Experiences of African-American teenage mothers in pursuit of higher education

DeSheil L. Echols

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Experiences of African-American Teenage Mothers in Pursuit of Higher Education

by

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Dissertation

Submitted to the Department of Leadership and Counseling
Eastern Michigan University
in partial fulfillment of the requirements for the degree of

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Educational Leadership

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August 12, 2016
Ypsilanti, Michigan
DEDICATION

This work is dedicated to my mother, LaVerne B. Wright, who consistently instilled in me three principles to live by: 1. Always put God first, 2. Remember to help and support my family, and 3. Attain an education “once you attain an education no one can ever take it away from you.” These three principles have helped me to be the woman that I am today. Mom, you have always believed in me and supported me through my good and bad times. Thank you for your unconditional love and showing me the meaning of a strong African-American woman. You will always be the apple of my eye.
ACKNOWLEDGMENTS

“I can do all things through Christ which strengthen me.” (Philippians 4:13) First I want to thank God for his strength, love, and grace through each chapter of my life. This scripture has been my rock. I am a true testimony that “all things are possible.”

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ABSTRACT

The purpose of this study was to explore the educational histories and experiences of former teen mothers who have completed a post-secondary degree and to understand their challenges and successes. This study effectively served this population by expanding the diverse experience of teen mothers and their ability to defy society’s label of “teenage parent.”

The study design was qualitative with the two modes, phenomenology and life history, being employed. Personal interview was the primary data collection method. The conceptual frameworks guiding the study were resilience theory and self-efficacy theory. The life stories of all five women were shared to provide a detailed perspective of their lived experiences.

Four common themes emerged across the five participants: 1. Four of the five participants confirmed that their family members and friends played an instrumental role in helping them attain their college degrees; 2. There was representative thematic continuity of resilience within all of the five women’s ability to overcome many adversities; 3. Determination served as a protective factor for all of the participants in attaining their post-secondary degrees and coping with adversities; 4. All five participants possessed a desire to help other individuals.

Recommendations resulting from the findings of the study included expanding the current study to include teenage fathers and a greater diversity of race ethnicity, tracking the educational data for teen mothers by educational facilities, and exploring the relationships of teen mothers and family members who provide assistance. Implications for educational leaders were also suggested.
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Chapter 1

Introduction

According to the 2010 Census Bureau, teen birth rates declined from 44% to 34.4% per 1,000 women from age 15 to 19 (U.S. National Center for Health Statistics, 2010). Kost and Henshaw (2012) reported findings from 2008 of a 7% pregnancy rate among teenagers, which was the United States’ lowest teen pregnancy rate in more than a 30-year period. The 750,000 teen pregnancies reflected 40.2 births per 1,000 young women, which was lower than the 1991 peak rate of 61.8 births per 1,000 young women. Although this is an historic low, the United States continues to be one of the countries with the highest teenage birth rates, especially among the African-American population (Hamilton & Ventura, 2012). Since 1990, the pregnancy rate among White teenagers has declined 50% while the pregnancy rate among African-American teenagers fell 48% between 1990 and 2008 (Kost & Henshaw, 2012). Teen pregnancies for African-Americans were 59 births per 1,000 African-American teens compared to 25.6 births per 1,000 White teens, which means 6% of African-American teens became pregnant in comparison to 3% of White teens (U.S. National Center for Health Statistics, 2010). These results doubled the number of African-American teen pregnancies compared to White teens.

Geronimus (2003) concluded that a teens’ chance of being a mother is increased when certain populations are more disadvantaged than the majority of the people in the United States. Minority female teens from low socioeconomic backgrounds are considered disadvantaged and predisposed to teen pregnancy. Current research reports that teens from low socioeconomic backgrounds are at greater risk for having a greater chance of engaging in unprotected sex due to disengagement in school, exposure to poor quality education, high unemployment rates, and residence in poor neighborhoods (Harding, 2003; Kirby, 2002). The financial hardship on poor
minority families may also force many teens to assume the responsibility of caregiver for their younger siblings (SmithBattle, 2006).

Although teenage pregnancy is often associated as a social problem because of high school dropout rates and school failures, Title IX of Educational Amendment Act of 1972 has afforded young mothers the opportunity to earn a high school diploma from public facilities. Prior to this amendment, many teen mothers were discriminated against because of their pregnancy or childbirth. They were either expelled or removed from their home school setting and forced to attend an alternative program or school. Section 106.40.b(1) of this amendment made it illegal for any facility receiving federal funding to discriminate or exclude students based upon their pregnancy. The United States National Center for Education Statistics (2003) reported 31% of public school facilities servicing at-risk students revealed that teen pregnancy was the reason for transferring to an alternative school. However, the data failed to specify the percentage of teen mothers attending these facilities. The increase in teen mothers obtaining a high school education has been attributed to Title IX of the Educational Amendment Act. The National Campaign to Prevent Teen and Unplanned Pregnancy (2010) formed in 1996 to assist the nation with decreasing the number of teen pregnancies. In addition, community organizations, school programs, and Title IX have been resulted from these gains even though more work is needed to ensure teen mothers complete high school and attain a postsecondary degree or substantial career (Shuger, 2012).

Despite the realities of dropout rates and risk behaviors, teen pregnancy does not have to limit or jeopardize a teen mother’s future success. Although completing high school and attaining a postsecondary degree as a teenage mother present significant challenges, it is not impossible. A journey towards success could possibly begin when resources are in place to
support the young mother. Then she may be able to realize that completing high school is the prerequisite required to attend college or obtain a career opportunity (Smith-Battle, 2007). According to the Institute of Women’s Policy Research, a postsecondary education is the best opportunity for young mothers to obtain a well-paying job that will support a family in the current economy (Jones-DeWeever & Gault, 2006).

In this study, the experiences of African-American teen mothers who attained a bachelor’s degree were illuminated so that some of the stereotypical myths about teenage mothers were dispelled, and a depiction of the broader reality of teen mothers was better understood, especially by educators.

**Background Information**

**Teen Pregnancy as a Social Problem**

Detailing the United States historical perception about teenage pregnancy is essential to understanding society’s overarching attitudes toward teen parenting today (Mollborn, 2011). Dating back to the 1940s, teen pregnancy was considered 60 births per 1,000, and the mid 1950s marked the highest rate for teen births equaling 90 births per 1,000 (Ventura, Mathews, & Hamilton, 2001). During this time, it was common and considered a “norm” for teens to marry and become parents in their late teens (Mollborn, 2011). It was not until the 1970s when the number of non-marital births began to increase from 18 births per 1,000 in 1940 to 38 births per 1,000. At that time, teen parenting was stigmatized and emerged as a social problem. Today, the number of non-marital teen births has risen dramatically from 4 in 100 non-marital births in 1950 compared to 4 in 10 non-marital births. As the number of non-marital births increased, so did the public’s view with labeling teen pregnancy as a social problem.
The United States has identified teen parenting as a social problem because there continues to be a debate over whether or not it threatens the well-being or prosperity of society (MacKay, 2011). According to MacKay (2011), most people feel that teen pregnancy causes concern for society’s future and believe it can be fixed if society works together to develop a solution. For example, in an opinion poll conducted in 2004, teen pregnancy was rated by 42% of Americans as a very serious problem and 37% as an important problem (Mollborn, 2011). Many conservative Americans viewed teen pregnancy as an indication that in past decades America’s morals, particularly sexual values, have changed for the worse (MacKay, 2011). Teenage parenting symbolized that something is wrong with America today (MacKay, 2011).

Contrary to conservative Americans, other Americans disagreed that society is losing its moral values. According to the 2010 U.S. National Center for Health Statistics, teen birth rates declined from 44% to 34.4% per 1,000 births. The declines marked an overall downward trend in teenage pregnancy rates and not a moral crisis in the United States. Public policy researchers compared teenage pregnancy to other public issues that fall in and out of popularity and may be exaggerated for political reasons (MacKay, 2011). However, teen pregnancy continues to be a long matter of debate on whether it truly does threaten the well-being of society or is it just a perception.

**Perception of Teenage Pregnancy**

Society’s attitudes toward teenage pregnancy have forced some teen mothers to cope with being labeled as a negative public stigma. Boatha, Henshawa, and Bradleya (2013) explored the experiences of 15 teenage mothers living in Trent, United Kingdom, from 16 to 18 years old. Their analyses identified that these mothers had coped with being judged by people and feeling devalued because they were young mothers. Arai (2009) pointed out that support by parents
helped some teen mothers cope with the strangers’ judgments. In line with Yardley’s (2008) and Mollborn’s (2011) findings, the public perceived them as being a bad mom for not fulfilling society’s common norms of motherhood. Teen mothers would attract negative attention while being out in the public, “What are you gonna do with a kid this young?” (Mollborn, 2011, p. 35) or “it looks kind of bad to see a really young girl pregnant” (Mollborn, 2011, p. 35). Teen mothers also described being treated disrespectfully and chastised by clinicians (Yardley, 2008).

**Statement of the Problem**

Teen pregnancy is a phenomenon that is often frowned upon by society. Often young mothers are “written off” as destined for a lifetime on social welfare, or stereotyped as being promiscuous, poor, and perpetually uneducated. Widely read national journals and magazines have advanced these perceptions with the publication of such articles as “Children Having Children,” “Welfare Queens,” and “Babies Wanting Babies,” which serve to advance the negative images and perceptions of teenage motherhood. *Time Magazine*, known by its signature red border, is the world’s largest weekly circulation magazine in the United States. A classic example of negative stereotyping appeared in an article by Stengel (1985) published in a *Time* cover story titled “Children Raising Children,” which advanced a powerful image and correlation of teen parents with poverty and by suggesting the traditional family form of married parenting is the only form of responsible parenting. Another example of the tradition of stereotyping teen mothers appeared in the *International Journal of Childbirth Education*, which published an article by Campen (1990) who argued “Children Having Children” is a devastating and emotional tragedy that affects many people today and generations to come.

Teen pregnancy is not identified as a personal issue but rather a complex societal concern relating to financial burdens, single parenting, abortions, preterm birth, and prenatal care.
Yardley (2008) explored 20 teenage mothers’ experiences with stigma by using semi-structured interviews. Her findings concluded that they were familiar with the stereotypical descriptors of immature, single, welfare recipient, and irresponsible. The participants felt stigmatized by the media, which portrayed negative images of them, and the general public, who showed disapproval ranging from negative comments and disapproving stares by people.

Negative stereotypes of teenage mothers continue to be perpetuated even today. Gilman (2014) published an article, “The Return of the Welfare Queen.” Although she argued that Temporary Assistance for Needy Families (TANF) created by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 (One Hundred Fourth Congress of the United States of America, 1996) had not lifted poor families out of poverty and suggested an alternative approach to alleviate poverty, the title was yet another unfavorable way to demoralize teenage moms. Gilman suggested that “the welfare queen continues to lurk behind repeated calls to cut government benefits and to criminalize poverty” (p. 248).

According to the National Campaign to Prevent Teen and Unplanned Pregnancy (2014), the United States paid at least $9.4 billion in 2010 for teenage parenting that was associated with foster care, public health care, child welfare, and incarceration. In Michigan, there were 290,153 teen births between 1991 and 2010, costing taxpayers $8.2 billion over that time period. However, the political response to teen pregnancy is centered on welfare reform acts that attempt to reduce teen pregnancy, promote marriage, and job preparation. Legislators passing PRWORA in 1996 intended to address the national crisis of children born out of wedlock. The Act articulates four welfare goals: (1) promote marriage as “the foundation of a successful society which promotes the interest of children” (section 101 findings), (2) reduce out-of-wedlock teen pregnancies, (3) require teen mothers to live in an adult supervised home, and (4) prepare
welfare recipients for the workforce to ultimately become self-sufficient. During the passing of PRWORA on January 3, 1996, Congress classified the prevention and reduction of out-of-wedlock pregnancies as essential government interests and recognized several negative consequences of an out of wedlock birth: (1) younger single teen mothers are less likely to finish high school, (2) children receiving welfare are three times more likely to become welfare recipients when they are adults, and (3) children of teen mothers have low cognitive scores and educational aspirations with a greater chance of being a teenage parent themselves. This Act was passed into law based upon facts that, while true, helped to advance the stereotypes (One Hundred Fourth Congress of the United States of America, 1996).

In fact, teen pregnancy and motherhood are significant factors among girls dropping out of high school, and as they become older, it becomes more difficult to obtain a high school diploma (Center for Disease Control and Prevention, 2014). Educational statistics are revealing: approximately 50% of teen mothers earn their high school diploma by the age of 22 compared to 90% non-parenting girls. Educators are essential contributors in lowering the drop-out rate among teen mothers by making an effort to support their education. Research has reported that a caring student-teacher relationship is important to the academic success of at-risk students (Kalil & Ziol-Guest, 2008; Mull, 2001). Pillow (2004) concluded that educators do not seek information or understand policies relating to educating student teen mothers. Pillow’s study revealed that educators do not feel compelled to instruct teen mothers nor are they aware of the federal law, Title IX of the Educational Amendment Act. The lack of knowledge of law under Title IX shapes the quality of education provided to adolescent mothers. Miller and Shanok (2007) found in a two-year mixed method study at an alternative school for pregnant
teens that the young mothers’ experience with people in the public and educators from their previous schools suggested they were condemning of their pregnancy.

According to Miller and Shanok (2007), teen mothers establish an increase of motivation to stay in school and work in order to live a better life for their child. These results are contrary to the negative perceptions that young mothers are lazy, cause poverty, and are unfit parents. Many teen moms have aspirations to obtain training and an education (Yardley, 2008). They are cognizant that their aspirations reflect the norms and ideals of society, and that they want to be responsible parents. Attaining a postsecondary degree affords the young mother and her offspring financial stability.

In support of addressing the problem of stereotyping teen mothers, reducing the stigma, and restoring dignity to teen moms, research was necessary to examine the lives of former young mothers who overcame barriers and the stereotypes to attain a postsecondary degree.

**Purpose of the Study**

The purpose of this study was to explore the educational histories and experiences of former teen mothers who have completed a postsecondary degree and to understand their challenges and successes. Not all young mothers remain uneducated and poor: there is an absence of their voice in the literature. The history and experience especially of African-American women who completed college needed to be given a voice. This study effectively served this population by expanding the diverse experience of teen mothers and their ability to defy society’s label of “teenage parent.”
Significance of the Study

While negative stereotypes do exist when identifying teenage mothers, there are still teen moms who “beat the odds” and graduate from college with a postsecondary degree. This research was important because it explored the attitudes and perceptions of African-American women who were teenage mothers, and how the experience had influence on their decision to attain a college degree.

As a result of this study, educators, and policy makers are better able to broaden their perspectives on teen parents and through policy and practice, help advance the dignity of this population, and reduce the negative outcomes and perceptions of teen parents. There was a considerable amount of research that had been conducted with regards to teen parenting. However, there was not sufficient research available documenting the successes of African-American women who were former teenage mothers and were able to complete a college degree.

Definition of Terms

For the purpose of this study, the following terms were defined as follows:

Stigma A perception of shame or discredit resulting from a particular condition, behavior, or experience (Encyclopedia of Trauma: An interdisciplinary Guide, 2012).

Stereotype Assumptions or ideas about a particular group

Teenage mother A young female parent between the ages of 14 to 19 years old to represent the typical age of high school mothers (Hoffman, 2006)

Resilience Resilience is an interactive phenomenon that is inferred from findings indicating that some individuals have a relatively good outcome despite having experienced serious adversities (Rutter, 2013)
Overview of Methodology

The study design for this research was qualitative with the two modes, phenomenology and life history, being employed. Semi-structured interviews were conducted by the researcher. Participants were identified through the use of snowball sampling and networking. Five participants were identified. Participants were eligible for this study if they were an African-American woman who had attained a bachelor’s degree, engaged in an occupation that involved special training or formal education, and were a teenage mother between the ages of 14 to 19 years old. Pseudonyms were used to ensure the participants’ and their families’ anonymity. The researcher conducted two semi-structured interviews. The first interview was semi-structured and guided by an interview protocol (see Appendix B). Questions guiding the second interview were developed, in part, by data gathered during the first interview (see Appendix C).

In qualitative research, data analysis is a general process researchers use to present and analyze multiple forms of data and text. During this process, data are prepared, organized, and then coding is utilized to condense the data into common themes. Finally, data are depicted in a discussion, tables, or figures (Creswell, 2007). Because the researcher was a teen mother who earned a college degree, steps were taken to ensure valid and reliable results and minimize biases. The process the researcher employed include the following:

1. Organized the data,
2. Transcribed the interviews,

3. Described, classified, and interpreted the data in order to identify themes.

Codes and memos that occurred to the researcher were recorded in the margins as well. The researcher highlighted those narratives that specifically related to the participants’ lived experiences of being a teenage mother in order to form categories (Creswell, 2007). Those categories were composed into meanings and classified into five to seven common themes amongst all participants. The results were formulated into a description relating to what the participants experienced being an African-American woman who was a former teen mother and a description of how their experiences happened. Next, the researcher formulated both descriptions into a detailed comprehensive description that was the essence of the participants’ lived experiences (Creswell, 2007).

Creswell (2007) suggested for qualitative researchers to engage in at least two of the validation strategies so that the accuracy of the study is documented. The researcher employed member checking, triangulation, and clarifying biases. The researcher was reflexive in order to control personal biases by describing her own experiences and bracketing her views about the phenomenon in a journal prior to the beginning the study (Creswell, 2007). During the interviews, she indicated where her biases occurred (Atkinson, 1998).

The researcher concluded the study with discussions detailing the participants’ perceptions to have been a teenage mother, their experiences that shaped their concept of self, their attitudes towards teenage parenting, their successes, and their individual themes that were created from their life stories. The researcher compared the study’s themes with the literature, included implications for educators, recommendations for further study, and recommendations for institutions of higher learning.
Research Questions

The research questions that guided this study were as follows:

Research Question 1: What are the lived experiences of women who were former teenage mothers but went on to earn a baccalaureate degree?

