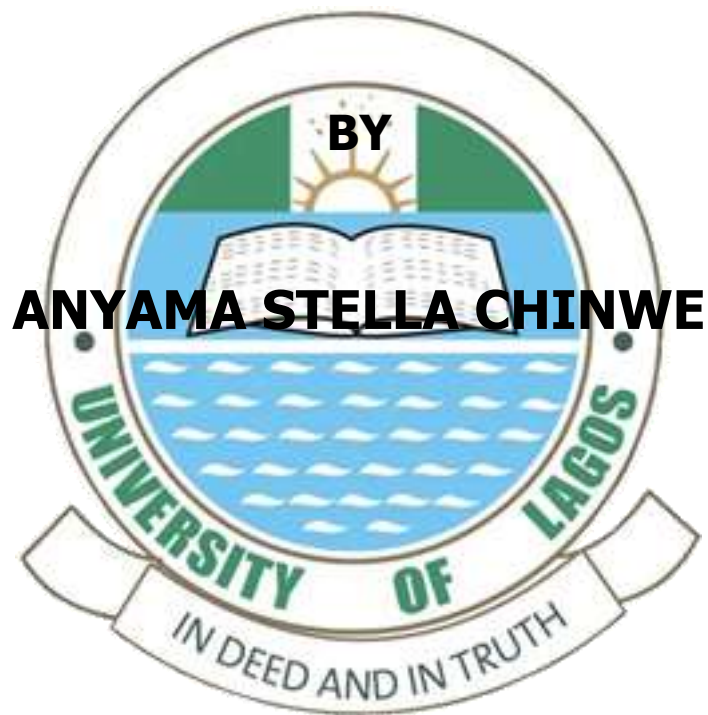


**ASSESSMENT AND MANAGEMENT OF
COMMITMENT AND CONFLICT EXPERIENCED
BY EDUCATED STAY-AT-HOME MOTHERS IN
LAGOS STATE**



JUNE, 2011

ASSESSMENT AND MANAGEMENT OF COMMITMENT AND CONFLICT EXPERIENCED BY EDUCATED STAY-AT-HOME MOTHERS IN LAGOS STATE

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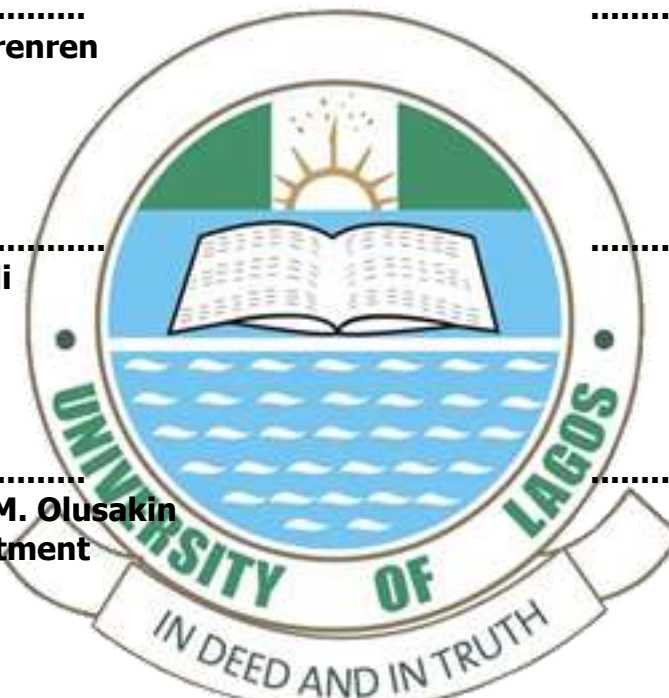
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AWARD OF THE DEGREE OF DOCTOR OF PHILOSOPHY (Ph.D) OF
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JUNE, 2011

APPROVAL

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Certification

This is to certify that the thesis:

**ASSESSMENT AND MANAGEMENT OF COMMITMENT AND CONFLICT
EXPERIENCED BY EDUCATED STAY-AT-HOME MOTHERS IN LAGOS STATE**

Submitted to the
School of Postgraduate Studies
University of Lagos

For the Award of the Degree of
DOCTOR OF PHILOSOPHY (Ph.D)
is a record of original research carried out

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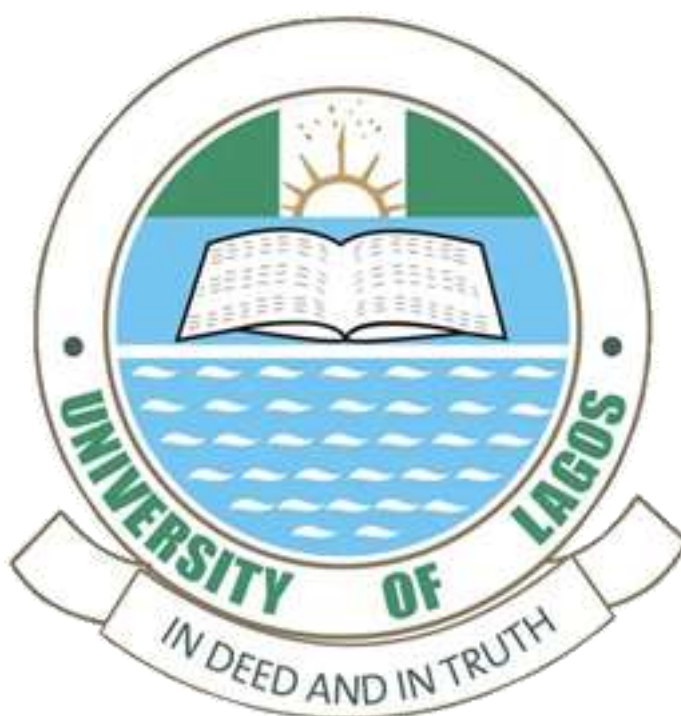
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DEDICATION

The thesis is dedicated to the glory of God for a dream come true.

To the memories of my sister, Late Mrs. Chinelo Okoli and my mother, Late Mrs. Regina Nwanochie. I know they will be very proud where they are. May their gentle souls rest in the bosom of the Lord, Amen!

To all Educated stay-at-home mothers for their unpaid labour and sacrifices.



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Great is thy faithfulness, O Lord!

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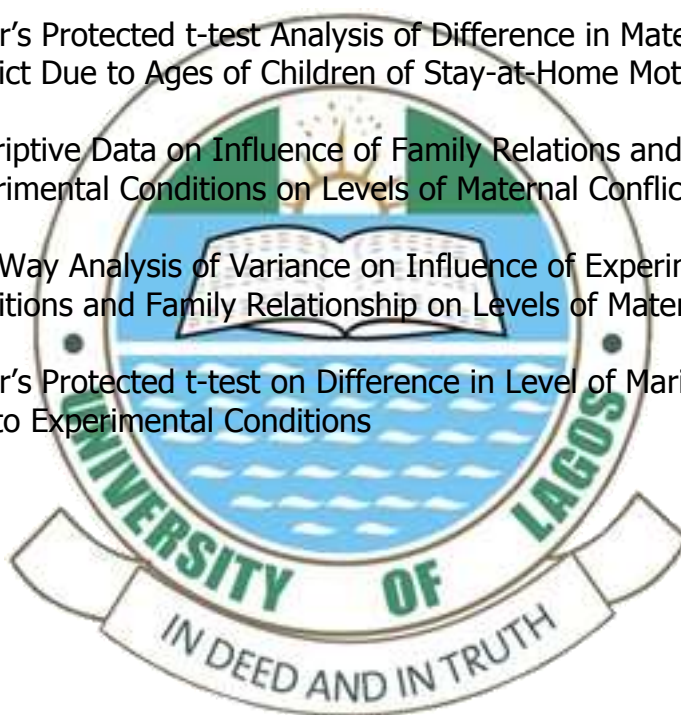
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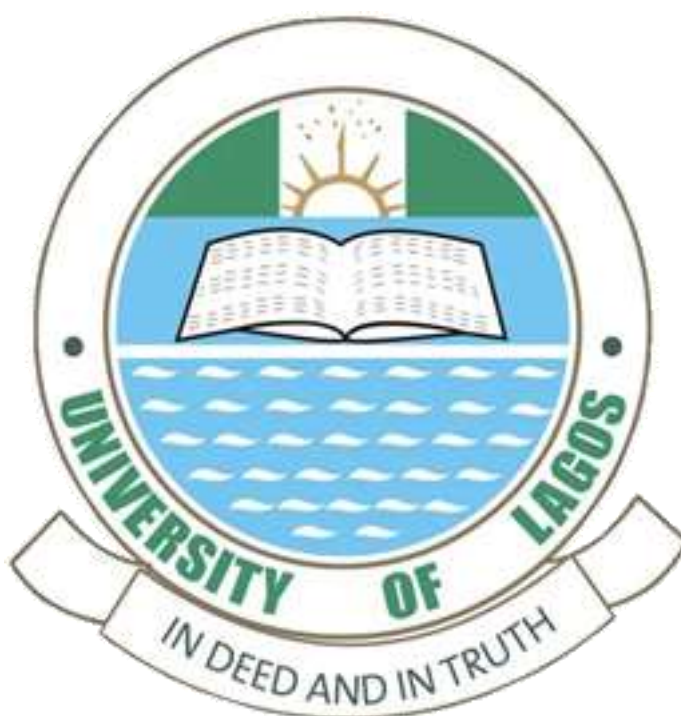
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ABBREVIATION

Abbreviation

Meaning

PDQ	Personal Data Questionnaire
FCQ	Family Commitment Questionnaire
MCQ	Maternal Conflict Questionnaire
ISE	Index of Self-Esteem
IFR	Index of Family Relations
PTA	Parent Teachers Association
WDEP	Want, Doing, Evaluation and Planning
ANOVA	Analysis of Variance
ANCOVA	Analysis of Covariance
FRN	Federal Republic of Nigeria
TA	Transactional Analysis
RT	Reality Therapy
CASSON	Counselling Association of Nigeria



LIST OF APPENDICES

- **FAMILY COMMITMENT QUESTIONNAIRE (FCQ)**
- **MATERNAL CONFLICT QUESTIONNAIRE (MCQ)**
- **INDEX OF SELF-ESTEEM (ISE)**
- **INDEX OF FAMILY RELATIONS (IFR)**

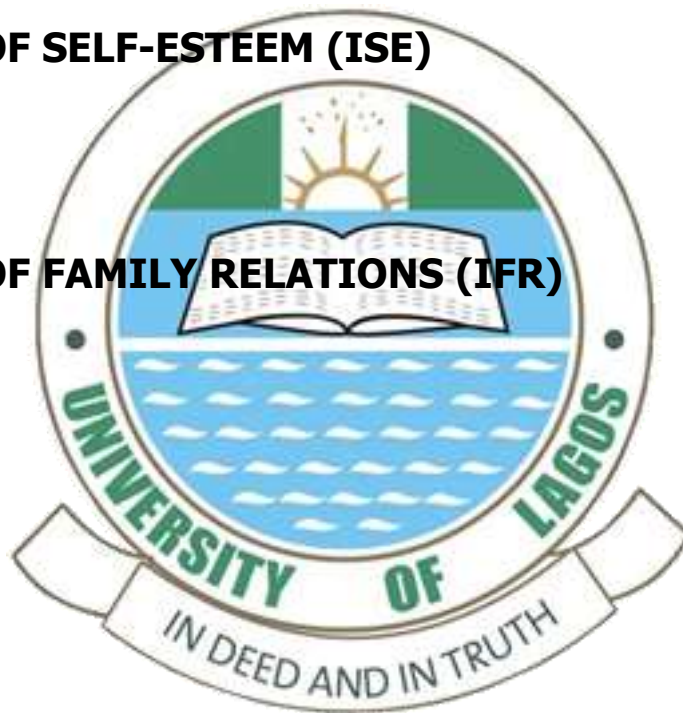


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ABSTRACT

The study undertook an assessment and management of commitment and conflict experienced by educated stay-at-home mothers in Lagos state, Nigeria. It is pertinent to note that conflict refers to low self-esteem, lack of effective family relationship, loss in terms of identity and financial independence.

A quasi-experimental pre-test, post-test, control group design was adopted for the study. The initial sample consisted of 150 educated mothers comprising 75 working mothers and 75 stay-at-home mothers drawn from Parents-Teachers Association (PTA) meetings of 2 selected Private Nursery and Primary schools in Ikeja, Ibeju-Lekki and Amuwo-Odofin Local Government Areas of Lagos State. The final sample for the experiment consisted of 30 educated stay-at-home mothers.

Eight research hypotheses were formulated and tested at 0.05 level of significance. Also, five major instruments were used to generate data for the study namely: 1. Personal Data Questionnaire (PDQ), 2. Family Commitment Questionnaire (FCQ), 3. Maternal Conflict Questionnaire (MCQ), 4. Index of Self-esteem (ISE), 5. Index of Family Relations (IFR). Data generated were analyzed using descriptive and protected t-test comparison, Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA).

Results from the analysis of data indicated that six out of the eight null hypotheses tested were rejected while two were accepted. The findings revealed that Reality Therapy and Transactional Analysis Therapy went a long way in enhancing psychosocial conflicts of educated stay-at-home mothers although Reality Therapy was more efficacious. The study has shown that there is no significant difference in family relationships experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatment and the control group. The findings show that stay-at-home mothers with high family commitment significantly have lower maternal conflict than those with low family commitment. It has also shown that educated working mothers significantly exhibited higher self-esteem than their non-working counterparts. The findings show that ages of children significantly influence level of maternal conflict experienced by educated stay-at-home mothers. These findings were situated within the existing body of knowledge and their implications for counselling education were discussed.

CHAPTER ONE

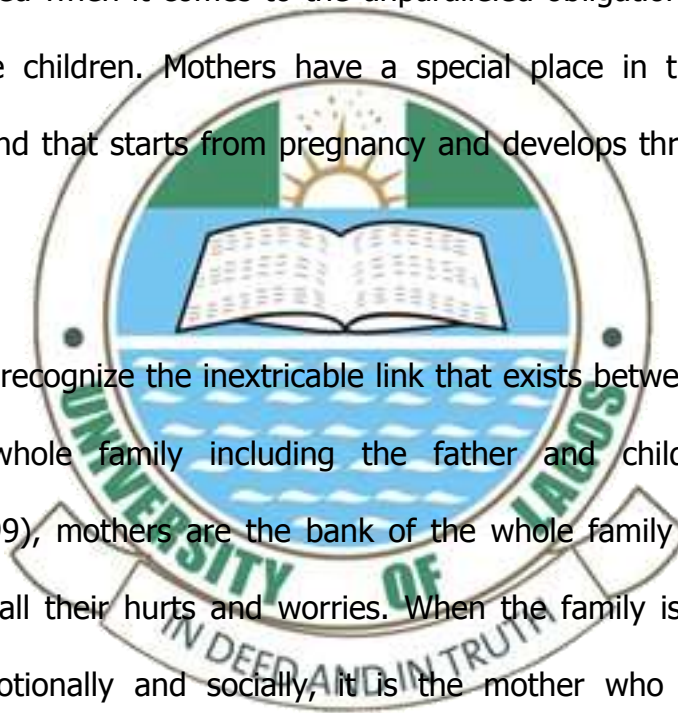
INTRODUCTION

Women continue to be the primary caretaker of children despite the fact that some of them take on financial responsibility for their families. They may have achieved much of this progress through the vehicle of education, though in the traditional Nigerian society, access to formal education was unavailable to women, who performed roles of domesticity and nurturing. Modern day mothers are more educated than their olden day counterparts. Thus, they seem to be more creative and self-reliant. The acquisition of formal education may have made some of them to have professional advancement and seem able to combine a full-time career and family. Although they try to combine both roles, the pressure of the dual-role conflict of being a mother and a professional may have been seen to have negative influence on the child rearing roles, level of family commitment and the society in general. The conflict between both roles may have led some women to trade off their career for more time with their children: that is opting to stay at home full time with the children instead of pursuing a career. The dominant themes encompassed the decision to stay at home, the benefits and challenges of staying at home, and the need for self-care so as to overcome the psychosocial conflicts that may be caused by complex range of emotions and experiences in their level of family commitment through the use of reality therapy and transactional analysis therapy.

1.1 Background to the study

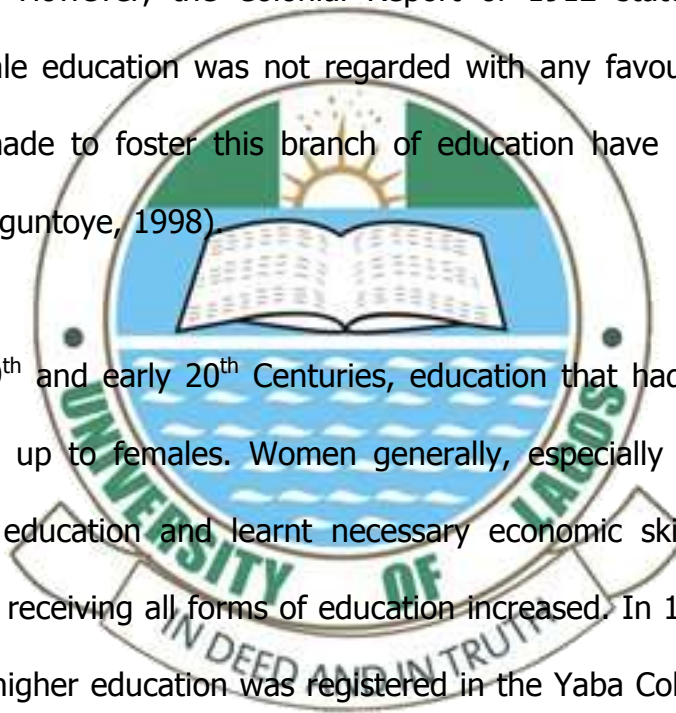
Women have always been seen as home managers who perform roles of parenting and nurturing of children. They play the role of mothers, spouses, workers, farmers among others. Mothers are involved in many household tasks such as raising the children, taking care of their husbands and other members of the extended family by staying with them, preparing the meals, washing the dishes, fetching water and meeting the demands of their spouses. The daily tasks and responsibilities of mothers are many and varied when it comes to the unparalleled obligations and challenges of raising responsible children. Mothers have a special place in their children's lives because of the bond that starts from pregnancy and develops through childhood and adolescence.

It is imperative to recognize the inextricable link that exists between mothers and the welfare of the whole family including the father and children. According to Gebremedhin (1999), mothers are the bank of the whole family where members of that family dump all their hurts and worries. When the family is in total chaos and disorder both emotionally and socially, it is the mother who creates peace and harmony in the household. Everything is well if the mother is well because the roles mothers play in raising their children and taking care of their spouses do not only mould and guide their children to be good citizens, but also assist their spouses to become successful at work and in life. Similarly, though it is true that mothers have a unique role in parenting, it is important to note that this role cannot be comprehensive without the involvement of fathers.

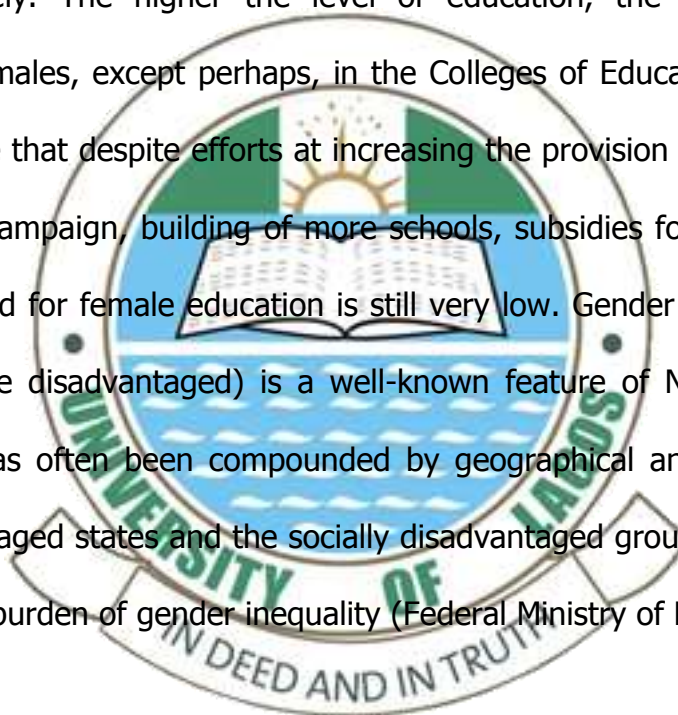


Some of these roles of a mother cannot be effectively achieved without the vehicle of education. In the traditional Nigerian society, the formal education of the girl-child was not a common phenomenon (Olusakin, 1998). According to Ikpe (1997), education of women was not encouraged, where it was encouraged, education was meant to equip the women folk with skills for the efficient running of the home. Education for girls was comparatively slow. Out of 21,153 children in the Government and privately owned schools in 1912, the girls numbered only 3,151 of which 1,924 were in the Western Province. However, the Colonial Report of 1912 states that outside the Yoruba race, female education was not regarded with any favour and the attempts that have been made to foster this branch of education have not met with much encouragement (Oguntoye, 1998).

During the late 19th and early 20th Centuries, education that had been exclusive for the males opened up to females. Women generally, especially in southern Nigeria acquired western education and learnt necessary economic skills. From 1945 the number of women receiving all forms of education increased. In 1945 the first female student receiving higher education was registered in the Yaba College of Technology, Lagos. When the University College, Ibadan opened in 1948 only four women were enrolled. By Independence, the number had increased to ninety two. From this humble beginning more and more women craved and came to enjoy western education at all levels (Ikpe, 1997).



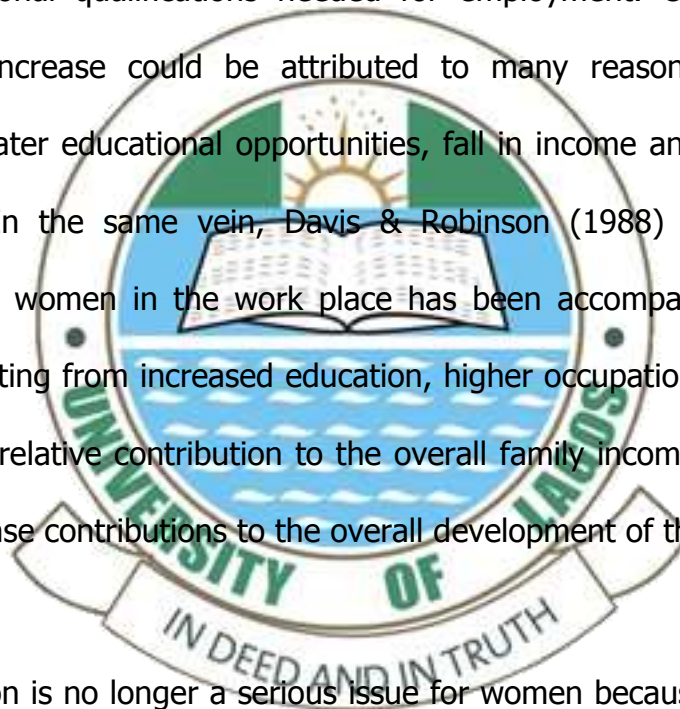
Since independence, women have made a lot of progress in the field of education. Ikpe (1997) posits that from the 1970s, there was an education boom. By the late 1980s over 42 percent of those enrolled in the primary schools were female pupils. Female students constituted 38 percent enrolment in the secondary schools and about 27 percent in the tertiary institutions. Enrolment of female students in tertiary institutions was not encouraging. Female participation in Polytechnics and Colleges of Technology for 1984/1985, 1985/1986 and 1986/1987 were 18.8, 18.5 and 25.6 percent respectively. The higher the level of education, the lower the level of participation of females, except perhaps, in the Colleges of Education. Odili, Omotor, Pessu (2003) state that despite efforts at increasing the provision of female education through massive campaign, building of more schools, subsidies for female pupils and others, the demand for female education is still very low. Gender disparity (with girls and women as the disadvantaged) is a well-known feature of Nigeria's educational landscape. This has often been compounded by geographical and social disparities, with the disadvantaged states and the socially disadvantaged groups in the population bearing a heavier burden of gender inequality (Federal Ministry of Education, 2000).



The present socio-economic situation in Nigeria has made it imperative that the women, just like their male counterparts, must be given sound formal education which will equip them for self-reliance in the technological world. Today's Nigerian women have replaced their kitchens with offices to collaborate with their male counterparts in nation building. Through the vehicle of education, the status of Nigerian women has stepped up beyond the confines of motherhood and this has enhanced the quality of

life in the family. Thus, there is the emergence of informed motherhood with less superstitions, awareness of better hygiene and nutrition with high value for education.

More Nigerian women, especially the married ones, are playing more active roles in professional careers and at the same time, making all the necessary efforts to raise their children with love and care. They are no longer busy with home chores alone, but are also engaged in one career or the other as many of them have acquired the necessary educational qualifications needed for employment. Onwuchekwa (1990) posits that this increase could be attributed to many reasons such as women emancipation, greater educational opportunities, fall in income and increase in prices of commodities. In the same vein, Davis & Robinson (1988) confirmed that the presence of many women in the work place has been accompanied by changes in their status, (resulting from increased education, higher occupations and income) and especially greater relative contribution to the overall family income. The education of women has immense contributions to the overall development of the nation.



Acquiring education is no longer a serious issue for women because they now pursue professions previously dominated by men alone. Yet, when combining career and parenting, they may find it difficult because of the dual role conflict of being a mother and a professional which requires them to perform diverse social roles that demand incompatible behaviours (Chassin, Zeiss, Cooper and Reaven, 1985). The conflict between the dual roles of motherhood and professionalism might have led some women to trade off their career for more time with their children, which is opting to "stay-at-home" instead of pursuing their career.

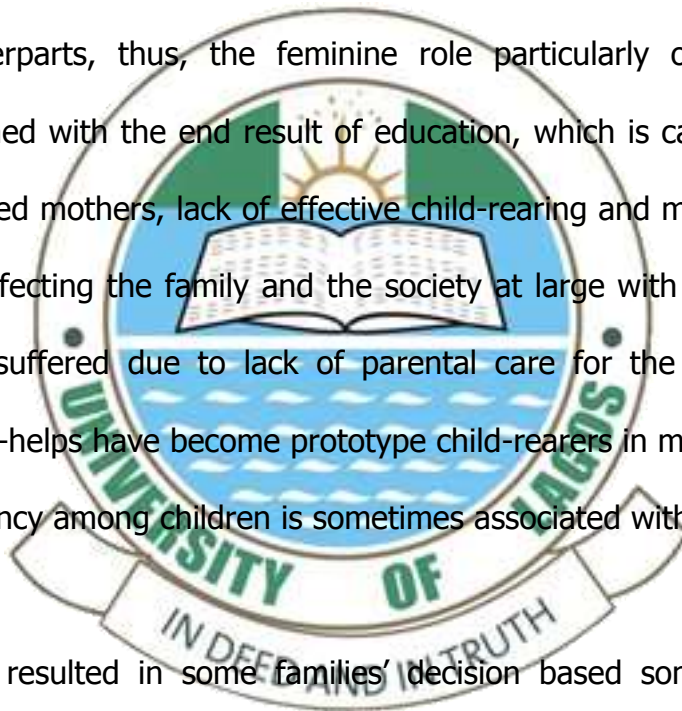
Rubin and Wooten (2007) identified some of the reasons that make educated mothers choose to stay at home as: Concern about finding affordable high-quality childcare, unsatisfying career path, the need to support a partner with a higher-earning potential, inability to find suitable employment, religious values that support a commitment to home and family, the desire to bring balance to a hectic family life and career.

Although these educated stay-at-home mothers desire to live happy lives by giving their families the best, most of them seem to go through a lot of conflicts such as low self-esteem, seeming loss of identity, lack of effective family relationship among others thereby reducing their level of commitment to the family. Some researchers agree that lack of societal approval and support, greater feelings of loneliness, boredom, emotional difficulties with fear of losing the skills and marketability that they had worked very hard to achieve, feeling of shame for not living up to their potentials, guilt for not working and making use of their education and skills, negative maternal mental health, isolation, higher maternal depressive symptoms, vulnerability in relation to financial dependency, loss in terms of identity, self-esteem and external validation were some of the effects of staying at home by these mothers which can cause both social and emotional conflicts as well as lack of personal growth, thus, affecting their levels of family commitment (Elvin-Nowak, 1999; Zimmerman, 2000; Desimone 2001; Des Rivieres-Pigeon, Seguin, Goulet, & Descarries, 2001; Seagrum & Daniluk, 2002; Makri-botsari 2003; De Marneffe 2004; Rubin & Wooten, 2007).

Consequently, the study focused on how to assess and manage the levels of commitment and conflict experienced by educated stay-at-home mothers in Lagos State.

1.2 Statement of the problem

Before now, female education has been neglected or relegated to the background, despite the fact that education is an instrument of social change. The relative change in gender stereotyping has made female education to be almost at par with that of their male counterparts, thus, the feminine role particularly of motherhood has progressively clashed with the end result of education, which is carving out a career. Among the educated mothers, lack of effective child-rearing and mothering roles have been negatively affecting the family and the society at large with the consensus that child-rearing has suffered due to lack of parental care for the child. It has been noticed that house-helps have become prototype child-rearers in most families and the prevalent delinquency among children is sometimes associated with mother absence.



The problem has resulted in some families' decision based sometimes on mutual agreement that the mothers stay at home while a few others are forced to do so in order to give full attention to the rearing of their children despite the fact that there may be other reasons for staying at home such as unemployment, religious belief and personal choice. Although there may be benefits of staying at home such as less hectic schedules for the woman, more time with the children and peace of mind that the children are safe and happy, the decision to stay at home willingly or unwillingly is likely to cause conflict. While the unwilling educated stay-at-home mothers may seem

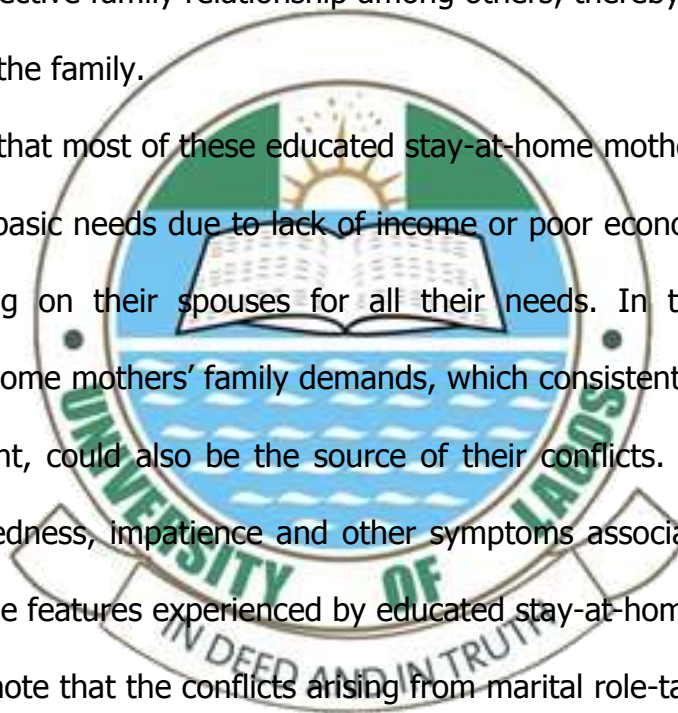
to show higher level of conflict than their willing counterparts, both levels of conflict may adversely affect the level of family commitment.

It has been noticed that despite the fact that these educated mothers primarily agree to take on these roles, they tend to live a passive and dependent life. Some of them are unable to make decisions even in what concerns their own lives, thus, they may feel helpless and isolated. The consequences of the above perceptions may make them go through a lot of psycho-social conflicts such as low self-esteem, loss of identity, lack of effective family relationship among others, thereby reducing their level of commitment to the family.

It is also common that most of these educated stay-at-home mothers find it difficult to take care of their basic needs due to lack of income or poor economic empowerment, thereby, depending on their spouses for all their needs. In the same vein, the educated stay-at-home mothers' family demands, which consistently are unmet due to their unemployment, could also be the source of their conflicts. It is also presumed that short temperedness, impatience and other symptoms associated with stress are common observable features experienced by educated stay-at-home mothers.

It is necessary to note that the conflicts arising from marital role-taking always tend to increase the helplessness of most educated stay-at-home mothers. The consequences of staying at home by these educated mothers bring about conflict between commitment to child-rearing and marital role-taking, thus, the general outlook, temperaments and feelings of these mothers could also conflict with the child-rearing roles.

It is interesting to note that there is a gap in the research on women who have achieved a graduate or postgraduate education and choose to stay at home with their



children. Thus, the current study explores the experiences of these women: mothers who have earned graduate degrees and have chosen to be stay-at-home mothers. Therefore, it is imperative to use reality therapy and transactional analysis treatment as intervention to address the conflicts associated with low self-esteem, inadequate family relationship, ages of children, guilt, loss in terms of identity, financial independence and external validation characteristic of this unique population.

1.3 Theoretical Framework

The following theories guided this work:

- Conflict Theory: Karl Marx (1848)
- Transactional Analysis Theory: Eric Berne (1961).

1.3.1 Conflict Theory

This theory states that conflict is normal and inevitable in every social relationship. Conflict theorists believe that conflict is an inevitable part of social life; they do not portray society as a harmonious system of interrelated parts rather they agree that society is composed of individuals and groups that have competing interests (Marx 1848; Engels 1942; Straus and Hotaling, 1980). The conflict theorists do not dispute that the family has important roles to play, rather they believe principally in gender problem which expresses the dominance of man over woman. They assert that marital relationship reflects and reinforces gender inequalities, where men benefit at the expense of women rather than a system of independence. In many societies according to them, women have been treated practically and legally as property of their husbands (Engels, 1990; Starus & Hotaling, 1980).

Violence in families between spouses, between parents and off-spring and among off-spring themselves have made the conflict theorists rate the family as the second most violent group after the military. Straus & Hotaling (1980) noted that one source of this violence may lie in the dynamics of the family as an intimate environment. Close relationships are likely to involve more conflicts than less intimate ones; since there are more occasions for tensions to rise and more likelihood that deep emotions will be provoked and if the person affected cannot strike back at the source of the problem, the aggression may be redirected at family members. Thus, levels of commitment and conflict which may be felt by educated stay-at-home mothers may be due to social context that has traditionally emphasized male dominance and female subservience.

1.3.2 Transactional Analysis Theory

This theory formulated by Eric Berne (Berne, 1961) views individuals as playing different roles (games) when they interact with others. Such roles include playing the role of parent, adult or child. It asserts that when there is congruence between the role one plays with the role played by another in a given situation, the individual will have an OK feeling. Thus, incongruence results in I am NOT – OK feeling. This NOT – OK feeling manifests in confusion and consequent behaviour disorder.

