (Belle & Doucet, 2003). For instance, approximately nine million U.S. adults experience limited literacy and depression (Weiss, Francis, Senf, Heist, & Hargraves, 2006). Poverty, single parenthood, raising young children, and use of public assistance erode social support, predisposing women to higher rates of depression (Belle & Doucet, 2003; Brown & Moran, 1997; Lennon, Blome, & English, 2002). Although women comprise the majority of adult education and family literacy (AEFL) learners, we know little about the psychosocial aspects of their educational experiences. This paper examines how such women use AEFL programs to construct supportive social networks, and, in turn, how these influence their psychosocial well-being.

Theoretical Framework

We conceptualize AEFL programs as “resource brokers” (Small, 2009) that facilitate access to information, emotional aid, material goods, and other resources, chiefly by providing informal opportunities for social interaction and by connecting members to other organizations’ resources.

Social and organizational ties structure people’s capacity to flourish (Kawachi & Berkman, 2001). Three crucial types of support are *emotional* (“the expression of positive affect, empathetic understanding, and the encouragement of expressions of feelings,” Sherbourne & Stewart, 1991, p. 707)—including caring/concern, understanding/empathy, sympathy, encouragement, and affirmation/validation (Bambina, 2007); *informational* (“advice, information, guidance or feedback,” Sherbourne & Stewart, 1991, p. 707); and *material* (“offers to provide needed goods [e.g., money, food, books] and services [e.g., babysitting, transportation, housework],” Cutrona & Suhr, 1992, p. 155). Informational and material support help someone “solve or eliminate” a problem, whereas emotional support is meant to “comfort and console” (Cutrona & Suhr, 1992, p. 155).

Social support—actual and perceived (Kawachi & Berkman, 2001)—reduces anxiety and depression and enhances self-esteem, sense of control, and the ability to survive with scarce resources (Belle, 1982; Edin & Lein, 1997). Social ties, however, are not inherently beneficial. Unsupportive, asymmetrical, or insular social ties limit access to social resources (Edin & Lein, 1997); exacerbate stress, anxiety, and isolation (Belle & Doucet, 2003); and exact emotional and material costs (Kawachi & Berkman, 2001).

Prior research suggests that women learners use AEFL programs to make friends, share advice, and meet psychosocial needs (e.g., Clegg & McNulty, 2002; Horsman, 1990; Prins, Toso, & Schafft, 2009), activities that can enhance mental health. In fact, experimental studies show that literacy education significantly reduced depression (Poresky & Daniels, 2001; Weiss, et al., 2006). In sum, our theoretical lens situates AEFL programs as sites that can offer women in poverty opportunities to form friendships and to access emotional, informational, and material support, thereby alleviating psychological distress.

Research Methods

This paper utilizes selected data from the first two years of a three-year, mixed-methods study to address the following questions: How do women use adult education and family literacy programs to construct social support networks? What kinds of social support are exchanged in these programs, and by whom? What mental health benefits, if any, do women attribute to their program participation?

The research sites include five family literacy (FL) programs and one health services (HS) program in Pennsylvania. All but one program was chosen using convenience sampling. The fifth FL program was selected for its racial/ethnic diversity. Women comprised 93% to 100% of learners in the programs. To date, the study includes 34 women aged 19 to 58 (23 White, 6 Latina, 2 Native American, 2 African-American, 1 bi/multi-racial), 47% of whom had less than a high school education. Their median monthly household income was approximately \$1200.

Data sources for this paper include:

- 1) 53 interviews with 25 learners, conducted in three waves (1 to 3 interviews per person);
- 2) one survey item concerning perceived stress (n=69; due to ongoing data collection, the other quantitative data were not analyzed);
- 3) 100 observations of program activities (222 hours total);
- 4) a focus group with 11 additional learners from one FL program; and
- 5) two interviews with two teachers from the same program.

Data collection and analysis focused on social interactions and exchange of social support among learners and between learners and teachers; participants' social networks and support outside the program; and the implications of both for mental health. Directed content analysis, which combines deductive and inductive coding (Hsieh & Shannon, 2005), was used to analyze fieldnotes and transcripts.

Findings

Life events and life conditions

Participants' life histories and current stressors are important for understanding their friendship and support networks and their psychosocial well-being. Some of the HS participants and many of the FL participants had experienced (or were currently experiencing) traumatic or stressful life events or conditions (Makosky, 1982). Of the 25 interviewees, seven discussed past

or current emotional, physical, and/or sexual abuse; six were raising children with developmental and/or behavioral disorders such as ADHD (attention deficit hyperactivity disorder) or ODD (oppositional defiance disorder); and four had lived in foster homes. These and other stressors help explain survey respondents' (n=69) average reported stress level of 6.4 on a 10-point scale, compared to the national average of 5.4 (American Psychological Association [APA], 2010). More than one-third (36%) of respondents rated their stress an 8, 9, or 10, compared to 28% of women nationally (APA, 2010).