Research Question 2: What does it mean to these women to have been a teenage mother and later a college graduate? How has that experience and challenges they faced shaped who they are, their concept of self?

Research Question 3: What are the attitudes and insights of women who were former teenage mothers and now college graduates towards the educational attainment of African-American teenage mothers, and how might educators, including teachers, counselors, and principals help to advance this population’s future success?
Chapter 2

Review of the Literature

*I am glad we discovered what many already knew deep down—that adversity by itself does not need to destroy you. In-fact, it can strengthen you and especially help you give back to others.* Emmy E. Werner, Spring, 2012, p. 20

In this study, the experiences of African-American teen mothers were illuminated with some of the stereotypical myths about teenage mothers being dispelled and a depiction of the reality of teen mothers was better understood. The purpose of the study was to explore the educational histories and experiences of former teen mothers who have completed a postsecondary degree and seek to understand their challenges and successes. As a result, the history and experience of African-American women who completed college needed to be given a voice. This study effectively served this population by expanding the diverse experience of teen mothers and highlighting their demonstrated perseverance to defy society’s label of “teenage parent.”

The conceptual framework for this study was to understand the processes of resilience theory through examining protective factors and exploring experiments used to investigate resilience through preventions and interventions. This chapter provides information from previous studies that identify the trends of how teenage mothers are treated; societal attitudes toward them; the barriers and adversities of being teen mothers; the significance of attaining a postsecondary education; and the processes of resilience theory. Additionally, a clear understanding of an individual’s ability to employ influence over what they do, also known as the theory of self-efficacy was introduced.
Teen Pregnancy

Social Factors and the Media

The news media frequently reports on teen pregnancy trends and the belief that teen pregnancy is a dangerous social problem (MacKay, 2011). American adults are the largest viewers of news media. The pregnancy rates reported by the United States media remain factual but may be utilized to sway the public’s opinion. For example, when the annual teen pregnancy rate of 750,000 young women was revealed by the media, this high number was extremely alarming. However, the media may barely report that 90% of teenage girls averted pregnancy each year. Some Americans believe that the media is partially responsible for promoting teen sexuality that could lead to teen pregnancy (MacKay, 2011). For the past decade, entertainment programs have focused on teenage motherhood, which renewed the debate about sexual risk taking and teenage pregnancy being viewed. The media has created reality shows about teen pregnancies and reported details on celebrity teen mothers (Mollborn, 2011). For example, during the 2008 Presidential Election, Republican vice presidential candidate, Sarah Palin, learned that her 17-year-old daughter was pregnant. The Palin family was viewed by both Democratic and Republican parties as being committed to family values and accepting responsibility as a teen for parenting a child. This high profile teen pregnancy sparked a recent shift in America’s perception and revealed just how political teen pregnancy is in the United States.

Another controversial argument suggested that reality shows, MTV’s 16 and Pregnancy and Teen Mom, provide teens an opportunity to engage in productive conversations about sexual behavior (Suellentrop, Brown, & Ortiz, 2010). According to MTV network, the premise of these reality shows were to bring light to the challenges and stress related to work, school, finances,
and relationships of teenage parenting (Parks, 2012). Still several Americans were convinced that these shows send the wrong message especially to teens. The teens on the reality shows become famous and are photographed on magazine covers, which place them on the same level of singers and actresses. This could influence teenagers to get pregnant as a way to become famous. In 2010, The National Campaign to Prevent Teen and Unplanned Pregnancy designed a study that drew from a public opinion poll of 1,008 young people from 12 to 19 years old (Magill, 2012). Phone interviews were conducted to provide a national representation of teen’s opinion about the media and teen pregnancy. The data suggested that teens had a different view than others who criticized the reality shows or felt like the media glamorized teen pregnancy and gave the characters celebrity status (Shuter, 2010). While 82% felt that teen pregnancy was glamorized, the other 15% thought the opposite. Most of the teenagers reported that the show, particularly *16 and Pregnant*, shared a better understanding of teen parenting challenges or it forced them to think about their own risks of becoming pregnant.

**Perception and Treatment of Teenage Pregnancy**

Mollborn and Jacobs (2012) researched teen mothers who were attending traditional public school when they first became pregnant. They revealed that it was common for their participants to encounter negative experiences in school. Their schoolmates were hostile and would call them degrading names whenever they were seen in the hallway. According to the researchers, (Mollborn & Jacobs, 2012; Yardley, 2008), it was found that these negative experiences led some teenage mothers to report feelings of shame, resentment, and fear.

The Centers for Disease Control and Prevention (CDC), the national public health institute for the United States, reported findings from a 2010 teen perspective survey on how teens would feel if they got pregnant (Parks, 2012). It revealed a profoundly different
perspective based on race and ethnicity; 18% of all teen boys and 14% of all teen girls responded they would feel “very pleased” or “a little pleased” if they became pregnant. However, 23.3% of African-American teens, 28.6% of Hispanic, and less than 10% of Whites stated they would feel either “very pleased” or a “little pleased.”

College student interviews conducted in low socioeconomic conservative religious communities reported a negative perception of teen motherhood and viewed teen motherhood as the “lesser of two evils” (Mollborn, 2011, p. 3). Teens were encouraged not to have an abortion. However, higher socioeconomic status and less religious communities revealed that parents encouraged their teens to delay having sex or consistently use contraception (Mollborn, 2011). In those communities, teens were not judged as being immoral if they did become pregnant. American adults’ attitudes about teen parenting were divided along both racial and educational lines. In a 2005 perception survey, Mollborn (2011) asked American adults how embarrassed would they feel if an unwed teen pregnancy hypothetically occurred in their household. Americans who attended college reported more embarrassment than those Americans with less education, and African-Americans reported less embarrassment than any other racial group.

It is typical for teen mothers to feel socially ostracized and be affected by the negative social attitudes and community norms relating to teen childbearing (Mollborn, 2011). Mollborn (2011) described her participants who did not have friends as a “social isolation” (p. 35) because they were teen mothers. This social isolation stemmed from the common stereotype that teen mothers will encourage their friends to become pregnant or form “pregnancy pacts” (Mollborn, 2011, p. 35). For example, in 2008 it became national news when 17 students at Gloucester High School in Massachusetts all became pregnant (MacKay, 2011). The girls were observed giving each other high fives after leaving the school’s clinic once the pregnancy test was positive.
while other girls appeared disappointed if their pregnancy test was negative. Although there was no formal proof that the girls actually planned to get pregnant simultaneously, it was reported that the girls decided to form a pact and raise their children together.

**Economic Strains and Challenges of Teen Parenting**

Often, teen pregnancy and poverty occur concurrently within any population (Brown, 2008; Dye, 2008; MacKay, 2011; The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012). Teen mothers face steep economic challenges with providing financial support for them and their child. It is likely that they will become welfare recipients at some point in their life (MacKay, 2011). Approximately 60% of pregnant teenagers live in poverty when their child was conceived and half of all teen mothers received welfare benefits within the first five years of giving birth (Dye, 2008). Teens living with their own family were a bit better off, as 34% lived below the poverty line compared to 67% of those who moved out on their own (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012). Mollborn and Jacobs (2012) conducted a qualitative study to understand the qualities and experiences of teenage mothers. A sample of 55 current and former teenage mothers in the Denver metropolitan area participated in semi-structured interviews and observations. Their research revealed the 20 year trends of economic and social strains for teenage mothers. The economic strain was worsened by the decrease in public assistance such as welfare and other resources available to lower socioeconomic communities. As unwed births increased, the public financial resources available for teenage mothers and children decreased. Teen mothers were left with struggling financially to provide childcare and housing. Therefore, the need for family members to provide financial support increased in order to meet the basic necessities of teen mothers and their child.
Despite the many barriers that intrude upon teen mothers’ desires to achieve, it is reported that 51% of them get a high school diploma by age 22 compared to 89% of non-teen mothers who attain a high school diploma (Perper, Peterson, & Manlove, 2010). African-American teen mothers are more likely to attain a GED or high school diploma than any other race with two in three African-American mothers doing so by age 22 (Perper, Peterson, & Manlove, 2010). It is imperative for teen mothers to finish high school and attain a postsecondary education in order to qualify and compete in the twenty-first century job market (Perper, Peterson, & Manlove, 2010). Less than 2% of teenage mothers attain a college degree by age 30 (Hoffman, 2006). A college student will earn an average $1 million more than a high school drop-out over a course of a lifetime (Alliance for Excellent Education, 2011). Recent projections revealed that United States workers will require a higher level of education for future domestic work (Alliance for Excellent Education, 2011).

Accessing Quality and Affordable Childcare

Accessing adequate and affordable childcare is a barrier for young mothers to attend school and/or work. Childcare expenses may be disturbing to a teen mother’s income and other living expenses. In a study conducted by Mollborn and Jacobs (2012), the majority of teen mothers indicated that they received some type of support from at least one family member while attending school and/or working. The support reflected was typically, but not limited, to financial and childcare. According to the U.S. Census Bureau, in 2005 one-quarter to one-third of poor families paid childcare expenses from their after tax incomes. Geronimus (1992) and Arai (2009) revealed that African-American mothers’ extended family assisted with parenting and childcare. For example, when a teen mother lives alone with limited resources, her parenting responsibility increases and the amount of time she can attend school, work, and/or complete
homework decreases. On the other hand, the teen mother living with her extended family defrays childcare expenses. When the extended family is supportive and well-functioning, they are able to provide assistance with the child’s day-to-day needs, which increases the amount of time the teen is able to attend school, work, and/or complete homework. A teen mother’s ability to rely on family members and friends provide positive outcomes for her and her child. SmithBattle (2007) suggested that unreliable childcare interferes with the teen mother’s school progress. However, mothers with dependable childcare especially from family members completed school without interruption. Wayland and Rawlins (1997) concluded that teen mothers not only depended on their mothers for childcare but information about parenting as well (see Figure 2:1).

In contrast, Polakow (1993) reported the teen mother’s inability to rely on extended family to assist with childcare. In her study, most of the mothers were forced out of their homes by family members and were not given any or had very limited family support. Polakow also revealed the urgency of affordable quality childcare in order for teenage mothers to sustain a stable life through work and/or attending school. Teen mothers were constantly challenged with accessing quality and affordable childcare for their children. This barrier forced them to enroll their child in an affordable inadequate childcare center, pay an unaffordable cost for childcare or rely on unstable family members for some childcare. All six participants in her study had a desire to overcome the barriers of teen motherhood while persistently denouncing the negative stigma of being a teenage mother. Taking a stand, they refused to succumb to the statistics that would make them “a nothing” (Polakow, 1993, p. 69).
Figure 2:1. Showing the barriers and challenges of teenage parenting; www.colourbox.com

Educational Aspirations

Education is the one essential pathway that ensures teen mothers escape poverty (Barr & Simons, 2012). Inadvertently, the experience of motherhood as a teen has the potential to prompt teen mothers to excel academically and pursue their desire to provide a good life for their child. Despite negative perceptions of teen motherhood, teen mothers often experience aspirations to complete their education following childbirth (SmithBattle, 2007). For example, Barr and Simons (2012) examined 397 African-American women during late adolescent and early adulthood life stages. The participants were selected from a longitudinal research study
that initially examined the psychological, social, and protective factors associated with African-American families’ well-being and health. Interviews, home visits, and surveys reported that 87% of the participants had aspirations toward a college degree and over half of them attended some form of postsecondary education. The study concluded that the teen mother’s college aspirations were not only similar to non-teen mothers but it appeared to counter society’s low educational expectations as well. In line with what Pillow (2004), SmithBattle (2007), and Perper, -et al.-, (2010) researched, a significant amount of teen moms return to school either after giving birth or during their pregnancy.

Teen mothers expressed that their educational aspiration and determination also served as a protection from society’s tarnished identity of teen parenting (Yardley, 2008). It was their way to succeed in school and prove skeptical people wrong. Mollborn (2011) and Mollborn and Jacobs (2012) acknowledged that teen mothers invested in their education to provide a better life for their child. Although they struggled to provide financially to sustain their families, they had clear concrete education and career plans.

**Postsecondary Education**

A postsecondary degree enables the teen mother to obtain a career and gain a higher income. According to a study conducted by Zhan and Pandey (2004), a higher education increases a single mother’s risk of not living in poverty. As she obtains some college or a postsecondary degree, her chances of living above the poverty line increase. Nonetheless, any exposure to higher education by African-American women decreases her poverty rate from 41% for those African-American women without a high school diploma down to 17% for those with some postsecondary education (U.S. Department of Commerce, Bureau of the Census, 2004). According to the American Council on Education (2011), 19.4% of African-American women
earned bachelor’s degrees. The completion of college reduces the poverty rate even further to 5.3% of African-American women with a bachelor’s degree living below the poverty line. The median annual earnings reported for the following educational levels were high school graduate earnings $21,569.00, some college earnings $27,361.00, associate degree earnings $32,602.00, and a bachelor’s degree earnings $42,783.00 (U.S. Department of Commerce, Bureau of the Census, 2004).

Jones-DeWeever and Gault (2006) examined the challenges and benefits of acquiring a postsecondary degree faced by mothers. The participants were identified as a difficult to serve population because they received welfare benefits while attending college. They reported the women’s lives were changed for the better due to a higher education. The study concluded that obtaining a postsecondary degree had positive effects on women and their children socially, financially, and emotionally.

**Family Structure and Support**

Teen mothers need support and resources in order to meet the demands of providing and caring for their children. SmithBattle (2007) contended that when teen mothers are given the necessary support, it is possible that pregnancy serves as a turning point in their life trajectories of being at risk. Time and resources provided by family support enhances the teen mother’s ability to attain her diploma, postsecondary degree, and long-term financial success (Lee Smith &Wilson, 2014). Mollborn, Fomby, and Dennis (2011) revealed that it was beneficial to the teen mother’s education to live with the grandparent, also known as a three generation household. Three generation households consist of one or more grandparents, a grandchild, and the child’s parent. It was common for African-Americans and Latino families to live in three generation household structures. This family structure is usually more acceptable of the teen’s
pregnancy and could improve the mother’s and child’s outcome. For example, Arai (2009) conducted face-to-face interviews for three years with 15 young mothers in London to explore their family relationships, reactions to their pregnancy, and experiences within their community. The findings revealed that motherhood was beneficial to healing family dissents and uniting family members together. The extensive family support was proof regarding the acceptance of the teen’s pregnancy. Many of the participants were able to work and/or attend classes because their parent assisted with babysitting.

Mollborn and Jacobs (2012) concluded that this family structure placed a tremendous amount of financial burden on the teen’s parents or extended family members. Many low-income families found it difficult to provide money and time to support teen mothers with less financial support from the welfare reform act of 1996 (Mollborn, 2011), resulting in teen mothers’ and their child’s basic food and clothing needs were not maintained. Furthermore, the overreliance on family financial support could impede on the teen mother’s ambition to maintain employment and financial stability (Lee Smith & Wilson, 2014).

Programs and Support Groups for Pregnant Teens or Teen Mothers

Since the passing of PRWORA in 1996, the United States has been committed to reducing teen pregnancy through a vast increase in the number of organizations and programs (One Hundred Fourth Congress of the United States of America, 1996). America’s Promise Alliance, established in 1997 during the Presidents’ Summit for America’s Future, joined alliance with The National Campaign to Prevent Teen and Unplanned Pregnancy to assist in a nationwide effort to put an end to teen pregnancies and unplanned pregnancies:

*America’s Promise Alliance is the nation’s largest partnership organization dedicated to improving the lives of children and youth...we raise awareness, support communities, and engage in nonpartisan advocacy to ensure that young people receive more of the fundamental resources they need to graduate high school prepared for college, work, and*
The National Campaign to Prevent Teen and Unplanned Pregnancy is a nonprofit, nonpartisan initiative supported almost entirely by private donations... mission is to promote values, behavior, and policies that reduce both teen pregnancy and unplanned pregnancy among young adults. (Shuger, 2012, p. 2)

Shuger (2012) conducted interviews in communities where successful strategies had been implemented to improve graduation rates and address teen pregnancy prevention. New York adopted Changing the Odds Teen Pregnancy Prevention Program (TOP) in three middle schools and nine high schools. Some of the strategies used were teaching sexual health, communication, assertiveness, decision-making, relationships, and values during school hours and in after school programs. Students established community service projects to practice the skills learned so they were empowered to affect change.

In Memphis, Tennessee Girls Incorporated has been working for over 60 years to promote confidence and self-sufficiency in girls 6 to 18 years of age. Girls Incorporated is a program that teaches a teen pregnancy prevention curriculum, Preventing Adolescent Pregnancy (PAP), which has been implemented in elementary, middle, and high schools throughout Memphis City Schools. Girls are taught both in school and after school different reasons and ways to prevent sexual transmitted diseases and avoid teen pregnancies. Teen girls are able to gain a better understanding of the realities pertaining to parenting during an overnight experience with lifelike simulated babies. This organization has also developed community partnerships that extended academic programs throughout the Memphis community.

Conjointly with the nationwide effort to prevent teen pregnancy, programs have been established to address the needs of teen mothers and pregnant teens. Mollborn (2011) alluded to these programs as “a smart societal investment” (p. 6) that would be effective with assisting and nudging some of the most marginalized individuals onto a successful life trajectory. Lee Smith and Wilson (2014) identified success as attaining an education, maintaining employment that
eluded poverty, and raising healthy children as productive citizens. Their study evaluated whether Project Mothers and Schools Services (PMAS), a San Antonio school-based intervention program, successfully helped 174 teen mothers achieve financial security. PMAS arranged for social workers to educate teen mothers on how to gain access to resources and navigate complex government bureaucracies. The findings pointed out that PMAS assisted a large number of teen mothers with receiving income from employment, child support, and government food stamp assistance.