The objective of the theory is to enable the client understand where he is in relation to his feeling about self and others with respect to how he relates to them structurally and dynamically. Berne (1961) defined Transactional Analysis (TA) as a theory of personality and social action and a clinical method of psycho-therapy based on the

analysis of all possible transactions between two or more people. A transaction is simply communication between two or more people and it is based on three specially defined ego states. These ego states are the parent ego state, the child ego state and adult ego state. TA is therefore concerned with communication and inter-personal interaction.

The parent ego state represents a massive collection of recordings in the brain of external events experienced or perceived in approximately the first five years of life. Since the majority of the external events experienced by a child are actions of the parent, the ego state was appropriately called parent state in which people behave, feel, and think in response to an unconscious mimicking of how their parents (or other parental figures) acted, or how they interpreted their parent's actions. It makes the individual manifest ideas, beliefs and behaviours from parents and other caretakers. The child ego state contains all the natural feelings, need impulses and potentialities of an infant and feeling of behaviour learned during the first five years of childhood. The child ego is emotional. The adult ego does not relate to a person's age. It is rather concerned with autonomous collecting and processing of data and elimination of probabilities such that the person is not emotional or judgemental but simply works with facts and with external reality.

Berne (1961) also theorised that communication between two people has a hidden message, meaning and agenda. The result of this message is a game. The purpose of the game is to get a need met. He further explained that in the process of developing identity, people define for themselves their life positions. The life position is an attitude about self and the world around self. There are four possible choices:

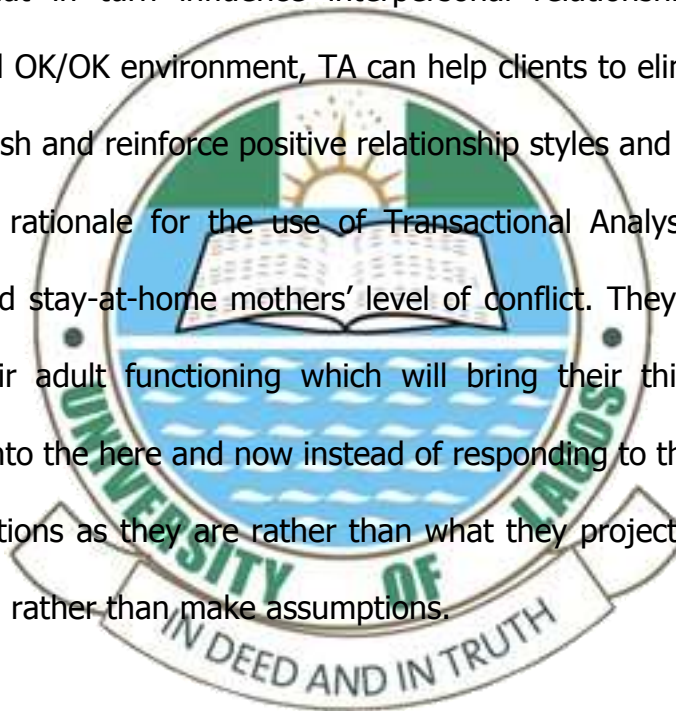
I am ok - you are ok

I am ok – you are not ok

I am not ok – you are ok

I am not ok - you are not ok

Transactional analysis as a system, seeks to understand the interactions of people and to improve their social environment. TA recognises that people develop deterministic relational skills that in turn influence interpersonal relationships. However, in a mutually respectful OK/OK environment, TA can help clients to eliminate dysfunctional behaviours; establish and reinforce positive relationship styles and healthy functioning. This provides the rationale for the use of Transactional Analysis as the basis for improving educated stay-at-home mothers' level of conflict. They will be encouraged to strengthen their adult functioning which will bring their thinking, feelings and behaviours more into the here and now instead of responding to their life scripts. They will see their situations as they are rather than what they project unto them and will ask for information rather than make assumptions.

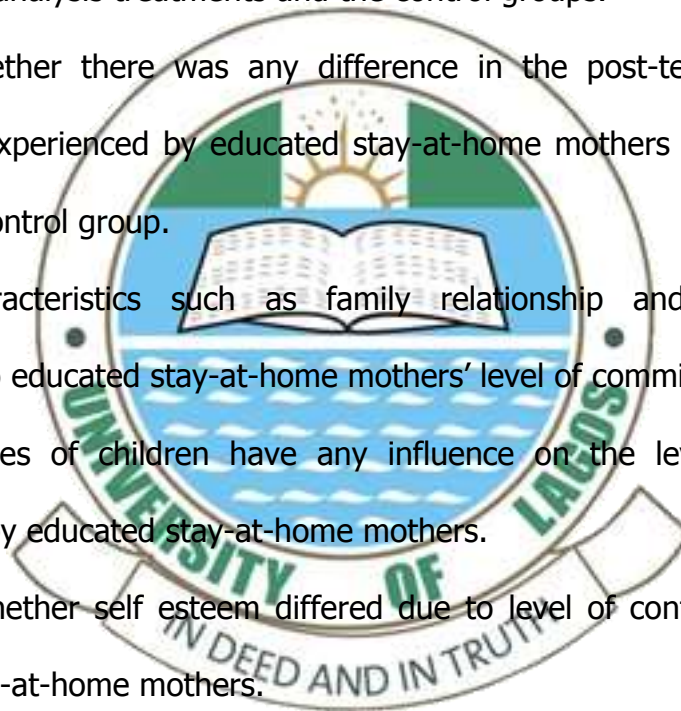


1.4 Purpose of the study

The purpose of this study is to assess and manage the levels of commitment and conflict experienced by educated stay-at-home mothers in Lagos State. Specifically, the study is designed to:

- i. Examine whether there was any difference in the post-test score on conflict experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control groups.

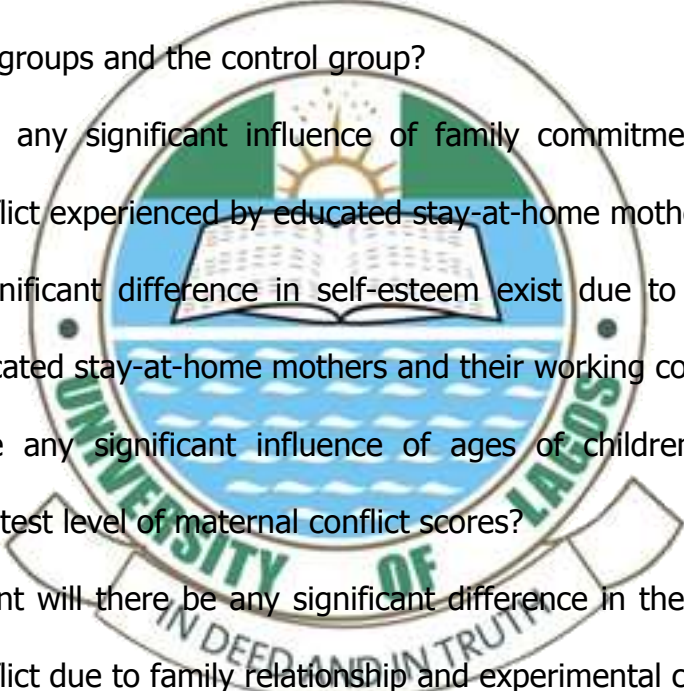
- ii. Investigate whether there was any difference in the post-test score on commitment experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control groups.
- iii. Examine whether there is any relationship between family commitment and psycho-social conflict experienced by educated stay-at-home mothers.
- iv. Determine whether there was any difference in the post-test score on self-esteem experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control groups.
- v. Establish whether there was any difference in the post-test score on family relationship experienced by educated stay-at-home mothers in the experimental groups and control group.
- vi. Identify characteristics such as family relationship and self-esteem that contributed to educated stay-at-home mothers' level of commitment.
- vii. Explore if ages of children have any influence on the level of commitment experienced by educated stay-at-home mothers.
- viii. Determine whether self esteem differed due to level of conflict experienced by educated stay-at-home mothers.



1.5 Research Questions

The following research questions guided the study:

1. To what extent will there be any significant difference in the post-test score on conflict experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis therapy and the control groups?

2. Will there be any difference in the post-test score on commitment experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis therapy and the control group?
 3. Does any significant difference exist in the post-test score on self-esteem experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis therapy and the control group?
 4. To what extent will there be any significant difference in the post-test score on family relationship experienced by educated stay-at-home mothers in the experimental groups and the control group?
 5. Will there be any significant influence of family commitment on the level of maternal conflict experienced by educated stay-at-home mothers?
 6. Does any significant difference in self-esteem exist due to family relationship between educated stay-at-home mothers and their working counterparts?
 7. Will there be any significant influence of ages of children on stay-at-home mothers post test level of maternal conflict scores?
 8. To what extent will there be any significant difference in the post-test score on maternal conflict due to family relationship and experimental conditions?
- 
- The logo of the University of Lagos is a circular emblem. It features a central shield with a sun rising over a body of water, with a book floating on the water. The shield is flanked by two green vertical bars. The text 'UNIVERSITY OF LAGOS' is written in a circular path around the shield. Below the shield, a banner contains the motto 'IN DEED AND IN TRUTH'.

1.6 Research Hypotheses

The following research hypotheses gave direction to the study.

1. There is no significant difference in the post-test score of conflict experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control group.

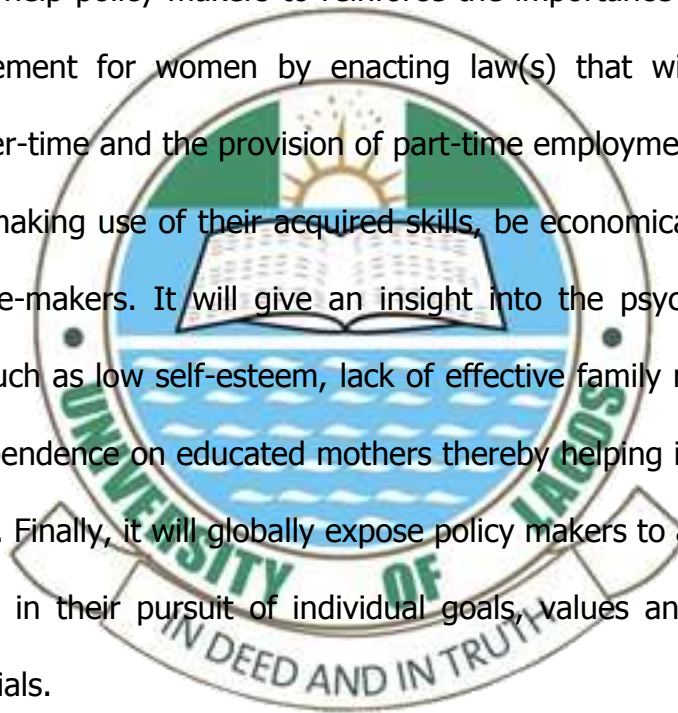
2. There is no significant difference in the post-test score of commitment experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control group.
3. There is no significant difference in the post-test score of self-esteem experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatment and control groups.
4. There is no significant difference in post-test score of family relationship experienced by educated stay-at-home mothers in the experimental and control groups.
5. There is no significant influence of family commitment on the post-test score of maternal conflict experienced by educated stay-at-home mothers.
6. There is no significant difference in self-esteem due to family relationships experienced by educated stay-at-home mothers and their working counterparts.
7. Ages of children will have no significant influence on stay-at-home mothers' post test level of maternal conflict scores.
8. There is no significant difference in the post test level of maternal conflict due to family relationship and experimental conditions.

1.7 Significance of the Study

The study would help the educated stay-at-home mothers learn effective coping strategies that would enable them overcome their psycho-social problems. It would help counsellors in the planning and implementation of the developmental career counselling model which will focus on bridging the gap in the family management and career advancement of women. Lagos State Ministry of Women Affairs and Youth

Development will also benefit from this study because it would help them in re-orientating the public through workshops, seminars and symposia to understand and appreciate that women can take up their careers and still be good mothers and home-makers.

The findings of this study would provide valuable assistance to counsellors, psychologists, Priests and Imams since they provide both pre-marital and post-marital counselling. It will help policy makers to reinforce the importance of legislation aimed at career advancement for women by enacting law(s) that will help in reducing working hours, over-time and the provision of part-time employment for women which will help them in making use of their acquired skills, be economically empowered and still be good home-makers. It will give an insight into the psycho-social effects of staying at home such as low self-esteem, lack of effective family relationship, identity and financial independence on educated mothers thereby helping in reducing the level of marital conflicts. Finally, it will globally expose policy makers to actively support and encourage women in their pursuit of individual goals, values and the realization of their innate potentials.



1.8 Scope of the study

The study covered the educated stay-at-home mothers in Lagos State. The emphasis was on the effectiveness of Reality Therapy and Transactional Analysis therapy on commitment and conflict experienced by educated stay-at-home mothers in Lagos State. The variables considered include ages of children, psycho-social effects such as low self-esteem, family relationships and others.

1.9 Operational Definitions of Terms

Assessment: This is a process by which one makes judgement about a person or situation. Assessment may involve an individual's attempt to observe, interview, measure, test and evaluate (make decisions) on certain characteristics of individuals or groups, individual's programmes and systems. In this study, assessment is used as a carefully considered opinion of the levels of commitment and conflict experienced by educated stay-at-home mothers. It involved the use of Personal Data Questionnaire (PDQ), Family Commitment Questionnaire (FCQ), Maternal Conflict Questionnaire (MCQ), Index of Self- Esteem (ISE) and Index of Family Relations (IFR). High scores on these scales indicated the participants for the management phase of the work.

Commitment: Commitment is an act of binding oneself (intellectually or emotionally) to a course of action. It means taking responsibility for how the children will turn out by teaching them the values of cooperation and care for each other. It is spending quality time with your children to help ensure happiness and success for them in life. In this study, commitment was measured with the Family Commitment Questionnaire. High scores on this scale indicated high level of commitment.

Counselling: Counselling is a helping relationship between the counsellor and the client. Counselling in this study refers to Reality Therapy and Transactional Analysis treatments which are interventions strategically aimed at total re-orientation of stay-at-home mothers, especially the educated ones with a view to helping them change their actions and thinking as well as understand their emotional and social growth so as to be able to face the challenges of staying at home.

Conflict: Conflict can be seen as a state of discord caused by the actual or perceived oppositions of needs, values and interests between people. For the purpose of this study, conflict refers to psychosocial conflicts such as low self-esteem, guilt, lack of effective family relationship, loss in terms of identity, financial independence among others. Conflict was measured with Maternal Conflict Questionnaire. High scores on this scale indicated high level of conflict.

Management: It is the act of dealing with a situation that needs to be controlled. Management in this study refers to the counselling given to the educated stay-at-home mothers. These mothers were taught to accept their positions, take care of themselves and their families, develop positive self-esteem and relationship with people by living peacefully with themselves and others.

Self-Esteem: Self-esteem is an effective component of the self, consisting of a person's positive and negative self evaluation. In this study low self-esteem is the feeling of worthlessness or nothingness which educated stay-at-home mothers maintain. For the purpose of this study, self-esteem was measured using Index of Self-Esteem. High scores on this scale indicated low self-esteem.

Educated Stay-at-Home Mothers: They are mothers who have achieved a high degree of education and are not employed or who have given up their jobs altogether as well as those who have taken extended career breaks to be with their children throughout their upbringing. For the purpose of this study, the educated stay-at-home mothers are mothers who are first degree holders and above that stay at home full-time to be with their children throughout their upbringing.

Marital role taking: This is taking financial responsibilities of the family needs. For the purpose of this study, marital role taking is taking financial responsibility of the needs of the family, which these stay-at home mothers are unable to achieve due to their non-working status.

Reality therapy: Reality Therapy is a method of counselling which teaches people how to manage their own lives, make more effective choices, and how to develop the strength to cope with the stresses and problems of life.

Transactional analysis therapy: This is a system of psychotherapy which is based on the analysis of transactions and chains of transactions which occur during treatment sessions. It is a systematic psychotherapy for personal growth and personal change. It can be used in the diagnosis and treatment of many types of psychological disorders, and provides a method of therapy for individuals, couples, families and groups.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In order to create a frame work upon which this study would be based, a review of relevant literature on the study was done under the following headings:

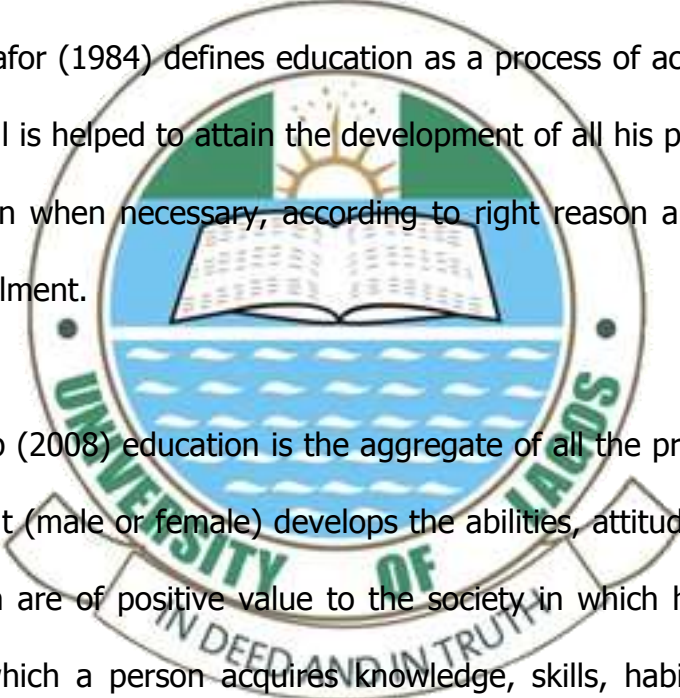
1. Concept of Education
2. Women education in Nigeria and Women Empowerment
3. Contributions of Women to National Development
4. Concept of Commitment
5. Concepts of Conflict
6. Work-family Conflict
7. Work-Family Conflict and Staying at home
8. Self-esteem and stay-at-home mothers
9. Reasons for staying at home
10. Benefits of staying at home
11. Challenges of staying at home
12. Reality Therapy
13. Studies on the Effectiveness of Reality Therapy
14. Transactional Analysis
15. Studies on the Effectiveness of Transactional Analysis Therapy

Summary



2.1 Concept of Education

Oni & Alade (2010) define education as what helps us to acquire suitable appreciation of our cultural heritage and to live a fully more satisfying life. This includes the acquisition of desirable knowledge, skills, habits and values for productive living in the society. Education can be described as a dynamic activity which involves an orderly, deliberate and sustained effort to develop knowledge or skills. According to Awoniyi (1979), education is the process by which the human mind develops through learning at school in stages from pre-primary through primary, secondary to the University level. Similarly, Okafor (1984) defines education as a process of acculturation through which the individual is helped to attain the development of all his potentialities and his maximum activation when necessary, according to right reason and thereby achieve his perfect self-fulfilment.

The logo of the University of Lagos is a circular emblem. It features a central shield with a green top section containing a white sunburst, a blue middle section with a white open book, and a blue bottom section with white wavy lines representing water. The shield is flanked by two green vertical bars. Below the shield is a white banner with the motto 'IN DEED AND IN TRUTH' in green capital letters. The words 'UNIVERSITY OF LAGOS' are written in green capital letters around the perimeter of the emblem.

According to Ethiop (2008) education is the aggregate of all the processes by which a child or young adult (male or female) develops the abilities, attitudes and other forms of behaviour which are of positive value to the society in which he/she lives. It is a process through which a person acquires knowledge, skills, habits and values that enables him to function effectively as a member of the society. Education helps one to maximize the physical, mental and emotional capabilities which are useful for him and his society. In this sense, women's education means the process by which women acquire the knowledge, skills, norms and values that are necessary for their development and that of the society (Okafor, 1984).

Farrant (1993) states that Education describes the total process of human learning by which knowledge is imparted, faculties trained and skills developed. According to Fafunwa (1974) education is the aggregate of all the processes by which a child or young adult develops the abilities, attitudes and other forms of behaviour which are of positive value to the society in which he lives; that is to say, it is a process of transmitting culture in terms of continuity and growth and for disseminating knowledge either to ensure social control or to guarantee rational direction of the society or both. In the same vein, Ezeh (1998) posits that education can simply be described as the process of transmitting cultural values and other information from one generation to another.

2.2 Women's Education in Nigeria and Women Empowerment

The formal education of the girl-child was not a common phenomenon in the traditional Nigerian society before independence (Olusakin, 1998) Women were viewed as their husbands' properties and as such had no say in the affairs of their own homes. The women's roles were basically those of taking care of their husbands, their in-laws, the family compound, child bearing and child rearing. Their place was believed to be in the kitchen (Ikpe 2006). According to Agusiobo (1998), historically, the education of women in Nigerian society was exclusively in the home. Fafunwa (1974) maintains that the history of education in Africa is incomplete without adequate knowledge of the traditional or indigenous education of which women were the ever-present teachers for their children and other young people within the kinship and community systems.

Ngwu (2006) reiterated that before the coming of the Europeans to Nigeria, there were well established systems of education in the country. According to him, this education was part of the cultural system of the people and took place in the environment where the children grew up, in the homes where interpersonal communication skills were taught; in the villages where group process and skills were learned, in the farms where they learned vocational skills and methods of agriculture, in the age grade sets where social communication and political skills and knowledge were acquired, in the market for learning economic and marketing skills etc. There was no rigid division between learning and life.

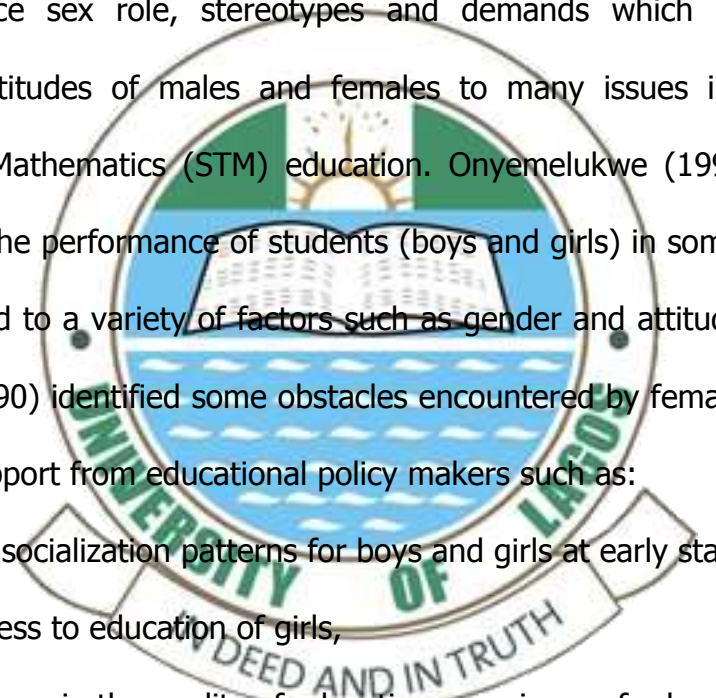
In Nigerian pre-colonial era, there was no laid down education for women. An average Nigerian traditional woman was a complete servant to the husband and children and was bound to live her life as the culture and tradition of her community dictates. Basically, a woman in traditional Nigerian society was only domestically inclined. Her main duty was to keep the home, work in the farm and teach her female children the rudiments of home keeping. It should be noted that women generally had no place in the early literacy efforts in Nigeria; attention was given to only men.

Dauda (2007) in her findings indicate that gender stereotypes in the educational system and wide male–female gaps in education continue despite education being a high priority area. The reasons include a weak institutional framework, lack of coordination of policy initiatives and inadequate funding.

It is also remarkable and significant to note that the early educational curriculum was designed to train women as teachers, nurses, and clerks. They were not in medicine, politics, engineering, law and environmental studies (Achume, 2004). Gender

disparity (with girls and women as the disadvantaged) is a well-known feature of Nigeria's educational landscape. This has often been compounded by geographical and social disparities, with the disadvantaged states and the socially disadvantaged groups in the population bearing a heavier burden of gender inequality (Federal Ministry of Education, 2000).

In the Nigerian setting, the circumstances of gender have strongly interacted with culture to produce sex role, stereotypes and demands which have enormously influenced the attitudes of males and females to many issues including Science, Technology and Mathematics (STM) education. Onyemelukwe (1995) reported that sex difference in the performance of students (boys and girls) in some school subjects could be attributed to a variety of factors such as gender and attitude. In view of the above, Okeke (1990) identified some obstacles encountered by female in education to include lack of support from educational policy makers such as:

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- (a) Differential socialization patterns for boys and girls at early stages of life,
 - (b) Limited access to education of girls,
 - (c) Sex differences in the quality of education experiences for boys and girls,
 - (d) Perceived irrelevance of school for girls,
 - (e) Absence of career education; and
 - (f) Masculine image of education.

The present socio economic situation in Nigeria has made it obvious that the women just like their male counterparts must be given sound formal education which will improve their status beyond the confines of motherhood and enhances the quality of life in the family. Capacity building through women's education is an essential input to reduce the vulnerability of women to poverty, and to enhance their participation in economic growth through improved livelihoods (Ikpe, 1997; Ngwu, 2006).

Ikpe (1997) asserts that, resulting from education, there was the emergence of informed motherhood, less superstitions, more hygiene, awareness of better feeding methods and a high value for education.

The National Policy on Education has all the necessary ingredients for launching Nigeria into the future politically, socially, morally and technologically. The policy issues have given prominence to the place of women education in Nigeria. Federal Republic of Nigeria (2004), recognizes the importance of women education when it states in section 3, subsection 11, "With regard to women education, special efforts will be made by ministries of education and local government authorities in conjunction with Ministries of Community Development and Social Welfare and of Information to encourage parents to send their daughters to school." Thus, they will be empowered to be self-reliant both economically and politically.

Sako (1999) defines empowerment as the process of strengthening the existing capacities and capabilities of disadvantaged groups in the society so as to enable them perform towards improving themselves, their families and the society as a whole. It involves the provision of enabling environment for their productive and intellectual abilities to be realized.

Fadeyiye and Olanegan (2001) view women empowerment as a process of enabling women to develop the capacity to actualize their potentials. Ethiop (2008) sees it as a multi-dimensional process involving the transformation of the economic, social, psychological, political and legal circumstances of the powerless. In the specific case of women, empowerment entails not only positive changes in these critical respects but also the dismantling of the cultural norms and traditional practices that devalue, dis-empower and dispossess women. It means giving traditional and legal status to the efforts of women to develop and contribute to the creation of wealth, taking and participating in the decision making of their families and societies at large and to reduce their present state of vulnerability, decrease dependency and passivity as well as be at the centre, not at the periphery.

2.3 Contributions of Women to National Development

Researchers agree that the benefits derivable from the education of women include the following: enhancement of the quality of living, food, housing, health, clothing, transport, communication, entertainment and gainful use of leisure. If the vast majority of our women folk are educated, their personal development can be enhanced remarkably. Children and husbands also stand to gain tremendously. Women are likely to have more confidence in themselves and their abilities to contribute effectively to national development (Sako, 1999; Fadeyiye and Olanegan, 2001; Ethiop, 2008). An educated woman will be able to help her children with their school assignments. She may also go beyond that to further enlighten them in their school work, attend Parents Teachers Association (PTA) meetings and inquire about the academic performances of her children (Ojobo, 2008). In spite of all the laudable

goals, objectives and benefits derived from education, Nigerian women still suffer a lot of constraints and inhibitions which militate against their personal and national development (Ojobo, 2008).

Agricultural Development: Half of the world's populations are women and two-third of the work is done by them (Ojobo, 2008). Regardless of the level of development achieved by the respective economies, women play a pivotal role in agriculture and in rural development in most countries (Prakash, 1999). About 75 percent of agricultural output in Africa is produced through women's efforts (Adeyeye, 1987). Women grow about half of the world's food, but own hardly any land, have difficulty in obtaining credit and are overlooked by agricultural advisors and projects (Prakash, 1999). Ironically the people that participate most in agricultural production are the least educated (Ojobo, 2008). Therefore, provision of basic literacy and skill acquisition for illiterate females will no doubt ensure bumper agricultural production.

Health: Mothers help in no small measure in securing perfect health for the children and by so doing for the entire community and nation (Ojobo, 2008). Prakash (1999) states that women provide more health care than all health services combined and have been major beneficiaries of a new global shift in priorities towards prevention of disease and promotion of good health. Attaining good health starts right from the womb. It starts from the pregnant mother knowing and taking what constitute balanced diet, abstaining from damaging drugs, and actions inimical to the health of the baby (Ojobo, 2008). A woman can be aware of all these harmful conditions if she is educated, since most enlightenment campaigns against diseases are transmitted

either through the radio, television, newspapers, posters, pamphlets or magazines or in the local languages or English language.

If women are educated they will have knowledge of basic health care and will be in a position to help others to maintain and improve their own health (Ojobo, 2008).

National Reconstruction: If women are educated, they will be able to assist in nation building and reconstruction (Ojobo, 2008). A few women are currently holding powerful positions in our country and in the world. There is still room for improvement if more women are educated. Perhaps with more women holding the mantle in a male-dominated political arena, the socio-political state of affairs, the world over, will definitely improve (Ethiop, 2008).

Social Development: The improvement of society could be effected through the development of the potentialities of the women folk. The 1978 General Conference of UNESCO meeting states that increasing educational opportunities for women boosts equity and foster national development. The potential contribution of educated and trained women to labour force and the importance of their education in the improvement of family welfare and planning are factors still under-estimated in national development.

It is also pertinent to mention that the higher the level of education, the greater the likelihood that a women will stay in the labour force. The participation of women with university degrees is more than double that of women who have only primary education. This creates an ever-increasing pool of experienced and skilled personnel and from which supervisory and management positions can be filled (Ojobo, 2008 & Ethiop, 2008).

Economic Development: In the economic sphere, most women engage in small scale or large scale businesses. Also, women who are married to entrepreneurs and big time businessmen will be able to help such husbands if educated; they will be able to converse with such husbands intelligently and offer useful advice to them concerning their jobs. Such women will be able to deal with their husbands' business partners, friends and other highly placed associates without the slightest feeling of inferiority or shame. Furthermore, if women are educated and are gainfully employed, they can assist their husbands in financing the home and the education of their children (Ethiop, 2008; Ojobo, 2008).

2.4 Concept of Commitment

Harley (2008) sees commitment as the act of binding yourself (intellectually or emotionally) to a course of action. Commitment is most difficult and most readily proven during tough times. Adams and Spain (1999) state that commitment is a public or private decision to act. Adams and Jones (1999) defined commitment as the feeling of bond to follow through on something for fear of social rejection or simply due to the threat of cognitive dissonance because when we are committed to something, we will not change our minds very easily. Wiley (1991) defines commitment as the degree to which an individual's relationships depend upon his or her being a given kind of person by occupying a particular position in a network of relationships, playing a particular role, and having a particular identity.



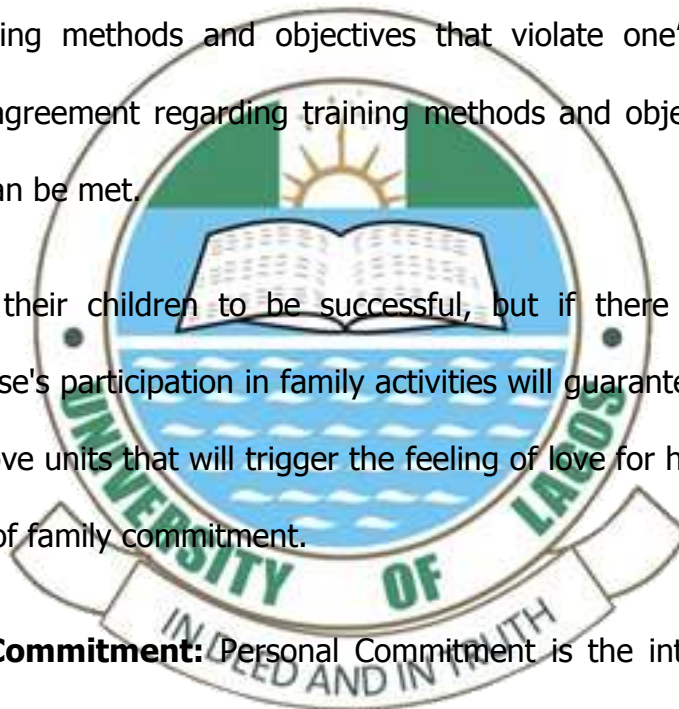
2.4.1 Types of Commitment

Family Commitment: Family commitment is taking a responsibility for how the children will turn out, teaching them the values of cooperation and care for each other (Wiley, 1991). It is spending quality time with one's children to help insure happiness and success for them as adults.

But the need for family commitment is not met by just any form of training. It is only met when the training is enthusiastically approved by you. It can all be ruined if one's spouse uses training methods and objectives that violate one's standards. One's participation and agreement regarding training methods and objectives are essential before this need can be met.

Everybody wants their children to be successful, but if there is need for family commitment, spouse's participation in family activities will guarantee that outcome will deposit so many love units that will trigger the feeling of love for him or her which will increase the level of family commitment.

- **Personal Commitment:** Personal Commitment is the interaction dominated by obligations of personal commitment, which is often a pledge or promise to ones' self for personal growth.
- **Physical Commitment:** Physical commitment is information pledged about physical systems that are situated at a particular place and time.
- **Social Commitment:** Social commitment is a directed obligation from one agent to another to perform certain actions so as to bring about a certain state of affairs.



2.4.2 Concept of Marital Commitment

Tang (2006) defines marital commitment as one's motivation to maintain the marital relationship and relationship maintenance behaviour such as sharing housework.

Becker (2006) sees marital commitment as a "bet" on the future.

Marital commitment was examined in three forms: personal, moral, and structural commitment as relates to housework contribution (Adams and Jones 1997). The results from the study show the relationships between the three types of commitment and housework contribution in two ways namely:

1. Individuals' marital commitment was related to their perception of fairness in chores at home. The three types of marital commitment were positively and significantly related to the log-odds of perceiving the division of housework as "fair to both" (relative to "unfair to wife").
2. The relationships between marital commitment and housework contribution differed depending on gender and the type of commitment. The study by Adams and Jones (1997) revealed that one's own moral commitment was most strongly related to one's own low-schedule-control housework for wives but not husbands.

Husbands' personal commitment had the strongest positive correlation with wives' hours of low-schedule-control housework while wives' moral commitment had the strongest negative correlation with husbands' low-schedule-control housework.

Adams and Jones (1997) explored the conceptual structure of marital commitment and found the existence of three primary dimensions of marital commitment namely:

1. An attraction component based on devotion, satisfaction, and love.

2. A moral normative component based on a sense of personal responsibility for maintaining the marriage and on the belief that marriage is an important social and religious institution.
3. A constraining component based on fear of the social, financial, and emotional costs of relationship termination.

These factors most strongly appear to represent the general features of interpersonal commitment described in most theoretical treatments of the construct and correspond well with couples' personal accounts of what it feels like to be in a committed relationship.