Twenty participants reported past or present mental health concerns, chiefly depression, as well as others such as bi-polar disorder and post-traumatic stress disorder (PTSD). Participants dealt with these mental health concerns mainly through counseling or therapy (n=14) and psychiatric medications (n=9). Three participants had been hospitalized for mental health reasons and three participants had contemplated and/or attempted suicide, including two mothers who reported suicidal thoughts during the study.

Such traumatic experiences are widespread among women learners (Horsman, 2000). We are especially interested in how these stressors shape social interactions in AEFL programs. One manifestation was wariness about trusting and befriending people, a viewpoint best articulated by Jasmine: "The more people you know, the more they can stab you in the back." Annie's case illustrates how stressful life events can produce isolation and competing desires for companionship and privacy. Annie rarely left the house due to PTSD resulting from her ex-partner's abuse. She stated, "I'd like to make new friends, 'cause this past year I haven't really had anybody to talk to." She felt safe at the program, confided in a teacher, and made several unsuccessful attempts to socialize with learners outside of class, but she did not discuss personal matters with them in order to maintain her privacy. Our findings suggest, however, that when learners *do* let down their guard, they may discover common problems and assist each other in coping with them.

Relationship formation among learners

The preliminary findings indicate that attending classes together does not guarantee that women will become friends or create a strong support system. Although learners in each program reported meeting people and receiving some kind of social support there were marked differences across programs.

Relationships can be categorized as weak, compartmental, or strong (Small, 2009). Though superficial, weak ties are beneficial, as in the case of HS students who helped each other comprehend class material. Compartmental ties, or relationships that do not extend beyond the program setting and related conversational topics (e.g., parenting), were also common. Characterized by mutual confiding and closeness, strong ties were most evident in the "Johnsonville" program, which had the strongest support system. For instance, Starlett and Mariah visited each other's homes, socialized outside of class, and confided in each other.

We attribute programmatic differences to organizational structures, educator practices, and participant preferences and personalities. First, program goals and practices shaped the social environment and opportunities for building social networks (Small, 2009). For instance, the 7-week health studies course focused on transmission of copious information during the weekly 3-hour class session—with no breaks or small group work. By contrast, the FL programs included components, such as interactive literacy activities and celebratory events, that focused on academic and social development for parents and children. With more opportunities for regular interaction, learners were more likely to form social ties. For example, the Johnsonville program

offered the most interactive activities and demonstrated the strongest support network. In addition, participants across all programs identified social events and group projects as the primary conduit for establishing friendships, or said they believed such activities would have helped them make friends. Indeed, it was often during class breaks, field trips, and other informal settings that learners struck up conversations, discovered commonalities (e.g., raising children with ADHD), and shared advice and encouragement. Similarly, focus group participants attested that meeting other students' family members during special events helped them grow closer.

The staff also played a crucial role in nurturing social networks. All but one participant noted the kindness and helpfulness of the staff, particularly when they were newly enrolled. Educators fostered a sense of openness and belonging by introducing new students, encouraging students to share their experiences and perceptions during group discussions, and asking students to fulfill program-related responsibilities. As the Johnsonville teacher explained, "I will go around the room where I say, 'This is a new student. We are so happy to have you.' ... I try to be very close to the new student physically because they have met me, but I am the only familiar face.... Then I will just ask them [other students] to go around the room and say their name [and] who their children are, because children are great connector." By contrast, the data suggest the health services teacher made little effort to encourage social interaction—not even student introductions.

Third, participants believed their personal characteristics influenced friendship formation. Factors such as lack of trust, shyness, preference for those in similar circumstances, and perception of the program's social atmosphere shaped the kinds of social ties women developed. Nevertheless, participants also identified the length of time they had known other students, the frequency of interaction, and a supportive program environment as crucial elements in building and strengthening relationships with other learners.