Securing sufficient housing that is both affordable and safe for teen mothers and their children could be a challenge (Krueger, 2011). Not all teen mothers are able to live with family members. Some may be forced to get their own place, live in shelters and group homes, or become homeless. In an effort to assist with housing, Georgia’s Second Chance Home Network (SCH) provided help and resources to teen mothers (Hudgins et al., 2014). Hudgins et al. (2014) evaluated SCH Network over a decade during 415 teen mothers’ intake, and during 3, 12, and 24 months after their discharge. It was discovered that 93% of the teen mothers graduated or were attending high school, GED programs, or college. The employment rate increased from 40% to 57% two years after leaving SCH Network, and 20% of teen mothers were receiving child support. Overall, the evaluation revealed that most teen mothers were succeeding after leaving SCH Network. Teen mothers who stayed longer at SCH Network experienced better educational status, employment, housing, and access to better health care. The National Campaign to Prevent Teen Pregnancy recognized SCH Network as a promising program.
Resilience Theory

During the 1950s, behavioral scientists led a revolution focusing on the origins and treatment of mental and behavioral disorders, also known as psychopathology (Werner, Bierman & French, 1971). They used a retrospective approach by reconstructing the history of children who appeared vulnerable with biological and psychosocial risk factors or suffered from severe mental retardation and cerebral palsy (Werner et. al, 1971; Werner, 2005). However, their research only examined the lives of the “casualties” and created the perception that a poor development outcome was inevitable (Werner, 2005). It was not until the influence of psychologists like Lois Murphy, Norman Garmezy, Arnold Sameroff, Emmy E. Werner, and psychiatrist, Michael Rutter, who helped to shape resilience science (Riley & Masten, 2005). Their mission was to address the need to conduct longitudinal studies that adequately analyzed the effects of “perinatal complications and quality of the family environment on cognitive development” (Werner et al., 1971, p. 7). For example, Slominski, Sameroff, Rosenblum, and Kasser (2011) initiated a longitudinal study of mental health from the time mothers were pregnant until their children were 30 years old. The primary goal was to examine the developmental origins of adult romantic relationships. Data were collected from 139 participants at birth, 30 months, 13, 18, and 30 years through interviews and questionnaires. Half of the mothers had mental health problems and the other half were considered mentally healthy. The study concluded that the current characteristics of an individual and the course of their developmental histories developed the way they thought and behaved in romantic relationships.

In 1954, a team of psychologists, public health workers, and pediatricians from the University of California, the state of Hawaii Department of Health, and the University of Hawaii followed 3,000 pregnancies in Kauai, Hawaii (Werner et al., 1971). The reproductive histories
of the pregnant women, interviews during each trimester, post-partum periods, delivery, and neonatal periods were monitored and recorded. Each child was examined by pediatricians and psychologists and interactions between both mother and child were documented. The child’s intellectual, physical, and social developments were assessed with notations of any physical handicaps, and learning or behavior difficulties. The majority of the infants were born without complications and grew up in supportive home environments. However, any stressful life events and family environments that brought disruption to their family unit were noted and recorded.

While the mental and physical defects of 1,000 families and live born children were being studied in 1955, Emmy E. Werner, Ruth S. Smith, Angie Connor, Louise P. Howe, and Mryna Campbell became so impressed by the resiliency of most of the children that they sparked the profound research to explore how successful survivors achieved good outcomes in spite of being identified as at risk. Werner led a longitudinal study that examined the lives of 698 Hawaiian infants with the intent to illustrate how they overcame adversity to have a lasting influence on their development and linked a complex connection between resilience and protective factors.

The significance of resilience began to emerge slowly after the 1955 Maui longitudinal study that shaped a framework to understand the importance and power of resilience for research and practice. Masten and Wright (2005) identified the study of resilience in three major waves of research over three decades (see Table 1). The first wave focused on individuals, character, and identified the factors that made a difference in overcoming discord. The phenomenon was well described by early researchers (Collishaw et al., 2007; Garmezy, 1991; Werner, 1989) with methodologies and basic concepts. Resilience was referred to as some pattern of adaptation in present or past adversity. However, two significant judgments were established to determine a
pattern of adaptation (Masten & Wright, 2005). First, a criterion was used to determine if there was a specific threat or risk to the individual’s adaptation or development. Then a second set of criteria determined the quality of the individual’s adaptation or development of how well he or she was doing in life.

Throughout the study, Werner and her team identified resiliency as “successful adaptation following exposure to stressful life events and vulnerability as susceptibility to negative development outcomes under high risk conditions” (Werner, 2000, p. 72). Approximately, 233 children who were identified as being at risk due to being born into impoverished conditions experienced mild to severe forms of perinatal stress were raised by mothers with limited formal education, and lived in a family environment with divorce, dissension or with parental alcoholism or mental illness. As a result of many of the aforementioned conditions, by the age of 18 some of the children experienced mental health problems, developed learning or behavior problems, had criminal records, or were teenage parents. However, 10% of the total cohort, 30 males and 42 females, developed good coping abilities, confidence, and a personality that attracted positive outcomes.

Both pediatricians and psychologists from the Kauai study reported that resilient infants had advanced communication, locomotion, and self-help skills (Werner, 2000). The resilient preschoolers developed coping patterns merged with autonomy and the ability to ask for help when needed which were predictive characteristics of resilience in later years. As a middle-aged child, resilient children developed impressive problem solving skills.

Further along in Werner’s study, she associated resilient children’s ability to effectively problem solve and identified their intelligence level as being positively associated with their ability to overcome favorable or unfavorable possibilities (Werner, 1987). Resilient children
were usually selected to be caregivers themselves of siblings or other family members. In contrast to resilient boys being raised with a male role model in his home (father, grandfather, uncle, or older male cousin), resilient girls were raised in homes that involved risk-taking combined with independence from a steadily employed female caregiver. Through their adolescent stage cycle, both girls and boys were provided emotional support outside of the home by peers, elders, neighbors, or close friends.

During the 1985 to 86 follow up study, Werner and her associates were able to locate 55 of the 72 resilient children identified during their prior study (Werner, 1981, 1989, 2012). As adults, their individual perspectives were documented through interviews at 18 and during the most stressful times in an adult’s life, at the age of 32. During the 30-year interview data, determination and personal competence were reported to be the most effected resources in coping with their stressful life events. The resilient women in the study identified support from extended family members, self-help groups, mental health professionals, and friends. On the other hand, the resilient men relied exclusively on support from parents or spouses. However, both sexes identified faith and prayer as sources of support. Many of the resilient individuals moved away from Kauai. Other participants in the study managed to successfully “beat the odds” as they sought out circumstances and people that led to positive changes in their lives. Their decisions allowed them to escape their hostile circumstances and “pick their own niches” (Werner, 2012, p. 84) or more compatible environments for them.

A growing list of key concepts was established to minimize confusion on the precise meaning used by resilience researchers. Risk factors (a characteristic or situation that predicts a negative outcome), vulnerability (being susceptible to undesired outcomes), and adversity (interferences or threats with one accomplishing age appropriate developmental tasks) were
some vocabulary already established from studies preceding resilience and were considered threats to good adaptation or “elevated probability of a negative outcome” (Werner, 2012, p. 20). However, protective factors and competence were new basic concepts that transpired from resilience research. Competence was normally assessed by a child’s ability to continuously meet the expectations of a particular gender or age that is established by society at each developmental stage. Protective factors were identified as those circumstances that keep some at-risk individuals from engaging in at-risk/negative behavior (Glantz, 1999). They were essential to offsetting the experiences of stressful life events and ensuring a positive developmental outcome (Werner, 1989).

Researchers (Garmezy, 1991; Masten, 2007; Werner, 2012) were interested in identifying the predictors of positive adaptation and protective factors in the face of adversity or risk. The key concepts were identified by whether the protective factor was an asset under strenuous conditions or high levels of adversity. Some protective factors that were reconfirmed time and time again in the developmental process of resilience were positive relationships, sense of personal worthiness, and high expectations. For example, an early infant-caregiver relationship that is developed based upon warmth, attentiveness, and nurturance empowers a child to develop confidence and learn ways to establish positive relationships and feelings of value and worth. This powerful asset fosters a child’s ability to respond effectively to risks and adaptively shift responses to provide protective factors of behavior. A multitude of good outcomes are inevitable, regardless of the level of adversities he or she may face because of their adaptive problem solving ability (Masten & Wright, 2005).

An analysis of the 1955 Maui longitudinal study identified the emergence of three types of protective factors: (1) an individual’s competencies and determination that was rewarded by
external support systems (school, work, and church that provides a belief system he or she lives by); (2) a person’s activity and social levels with average intelligence, communication skills, and level of internal control; and (3) an affectionate relationship with their family (siblings, parents, spouse or mate), which provided emotional support during stressful life events (Werner, 1989). The study concluded that the impact of protective factors did change from each stage of development from infancy to childhood to late adolescent and adulthood. A shifting balance occurred during each developmental stage between protective factors that intensified resilience and stressful life events that increased vulnerability.

Protective factors within a certain population during a particular developmental period could co-occur to some degree which is similar to childhood stressors and risk factors occurring simultaneously (Gore & Eckenrode, 1994). For example, 28 teenage mothers were identified in the Maui longitudinal study birth cohort (Werner, 1989). In the 30-year follow-up study, 24 women revealed their sources of childcare were family members, in-laws, or friends. Ten of the women had stable relationships with a spouse and had improved financially. A sufficient percentage of teen mothers attained an education beyond high school and were identified as “successful” or "improved.” They experienced feelings of security within their family as adolescence and had modeled their lives after mothers who obtained steady jobs when they were children. The protective factors identified were a mild amount of stressful life events, high social support, and their own self-determination. Both late adolescent stressors and risk factors from being a teenager and mother co-occurred during different developmental periods in the women’s lives.

The second wave of resilience research was sparked as researchers began to consider the process for why the same assets and protective factors were repeatedly found across large
heterogeneous samples using wide divergent methodologies (see Table 1). Masten (2007) identified these protective factors as “hot spots” that were possibly developed into social and cultural systems. Some of the hotspots identified were (a) self-efficacy and a positive outlook on life, (b) IQ and cognitive developments, (c) temperament traits, (d) connections to caring adults or mentors, (e) mastery, (f) authoritative parent/parental support of education, and (g) being spiritual/religious. Masten concluded that both protective factors and resilience consist of well-timed experiences and development.

The early resilience studies focused on essential factors, which was indeed necessary in order for future research to address the complexities of resilience. The focus was not on understanding the process that led to developing resilience, but in the second wave of studies, researchers steered away from the “what questions” to the “how questions” in order to underline the processes that influence adaptation and lead to a developmental systems approach (Masten & Wright, 2005). These complex processes focused on the role of systems beyond the family and how the individual interacted with other systems at many levels throughout their life that established development and adaptation (Masten et al., 2004). Developmental psychopathology then emerged as a discipline that emphasized the importance of systems and the interactions between individuals over time. Garmezy (Masten & Cicchetti, 2012) was one of the pioneers in resilience research who played a vital role in the conception of developmental psychopathology: “Developmental Psychopathology encompasses the study of good and poor adaptation, competence and symptoms, risks and assets, vulnerabilities and protective factors” (Masten, 2004, p. 311) and provides an understanding of behavior problems that pertain to human development.
Riley and Masten (2001) referred to resilience as an amazing adaptive phenomenon that is displayed in human lives in the context of present or past adversity. They provided an understanding of this process from a systems perspective:

> An individual is a living system, with the dual task of self regulation and organization on the one hand (maintaining coherence as a living and developing organism) and adapting to the world in which the individual lives and grows on the other hand. (Riley & Masten, 2001, p. 15)

An individual continuously interacts with social systems such as schools, community, peers, and physical systems referring to genetics which are mutually dependent upon one another. Both researchers studied the process of resilience that prevented negative outcomes and promotes positive outcomes. It was concluded that positive outcomes were manifested at different systems identified as microsystems (family, schools, and communities) and macrosystems (media, state or federal government agencies). Resilient adaptation was achieved through internal processes that involved quality supportive relationships and self-regulation. Riley and Masten (2001) recognized that the resilience process could occur at any level or within interactions between the two levels.

Critical turning points in specific developmental stages were revealed in longitudinal studies that explored individual changes over time through developmental pathways (Collishaw et al., 2007; Masten, et al., 1999; Masten et al., 2004; Werner, 2012). For example, Furstenberg, Brooks-Gunn, and Morgan (1987) explored the lives of high-risk children into adulthood that provided positive information about resilience. The 17-year longitudinal study concluded that the majority of teenage mothers furthered their education and maintained regular employment. Further, in the study, if the teenage mothers were welfare recipients at some point in time they became independent of the system. This remained true with teenage mothers associated with the Kauai study as well. Werner (1982) reported most of the high-risk children were successful by
the time they reached the adulthood stage at age 32. Both studies showed how participants were
provided the assistance and support they needed from their society in order to obtain success.
However, the level of success the individual had in overcoming these barriers were a
combination of vulnerabilities and personal strengths in addition to their positive relationships
with their micro and macro systems.

Masten and Wright (2005) noted that the role of culture is an important component in
understanding the processes in resilience and has established several protective systems.
Cultural beliefs, specific traditions, ceremonies rituals, and support systems may function to
protect individuals or families within that culture in the face of adversity. However, they
acknowledged that resilience researchers had not studied the role of culture extensively.

The third wave was shaped based upon a focus on creating resilience through preventive
interventions that would change the course of a child’s life potentially identified being at-risk
(see Table 1). A set of experimental studies based on a resilience risk framework emerged to
promote positive development among at-risk children (Herbers et al., 2011; Masten &
Coatsworth, 1998; Masten, 2004). These types of experiments have provided evidence to
engage or advance protective processes utilized in resilience literature. For example, a 2-year
longitudinal study conducted in urban poverty with 166 early adolescents examined the relation
of school performance to psychological distress and social supports to stressful life events
(DuBois, Felner, Brand, Adan, & Evans, 1992; Dubois, Felner, Meares, & Krier, 1994). It was
concluded that positive school experiences that involved supportive relationships with teachers
and extracurricular activities were beneficial to at-risk adolescents.

Competence promotion programs were also investigated to provide researched based
interventions (Masten & Coatsworth, 1998). Over time, these programs shifted from providing
children with a core set of skills to vast elaborate skills for a longer period of time, also known as Head Start. Early interventions indicated in the Perry Preschool Project for at-risk youths through age 19 yielded specific long lasting beneficial effects. The results improved academic achievement, decreased teen pregnancy and crime, and increased rates of high school graduation, enrollment in postsecondary employment, and programs (Schweinhart, Berrueta-Clement, Barnett, Epstein, & Weikart, 1985). Longitudinal resilience studies provided global evidence that makes it possible to alter the course of development and simultaneously examine what makes a difference in children.

Table 1

*Three Major Waves of Resilience Theory Identified by Masten and Wright (2005)*

<table>
<thead>
<tr>
<th>Resilience Theory</th>
<th>First Wave</th>
<th>Second Wave</th>
<th>Third Wave</th>
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<tbody>
<tr>
<td></td>
<td>Identified and defined resilience</td>
<td>Revealed the process of resilience</td>
<td>Explored the inter-relationship of cause and effect of resilience</td>
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Werner and her team conducted a 30-year longitudinal study which defined the protective factors, social needs, and character that identified the cause and effect of resilience primarily in Hawaiian children facing adverse situations (Werner et. al, 1971; Werner, 2005; (Garmezy, 1991; Masten, 2007; Werner, 2012). Macro and micro-systems were used to identify and establish the process of resilience that prevented negative outcomes and resulted in more positive outcomes for both children and adults (Masten, 2007; Masten & Wright, 2005; Riley & Masten, 2001 ;).

The paramount question was how to create resilience in children who were identified as being potentially at-risk (Schweinhart, Berrueta-Clement, Barnett, Epstein, & Weikart, 1985; Masten & Coatsworth, 1998; Masten, 2004; Herbers et al., 2011).

**Theory of Self-efficacy**

Self-efficacy theory has helped researchers to understand behavior across disciplines to include education and social work (Lorsbach & Jinks, 1999; Montcalm, 1999; Petrovich, 2004; Zimmerman Wilson, 2006) and lead “the development of interventions to change behavior”
As Bandura (1981) concluded, “People tend to avoid situations they believe exceed their capabilities, but they undertake and perform with assurance activities they judge themselves capable of handling” (p. 201). An individual who has strong self-efficacy face challenges possessing a greater effort to master the difficulties than the individual who entertains self-doubt (Bandura, 1982).

During the 1960s, Albert Bandura, a social scientist, and some of his colleagues studied social learning theory to include vicarious processes and influential role of modeling in psychological functioning (Bandura, Grusec, & Genlove, 1967; Bandura & Menlove, 1968). It was not until the 1970s that Bandura identified self-efficacy beliefs as the missing component to social learning theory. Bandura (1977b) established four major sources of self-efficacy expectations: (1) vicarious experiences, (2) performance accomplishments, (3) physiological arousals, and (4) verbal persuasion (see Figure 2:2).

![Figure 2:2. Four sources of Self-Efficacy.](image-url)
Vicarious experiences allow an individual to observe others engaged in alarming activities which may bring about the observer’s expectations that they too can persevere through their adversities. An individual has the ability to persuade herself so that she is able to obtain success because someone else could do it. Participant performance accomplishments are influential and determined by mastering personal encounters. Replicated failures decrease mastery expectations as repeated successes increase them and develop strong self-efficacy simultaneously. Physiological arousals are indicated as an illuminating function through social learning theory and provoked cognitively by a person’s pattern of thinking. An individual utilizes the guidelines of inference to execute or avoid executing a behavior. Verbal persuasion is when an individual is told that she has the abilities to master a specific behavior (Resnick, 2014). She then believes in her abilities to successfully overcome past difficulties (Bandura, 1977b).