Larson and Goltz (1989) examine the influence of religious homogamy, religious affiliation and church attendance on personal and structural marital commitment and found that church attendance, duration of marriage and satisfaction with family life are the major predictors of structural commitment. Church attendance was likewise a major predictor of personal commitment. William, Hixon & De la Ronde (1992) state that persons with positive self-concepts were more committed to spouses who thought well of them than to spouses who thought poorly of them. Persons with negative self-concepts were more committed to spouses who thought poorly of them than to spouses who thought well of them. Amato and DeBoer (2001) found that offspring with divorced parents have an elevated risk of seeing their own marriages end in divorce because they hold a comparatively weak commitment to the norm of lifelong marriage. Thomson & Colella (1992) found that couples who cohabited before marriage reported lower quality marriages, lower commitment to the institution of marriage, more individualistic views of marriage (wives only), and greater likelihood of divorce than couples who did not cohabit. Ritts, Vicki, Stein, James (1995) state that

people are more committed to spouses who appraise them in a self-verifying manner than spouses who do not appraise them. Scanzoni & Arnett (1987) state that marital commitment has been strongly affected by variables such as love, caring and positive conflict resolution.

Therefore, being an educated stay-at-home mother presents its own share of struggle and commitments which when positively handled can offer incredible rewards for parents, children, and the society at large.

2.5 Concept of Conflict

Bailey (2000) states that conflict can be seen as a state of discord caused by the actual or perceived opposition to needs, values and interests among people. Conflict is defined as a difference of opinion regarding ideas, wishes or desires and can arise between couples, work peers and political governments (Wang, 2010). Conflict is defined as an incompatibility of goals or values between two or more parties in a relationship, combined with attempts to control each other and antagonistic feelings toward each other (Fisher, 1990). Conflict by itself is neither good nor bad.

However, the manner in which conflict is handled determines whether it is constructive or destructive (Opotow, 2000). Conflict has the potential for either a great deal of destruction or much creativity and positive social change (Kriesberg, 1998). Conflict refers to the existence of a clash of interests, values, actions or directions. Conflict has been defined as an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from the other party in achieving their goals.

Hilliard (2010) states that the existence of conflict is usually signaled by negative feelings such as hurt, anger, confusion and may cause emotional Conflict. Emotional Conflict is the presence of conflict in the subconscious of different and opposing situation which may be accompanied at times by a physical discomfort such as pain in the form of tension, headaches, which can be episodic or chronic, and may last for a few minutes, hours, or days. The pain could be mild, moderate, or severe (Hilliard, 2010). At this point, one makes a decision whether to confront the conflict openly and directly or to ignore it, suppress it, or withdraw from the situation. The decision to confront the conflict assumes that the potential benefits of confronting outweigh the possible costs, and that confrontation is appropriate to the situation and the relationship.

Conflict in itself is neither good nor bad. Rather, it is one's attitude and reaction to it that makes it either constructive or destructive (Krouse & Afifi 2007).

The productive resolution of conflict usually strengthens relationships, whereas destructive confrontation, such as blaming, name calling, usually destroys relationships, or at the very least, detracts from their satisfaction and usefulness (Lambert, 1990). Thus, it is very important to decide on how best to confront conflict situation once one has decided to do so. By following a sequence of steps and using communication and problem solving skills, one can increase the chances that the conflict will be resolved productively. DeDreu, Harinck, and Van Vianen (1999) have considered four factors that may moderate the results of conflict stimulation:

- (a) Conflict experience which refers to feelings, cognitions, and intentions associated to conflict.

- (b) Conflict management which is seen as those behaviours or set of behaviours aimed at the intensification, reduction, or resolution of the conflict.
- (c) Conflict results refer to the extent to which an agreement is reached, and the quality of this agreement.
- (d) Types of conflict may be seen as the specific issues that give rise to arguments.

2.5.1 Types of Conflict

There is general agreement on four basic types of conflict. These types are not mutually exclusive and therefore, an individual may be involved in more than one at a time.

- **Intrapersonal conflict:** is the conflict within the individual (for example, a person who cannot make decisions). It can also be seen as a conflict that occurs solely in the psychological dynamics of the individual's own mind (Jehn 1995).
- **Interpersonal conflict:** Barki and Hartwick, (2004) define interpersonal conflict as a dynamic process that occurs between interdependent parties as they experience negative emotional reactions to perceived disagreements and interference with the attainment of their goals. Interpersonal conflict is the conflict among two or more individuals. Interpersonal conflict is a situation in which one or both persons in a relationship are experiencing difficulty in working or living with each other. Interpersonal conflict is present in interpersonal relations (Pruitt and Carnevale, 1993). Such conflicts may occur due to individual differences including differences in perception of problems, perception of situations, different or incompatible needs, goals or styles,

attitudes, values apart from differences arising out of control and allocation of resources (Barki and Hartwick, 2004). Interpersonal Conflict is a situation in which an individual or a group frustrates, or tries to frustrate, the goal attainment efforts of the other (Wilmot & Hocker 2007). Interpersonal conflict is an expressed struggle between interdependent parties who perceive incompatibilities, scarce resources and interference from the opposing party (Jehn, 1995). It requires skill, self-awareness, courage, compassion and patience. Confronting differences test the true quality of one's relationships and further develops interdependence and mutuality; for example, an argument between husband and wife, boyfriend and girlfriend, or between a student and her/his teacher, or child and parent, or between friends/colleagues.

- **Intra-group conflict:** Jehn (1995) sees Intra-group conflict as the conflict within a group (for example, between members of the same work or football team).
- **Intergroup conflict:** is the conflict between two or more groups (for example, between two different youth gangs, or between students and the school faculty) (Wilmot & Hocker 2007). Intergroup conflict is present in intergroup relations (Jehn, 1995).

Wang (2010) identified seven types of conflict namely:

Relationships

Conflicts with friends or family members are often caused by miscommunication, disagreements on behavior or negative emotions.

Interests

Conflicts of interest are described as a disagreement or type of competition where the needs of one are ignored over the needs of the other. Such conflicts of interest may be involving psychological needs over resources such as time or money or where there are disagreements over the way problems are addressed.

Values

Conflicts in values are often seen between individuals raised in different cultural or religious backgrounds. They may have differing opinions over right and wrong and conflicts may arise when one person tries to enforce his own set of values on another.

Leadership

Leadership and managerial styles differ among individuals, which may cause conflict. Various factors determine leadership styles which may include personality, expectations and whether or not the leader encourages feedback and listens to the opinions of others or is more autocratic or directive in style.

Personality

Personalities clash may create conflicts at school, home and work. Perception and emotions play a big role in determining whether or not one may like or dislike someone's personality.

Style

A person's method of completing tasks or goals may lead to conflict in any scenario. You can be laid-back, while your partner is eager to get something done, which can create conflict.



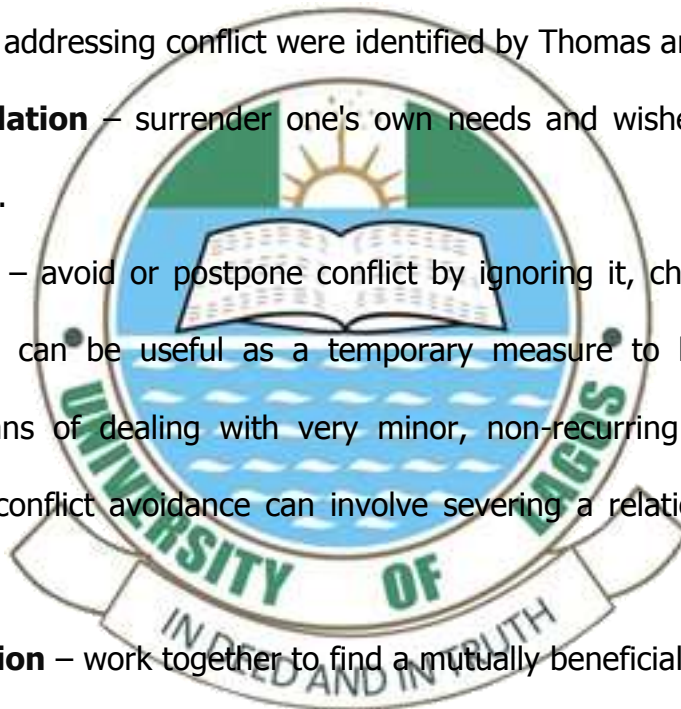
Ethics

Ethical conflict can be defined as external factors influencing a decision. Breaching confidentiality is considered unethical in many fields of study. For example, in medicine, a doctor who knows something private about a patient may feel an ethical conflict about revealing that knowledge to someone else, even when that information may be used to aid or save the patient.

Ways of addressing conflict

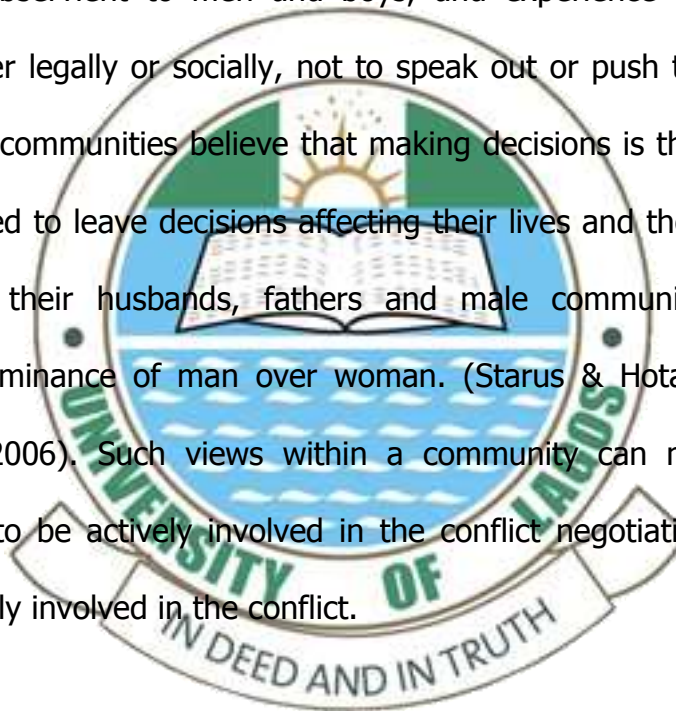
Five basic ways of addressing conflict were identified by Thomas and Kilmann (1974)

- **Accommodation** – surrender one's own needs and wishes to accommodate the other party.
- **Avoidance** – avoid or postpone conflict by ignoring it, changing the subject, etc. Avoidance can be useful as a temporary measure to buy time or as an expedient means of dealing with very minor, non-recurring conflicts. In more severe cases, conflict avoidance can involve severing a relationship or leaving a group.
- **Collaboration** – work together to find a mutually beneficial solution.
- **Compromise** – bring the problem into the open and have the third person present. The aim of conflict resolution is to reach agreement and most often this will mean compromise.
- **Competition** – assert one's viewpoint at the potential expense of another. It can be useful when achieving one's objectives outweighs one's concern for the relationship.



2.5.2 Gender Dimensions of Conflict

There are many factors that can contribute to a conflict. These factors include religion, age, class, nationality, ethnicity, sexual orientation, and gender. Gender differences and inequalities are important considerations in analyzing the reasons for conflict and ways to resolve it. The gender dimensions of conflict refer not to the differences in sexes, but to the differences in the way men and women, boys and girls are treated Shmeidl and Lopez (2002). For example, in some patriarchal societies women and girls are considered subservient to men and boys, and experience pressure from their communities, either legally or socially, not to speak out or push themselves forward. In addition, many communities believe that making decisions is the role of men, with women often forced to leave decisions affecting their lives and those of their children in the hands of their husbands, fathers and male community leaders thereby expressing the dominance of man over woman. (Starus & Hotaling, 1980; Engels, 1990; Anderlini, 2006). Such views within a community can make it difficult for women and girls to be actively involved in the conflict negotiation process, even if they may be directly involved in the conflict.



2.5.3 The Role of Perception in Conflict

For a conflict to exist, the people or groups who are involved must perceive the situation as a conflict. If no one is aware of a conflict, it is generally agreed that no conflict exists. Thus, whether a conflict exists or does not is a perception issue. Sometimes, perceived conflicts are not real. For example, a man may have had an argument with his wife and consider it a "conflict". In the end, both realize that they are saying the same thing, though expressing it in different ways. By thinking of it as

a “conflict” the couple may find it harder to communicate with each other. Thus, it is the emotions relating to a situation that has recently taken place or is in the process of being unfolded may have caused the conflict situation (Hilliard 2010).

2.6 Work-Family Conflict

Work-family conflict is a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect (Greenhaus & Beutell, 1985). Thus, participating in the work or family role is made more difficult by virtue of participating in the family or work role. The knowledge of conflict between work and family is important for organizations and individuals because it is linked to negative consequences (Hammer & Thompson, 2003). Greenhaus & Singh, (2003) state that conflict between work and family is associated with increased absenteeism, increased turnover, decreased performance, and poorer physical and mental health.

Simultaneous pressures from the work and family domains are mutually incompatible in some respect, such that meeting the demands of one role makes it difficult to meet the demands of the other role (Greenhaus & Singh, 2003).

Byron (2005) found that work-to-family conflict and family-to-work conflict have shared antecedents such as job stress and family stress as well as unique antecedents such as work variables on work-to-family conflict and family variables on family-to-work conflict.

Researchers agree that inter-role conflict is the conflict in which the role demands stemming from one domain (work or family) are incompatible with role demands

stemming from another domain (family or work) (Greenhaus & Buetell, 1985; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; Hammer & Thompson, 2003).

According to Hammer & Thompson (2003) the experiences in the work (family) role result in diminished performance in the family (work) role. This shows that work-family conflict represents cross-role interference in performance.

Conceptually, conflict between work and family is bi-directional. Most researchers make the distinction between what is termed work-family conflict, and what is termed family-work conflict. Work-to-family conflict occurs when experiences at work interfere with family life like extensive, irregular, or inflexible work hours, work overload and other forms of job stress, interpersonal conflict at work, extensive travel, career transitions, unsupportive supervisor or organization. For example, an unexpected meeting late in the day may prevent a parent from picking up his or her child from school. (Greenhaus & Buetell, 1985; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; Hammer & Thompson, 2003).

Family-to-work conflict occurs when experiences in the family interfere with work life like presence of young children, primary responsibility for children, elder care responsibilities, interpersonal conflict within the family unit, unsupportive family members. For example, a parent may take time off from work in order to take care of a sick child. Although these two forms of work interference with family (WIF) and family interference with work (FIW) are strongly correlated with each other, more attention has been directed at WIF more than FIW. This may be so because work

demands are easier to quantify; that is, the boundaries and responsibilities of the family role is more elastic than the boundaries and responsibilities of the work role (Krouse, & Afifi, 2007). Also, research has found that work roles are more likely to interfere with family roles than family roles are likely to interfere with work roles (Greenhaus & Buetell, 1985; Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964; Hammer & Thompson, 2003; Krouse, & Afifi, 2007).

Demographic characteristics such as age, gender, educational level, marital status, number of children, and age of the youngest child have been found to be related to an individual's experience of work-family conflict (Yang et al. 2000; Huang et al.

2004). In addition, occupational variables such as managerial/supervisor support, career consequences, and organisational demands have also been found to significantly impact the level of work-family conflict experienced by an individual (Thompson, Beauvais & Lyness, 1999).

Types of Work-Family Conflict

Greenhaus and Beutell (1985) identified three major types of work-family conflict:

- (a) time-based conflict
- (b) strain-based conflict
- (c) behaviour-based conflict.

Researchers agree that the conceptualisation has been consistently used to assess various antecedents and consequences of work-family conflict (Gutek et al. 1991; Frone et al. 1992; Williams & Alliger, 1994; Netemeyer, Boles & McMurrian, 1996; Edwards & Rothbard, 2000). Thus, following these researchers, the present study

conceptualises that individuals would experience incompatibilities between work and family in the form of time-based, strain-based and behaviour-based conflict.

Time-Based Conflict: The ascendancy of conflict between work and family domains is entrenched in scarcity theory, where personal resources such as time, energy, and attention are deemed to be finite, and that exertion of greater resources in one domain (work) inevitably results in reducing the amount of resources left for the other domain (family) (Edwards & Rothbard, 2000; Greenhaus & Powell, 2003). In one of the earlier studies conducted within the work-family framework, Staines and O'Connor (1980) found that competing demands for time as one of the most commonly cited interferences between work and family domains. Consistent with the work of Staines and O'Connor (1980), Greenhaus and Beutell (1985), advocate two forms in which time-based conflict manifests in:

- (1) where it is physically impossible to satisfy time demands of one role due to time pressures involved with another role;
- (2) where one is mentally preoccupied with one domain despite being physically present and attempting to meet the demands of another.

Strain-Based Conflict: Research on inter-role conflict indicates that excessive demands from one role inhibits the performance of the other role by creating strain for the individual in the form of dissatisfaction, tension, anxiety, and fatigue (Greenhaus & Beutell, 1985; Edwards & Rothbard, 2000). In reviewing Greenhaus and Beutell's (1985) explanation of strain-based conflict, Edwards and Rothbard (2000) emphasise the depletion of personal resources as a result of physical and

psychological strain, which in turn is needed for role performance. Therefore, strain-based conflict does not insinuate competing demands per se but, rather, a situation in which participation in one domain resulting in either physical or psychological strain that hinders role performance in the other domain (Edwards & Rothbard, 2000). In a later study conducted by the same authors it was found that individuals invested greater amounts of time in painful /dissatisfying role domains to overcome unpleasant experiences (Rothbard & Edwards, 2003). A negative psychological strain had thus resulted in extensive time involvement in one domain reducing the amount of time available for role performance in the other potentially satisfying domain resulting in conflict. Therefore, competing time demands can produce both strain-based as well as time-based conflict. Despite being conceptually distinct, both time-based and strain-based conflicts are found to share a number of sources within the work and family domains (Greenhaus & Beutell, 1985).

Behaviour-Based Conflict: The third and final type of work-family conflict is behaviour-based conflict. When certain patterns of in-role behaviour become incompatible with expectations regarding behaviour in another role, behaviour-based conflict is said to occur (Greenhaus and Beutell, 1985). For example, an aggressive, confrontational and assertive approach to problem solving desired in a work setting might be inappropriate in a family setting where a warm, nurturing and collaborative approach is more desired (Greenhaus & Beutell, 1985; Edwards & Rothbard, 2000). Similar to strain-based conflict, behaviour-based conflict depicts a 'negative spillover' from one domain to another where behaviour desired and developed in one domain influences behaviour in the other domain whilst simultaneously inhibiting role

performance in that latter domain (Edwards & Rothbard, 2000). Consistent with strain-based conflict, behaviour-based conflict need not require opposing role demands perse, rather interference of behaviour developed in one domain with the other.

2.6.1 Workaholism as a Factor in Work-Family Conflicts

Workaholism refers to self-imposed demands, compulsive overworking, an inability to regulate work habits, and an over indulgence in work to the exclusion of most other life activities (Robinson, 1997). Although, work can conflict with one's home and family life but workaholism can lead to adverse effects on one's relationship with his or her partner (Burke, 2008). It can affect a person's private life since it includes exclusion of other activities including spending time with spouses which is significant to any healthy, happy relationship. When there is a strain on a relationship due to a partner's workaholism, both partners can become stressed and less supportive of one another resulting in negative behaviour (James & Lea, 2006). Individuals, who work a lot to the point of interference with the rest of his or her life, tend to perceive their family as having less of a strong communication background. These individuals also perceive their families as having family roles that are not as clearly defined as they would like them to be.

Workaholism represents a compulsive need to work excessively which unsurprisingly tends to provoke burnout and impair wellbeing (Burke, 2008). Many studies have shown that workaholism is associated with burnout, represented by exhaustion, depersonalization, and limited feelings of accomplishment (Andreassen, Ursin, & Eriksen, 2007; Burke, 2008). Burnout might be amplified by the inability of individuals

to enjoy leisure time. These individuals might not be able to relax during discretionary activities (Cherrington, 1980). Leisure time is often perceived as not enjoyable in workaholics (Iso-Ahola & Weissinger, 1990). Similarly, Brady, Vodanovich, and Rotunda (2008) showed that workaholism was positively associated with boredom during leisure activities.

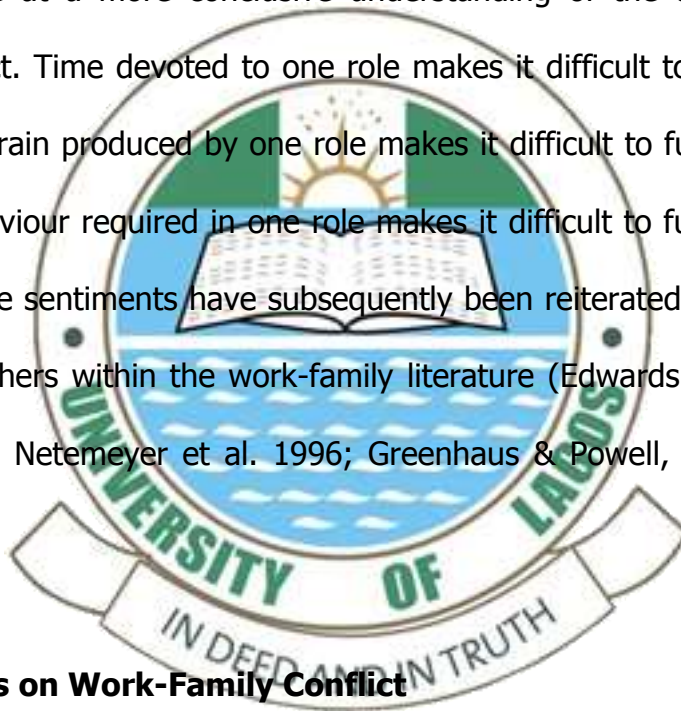
Workaholism is negatively related to physical health as well, including ulcers and chest pain (Buelens & Poelmans, 2004; Fassel, 1990; Schaufeli, Taris, & Bakker, 2006). Individuals who demonstrate workaholism may feel too busy to furnish their health needs (Trueman, 1995, cited by Chamberlin & Zhang, 2009). Consistent with this possibility, Chamberlin and Zhang (2009) showed that individuals who exhibited workaholism also reported more health complaints and symptoms.

The problems associated with workaholism often extend beyond the work environment. Conflict between the demands of work and home are, unsurprisingly, often elevated (Aziz & Zickar, 2006; Bakker, Demerouti, & Burke, 2009).

Researchers agree that social relationships, at work and outside work are also impaired. Marital difficulties, even culminating in estrangement, are more prevalent in participants who report workaholism than peers (Robinson, Flowers, & Carroll, 2001; Schaufeli, Taris, & Van Rhenen, 2008). They receive less social support from colleagues, feeling they cannot seek guidance or assistance from anyone else (Schaufeli, Bakker, van der Heijden, & Prins, 2009a). Mudrack (2006) states that in their obsessive dedication to their work, and sometimes their need to demonstrate their competence, these individuals often do not utilize social resources, such as advice or support.

2.6.2 Work-Family Role Pressure Incompatibility

Greenhaus and Beutell (1985) state that although work interfering with family (WIF) and family interfering with work (FIW) have been distinguished at a conceptual level (Greenhaus & Beutell, 1985), majority of research has assessed only work interfering with family under the broad terminology of work-family conflict. In distinguishing the different directionality of work-family conflict, Greenhaus and Beutell (1985) highlighted the importance of examining the interactive effects of work and family role demands to arrive at a more conclusive understanding of the dynamics of overall work-family conflict. Time devoted to one role makes it difficult to fulfil requirements of another role. Strain produced by one role makes it difficult to fulfil requirements of another role. Behaviour required in one role makes it difficult to fulfil requirements of another role. These sentiments have subsequently been reiterated, tested and proven by various researchers within the work-family literature (Edwards & Rothbard, 2000; Frone et al. 1992; Netemeyer et al. 1996; Greenhaus & Powell, 2003; Huang et al. 2004).



2.6.3 Theories on Work-Family Conflict

Several theories have been invoked in the study of work-family conflict. Most of the studies focused on six competing theories to explain the interplay between work role and family role namely: spillover, compensation, segmentation, congruence, integrative, and resource drain.

Spillover (Aldous, 1969)

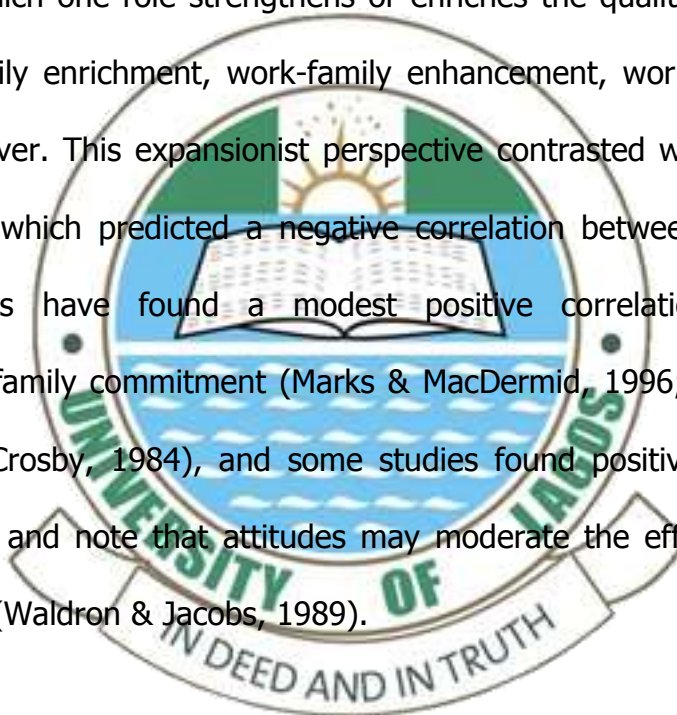
This theory focuses on the impact that satisfaction and affect from one domain has on the other domain. Work (job role quality) can potentially enhance family well-being and positive aspects of family life (family role quality) can spill over into the workplace (Aldous, 1969; Barnett & Hyde, 2001). The relationship between work and family has been conceptualized as a bi-directional construct where work roles affect family roles and vice versa (Gutek, Searle, & Klepa, 1991). Positive spillover refers to situations in which the satisfaction, energy, and sense of accomplishment derived from one domain transfers to another. On the contrary, negative spillover is the derived problems being carried over from one domain to another. For example, increased satisfaction (dissatisfaction) in the work domain leads to increased satisfaction (dissatisfaction) with life. Researchers have found job and family role qualities to be important predictors of decreased psychological distress (Aldous, 1969; Barnett, Marshall, Raudenbush, & Brennan, 1993; Greenberger & O'Neil, 1993). A recent review reported that there is substantial evidence indicating that work-family experiences, especially work-family conflict, contribute to poor physical health (Greenhaus, Allen, & Spector, 2006). Higher positive spillover between work and family has been associated with better self-appraised health (Grzywacz, 2000). In terms of emotions, the two most commonly measured signs of psychological distress stemming from work-family conflict are anxiety and depressed mood (Grimshaw, 1999).

While a few studies on multiple roles (mostly with a focus on elderly care-giving) used clinical measures of depression and anxiety, most of the work-family research focused on state-like manifestations of emotion as a reaction to work-family related stressors

(work-family conflict or burnout). Related to inter-role conflict is the “scarcity hypothesis,” which states that human energy and resources are fixed and limited. Thus, individuals partake in a zero-sum game in which resources expended in one sphere deplete those available for the other, leading to diminished role quality in the sphere that received less resource (Gutek, Searle, & Klepa, 1991). The more roles a person occupies the more role-strain or “overloads” a person experiences. Time-based conflict occurs when job and family responsibilities compete for the individual’s time, for example, working overtime forces employees to miss a school performance. Time-related conditions such as long work hours, schedule inflexibility, shift work requirements, and overtime/evening duties are consistently related to WFC (Byron, 2005, Judge, Boudreau, & Bretz, 1994; Parasuraman, Purohit, Godshalk, & Beutell, 1996). Strain-based conflict suggests that strain experienced in one role crosses-over and interferes with participation in another role (the stress of tending to a sick child affects one’s ability to concentrate at work). Work stress is caused by conflict within one’s occupational role, work role ambiguity, and work role overload (Kahn & Byosiore, 1992) and leads to role pressure and incompatibility (Greenhaus & Beutell, 1985). Conversely, family-related stress such as marital and parental conflict can lead to interference with work roles (Byron, 2005). Behaviour-based conflict occurs when specific behaviours required in one role are incompatible with behavioural expectations in another role such as aggression and emotional restriction required for managerial positions are incompatible with the need for harmony and emotional openness by family members (Marks & MacDermid, 1996).

Studies on correctional officers have found that behaviour-based conflict was related to work stress and job satisfaction (Lambert, Hogan, Camp, & Ventura, 2006, Triplett,

Mullings, & Scarborough, 1999). The “multiple roles” literature focused on studying roles that are not conventional to one’s gender, such as the worker role among women with children and the roles of partner and parent among employed women. Recent research studies emphasized on the “expansionist hypothesis/theory” (Baruch & Barnett, 1986; Barnett & Hyde, 2001), which state that multiple role occupancy has beneficial effects such that “adding” the worker role is beneficial to women, and “adding” family roles is beneficial for men. Various terms have been used to refer to the process by which one role strengthens or enriches the quality of the other role, such as work-family enrichment, work-family enhancement, work-family facilitation, and positive spillover. This expansionist perspective contrasted with the work-family conflict approach which predicted a negative correlation between work and family roles. Researchers have found a modest positive correlation between work commitment and family commitment (Marks & MacDermid, 1996; Baruch & Barnett, 1986; Repetti & Crosby, 1984), and some studies found positive effects for some groups of women and note that attitudes may moderate the effects between work status and health (Waldron & Jacobs, 1989).



Compensation

It is a bidirectional theory stating that the relationship between work and non-work domain is one in which one domain may compensate for what is missing in the other. Thus, domains are likely to be interrelated in a counterbalancing manner. For example individuals unsatisfied with family life may try to enhance performance at work (Baruch & Barnett, 1986; Barnett & Hyde, 2001).

Segmentation

Segmentation as a theory states that each domain operates independently, such that satisfaction can be derived from work, family, or both. Therefore, segmentation is the antithesis of spillover theory in which it is assumed that one can compartmentalize competing role demands (Lambert, Hogan, Camp, & Ventura, 2006, Triplett, Mullings, & Scarborough, 1999).

Congruence

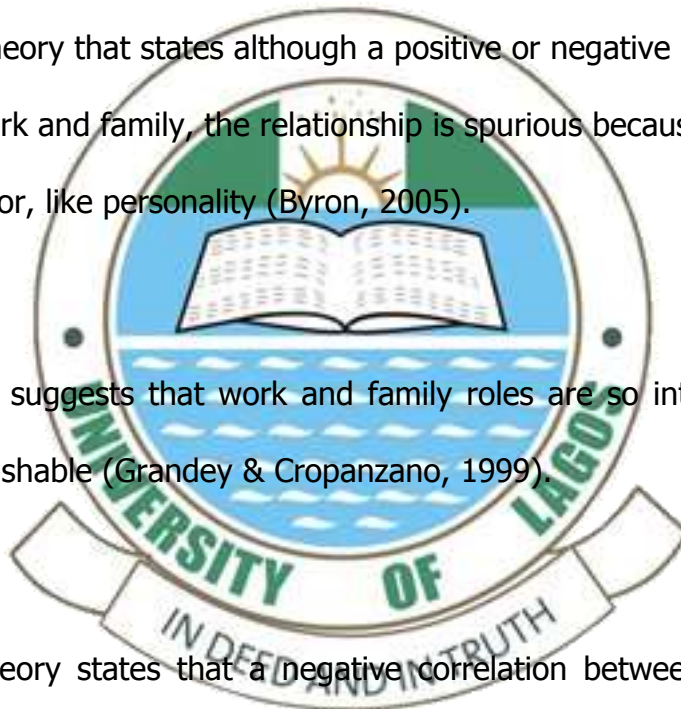
Congruence is a theory that states although a positive or negative relationship may be found between work and family, the relationship is spurious because it is caused by a third common factor, like personality (Byron, 2005).

Integrative

Integrative theory suggests that work and family roles are so intertwined that they become indistinguishable (Grandey & Cropanzano, 1999).

Resource Drain

Resource drain theory states that a negative correlation between family and work domains, such that there is a finite amount of personal resources to be expended and more activity in one domain, by definition, takes away resources that could be expended in the other domain.



2.6.4 Theories for Explaining Work-Family Conflicts

Conservation of Resources Theory

Currently, the most widely used theory for explaining work-family conflict is the conservation of resources theory (Grandey & Cropanzano, 1999; Hobfoll, 1988, 1989).

Unlike traditional theories such as stress-appraisal-strain-coping theory that define strain in terms of either an outcome or a perception of environmental challenges (Lazarus & Folkman's 1984), the conservation of resources theory also takes into account worries about the possible loss of resources in the future, such as the depletion of energy required to complete future tasks. This theory proposes that people strive to protect and build resources, such as objects (money, house), conditions (quality of one's roles, external support), energies (time and level of energy), and personal characteristics (beliefs such as a positive outlook). Psychological stress occurs when these resources are lost or threatened. Work-family conflict is conceptualized as the consequence of resources being lost in the process of juggling both work and family roles (Grandey & Cropanzano, 1999). For example, job demands can threaten one's resources and over time, prolonged exposure to demands such as long work hours leads to emotional exhaustion and burnout (Hobfoll & Freedy, 1993). Furthermore, because resources are not limited to concrete reserves, the inclusion of personal characteristics and conditions allows for exploration of how cultural contexts influence work-family conflict. It also provides a framework in understanding how coping methods (problem-focused coping) and support (support at work and domestic help from family members at home) ameliorate work-family conflict (Jansen, Kant, Kristensen, & Nijhuis, 2003; Lapierre & Allen, 2006).

Social Identity Theory and Role Salience

Social identity theory has been used to formulate a couple's typology to provide the conceptual model for determining the impact role salience would have on couples' experiences of work-family conflict (Stryker 1968; 1980; 1987; Lobel, 1991; Wiley, 1991; Rothbard & Edwards, 2003). Amatea, Cross, Clark & Bobby (1986) state that role salience is the degree to which a person views a certain life role (work or family) as an important means of self-definition and the extent to which the person is willing to commit personal resources to ensure success in that role. Thus, the role salience typology distinguishes couples based on the relative value attached and commitment level of each partner to their respective work and family roles. Social identity theory encapsulates a methodical approach to illustrate the relationships between gender, work and family roles, stress, and oneself (Wiley, 1991). An identity can be defined as "a meaning one attributes to oneself (or others attribute to the person) by virtue of occupying a particular position" (Wiley, 1991). A person is found to have a multitude of identities such as father, husband, colleague, manager, brother as a result of his/her interactions with others (Lobel, 1991). Social identity theory postulates an association between the self and society at large whilst concomitantly accommodating individual variability in role performance due to the diversity in comprehension and the possibility to negotiate role expectations and demands with significant others such as work supervisor, spouse, child (Wiley, 1991). The different role identities comprising of the self has been found to be hierarchically organized on the basis of role or identity salience (Stryker, 1968; Wiley 1991; Lobel, 1991). The relative level of salience to a particular role within the hierarchy is determined through a combination of commitment to the role (Stryker, 1987), accessibility and fit (Oakes, 1987).