Social support

Like friendship formation, the degree of social support across the sites varied considerably, with the HS students reporting far fewer instances and types of support than FL students, particularly in the Johnsonville program. Overall, program-participant informational support was most common, especially information and/or advice about free or inexpensive resources (e.g., heating assistance), children's education and development (e.g., Head Start), and parenting (e.g., discipline). These were also the most common informational support topics among learners, with the addition of health (e.g., smoking cessation). For the FL programs, providing information about community resources and helping learners resolve personal and academic problems was intentional. Moreover, FL teachers tended to position themselves—and were viewed by learners—as people who had "been there" and would help learners access information and resources. As one educator stated, "I don't have all the answers, but sometimes it helps just talking to someone to find some other answers that might help." In one program, a monthly discussion time encouraged learners to solicit teachers' and students' advice about parenting issues and other struggles.

The most frequent material support was the refreshments that programs often provided at activities and the snacks that learners shared with each other. This resource should not be trivialized, since 43% of poor U.S. families experience food insecurity (United States Department of Agriculture, 2010). FL programs also provided incentives and door prizes (e.g., \$10 grocery cards), curricular materials (e.g., children's books), free items (e.g., tomatoes from teacher's garden), gifts of recognition (e.g., framed photo), transportation or transportation

subsidy for program attendance, and educational materials for short-term use (e.g., children's activities). Two programs provided a box or table for participants to share unwanted items (e.g., clothing) and lending. FL teachers also assisted learners with matters such as deciphering children's school documents or locating community resources.

Aside from sharing food, participants exchanged several other kinds of material support, primarily in the Johnsonville program. They donated items for others' personal use (e.g., clothing, coupons, magazines); lent, gave, or traded small items (e.g., plants, novels); shared rides; showed or taught others how to do something (e.g., computer-related skills, knitting); donated items for program activities (e.g., baskets); and babysat, among others.

In the Johnsonville program, learners suggested mechanisms for the program to meet material needs. According to a teacher, learners recognized each other's economic difficulties and recommended starting a monthly raffle, with the basket of household goods such as laundry detergent donated by the program and students. The classroom also has a box for trading clothes and cans for collecting box tops and soup labels to raise money for children's schools.

Emotional support from teachers to learners mainly consisted of affirmation—especially compliments on skills, abilities, and performance, both as students and parents—and validation of participant viewpoints or emotional responses (e.g., it's normal to feel intimidated by school professionals). Teachers also provided reassurance and encouragement, particularly regarding academic progress; empathy (e.g., the difficulty of parenting); and caring and concern for students' well-being. Most FL participants said they could confide in and had discussed personal issues with a teacher. This is crucial because having at least one confidant enhances mental health (Belle, 1982).

The few examples of emotional support among HS students consisted of academic encouragement and compliments on appearance, illustrating the predominantly weak or compartmental ties among these learners. Emotional support among FL participants included understanding/empathy concerning personal and academic matters. Some women like Mariah took comfort in finding others facing comparable difficulties: "I don't feel alone any more. I don't feel like I am the only one that has this child [with] these [behavioral] disorders....It is awesome to know that there [are] other parents out there going through what I am going through." This illustrates how "social comparison" (Hodges & Dibb, 2010) can help learners cope with problems. Learners offered the same types of affirmation/validation as teachers, as well as encouragement and concern/caring. For instance, when a learner's husband was having serious health problems, another learner called her every night with a "pep talk."

The paradigmatic example of emotional support was Mariah's request for teachers' and classmates' help in coping with her father's new relationship, approximately one year after her mother's death. In addition to listening to Mariah vent, the group showered her with concern, stories of similar experiences, gentle advice, and a hug and affectionate touch. Some months later, a teacher told us, Mariah attended class after being beaten by her boyfriend. At the students' urging, she left the relationship and pressed charges. This incident illustrates the vital importance of having people to listen, counsel, and help learners when they are most vulnerable. This and the preceding examples illustrate how, to varying degrees, learners used programs to create multi-stranded safety nets.

Mental health benefits

Of the 14 participants with whom we have conducted post-interviews, four identified no changes in mental health due to program participation. That three of these were health services

students underscores the differences between their classroom experiences and those of FL participants. Of the other 10 women, nine attested that attending classes provided a sense of purpose and something to look forward to in the short- and long-term, a sense that they were “moving forward” to reach their dreams and goals. Enhanced self-esteem and self-confidence were reported by seven women. For instance, Annie said, “I have more faith in myself that I can accomplish what I need to and learn more.” In particular, teachers’ encouragement and praise boosted learners’ confidence. Several women (n=4) felt better able to cope with the problems they encountered. Candy, for example, credited her teachers, who “encourage you to talk about it if you have any problems.” Four of the health services students felt a sense of accomplishment. Diana, a mature adult returning to school decades after high school, told us that she cried after the first class session “because it felt really good to be learning.”