In an effort to prove their theory of self-efficacy Bandura, Adams, and Beyer (1977a) conducted an initial study with 33 participants affected by severe snake phobias who were randomly assigned to a treatment condition: (1) participant modeling, subjects touched the snakes; (2) modeling, subjects observed others touch the snakes; or (3) the control group. Based upon the fact that the participants who touched the snakes resulted in stronger self-efficacy than the participants who observed others touch the snake, the study concluded that self-efficacy was predictive. The participant modeling condition served as an elimination of defensive behaviors. Bandura’s (1977b) analysis differentiated efficacy expectations from response-outcome expectancies. An efficacy expectation is confidence that an individual can successfully accomplish the necessary behavior that leads to outcomes. On the other hand, outcome expectancy is identified as one’s estimate that a particular behavior will produce other outcomes.
However, both expectancies are distinguished from one another because a person can believe that a certain action will lead to particular outcomes, but if he/she possesses doubts about performing the needed actions “such information does not influence their behavior… The strength of people's convictions in their own effectiveness is likely to affect whether they will even try to cope with given situations” (Bandura, 1977b, p. 3). Once efficacy expectations are initiated, they determine the length of time an individual will persist and the effort she will expend in the face of adversity and obstacles. The individual who persists during aversive circumstances will gain corrective experiences that reinforce her sense of efficacy.

Bandura expanded the initial study to comprise of three additional studies (Bandura, Reese, & Adams, 1982.). One study included 10 participants with snake phobias and the other two studies included participants with spider phobias. The results of all three studies were similar to Bandura’s earlier study; participant modeling impacted behavior and strengthened self-efficacy expectations.

An immense level of perseverance normally yields extensive performance attainments. Petrovich (2004) argued that utilizing self-efficacy theory to train and teach perspective social workers was influential on the social work profession. Self-efficacy theory targets an individual’s ability to use strengths and assists with developing resilience and confidence needed to be a social worker. In the same manner, self-efficacy impacts a person’s career and life choices and how she will execute decisions. Zimmerman Wilson (2006) coupled strength based perspective and self-efficacy as a framework for educating social work students. The social work field explored students’ strengths and implemented procedures to increase their self-efficacy beliefs. Zimmerman Wilson’s findings revealed that students possessed the ability to evaluate their skills while maintaining an enormous amount of confidence to perform social
work duties and target goals for their professional careers. Montcalm (1999) utilized Bandura’s theory, self-efficacy, to analyze ways social work educators can teach research to non-motivated students. Montcalm suggested self-efficacy expectations to influence social work students’ involvement and perspective in research. However, the suggestions were untested due to the need for a valid and reliable measurement tool for self-efficacy. S.L. Wright, Wright, and Jenkins-Guarnieri (2013) developed an 18-scale item tool to measure a person’s desire to engage in relationships based upon Bandura’s self-efficacy theory in order to understand social relational behaviors. The participants included 486 college students from a medium-sized university in the Rocky Mountain region. Their findings were parallel to Bandura’s self-efficacy theory that encompassed both self-efficacy expectations and response-outcome expectancies. Participants with greater levels of self-efficacy revealed increased levels of expectations of social connectedness and received assistance from others.

Summary

The review of the literature corroborated that resilience theory and theory of self-efficacy are the most appropriate theoretical concepts for this study. The qualities of a successful individual who has experienced adversity as a child or adolescent have been found under the umbrella of resilience. Researchers, psychologists, and behavioral scientists have examined this theory and analyzed why and how some individuals faced with overwhelming obstacles are able to beat the odds and make their way to successful adulthood. By the same token, self-efficacy theory identified how individuals’ lived experiences shape their concept of self and define how they mastered challenges as they elevated toward success. Both theories so eloquently support this study of a teenage mother’s ability to overcome an immense amount of adversity and simultaneously possess the ambition to obtain a postsecondary degree. Grounding this study in
resilience theory helped to identify protective factors that offset the participants’ life experiences and how resilience ensured a positive developmental outcome. Self-efficacy theory helped to determine the participants’ strengths that assisted with developing resilience and the level of confidence they needed to overcome barriers as a teen mother.

Research in the area of attitudes and perceptions held by African-American women who were former teenage mothers was scarce. Further research is needed to understand the educational histories and experiences of former African-American teen mothers who have completed a postsecondary degree.
Chapter 3

Methodology

In this study, the experiences of five African-American teen mothers were illuminated with some of the stereotypical myths about teenage mothers being dispelled and a depiction of a broader reality of teen mothers was better understood. The purpose of the study was to explore the educational histories and experiences of former teen mothers who have completed a bachelor’s degree and seek to understand their challenges and successes. Not all young mothers remain uneducated and poor, yet there is an absence of their voice in the literature. The history and experiences especially of African-American women who were teen moms and completed college needed to be shared. Both educators and policy-makers may benefit from hearing their stories.

Study Design

The study design for this research was qualitative with the two modes, phenomenology and life history, being employed. Creswell (2007) defined qualitative research as beginning “with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem” (p. 37). A qualitative researcher studies this problem utilizing an evolving qualitative aspect through inquiry, selecting a natural setting for the participants so that data are collected, and analyzing empirical data in order for themes or patterns to emerge. Some common characteristics of qualitative research are natural settings, holistic account, participants’ meanings, and the researcher as a key instrument. Natural setting is a fundamental characteristic of qualitative research because the researcher is able to talk directly to the participants while observing their behavior. Utilizing a holistic account involves the researcher depicting the
difficulties of the issue or problem within the study. During the entire qualitative study the researcher aims “to see this world as…research participants do-from the inside” (Charmaz, 2012, p. 14), referred to as the participants’ life world. There is a focus on the participants’ meaning relating to the problem or issue of the study. Data is collected by the researcher “through examining documents, observing behavior, and interviewing participants” (Creswell, 2007). This process enables the researcher to gain an in-depth understanding of human behavior and experience why and how humans behave in a particular manner in their own world (Schram, 2006).

**Phenomenology**

According to Schram (2006), qualitative research can be constructed in many ways and seen through different modes in order to magnify the “view of studied life, and thus broaden and deepen what we learn of it and know about it” (Charmaz, 2012, p. 14). Phenomenology draws heavily from the writings of twentieth century philosopher, Edmund Husserl. Despite his effort to prove his theory, Husserl declared that human experiences were similar to any other scientific concept that could be developmentally analyzed (Cutting, 2009). Later Martin Heidegger, Husserl’s assistant, developed phenomenology. Phenomenological research focuses on an individual’s perceptive on what it is to experience a certain situation or phenomenon (Cutting, 2009). Schram (2006) referred to phenomenology as studying the meaning of the lived experiences of individuals and can potentially yield an extensive description of those experiences. Therefore, phenomenology was the appropriate mode of qualitative research for this study.

A phenomenological study typically includes small samples involving no more than ten participants being asked very open ended questions (Cutting, 2009). The researcher may use
interviews, observations, drawings, and diaries as data collection tools (Cutting, 2009). Although the phenomenological study is defined by bracketing, intuiting, analyzing, and describing, there are two key concepts: epoche and the life-world (Schram, 2006). Epoche, often referred to as bracketing is the researcher's ability to restrain from judgments and preconceived notions regarding experiences lived in the “every day world.” Epoche is the foundation for becoming a phenomenological researcher who focuses on the participants’ “meaning” in lieu of targeting “the things.” The life-world indicates an individual’s perception of their social action and daily life. It involves the very practical knowledge that is sometimes taken for granted by an individual.

Munhall (2007) encouraged the researcher to “think and become phenomenologic” (p. 146), so the study will be guided from the participants’ perspective, which will enable an understanding of the participants’ experiences. This study provided details of the participant’s life world, the essence of their experiences, and their meaning of their life world as former teenage mothers. Munhall’s (2007) meaning to become phenomenologic is “a way of being in the world” (p. 148) as people and being able to view the world from a different perspective. During the study, the researcher thought phenomenologically, took nothing for granted and questioned everything (Munhall, 2007) to ensure validity.

A challenge conducting phenomenological research is being able to separate personal experiences from the study (Creswell, 2007). The researcher acknowledged the importance of this concept for this study, as she herself was a teen mother who went on to attain a college degree. Creswell (2007) recommended that a decision is made on how introducing the personal understanding of the phenomena might occur within the study, and the researcher continued to reflect on the potential for this, with the help of her chair and committee members.
Life History

Life history was the second mode of qualitative research that was combined with phenomenology to provide another perspective of the participants’ lived experiences. Both William I. Thomas and Florian Znaniecki were noted for developing life history as a systematic qualitative methodology (Goodson, 2009). The birth of their research was discovered in the garbage located in the back alley of a Chicago Polish community (Mostwin, 1993). During a morning walk, Thomas found several packets of Polish letters in the alley, which instantly became a rewarding experience since he could read Polish. The richness of the letters sparked an attraction that led Thomas to use these personal documents as a research tool. He then gathered other Polish letters through an advertisement in the Polish newspaper paying twenty cents per letter. In 1913, Znaniecki, the co-author with a Polish heritage, united with Thomas to embark upon their discovery and passion of life history. In 1918, Thomas and Znaniecki published *The Polish Peasant in Europe and America*, which detailed an analysis of the attitudes and experiences of Polish immigrants migrating to America taken from their diaries, over 750 letters in 50 family series, and autobiographical accounts.

During the 1920s, *The Polish Peasant in Europe and America* sparked many life history studies of urban life, *The Gang*, *The Hobo*, and *The Ghetto*, at the University of Chicago under Dr. Robert Park (Goodson, 2001). However, life history underwent criticism throughout the Chicago school study during the debate of life history and statistical techniques. Participants wrote an autobiography about their school experiences and completed a questionnaire indicating their attitude towards their school experiences. It was noted that nothing was gained or differed from the life history method and the scaled score. Based upon the Chicago study, life history did not pass the objectivity test of having statistics and collecting numbers as data.
Under those circumstances, the 1980s proposed an increasing need for studies to be more subjective, which revitalized the use of life history as a research method (Goodson, 2001). Goodson (2001) described life history work as being “interested in the way people actually do narrate their lives, not in the way they should” (p. 138). Atkinson (1998) argued that there is no better way to describe key life experiences, conflicts transitioning to accomplishments, and define being in a moral struggle or experiences of failure and success than through a person’s life history: “Life stories are essential in gaining a full understanding of human life, especially the individual life in relation to others, in knowing what matters most to people as they live life” (Atkinson, 1998, p. 20). The participants’ words became thoughts and feelings from the telling of their personal stories in order to make sense of the meaning. They reflected on experiences and events that may not have been thought about in detail prior to the interviews.

Life history was an appropriate mode for this study because it appealed to the precise details of the participants’ lives, how they made sense of their experiences, and the world around them (Goodson & Sikes, 2001). Participants accounted for their lives in an oral form while being recorded and later analyzed based upon how their stories were told. The researcher gained an insight and greater meaning with a clearer perspective on the participants’ personal experiences and feelings (Atkinson, 1998).

**Study Participants**

The researcher used both personal networking and snowball sampling to select five participants for this study. One potential participant had been identified by chance through the researcher’s network of fellow graduate students as she worked on an advanced degree. Participants were eligible for this study if they were an African-American woman, engaged in an occupation that involved special training or formal education, who attained a bachelor’s degree,
and who were a teenage mother between the ages of 14 and 19. Initially, the researcher contacted the participants by telephone to explain the nature of the study and discussed a potential location and time for the first interview, so that the participant felt comfortable. The initial phone contact was followed immediately by a recruitment script (see Appendix D) and informed consent form (see Appendix E) which was sent via email explaining the nature of the study, expectations, confidentiality, ownership of any tape recordings, and the participants’ rights which include removing themselves from the study at any time and changing and contributing to the analyses of the findings (Goodson, 1998). The informed consent form (see Appendix E) was signed by each participant and returned to the researcher at the start of the first interview.

**Data-gathering Procedures**

The researcher gathered data for this study using in-depth semi-structured interviews (Creswell, 2007). Each participant was interviewed twice, for approximately 90 minutes. An interview protocol (see Appendix A) appropriate for a semi-structured format was used to guide the first interview (Creswell, 2007). The two face-to-face interviews helped to “establish the context of the participants’ experience” (Seidman, 2006, p. 17). At the beginning of the first interview, the researcher reviewed the purpose of the study, plans regarding how the results will be used, and obtained the participants’ signature on the informed consent form (see Appendix E).

The researcher used a tape recorder and asked open ended questions while looking out for signals regarding “when to ask another question, ask more about what has already been said, was meant to be said, and when to go on to a new topic” (Atkinson, 1998, p. 33). In order to move the interview in the direction or interest that arouse and plan for the follow-up interview, the researcher noted topics that needed to be clarified later in the interview or during another
The goal for these interviews was that they allowed the possibility for readers and the researcher to connect their own stories with the participants’ experiences, understand the different ways people lives interact, and realize the complexities of others as well as their own (Seidman, 2006).

The second one-on-one interview was conducted for 90 minutes two to six weeks following the initial interview and shaped in part by the content of the first interview. During this interview, the researcher focused on gathering concrete details of the participants’ lived experiences as a teen mother and college graduate and allowed the participants to reflect on the meaning of their lived experiences (Seidman, 2006). Reconstructing these concrete details and providing meaning presented the emotional and intellectual connections of being a teen mother and the factors that contributed to the participants’ college attainment.

**Measures to Ensure Safety, Confidential, and Anonymity for Human Subjects**

In qualitative research ethical issues stem from the relationship between the researcher and the participants. Glense (2011) defined ethical as being indivisible from the researcher’s involvement with the participants and the data. The American Psychological Association (2012) established ten ethical principles to ensure confidentiality, protect the privacy of the participants, and preserve the ethical responsibility of the researcher.

The researcher followed the Institutional Review Board’s process and guidelines established by Eastern Michigan University. The researcher received approval from the Institutional Review Board to conduct the study. The guidelines helped to protect the welfare and rights of the participants. The data collected via audio was kept electronically and on a flash drive that was protected by a pass code that only the researcher had access to. Pseudonyms were used to ensure safety and confidentiality of the participants’ and their families.
**Time Line**

The researcher conducted semi-structured interviews over a four month period with five participants. There was a two-to six-week span used to interview each participant twice so the researcher could check for internal consistency of what the participants stated (Seidman, 2006). This period of time allowed the researcher to trust the participants and ensure that one part of the narrative did not contradict with what was stated in another part of the narrative (Atkinson, 1998).

**Validity**

Creswell (2007) summarized validation in qualitative research as “an attempt to assess the accuracy of the findings, as best described by the researcher and the participants” (p. 206). The detailed thick descriptions, vast amounts of time spent in the field, and the relationship between the participants and the researcher added to the accuracy of this study (Creswell, 2007). Creswell (2007) described eight validation strategies that are used by qualitative researchers:

1. Prolonged or repeated observations of the same phenomenon helps to build trust, learn the culture, and clarify any misinformation;

2. Member checking ensures that the participants review and check the transcripts and descriptions for any changes or remarks they want included in the study;

3. Triangulation utilizes multiple and different sources, theories, or methods to add rigor or depth to the themes;

4. Peer review provides a colleague or peer to review the research process and give feedback;
5. The researcher uses rich thick details to describe the participants or setting;

6. An external audit allows an individual with no connections to the study examine the research process to check for accuracy;

7. Conducting a negative case analysis involves revising initial hypotheses throughout the analysis process;

8. Clarifying the researcher’s biases enables the researcher comments on their prior experiences, assumptions, and preconceived ideas that assisted with the approach of the study (Creswell, 2007).

Creswell (2007) suggested for qualitative researchers to engage in at least two of the validation strategies so that the accuracy of the study is documented. The researcher employed member checking, triangulation, and clarifying biases. She emailed the transcripts of each participant requesting that they review them, check for accuracy, and make changes or remarks they want included in the study. Three sources used to provide corroborating evidence to highlight the theme in the triangulation process were

- descriptions of being a teenage mother,
- comparison of cases, and
- descriptions of the participant’s life history.

The researcher clarified biases by describing, in a journal prior to beginning the study, her past experiences of being an African-American teenage mother who attained a bachelor’s degree (Creswell, 2007).

**Reliability**

Reliability is referred to as being able to replicate the findings of a study, with the “assumption that there is something out there that is tangible and unchanging” (Clissett, 2008, p. 49).
Qualitative research is discovery oriented and emerging which makes it impossible to precisely replicate an interaction with similar participants and produce the same results (Forman, Creswell, Damschroder, Kowalski, & Krein, 2008). The researcher studied the same phenomenon by researching the life history of five participants. She employed purposeful sampling, predetermined questions, and specific strategies for analyses and coding so that “findings are generalized to settings similar to those in the study” (Forman et al., 2008, p. 765).

**Data Analysis**

In qualitative research, data analysis is a general process researchers use to present and analyze multiple forms of data and text. During this process data are prepared, organized, and then coding is utilized to condense the data into common themes. Finally, the data are depicted in a discussion, tables, or figures (Creswell, 2007).

In this study, the researcher organized the data into file folders and audio tapes for each participant. The audio tapes were transcribed by a transcriptionist and the researcher. The researcher immersed herself in the entire database by re-listening to the tapes while reading written transcripts a number of times in order to obtain the tone of each interview (Creswell, 2007). Rich descriptive data about the participants’ body gestures and interactions that could not be transcribed from the audio transcripts were added to the transcripts (Atkinson, 1998). Codes and memos that occurred to the researcher were also recorded in the margins as well. The researcher highlighted those narratives that specifically related to the participants’ lived experiences of being a teenage mother in order to form categories (Creswell, 2007). Those categories composed into meanings and classified into four common themes amongst all participants. The results were formulated into a description relating to what the participants experienced being an African-American woman who was a former teen mother, which is also
known as “textual description” (Creswell, 2007, p. 159). Then the researcher formulated a
description of how their experiences happened, also known as “structural description” (Creswell,
2007, p. 159). Next, the researcher formulated both the textual description and the structural
description into a detailed comprehensive description that was the essence of the participants’
lived experiences (Creswell, 2007).