Accessibility refers to the willingness with which certain stimuli would be identified as associated with a given social identity, whilst fit represents the degree to which the stimuli is congruent with category specifications (Lobel, 1991). According to Turner (1982) these different identities would be enacted as appropriate in response to situational alterations such as becoming the father or husband at home and manager or colleague at work. Previous research has found, in terms of role investment, that the greater the salience of a given role identity the greater the investment in that particular role concerned (Lobel, 1991; Wiley, 1991).

However, a person may attach varying levels of importance to work and family roles. Therefore, a person may simultaneously have high salience in both the work and family spheres (Thompson & Bunderson, 2001). For example, one person might have high work salience and low family salience whilst another might attach similar importance to both role domains (Rothbard & Edwards, 2003). Greater investment in roles which are of high salience to a person is suggested by the social identity theory as it provides the person with a source of self-esteem and an avenue for self actualisation. As a consequence, the time invested (time-based conflict) in a particular role would augment with the increase in the importance attached to that role (Rothbard & Edwards, 2003).

Two forms of work-family conflict can be identified through the social identity theory:

- (i) Conflict between role performance of work and family identities of similar salience.
- (ii) Unsatisfactory role performance of either work or family identity of high salience (Wiley, 1991).

Role Salience and Couple types

Parasuraman and Greenhaus' (2002) suggestion that couple types can usefully be understood as different combinations of role salencies. This typology aims to categorise couples based on each partner's role salience as advocated by social identity theory. The approach yields five main couple types namely:

- **Traditional:** where the traditional work and family roles of each partner are observed, for example, the male partner is highly work-oriented while the female partner is highly family oriented.
- **Modern 1:** where both partners place a high value on family life and subordinate work roles to family needs and demands.
- **Modern 2:** where both partners seek to place equal value on work and family roles, seeking to find balance through compromises in both of these two domains.
- **Modern 3:** where both partners place a high value on their respective work roles, with family responsibilities/aspirations subordinate to work and career goals.
- **Modern 4:** where traditional work and family roles are reversed, for example, the male partner is highly family-oriented and the female partner is highly work-oriented.

In addition to these main couple types, two additional couple formations are possible: both partners are neither work nor family oriented (Type I); and both partners are both highly work and family oriented (Type II). The couple types have been 'named' according to existing literature and dependent on their fit with the 'traditional' notion of a heterosexual couple. Accordingly, four of the five main types of couples have

been classified as 'modern' given the contemporary orientations they represent. The remaining one has been termed 'traditional' given its fit within the traditional definition of a heterosexual couple. The remaining two couple types have been classified purely for the purpose of distinction between the two.

Given the rising participation of women in paid work and the concomitant increase in dual earner households, research investigating the dynamics associated with work-family conflict at a couple level is quite integral to improving our understanding of the overall work-family interface (Parasuraman and Greenhaus, 2002).

Types of conflict handling

Allwood, (1976) states that it is natural to expect that different types of conflict and different sources of conflict will lead to different types of conflict handling. Allwood, (1993) suggested the following five types of conflict handling:

1. **Prevention of conflict:** Conflict can be prevented by taking action, before an actual conflict has developed so as to prevent conflict generating features from occurring through encouraging mutual consideration and building mutual obligations. Creating similarities between people tends to remove the risk for conflict.
2. **Avoidance of conflict:** Avoidance of conflict refers to a case in which conflictual action is expected (because of actual conflict generating features or experienced grounds for conflict), but does not, in fact, occur. It also refers to the case where the parties "agree to disagree", where avoidance is used to prevent the continuation of a conflict.
3. **Compromise:** Compromise is a symmetrically regulated type of conflict handling, where all parties inhibit their claims and demands to some degree, so that

mutual compatibility between the claims can be reached and conflictual action can cease.

4. **Dominance and submission:** Dominance and submission occur when conflict is terminated by one party winning and another party losing. If the conflict and what is to be gained or lost is kept fairly restricted and regulated, there will be a case of competition. Competition is, thus, a way of regulating conflict with the goal of restricted dominance and submission. If the conflict is unrestricted (as in war) victory, defeat and extermination appear as other ways in which conflict can be terminated.

5. **Conflict resolution:** A conflict is resolved if the experienced causes for the conflict are removed. This usually means that it is not enough to only cease conflictual action to resolve a conflict. The conflictual parties should also feel that there are no more grounds for conflict. Resolving a conflict, thus, often involves changing attitudes of revenge and hatred by excusing and forgiving the other party (Burton 1987).

These types of conflict handling are not necessarily mutually exclusive. Handling a conflict can potentially involve using a combination of the features to handle different aspects of the conflict (Allwood; 1993).

2.7 Work-Family Conflict and Staying at home

Researchers agree that educated stay-at-home mothers psychology is conflicted between personal achievement (career) and nurturing the development of others. Thus, the struggle between giving to others and doing for oneself lives inside of them and can potentially cause inner conflict as well as personal growth (Miller, 1976; Lerner, 1991).

De Marneffe (2004) noted that, despite access to education and professional achievement, the integration of family and career roles remains problematic for women. She affirmed that high-achieving women continue to face a conflict between career and family. Bailey (2000) found that there was little conflict for women in negotiating the interlocking spheres of work and family. In Desimone's (2001) study on the comparison of self-oriented and other-oriented stay-at-home mothers, the self-oriented group had higher role conflict and lower psychological well being, whereas the other-oriented group had less role conflict and higher psychological well being.

Researchers agree that work-family conflict is a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respects. It can take two directions: work interfering with family, and family interfering with work. The conflict may be related to time, as when activities in one domain make it difficult to engage in activities in the other domain. It may be related to stress, as when the pressures in one domain inhibit the capacity for positive engagement in the other domain (Lambert, Hogan, Camp, & Ventura, 2006, Triplett, Mullings, & Scarborough, 1999).

Conflict between work and family is associated with increased absenteeism, decreased turnover, decreased performance, and poorer physical and mental health (Rubin & Wooten, 2007). Even in the absence of formal policies, work-life practices are associated with reduced employee turnover, lower work-family conflict, and higher organizational commitment (Greenhaus and Beutell 1985; Frone, Russell and Cooper 2001; Poelmans and Sahibzada 2004; Carlson, Kacmar and Williams 2007). Women engaging in traditionally "male" fields often find it difficult to harmoniously integrate work and family duties. More recent research suggests that work-to-family conflict is

linked to job dissatisfaction, turnover intention and stress, while family-to-work conflict is correlated to absenteeism and stress (Anderson, Coffey and Byerly, 2002; Grzywacz, Arcury, Marin, Carrillo, Burke Coates and Quandt, 2007; Aluko, 2009).

2.8 Self-Esteem and stay-at-home mothers

Self-esteem is the evaluative aspect of the self-concept, and therefore the evaluation of a person's own competence, which is related to accepting and approving of one's own characteristics and greatly impacts individuals' attitudes, emotional experiences, future behaviour, and long-term psychological adjustment (Berk 2008). Researchers note that clients' negative experiences and convictions about themselves often produce self-stigmatization and result in poor outcomes such as isolation. Self-esteem reflects a person's overall evaluation or appraisal of his or her own worth. It encompasses belief and emotions such as triumph, despair, pride and shame. A person's self-esteem may be reflected in their behaviour, such as in assertiveness, shyness, confidence or caution. Self-esteem can apply specifically to a particular dimension or have global extent (Hill and Buss, 2006; Dixon, et al.2010; Rubin and Wooten, 2007). Feelings of inferiority are directly related to perceived inadequacies as they view their peer's abilities (Harder, 2009). Researchers agree that self-esteem is the disposition to experience oneself as being competent to cope with basic challenges of life and of being worthy of happiness (Rugel, 1995; Williams, 2001; Branden, 1996).

Wong (2002) defined self-esteem as how one perceives oneself or having good feelings about oneself. In agreement with Wong, Sheslow & Lukens (2005) contend that self-esteem is the collection of beliefs or feelings that we have about ourselves or

our self-perceptions, as well as the combination of feelings of capability with feelings of being loved. it is important because how one feels and thinks about oneself affects the way one acts. The family structures, especially extended family units that provide supportive environments for child development, are influential on positive self esteem (Berk, 2008). The neighborhood or community plays a critical factor in the development of self concept and worth. Wong (2002) contended that thousand of impressions, evaluation and experiences we have about ourselves add up to a good feeling about our self-worth, or conversely, an uneasy feeling of inadequacy. self-esteem is our self-worth. It has been established that improvement of self-esteem and self-efficacy can be a powerful tool of intervention in the therapeutic process (Fife & Wright, 2000). Fife & Wright (2000) pointed out that self-esteem interventions enable the psychotherapist to address a wide variety of problems relating to low self-esteem which include: depression, low self-image, extreme emotionality or eating disorders, anxiety and phobias, grieving reactions, and adjustment to chronic illnesses. Low self-esteem affect the way an individual proceses information and the way one protects or strenghtens one's low self-esteem as well as interpersonal relationship (Hunter, 2001). Rosenberg (1985) confirmed that low self-esteem was associated with a greater likelihood of depression, low reported happiness, negative emotional states, irritability, greater anxiety, aggressiveness, impulsivity and anomie.

However, Branden (2000) described a woman's self-esteem as a building of six pillars; without any one pillar the whole building would collapse. The pillars include each of the following: living consciously, self-acceptance, self responsibility, self-assurance, living purposefully, and living with integrity. It is so easy to have low self-esteem as a

stay-at-home-mother because if you do not feel good about who you are, you are going to get depressed, feel lonely and worthless (Branden, 2000). Thus, stay-at-home mothers are advised to stop looking elsewhere for who they are and find it within themselves, no matter where they are.

In her study of maternal self-concept, Manetta (1992) found a significant lower self-concept in full-time employed mothers when compared to part-time and non-employed mothers. Lupton (2002) found that though the employed mothers in her study regarded the stay-at-home mother as ideal, they had difficulty staying out of paid employment as it was felt to be an essential part of their sense of self. Crocker's (2007) research on the contingencies of self-worth claims that people pursue self-esteem by trying to prove that they have worth and value, and this pursuit affects the satisfaction of the fundamental human needs for learning, relationships, autonomy, self-regulation, mental and physical health which affects not only the individual, but everyone around the person as well. Another study found that internal contingencies, on the other hand, are unrelated or even positively related to well-being (Sargent, Crocker, & Luhtanen, 2006).

Researchers also suggest that contingencies of self-worth have self-regulatory properties (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). Successful self-regulation is the willingness to exert effort toward one's most important goals, while taking setbacks and failures as opportunities to learn, identify weaknesses and address them, and develop new strategies toward achieving those goals (Crocker, Brook, & Niiya, 2006). Accordingly, successful self-regulation can prove difficult for people aiming to maintain and enhance their self-esteem, because they would have to actually embrace

failure or criticism as a learning-opportunity, rather than avoid it. Instead, when a task which individuals see as fundamental to their self-worth proves difficult and failure seems probable, contingencies of self-worth lead to stress, feelings of pressure, and a loss of intrinsic motivation (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). In these cases, highly contingent people may withdraw from the situation. Conversely, the positive emotional affect following success in a domain of contingency may become addictive for the highly contingent individual (Baumeister & Vohs, 2001). Over time, these people may require even greater successes to achieve the same satisfaction. Therefore, the goal to succeed can become a relentless quest for these individuals (Crocker & Nuer, 2004).

Researchers believe that people confuse the boosts to self-esteem resulting from successes with true human needs, such as learning, mutually supportive relationships, autonomy, and safety (Crocker & Nuer, 2004; Crocker & Park, 2004; Deci & Ryan, 2000). Crocker (2007) claims that people do not seek "self-esteem", but basic human needs, and that the contingencies on which they base their self-esteem have more importance than the level of self-esteem itself.

Crocker & Wolfe (2001) in their "Contingencies of Self-Worth model" state that people differ in their bases of self-esteem. Their beliefs about what they think they need to do or who they need to be in order to be classified as a person of worth form these bases. They identified seven domains in which people frequently derive their self-worth, namely:

1. Virtue
2. God's love
3. Support of family

4. Academic competence
5. Physical attractiveness
6. Gaining others' approval
7. Outdoing others in competition

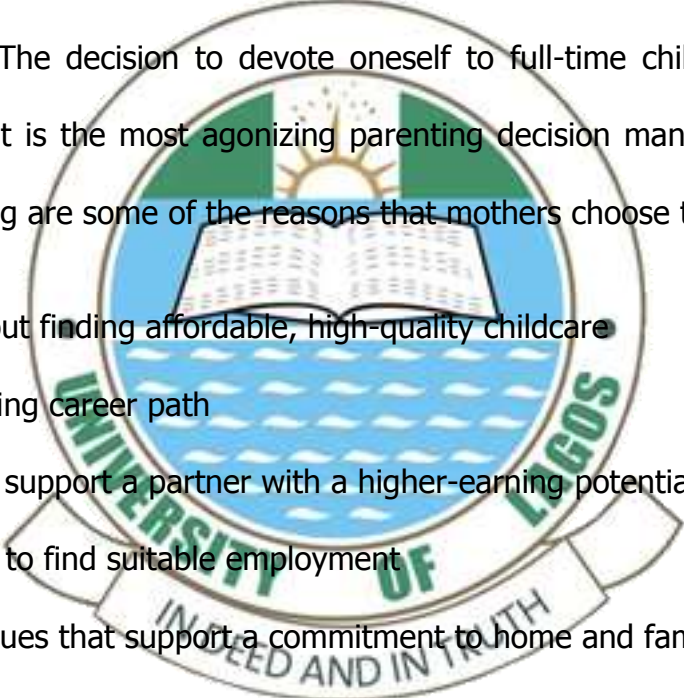
Individuals who base their self-worth on a specific domain (such as support of family) leave themselves much more vulnerable to having their self-esteem threatened when negative events happen to them within that domain (such as when they lack effective family relationship) (Crocker, & Wolfe 2001; Crocker, Karpinski, Quinn, & Chase, 2003; Crocker, Jennifer; Luhtanen, Riia K.; Cooper, M. Lynne; Bouvrette, Alexandra, 2003).

Since many individuals strive for a feeling of worthiness, it makes sense that those people would experience special motivation to succeed and actively to avoid failure in the domains on which they base their own self-worth.

2.9 Reasons for staying at home

Zimmerman (2000) in his study on educated stay-at-home mothers reported religious belief as a major reason for staying at home whereas some reported personal choice as the main influence behind their decision. Researchers agree that personal choice based on the belief that children and family are the top priority, stress felt when trying to balance work and family, unemployment as well as experience of growing up with a stay-at-home mother are the major reasons for staying at home (Desimone, 2001; Stone 1987). In a study carried out by Stone (1987) which examined mothers who had graduate degrees and had decided to stay at home to raise their children considered five major categories: personality characteristics, decision-making processes, level of job satisfaction, peer and family relationship and self-image and

found that job satisfaction was not identified as a factor in the decision to stay at home. In another study carried out by Rubin and Wooten (2007) the participants reported beliefs and circumstances as influential in their desire to stay home. They noted that the decision to be at home with their children was an emotional one. The women wanted quantity time, not just quality time, with their children. Some of the participants described the stress they felt when trying to balance work and family as the catalyst to their decision to leave work. Others pointed to their own experience of growing up with a stay-at-home mother as the biggest influence in their own decision to stay at home. The decision to devote oneself to full-time childrearing is deeply personal. In fact, it is the most agonizing parenting decision many women will ever make. The following are some of the reasons that mothers choose to stay at home:

- 
- The logo of the University of Lagos is a circular emblem. It features a central sun rising over a body of water with a book floating on it. The text 'UNIVERSITY OF LAGOS' is written in a green arc across the middle, and 'IN DEED AND IN TRUTH' is written in a white arc at the bottom.
- Concern about finding affordable, high-quality childcare
 - An unsatisfying career path
 - The need to support a partner with a higher-earning potential
 - The inability to find suitable employment
 - Religious values that support a commitment to home and family
 - The desire to bring balance to a hectic family life (Rubin and Wooten, 2007).

2.10 Benefits of staying at home

Stone's (1987) research found that although women were aware of what they were giving up to stay at home, the time available for them to raise their children far outweighed the cost. Although the participants were giving up by not pursuing their given careers, they reported feeling that they and their children were gaining much

more by staying at home. The participants' overall self-image was found to be positive. Rubin and Wooten (2007) in another study reported that the more a mother can be there and help shape and form their children the better of you have a chance at raising healthy normal children. They claim that the women who described never looking back and having an easy transition into staying home talked more about the relief they felt from the previous stress of the work-family balance. These women seemed to have a higher level of comfort with staying home and also knew they could go back to work if they so desired. Researchers agree that staying at home has more benefits which include not missing out on having quantity time with their children, being able to influence their development on a daily basis, and having freedom or flexibility in their own schedule. According to them, the benefits enjoyed by the rest of the family included a more peaceful household, a sense of security for the children, less hectic schedules for everyone, and peace of mind that the children were with their mother and therefore safe and happy (Zimmerman, 2000; Desimone 2001; De Marneffe 2004). Being around during the formative years, they could influence their children in a way that would be more difficult to achieve if they had continued to work. Licht (1999) found that participants included time with their children, time for themselves, and more time for spouses and friends as some of the benefits of staying at home. The participants used the word quantity as a way to describe the importance of actual time spent with their children for their own and their childrens' sake thereby help to create healthy, confident and strong children.

According to Rubin & Wooten (2007), stay-at-home mothers contribute to the family's financial health by providing childcare, cooking, housekeeping, and other services that

would otherwise be paid for out of pocket. They claim that many people believe that a stay-at-home mother's salary would surpass that of most other occupations.

2.11 Challenges of Staying at Home

Researchers agree that lack of societal approval and support, negative maternal mental health, isolation, lack of self esteem, loss of identity and higher level of loneliness were the effects of staying at home (Rubin and Wooten 2007; De Marneffe 2004; Desimone 2001; Zimmerman, 2000). Another study found higher levels of maternal separation anxiety in mothers who worked but preferred to stay home than in mothers who felt that working outside the home had more cost than benefits for their children (Licht, 1999). Maternal guilt, sense of self, and separation anxiety have been researched and found that guilt surrounding one's performance as a mother was recognized as part of the mothering experience (Elvin-Nowak, 1999; Seagrum & Daniluk, 2002). Maternal depression has also been researched and the study examined the relationship of postpartum depressive symptoms and employment status of new mothers and found more depressive symptoms in homemaker than women on maternity leave or working. Homemakers' depressive symptoms were related to less social support and more unwanted or mistimed pregnancies (Des Rivieres-Pigeon, Seguin, Goulet, & Descarries, 2001). In addition, Makri-botsari (2003) found that maternal unemployment had a significant negative effect on maternal mental health. Zimmerman (2000) compared levels of marital equality and satisfaction of stay-at-home-mother and stay-at-home-father families. Several commonalities, such as high marital satisfaction, were found between the two groups. However, the wives in both groups, regardless of whether they worked or stayed at home, experienced higher

levels of stress and exhaustion that did the husbands. However, both groups reported a lack of societal approval and support for single-breadwinner arrangement. In addition, a higher level of loneliness was experienced by the stay-at-home parent in both groups. Finally, both groups experienced the frustrations of unreasonable high expectations that they all viewed as being self-imposed. Seagrum & Daniluk, (2002) found that stay-at-home-mothers were less social and more isolated than their working counterparts and reported greater feelings of loneliness, boredom and emotional difficulties with loss, vulnerability, guilt, shame, and conflict.

Zimmerman's (2000) research illuminates the reality that in general, stay-at-home parenting by either gender is not supported by our society. Accordingly, the study states that Stay-at-home parents have to work harder to feel good about their choice because they receive little validation from society for the work they are doing. Desimone (2001) looked at the effects of role conflict, spousal support, and guilt on the psychological well-being of educated stay-at-home mothers and found a relationship between the variables of these facets of mothering and a decreased psychological well-being of educated stay-at-home mothers. In particular, the relationship of guilt and role conflict found in this group seemed to be related to the choice of staying at home with the children instead of pursuing a career. The guilt of leaving a career was, however, much less intense than the guilt associated with leaving the children to follow a career path.

The dominant themes that arose concerning the challenges of being a stay-at-home mother were the issues of emotional difficulties with loss in terms of self-esteem, identity and financial independence, vulnerability, guilt, shame, and other psychosocial conflicts (Rubin & Wooten, 2007).

Loss: The participants described a feeling of loss when discussing the challenges of being a stay-at-home mother. The types of loss mentioned included loss of identity, of self-esteem, of external validation and of independence. Many women talked about their need to let others know they were professionals rather than identifying themselves as simply stay-at-home mothers. They also wanted to be identified as multidimensional, as women who have been out in the world and have that experience to bring to the table. Many of the participants stated that they did not want to over-identify with their children. Some stay-at-home mothers who had worked before discussed not having the same type of validation that they received while they were working. In their professional jobs, they did receive feedback from bosses, colleague, clients, and patients. At home, they have had to learn to feel good about staying at home because that external validation is no longer there.

Vulnerability: Vulnerability and fear were prevalent emotions expressed by the participants in relation to the idea of financial dependency. Many participants spoke about their fear of losing the skills and marketability that they had worked very hard to achieve, as well as a feeling of not living up to their potential.

Guilt, shame, and conflict: Study participants often expressed feelings of guilt, shame and conflict. Many described feeling guilty about not doing enough for their children, as well as guilt for not working and making use of their education and skills. In both directions, the women described guilt as a constant feeling in their lives. Shame was experienced because of not working or not feeling adequate in their role as a stay-at-home mother. Conflict, for many women, is on their feelings about working versus not working and what each option could offer, as well as taking away

from their experience of self-worth. Some of them experience feelings of guilt when they stop bringing an income home, even when this decision is taken jointly.

2.12 Reality Therapy

Reality therapy is an approach to psychotherapy and counseling. It was developed by Glasser (1965). It is considered a cognitive-behavioural approach to treatment. The reality therapy approach to counselling and problem-solving focuses on the here-and-now of the client and how to create a better future. Typically, clients seek to discover what they really want and whether what they are currently doing (how they are choosing to behave) is actually bringing them nearer to, or further away from their goal.

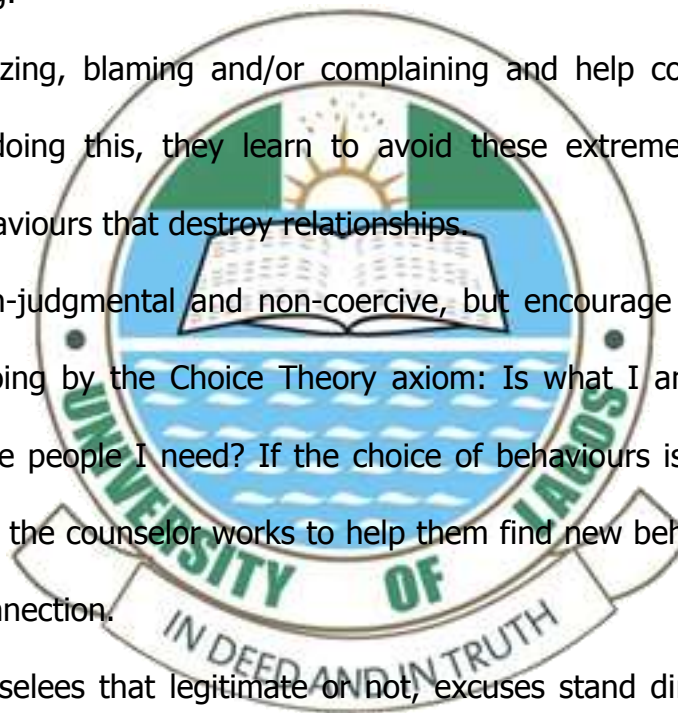
Reality therapy is more than a counseling technique. Reality therapy is a problem solving method that works well with people who are experiencing problems that they want help to solve, as well as those who are having problems and appear not to want any assistance. Reality therapy also provides an excellent model for helping individuals solve their own problems objectively through coaching sessions.

The underlying key to reality therapy is the relationship that is established with the person who needs the help which is most critical because without a positive relationship, there will be no influence.

2.12.1 Principles of Reality Therapy

- Focus on the present and avoid discussing the past because all human problems are caused by unsatisfying present relationships.

- Avoid discussing symptoms and complaints as much as possible since these are often the ineffective ways that counselees choose to deal with (and hold on to) unsatisfying relationships.
- Understand the concept of total behaviour, which means focus on what counselees can do directly-act and think. Spend less time on what they cannot do directly; that is, changing their feelings and physiology. Feelings and physiology can be changed indirectly, but only if there is a change in the acting and thinking.
- Avoid criticizing, blaming and/or complaining and help counselees to do the same. By doing this, they learn to avoid these extremely harmful external control behaviours that destroy relationships.
- Remain non-judgmental and non-coercive, but encourage people to judge all they are doing by the Choice Theory axiom: Is what I am doing getting me closer to the people I need? If the choice of behaviours is not getting people closer, then the counselor works to help them find new behaviours that lead to a better connection.
- Teach counselees that legitimate or not, excuses stand directly in the way of their making needed connections.
- Focus on specifics. Find out as soon as possible who counselees are disconnected from and work to help them choose reconnecting behaviours. If they are completely disconnected, then the focus should be on helping them find a new connection.
- Help them make specific, workable plans to reconnect with the people they need, and then follow through on what was planned by helping them evaluate



their progress. Based on their experience, counselors may suggest plans, but should not give the message that there is only one plan. A plan is always open to revision or rejection by the counselee.

- Be patient and supportive but keep focusing on the source of the problem, disconnectedness. Counselees who have been disconnected for a long time will find it difficult to reconnect. They are often so involved in the symptom they are choosing that they have lost sight of the fact that they need to reconnect. Help them to understand, through teaching them Choice Theory and encouraging them to know that whatever their complaint, reconnecting is the best possible solution to their problem.

One of the core principles of reality therapy is that, whether we are aware of it or not, we are acting (behaving) to meet these needs all the time. Socializing with people is an effective way to meet our need for belonging. Sitting in a corner and crying in the hope that people will come to us is generally an ineffective way of meeting that need. It may work, but it is painful and carries a terribly high price for ourselves and others. So if life is unsatisfactory or we are distressed or in trouble, reality therapy advocates that one basic thing is to check carefully, whether we are succeeding in meeting our basic psychological needs for power, belonging, freedom and fun.

Reality therapy holds that the key to behaviour is to remain aware of what we presently want because what really drives us as social beings is our wants. We think of what we want, we behave to get what we want and we fantasize about what we want but we often are not aware of either our real desires, or how our present actions are linked to these. Thus, reality therapy is a therapy of hope, based on the

conviction that we are products of the past but we do not have to go on being its victims (Glasser, 1972).

2.12.2 Approach of Reality Therapy

Reality therapy is centered on our five basic, genetically endowed needs. These needs are classified under five headings. The first is our primary and physical need while the others are psychological needs, namely:

- **Survival** (including food, clothing, nourishment, shelter, personal security).
- **Connecting, belonging, love** (including groups as well as families or loved ones).
- **Power** (including learning, achievement and feeling worthwhile, winning, and competence).
- **Freedom** (including independence, autonomy, one's own 'space').
- **Fun** (including pleasure and enjoyment).



2.12.3 Core Ideas of Reality Therapy

1. Make plans and perform actions

The client's self-evaluation is a critical and crucial first step. A self-realization that something must change, realization and acceptance of the fact that change is possible, leads to a workable plan that the client can implement for making better choice.

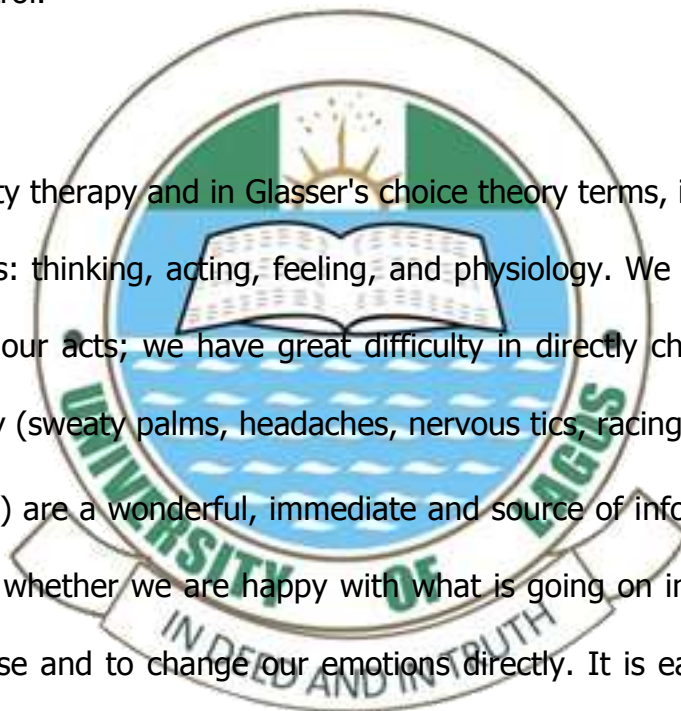
For example:

- You cannot make your spouse talk to you but you can talk to your spouse.
- You cannot make your teenage son treat you with respect but you can decide that you will no longer provide a laundry and catering service to a son who treats you with contempt.
- You cannot make the company give you a promotion but you can look for a promotion, lobby for it and apply for the job when it comes up. Thus, reality therapy strives to empower people by emphasizing the power of doing what is in their control.

2. Behaviour

Behaviour, in reality therapy and in Glasser's choice theory terms, is composed of four aspects, or vectors: thinking, acting, feeling, and physiology. We can directly choose our thoughts and our acts; we have great difficulty in directly choosing our feelings and our physiology (sweaty palms, headaches, nervous tics, racing pulse).

Emotions (feelings) are a wonderful, immediate and source of information about how we are doing and whether we are happy with what is going on in our lives. But it is very hard to choose and to change our emotions directly. It is easier to change our thinking by deciding, for example, that we will no longer think of ourselves as victims or to decide that in our thoughts we will concentrate on what we can do rather than what we think everybody else ought to do. So Reality Therapists approach in changing "what we do" as a key to changing how we feel and to getting what we want.



3. Control

Control is a key issue in reality therapy. Human beings need control to meet their needs: one person seeks control through position and money, and another wants to control their physical space. Control gets us into trouble in two primary ways: when we try to control other people, and when we use drugs and alcohol to give us a false sense of control. At the very heart of Choice Theory is the core belief that the only person we can really control is oneself. If one thinks he/she can control others, then he is moving in the direction of frustration. If one thinks others can control him (and so are to blame for all that goes on in his life) then he tends to do nothing and again head for frustration.

There may indeed be things that "happen" to us and for which we are not personally responsible but we can choose how we handle those things. Trying to control other people is a vain naive hope, from the point of view of reality therapy. It is a never-ending battle, alienates us from others and causes endless pain and frustration.

This is why it is vital to stick to what is in our own control to do and to respect the right of other people to meet their needs. We can get an instant sense of control from alcohol and some other drugs though this method of control, however, is false, and skews the true level of control we have over ourselves.

4. Focus on the present

While traditional psycho-analytic counseling often focuses on past events, reality therapy and choice theory focus the present and the future. Practitioners of reality therapy may visit the past but never dwell on it. In reality therapy, the past is seen as the source of our wants and of our ways of behaving, not as a cause.

This is because it is our present perceptions that influence our present behaviour and so it is these current perceptions that the reality therapy practitioner helps the client to work through (Seligman & Reichenberg, 2010).

2.12.4 Steps on the use of Reality Therapy

Reality therapy provides a model of building relationships by instructing the therapist to create a need-satisfying counseling environment. The five basic needs of all humans are survival; love and belonging; power; freedom and fun. So, in a helping relationship, the therapist must create an environment where it is possible for the client to feel safe and connected to the therapist in some way; to be listened to and respected; to have some choices; and to have some fun or learning with the therapist. After creating this need-satisfying environment and working hard to maintain it throughout the relationship, the therapist should listen attentively to the client.

After listening to the client, the therapist needs to determine what the ideal solution would look like from the client's point of view. It is critical to get a specific picture of what the ideal solution will look like from the perspective of the person experiencing the problem. Thus, therapist is leading him or her away from the problem and into a problem-solution mode. In this way, the focus is not on the past and the problem, which cannot be changed, rather, the focus is on the behaviour the person can create to move himself in the direction of the solution he wants.

The next step is to take an inventory of all the things the person is doing to get the situation to work out the way they want. Typically, the person will only list positive things, but the therapist must ask them to consider everything that is both helping and hindering the progress. The therapist may add observations of their own so as to get a clearer picture as much as possible and in addition ask about their thoughts, feelings and physiology (if appropriate), as well.

The most crucial in the entire process is to ask the client if the current behaviour is likely to get them what they want and if the person is already aware that what they are doing is not working, and are ready to try something different. Then, the therapist should assist the client by helping them find a solution.

The final step in the reality therapy process is to help the client come up with a plan to do something more effective. This is best accomplished by helping the person focus on those things within their control such as their own thoughts, actions and feelings so as not to focus on what others could and should do to give them what they want because attempting to control others is generally a fruitless activity. They should focus on changing their own behaviour and thoughts which is the goal of reality therapy.

2.13 Studies on the Effectiveness of Reality Therapy

The effectiveness of reality therapy was reported by Kim (2001) who carried out a research on 15 schizophrenics to test the effectiveness of reality therapy on internal locus of control, self-esteem as well as problem-focused coping skills and got positive results as the participants made tremendous improvement. In the same vein, Rubin

and Wooten (2007) found that the level of commitment shown by these educated stay-at-home mothers could be improved by treatment conditions. Reality Therapy which is based on Choice Therapy is solution oriented and offers a strong framework for client-therapist relationship, focuses on the present, "here and now" rather than insight, or past experiences (Glasser, 2001). In education, reality therapy can be used as a basis for the entire school's classroom management plan (Glasser, 1972).

Besides, other researchers agree that the Reality Therapy Programme is very effective in improving client's self-esteem (Wubbolding, 1990; Glasser, 1990; Comiskey, 1992; Aneke, 2009). The teaching of choice theory and the use of reality therapy as interventions were considered to assist students in developing and maintaining a positive self concept. The findings suggest that reality therapy was effective in facilitating more positive self concepts when compared to the control group.

Reality Therapy proved to be effective in increasing self-esteem of adolescent participants. Reality Therapy evidenced greater gains and is therefore more effective in treatment of aggression. Reality Therapy proved its effectiveness in improving clients' coping skill which is an important factor in managing conflicts. Therefore, it assisted the educated stay-at-home mothers in coping with the challenges of staying at home thereby improving their level of family commitment.