Other mental health benefits included a greater sense of control over one’s life (n=3); comfort from knowing others have similar problems (n=3); improved mood or frame of mind (n=3); alleviation of emotional burdens (n=2); acceptance and belonging (n=2); and reprieve from a stressful situation (n=2). Women tended to attribute these changes to their academic accomplishments and/or support from teachers and students, suggesting that academic and psychosocial well-being may be mutually reinforcing.

Conclusion

The preliminary findings elucidate how adult education and family literacy involvement equips poor women to cope with stressors they encounter. The formation of friendship and support networks in these programs is chiefly “a by-product of the pursuit of another aim” (Small, 2009, pp. 11-12) such as obtaining a job or GED diploma. Teachers may not see their role as fostering student friendships, and making friends or finding support may not be learners’ reason for enrolling. Nevertheless, to the extent that these “unanticipated gains” (Small, 2009) occur, they arise because, like the childcare centers that Small studied, AEFL programs provide opportunities for regular, cooperative interaction and connections to an array of organizational resources.

However, educators can be purposeful about cultivating interaction, openness, and supportive behaviors. Our data suggest that intentionality is crucial in organizations where social interaction and support are less likely to arise naturally, namely those with large classes, open enrollment, or a targeted focus (e.g., test preparation). For example, educators should consider how to incorporate new learners, foster informal interaction, and encourage open discussion while also respecting learners’ privacy. The social ties and safety nets created through such activities not only alleviate stress arising from poverty, caregiving, and other aspects of women’s lives, but can also aid their persistence and academic progress.

References

- American Psychological Association [APA] (2010). *Stress in America findings*. Washington, DC: Author.
- Bambina, A. (2007). *Online social support: the interplay of social networks and computer-mediated communication*. Cambria Press.
- Belle, D. (1982). Social ties and social support. In D. Belle (Ed.), *Lives in stress: Women and depression* (pp. 133-144). Beverly Hills: Sage.
- Belle, D., & Doucet, J. (2003). Poverty, inequality, and discrimination as sources of depression among U.S. women. *Psychology of Women Quarterly*, 27(2), 101-113.

- Brown, G. W., & Moran, P. M. (1997). Single mothers, poverty and depression. *Psychological Medicine*, 27(01), 21-33.
- Clegg, S., & McNulty, K. (2002). The creation of learner identities as part of social inclusion: Gender, ethnicity and social space. *International Journal of Lifelong Education*, 21(6), 572-585.
- Cutrona, C. E., & Suhr, J. A. (1992). Controllability of stressful events and satisfaction with spouse support behaviors. *Communication Research*, 19(2), 154-174.
- Edin, K., & Lein, L. (1997). *Making ends meet: How single mothers survive welfare and low-wage work*. New York: Russell Sage Foundation.
- Hodges, L., & Dibb, B. (2010). Social comparison within self-help groups. *Journal of Health psychology*, 15(4), 483-492.
- Horsman, J. (1990). *Something in my mind besides the everyday: Women and literacy*. Toronto: Women's Press.
- Horsman, J. (2000). *Too scared to learn: Women, violence, and education*. Mahwah, NJ: Lawrence Erlbaum.
- Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15, 1277-1288.
- Kawachi, I., & Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78(3), 458-467.
- Lennon, M. C., Blome, J., & English, K. (2002). Depression among women on welfare: A review of the literature. *Journal of the American Medical Women's Association*, 57(1), 27-31.
- Makosky, V. P. (1982). Sources of stress: Events or conditions? In D. Belle (Ed.), *Lives in stress: Women and depression*. (pp. 35-53). Beverly Hills: Sage Publications.
- Poresky, R. H., & Daniels, A. M. (2001). Two-year comparison of income, education, and depression among parents participating in regular Head Start or supplementary Family Service Center Services. *Psychological Reports*, 88(3 Pt 1), 787-796.
- Prins, E., Toso, B. W., & Schafft, K. (2009). "It feels like a little family to me": Social interaction and support among women in adult education and family literacy. *Adult Education Quarterly*, 59(4), 335-352.
- Sherbourne, C., & Stewart, A. (1991). The MOS social support survey. *Social Science & Medicine*, 32(6), 705-714.
- Small, M. L. (2009). *Unanticipated gains: Origins of network inequality in everyday life*. Oxford, UK: Oxford University Press.
- United States Department of Agriculture (2010). Food security in the United States: Key statistics and graphics. Retrieved March 15, 2011, from http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm
- Weiss, B. D., Francis, L., Senf, J. H., Heist, K., & Hargraves, R. (2006). Literacy education as treatment for depression in patients with limited literacy and depression: A randomized controlled trial. *Journal of General Internal Medicine*, 21(8), 823-828.