The researcher concluded the study with discussions detailing the participants’
perceptions to have been a teenage mother, their experiences that shaped their concept of self,
their attitudes toward teenage parenting, their successes, and individual themes that were created
from their life stories.

The researcher compared the study’s themes with the literature, included implications for
educators, recommendations for institutions of higher learning, and recommendations for further
research.

**Researcher Bias**

Creswell (2007) also denoted that the researcher must focus on bracketing so that there is
a fresh perspective towards the phenomenon being studied. Although Moustakas (1994)
revealed that bracketing is occasionally achieved faultlessly, the researcher ensured that
“everything is perceived freshly, as if for the first time” (p. 34). The researcher would have been
eligible to be a participant in the study and therefore took special measures to ensure that biases
were controlled. In order for the researcher to record and report the truth of each participant’s
story, she controlled her personal biases by

- describing her own experiences of being an African-American teenage mother who
  attained a bachelor’s degree in a journal prior to beginning the study,
• bracketing out in a journal her own views of being an African-American teenage mother who attained a bachelor’s degree before proceeding with the experiences of the participants (Creswell, 2007), and
• indicating where her biases occurred when data were collected from the participants (Atkinson, 1998).

**Delimitations of the Study**

The proposed study obtained a sample of African-American women living in Southeast lower Michigan who parented a child when they were between the ages of 14 and 19. The participants have a bachelor’s degree and were engaged in an occupation that involved special training or formal education.

**Limitations of the Study**

Although the women in this study have contradicted the negative stereotypes of teen mothers, the results of this study did not account for all African-American women who were former teenage mothers. Each woman’s life experiences, postsecondary degrees, and career obtainments did vary dramatically. The study was limited by the data collected from the five participants and cannot be generalized to the entire population of teen mothers who attended college and found success in a career.
Chapter 4

Presentation of Data

In this study, the experiences of five African-American teen mothers were illuminated, some of the stereotypical myths about teenage mothers were dispelled, and a depiction of a broader reality of teen mothers was better understood. The purpose of the study was to explore the educational histories and experiences of former teenage mothers who have completed a bachelor’s degree and to seek to understand their challenges and successes.

The research questions that guided this study were as follows:

Research Question 1: What are the lived experiences of professional women who were former teenage mothers?

Research Question 2: What does it mean to these women to have been a teenage mother? How has that experience shaped who they are, their concept of self?

Research Question 3: What are the attitudes and insights of professional women who were former teenage mothers towards teenage parenting and future success?

This study depicted the life histories of five African-American women, all of whom had children when they were teenagers and then went on to earn a postsecondary degree. Their life stories appealed to the precise details of their lives and how they made sense of their experiences and the world around them.

First, Let Us Meet The Researcher Herself, DeSheil L. Echols

I was born the second of four children on the east side of Detroit. My mother divorced my biological dad when I was a baby, so I never had any recollection of them ever being married. Two years later, my mother married my step-father whom I adored and referred to him as “daddy.” Growing up my mother always instilled in us three principles:

1. “Put God first.”
2. “Our family is second.”

3. “An education is third once you attain an education no one could ever take it away from you.”

My parents were extremely strict; we were only permitted to have one friend who could visit our home, but we were never allowed to spend a night over anyone’s house. To support the first principle, we attended church four days a week. My dad lost his job as a factory worker due to alcoholism. As a result, we were supported by his monthly social security checks. I never knew we were poor because we did not receive welfare or food stamps so that made us, to me seem “middle class.” My mom always worked two to three jobs to ensure all of our needs were met and we received most of the things we wanted as well. She worked at various department stores, cleaned the homes of suburban families weekly, and worked at the post office periodically throughout the year. I desired to make my mom happy because I saw how hard she worked and I never wanted to add additional problems to her already stressful life. So I maintained all A’s in school, I cared for my siblings and my daddy during his alcohol binges, and kept our house clean while my mom worked. I wrote her notes at night and would leave them on the kitchen table to update her about the events that occurred while she was working. I loved school. I always desired to be the best student and strived for perfection. I was very quiet and shy and was never suspended from school. I always respected my daddy although he was an alcoholic and his binges became relatively worse throughout the years. My mom required that we respected him because he took care of us financially, while my biological dad did nothing. My daddy never showed favoritism amongst the four of us as children, and he desired that we attain a high quality education. Frequently, he would quiz us on our multiplication facts and punish us if we got even one wrong. Of course I hated whippings or for anyone to yell at me, so I quickly perfected all of my multiplication facts and began helping my siblings remember their facts.
I never witnessed my parents being affectionate, but I knew that I wanted to one day experience true love with my husband. My daddy would sometimes physically and verbally assault my mom and kick us out of the house. We would sleep on the porch or in our van and before the morning my mom would wake us up and bring us back into the house. As we grew older, my daddy stopped physically abusing my mother, but the verbal abuse continued. From my daddy’s example of a man, I knew this was not how I wanted to be treated by a man. As time passed on, I believed that one reason why my mom stayed with this husband was because of her faith in God and inability to take care of the four of us financially. This prompted me to promise myself that I would never be “at the will” of a man by staying with him because of finances and I would gain an education to support myself and any children I would have. Although I have always dreamt of having a perfect family, being a perfect wife, a perfect mother in a big house with a white picket fence, I knew an education would afford me these opportunities. Determined to let my mother and daddy’s relationship be an example to me, I knew that I needed to attain a college degree so that if I ever needed to leave my husband, I could financially sustain myself and a family if necessary.

Having a relationship with my biological dad was always my desire. As children, we would visit my paternal grandmother and great-grandmother periodically and my biological dad would visit us there. Later, my biological father remarried and had two additional children. Sometimes when I was around him with his new family, it was as if I was always invisible to him, even in his presence. While I longed for my biological father to be active in my life, I remember different occasions when he took all of my siblings and I (including my two younger siblings who were not his biological children) to the Downtown Detroit Thanksgiving Day Parade, in the summer we went to view the fireworks, and during Halloween he took us trick or
treating. Throughout my teenage years, I resented my biological father more and more, as I inside quietly yearned for his love and a relationship. As a result for my longing for my biological father, I began to seek the love that I was missing, as I desired, it from older boys. At the age of 14, I periodically dated the brother of my sister’s boyfriend throughout high school. He was much older and had dropped out of high school due to his sickle cell anemia disease. We continued dating towards the end of my senior year in high school. Also, during that time, I worked as a high school co-op student at Detroit Public Schools and graduated number three in my high school graduating class receiving scholarships to attend Michigan State University. My family, especially my mom, was so proud of me. I would be the first in my family to graduate from college with a degree.

The day before I was to leave for Michigan State, I became pregnant with my daughter. Prior to my pregnancy my mother kept asking me if I was pregnant and I said no, giving the excuse that it was because I had not been with anyone for me to be pregnant. After moving on campus and sharing a dorm with my friend from middle school, I went to the campus physician’s office to get a prescription for birth control. I had to take a pregnancy test prior to the prescription. The first test (a urine sample) revealed a negative result. The doctor had me take a blood test, which revealed a positive result. I was afraid, hurt, and devastated because I knew I had to return home during Labor Day weekend to inform my mother. When I arrived home, I asked my mom for “a heart-to-heart talk” but she interrupted me and said, “I already know, you’re pregnant.” As I looked into her eyes, it appeared as though her whole world had been shattered. She became silent, followed by a hysterical cry. I was again afraid and hurt because I had inflicted so much pain upon a woman who had made so many vast sacrifices for me. She was now unable to look at me with a sense of pride and call me her daughter. Shortly after
returning to school, my mother came to visit me in East Lansing on the bus. She wanted to help clean my dorm room and wash laundry. So we went in the basement of my dorm into the laundry room. Unexpectantly, a belt appeared and she began to whip me as if a level of disappointment and anger came over her again to cause that reaction. I was embarrassed and surprised, but the whipping confirmed the immense amount of pain I had truly caused her. Prior to her ending our visit, I assured her that if she helped raise my daughter, then I would definitely finish college.

She offered to raise my daughter in Detroit so that I could return to Michigan State University, but I declined because I did not want my family supporting my daughter, she was my responsibility. I asked my daughter’s dad to move to East Lansing so that he could care for our daughter while I attended class but he stated no. If all of this was not hurtful enough, my announcement to my mother that I was pregnant, three months after my pregnancy, my oldest sister became pregnant with her son.

I completed one semester at Michigan State University, returned home to Detroit, and had my daughter. I received welfare and medical insurance to support my daughter. I was ashamed to receive food stamps and now I was amongst the teenage mother statics. I was extremely ashamed and embarrassed that I had disappointed my family—especially my mom and our church family. During my pregnancy, I endured the long stares, shocks, disapproving looks, and the chatter from our extended family and church family about me returning home after four months, obviously pregnant. Acting as naysayers, they predicted that my life would be over and that I would never attain a college degree.

Determined to succeed against all of the odds stacked up against me, four weeks after having my daughter, I returned to work at Detroit Public Schools and enrolled at Wayne County
Community College. My siblings and my parents kept my daughter while I worked and went to school in the evenings and Saturday mornings. A year later, I married my daughter’s father. We constantly separated because he refused to help care for our daughter while I worked and attended school. I was adamant that I was going to make my family (including my daughter) proud again, and I wanted to prove to all of the doubters that they were wrong about my life being over. I knew that I would be the first in my family to graduate with a college degree.

While working at Detroit Public Schools, I asked one of my supervisors about different career paths that I wanted to follow. I shared with her that I loved math and desired to be an accountant. During my math class at Michigan State University, I was provided an opportunity to teach my classmates how to solve a particular math problem that my professor could not explain. Through that teaching experience, the idea of becoming a teacher always remained with me as I discovered how much I enjoyed helping others learn. I recall my supervisor saying to me “DeSheil, obtain your teaching certificate first and then pursue your accounting degree. You can always fall back on teaching if accounting doesn’t work.” So that was my motivation to pursue education. I graduated from Wayne County Community College and obtained a presidential scholarship to attend Wayne State University for free. During the day I would take my daughter to a home daycare and pick her up in the evenings. Those evenings I attended school, my family would care for my daughter the majority of the time. When they were unavailable, I would bring my daughter to class with me. My professors never prohibited her from coming to class. She would be right next to me completing her homework while I was engaged in class. I was so proud to have her on campus, and I desired for her one day to be proud to call me her mom. In my mind, quitting school was never an option for me. Relying on my faith that my mother taught my siblings and I to have as we were growing up, the biblical scripture, “I Can Do All
Things Through Christ Jesus Who Strengthens Me.” This scripture has kept me when I thought I was not going to make it. In order to stay focused and to remain motivated, I would write this scripture at the top of each exam or paper I would have to write.

As I became closer to finishing school, unfortunately my marriage continued to decline with multiple separations. I always had to depend on my family to pick my daughter up from school and care for her while I attended school, work, and studied. I would always rush home to care for my daughter, help her with her homework, and get her ready for bed so that I could study and complete my class assignments prior to getting ready for work the following morning.

Throughout all of the many challenges I faced as a young mother, a college student and a failing marriage, I was determined to succeed. I continued working as a clerical full-time and attending school. During my work as a clerical, I met my mentor, Kimberly Davis, who was my Assistant Principal. After Ms. Davis discovered that I was working full-time, going to school, and that I had a daughter, she immediately became very supportive of my aspirations to be an educator. At times, she would allow me to take care of my daughter by leaving early or bringing her to work with me. She was indeed one of my cheerleaders with encouraging me to remain focus on attaining my degree.

Then, there was a Limited License (LLI) Program for graduate students to attain a master’s degree and a teaching certificate while working at Detroit Public Schools. Although I was pursuing my bachelor’s degree, this program seemed perfect for me since I was an employee at Detroit Public Schools. So, I applied for the LLI program and was denied. I then made an appointment to meet with the dean of education and pleaded her approval to be accepted into this program. She approved my application after listening to my story, and I was admitted to the program. During my last year at Wayne State University, I took the mandatory writing
comprehension exam and failed it twice. I was so discouraged and did not think that I possessed
the writing ability to pass the exam. My last semester, I was required to take a non-credited
writing course, so my graduation was extended an additional semester. This was the only course
I was enrolled in and all of my required courses were completed. I graduated from Wayne State
with a Bachelors of Arts in elementary education and a math major. I was the first in my family
to attain a college degree.

I obtained a second grade teaching position at Detroit Public Schools, and after several
ttempts to rectify my marriage, it ended in a divorce. Now the shame of a failed marriage and
being a teenage mother haunted me again. I was hesitant to tell people that I had a daughter and
her age because they would be able to compute and label me as a teenage mother. I loved
teaching and the ability to make a positive difference in the lives of my students, but I wanted to
help foster change in the lives of even more children, so I began a master’s program at Eastern
Michigan University in Educational Leadership. Kimberly Davis began mentoring me as a
school leader. She modeled for me the way of a highly effective school leader, appointed me to
career opportunities, and took invaluable time out to listen and share with me her experiences.
She encouraged me to apply for a principalship although I was afraid and doubted my abilities to
be a great school leader like she was. After attaining my master’s degree, I became an assistant
principal and one of the youngest Detroit Public Schools’ principals at the age of 31. I returned
to Wayne State University and attained a specialist degree and later was accepted to the doctoral
program at Eastern Michigan University. While meeting with one of my professors at Eastern
Michigan University regarding a class assignment, I began to tell her my story of becoming a
teenage mother and some of the adversities I had endured. She encouraged me not to be
ashamed of “my story” because “my story” had made me who I am. She supported me in
completing research focusing on the lives of teenage mothers. Finally after 17 years, I began to own “my story” as a teenage mother. I no longer wore the badge of shame when asked the age of my daughter and telling someone “yes, I have a teenager although I am in my thirties.”

Throughout the completion of my graduate degrees and the birth of two additional children, one thing remained constant; the love and support from my family while I attempted to balance my career as a principal, college student, and motherhood. My mom always was there to pray for me, care for my children, and assume many household responsibilities. My siblings always helped relentlessly with caring for my children, picking them up from school, and helping me with whatever I needed.

Now, having been a principal for nine years I continue to possess a desire to help, love and support my school community: my parents, my students, and my teachers. My position has allowed me to influence and change the lives of my students and staff by providing them with possibilities to recognize their strengths and foster their own future. Because there were numerous of educators who took time out to develop, nurture, and support me, I want my staff and students to share those same opportunities as I received. Through my personal experience of potential defeat, hardships, setbacks, and triumphs, I am now able and committed to make a conscious effort to relate to my students and support them through their adversities as they seek to endure different challenges on a daily basis. With heartfelt compassion, I strive to provide young people, especially women, a living example of a child who grew up in a poor dysfunctional household with challenges of abandonment, an alcoholic parent, abuse, and a teenage pregnancy, the hope and will to survive.

Now let us meet the five women and their individual themes that were created from their life stories.
Aretha’s Story

*I knew that I wanted to go to college and go to school, but I just didn’t know what that was going to look like because I had a child.*

Although Aretha looks ten years younger than her actual age of 44, she is a confident, poised first-year school improvement consultant for a Michigan intermediate school district (ISD). She has attained a Bachelor of Science degree in secondary education with an English language arts major and a family consumer science minor, as well as additional master and educational specialist degrees in educational leadership. In her current role as a school improvement consultant, she services seven priority schools in Wayne County, Michigan. Aretha works with the schools’ leadership team to build teacher and leadership capacity, analyze data, and ensure schools are compliant with submitting mandatory state reports: “It’s a lot of traveling. It’s a different work, but I am learning a lot on the side of school improvement. The focus is to improve student achievement, how do we increase student achievement, how do we build scores and get off the priority school list.” Aretha has held various positions in education for over 20 years as a substitute teacher, tutor and mentor for high school students, academic support specialist, high school English teacher, dean of students, assistant principal, and principal. She is a single mother of two sons aged 25 and 16.

As a child Aretha lived in a poor area on the east side of Detroit, Michigan. She was an exemplary student who always loved attending school because she felt that school was a safe and fun place for her to fit in:

*I was always a good student. I use to get all A’s in school. I loved school. School for me was where I can go eat. I can go hear these teachers praise me I can be with my friends. I had a lot of friends.*

Aretha graduated from Cass Technical High School, one of Detroit Public Schools’ premier high achieving schools that is known for graduating 94.35% of their students, a rate
which is higher than the school district’s and state’s graduation rate. Cass Technical High School prides itself on serving as a catalyst toward sustaining and strengthening its status as a progressive and educationally efficient institution.

Aretha grew up in a dysfunctional family having a mother with a mental illness and an abusive father. She despised her mother growing up because her mother never provided a caring and affectionate relationship, as Aretha would see from other mothers:

She was really for the most part of my life she was incapacitated. She was not connected to our lives growing up as a mother. So as a child I resented her. So I would turn on the TV and I see Claire Huxtable, and I look at my mother and say you’re not Claire Huxtable. So I felt this detachment or disconnection from my mother.

Aretha felt as though her childhood was stripped away and she did not have “her own” because she was forced to raise her younger siblings at the age of 10:

So I took on the motherly role in my family. So my youngest sister and brothers I helped raise them. I would comb hair, change diapers. I remember at ten years old my dad took me to the grocery store and he had food stamps, and he said lets buy some groceries. I took the groceries home, packed up the meat, and separated the hamburger meat and cooked. I learned how to cook at ten and then my dad would tell my siblings [Aretha] is the mother.