2.14 Transactional Analysis

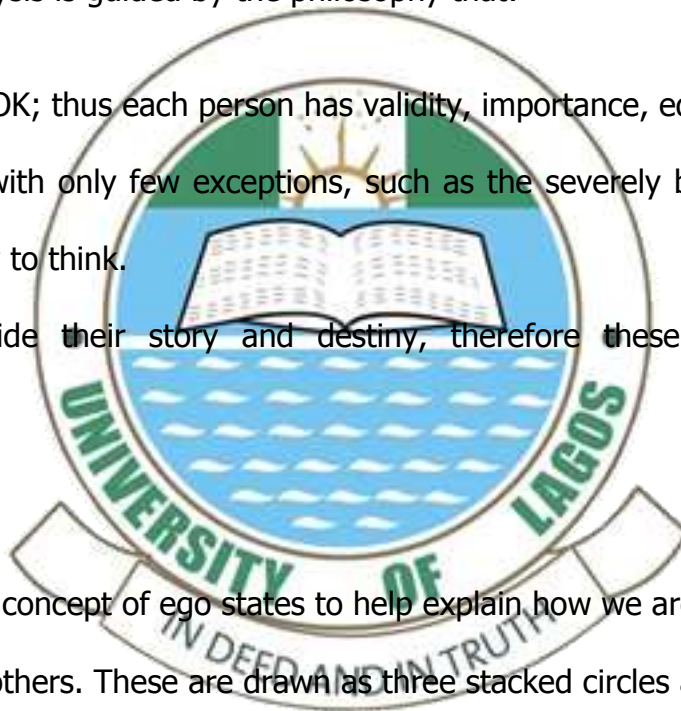
Transactional Analysis is a theory developed by Berne (1961). Transactional Analysis is a social psychology theory and a method to improve communication. Transactional analysis is a powerful tool to bring about human well being. In psychotherapy, transactional analysis utilizes a contract for specific changes desired by the client and

involves the "Adult" in both the client and the clinician to sort out behaviours, emotions and thoughts that prevent the development of full human potential. Transactional analysts intervene as they work with clients in a safe, protective, mutually respectful OK/OK environment to eliminate dysfunctional behaviours and establish and reinforce positive relationship styles and healthy functioning. It outlines how one can develop and treat oneself, how we relate and communicate with others, and offers suggestions and interventions which will enable us to change and grow. Transactional Analysis is guided by the philosophy that:

- People are OK; thus each person has validity, importance, equality of respect.
- Everyone (with only few exceptions, such as the severely brain-damaged) has the capacity to think.
- People decide their story and destiny, therefore these decisions can be changed.

The Ego States

Berne devised the concept of ego states to help explain how we are made up, and how we relate to others. These are drawn as three stacked circles and they are one of the building blocks of Transactional Analysis. They categorise the ways we think, feel and behave and are called Parent, Adult, and Child. Each ego state is given a capital letter to denote the difference between actual parents, adults and children.



The Ego-State (Parent-Adult-Child, PAC) Model

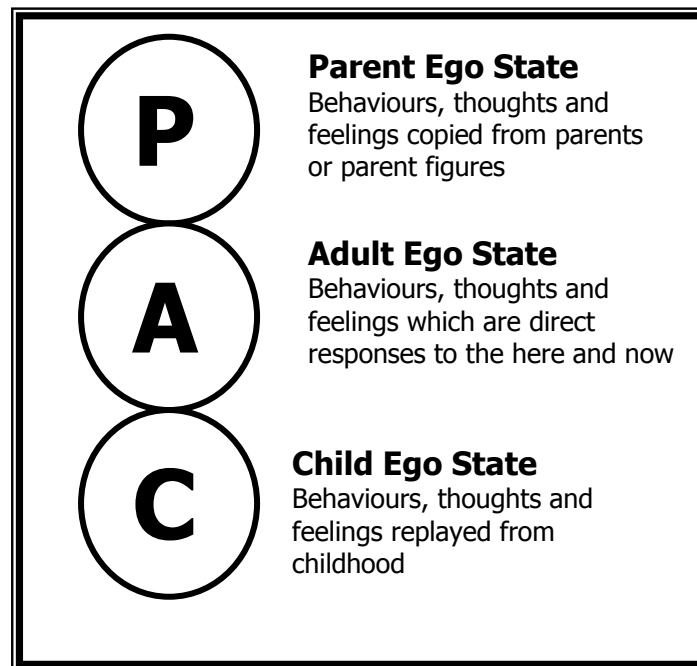


Figure 1

Parent ("extero-psyche"): This is our ingrained voice of authority, absorbed conditioning, learning and attitudes from when we were young. We were conditioned by our real parents, teachers, older people, next door neighbours. It is a state in which people behave, feel, and think in response to an unconscious mimicking of how their parents (or other parental figures) acted, or how they interpreted their parent's actions. For example, a person may shout at someone out of frustration because they learned from an influential figure in childhood the lesson that this seemed to be a way of relating that worked. Some simple clues are physical - angry or impatient body-language and expressions, finger-pointing, patronising gestures.

Verbal - always, never, for once and for all, judgmental words, critical words, patronising language, posturing language.

Adult ("neopsyche"): 'Adult' is our ability to think and determine action for ourselves, based on received data. The adult in us begins to form at around ten months old, and is the means by which we keep our parent and child under control. If we are to change our parent or child we must do so through our adult. It is a state of the ego which is like a computer processing information which makes predictions without major emotions that could affect its operation. Learning to strengthen the Adult is a goal of TA. While a person is in the Adult ego state, he/she is directed towards an objective appraisal of reality. Some simple clues are Physical - attentive, interested, straight-forward, tilted head, non-threatening and non-threatened.

Verbal - why, what, how, who, where and when, how much, in what way, comparative expressions, reasoned statements, true, false, probably, possibly, I think, I realise, I see, I believe, in my opinion.

Child ("archaeopsyche"): Our internal reaction and feelings to external events form the 'Child'. This is the seeing, hearing, feeling, and emotional body of data within each of us. It is a state in which people behave, feel and think similarly to how they did in childhood. For example, a person who receives a poor evaluation at work may respond by looking at the floor, and crying or pouting, as they used to when scolded as a child. Conversely, a person who receives a good evaluation may respond with a broad smile and a joyful gesture of thanks. The Child is the source of emotions, creation, recreation, spontaneity and intimacy. Some simple clues are Physical - emotionally sad expressions, despair, temper tantrums, whining voice, rolling eyes, shrugging shoulders, teasing, delight, laughter, speaking behind hand, raising hand to speak, squirming and giggling.

Verbal - baby talk, I wish, I want, I don't care, not again, things never go right for me, worst day of my life, bigger, biggest, best, many superlatives, words to impress.

Contamination of the Adult ego state

This occurs when we talk as if something is a fact or a reality when really this is a belief. Racism is an example of this. The Integrating Adult ego state is contaminated in this case by the Parent ego state. If we are white we might have lived with parents or significant others who said such things as "Black people take our jobs". Growing up it is likely, that having no real experience to go by, we believed this. We might also have been told that Black people are aggressive. Child ego state may lodge some scared feelings about Black people and in this ego state we may start to believe that "All Black people are scary". This would mean that there would be a double contamination of the Integrating Adult ego state. However, we would think that such statements were facts rather than beliefs and when this happens we say that this is Integrating Adult ego syntonic. That is, they fit with the Integrating Adult ego state and only those people outside of our situation and sometimes outside of our peer group or culture can see that, objectively, such beliefs are just that and therefore they can be changed.

Strokes

In Transactional Analysis we call compliments and general ways of giving recognition strokes. This name came from research which indicated that babies require touching in order to survive and grow. It apparently makes no difference whether the touching induces pain or pleasure - it is still important. On the whole we prefer to receive

negative strokes than no strokes at all, at least that way we know we exist and others know we exist.

We all have particular strokes we will accept and those we will reject. For example, if we have always been told we are clever, and our brother is creative, then we are likely to accept strokes for being clever, but not for being creative. From this frame of reference only one person in the family can be the creative one and so on.

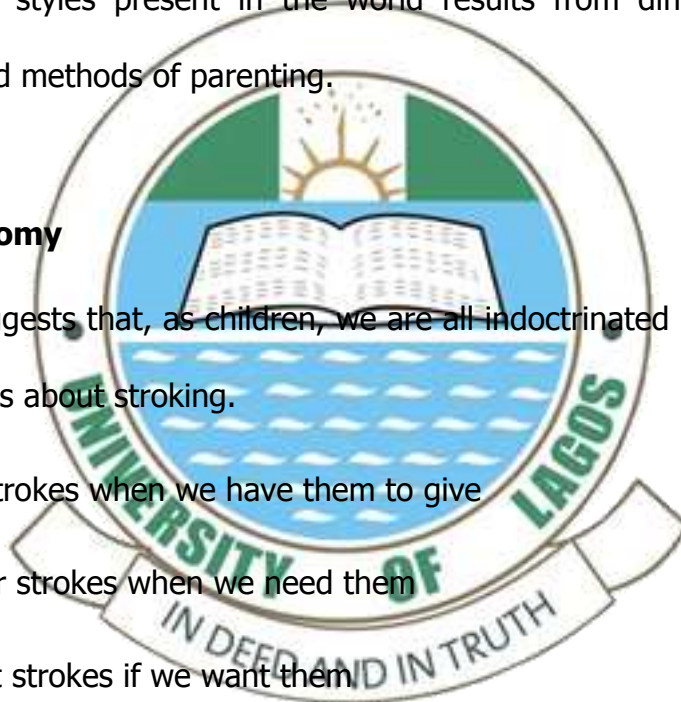
Stroking can be physical, verbal or nonverbal. It is likely that the great variety of stroke needs and styles present in the world results from differences in wealth, cultural mores, and methods of parenting.

The stroke economy

Steiner (2002) suggests that, as children, we are all indoctrinated by our parents with five restrictive rules about stroking.

- don't give strokes when we have them to give
- don't ask for strokes when we need them
- don't accept strokes if we want them
- don't reject strokes when we don't want them
- don't give ourselves strokes

Together these five rules are the basis of what Steiner (2002) calls the stroke economy. By training people to obey these rules, says Steiner, the therapist should ensure that a situation in which strokes could be available in a limitless supply is



transformed into a situation in which the supply is low and the price to extract for them is high.

We therefore need to change the restrictive rules to unrestrictive ones:

- give strokes when we have them to give
- ask for strokes when we want them
- accept strokes if we want them
- reject manipulative strokes
- give ourselves positive strokes

Strokes can be positive or negative:

- A) "I like you"
- B) "I don't like you"

Strokes can be unconditional or conditional. An unconditional stroke is a stroke for being whereas a conditional stroke is a stroke for doing. For instance:

"I like you" - unconditional

"I like you when you smile" - conditional

As negative strokes these might be:

"I don't like you" - negative unconditional

"I don't like you when you are sarcastic" - negative conditional

People often have a stroke filter. They only let in strokes which they think they are allowed to let in. For instance they allow themselves to receive strokes for being clever and keep out strokes for being good looking.

Transactions

Transactions are the flow of communication, and more specifically the unspoken psychological flow of communication that runs in parallel. Transactions occur simultaneously at both explicit and psychological levels. Example: sweet caring voice with sarcastic intent. To read the real communication requires both surface and non-verbal reading.

Kinds of Transactions

There are basically three kinds of transactions:

1. Reciprocal/Complementary (the simplest)
2. Crossed
3. Duplex/Covert (the most complex)

Reciprocal or Complementary transactions

A simple, reciprocal transaction occurs when both partners are addressing the ego state the other is in. These are also called complementary transactions.

A: "Have you been able to write the report?" (Adult to Adult)

B: "Yes - I'm about to email it to you." (Adult to Adult)

A: "Would you like to skip this meeting and go watch a film with me instead?"

(Child to Child)

B: "I'd love to - I don't want to work anymore, what should we go and see?"

(Child to Child)

A: "You should have your room tidy by now!" (Parent to Child)

B: "Will you stop hassling me? I'll do it eventually!" (Child to Parent).

Crossed Transactions

Communication failures are typically caused by a 'crossed transaction' where partners address ego states other than that their partner is in. For example:

A: "Have you been able to write that report?" (Adult to Adult)

B: "Will you stop hassling me? I'll do it eventually!" (Child to Parent)

This is a crossed transaction likely to produce problems in the workplace.

For instance:

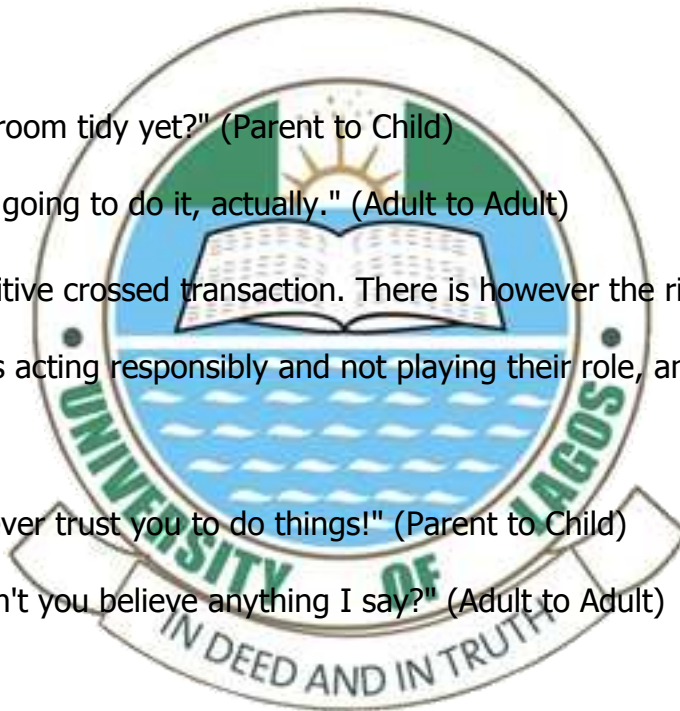
A: "Is your room tidy yet?" (Parent to Child)

B: "I'm just going to do it, actually." (Adult to Adult)

This is a more positive crossed transaction. There is however the risk that **A** will feel aggrieved that **B** is acting responsibly and not playing their role, and the conversation will develop into:

A: "I can never trust you to do things!" (Parent to Child)

B: "Why don't you believe anything I say?" (Adult to Adult)



Duplex or Covert transactions

Another class of transaction is the 'duplex' or 'covert' transactions, where the explicit social conversation occurs in parallel with an implicit psychological transaction. For instance:

A: "I need you to stay late at the office with me." (Adult words), body language indicates sexual intent (flirtatious Child)

B: "Of course." (Adult response to Adult statement), winking or grinning (Child accepts the hidden motive).

Phenomena behind the Transaction

Life positions

Life positions are basic beliefs about self and others, which are used to justify decisions and behaviour.

In TA theory, "Life Position" refers to the general feeling about life (specifically, the unconscious feeling, as opposed to a conscious philosophical position) that shapes every dyadic (person-to-person) transaction. "I'm OK - You're OK" is probably the best-known expression of the purpose of transactional analysis: to establish and reinforce the position that recognizes the value and worth of every person. Transactional analysts regard people as basically "OK" and thus capable of change, growth, and healthy interactions. There are four life Positions namely:

1. "I'm Not OK, You're OK" (I-U+)
2. "I'm Not OK, You're Not OK" (I-U-)
3. "I'm OK, You're Not OK" (I+U-)
4. "I'm OK, You're OK" (I+U+)

There are a number of ways of diagramming the life positions. Ernst (1971) drew the life positions in quadrants, which he called the OK Corral. It shows the effective and ineffective quadrants for communication and healthy relationship. Ernst used the term 'Corralogram' for this method of self-assessment using the OK Corral matrix.

The ok corral (Ernst, 1971)



Figure 2

Davidson (1999) writes about the three dimensional model of Okayness. All of the previous diagrams, talk as if there were only one other person in the equation, when in reality there are often more. For example, we find other people who we like and then we gossip and put other people down. We are therefore saying that we believe we are okay but those others are awful (underneath this there may be a belief that we are not okay either but we feel better by putting someone else down). In this way the two dimensional model of okayness that there are only two people involved, becomes three dimensional model where there can be three or more involved.

There is also the way in which we view life itself. If we consider that there is something wrong with us, and that others are not to be trusted and are not OK either, then the world would be a scary place and we are likely to experience life as

tough and believe we will only be all right if we keep alert and on the look out for danger and difficulties.

Life script

Berne (1966) proposed that dysfunctional behaviour is the result of self-limiting decisions made in childhood in the interest of survival. Such decisions culminate in what Berne called the "life script," the pre-conscious life plan that governs the way life is lived out. Changing the life script is the aim of transactional analysis psychotherapy. Replacing violent organizational or societal scripting with cooperative non-violent behaviour is the aim of transactional analysis.

Meaning of script:

- Script is a life plan, directed to a reward.
- Script is decisional and responsive; decided upon in childhood in response to perceptions of the world and as a means of living with and making sense of the world. It is not just thrust upon a person by external forces.
- Script is reinforced by parents (or other influential figures and experiences).
- Script is for the most part outside awareness.
- Script is how we navigate and what we look out for in the rest of reality is redefined (distorted) to match our filters.

Redefining and Discounting

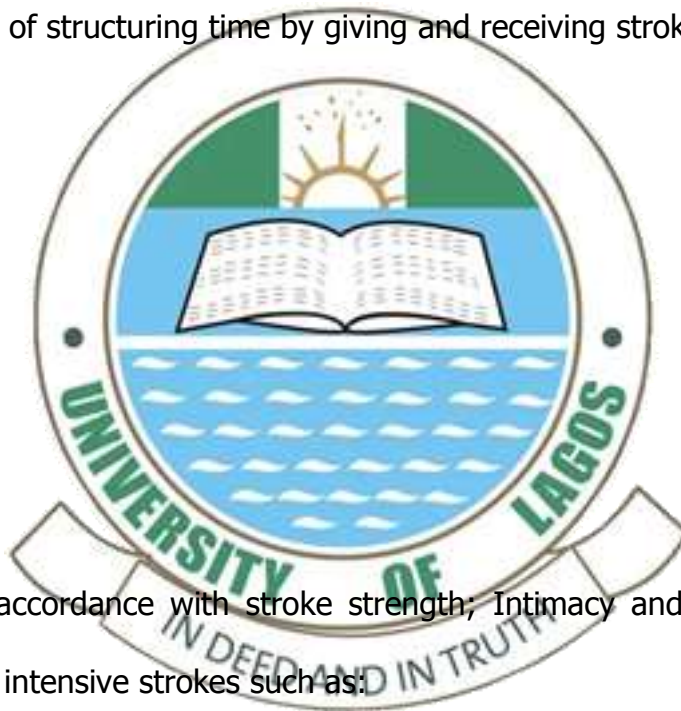
- Redefining means the distortion of reality when we deliberately (but unconsciously) distort things to match our preferred way of seeing the world. Thus a person whose script involves "struggling alone against a cold hard

world" may redefine others' kindness, concluding that others are trying to get something by manipulation.

- Discounting means to take something as worth less than it is. Thus to give a substitute reaction which does not originate as a here-and-now Adult attempt to solve the actual problem, or to choose not to see evidence that would contradict one's script. Types of discount can also include: passivity (doing nothing), over-adaptation, agitation, incapacitation, anger and violence.

There are six ways of structuring time by giving and receiving strokes:

1. Withdrawal
2. Ritual
3. Pastimes
4. Activity
5. Games
6. Intimacy



This is sorted in accordance with stroke strength; Intimacy and Games in general allow for the most intensive strokes such as:

Withdrawal

This means no strokes are being exchanged.

Rituals

A ritual is a series of transactions that are complementary (reciprocal), stereotyped and based on social programming. Rituals usually comprise a series of strokes exchanged between two parties.

For instance, two people may have a daily two stroke ritual, where, the first time they meet each day, each one greets the other with a "Hi". Others may have a four stroke ritual, such as:

A: Hi!

B: Hi! How are you?

A: Getting along. What about you?

B: Fine. See you around.

Some phenomena associated with daily rituals:

- If a person exchanges fewer strokes than expected, the other person may feel that he is either preoccupied or acting high and mighty.
- If a person exchanges more strokes than expected, the other person might wonder whether he is trying to butter him up or get on good terms for some vested interests.
- If two people do not meet for a long time, a backlog of strokes gets built up, so that the next time they meet, they may exchange a large number of strokes.

Pastimes

A pastime is a series of transactions that is complementary (reciprocal), semi-ritualistic, and is mainly intended as a time-structuring activity. Pastimes have no covert purpose and can usually be carried out only between people on the same wavelength. They are usually shallow and harmless.

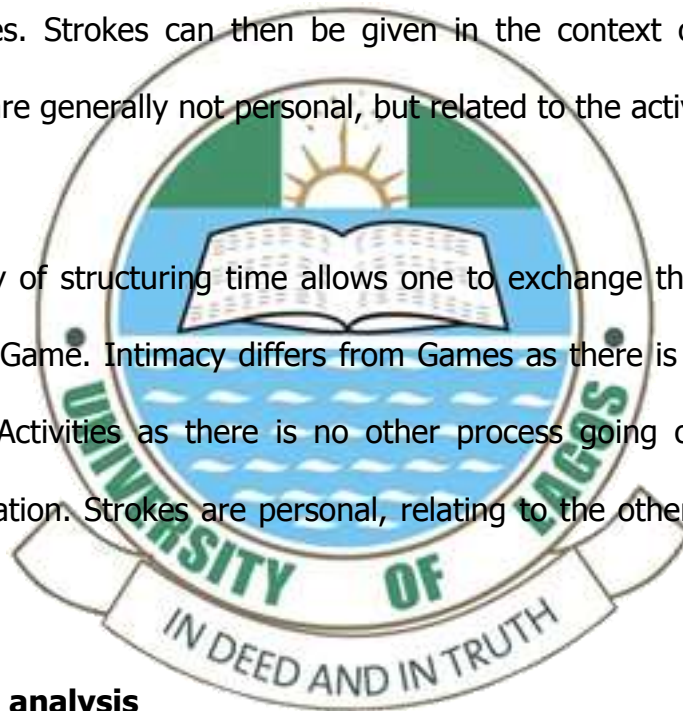
Individuals often partake in similar pastimes throughout their entire life, as pastimes are generally very much linked to one's life script and the games that one often plays. Some pastimes can even be understood as a reward for playing a certain game

Activities (Work)

Activities in this context mean the individuals work together for a common goal. This may be work, sports or something similar. In contrast to Pastimes, there is a meaningful purpose guiding the interactions, while Pastimes are just about exchanging strokes. Strokes can then be given in the context of the cooperation. Thus the strokes are generally not personal, but related to the activity.

Intimacy

Intimacy as a way of structuring time allows one to exchange the strongest strokes without playing a Game. Intimacy differs from Games as there is no covert purpose, and differs from Activities as there is no other process going on which defines a context of cooperation. Strokes are personal, relating to the other person, and often unconditional.



Games and their analysis

A game is a series of transactions that is complementary (reciprocal), ulterior, and proceeds towards a predictable outcome. Games are often characterized by a switch in roles of players towards the end. Games are usually played by Parent, Adult and Child ego states, and games usually have a fixed number of players; however, an individual's role can shift, and people can play multiple roles.

Berne(1966) identified dozens of games, noting that, regardless of when, where or by whom they were played, each game tended towards very similar structures in how many players or roles were involved, the rules of the game, and the game's goals.

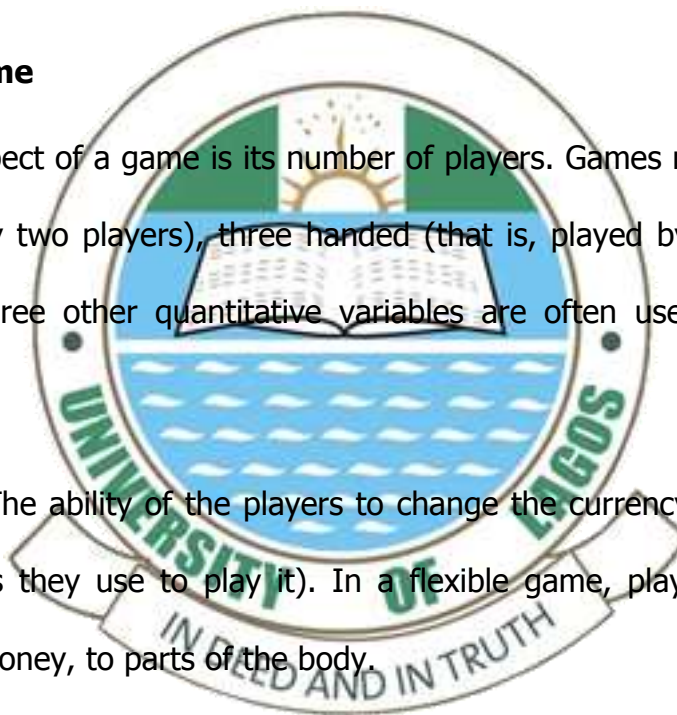
Each game has a payoff for those playing it, such as the aim of earning sympathy, satisfaction, vindication, or some other emotion that usually reinforces the life script.

The antithesis of a game, that is, the way to break it, lies in discovering how to deprive the actors of their payoff.

Analysis of a game

One important aspect of a game is its number of players. Games may be two handed (that is, played by two players), three handed (that is, played by three players), or many handed. Three other quantitative variables are often useful to consider for games:

- Flexibility: The ability of the players to change the currency of the game (that is, the tools they use to play it). In a flexible game, players may shift from words, to money, to parts of the body.
- Tenacity: The persistence with which people play and stick to their games and their resistance to breaking it.
- Intensity: Easy games are games played in a relaxed way. Hard games are games played in a tense and aggressive way.



Transactional Analysis Diagnosis

It is helpful to be able to assess or diagnose which ego state in the structural model, or which mode in the descriptive model, somebody is in. In this way we can respond appropriately as well as ensure which mode we are addressing.

However, when we work with other staff or are relating with young people, we are responding on the behavioural level. It is not always possible, or appropriate, to be undertaking more in-depth types of diagnosis. I have outlined them here though so that an understanding of the complexity of the process can be achieved.

Behavioural Diagnosis

Words, tone, tempo of speech, expressions, postures, gestures, breathing, and muscle tone provide clues for diagnosing ego states.

Parent mode words typically contain value judgments, Adult words are clear and definable, and Free Child mode words are direct and spontaneous. For example, a person in Adapted Child mode may cry silently, whereas when in Free Child mode we are likely to make a lot of noise. "You" or "one" usually come from Parent. This can switch even mid-sentence. If we are leaning forward it is likely we are in the posture of the Parent mode, whereas if we are in Adult mode we tend to be erect.

Social Diagnosis

Social diagnosis is the observation of the kinds of transactions a person is having with others. For example, if eliciting a response from someone's caretaking Parent, it is likely that the stimulus is coming from Child, though not necessarily the Adapted Child mode. Our own responses to someone will often be a way of assessing which ego state or mode they are coming from.

Historical Diagnosis

The person's past also provides important information. If, as a child we had feelings similar to those we are experiencing now, it is likely we are in Child ego state. If our mother or father behaved or talked in the same way that we are behaving or talking now then we are probably in a Parent ego state.

Phenomenological Diagnosis

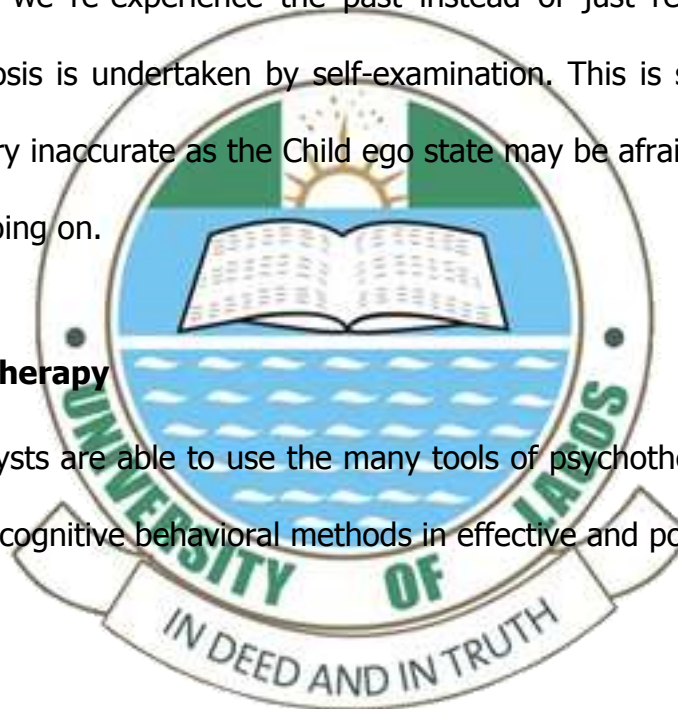
This occurs when we re-experience the past instead of just remembering it. This means that diagnosis is undertaken by self-examination. This is sometimes accurate and sometimes very inaccurate as the Child ego state may be afraid to allow our Adult to know what is going on.

Tools of Psychotherapy

Transactional analysts are able to use the many tools of psychotherapy, ranging from psychodynamic to cognitive behavioral methods in effective and potent ways such as:

Counselling

Counsellors who utilize transactional analysis work contractually on solving "here and now" problems. Counseling work focuses on creating productive problem solving behaviours. In using transactional analysis, counsellors establish an egalitarian, safe and mutually respectful working relationship with their clients. This working relationship provides tools clients can utilize in their day-to-day functions to improve the quality of their lives.



Educational

Transactional Analysis is a practical educational psychology that offers a way of transforming educational philosophy and principles into everyday practice. TA concepts provide a flexible and creative approach to understanding how people function and to the connections between human behaviour, learning and education. Teaching them to both teachers and students is a process of empowerment, enhancing effective methods of interaction and mutual recognition.

Educational TA is both preventive and restorative. TA concepts are developed and used with people of all ages and stages of development in their various social settings. The aim is to increase personal autonomy, to support people in developing their own personal and professional philosophies and to enable optimum psychological health and growth.

The key philosophical concepts that underpin Educational TA are:

- Effective educators offer empathic acceptance of all human beings as people, together with respect for their dignity. These qualities are at the heart of successful learning relationships.
- People at any age and stage can learn to take responsibility for their own decisions and actions.
- Educational difficulties can be addressed effectively with co-operative goodwill and a coherent theoretical framework that makes sense of the human dynamics involved.

TA can be used to address important issues in:

- initial and continuing teacher education

- institutional climate and culture
- developmental and educational needs
- self esteem building
- parent education
- student motivation
- staff morale and teacher well-being
- blocks to learning and teaching
- behaviour management

Above all, educational TA is invaluable in helping people to thrive and in promoting healthy and effective learning in a wide variety of contexts.

Organizational

Transactional Analysis is a powerful tool in the hands of organizational development specialists. Through presenting the basic concepts of transactional analysis and using it as the basic theory to undergird the objectives of their clients, organizational development specialists build a common strategy with which to address the particular needs of organizations and to build a functional relationship, as well as eliminate dysfunctional organizational behaviours.

2.15 Studies on Transactional Analysis Therapy

The forty-nine core concepts of Transactional Analysis developed by Berne (1961) have been divided into five theoretical and practical conceptual clusters namely:

1. The Stroke Cluster
2. The OK Cluster.

3. The Script and Games Cluster.
4. The Ego States and Transactions Cluster.
5. The Transactional Theory of Change Cluster (Steiner, 2002)

The Stroke Cluster

The concepts of strokes in Transactional Analysis refer to as contact, attachment, intimacy, warmth, tender loving care, need to belong, closeness, relationships, social support and love (Berne, 1966).

The procurement of strokes which is the need to belong is a fundamental human motivation, has been investigated by Buameister and Leary (1995) from which they conclude that the need to belong is a powerful, fundamental and extremely pervasive motivation.

Researchers agree that nurturing physical strokes are needed to maintain physical and psychological health and that there is pervasive relationship between stroking and health (Lynch, 1977). Spitz (1945) in a study on stroke cluster, established that in a founding home where the children are deprived of maternal care and affection, motor and intellectual types of development are markedly depressed, mortality is high and physical growth is retarded.

The concepts of OK position

The concepts of OK position in Transactional Analysis refer to as positive psychology, flow, human potential, resiliency, excellence, optimism, subjective well being, positive self-concept, as well as spontaneous healing, nature's helping hand, the healing power of the mind (Seligman and Csikszentmihalyi 2000).

Study carried out by Matlin and Stange (1978) shows that human beings strongly tend to be selectively positive in their language, thought, and memory and that people who are psychologically healthy show a higher level of positive bias. The research also indicates that people with a OK/OK attitude are likely to be healthier and live longer. In Transactional Analysis the OK position is also called the universal position because Berne (1961) assumed that "people are born OK" that is to say that people, in their innate state tend to be healthy, healing, and possess a benign expectation and trust of others. This position about self and others is either maintained or lost to a "Not OK" position about self, others or both.

Tiger (1979) shares the same view with Berne (1961) when he postulates that optimism has driven human evolution and is an innate adaptive characteristic of the species and a part of evolutionary developed survival mechanisms.

Researchers agree that the not OK position, unlike the OK position which is innate and primary has been related to depression, low self esteem and psychopathology because when the OK position is lost, it can be regained as it is innate, while the not OK position is tied to a script and therefore to the arbitrary narrative or schema on which people base their life (Berne, 1961; Tiger, 1979; Novey, 2002).

The concepts of life scripts

The concepts of life scripts in Transactional Analysis refer to script decisions and re-decisions which are represented in the wider psychological culture by the concepts of narratives, maladaptive schema, self-narratives, story schema, story grammars, personal myths, personal event memories, self-defining memories, narrative

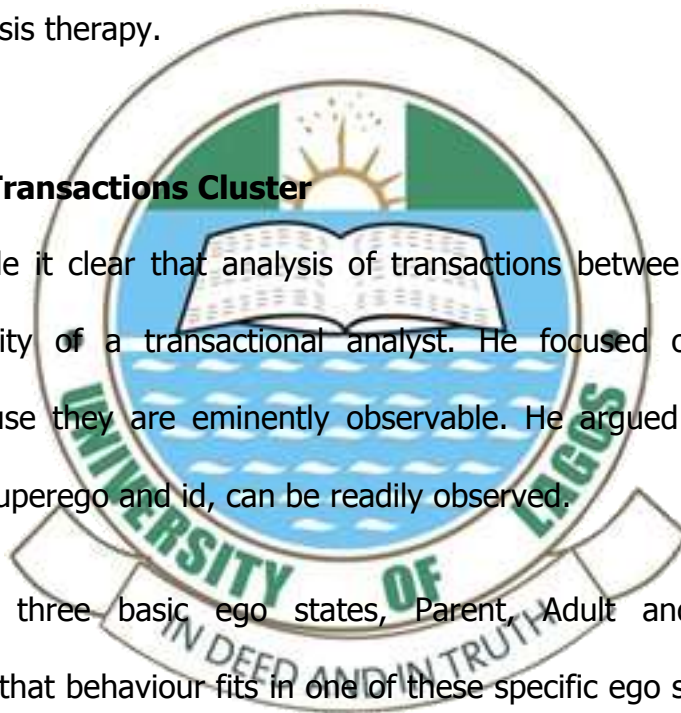
complexity, core self-beliefs, self-concept, highlighting life stories, myths, plots, episodes, characters and so on.