Aretha never knew about her mother’s mental illness growing up as a child until years later when she was a college student. Her grandmother encouraged her to take her mother to the doctor. Her mother was then diagnosed with schizophrenic paranoia:

So we were living in this life and nobody gave us direction on so your mother is schizophrenic paranoia. She needs to be medicated for the rest of her life or she won’t be able to function without medication. So we didn’t know. We just thought...we just use to say momma crazy.

Aretha and her friends were intelligent students, so after graduating from Cass Technical High School, they decided to attend college. Some of her friends attended University of Michigan, various historical Black colleges and universities, Michigan State University, and Western Michigan University. Aretha decided to attend Tennessee State University with her
best friend. Her best friend’s mother drove them to their freshmen orientation, moved them into
t heir dorm, and paid for Aretha’s room and board because her parents were poor and could not
afford to send Aretha to college. Thirty days after staying on campus Aretha became home sick
and wanted to return home:

When I got down there, I was just home sick and wanted to be with my boyfriend. So I
asked my Dad to send me a ticket to come home. As soon as I came home I got pregnant
and at that point I was 18, and I delivered my son when I was 19 and decided at that
point I really didn’t know what I was going to do.

When Aretha was asked to explain her attitude when she first found out that she was
pregnant she became hesitant followed by a brief silence. Then she replied

I don’t know but now reflecting back no one asked me that question, so I am glad I can
think about it... I was happy because a certain part of me wanted to be with this guy, and
I kind of wanted to have something of my own.

Aretha always provided a nurturing motherly role to her family, so when she found out that she
was pregnant, she “wasn’t mad or upset:” “I think I was in a good place to have the baby. I think
that that was a part of my upbringing and my culture.” Aretha was raised in a neighborhood
where it was common for young teen girls to become pregnant. She viewed teenage pregnancy
as normal and acceptable behavior prior to and during her pregnancy. Her community and
family environment had taught her there was nothing wrong with being a teenage mother. So
there was no surprise when young teenage girls became pregnant:

My mother wasn’t a teenage mother, but in my community that’s all we saw and we say,
“oh when your baby due?” and I had a girlfriend who was pregnant with me at the same
time. It was like a game or something. Oh like that’s cute. I think a lot of times when you
grow up in poor neighborhoods, you don’t have opportunities to be exposed to other
things and keep your mind off of other things and not wanting to have sex or get involved
with sex. So for us we had sex; we went over to our friends’ house[s]...Before I got
pregnant I didn’t view teenage pregnancy as it’s bad and I should have. So before I had
a neutral feeling. It was around me. It was my culture. It was accepted behavior.

Aretha’s oldest sister became pregnant at the age of 16 and dropped out of high school.
My sister had a baby at 16, and the guy that I was pregnant by had a baby when he was 14, so he had already had a child. So just being in that environment mentally at that time was “ooh I’m pregnant” yea… I got pregnant at 18. When I told her [oldest sister] I was pregnant, she was like so you think now you are better than me. You not better than me. You pregnant just like I was…she was very [Aretha suddenly stopped] she hated me but at the same time, I think she was happy I was in the same situation.

Aretha’s oldest sister never returned to school to receive her high school diploma or general education development (GED). Interestingly, years later, her youngest sister became pregnant during her junior year at Michigan State University:

When she was born I was five or six. My dad came and got me from school, and he said your mom just had the baby, what do you want to name her? I said I want to name her Chanel because my best friend’s name in school is Chanel. So from that she was like my baby, my daughter. So we talk every day. She lives in Lansing, and we’re very close, and she had a baby. She went to Michigan State, and she got pregnant. So it was the circle of life.

Chanel never returned to Michigan State University to receive a postsecondary degree, but she later earned her cosmetology license. Aretha often wondered how she and her two sisters all lived in the same household, raised by the same parents but have different life journeys and stories.

So I think about what is the difference between my sister and myself. We have the same parents; we grew up in the same house... I graduated and she never did. So it’s just a lot of different dynamics... she is barely making ends meet, she struggles with so many different things in life not just financially she has a lot of emotional issues and things like that...our paths grew up in a different direction...our lives just turned out completely different.

Aretha admitted later during the second interview that prior to her pregnancy she was jealous that her boyfriend had a baby and his mother was raising his son. So each time she would visit her boyfriend, his son would be there:

Part of me felt like I wanted to have his kid too. There was a level of jealousy or insecurities for me when he had the child...his mom really raised the son. So being in a relationship with him with the son being in the home, I felt like that there was a level of competition or something. I felt like, man, I needed some attention too. Thinking back now I can see how all those things played into me wanting to have a baby. There was no
need for me to have a baby. It was just right in my face and the baby was there and it was so cute.

Aretha believed her family members had a sense of disappointment towards her when she returned home from Tennessee State University and immediately became pregnant. Although they accepted her pregnancy and never really verbalized their feelings, she knew that they had hopes for her to be “the first generation college student.” Aretha’s mother’s response was “you’re pregnant.” Aretha had a close relationship with her father and he acknowledged her as “his favorite child.” He never said anything or reacted any way about her pregnancy.

So I know there was a level of disappointment, but they never expressed it to me. They never said I’m disappointed in you. They never said anything. They were like, “oh you’re pregnant, whatever.” So I kinda wish someone would have said you don’t need to have a child at this point. You have so many things going for you. But no one said anything and again that’s the culture that I grew up in. Your sister had a baby and the expectation was although you are doing well and graduated from high school.

During the interview with Aretha as she remembered the relationship she had with her parents, at times she was very apologetic. A few times she would abruptly change from explaining different experiences of her life, the researcher had to continue to assure her that it was her story to share and how she chose to share it was her own decision and level of comfort.

Aretha admitted only feeling ashamed of her pregnancy when she encountered older people who were strangers or someone she respected. These individuals earned her respect because they “believed in me, so I felt like I let them down so I did internalize it a little bit.” She identified her former middle school teacher and her best friend’s mother as women whom she respected. She feared that they would be disappointed with her being a teen mother:

I had gone to this play at the Masonic temple, and I ran into one of my former teachers, and I was like five or six months pregnant, and I was showing, I was so embarrassed for her to see me that I knocked over some water just to kind of get out of the way, so she wouldn’t see me because I felt that she was going to be disappointed in me because I was a great student. She was there to support me. She was my middle school teacher. She
use to take me over her house and just knowing I would disappoint her was upsetting to me.

As a teen mother, Aretha found herself and her son living in unstable conditions at different family’s and friend’s homes. She decided her last resort was to check in a shelter so that she could be guaranteed an opportunity and assistance with obtaining her own housing. Actually, Aretha did not know a phone call from her friend who was attending Western Michigan University would not only change her living situation, it would also save her life:

So before I checked into a shelter one of my girlfriends called who lived in Kalamazoo, and she was like, “you should come up here and stay with me”...I had that one girl friend who said come on come up here, and I just dropped everything, and I was like, “girl I’m about to check into a shelter”... I was like, “you gonna take me in and my son,” and she had a roommate and her roommate had to be accepting of us, too...So I packed everything that I owned into a garbage bag. My clothes, my son’s clothes into a garbage bag and we moved to Kalamazoo and from there I enrolled in Kalamazoo Valley Community College... I made sure that I kept our stuff together. She had a car and I didn’t. I was on the bus. I caught cabs. She would tell you today, “[Aretha] never asked for a ride.” I never asked her to do anything for me ... that phone call just changed my life.

Additionally, Aretha became frustrated with the relationship with her boyfriend. So much so, that in retaliation moving two hours away to attend college would make it difficult for him to spend time with their son:

He was a part of it. I controlled it. Then of course I got mad and I moved away. I moved to Kalamazoo. I made it a little difficult for him to participate because my son was far away, but you make time for what you want to make time for. If I could do it over, I would have made a different choice, but at the time, all of the factors, the environment, how I grew up, the culture I was living in, teen pregnancy was all around me, just being poor, thinking that would make a difference.

Unfortunately, Aretha’s son’s father died eight years later and was never able to develop a relationship with their son.

Amid all of the challenges that Aretha faced, she felt that things were changing as she got a second chance to attend college, and she was grateful to her friend that, once again, she could
attain a college education: “I knew that I wanted to go to college and go to school, but I just
didn’t know what that was going to look like because I had a child.” She felt being both a new
mother and college student that it would be best for her to attend a small community college
instead of Western Michigan University, a much larger university. So Aretha attended
Kalamazoo Valley Community College for one year:

For me I wanted to start small so that I could see how I could pace myself. I didn’t want
to take on too much trying to be a mother, having to work, and to make ends meet. So I
tried to pace myself, and I’m glad I took that path because it helped me to figure out how
I was as a mother-student because I was a non-traditional student. I did not have the
same experience as my classmates. I had to go home, pick my kid up from daycare, go
home cook something to eat, map out some time for me to study and do homework then
get some rest, and get back up the next day and do the same thing all over again.

After moving to Kalamazoo she quickly formed relationships with other student-mothers on
campus. As she settled into college life, she took on a part-time job at a local grocery store, and
received daycare expenses and assistance from welfare and received financial aid. Her son’s
daycare center was in the center of campus. So it was very convenient for her to drop him off
and pick him up after class:

I had met a couple of people who had babies, too. So we kinda worked together and we
had a baby sitting circle. I worked part-time as a bagger at a grocery store just to kind
of make ends meet. I was also receiving welfare, so that helped out a lot in terms of
childcare expenses. It also afforded me the opportunity to get enough financial aid to
cover my classes. So from there I hustled. I went to class. I would take my son to school
with me. I would ride on the bus with him. He would sit in class. My professors kind of,
well, they didn’t encourage me but they didn’t discourage it, so my son would be in class.
My classmates would be playing with him. So we kind of raised him on the campus.

Aretha recalled the different challenges and barriers she encountered as a teenage mother
and college student. Aretha remembered feeling frowned upon by stares from strangers as
though “you are poor you are promiscuous, you are easy, and you don’t have any control.”

Although individuals never verbally attacked Aretha with any of the negative teenage mother
stereotypes, their stares caused her to feel mistreated during doctor visits, made her feel stigmatized, and not mature enough to be a mother.

So when I would take my son to the doctor to get shots and they would call me in, I kinda felt like I was looked down upon as just this ignorant young black single mother. The dad is not going to help you. You are doomed for life. So I felt some of that I guess it was a challenge. I felt like I don’t want to be that stigma. I don’t want to have that stigma. I don’t want to be a part of that stereotype of those poor black welfare mothers who’s milking the system. I wanted to use the system to my advantage to help me make gains with my college career.

Aretha was also faced with a financial challenge of gaining employment that would pay for living expenses for her and her son “without having to be on welfare.” The majority of her income was spent on daycare. After transferring to Western Michigan University, Aretha formed relationships with other students on campus. These new relationships assisted her with caring for her child when she was attending classes and working: “I started a book club on campus. We started this single mother network club where we would basically babysit each other’s kids, help with course work like study tables, so it was challenging I don’t know how I made it work.” During her night classes, Aretha would have to bring her son to class with her because either the daycare was closed or there was no one to babysit him. This made it difficult at times because her son would cause a distraction during class not only for her but for her classmates and professors as well. Although her professors never prohibited her from bringing him to class, she knew that she had to keep him quiet during class or escort him out to calm him down whenever he became fussy.

Aretha identified caring for her son’s needs while attending college as a challenge. Her son would be up late at night sick or crying while she was trying to study and complete homework. Fulfilling her role as a mother was always primary; therefore, her college student
duties became secondary. At times she would miss class or would not complete assignments to ensure her son’s needs were met first:

You have to be a mother first. Sometimes you have to put the books down and say I’m a mother. So those were some of the challenges. When the baby would get sick and I couldn’t go to class, I would miss something because I had to focus on my child.

On one occasion, Aretha informed her professor that she missed class and was unable to complete her assignment because her son was sick and she had to care for him. Her professor never allowed her to utilize caring for her son as an excuse:

One professor was like, “so what are you going to do? You will always have something. It might not be a sick son. It might be a sick parent. It might be your car. It’s this and that. What are you going to do about it?”...In my mind I saw this as easy. I’m about to use this kid and the professor is like, “so what you going to do? When you get into the real world you are going to have deadlines. You can’t go to the CEO of your company and say my son was sick. Your CEO is going to have the expectation this is your job, and I expect for you to do it, and if you can’t, then you need to look somewhere else.”

The experience with her professor shifted her thought process and taught her a valuable lesson in terms of getting things done and “making no excuses” when it comes to fulfilling your responsibility not only as a college student but as an employee as well.

Aretha moved back to Detroit, Michigan, eight years later after attaining her bachelor’s degree from Western Michigan University. She was a first-generation college graduate in her family. While beginning her career as a high school English language arts teacher, she became pregnant with her youngest son. After he was born she married his father because she felt as though she had already experienced the hardships of being a single teenage mother and did not want to experience that again; however, three years later they were divorced, and she continued to raise her sons as a single mother with some support from her ex-husband.

Aretha believes that educators can help to advance the success of teenage mothers through communication. Being an educator herself, Aretha serves as a mentor and has always
encouraged her former pregnant students to continue with their education. She has connected three of her former students with a professor at Western Michigan University, where Aretha knows those teenage mothers will receive a wealth of support. Their school and work schedules were tailored around their children to assist in their attaining a postsecondary degree:

*I’ve seen so many of my students come in pregnant and whatever. I would always have this conversation. “What is it that you want to do? You can still go to school don’t stop don’t stop”…I tell them it’s not the end of the world. You can still go to school, and I always connect them to Western because I know there’s support here.*

She also believes that educators can empower teenagers to make healthy choices and good decisions through communication and providing them with information about sex and encouraging them to be involved in activities outside of school like musicals, plays, and joining teen mentoring groups.

Aretha had a chance to share her lived experience as a teenage mother to a group of teenage mothers at Genesis House located in Detroit, Michigan. Genesis House is a residential facility that services addicted and homeless women and their children. One of the teenage mothers was so inspired by Aretha’s story that she talked to Aretha for an hour expressing her desire to attain a college education: She was like, ‘you really made me feel like I can do something with my life because I had no idea. I thought I was stuck that I was never going to amount to anything.’

Over the years, Aretha has developed a positive relationship with her mom and now has legal custody of her. Her mom lives in an adult foster care facility and suffers from dementia, Parkinson’s disease, and breast cancer. As an adult, Aretha has grown to appreciate her mother and the woman she is today:

*Growing up she was mentally ill, and as a child I didn’t know so I resented her. I wanted to punish her in my mind, because she wasn’t like everyone else’s mother. So even when I was in college, I started seeing a therapist about it, and she was able to explain how*
what my mother was dealing with was not her fault. Once I got that understanding I couldn’t get mad at her; she couldn’t control the things she did or didn’t do, so I started to appreciate her and loving her more and trying to be the best daughter I can be for her, and it’s been great for me...she can’t give me much or a lot, but I can give her more than I did when I was younger.

She has love and affection for her mother because of the struggles she experienced in life

“without any help, any support, nobody knew what was going on.”

Aretha described her interviews as therapeutic. The interviews enabled her to reflect on her life as a teen mother and the many adversities she overcame. For many years she had packed these experiences away in the back of her memory. During the interviews she unpacked some things she “had tucked away” and realized her lived experiences could benefit her life now and in the future. She always thought that while going through her adversities they were the “worst thing ever” and she did not know how she would conquer them. At the conclusion of the interview, Aretha realized the importance and value of her lived experiences and how they have empowered her to have conversations with her sons and others to “impact their life and influence their life or something their dealing with.”
Themes

**Disconnection.** Growing up Aretha explained that she needed her mother’s love and attention, but her mother lacked the capacity to act on these feelings due to her mental illness. As a child, Aretha said that she never knew her mom had a mental illness and by being unaware, Aretha developed a resentment towards her mother: “She was not connected to our lives growing up as a mother. So as a child I resented her…So I felt this detachment or disconnection from my mother.” Aretha acknowledged she reversed roles with her mother at the age of 10, when she became the caretaker of the house and later as an adult she became “the mother” to her own mother.

During both interviews, Aretha expressed her feelings of disconnection between her and her oldest sister. Although they “have the same parents and “grew up in the same house,” Aretha recognized “for whatever reason we had different path.” Aretha had completed high school then became pregnant, but her sister became pregnant, dropped out of high school, and never attained a high school diploma:

>I have a sister a couple years older that had a baby at 16 years old, she never even graduated from high school. We were born from the same parents, lived in the same house, but our paths took different directions. Even though she had a baby at 16, I had a baby at 19, our lives turned out completely different…I went to school… I loved school… So my sister wasn’t a good student. She took a different path educationally. She had the friends who were hanging in the streets...my friends were in school. I always had really smart friends and she had friends that smoked weed, drunk and all of that stuff.

Aretha acknowledged that their relationship had improved “through the years,” but she described their current relationship as having to “tiptoe around” and “walk on egg shells” whenever her sister was around.

**Looking for Love.** Aretha expressed attending school was an environment she adored and felt accepted by both her friends and teachers who liked her: “I was liked…I use to get all
A’s in school. I loved school. School for me was where I can go eat, I can go hear these teachers praise me. I can be with my friends. I had a lot of friends.”

As a teenager, Aretha suggested that she sought a desire for love and attention from her boyfriend. During high school her parents separated, so she would lie to her mother and grandmother to spend weekends over her boyfriend’s house.

*I would tell my mother I was at my grandmother’s house and tell my grandmother I was at my mother’s, and I would be at my boyfriend’s. I would go over there. I had a job in high school at DTE, and I would get my check on Fridays, go spend a night at my boyfriend’s house, and go back home on Sunday and nobody in my family checked me. Nobody was on me because I knew how to manipulate the situation.*

She admitted to manipulating her mother’s illness and parent’s separation to get the love and “at that time this guy” she so desperately wanted. Aretha left home to attend college but still yearned for “love” so she returned after 30 days: “I was like I couldn’t take it I was ready to come back home… a certain part of me wanted to be with this guy, and I kind of wanted to have something of my own.” Immediately upon her returning home, she became pregnant: “He already had a kid when he was 15, and I think part of me felt like I wanted to have his kid too… I felt like I need some attention too.” After the birth of her son, Aretha proclaimed to be in love with her son’s father, but she was uncertain if her love was reciprocated:

*When I got pregnant, we didn’t have a strong relationship; we were just together. I was in love with him, and I think he loved me and cared for me, but he was still out there doing what he wanted to do. So the baby never changed the dynamics of our relationship. It didn’t make it stronger. It didn’t make him want me more. It didn’t make him breakdown and be a great father. It just was what it was. It was a decision I felt like I made, and put on him, even though he was a part of it, I controlled it.*

Aretha stated that she desired love, guidance, and attention, which her parents did not provide; moreover, she said they never said anything to help direct her even during her teenage pregnancy: “So I kinda wish someone would have said you don’t need to have a child at this point. You have so many things going for you. But no one said anything.”
**Perseverance.** After Aretha moved to Kalamazoo, Michigan, she quickly enrolled in a community college, gained employment, and developed new friendships while raising her son on campus:

*So from there I hustled. I went to class. I would take my son to school with me. I would ride on the bus with him. He would sit in class my professors kind of, well, they didn’t encourage me but they didn’t discourage it. So my son would be in class ...So we kind of raised him on the campus.*

She referred to herself as a “mother-student” which consisted of a different role and responsibilities than traditional college students.

*I had to go home pick, my kid up from daycare, go home cook something to eat, map out some time for me to study, and do homework. Then get some rest and get back up the next day and do the same thing all over again.*

Her relationships with other teenage mothers on campus permitted them to have study groups, babysit each other children, and help with course work: “I met some good people along the way that encouraged me to stay involved in school and if I didn’t have that experience I could be in a different situation.” She acknowledged that she always desired an education so it remained the forefront of her college experience:

*Why did I go to school for eight years? I didn’t have to go to school for eight years, but I was working, and I took time out for this, and I had a kid...I am very proud of my life even with the ups and downs, having a baby at 19 I didn’t let it stop me. I was able to keep going.*

**Selflessness.** Aretha first gesture of helping others began as a child when she cared for her younger siblings. She stated that her mother’s illness left her incapacitated and undependable to rear her five children: “So I took on the motherly role in my family…so my youngest sister and brothers I helped raised them. I learned how to cook at ten …my dad would tell my siblings [Aretha] is the mother.” Aretha acknowledged her role as a mother transitioned
to her caring for her own son at the age of 19. Although she was a mother-student, her son’s needs were first priority over work and school:

You have to be a mother first. Sometimes you have to put the books down and say I’m a mother. When the baby would get sick and I couldn’t go to class, I would miss something because I had to focus on my child.

Aretha recognized her first job after moving to Kalamazoo as a constant reminder of where her life journey began. She accepted a part-time job as a grocery store bagger to make ends meet in addition to receiving welfare which assisted with her daycare expenses.

It was a humbling experience. It taught me that no matter what my circumstances is, whatever I’m going through…there could be someone that could be worst off or in a different situation. It just taught me a huge humbling experience not to look down on anyone, and whenever I can or wherever I can be supportive of someone else.

She confessed her job as a grocery bagger ignited her passion to help others and provide support whenever she could. This attitude of servanthood would later transfer with her into her new role as an educator. In this role, she specifically tailored her service to mentor girls and pregnant teenagers by engaging them in conversations about their goals and aspirations. Aretha utilized dialogue to engage these girls in conversations with the expected outcome of providing them confidentiality and support. One of the questions that Aretha would ask as, “What is it that you want to do? You can still go to school don’t stop, don’t stop.” She assisted three of her students who were teenage mothers with attending her alma mater and connecting them with individuals to support them on campus. Aretha stated she would volunteer to speak at a homeless shelter for teenage mothers and offered support by sharing her life experience as a teenage mother. Furthermore, she revealed she had assisted her sisters with raising their children. In one instance, Aretha drove nine hours to take her nephew to college and was instrumental with him being awarded the “Tom Joyner Morning Scholarship right on the
spot…I didn’t do anything I just took some direction and said you don’t have the money we are going to find some money because he is going to college.”

Even though, Aretha’s dad was abusive to her as a child, she confessed to maintaining a good relationship with him. Later, when he was diagnosed with cancer she moved him into her home where he later died:

*But it was a time when I had to bathe him, help in the tub, I had to wash him, another humbling experience, because you think about getting old, you think about dying, but you don’t think about where you may be in that time and place in your life... It taught me about living and dying, being the best person you can be not because you’re looking for a return, but it’s the right thing to do...I would make sure he was comfortable, I would say positive things to him, like I would wake up and say today you’re a winner. You won, you are winning, but slowly but surely everyday he was leaving and he ended up passing away. Sure there were days I didn’t want to get up and take him to chemo and bathe him, but teaching my kids this is what you do what’s right not what’s wrong, this is the right thing to do.*

Currently, Aretha stated she cares for her mother who lives in an adult foster care facility and suffers from dementia, Parkinson’s disease, and breast cancer. She admitted to therapy sessions helping her heal and forgive her mother for not being “like everyone else’s mother:”

*What my mother was dealing with was not her fault...your mother is your mother like it says in the Bible to honor your parents; to honor them whether they are perfect or great or whatever, you honor your parents, to do what you have to do; respect them and where they come from.”*

**Team Aretha.** Aretha acknowledged that she was in a very “unique situation” because of the plethora of support she received from some family members but mainly from her friends with raising her son. Both family and friends worked together as a “team” to ensure that Aretha did not “let the baby stop me from doing what I wanted to do.” She attributed her success to the mental, emotional, and physical support these individuals provided:

*I think I am very fortunate with my life experience as a teen mom today. I know a lot of girls whose life turned out completely different. Even though I depended upon myself, I did have a core group of friends and a few family members that were very supportive. Whether they were mentally supportive, emotionally or physically supportive. I was able*
to tap into those people to help along the way, whether it was a phone call of encouragement, a couple of dollars here or there or someone to keep my child for me. That experience really helped make me to be the person I am today, I know.

Aretha proclaimed that a phone call from her friend attending Western Michigan University saved her and her son from living in a homeless shelter. Aretha and her son were able to move to Kalamazoo and live with her friend while working and attending community college.

Aretha said that she appreciated her “experience at Western because I met so many people who were willing to help and support me.” For example, Aretha stated that her friends in Kalamazoo encouraged her and supported her more than her family: “Yea, you have a baby so now what. You have to raise your child, how can we support that journey for you?” They would babysit her son, help her find jobs, assist her with studying and completing course assignments, and provide financial support as well.

Aretha revealed that while working in the minority student service center on campus, one of her co-workers was really instrumental with encouraging her: “I got a lot of encouragement from her, like girl you can have a baby and keep it going. You don’t have to let the baby stop you from doing what you want to do.” Furthermore, “everybody in that office was like Team Aretha, let’s get it down.”

Aretha admitted that she “felt like I was able to do whatever I wanted to do.” She pledged a sorority while attending college. During her pledging process, Aretha sent her son to Detroit to live with her godmother. Additionally, she stated when she accepted a summer intern as a tutor counselor she was required to live in a dorm on campus. So Aretha sent her son to live with her sister in Lansing because he was unable to live in the dorm with Aretha: “I had to take my son to my sister’s and I would have to see him just on the weekends. She [her sister] would bring him up.”
Aretha disclosed that she received support from “the system” and “used the system to my advantage to help me make gains with my college career.” She referred to “the system” as government assistance from welfare, financial aid, and subsidized housing. The support from welfare “helped out a lot in terms of childcare expenses.” Aretha and her son lived in subsidized housing and did not have to pay rent expenses: “I had subsidized housing so it was times in college my rent was free and sometimes I got a check from them because of the amount of the subsidiary checks, so those things made it easier for me to get through.” In addition, Aretha was awarded financial aid which paid her entire tuition during her eight years attending college.

**Porsche’s Story**

*Being a teenage mother doesn’t stop you or hinder you. People say that it was a mistake, but it wasn’t a mistake; it was a pleasant surprise. She saved my life.*

Porsche is a 46-year-old doctoral student, a full-time nursing professor at a local college, and a part-time nursing professor at Michigan State University. When the researcher arrived at Porsche’s home for the initial interview, she was still in her work scrubs preparing dinner after teaching an evening course at the college. She was elated the researcher informed her that she was stuck in traffic, which gave Porsche the opportunity to stop by the grocery store to purchase fruits and vegetables in preparation to teach her clinical lab session the following day. Prior to the interview Porsche explained with enthusiasm how she integrates food in her lectures to teach fluid and electrolytes as she removed grapes and raisins from the bag on the floor to show the researcher.

Porsche is the youngest of four children and lived with both parents who provided a stable, financial, and secure lifestyle. At the age of 13, Porsche’s parents divorced and she immediately became rebellious headed “down a path of destruction.” In high school she constantly had fights and was ultimately kicked out of her neighborhood school. Porsche was
transferred to another high school due to her destructive behavior. She quickly joined the cheerleading team and formed new friendships while remaining friends with the teenagers in her neighborhood. She vividly recalled her high school experience:

Teachers in high school, they just passed me. Before I got pregnant I would skip school. One time I skipped the whole semester and got Cs out of my classes. How is that even possible? I felt like no one even questioned or said why are you skipping? I can’t remember them even contacting my parents because I was able to skip a whole semester. So for high school I felt like maybe I was just a number.

Although Porsche had not yet confirmed her pregnancy, her mother constantly asked if she was pregnant due to her sleeping more, displaying feelings of discomfort while sleeping in her waterbed, and frequently feeling nauseous:

I wasn’t going to keep her...at first I denied it. No I can’t be pregnant...I went to her dad and we agreed to get an abortion. Then I went for the abortion and they said I was further along than I thought. Then I went to an OB/GYN and then I heard her heart beat...I was going to still get the money to get it done but when I heard the heart beat I said I couldn’t do it...I remembered feeling embarrassed.

Once Porsche confirmed her pregnancy and decided to keep her child the relationship with her mother drastically changed for the worse. Her mother would constantly force her to clean the house and treated her cruel:

She gave me a hard time. Hard time meaning when you are pregnant you want to sleep a lot and you’re sick and she literally would wake me up in the middle of the night saying, “I want you to clean the bathroom go in there and clean the bathroom” and then I would get ready to get a rag to clean the bathroom and she would give me a toothbrush to clean the bathroom. So she was really mean. She was mean because she was disappointed.

Porsche’s relationship with her new friends at school slowly faded away:

With being on the cheerleading team when I did become pregnant some of them came to the baby shower we were close. I don’t know if it had to do with their parents thinking oh that’s a bad influence or if it was them thinking maybe my life is over. I’m not sure or we can’t hang out like we use to or we can’t spend a night over each other’s houses like we use to.
Her friendship with her neighborhood friends became even closer because shortly after Porsche’s pregnancy many of her neighborhood friends became pregnant too. They experienced a bond which supported each other: “We were our own community.”

Pregnant at 17 years old, Porsche dropped out of high school her senior year and turned to the welfare system. She expressed feeling shame and embarrassment of being a teenage mother because she would never experience high school senior events. Porsche sacrificed participating in high school senior functions because she was pregnant: “I didn’t graduate with my class, I didn’t go to prom, I didn’t go on the senior trip, so I’m already embarrassed that I’m not doing these things.” When her daughter was born, she and her daughter’s father moved in an apartment filled with roaches:

There were so many roaches they didn’t care; they would not run...I remember when she [referring to her daughter] was laying on the floor. There were roaches everywhere and I was so afraid that she would pick one up and eat one or one would crawl in her ear.”

Porsche realized that she had to get her life together so she enrolled in night school a year later. Three quarters of Porsche’s high school education she did nothing and never took school serious until she returned to night school as a teen mother. She then became focused with attaining an education and providing a better life for her daughter:

She saved my life. I was really going down a road of destruction. I was bad, had fights. I hated school skipped school...never thought about college or my future. But when I had her that couldn’t be her life because it wasn’t mine.

Her daughter’s father did not want Porsche to return to school so he refused to keep their daughter although he was unemployed and home during her school hours. Porsche caught the bus to drop her daughter off at her sister’s house, caught the bus to school, then back to her sister’s house and finally a fourth bus home. She completed high school and immediately enrolled in school to become a medical assistant. Porsche daughter’s father also enrolled in
medical school with her: “He had always said he knew I was trying to leave him. So whatever I did he tried to do. So I guess it was competition.”

Porsche told her daughter’s dad they were no longer going to be together, he stated that he would kill himself. During his suicide attempt in their apartment, while Porsche and their baby were in another room, she happened to peek through the half closed bathroom door and she was able to observe him from the mirror, pulling the trigger with the gun positioned in his mouth. The bullet exited his jaw and he fell to the floor crawling backwards out of the bathroom:

I remembered looking down at my daughter and she was eight months and I just remember her looking at me with this beautiful smile and I was like I can’t do this and I asked God to remove him from my life and he did.

Although he survived the malicious shooting, shortly afterwards he was incarcerated. During the interview, Porsche did not reveal if the shooting was a result of his incarceration. She appeared thankful that God answered her prayer to escape the abusive relationship by him being sentenced to life in prison. “He went to jail … that’s when I was able to concentrate and really understand what it was I really wanted to do and take strides to do that.”

Porsche completed medical school and obtained a full-time job at an OB/GYN clinic. She was no longer eligible to receive welfare benefits. While working as a medical assistant and attending school, Porsche and her mother’s relationship began to change for the better. Her mother allowed her to rent their family home and she eventually sold Porsche the home for $3,000.00 when she was accepted into the nursing program.

Porsche’s first college experience was at a community college as a part-time student where she attained an Associate Degree in Nursing. She was forced to quit working at the OB/GYN clinic after five and half years when she was accepted to nursing school because it was a structured two-year program. Porsche had to take day courses and concentrate on her
responsibilities as a nursing student and single mother. Adding to that challenge, Porsche identified reading comprehension and writing as barriers while being a college student because she never liked school. “There were never barriers to the point where I didn’t think I was going to make it except for actually school and comprehending medical terms.”

Financially Porsche could not afford to be unemployed so out of desperation she worked midnights at Henry Ford West Bloomfield Hills Hospital. “I stalked them and they finally hired me.” As a full-time nursing student she attended school during the day and worked two-12 hour midnight shifts and one-16 hour midnight shift. Porsche’s daughter would stay with her sister or her best friend’s mom and they would take her daughter to school:

Working those late night shifts everyone there were so supportive. So about maybe 11 or 12:00 midnight the nurses there would say ok it’s time for you to take a nap because you have to get up and go to school tomorrow...All of my friends, my best friend the one whose mother helped me with taking my daughter back and forth to school and babysitting.

Porsche’s ability to read words in a book meant nothing because she had to find different ways to understand what she reading. “Comprehension has always been a challenge for me but I have been able to break the barriers with different ways of learning.” As a community college student, she would highlight words and take notes throughout the entire lecture but still she was unable to pass the exams. It was not until one of her instructors, Ms. Saunders, informed Porsche that she was a visual learner. She encouraged Porsche not to take notes during class but tape record the lectures so that she could be attentive and observant throughout the entire class. Then Porsche would listen to the lectures over again at home and highlight imperative medical terms. “I ate, drank, and slept nursing...I had to be a nurse so everything else stopped.”

Porsche graduated with her Associate Degree in Nursing and immediately began working in the intensive care unit at a Detroit hospital. After five years she transferred to the cadaver lab:
So I saw blood, shocking people and CPR. You know I love all of that and I learned a lot because the heart and the brain always intimidated me. I just took a step out and went there and starting working there as a staff nurse. One of the doctors took an interest in the way that I grew and did certain things so they would really be working us to death.

Porsche later returned to school and received her bachelor’s, master’s, and specialist degrees. She worked nine years in the hospitals as a registered nurse, four years as a clinical improvement specialist, a clinical nurse specialist for two years, and briefly served as the Assistant Dean of a nursing program at a local community college.

Porsche confirmed that her family members and friends played an instrumental role in supporting her through college. She never had to enroll her daughter in daycare because someone was always available to provide childcare. Porsche explained being both a teenage mother and college student were not difficult because she had a lot of support: “My family, my sister, and friends use to take her to school for me if I had to work midnights the night before as a medical assistance. I had a good support system so it wasn’t difficult.” Porsche emphatically attributed her entire success to her family, best friend, and her best friend’s mother: “I had a strong family support system which that is the reason why I was able to go to school.”

Porsche identified her mother as a barrier during and after her pregnancy. She mistreated Porsche and Porsche wanted nothing to do with her: “My mom…she treated me mean. I had in my head I wasn’t going to ask her anything so it didn’t matter what I needed. My tongue would have fallen out before me asking her for anything.” Years of building a stronger relationship with her mom in addition to Porsche’s successes, her mother later shared with her the level of disappointment she had experienced when she thought that Porsche would never attain a college education:

*I was her baby girl and she always wanted more for me. My sister had two children, my brother dropped out of college and she always wanted one of us to go to college and be*
this someone that made her proud. So when it came down to me, I was her last one and then when I got pregnant, it was just like her dream went out the window.

Porsche described her financial experience as a teenage mother strenuous: “Financially it was difficult. I had a good time raising my daughter… I felt like we grew up together, but I enjoyed it.” She routinely worked long midnight hours while attending school and sometimes worked two jobs to pay for their monthly living expenses.