According to Young (1999) schema are deep cognitive structures that enable an individual to interpret his or her experiences in a meaningful way and because schema are formed in response to life experiences over a lifetime, they can be restructured through a systematic and realistic review of the evidence from these experiences that supports the negative schema and evidence that does not support them through transactional analysis therapy.

Ego States and Transactions Cluster

Berne (1972) made it clear that analysis of transactions between ego states is the fundamental activity of a transactional analyst. He focused on ego states and transactions because they are eminently observable. He argued that ego states in particular, unlike superego and id, can be readily observed.

Berne postulated three basic ego states, Parent, Adult and Child. However, researchers agree that behaviour fits in one of these specific ego states. This tends to support the notion that ego states are credible phenomena which may be permanently retained and the concept of transactions is self-evident and if people transact socially it would follow that they will transact between specific ego states. They believe that psychological reality is based on complete and discrete ego states (Berne, 1961; Dusay, 1972; Rowan, 1999; Shapiro, 2001).



The Transactional Theory of Change Cluster

Berne (1961) designed Transactional Analysis as a contractual, cognitive (Adult centered), behavioural (transactional) group therapy. The premise was that if people became aware of their transactional behaviour, in particular their games and the underlying script, they would, by the application of Adult (ego state) control be able to modify their lives in a positive direction. Consequently, a very important therapeutic function was to make provision for changing behaviour and to sustain the change against social and internal pressures to maintain the status quo. The implications of the transaction are allied to the concepts of guidance, problem solving, treatment strategies and interventions while protection is allied to the concepts of support, empathy and secure base.

Transactional Analysis has shown its efficacy on the improvement of the level of conflict experienced by educated stay-at-home mothers. It has made them to be able to understand more clearly the practice of effective communication and interpersonal relationship and by virtue of this knowledge, give them choices of what ego states to adopt, which signals to send, and where to send them, thereby enable them to make, create, develop and maintain better relationships which in turn will improve their level of family commitment.

SUMMARY

Literature has been reviewed on the management of family commitment and maternal conflict such as loss in terms of self-esteem, effective family relationship, identity and financial independence experienced by educated stay-at-home mothers. The aim is to have an in-depth knowledge of the concepts of education, women education in

Nigeria, women empowerment, commitment, conflict and factors relating to staying-at-home such as reasons, benefits and consequences of staying at home. Again, the interaction effects among these factors and how they influence the levels of commitment and conflict associated with staying at home by these educated mothers were looked at. Strategies on what could be done in order to minimize their level of conflict thereby improving their level of commitment to the family and the society at large.

Based on the findings of this study, it could be inferred that the levels of conflict these mothers go through affect them and their level of commitment to their children, husbands and the society at large negatively. It is based on the fact that there are roles which these mothers play in their families which can make or marr the families and the society at large because a good society is made up of good family units and the family is the first agent of socialization for every individual. Reality Therapy and Transactional Analysis therapy were used to assist in ameliorating these conflicts. Hence, the educated stay-at-home mothers equipped with the knowledge of RT and TA can adapt and face the challenges of staying at home as well as live fulfilled and healthy lives thereby improving their level of commitment to their families and the society at large.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the research design, study area, population, sample and sampling techniques, instrumentation, procedure for data collection, pilot study, validations of the instrument, treatment procedure and data analysis.

3.1 Research Design

The research design used for this study was quasi-experimental pre-test\post-test control group design. The design comprised three groups (Two treatments groups and one control group). One treatment group was exposed to Reality Therapy while the second group received Transactional Analysis Therapy. The control group did not receive any treatment. The term quasi-experimental design refers to the application of an experimental mode of analysis and interpretation to bodies of data not meeting the full requirements of experimental control (Campbell and Stanley, 1963). It is difficult to randomly assign subjects to treatment conditions in a natural setting because it is not possible to control the influence of extraneous variables through other techniques hence the use of quasi- experimental design so as to tease out the influence of the treatment condition.

3.3.1 Dependent Variables

Family commitment and maternal conflict experienced by educated stay-at-home mothers.

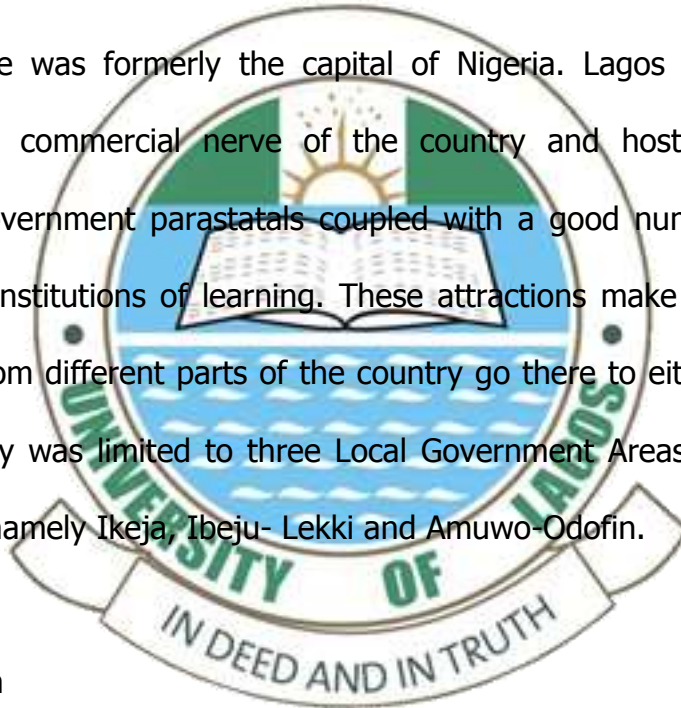
3.3.2 Independent Variables

Self esteem, family relationship,

Age, reality therapy and transactional analysis therapy

3.2 Area of Study

The study was carried out in Lagos State of Nigeria. Lagos State is in the south-western part of Nigeria. She is bounded by Ogun State in the East and North, adjoins Atlantic Ocean in the south while she is bounded on the west by the Republic of Benin. Lagos State was formerly the capital of Nigeria. Lagos State was selected because it is the commercial nerve of the country and hosts many industries, companies and government parastatals coupled with a good number of Universities and other higher institutions of learning. These attractions make it highly populated because people from different parts of the country go there to either work, school or do both. The study was limited to three Local Government Areas randomly selected from Lagos State namely Ikeja, Ibeju- Lekki and Amuwo-Odofin.



3.3 Population

The target population for this study comprised all educated stay-at-home mothers in Lagos State. The participants were 30years and above with a minimum of first degree, married with at least one child younger than 10years old and stay at home full-time.

3.4 Sample and Sampling Procedure

Stratified random sampling method was employed for the selection of the three Local Government Areas used for the study. Stratified random sampling method was used for the selection of the two Private Nursery and Primary Schools from each of the three Local Government Areas selected for the study. Again, using stratified random sampling method a total of one hundred and fifty (150) participants comprising 75 working and 75 non-working mothers drawn from Parents Teachers Association (PTA) meetings of the two selected Private Nursery and primary Schools in each of the three Local Government Areas were used for the baseline assessment of the study. The sample comprised fifty participants from each of the three Local Government Areas in the ratio of twenty-five participants to each of the two selected schools in each of the three Local Government Areas. The participants were 30 years and above with a minimum of first degree, married with at least one child younger than 10 years old and stay at home full-time. Private Nursery and Primary schools were selected for getting the participants for the study because it has been observed that educated stay-at-home mothers take their children (who are 10 years and below) to and from Private Nursery and Primary schools.

The baseline assessment was done using Personal Data Questionnaire (PDQ), Family Commitment Questionnaire (FCQ), Maternal Conflict Questionnaire (MCQ), Index of Self Esteem (ISE) and Index of Family Relations (IFR). The maximum possible score was four hundred and twenty-six (426) and the minimum possible score was ninety-four (94). Thirty (30) educated stay-at-home mothers who scored 281 and above on the five (5) scales which was the cut-off point fixed by the researcher were deemed to

have high level of psychosocial conflicts and were selected for the management phase of the study. Five (5) participants from each of the two selected schools in each of the three local government areas were randomly assigned to treatment conditions and control group in the ratio of 10 participants for treatment 1, 10 participants for treatment 2 and 10 participants for control group.

3.5 Instrumentation

Five research instruments were used to obtain relevant data for this study. These were:

- i. Personal Data Questionnaire(PDQ)
- ii. Family Commitment Questionnaire (FCQ)
- iii. Maternal Conflict Questionnaire (MCQ)
- iv. Index of Self-Esteem (ISE)
- v. Index Of Family Relations (IFR)

3.5.1 Personal Data Questionnaire (PDQ)

The Personal data questionnaire was designed by the researcher to measure respondents' relevant biographical information such as age, academic qualification, occupation, marital status, number and ages of Children as well as other measures.

3.5.2 Family Commitment Questionnaire (FCQ)

The Family commitment questionnaire was developed by the researcher with the help of her supervisors. It is a 29-item inventory designed to find out the level of commitment which educated mothers have for their families. It was also a measure of the commitment associated with staying at home such as reasons, benefits and effects

of staying at home. The respondents indicated the degree to which they agree with the items along levels of Strongly agree, Agree, Disagree and Strongly disagree. The content validity was determined by researchers' supervisors. It has a 3 weeks test-retest reliability coefficient of 0.71.

Below are some samples of the items:

S/N	ITEM	SA	A	SD	D
1	Taking care of my family comes first in everything I do.				
2	It would not be fair to leave the children for house helps to take care of.				
3	I take time to arrange the home, and see to the children's home work no matter how tired I am.				
4.	Mothers should be there to set limits so as to help the children develop a sense of self control.				
5.	I think an involved mother means rethinking and re-arranging your priorities to suit your family.				

2.5.3 Maternal Conflict Questionnaire (MCQ)

This questionnaire was also developed by the researcher with the help of her supervisors. It is a 15-item inventory designed to find out the level of psycho-social conflicts such as low self-esteem, verbal abuse, guilt, anger, depression and loss in terms of identity and financial independence with other measures of conflicts associated with staying at home by educated stay-at-home mothers. The respondents indicated the degree to which they agree with the items along levels of strongly agree, Agree, Disagree and Strongly disagree. The content validity was determined by researchers' supervisors. It has a 2 weeks test-retest reliability coefficient of 0.68.

Below are some samples of the items:

S/No	ITEM	SA	A	SD	D
1	My husband made me to stay-at-home to take care of the children.				
2	I am ashamed of asking for every kobo I need from my husband.				
3	Sometimes I see my children as a burden.				
4.	My partner becomes very upset if dinner and house chores are not done when he thinks they should be.				
5.	My partner does not give me enough money to run our home.				

3.5.4 Index of Self Esteem (ISE)

The Index of Self-Esteem is a 25- item scale developed by Hudson (1982) to measure the degree and the severity of problems associated with an individual's self-esteem. It also deals with the self perceived views and other perceived views of the self held by a person. Self-esteem is regarded as the evaluative component of self concept. Self-esteem is most often central to the social and psychological difficulties experienced by most educated stay-at-home mothers because some of them feel shy and ashamed to introduce themselves especially when they meet classmates. Sometimes, uncomplimentary remarks, verbal abuses and derogatory name calling from husbands and other family members make them suffer low self-esteem. The instrument was useful because it helped in identifying educated stay-at-home mothers with low, moderate and high self-esteem.

Psychometric properties: Hudson (1982) provided the original psychometric properties for the American samples. Hudson (1982) obtained a co-efficient alpha of .93 and test-retest reliability coefficient of .92. It correlates well with measures such as depression, happiness, sense of identity and scores on generalised contentment scale.

Below are some samples of the items:

- 1 = Rarely or none of the time
 2 = A little of the time
 3 = Some of the time
 4 = A good part of the time
 5 = Most or all of the time.

S/N	ITEM	1	2	3	4	5
1	I feel that people will not like me if they really knew me well					
2	I feel that others get along better than I do					
3	I feel that I am beautiful person					
4.	When I am with others I feel they are glad I am with them					
5	I feel that people really like to talk to me					

Scoring of ISE

There is direct scoring and reverse scoring of the items for ISE

- (a) Direct scoring: add together the values of the number shaded in relevant items.

For example, if in items 6,7,8,9,10,11 the numbers shaded are: 3,2,5,4,1,2 respectively, the scores for the six items is $3+2+5+4+1+2=17$.

- (b) Reverse Scoring: change the values of the numbers from 1,2,3,4,5 to 5,4,3,2,1 respectively and add together the reverse values of the numbers shaded in the

relevant items. For example, if in items 13, 14, 15, 16, 17, 18 the numbers shaded are: 3, 2, 5, 4, 1, 2 respectively, the score for the items is $3+4+1+2+5+4=19$.

- (c) Direct scoring items: 1,2,8,9,10,11,12,13,16,17,19,20,24.
- (d) Reverse scoring items: 3,4,5,6,7,14,15,18,21,22,23,25.
- (e) Add together the result of the direct score and the reverse score items to obtain the overall score.
- (f) Subtract 25 from the overall score to obtain the participant's ISE score.

3.5.5 Index of Family Relations (IFR)

This is a 25 item instrument developed by Hudson (1982) to measure the problems of interpersonal relationship in the family. It deals with the extent, severity or magnitude of problems that family members have in their relationships with one another. IFR assesses family distress, discord and the impact of family disharmony on individual client.



Psychometric Properties of IFR: Hudson (1982) provided the psychometric properties for American samples with respect to IFR. Hudson (1982) reported a norm score of 30.0 among a group of 518 male and female Americans. Hudson (1982) reported an alpha reliability coefficient of .95.

Below are some samples of the items:

The numbers stand for:

- 1 = Rarely or none of the time
 2 = A little of the time
 3 = Some of the time
 4 = A good part of the time
 5 = Most or all of the time.

S/N	ITEM	1	2	3	4	5
1	The members of my family really care about each other					
2	I think my family is terrific					
3	My family gets on my nerves					
4.	I really enjoy my family					
5.	I can really depend on my family					

Scoring of IFR

There is direct scoring and reverse scoring of the items for IFR

- (a) Direct scoring: add together the values of the number shaded in relevant items.
 For example, if in items 6,7,8,9,10,11 the numbers shaded are: 3,2,5,4,1,2 respectively, the scores for the six items is $3+2+5+4+1+2=17$.
- (b) Reverse Scoring: change the values of the numbers from 1, 2, 3, 4, 5 to 5,4,3,2,1 respectively and add together the reverse values of the numbers shaded in the relevant items. For example, if in items 13, 14, 15, 16, 17, 18 the numbers shaded are: 3, 2, 5, 4, 1, 2 respectively, the score for the items is $3 + 4 + 1 + 2 + 5 + 4 = 19$.
- (c) Direct scoring items: 3, 6, 7, 9, 10, 11, 12, 13, 16, 19, 22, 24, 25.
- (d) Reverse scoring items: 1, 2, 4, 5, 8, 14, 15, 17, 18, 20, 21, 23.

- (e) Add together the result of the direct score and the reverse score items to obtain the overall score.
- (f) Subtract 25 from the overall score to obtain the participant's IFR score.

3.6 Pilot Study

A pilot study was carried out to determine the psychometric properties of the instruments such as reliability and validity of the instruments. Validity of the instruments was achieved by submitting the items to the supervisors who are experts in guidance and counselling as well as in measurement and evaluations for vetting. After corrections and modifications, the items were certified to be appropriate for the study. The process insured both face and content validity of the instruments used for the study. To establish the reliability, the instruments were administered to twenty educated working and non-working mothers randomly selected from Parents-Teachers Association (PTA) meetings of two selected Private Nursery and Primary Schools in Surulere Local Government Area which is not part of the main study area for the pilot study given a period of 3 weeks test-retest. Thereafter, the results of each respondent on the first and second tests were collected and Pearson Product Moment Correlation co-efficient formular was used to ascertain the reliability of the instruments. The result is presented in table 1 below:

Table 1: Test Re-Test Reliability Estimate of the Research Instruments

Variable	N	Test position	\bar{X}	SD	r_{tt}
Family commitment	20	1 st	47.58	9.24	0.71
		2 nd	75.99	11.86	
Maternal conflict	20	1 st	33.68	7.22	0.68
		2 nd	35.42	4.68	
Self esteem	20	1 st	49.87	6.30	0.65
		2 nd	51.35	9.42	
Family relationship	20	1 st	53.44	5.95	0.70
		2 nd	52.07	8.31	

The table shows that the test re-test reliability estimate observed ranged between $r = 0.65 - 0.71$. These r -values were deemed to be reasonably high due to the complexity in human behaviour being measured. Consequently, the instruments were accepted as being stable over time hence appropriate for use in this study.

3.7 Procedure for data collection and permission to conduct Research

A letter of introduction was obtained from the Department of Educational Foundations, University of Lagos, Akoka. With this letter, the researcher got permission from the selected schools that were used for the study. The researcher administered the instrument to 150 participants that constituted the initial sample for the study. She established rapport with the participants, explained the purpose of the research and assured them of the confidentiality of the exercise. The instructions on how to fill the questionnaires were read and explained to them.

3.8 Appointment and Training of Research Assistants

The researcher recruited two research assistants among the post graduate (Ph.D) students in the Department of Educational Foundations, University of Lagos, Akoka. The research assistants were trained on how to administer and score the instruments. This training lasted for two sessions of one hour each. The purpose and nature of the study were explained to the research assistants. The procedure for test administration and scoring of instruments was discussed. The research assistants were adequately mobilized for the work.

3.9 Treatment package: Procedure

This study was carried out in three (3) phases.

Phase 1: Pre-counselling assessment

Pre-counselling assessment instruments namely Personal Data Questionnaire (PDQ), Family Commitment Questionnaire (FCQ), Maternal Conflict Questionnaire (MCQ), Index of Self Esteem (ISE) and Index of Family Relations (IFR) were administered to the 150 participants comprising of both working and non-working mothers. It enabled the researcher to identify the educated stay-at-home mothers, the levels of family commitment and psycho-social problems experienced by these mothers. The baseline assessment was done using Personal Data Questionnaire (PDQ), Family Commitment Questionnaire (FCQ), Maternal Conflict Questionnaire (MCQ), Index of Self Esteem (ISE) and Index of Family Relations (IFR). The maximum possible score was four hundred and twenty-six (426) and the minimum possible score was ninety-four (94). Thirty (30) educated stay-at-home mothers who scored two hundred and eighty-one

(281) and above on the five (5) scales were deemed to have high level of psychosocial conflicts and were selected for the management phase of the study. 5 participants from each of the two selected schools in each of the three local government areas were randomly assigned to treatment conditions and control groups in the ratio of 10 participants for treatment 1, 10 participants for treatment 2 and 10 participants for control group.

Phase II: Treatment

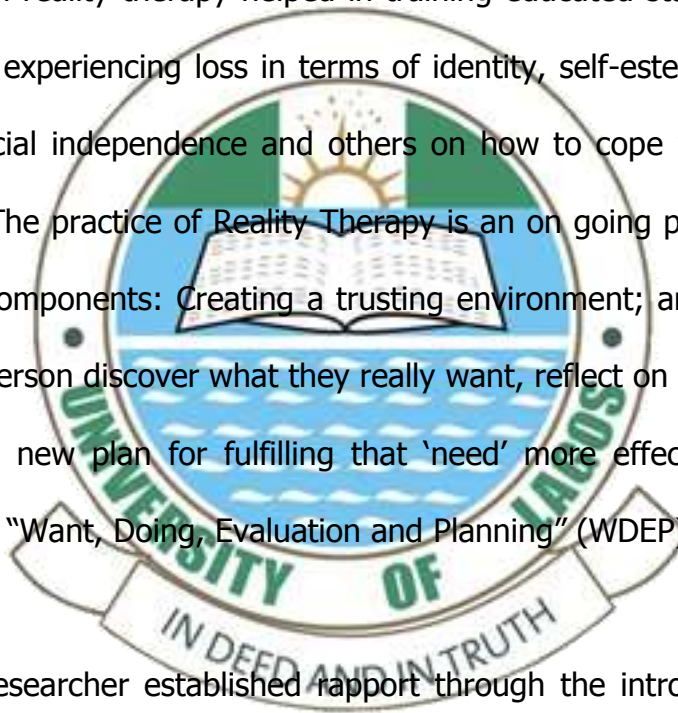
The treatments consist of Reality Therapy (RT) and Transactional Analysis (TA). The treatments were carried out over a period of five weeks. One week each was used for both the pre-test and post-test. Participants in the two treatment groups were exposed to two hours of counselling once per week for five consecutive weeks while the control group did not receive any treatment for the five weeks because they are the waiting group. However, they were revisited three weeks after the treatments were concluded and they were given Reality Therapy which was the treatment that worked better so that the control group can benefit from the research.

Phase III: Post Treatment Assessment

At the end of the treatment the research instruments were re-administered to both the treatment groups and control group so as to know the effects of the treatments on the participants.

Treatment I: Reality Therapy

The objective of the treatment was to help the participants acquire psychological skills they need in order to face the fact that they are staying at home by taking personal responsibility for their actions and behaviours thereby helping them to be positive, confident and courageous in facing the ensuing challenges of staying at home. Reality Therapy assisted them to develop strength to handle problems of life by becoming psychologically strong, rational and able to clarify goals for the present and future. The treatment with reality therapy helped in training educated stay-at-home mothers who were already experiencing loss in terms of identity, self-esteem, effective family relationship, financial independence and others on how to cope with the realities of staying at home. The practice of Reality Therapy is an on going process that is made up of two major components: Creating a trusting environment; and using techniques which will help a person discover what they really want, reflect on what they are doing now and create a new plan for fulfilling that 'need' more effectively in the future through the use of "Want, Doing, Evaluation and Planning" (WDEP) system.

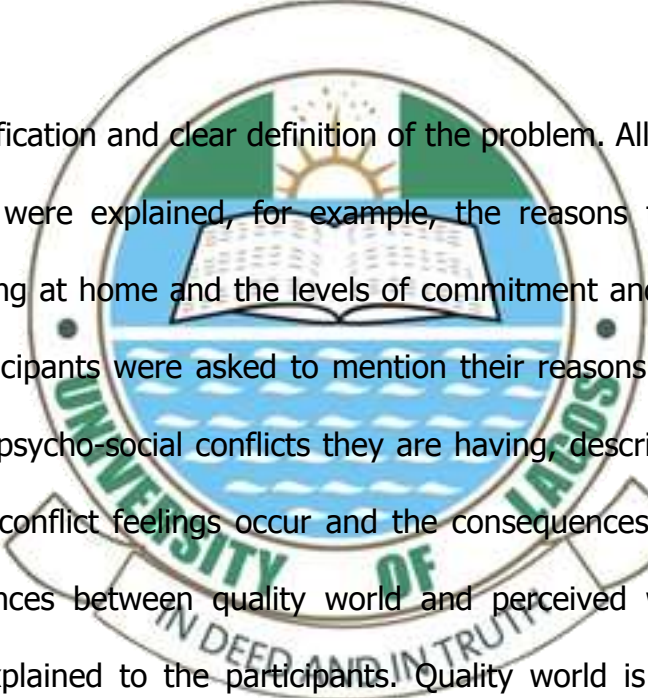


Session I: The researcher established rapport through the introduction of self and the participants. She explained to them the rationale, procedure and benefits of the training. The participants were assured of confidentiality. They were informed that love and self-worth are the two pathways that lead to successful identity desired by every individual. The five basic needs of Glasser which are love or belonging, achievement, freedom, fun and survival of the participants with choice of behaviour were explained to them. The main purpose of this session was to make participants find out how, when and where they feel satisfied with the five basic needs.

Participants were asked to cling to the belief that they can improve. They were taught the 10 axioms of choice theory.

Examples are:

1. The only person whose behaviour we can control is our own.
2. All we can give or get from other people is information. How we deal with the information is our choice.
3. All long-term psychological human problems are in essence relationship problems.

The logo of the University of Lagos is a circular emblem. It features a central sun rising over a body of water with a bridge. The text 'UNIVERSITY OF LAGOS' is written in a circle around the central image, and a banner at the bottom reads 'IN DEED AND IN TRUTH'.

Session II: Identification and clear definition of the problem. All the concepts relating to their problems were explained, for example, the reasons for staying at home, challenges of staying at home and the levels of commitment and conflict experienced by them. The participants were asked to mention their reasons for staying at home, state the types of psycho-social conflicts they are having, describe the circumstances under which such conflict feelings occur and the consequences of such feelings on them. The differences between quality world and perceived world with choice of behaviour were explained to the participants. Quality world is made up of specific pictures that portray, more than anything else we know and it is the best way to satisfy one or more of our basic needs (Glasser, 1998). The participants were asked to draw mental picture albums and to consider whether those were attainable or not. They were taught how they could become more satisfied in striking a balance between quality world and perceived world. Role-play of the identified problems was practiced by the participants.

Session III: Group counselling session on how to cope with staying-at-home so as to prevent or minimise the level of conflict associated with it. The participants were made to learn Glasser's 'Total behaviour car' which consists of four components: acting, thinking, feeling and the physiology associated with all our actions, thoughts and feelings. Participants were informed that behaviour is composed of actions, thinking and feelings which are inseparable, thus, the way they act and think affect their feelings and their physiology. The participants were taught to take more effective control of their life through choosing total behaviour. For instance, the researcher identified some participants who were having low self-esteem, feeling of inferiority or loss of identity. They were helped to refocus their actions and thinking which they can control so that they can minimise the level of conflict they go through, improve their well being and their level of family commitment.

Session IV: Group counselling session on how to make a choice of effective behaviour through self evaluation, which is the core of reality therapy. Here the greatest emphasis is applied in the counselling process (Wubbolding, 1990) with the help of WDEP (Want, Doing, Evaluation, and Planning). They were asked to make a searching evaluation of their own specific behaviour to know if what they are doing is helping or hurting them. It was emphasized that they should make plans so as not to interfere with others' desires. Through discussions they were assisted to practice the new learned behaviour by making a plan of action through staying away from actions that may cause low self-esteem, among others. Participants expressed the positive behaviour as a result of what they had learned, and how they perceived their future.

It was more of time management session. They were counselled on how to use their time well in terms of leisure, boredom, loneliness, hobbies and personal relationships.

Session V: Training on developing positive view towards staying-at-home was done. Here the participants were counselled on how to have a high self-esteem while staying at home because it will help to redirect their goals towards maintaining good family and interpersonal relationship. The therapist summarised and refreshed their memories on all areas touched during the group counselling programme.

Treatment II: Transactional Analysis Therapy

The objective of the treatment was to enable the educated stay-at-home mothers understand their positions in relation to their feelings about self and others with respect to how they relate to them structurally and dynamically. It will equip them with skills that will help them in improving their communication and inter-personal interactions through autonomous collecting and processing of data and estimating of probabilities such that the person is not emotional or judgemental but simply works with facts and external realities.

The use of transactional analysis helped educated stay-at-home mothers to understand that people develop deterministic relational skills that in turn influence interpersonal relationship through the elimination of dysfunctional behaviours; establishment and reinforcement of positive relationship styles and having healthy functioning by reducing their level of conflicts.



Session I: The researcher established rapport with the participants through the introduction of self and participants. Establishment of rapport is very essential for effective counselling to occur. Participants were assured of confidentiality and were asked to feel safe to discuss their inner worlds, thoughts, feelings and actions without fear, criticism or blame. The researcher discussed the goals of the research with them which is to make them to change their perception and have effective interpersonal relationship.

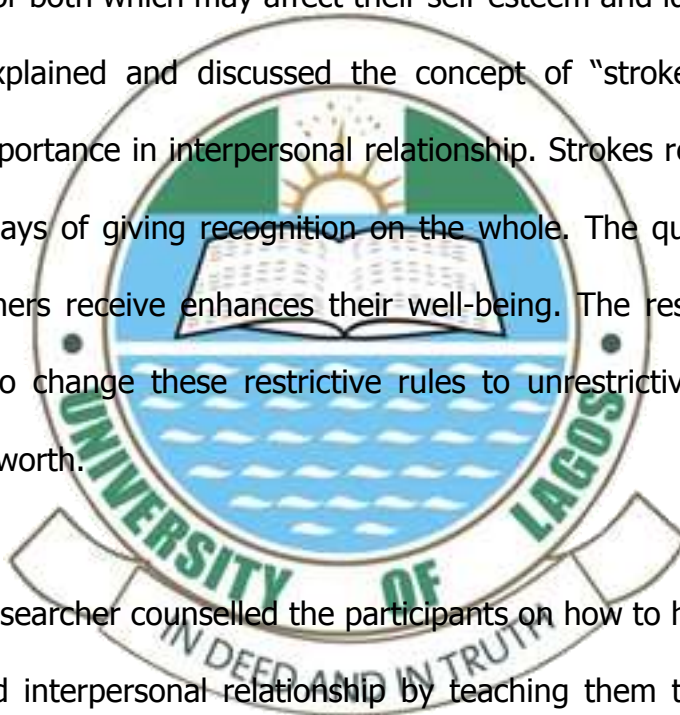
Session II: The researcher introduced the participants to the concepts of ego states: Child, Parent and Adult, that is how they were made up and how they should relate with others. The researcher explained how the different ego states affect perception and interpersonal relationship. The participants were encouraged to operate daily in the Adult stage which does not relate to a person's age so that the past does not negatively influence them. They were taught to be concerned with autonomous collecting and processing of data and elimination of probabilities of being emotional or judgemental but rather work with facts and external reality.

Session III: The researcher taught the participants how to recognise which ego state they might be functioning at any given time. She taught them how a person could contaminate the adult ego state, for example, when one talks as if something is a fact when actually it was a belief. The researcher gave various contaminations that can come from self, friends and family perspectives and how they mar interpersonal relationships and future growth.

Session IV: This session focused on how the participants could improve on their interpersonal relationship and perception of self. They were encouraged to talk clearly, listen attentively and emphatically clarify issues before talking, agreeing or disagreeing with some sayings or before taking exception to what someone says. The researcher counselled them to perceive self positively so as to be psychologically healthy. Berne called this "being ok". The researcher also made them know that the position of "being ok" about self and others is sometimes lost to a position of "not being ok" about self, others or both which may affect their self-esteem and identity.

The researcher explained and discussed the concept of "strokes" in transactional analysis and its importance in interpersonal relationship. Strokes refer to compliments and the general ways of giving recognition on the whole. The quality of strokes the stay-at-home mothers receive enhances their well-being. The researcher taught the participants how to change these restrictive rules to unrestrictive ones in order to enhance their self worth.

Session V: The researcher counselled the participants on how to handle challenges of self evaluation and interpersonal relationship by teaching them the healthy position and letting them know that the situation they are into is no ones fault and that blame is not the issue rather what matters most is how to move forward and work things out. The researcher reviewed the different concepts discussed earlier and clarified issues raised by the participants.



The control group: This group was not given any treatment for the five consecutive weeks other groups were being treated because they were the waiting group. However, they were revisited three weeks after the treatments were concluded and they were given Reality Therapy which was the treatment that worked better so that the control group can benefit from the research.



CHAPTER FOUR

RESULT OF DATA ANALYSIS

4.0 Introduction

This chapter presents the results obtained from various statistical analysis carried out in the study. Eight null hypotheses were formulated to guide the study. The data collected from the various instruments were tested using descriptive statistics such as mean scores and standard deviations while inferential statistics such as Fisher's protected t-test was used for pair-wise comparison of group means appropriate for each hypothesis. Hypotheses 1, 2, 3, 4, 7, and 8 were tested using Analysis of Covariance (ANCOVA), while one-way Analysis of Variance (ANOVA) was employed for hypotheses 5 and 6. All the hypotheses were tested at 0.05 level of significance. The results obtained from the various statistical analysis carried out are presented below.

4.1 Test of Hypotheses

Hypothesis one

Hypothesis one stated that there is no significant difference in the post-test level of conflict experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control groups. The hypothesis was tested using analysis of covariance (ANCOVA) and the result of the analysis is presented in tables 2 and 3 below.

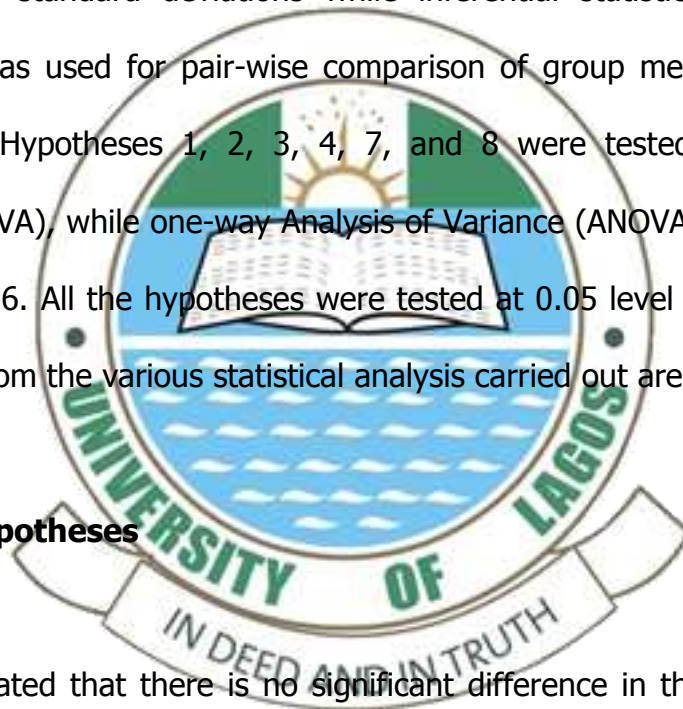


Table 2: Descriptive Data on Pre and Post Test Scores on Levels of Maternal Conflict across the Three Experimental Conditions

Group	Pre-test			Post-test		
	N	\bar{X}	SD	\bar{X}	SD	MD
Reality therapy	10	37.62	4.36	26.75	6.59	10.87
Transactional analysis	10	36.18	6.05	29.13	4.27	6.05
Control	10	36.43	5.28	35.74	4.96	0.69

Table 2 shows that reality therapy group had a post test mean score difference of 10.87 on levels of conflict while participants exposed to transactional analysis had a post test mean difference of 6.05 on level of conflict whereas the control group had the least post test mean score difference of 0.69 on level of conflict.

To determine whether significant differences existed in levels of maternal conflict due to experimental conditions, analysis of covariance statistics (ANCOVA) was done. The result is as presented in Table 3.

Table 3: Analysis of Covariance on Levels of Maternal Conflict across the Three Experimental Groups Using the Pretest as Covariate

Sources of variation	Sum of squares	Degree of freedom	Mean square	F – value
Main	508.37	4	127.09	3.82
Model	357.32	3	119.17	3.58
Exp. Groups	226.24	2	113.12	3.40*
Within groups	898.29	27	33.27	
Total	1990.22	29		

*Significant at 0.05; df = 2 & 27; critical F = 3.35

Table 3 shows that a calculated F-value of 3.40 resulted as the difference in maternal conflict due to experimental conditions. This calculated F- value of 3.40 is significant since it is greater than the critical F – value of 3.35 given 2 and 27 degrees of freedom at 0.05 levels of significance. This means that there is a significant difference in maternal conflict experienced by participants in the three experimental groups.

Based on the significant F-value obtained, further analysis of data was done using Fisher's Least Square method to do a pair-wise comparison of the group means to determine which group differ from the other on maternal conflict and the trend of the difference. The result of the analysis is as presented in Table 4.

Table 4: Fisher's Least Square method on difference in maternal conflict across experimental conditions



Group	Reality therapy n=10	Transaction analysis n=10	Control n=10
Reality	26.75	- 0.92	- 3.49
Transactional analysis	-2.38	29.13	-2.56
Control	-8.99	-6.51	35.74

a= group means are in the diagonal; difference in group means are below the diagonal while protected t-values are above the diagonal.

* Significant at 0.05

From Table 4, the pair-wise comparison of group means show that no significant difference in maternal conflict existed between participants exposed to reality therapy and those exposed to transactional analysis ($t = 0.92$; $df = 18$; critical $t = 2.00$; $p >$

0.05). However participants exposed to reality therapy significantly exhibited lower maternal conflict than those in the control group ($t = 3.49$; $df = 18$; critical $t = 2.00$; $p < 0.05$). Similarly participants exposed to transactional analysis treatment significantly exhibited lower maternal conflict than those in control group ($t = 2.56$; $df = 18$; critical $t = 2.00$; $p < 0.05$). The null hypothesis was rejected.

Hypothesis two

Hypothesis two stated that there is no significant difference in the post-test level of commitment experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control group.

The hypothesis was tested using Analysis of Covariance (ANCOVA) statistics. The result of the analysis is presented in Tables 5 and 6.

Table 5: Descriptive Data of Pre and Post Test scores on Family Commitment across Three Experimental Conditions

Group	Pre-test			Post-test		
	N	\bar{X}	SD	\bar{X}	SD	MD
Reality therapy	10	74.64	7.85	79.85	8.13	-5.22
Transactional analysis	10	72.81	9.43	77.64	10.12	-4.83
Control	10	73.19	5.66	74.58	6.47	-1.39

Table 4 show that participants exposed to reality therapy had the highest post-test mean difference score of -5.22 on family commitment, followed by those exposed to transactional analysis with a post test mean difference of -4.83 while the control group had the lowest mean difference of -1.39.

To determine whether a significant difference in family commitment exists due to experimental conditions, an Analysis of Covariance statistics was done. The result of the analysis is as presented in Table 6.

Table 6: Analysis of Covariance on Difference in Family Commitment due to Experimental Condition

Sources of variation	Sum of squares	Degree of freedom	Mean square	F – value
Main effect	318.56	4	79.64	2.50
Model	211.74	3	70.58	2.21
Exp. groups	126.58	2	63.29	1.99
Within groups	860.76	27	31.88	
Total	1517.64	29		

Not Significant at 0.05; df = 2 and 27; critical F = 3.35

Table 6 shows that a calculated F-value of 1.99 resulted as the difference in family commitment due to experimental conditions. This calculated F- value of 1.99 is not significant since it is less than the critical F- value of 3.55 given 2 and 27 degree of freedom at 0.05 level of significance. This led to the acceptance of the null hypothesis which stated that there is no significant difference in post test score on level of family commitment among stay-at-home mothers exposed to different experimental conditions.

Hypothesis Three

Hypothesis three stated that there is no significant difference in the post-test level of self-esteem experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatment and control group.

The hypothesis was tested using analysis of covariance (ANCOVA) technique. The result of the analysis is as presented in Tables 7, 8 and 9 below.

Table 7: Descriptive Data on Pre and Post Test Scores on Self-Esteem Across Experimental Groups

Group	Pre-test			Post-test		
	N	\bar{X}	SD	\bar{X}	SD	MD
Reality therapy	10	67.86	5.33	76.9	7.24	-9.04
Transactional analysis	10	68.59	7.20	73.66	5.73	-5.07
Control	10	67.23	6.38	68.85	8.05	-1.62

Table 7 shows that participants exposed to reality therapy had the highest mean difference of -9.05, followed by those exposed to transactional analysis treatment with a mean difference of -5.07. The control group had the lowest mean difference of -1.62 on self-esteem.

To determine whether significant differences in self-esteem existed across the experimental conditions, analysis of covariance statistics was used to analyze the data. The result of the analysis is presented in Table 8.

Table 8: Analysis of Covariance on Difference in Self-Esteem among the Three Experimental Groups using Pre-test Self-Esteem as Covariate

Sources of variation	Sum of squares	Degree of freedom	Mean of square	F – value
Main effect	877.84	4	219.46	3.81
Model	615.96	3	205.32	3.57
Exp. Groups	398.76	2	199.38	3.46*
Within groups	1555.20	27	57.60	
Total	3447.76	29		

*Significant at 0.05; df = 2 and 27; critical F = 3.35

Table 8 shows that a calculated F – value of 3.46 resulted as the difference in self-esteem due to experimental conditions. This calculated F –value of 3.46 is significant since it is greater than the critical F-value of 3.35 given 2 and 27 degrees of freedom at 0.05 level of significance. This led to the rejection of the null hypothesis which stated that there is no significant difference in self-esteem of stay-at-home mothers exposed to reality therapy, transactional analysis treatment and control group.

Based on the significant F – value obtained, further analysis of data was done using Fisher's protected t-test to do a pair-wise comparison of the group means to determine which group differed from the other on self-esteem and the trend of the difference. The result of the analysis is as presented in Table 9.

Table 9: Protected t-test on Difference in Self-Esteem Across experimental conditions

Group	Reality therapy n=10	Trans. analysis n=10	Control n=10
Reality therapy	76.91a	2.15	5.83
Transactional analysis	3.25	73.66a	3.69
Control	8.86	5.61	68.05a

a= group means are in the diagonal; difference in group means are below the diagonal while protected t-values are above the diagonal.

* Significant at 0.05 level of significance.

Table 9 shows that stay-at-home mothers exposed to reality therapy significantly demonstrated higher self-esteem than either those exposed to transactional analysis treatment ($t=2.15$, $df=18$; critical $t=2.00$; $p < 0.05$) or those in the control group ($t=5.83$; $df=18$; critical $t=2.00$; $p < 0.05$) respectively.

Similarly stay-at-home mothers exposed to transactional analysis significantly demonstrated higher self-esteem than those in the control group ($t=3.69$; $df=18$; critical $t=2.00$ $p < 0.05$). The null hypothesis was rejected.

Hypothesis four

Hypothesis four stated that there is no significant difference in post-test score on level of family relationship experienced by stay-at-home mothers in the experimental and control groups.

The hypothesis was tested using analysis of covariance statistics. The result of the analysis is as presented in Tables 10 and 11.

Table 10: Descriptive Data on Difference in Family Relationship across Experimental Conditions

Group	Pre-test			Post-test		
	N	\bar{X}	SD	\bar{X}	SD	MD
Reality therapy	10	60.45	7.03	66.41	5.93	-5.96
Transactional analysis	10	62.59	4.68	65.36	8.11	-2.77
Control	10	61.99	5.16	64.23	6.35	-2.24

Table 10 shows that stay-at-home mothers exposed to reality therapy had the highest mean difference of -5.96, followed by those exposed to transactional analysis with a mean difference of -2.77. The control group had the lowest mean difference of -2.24.

To determine whether significant difference in family relationship existed due to experimental conditions, the analysis of covariance (ANCOVA) statistics was used to analyse the data. This result is as presented in Table 11 below.

Table 11: Analysis of Covariance on Difference on Family Relations Due to Experimental Conditions

Sources of variation	Sum of squares	Degree of freedom	Mean square	F – value
Main effect	408.76	4	102.19	2.91
Model	292.95	3	97.65	2.78
Exp. Condition	180.92	2	90.46	2.58
Within groups	948.51	27	35.13	
Total	1830.46	29		

Not significant at 0.05; df = 2 and 27; critical F= 3.35

Table 11 shows that a calculated F-value of 2.58 resulted as the difference in family relationship due to experimental conditions. This calculated F-value of 2.58 is not significant since it is less than the critical F-value of 3.35 given 2 and 27 degrees of freedom at 0.05 level of significance. This led to the acceptance of the null hypothesis which stated that there is no significant difference in family relationship experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatment and the control group.

Hypothesis five

Hypothesis five stated that there is no significant influence of family commitment on the level of maternal conflict experienced by educated stay-at-home mothers.

The hypothesis was tested using one-way analysis of variance (ANOVA) statistics. The result of the analysis is as presented in Tables 12, 13, and 14.

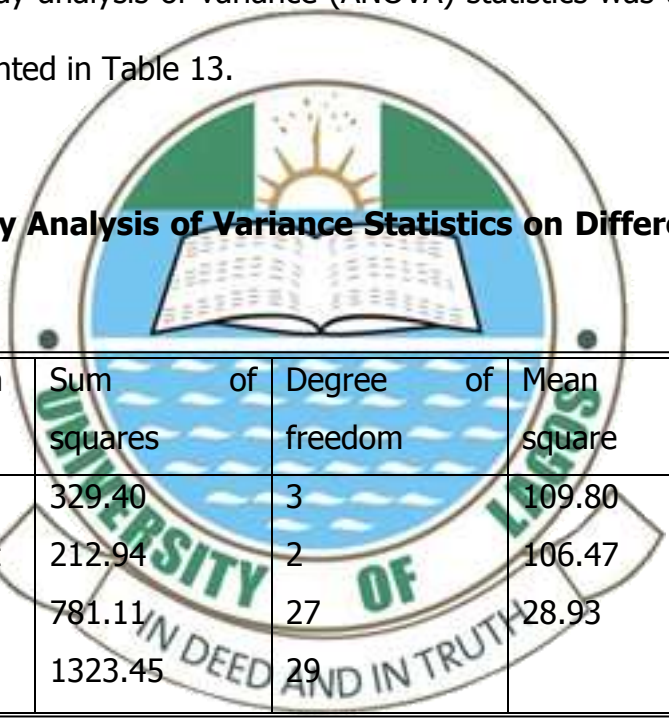
Table 12: Descriptive Data on Difference in Levels of Conflict Due to Family Commitment

Commitment	N	\bar{X}	SD
High	10	30.99	7.59
Moderate	7	32.76	6.82
Low	13	39.64	8.49

Table 12 shows that stay-at-home mothers with high family commitment had the lowest level of marital conflict with mean score of 30.99; followed by those with moderate level of family commitment ($x = 32.76$) whereas those with low level of family commitment had the highest score on marital conflict with a mean score of 39.64.

To determine whether significant differences in marital conflict existed due to family commitment, one way analysis of variance (ANOVA) statistics was used. The result of the analysis is presented in Table 13.

Table 13: One Way Analysis of Variance Statistics on Difference in Maternal Conflict



Sources of variation	Sum of squares	Degree of freedom	Mean square	F – value
Model	329.40	3	109.80	3.80
Family commitment	212.94	2	106.47	3.68*
Within group	781.11	27	28.93	
Total	1323.45	29		

Significant at 0.05; $df = 2$ and 27 ; critical $F = 3.35$

Table 13 shows that a calculated F-value of 3.68 resulted as the difference in level of maternal conflict due to level of family commitment experienced by educated stay-at-home mothers. This calculated F-value of 3.68 is significant since it is greater than the critical F – value of 3.35 given 2 and 27 degrees of freedom at 0.05 level of significance. Consequently the null hypothesis was rejected.

Based on the significant F-value obtained, further analysis of data was done using fisher's protected t-test to determine which group differed from the other on level of maternal conflict and the trend of the difference. The pair wise comparison of group means is as reported in Table 14 below.

Table 14: Fisher's Protected t-test on Difference in Maternal Conflict Due to Family Commitment

Commitment	High n=10	Moderate n=7	Low n=13
High	30.58 ^a	-0.82	-4.01*
Moderate	-2.18	32.76 ^a	-2.73*
Low	-9.06	-6.88	39.64 ^a

a = group means are in the diagonal; difference in group means are below the diagonal while protected t-values are above the diagonal

* Significant at 0.05 level of significance.

Table 14 shows that stay-at-home mothers with high family commitment do not significantly differ in maternal conflict from those with moderate family commitment ($t=0.82$; $df=8$; critical $t=2.31$; $p > 0.05$). However stay-at-home mothers with high family commitment significantly have lower maternal conflict than those with low family commitment ($t=4.01$; $df=21$; critical $t=2.08$; $p < 0.05$). Similarly stay-at-home mothers with moderate family commitment significantly have lower level of maternal conflict than those with low family commitment ($t = 2.73$; $df = 18$; critical $t = 2.10$; $p < 0.05$). Consequently the null hypothesis was rejected.

Hypothesis Six

Hypothesis six stated that there is no significant difference in self-esteem due to family relationships experienced by educated stay-at-home mother and their working counterparts. To test the hypothesis, two-way analysis of variance (ANOVA) statistics was used. The result of the analysis is as presented in Tables 15, 16 and 17 below.

Table 15: Descriptive Data on Influence of Work Status and Family Relationship on Self-Esteem

Status	Family relationship	N	\bar{X}	SD
Non-working	High	34	67.48	9.42
	Moderate	21	62.55	7.06
	Low	20	61.44	6.29
	Total	75	64.24	9.87
Working	High	29	70.88	5.97
	Moderate	23	66.74	7.03
	Low	14	64.92	5.38
	Total	66	68.17	8.69

Table 15 shows that educated working mothers had a higher mean score of 68.17 and standard deviation of 8.69 as against the non-working mothers with a mean score of 64.24 and standard deviation of 9.87. It could also be inferred that working mothers who displayed high level of family relationship had higher mean scores of 69.05 and standard deviation of 8.69 on self-esteem, followed by those who displayed moderate family relationship with a mean score of 64.48 and standard deviation of 5.26 while those who displayed low family relationship had the least self-esteem score of 62.76 and standard deviation of 7.15.

To determine whether significant difference in self-esteem due to working status and family relationship exist, the 2-way analysis of variance statistics was used. The result of the analysis is presented in Table 16.

Table 16: 2-Way Analysis of Variance on Influence of Working Status and Family Relationship on Self-Esteem of Married Mothers

Sources of variation	Sum of squares	Degree of freedom	Mean of square	F- value
Model	612.72	4	153.18	4.28
Status	143.88	1	143.88	4.02*
Family relation	107.72	1	137.08	3.83*
Status/family relation	40.36	1	40.36	1.13
Within group	5189.55	145	35.79	
Total	6328.02	149		

Significant at 0.05; df = 1, 2 and 145; critical F = 3.35 and 3.05 respectively

Table 16 shows that a calculated F-value of 4.02 resulted as the difference in self-esteem due to working status of these mothers. This calculated F – value is significant since it is greater than the critical F-value of 3.82 given 1 and 145 degrees of freedom at 0.05 level of significance. This means that educated working mothers significantly exhibited higher self-esteem than their non-working counterparts.

Table 16 also shows that a calculated F-value of 3.83 resulted as the influence of family relationship on self-esteem. This calculated F- value of 3.83 is significant since it is greater than the critical F-value of 3.05 given 2 and 145 degrees of freedom at 0.05 level of significance. The null hypothesis was therefore rejected.

Based on the significant F-value obtained, further analysis of data was called for, so as to determine which group differs from the other on self-esteem and the trend of the difference. The Fisher's protected t-test analysis where pair-wise comparison of the group means was done and the result is as presented in Table 17.

Table 17: Fisher's Protected T-Value on Difference in Self-Esteem Due to Family Relations

Family relationship	High n=63	Mod n=50	Low n=37
High	69.05 ^a	4.01	5.07
Mod	4.57	64.48 ^a	1.32
Low	6.29	1.72	62.76 ^a

a= group means are in the diagonal; difference in group means are below the diagonal while protected t-values are above the diagonal

* Significant at 0.05 level of significance.

Table 17 shows that educated stay-at-home mothers who exhibited high family relationship significantly exhibited higher self-esteem than either those with moderate family relationship ($t=4.01$; $df=111$, critical $F=1.98$; $p<0.05$) or those with low family relationship ($t=5.07$; $df=98$; critical $t=2.00$, $p<0.05$). However, no significant difference in self-esteem was found between educated stay-at-home mothers whose family relationship was moderate and those with low family relationship ($t = 1.32$; $df=85$; critical $t=2$ $p>0.05$).

Hypothesis seven

Hypothesis seven stated that ages of children will have no significant influence on stay-at-home mothers' post-test level of maternal conflict.

To test the hypothesis, analysis of covariance (ANCOVA) statistic was used and the result of the analysis is presented in Table 18.

Table 18: Descriptive Data on Influence of Age of Children on Level of Maternal Conflict among Stay-at-Home Mothers

Age of children	Pre-test			Post-test		
	N	\bar{X}	SD	\bar{X}	SD	MD
0-2yrs	11	33.25	6.58	39.83	3.49	-6.58
3-5	8	33.88	4.36	37.67	7.08	-3.79
6-9	7	32.14	5.01	34.02	6.59	-1.88
10 above	4	30.03	4.17	31.57	8.92	-1.74

Table 18 shows that stay-at-home mothers whose children's age ranged between 0-2 years had the highest mean difference scores on maternal conflict ($x = -6.58$) followed by those whose children's ages ranged between 3-5 years ($x=3.79$) and those whose children's ages were 6-9years ($x=1.88$). Stay-at-home mothers with children of ages 10 years and above had the least mean score difference of $x = 1.74$.

To determine whether significant difference in level of maternal conflict exists due to ages of children of stay-at-home mothers, analysis of covariance (ANCOVA) statistics was used. The result of the analysis is presented in Table 19.

Table 19: Analysis of Covariance on Influence of Ages of Children on Level of Maternal Conflict Experienced by Stay-at-Home Mothers

Sources of variation	Sum of squares	Degree of freedom	Mean of square	F – value
Main	505.91	5	101.18	2.99
Model	408.79	4	102.20	3.02
Age difference	304.56	3	101.52	3.00*
Within group	879.84	26	33.84	
Total	2099.10	29		

* Significant at 0.05; df=3 and 26; critical F=2.98

Table 19 shows that a calculated F-value of 3.00 resulted as the influence of ages of children of stay-at-home mothers on their level of maternal conflict. This calculated F-value is significant since it is greater than the critical F-value of 2.98 given 3 and 26 degrees of freedom. This means that the ages of children significantly influence level of maternal conflict among educated stay-at-home mothers. Hence, the null hypothesis was rejected.

Based on the significant F-value obtained, further analysis of data, using the Fisher's protected t-test to determine which age group differs from the other on level of maternal conflict and the trend of the difference was carried out. The pair-wise comparison of the group means is as presented in Table 20 below.

Table 20: Fisher's Protected t-test Analysis of Difference in Maternal Conflict Due to Ages of Children of Stay-at-Home Mothers

Age group	0-2 n=11	3-5 n=7	6-9 n=5	10 above 4.8
0-2	39.83	0.80	2.06	2.43*
3-5	2.16	37.67	1.21	1.71
6-9	5.81	-3.65	34.02	0.67
10+	8.26	6.10	2.45	31.57

Table 20 shows that stay-at-home mothers whose children's ages ranged from 0-2 yrs significantly had higher maternal conflict than those whose children's ages is 10 years and above ($t=2.17$; $df = 13/3.64$ critical $t=2.16$; $p < 0.05$). All other comparisons were found not to be significant.

Hypothesis eight

Hypothesis eight stated that there is no significant difference in post-test level of maternal conflict due to family relationship and experimental conditions. The hypothesis was tested using analysis of covariance (ANCOVA) statistics and the result of the analysis is presented in Tables 20, 21 and 22 below.

Table 21: Descriptive Data on Influence of Family Relations and Experimental Conditions on Levels of Maternal Conflict

Experimental condition	Family relation	N	\bar{X}	SD
Reality therapy	High	4	27.63	4.91
	Low	6	26.14	7.02
Transactional analysis	High	7	30.06	5.88
	Low	3	28.93	6.38
Control	High	5	33.47	3.25
	Low	5	36.88	6.11

Table 20 shows that participants exposed to reality therapy had the least level of maternal conflict score of 26.74 followed by those exposed to transactional analysis with a mean score of 29.72 while the control group had the highest level of maternal conflict score of 35.18. Similarly participants with high family relationships had a mean score of 28.76 and standard deviation of 8.79 as against those with low family relationship who had a mean score of 28.54 and standard deviation of 9.84.

To determine whether significant difference in levels of maternal conflict exist due to experimental conditions and family relations, the two-way analysis of variance statistics was done. The result of the analysis is presented in Tables 21 and 22 below.

Table 22: Two-Way Analysis of Variance on Influence of Experimental Conditions and Family Relationship on Levels of Maternal Conflict

Sources of variation	Sum of squares	Degree of freedom	Mean square	F – value
Model	544.92	3	181.64	5.50
Experimental conditions	344.14	2	172.07	5.27
Family relationship	8.96	1	8.96	0.27
Experimental Condition/ Family Relationship	24.71	1	24.71	0.76
Within group	817.00	25	32.86	
Total	1739.73	29		

* Significant at 0.05; df=2 and 25; critical F=3.35

Table 21 shows that a calculated F- value of 5.27 resulted as the difference in level of maternal conflict due to experimental conditions. This is significant since it is greater than the critical F- value of 3.55 given 2 and 25 degrees of freedom at 0.05 level of significance. However, the table shows that a calculated F- value of 0.27 resulted as difference in level of maternal conflict due to family relationship. This F-value of 0.27 is not significant since it is less than the critical F-value of 4.24 given 1 and 25 degrees of freedom at 0.05 level of significance.

Similarly Table 21 found that a calculated F-value of 0.76 resulted as the difference in levels of maternal conflict due to interaction effect between experimental conditions and family relations experienced by stay-at-home mothers. This calculated F-value is not significant since it is less than the critical F-value of 4.24 given 1 and 25 degrees of freedom at 0.05 level of significance. Hence the null hypothesis was accepted.

Based on the significant F-value of 5.27 obtained with respect to influence of experimental conditions on level of maternal conflict, further analysis of data using fisher's protected t-test was done to determine which group differed from the other and the trend of the difference. The result of the pair wise comparison of the group means is presented in Table 22.

Table 23: Fisher's Protected t-test on Difference in Level of Marital Conflict Due to Experimental Conditions

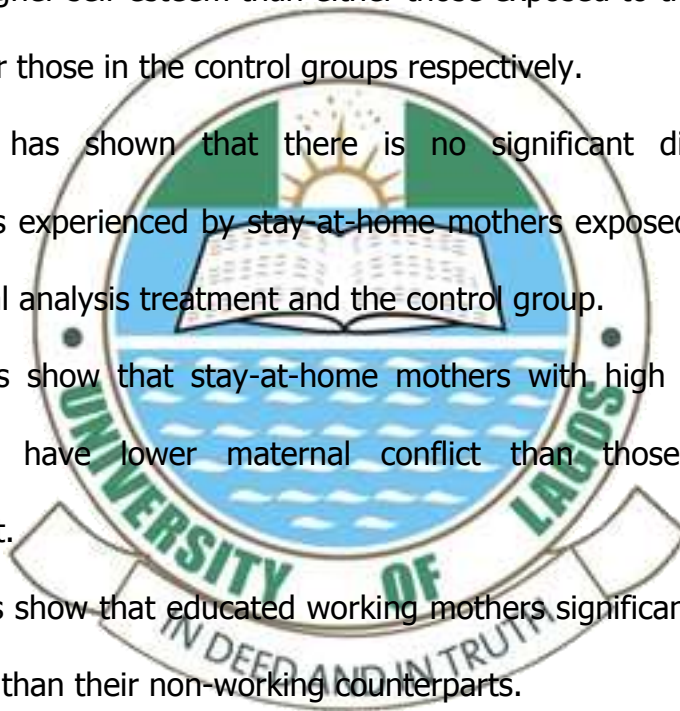
Exp. condition	Reality therapy n=10	Trans analysis n=10	Control n=10
Reality therapy	26.74 ^a	-1.16	-3.30
Transactional analysis	-2.98	29.72 ^a	-2.13
Control	-8.44	-5.46	35.18

a= group means are in the diagonal; difference in group means are below the diagonal while protected t-values are above the diagonal.

Table 22 shows that participants exposed to reality therapy did not significantly differ in their maternal conflict from those exposed to transactional analysis treatment ($t=1.16$; $df=18$; critical $t=2.10$; $p>0.05$). However, participants exposed to reality therapy significantly had lower maternal conflict than those in control group ($t=3.30$; $df=18$; critical $t=2.10$; $p>0.05$). Similarly, participants exposed to transactional analysis treatment significantly had lower maternal conflict compared to those in the control group ($t=2.13$; $df=18$; critical $t=2.10$; $p<0.05$). The null hypothesis was rejected.

4.2 Summary of Findings

1. The study has shown that significant difference in maternal conflict exists between participants exposed to treatment conditions and the control group.
2. It has also shown that there is no significant difference in post-test score on level of family commitment experienced by stay-at-home mothers exposed to different experimental conditions.
3. The findings show that participants exposed to reality therapy significantly exhibited higher self-esteem than either those exposed to transactional analysis treatment or those in the control groups respectively.
4. The study has shown that there is no significant difference in family relationships experienced by stay-at-home mothers exposed to reality therapy, transactional analysis treatment and the control group.
5. The findings show that stay-at-home mothers with high family commitment significantly have lower maternal conflict than those with low family commitment.
6. The findings show that educated working mothers significantly exhibited higher self-esteem than their non-working counterparts.
7. The findings show that ages of children significantly influence level of maternal conflict experienced by stay-at-home mothers.
8. The findings show that participants exposed to treatment conditions significantly differ in their maternal conflict when compared with those in the control group.



CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY AND CONCLUSION IMPLICATIONS FOR COUNSELLING, RECOMMENDATIONS, CONTRIBUTIONS TO KNOWLEDGE AND SUGGESTIONS FOR FURTHER RESEARCH.

5.0 Introduction

The study investigated the assessment and management of commitment and conflict experienced by educated stay-at-home mothers in Lagos state, Nigeria. A quasi-experimental pre-test/post-test, control group design was adopted for the study. The sample for the experiment consisted of 30 educated stay-at-home mothers who were randomly assigned to treatment conditions and control groups in the ratio of 10 participants for treatment 1, 10 participants for treatment 2 and 10 participants for control group. The major objective of the study was to establish the effectiveness or otherwise of Reality Therapy and Transactional Analysis Therapy in enhancing the psychosocial conflicts of educated stay-at-home mothers. The study being in the area of guidance and counselling, also sought to find out the effect of these therapies in ameliorating the level of conflict associated with staying at home by these educated mothers as relates to their level of family commitment, self-esteem and interpersonal relationship and self care.

This chapter thus, discusses the findings of the study based on the statistical testing of the hypotheses formulated. The study further presents summary and conclusion implications for counselling, recommendations, contributions to knowledge and suggestion for further research.

5.1 Discussion of Findings

Hypothesis one stated that there is no significant difference in the post-test level of conflict experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control groups. The findings showed that there was a significant difference in maternal conflict among participants in the treatment groups over the control group. The post-hoc analysis also showed that participants exposed to reality therapy manifested a greater improvement in their level of conflict than those exposed to transactional analysis treatment. Similarly, participants exposed to transactional analysis treatment significantly displayed lower maternal conflict than those in the control group. Hence, the null hypothesis was rejected. These findings are in line with the views of researchers who believe in the efficacy of Reality Therapy and Transactional Analysis to help clients improve their level of psychosocial conflict, thus, having better adjustment (Berne 1966; Glasser 1969; James and Jongward 1971; Kim 2001; Steiner 2002).

The superiority of reality therapy was reported by Kim (2001) who carried out a research on 15 schizophrenics to test the effectiveness of reality therapy on internal locus of control, self-esteem and problem-focused coping skills and got positive results as the participants made tremendous improvement. This particular result is also in line with the findings of Woo (1994) on mothers with disabled children and Yang & Choi (2000) on the effects of training grooming skills to chronic schizophrenic inpatients on improving satisfaction on self-appearance, self-esteem and interpersonal relationship where they reported significant improvement on the participants and the effectiveness of reality therapy.

The improvement on the level of conflict shown by these mothers could be attributed to their acceptance that their behaviours are an outcome of their own choice, which controls their life. In that way, they accepted the fact that they are staying at home so as to achieve personal growth. The efficacy of the two treatments lies in the fact that both treatments showed approach to counselling and problem solving that focus on the here-and-now of the clients. It also showed how to create a better future, instead of concentrating more on the past. Accordingly, it assisted stay-at-home mothers in making decisions, taking actions and being in control of their own life and interpersonal relationship, thereby reducing their level of conflicts.

Hypothesis two stated that there is no significant difference in the post-test level of commitment experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatments and the control group. The result of the analysis showed that participants exposed to reality therapy had the highest improvement on family commitment; followed by those exposed to transactional analysis while the control group had the lowest. The participants benefited from the treatment conditions which were effective in increasing the level of commitment experienced by educated stay-at-home mothers. However, the result of the analysis showed that there is no significant difference in family commitment due to experimental conditions. This led to the acceptance of the null hypothesis.

The finding of this study supports that of Rubin and Wooten (2007) who found that the level of commitment shown by these educated stay-at-home mothers could be improved by treatment conditions. Researchers agree that participants' overall self image was found to be positive after treatments were given (Stone, 1987;

Zimmerman, 2000; Lupton, 2002). Shon (2003) states that protective factors such as proper coping skill and competence can alleviate stress and vulnerability that can cause impairment, functional disability and social handicap. The findings buttressed the need to integrate reality therapy and transactional analysis as corrective measures in improving the level of commitment experienced by educated stay-at-home mothers. This improvement in the level of commitment experienced by educated stay-at-home mothers due to experimental conditions may be attributed to the participants acquiring the psychological skills they need in order to face the fact that they are staying at home. Consequently, they accept personal responsibility for their actions and behaviours which helps them to be positive, confident and courageous in facing the challenges of staying at home. Furthermore, when we make choices, we are very likely to be well disposed to defending such choices since we are not compelled to do so.

Hypothesis Three stated that there is no significant difference in the post-test level of self-esteem experienced by educated stay-at-home mothers exposed to reality therapy, transactional analysis treatment and control group. The results showed that participants exposed to reality therapy had the highest mean difference followed by those exposed to transactional analysis treatment while the control group had the lowest. The findings of this hypothesis also showed that a significant difference in self-esteem existed across the experimental conditions. The result of the post-hoc analysis shows that participants exposed to reality therapy displayed higher self-esteem than either those exposed to transactional analysis treatment or those in the control group respectively. Similarly, educated stay-at-home mothers exposed to transactional

analysis significantly had higher self-esteem than those in the control group, thus, the rejection of the null hypothesis.

This result supports the findings of other researchers who agree that the Reality Therapy Program is very effective in improving clients' self-esteem (Wubbolding 1990; Glasser 1990; Comiskey 1992; Madaras 1999; Aneke 2009). The justification for the loss of their self-esteem might be based on the findings of Rubin and Wooten (2007) who found that Self-esteem and validation are interrelated in that, when validation from work was not available, they experienced a loss of self-esteem. On the other hand, it contradicts the findings of Branden (1999) who labelled external validation as "pseudo self-esteem", arguing that "true self-esteem" comes from internal sources, such as self-responsibility, self-sufficiency and the knowledge of one's own competence and capability to deal with obstacles and adversities, regardless of what other people think. The findings also support the finding of Branden (2000) which claims that it is so easy to have low self-esteem as a stay-at-home-mother because if you do not feel good about who you are, you are going to get depressed, feel lonely and worthless. Thus, stay-at-home mothers are taught to stop looking elsewhere for who they are and find it within themselves, no matter where they are.

The reasons for the improvement in their self-esteem could be that they were helped to refocus their actions and thinking which they can control so that they can minimise the level of conflict they go through, improve their well being which might lead to a more effective and constructive behaviour.

Hypothesis four stated that there is no significant difference in post-test score on level of family relationship experienced by stay-at-home mothers in the experimental and control groups.

The result of the analysis shows that stay-at-home mothers exposed to reality therapy had the highest mean difference, followed by those exposed to transactional analysis while the control group had the lowest. Further analysis was made to determine whether significant difference in family relationship exists due to experimental conditions. The result shows that there is no significant difference in family relationship due to experimental conditions. This led to the acceptance of the null hypothesis.

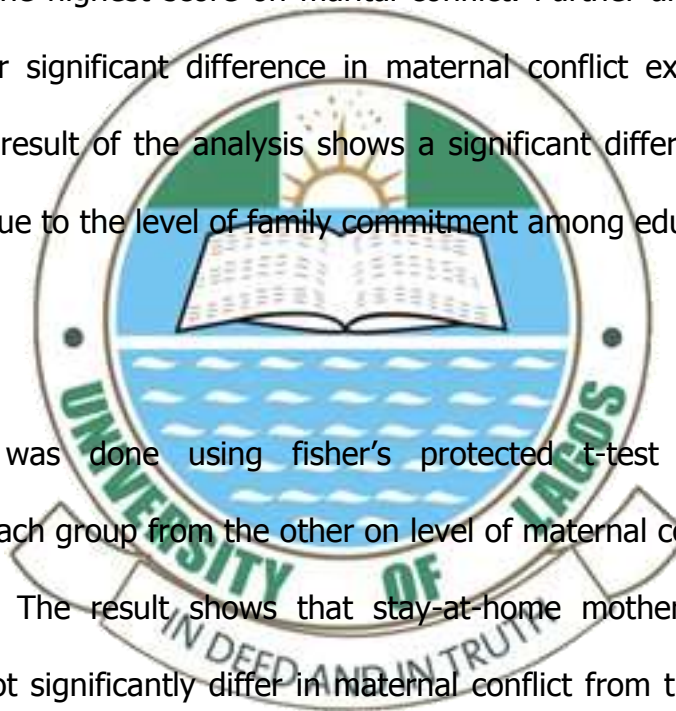
These findings support Zimmerman's (2000) findings that the job of stay-at-home mothers do not receive much societal support. However, both groups in the study report lack of societal approval and support for single-breadwinner arrangement. In another study, Des Rivières-Pigeon, Seguin, Goulet, & Descarries (2001) found that homemakers' depressive symptoms were related to less social support and more unwanted or mistimed pregnancies. The findings contradict Desimone's (2001) study which was on the comparison of self-oriented and other-oriented stay-at-home mothers. The self-oriented group had higher role conflict and lower psychological well being, whereas the other-oriented group had less role conflict and higher psychological well being. It also contradicts the findings of some researchers which state that relationship with family and peers were extremely important to the women and what seemed to help in the transition to full-time motherhood were friendships with other women (Stone, 1987; Kaplan, 1992). The lack of support from family relations may be due to the present socio-economic situation in Nigeria which has

made it imperative for some women to work because today's Nigerian women have gone beyond the confines of motherhood and are engaged in one career or the other.

Hypothesis five stated that there is no significant influence of family commitment on the level of maternal conflict experienced by educated stay-at-home mothers.

The result of the analysis shows that stay-at-home mothers with high family commitment had the lowest level of marital conflict which was followed by those with moderate level of family commitment whereas those with low level of family commitment had the highest score on marital conflict. Further analysis was made to determine whether significant difference in maternal conflict existed due to family commitment. The result of the analysis shows a significant difference in the level of maternal conflict due to the level of family commitment among educated stay-at-home mothers.

Further analysis was done using fisher's protected t-test to determine the differentiation of each group from the other on level of maternal conflict and the trend of the difference. The result shows that stay-at-home mothers with high family commitment do not significantly differ in maternal conflict from those with moderate family commitment. However, stay-at-home mothers with high family commitment significantly have lower maternal conflict than those with low family commitment. Similarly stay-at-home mothers with moderate family commitment significantly have lower level of maternal conflict than those with low family commitment. Consequently the null hypothesis was rejected.



This finding supports that of other researchers who found that the level of conflict shown by these mothers could be attributed to their feelings of not working and making use of their education and skills, thus, having feelings of inadequacy in their roles as stay-at-home mothers, thereby, affecting their level of commitment (Stone 1987; Kaplan 1992; Rubin and Wooten 2007). Maternal guilt, sense of self, and separation anxiety have been researched. Guilt surrounding one's performance as a mother was recognized as part of the mothering experience (Elvin-Nowak, 1999; Seagrum & Daniluk, 2002). Maternal depression has also been researched. A study examining the relationship of postpartum depressive symptoms and employment status of new mothers found more depressive symptoms in homemaker than women on maternity leave or working. The reason for these feelings of guilt, loss and depression could be due to the present socio-economic situation in Nigeria which has made it imperative to equip the women for self-reliance in the technological world.

Hypothesis Six stated that there is no significant difference in self-esteem due to family relationship between educated stay-at-home mother and their working counterparts. The result of the analysis shows that working mothers had a higher mean score of 68.17 and standard deviation of 8.69 as against the non-working mothers mean score of 64.24 and standard deviation of 9.87. It could also be inferred that working mothers who have high family relations have higher mean score on self-esteem, followed by those with moderate family relationship while those with low family relations had the least self-esteem score.

Further analysis was made to determine whether significant difference in self-esteem due to working status and family relationship exist. The result of the analysis shows a significant difference in self-esteem due to working status and family relationship of these mothers. This means that educated working mothers significantly have higher self-esteem than their non-working counterparts. This led to the rejection of the null hypothesis.

These findings support Zimmerman's (2000) findings that the jobs of stay-at-home mothers do not receive much societal support because when validation from work is not available, they experience a loss of self-esteem. It is also in line with the finding of Makri-botsari (2003) who found that maternal unemployment had a significant negative effect on maternal self-esteem and mental health. On the other hand, the finding contradicts that of Manetta (1992) who found a significant lower self-esteem in full-time employed mothers when compared to part-time and non-employed mothers. Maternal depression has also been researched. The study examined the relationship of postpartum depressive symptoms and employment status of new mothers and found more depressive symptoms in homemaker than women on maternity leave or working (Des Rivieres-Pigeon, Seguin, Goulet, & Descarries, 2001). This was in contrast to Majewski's (1983) findings that showed no significant difference in role conflict between working and non-working mothers. In general, researchers have found that women who worked full-time reported better psychological outcomes than stay-at-home mothers. In a study of middle-class women who varied in employment, marital, and parental status, Barnett & Baruch (1985) found that employment status accounted for most of the variance in psychological well-being and that married women with children who held high-prestige jobs reported the greatest level of well-

being. Additional evidence for this association came from Wethington and Kessler (1989) who conducted a longitudinal study over a 3 year period and found that women who entered the workforce from being a home-maker experienced less depression whereas employed women who decreased their hours of paid employment to either low part-time or homemaker status reported increased symptoms of depression.

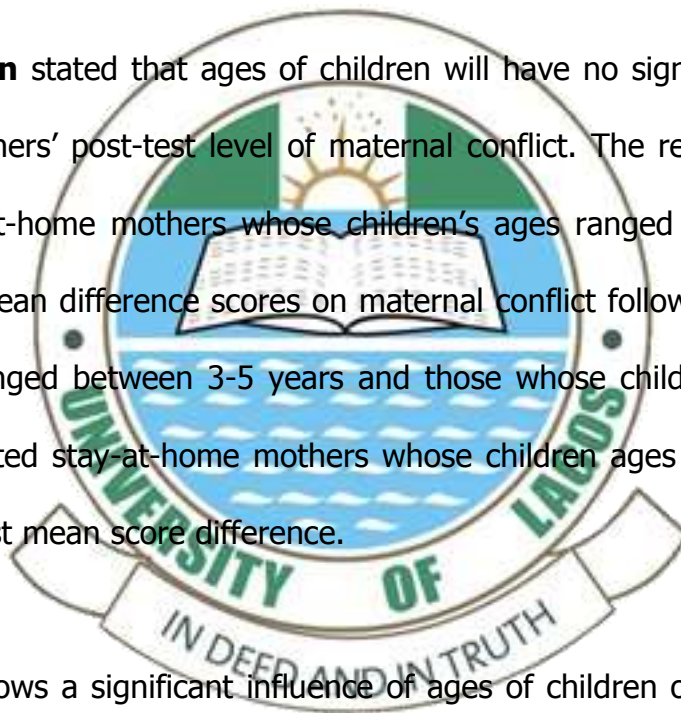
While a few studies uncovered no effect (positive or negative) of employment status (Baruch & Barnett, 1986; Repetti & Crosby, 1984), and some studies found positive effects for some groups of women (Waldron & Jacobs, 1989), none of the studies found that employed women had worse mental or physical health when compared to unemployed women.

Further analysis was made to determine which group differed from the other on self-esteem and the trend of the difference using Fisher's protected t-test analysis where pair-wise comparison of the group means was done and the result shows that educated stay-at-home mothers who have high family relationship significantly exhibited higher self-esteem than either those with moderate family relationship or those with low family relationship. However there was no significant difference in self-esteem between educated stay-at-home mothers whose family relationship was moderate and those with low family relationship.

Researchers found that the support of husbands and other family relations not only help in improving the feeling of self-worth of educated stay-at-home mothers, but also help validate the women's role as stay-at-home mothers (Des Rivières-Pigeon, Seguin, Goulet, & Descarries, 2001; Rubin and Wooten, 2007). Stone (1987) found that

relationship with family and peers were extremely important to the women in his study. Mickelson, Claffey, & Williams (2006) reported that emotional spousal support predicted better marital satisfaction and less marital conflict for women with traditional gender roles whereas both forms of support predicted marital satisfaction for women with egalitarian gender role beliefs. In fact, this support is considered as a reassurance to these educated stay-at-home mothers that they made the right choice and that the choice so made is appreciated.

Hypothesis seven stated that ages of children will have no significant influence on stay-at-home mothers' post-test level of maternal conflict. The result of the analysis shows that stay-at-home mothers whose children's ages ranged between 0-2 years had the highest mean difference scores on maternal conflict followed by those whose children's ages ranged between 3-5 years and those whose children's age were 6-9 years while educated stay-at-home mothers whose children's ages were 10 years and above had the least mean score difference.



The result also shows a significant influence of ages of children of educated stay-at-home mothers on their level of maternal conflict. This means that the ages of children significantly influence level of maternal conflict experienced by educated stay-at-home mothers. Hence, the null hypothesis was rejected.

Further analysis was made using the Fisher's protected t-test to determine which age group differs from the other on level of maternal conflict and the trend of the difference. The pair-wise comparison of the group means was made and the result

shows that stay-at-home mothers whose children's age ranged from 0-2 years significantly have higher maternal conflict than those whose children's age ranged 10 years and above. However, all other comparisons were found not to be significant.

This result is in agreement with that of researchers that the decision to stay-at-home was based on the belief that children and family are the top priorities and by being around during the formative years of their children could influence their children in a way that would be more difficult to achieve if they are working thereby establishing a close relationship with their children (Stone 1987; Elvin-Nowak 1999; Licht 1999; Madaras 1999; Zimmerman 2000). This finding was in line with the findings of Stone (1987), which states that although women were aware of what they were giving up to stay at home but the time available for them to raise their children far outweighed the cost. The participants felt that by being around during the formative years they could influence their children in a way that would be harder to achieve if they had continued to work.

It also supports the finding of Makri-Botsari (2003) which claims that stay-at-home mothers are still not adequately compensated because mothers with small children are on call 24 hours a day, 7 days a week. The reason for the higher maternal conflict exhibited by stay-at-home mothers whose children's age range from 0-2 years over those whose children's age is 10 years and above could be that a typical day for mothers with small children is characterized by constant attention that ranges from getting them out of bed, feed, clean, dressed; to keeping them out of harm; to answering their coos, cries and questions; to keeping them from re-arranging the home; to enforcing rest times; to staying one step ahead of them lest they get

injured, hungry, tired or bored and any one of these increases the level of conflict experienced by educated stay-at-home mothers.

Hypothesis eight stated that there is no significant difference in post-test level of maternal conflict due to family relationship and experimental conditions. The result of the analysis shows that participants exposed to reality therapy had the least level of maternal conflict followed by those exposed to transactional analysis while the control group had the highest level of maternal conflict. Similarly participants with high family relationships had a mean score of 28.76 and standard deviation of 8.79 as against those with low family relationship who had a mean score of 28.54 and standard deviation of 9.84.

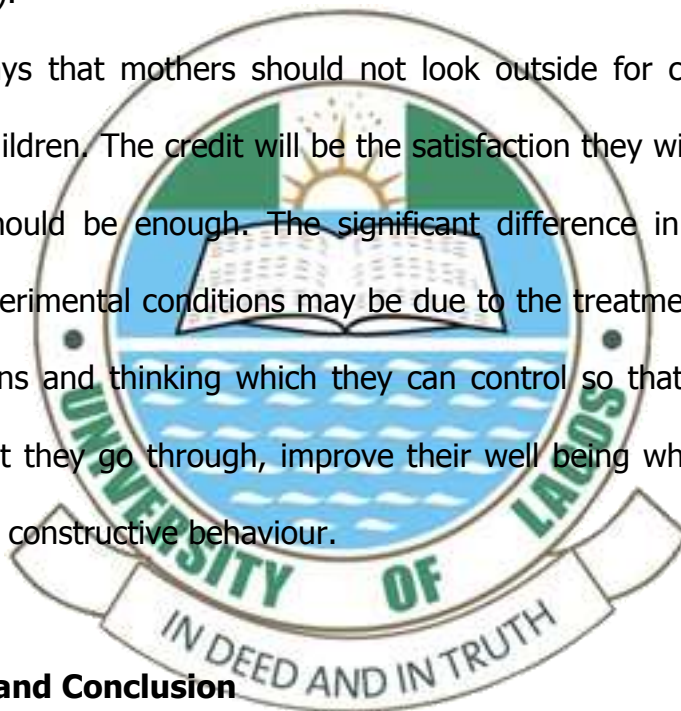
The result also shows a significant difference in levels of maternal conflict due to experimental conditions whereas no significant difference was shown in level of maternal conflict due to family relations. The result further shows that there is no significant difference in levels of maternal conflict due to interaction effect between experimental conditions and family relations experienced by educated stay-at-home mothers, hence the acceptance of the null hypothesis.

Further analysis using Fisher's protected t-test was done to determine which group differs from the other and the trend of the difference. The result of the pair wise comparison of the group shows that participants exposed to reality therapy do not significantly differ in their maternal conflict from those exposed to transactional analysis treatment. However participants exposed to reality therapy significantly have lower maternal conflict than those in control group. Similarly participants exposed to

transactional analysis treatment significantly have lower maternal conflict compared to those in the control group. The null hypothesis was rejected.

This buttressed the findings of researchers that conflict was felt by many educated stay-at-home mothers although those participants who felt more pull to be working and received less validation from their families experienced greater conflict than those who felt less pull to be working and received more validation from their families (Lerner 1991; Desimone 2001; Harrison and Charles, 2002; De Marneffe 2004; Rubin and Wooten, 2007).

Landers (1988) says that mothers should not look outside for credit for staying at home with their children. The credit will be the satisfaction they will get out of staying at home which should be enough. The significant difference in levels of maternal conflict due to experimental conditions may be due to the treatment given to them to refocus their actions and thinking which they can control so that they can minimise the level of conflict they go through, improve their well being which might lead to a more effective and constructive behaviour.



5.2 Summary and Conclusion

This study was on the assessment and management of commitment and conflict experienced by educated stay-at-home mothers in Lagos State. It was carried out to determine the effectiveness of reality therapy and transactional analysis therapy in ameliorating the psychosocial conflicts experienced by educated stay-at-home mothers so as to cope with the challenges of staying at home thereby improving their level of family commitment.

The study revealed that both treatments were efficacious in improving the level of psychosocial conflicts experienced by these mothers, although, reality therapy was more efficacious than transactional analysis therapy. The conclusion drawn suggest that all educated stay-at-home mothers, irrespective of their educational qualifications, status or age, experience one psychosocial conflicts or the other. Thus, there is need for effective physical, psychological and social support from friends, classmates, husbands, family relations and the general public. The support is considered as a reassurance to these educated stay-at-home mothers that they made the right choice and that their unpaid labour and sacrifices are appreciated.

Finally, it is envisaged that this study will be strengthened by future studies on educated stay-at-home mothers by counsellors, psychologists and other researchers in Nigeria.

5.3 Implications for Counselling

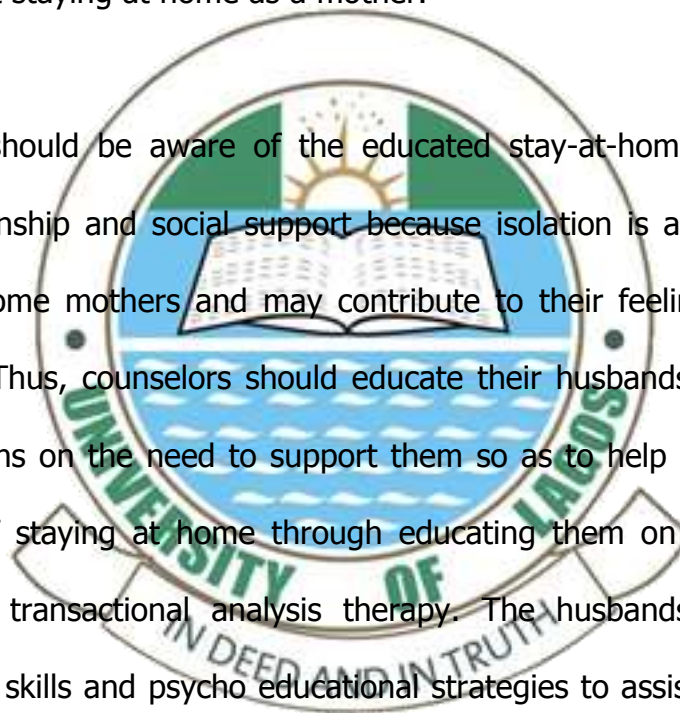
The study exposes the psychosocial conflicts experienced by educated stay-at-home mothers and the adverse effects on their level of family commitment. The findings of this study have far reaching implications for counselling.

1. It is imperative that counsellors should be re-trained through the organization of workshops, symposium and seminars so as to keep them abreast with the ensuing challenges in counselling which modernization has thrown up because the findings of this study have confirmed the fact that counselling is for all.

2. Intervention measures should be planned and integrated into the school programme of activities for all students so as to start early enough to give pre-marital counselling to adolescents most especially the girls on the reasons, benefits and consequences of staying at home as well as providing current information on how to cope as an educated stay-at-home mother. This will afford them the opportunity of having an insight into the circumstances surrounding staying at home by educated mothers so as to help them make appropriate choices about staying at home as a mother.

3. Counsellors should be aware of the educated stay-at-home mothers' level of family relationship and social support because isolation is a common challenge for stay-at-home mothers and may contribute to their feelings of sadness and loss of self. Thus, counselors should educate their husbands, friends and other family relations on the need to support them so as to help them cope with the challenges of staying at home through educating them on how to use reality therapy and transactional analysis therapy. The husbands need appropriate management skills and psycho educational strategies to assist their wives adjust effectively with the help of effective family relationships and supportive friends.

4. Counsellors should therefore be at the forefront of the re-educative process for husbands on how to maintain very close and cordial relationship with their wives through effective communication as this will help to improve their self-esteem and interpersonal relationship. They should observe their specific and general interest among others.



5. During seminars, workshops and Counselling Association of Nigeria (CASSON) meetings organized for practising counsellors, they would be exposed to how to use reality therapy and transactional analysis therapy. With this wealth of experience, counsellors can effectively handle challenges associated with staying at home by educated mothers.
6. Counsellors using reality therapy, can assist the educated stay-at-home mothers cope with their maternal psychosocial conflicts such as: low self-esteem, lack of effective family relationships, financial independence, loss of identity among others, which can affect their level of family commitment thereby negatively affecting child rearing roles, the family and the society at large.
7. Counsellors should help educated stay-at-home mothers realize that validation for staying at home must come from within as well as through other intrinsically rewarding relationships and activities through the use of reality therapy and transactional analysis therapy.
8. Counsellors could organize programmes on coping strategies for educated stay-at-home mothers with the husbands and other family members in attendance; to enhance their proper adjustment to staying at home.
9. Counsellors should discuss the need for self care by this population and encourage them to take time for themselves through intellectual stimulation, support from other women, nurturing relationships with husbands by spending



quality time alone with them, and taking time to do something just for themselves.

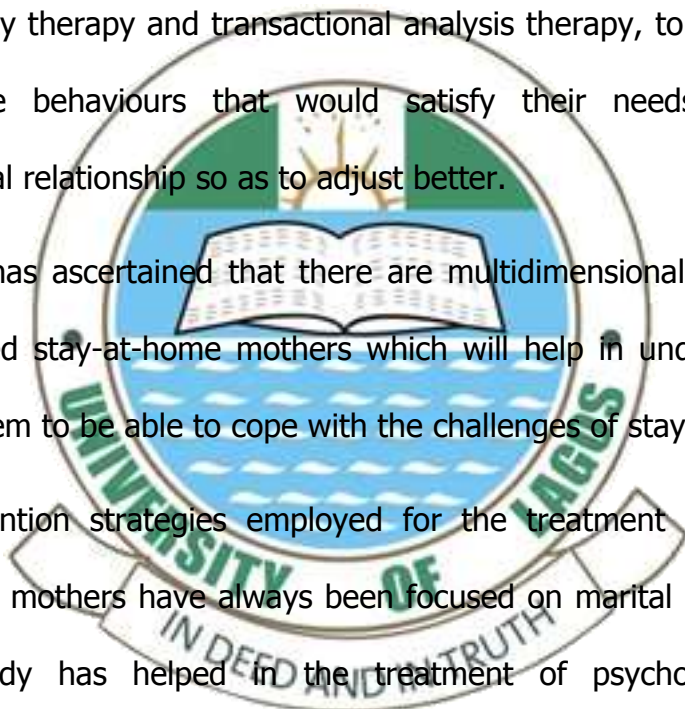
10. Counselors should start creating awareness of the implications and consequences of staying at home by educated mothers through radio and television programmes, jingles, Non Governmental Organisations (NGO) and some community programmes.
11. Educators and marriage therapists can productively focus on marital commitment, the influence of religious activity, and belief systems in strengthening marriage relationships.

5.4 Contributions to Knowledge

1. The study has demonstrated that Reality Therapy and Transactional Analysis treatments went a long way in addressing psycho-social conflicts experienced by educated stay-at-home mothers such as loss in terms of self-esteem, effective family relationship, identity, financial independence and others. The basic causes of these conflicts were first identified before equipping them with appropriate skills to adjust better. They were both effective in the different categories examined.
2. The study has confirmed that self-esteem and family relationship are very important in the development of the educated stay-at-home mothers' identity and interpersonal relationships. Peers and family members especially spouses, friends, classmates and others will understand that positive interpersonal relationship will go a long way in minimizing the level

of conflict associated with staying at home by these educated mothers so that their level of family commitment will be enhanced.

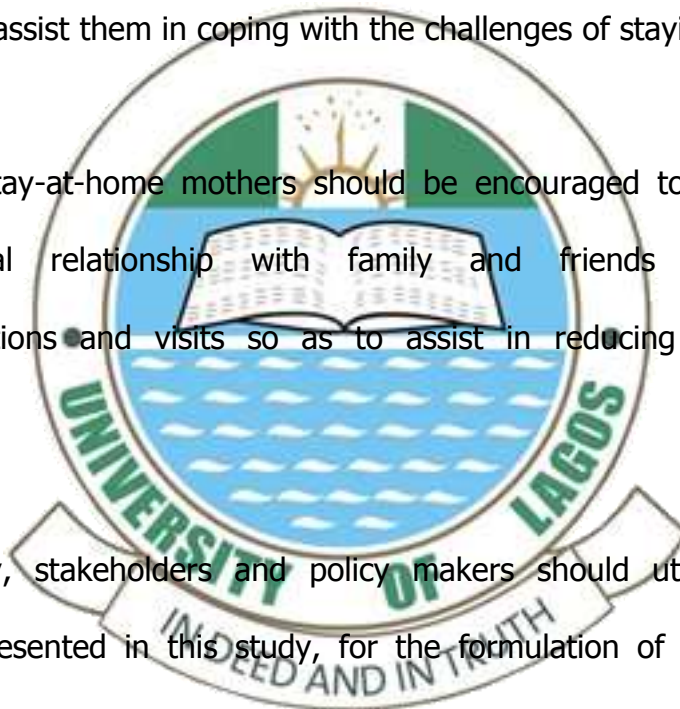
3. The study has indicated that effective family relationship is very important for marital stability because it has revealed the level of conflicts experienced by educated stay-at-home mothers that may trigger marital conflict and further lead to marital instability.
4. The study has informed the educated stay-at-home mothers, through the use of reality therapy and transactional analysis therapy, to forget the past and choose behaviours that would satisfy their needs for effective interpersonal relationship so as to adjust better.
5. The study has ascertained that there are multidimensional experiences of the educated stay-at-home mothers which will help in understanding and assisting them to be able to cope with the challenges of staying at home.
6. The intervention strategies employed for the treatment of psychosocial problems of mothers have always been focused on marital stability but the current study has helped in the treatment of psychosocial conflicts experienced by educated stay-at-home mothers for proper adjustment and self care.



5.5 Recommendations

In the light of these findings, a number of recommendations were made with the hope that if implemented the manifestation of psychosocial conflicts experienced by educated stay-at-home mothers would be reduced.

1. Among the recommendations made is that reality therapy and transactional analysis therapy were found to be very efficacious in enhancing the level of conflicts experienced by educated stay-at-home mothers. Thus, they should be adopted to assist them in coping with the challenges of staying at home.
2. Educated stay-at-home mothers should be encouraged to maintain effective interpersonal relationship with family and friends through effective communications and visits so as to assist in reducing their psychosocial conflicts.
3. The society, stakeholders and policy makers should utilize the data and analyses presented in this study, for the formulation of policies that would address the conflict associated with staying at home by these educated mothers. Their searchlight should be in the area of help to counsellors in the planning and implementation of the developmental career counselling model which will focus on bridging the gap in the family management and career advancement of women.
4. Again, Lagos State Ministry of Women Affairs and Youth Development should help in re-orientating the public through workshops, seminars and symposia to



understand and appreciate that women can take up their careers and still be good mothers and home-makers.

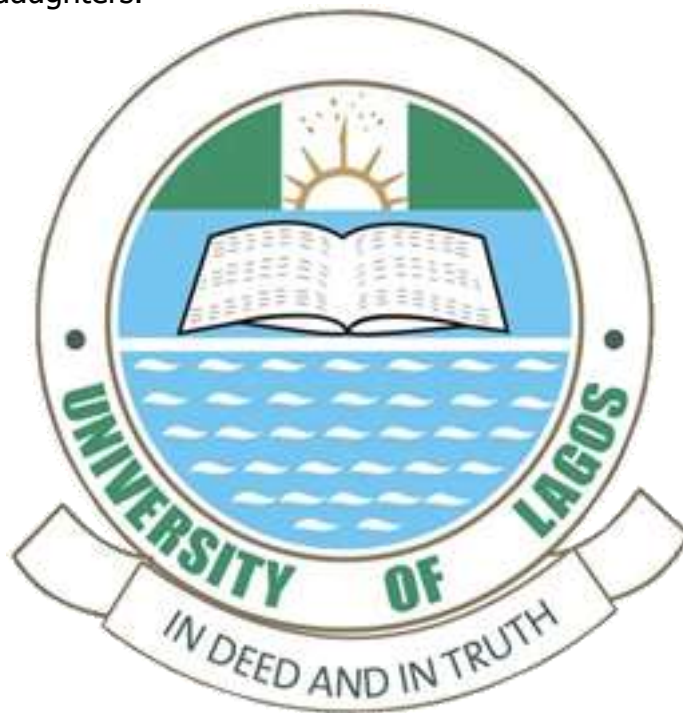
5. The findings of this study should be used to reinforce the importance of legislation aimed at career advancement for women by enacting law(s) that will help in reducing working hours, over-time and the provision of part-time employment for women which will help them in making use of their acquired skills, be economically empowered and still be good home-makers.
6. Educated stay-at-home mothers should be encouraged to create a time management plan so as make effective use of their time.

5.6 Suggestions for Further Studies

The following suggestions are made as a result of the findings emanating from this study.

1. This present reserach which focused on the assessment and management of commitment and conflict experienced by educated stay-at-home mothers in Lagos State with reality therapy and transactional analysis therapy as treatments could be replicated in other states of Nigeria.
2. Stay-at-home fathers can be used for another study with the same treatments in Lagos State, so as to do a comparison of educated stay-at-home fathers and educated stay-at-home mothers.
4. In replicating this study other variables such as aggression, anxiety, post-traumatic stress disorder should be treated using reality therapy and transactional analysis therapy.

5. Further studies can also investigate marital equality and satisfaction of stay-at-home-mother and working mothers families.
6. Further research studies should be carried to investigate the relationship between maternal health and staying at home by educated stay-at-home mothers.
7. Other reseachers could investigate the effects of psychosocial conflicts experienced by educated stay-at-home mothers on the future choices of their adolescent daughters.



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UNIVERSITY OF LAGOS
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AKOKA, YABA

PERSONAL DATA QUESTIONNAIRE (PDQ)

Instruction

This questionnaire is designed to obtain some information for research purposes. Any Information provided would be treated with utmost confidentiality. There is no right or wrong answers. You are therefore, kindly requested to give accurate responses to the following questions:

Indicate your response by ticking the appropriate box.

1. Age: 30 – 35 [] 36 – 40 [] 41 and above []
2. Occupation: Civil Service [] Self Employed [] • Public Service []
 Trading [] House wife
3. Academic Qualification: Primary School Education [] SSCE []
 OND/NCE [] B.Sc, BA, B.Ed [] HND []
 Masters Degree and Above []
4. Professional qualifications (specify if any).....
5. Marital Status: Married [] Single [] Divorced []
6. Ages of Children: 0 – 2years [] 3 – 5 [] 6 – 9 [] 10 & above []
7. Number of Children: 1 [] 2 [] 3 [] 4 and above []
8. Phone Number:

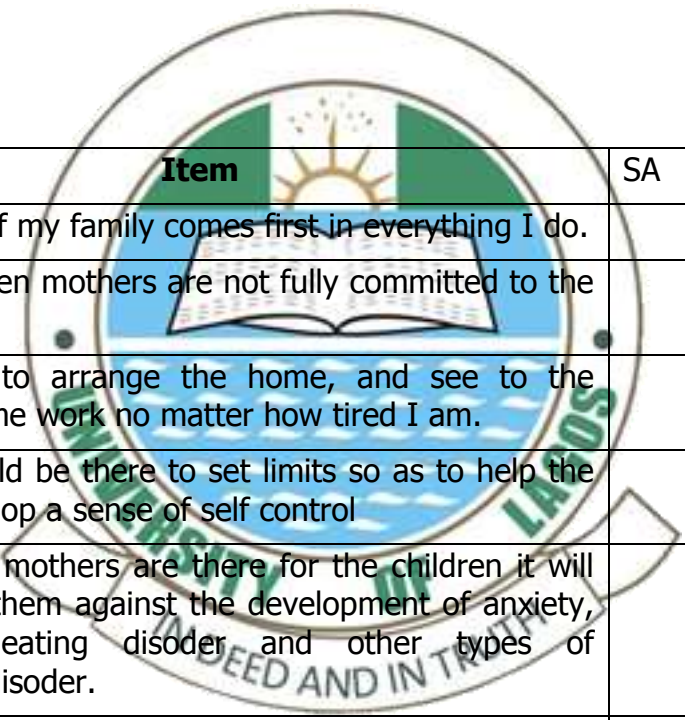
FAMILY COMMITMENT QUESTIONNAIRE (FCQ)

Instruction:

The following are statements designed to find out how you feel. It is not a test, so there are no right or wrong answers. Please read each statement as carefully as possible and accurately as you can and shade the appropriate alphabet to the right of each statement to indicate how the statement has described how you feel.

Tick as appropriate (✓)

Strongly Agree (SA), Agree (A), Strongly Disagree (SD), Disagree (D)



S/N	Item	SA	A	SD	D
1	Taking care of my family comes first in everything I do.				
2	I dislike it when mothers are not fully committed to the family				
3	I take time to arrange the home, and see to the children's home work no matter how tired I am.				
4	Mothers should be there to set limits so as to help the children develop a sense of self control				
5	I think when mothers are there for the children it will help protect them against the development of anxiety, depression, eating disorder, and other types of psychological disorder.				
6	I find it difficult to do house chores because I have more official engagements to do.				
7	I think there is no more important job in any society than raising children.				
8	It would not be fair to leave the children for house helps to take care of				
9	I think staying at home has made me to loose track of my profession.				
10	I prefer taking care of my husband and children than take up a paid employment.				
11	I think an involved mother means re-thinking and re-arranging your priorities to suit your family.				

12	There is no more important influence on how children develop than their mother.				
13	I believe that being there for the children deters them from anti-social behaviours.				
14	Staying at home with the children promotes the development of motivation to learn with desire to achieve and thereby succeeding in school.				
15	I think mothers should express genuine warmth and affection to the children rather than giving them material possessions in place of that				
16	I prefer spending quality time with the family than with any other person.				
17	I believe being an involved mother takes time and is hardwork.				
18	I cannot sacrifice what I want to do for what the children need me to do.				
19	I am of the opinion that mothers should be there mentally as well as physically.				
20	I believe mothers should be there to establish and set rules because the rules your child has learnt from you will shape the rules he applies to himself.				
21	I don't think mothers should be there to keep pace with the childrens' development.				
22	It does not matter if the home is arranged well or not provided I ask them to do so.				
23	I cannot compromise cooking for my family to a cook no matter his/her level of professionalism.				
24	It gives me joy preparing my children to school than leaving that to any other care givers.				
25	It does not make any difference if mothers are physically there for the children or not.				
26	I prefer monitoring my childrens academic work even if they have a lesson teacher.				
27	I prefer taking my children to and from school even if the driver and other care givers are around.				
28	Staying with the children helps me to understand their individual differences the more.				
29	I think the prevalent delinquency among children is associated with mother absence.				

MATERNAL CONFLICT QUESTIONNAIRE (MCQ)

Instruction

The following are statements designed to find out your opinion. It is not a test, so there are no right or wrong answers. please read each statement as carefully as possible and accurately as you can and shade the appropriate alphabet to the right of each statement has described how you feel.

S/No	Item	SA	A	SD	D
1	My husband made me to stay at home to take care of the children				
2	I am ashamed of asking for every kobo I need from my husband				
3	Sometimes I see my children as burden				
4.	My partner becomes very upset if dinner, house chores are not done when he thinks they should be				
5.	My partner does not give me enough money to run our home				
6.	My partner treats me like a piece of furniture in the house				
7	Sometimes everybody in the family makes me angry				
8	My partner has no respect for my feelings				
9	My partner tells me that I really couldn't manage or take care of myself without him				
10.	Staying at home is frustrating				
11.	My partner does not care enough for the children because he believes I am around				
12.	I feel I have lost my identity				
13.	My partner belittles me intellectually				
14.	My partner acts as if am his personal servant				
15.	I am ashamed of not using the certificate I laboured for.				

INDEX OF SELF-ESTEEM (ISE)

Instruction

This questionnaire is designed to measure how you see yourself. It is not a test so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by ticking the appropriate number in the space in the table below.

- 1 = Rarely or none of the time
 2 = A little of the time
 3 = Some of the time
 4 = A good part of the time
 5 = Most or all of the time


S/N		1	2	3	4	5
1	I feel that people will not like me if they really knew me well					
2	I feel that others get along better than I do					
3	I feel that I am beautiful person					
4.	When I am with others I fell they are glad I am with them					
5.	I feel that people really like to talk to me					
6.	I feel that I am a very competent person					
7	I think that I make a good impression to others					
8	I feel that I need more self confidence					
9	When I am with strangers I am very confident					
10.	I think that I am a dull person					
11.	I feel ugly					
12.	I feel that others have more fun than I do					
13.	I feel that I bore people					
14.	I think my friends find me interesting					
15.	I think I have a good temperament					
16.	I feel very self-conscious when I am with strangers					
17.	I feel that if I could be more like other people I would have it made.					
18.	I feel that people have good time when they are with me.					
19	I feel like a wall flower when I go out.					
20.	I feel I get pushed around more than others					
21.	I think I am a rather nice person					
22.	I feel that people like me very much					
23.	I feel that I am a likeable person					
24.	I am afraid I will appear foolish to others.					
25	My friends think very highly of me.					

INDEX OF FAMILY RELATIONS (IFR)

Instruction:

The following are statements designed to find out how you feel about your family as a whole. It is not a test, so there are no right or wrong answers. Please read each statement as carefully as possible and accurately as you can and shade the appropriate number to the right of each statement to indicate how the statement has described how you feel about your family. The numbers stand for:

- | | | |
|---|---|----------------------------|
| 1 | = | Rarely or none of the time |
| 2 | = | A little of the time |
| 3 | = | Some of the time |
| 4 | = | A good part of the time |
| 5 | = | Most or all of the time |



S/N	Item	1	2	3	4	5
1	The members of my family really care about each other					
2	I think my family is terrific					
3	My family gets on my nerves					
4.	I really enjoy my family					
5.	I can really depend on my family					
6.	I really do not care to be around my family					
7	I wish I was not part of this family					
8	I get along well with my family					
9	There is no sense of closeness in my family					
10.	Members of my family argue too much					
11.	I feel like a stranger in my family					
12.	My family does not understand me					
13.	There is too much hatred in my family					

14.	Members of my family are really good to each other					
15.	MY family is well respected by those who know us					
16.	There seems to be a lot of friction in my family					
17.	There is a lot of love in my family					
18.	Members of my family get along well with each other					
19.	Life in my family is generally unpleasant					
20.	My family is a great joy to me					
21.	I feel proud of my family					
22.	Other families seem to get along better than ours					
23.	My family is a real source of comfort to me					
24.	I feel left out of my family					
25.	MY family is an unhappy one					