Now as a college nursing professor and doctoral student, Porsche encourages educators not to be judgmental towards teen mothers but encourage them to excel. Both words and communication are able to empower students to succeed or destroy their desire to become better:

Not Judge, not be condescending, allow teen mothers to express themselves, encourage. Half of success is having the confidence to do it. I always put in a paper, “an educator can either help a student excel or with words not even with words but with body language or they can make them and take their dream and throw it in the garbage.” One word, one phrase…can make them say you know what, I don’t want to do this. So we have to be very very aware of what we say, the tone, and by the body language. It’s so important especially as a teenage mother because you don’t know what they are going through. We should be there to empower them and help them fly no matter what. Even if they get upset, even if they say something disrespectful.

Currently she finds herself separated from her husband while embracing her spiritual journey, destined to find her purpose in life so that it is fulfilled according to God’s plan:

You know I am on a journey right now. I told God last night, this is my journey for me to leave my home and come here. I have gotten so much closer to him. Even before I left I asked what is my purpose? What am I here for? I just became uncomfortable on the inside. I need to know what I am here for. I want it to be your will your purpose.

Porsche became very emotional and passionate about being here on Earth to help others and make a difference in their life. So that her kind deeds will be replicated by everyone she encounters:

That’s what I am here for to give to help…we all can do something to help people out. It doesn’t matter if it’s monetary or if it’s just a hug or just a touch but that’s why I am here to give and so I am learning that.
Themes

In Search of Avenues for Escape. Porsche acknowledged that she escaped many unpleasant experiences throughout her life. She stated that prior to her pregnancy as a high school student, she was “going down the road of destruction.” Her parents had divorced when she “was around 13 or 14 and that’s when I became a little rebellious.” Porsche was “bad, had fights, skipped school, hated school didn’t think about college, my future.” She felt as though she was invisible. For example, she commented that she skipped a whole semester yet still received passing grades for her classes. “I felt like no one even questioned or said why are you skipping? I can’t remember them even contacting my parents…So for high school I felt like maybe I was just a number.” During Porsche’s senior year of high school, she admitted to denying her pregnancy initially, although her mother asked her repeatedly if she was pregnant. “I was like no, but she said she knew I was pregnant before I said I was pregnant because I didn’t know what those symptoms were. I just knew the smell and motion had me feeling awful.” After confirming her pregnancy, Porsche and her baby’s father decided to have an abortion. However, when they arrived to the doctor’s office and “heard her [the baby’s] heart beat…I said I couldn’t do it.” Although she spoke of minimal events leading to her pregnancy, she went on to explain once she decided against aborting her daughter, she dropped out of high school in order to escape the environment with “teachers in high school” who just gave her passing grades.

Porsche revealed that during her pregnancy she endured emotional abuse and mistreatment from her mother. Her mother would wake her during the middle of the night so she could clean their house:

*She literally made me go in the bathroom. She would wake me up in the middle of the night saying, “I want you to clean the bathroom go in there and clean the bathroom” and then I would get ready to get a rag to clean the bathroom and she would give me a toothbrush to clean the bathroom. So she was really mean.*
Porsche escaped the mental abuse from her mother and moved in with her daughter’s father: “So, that’s what made me leave the house and get on ADC that’s what it was called at the time.”

After living with her daughter’s father, Porsche soon discovered that he was physically abusive and did not want her to return to school in fear of her leaving him. However, she expressed that she wanted to complete high school to escape the physical abuse she endured being with her daughter’s father: “I felt like I needed to do something to get away from him…He said I know you are going to school so you can leave me so when I started medical assistant school he started medical assistant school too.” He was later incarcerated which allowed her “to concentrate and really understand what it was I really wanted to do and take strides to do that.” Porsche completed the eight month program and became a medical assistant. She proclaimed that returning to school also allowed her to escape poverty and provide financial stability for her daughter. Porsche stated she did not grow up in a poor family so she did not want her daughter to experience poverty:

Truly she was the reason I went back...I just went back and said I didn’t have to grow up like this and cannot let her grow up like this. I finally decided I needed to get my life together because I wasn’t raised that way and I didn’t want to raise my daughter that way and I went back to night school and graduated a year later.

**Determination.** Porsche explained that her daughter’s father did not want her to complete her high school diploma so he made it difficult for her to care for and rear their child. “He would go do his street thing and even though he would go over to his mom’s house, even if his mom agreed to watch my daughter he wouldn’t want to take her.” He refused to care for their daughter while she attended school. She then explained that she would “catch the bus to drop off my daughter then to school then back to get my daughter then home.” Despite his reluctance and refusal to actively participate in raising their child, Porsche was adamant about completing her last semester of high school and pursuing a career path that would financially
take care of her daughter: “She was my strength because I hated school…I hated school…She slowed me down. She really did…I had to grow up quick.”

Porsche said she was on welfare after leaving her mother’s home. She witnessed her sister being on welfare and remembered her niece always asking her sister: “when we get our food stamps can we go grocery shopping?” So Porsche promised herself that she would not be on welfare when her daughter was able to talk and speak those words:

So I had it in my head before she could talk I would be off and I was off. I was struggling and we struggled, so the associate degree was the quickest way for me to go to school and become a professional and make money…. I met that goal.

Porsche became a medical assistant at an OB/GYN clinic. Obtaining this position allowed her to keep her promise to her daughter and no longer receive financial support or medical insurance from welfare prior to her daughter’s fourth birthday.

Despite achieving this accomplishment, Porsche revealed that her determination was tested when she decided to continue her education. She acknowledged that nursing school was challenging and she thought that she was not going to finish. Learning and comprehending the medical terms were extremely difficult: “I’m trying to understand. What are all these medical terms…It was like speaking French…talking about medical terms.” Porsche stated her professor noticed her potential as a nursing student so she suggested that Porsche record the lectures and then listen to them at home. Porsche took her professor’s suggestions and did not allow her complications with comprehension hinder her aspiration of being a nurse:

My radio was my lecture when I went to bed. I would go to sleep with it. I ate, drank, and slept nursing. I think I had to put in more time than most people. It was just like I had to be a nurse. So everything else stopped.

Porsche explained that she was resolute about finishing nursing school. Although she endured learning challenges, she also maintained a full-time job as a medical assistant. Porsche worked
12 to 16 hour shifts at a hospital while attending nursing school during the day, all while caring for her daughter:

I would leave there and then go to school. Sometimes I would have to pick up my daughter from my best friend’s mom’s house and take her to my sister’s or my daughter would stay with my sister and she would take all of them to school...then I could go straight to nursing school.

Porsche disclosed that she completed nursing school and attained an Associate Degree in Nursing in five and a half years. She continued her education in nursing and later attained both bachelor’s and master’s degrees:

My bachelor’s degree I waited about I think it was five or six years before I went back for my bachelor’s degree... plus I was trying to get acclimated as a nurse. When I went back for my bachelor’s...then I just never stopped from there.

Selflessness. Porsche explained that she “always knew that” she “wanted to help people. After three years working as a medical assistant, she knew she wanted to be a nurse. Helping others would serve as a primary motivation for her to return to school to attain her Associate Degree in Nursing. “It was an amazing experience for me…I … went to the cardiac lab and so I saw blood, shocking people, and CPR. You know I love all of that and I learned a lot.”

Porsche believed that she is “a conduit for people” and admitted to learning the importance of giving. She fostered a passion to advocate admirable patient care, “touching hundreds of them [patients] at a time,” by teaching nursing students the compassion and empathy needed to care for patients. She attained a Bachelor Degree in Nursing and began teaching nursing courses at a community college:

I love patients. I am a patient advocate and I want to make sure each one of my patients get the upmost care. I rub my patient’s hands and I just love my patients to death...You teach, you have 30 people in your classroom, and you teach over a period of time. You teach them that compassion and that empathy and now instead of you touching patients one at a time you are touching hundreds of them at a time.
As an educator, Porsche confessed to empowering her students to “help them fly no matter what…let them know I’m here for you I will help you…. now they have a piece of me in them…that’s my success, my success is their success.”

Porsche stated that she volunteers in the Detroit community by educating parents and young adults about safe sex and sexual transmitted diseases. She gives her phone number to the audience to assist them with questions or concerns. “I tell them I don’t know you or your voice but I am here to help you.” Porsche shares her challenges and experiences as a teenage mother to “help other teens to make sure that you use your body as your temple.”

I go to churches and they have opened their arms to me to talk to their young adults about STDs…I just felt like that’s my duty to go out and because now what’s going on…It’s important to make a difference in at least one of their lives.

Porsche expressed a desire to inspire single African-American mothers by establishing a small nursing school in the middle of Detroit. The mothers would be able to “live, go to school…cook there and take turns in between classes babysitting each other children…if I can go into their neighborhoods and give them an education for anyone who has a passion for nursing then that would be my perfect world.” Additionally, she aspired to become an advocate for young adult women through establishing a charity. The charity would “deal with young adult women who want to prevent pregnancy but if they are pregnant there will be mentors to help with self-esteem…a lot of these young ladies are homeless.”

Porsche admitted that her life journey has led her to seek God for guidance, “I need to know what I’m here for. I want it to be your will, your purpose.” She shared her and her mother’s experiences with adopting a child during the Christmas holiday season for an event held at Cobo Hall in Detroit. She and her mother donated gifts to the little girl. Porsche noticed that another child was crying because her adopted parent did not attend the event. Porsche
voluntarily gave the child money to buy gifts. Although the little girl thanked Porsche, Porsche noticed that she still appeared to be unhappy. So Porsche asked her adopted child to give the little girl one of her gifts she had received and she agreed. After this experience, Porsche revealed her life’s purpose fervently “I’m here to give, to help in any way possible.”

**Support.** Porsche expressed that she had “a good support system so it [raising her daughter] wasn’t difficult. I had a lot of support from my family, sister, and friends.” She confirmed that her family members and friends played an instrumental role in helping her attain her college degree. Her “good support system” reflected was typically but not limited to financial and childcare. Porsche said she never had to enroll her daughter in daycare because someone was always available to provide childcare. For instance, she described support from her sister and best friend’s mother while working full time at night and attending college during the day:

*They use to cook for us. I worked when I finally went back to work, I worked a 16 hour shift and 2-12 hour shifts and that was a long night. So my daughter would stay at my sister’s and my sister would drop my daughter and her two children off at school and then my best friend’s mother would pick her up from school. Then after I came from school, I would pick her up from there. Then, they would have dinner for us and we would go home and go to sleep. So if it wasn’t for the family support then I wouldn’t have been able to do what I did.*

Porsche also acknowledged that she received support from her friends in her neighborhood who were also young mothers. “They were just there…We were our own community…We switched houses with our children. We all grew up in that neighborhood. We were all our own community and we all supported one another.”

While working 12 to 16 hour shifts at the hospital, Porsche stated that “everyone there were so supportive…I have always been really blessed with people who have supported me and always wanted to see me make it.” The nurses would allow Porsche to take naps during her
shifts so that she would get enough rest to attend class the following morning. “So about maybe
11 or 12:00 midnight the nurses there would say ok it’s time for you to take a nap because you
have to get up and go to school tomorrow.”

Porsche described the support she received from her mother as they attempted to mend
their estranged relationship. After she had enrolled in nursing school, Porsche’s mother allowed
her to live in their family home and later buy it for an affordable price:

My mother after I had my daughter and I decided to go to school...we were trying to
repair our relationship and I told her I was going to school to become a nurse. She would
ask did you apply yet and what did you do. So when I applied and took all my required
courses and applied to get in the nursing program the house that I grew up in she
actually gave it to me. So the house note was $290.00...and after she let me rent it out
and when I was going to the nursing program she said I could have it. She let me buy it
for about $3,000.00 that was owed on it. Back then that was a lot of money so a couple of
years went by and with my income taxes I paid that off.

Porsche explained how instrumental and supportive many educators were while attending
school. For instance, during her abusive relationship with her daughter’s father, Dr. Williamson,
her high school teacher, wrote her a note that encouraged Porsche to “go ahead and keep going”
to school:

I had one person, an educator, Dr. Williamson. When I was going through a thing with
my daughter’s father he had wrote me a little letter...That was another instrumental
person in my life. I was so down and that was the kick that I needed ...he was the only
one who did something positive that really noticed me. I didn’t say anything to him but
his assessment of his children, the students who you should be able to assess and know
when something is going on. He took notice that something was going on and wasn’t
right with me. He didn’t know how powerful that little piece of paper was.

Porsche later revealed that her college professor, Ms. Saunderson, was instrumental with
furthering her education as well. Ms. Saunderson was the first educator to explain to Porsche her
learning style:

She told me I don’t want you to write any notes. I want you to tape me. She was the first
instructor to say I want you to tape me. I just want you to look at me. Sometimes I might
make a gesture or I may do something that you may remember...I would just sit there,
tape her, and just listen to her again. Then I would go home listen to her again and highlight those things she said was important.

Karen’s Story

It all has been a wonderful journey. Challenges, but a journey that has helped me to help other people. So that’s what I love about my journey because I’ve been able to go through some struggles. Karen

Karen was a petite reserved mature woman dressed extremely conservative wearing bright red lipstick. The interview location was arranged at her office suite located in a quiet suburban community in Michigan. Karen’s office was adorned with paintings, plaques, newspaper articles, and achievements in her honor for past work and accomplishments. Her granddaughter was the receptionist and Karen’s dog remained in her office while the interview was conducted in the conference room. Prior to beginning the interview, Karen acknowledged that she was deaf in her right ear, so the researcher would sit closer to her left ear although she wore hearing aids.

Karen was born in a small country town in Arkansas. Her mother passed away when she was five years old, leaving her maternal grandmother to raise her and her four siblings. As a child, Karen began stuttering after experiencing the death of three close relatives in the same year: her mother, her grandfather and then her sister. Another traumatic experience which attributed to her stuttering was being sexually molested by an older gentleman when she was seven. She never met her biological father but she knew that he had three sets of children and she was amongst his second set. Her grandmother taught Karen and her siblings how to chop and pick cotton for income to support the family. “She saved a lot of it [money] and … she loaned people money. She was so good at saving. I learned how to budget from her, I learned the principle of working and a family being together and helping each other.” Karen’s grandmother was strict about boys coming to their house and she always told her “make sure you
don’t let no boy bother you” and I was thinking how, bother me how? I was thinking that if they
got close to me I would get pregnant.” During her high school senior year, Karen fell in love
with a guy in her hometown but he left for Tacoma, Washington after joining the military. Later,
he asked Karen to marry him and sent a train ticket for her to join him in Tacoma. Initially,
Karen’s grandmother wanted her to finish high school and move to Illinois with her uncle to
attend college but, she later agreed to allow Karen to leave home, go to Tacoma, and get married.
“I told my grandmother that’s what I really wanted to do, she supported what I wanted to do and
she realized it was a way to get away from what seem to be slavery work.” Karen knew that
moving to Tacoma would be an escape from the cotton patch. “I was in love and getting married
and moving to the city was also getting away from having to pick cotton and chop cotton for a
living. That took me out of the cotton patch.” Karen gleamed with excitement as she recalled
being on the train for the first time headed to live in the “big city,” Tacoma:

*I was on the train for about two days. It was a long train ride. When I got there, in the big
city, I looked at all the big tall buildings and then I looked at people catching the bus. To
be in a different environment was almost like a culture shock... When I got there he had
an apartment for us in the barrack. We had a nice bedroom and an inside toilet. In
Arkansas we had outside toilets. At night we had to use what we called a “slop jar”, and
we had to do our business in that jar.*

Since Karen was 17 years old, her grandmother had to sign legal documents granting her
permission to marry her husband who was 21. Karen and her husband along with a German
couple, who were caretakers of the military barracks, went to the courthouse for their wedding.
Three months after their marriage, she became pregnant with their first child. Karen cried
during her entire pregnancy. Her husband was away daily completing his military duties so
Karen befriended the other military wives:

*My husband was a military man. He had to do military duties. Therefore, he was away
from our home a lot. When I first got pregnant I used to cry a lot. I’m not sure if I cried
because of my pregnancy or because I was away from my family. I grew up with my*
oldest sister. She was my mentor. But when I moved to the big city I was away from her
as well. For several months, we didn’t have a telephone. Writing letters was my only
means of communicating with them. I missed being around my family. Building a
relationship with the military wives was helpful.

Karen knew nothing about being pregnant. She only remembered a conversation with her
oldest sister about giving birth to her child. Her sister was 16 when she moved to a different
state to live with their dad. An older man molested her sister which resulted in her pregnancy:

Well actually after she got pregnant she moved away. She moved to Illinois to stay with
one of our family members. My sister had her baby, but I think they made her give her
baby away. When my sister came back to Arkansas to live with us she was telling me that
her baby came out of her vagina. As she was talking, I was thinking, that little bitty hole?
How could it come out of that?

After giving birth to her son, Karen and her family returned to Arkansas for one year. Then they
relocated to Detroit and lived with her husband’s aunt for a year until they were able to afford
their own home. Her husband worked in the laundry room at a local hospital. He later finished a
training and became an electrical engineer at the same hospital. Karen had three more children
by the age of 24. Her youngest child is Porsche, one of the participants in this study. Parenting
became a challenge for her because she did not have a mother to emulate or teach her parenting
skills about motherhood:

I think the hardest thing though was not having a role model and not having the
emotional support I needed as a mother. I think that was a little challenging because I
didn’t have any support. I couldn’t say “Mama I want a break, or could you babysit...So
oftentimes, motherhood was challenging because I didn’t have someone I could lean on
when I needed a little time for myself. I was so young. Every two years I got pregnant.
There were two years between my oldest son and my oldest daughter. My second son and
my second daughter were born eighteen months apart. I think having that support from
my mom would have been really good for me. It was “hard” not having a babysitter, and
not having a mentor that I could learn from about parenting. I had to learn by trial and
error. I guess I shouldn’t say I felt sorry, but I felt that my children missed out on having
grandparents in their lives. You see, not only did my children miss out on having
grandparents, I missed out on having parents in my life, since my mom died when I was
five years old and I never saw my dad.
Karen desired a job which would utilize her creative artistic ability to support her family; however, her artist dreams were soon deferred with her reality of needing to be a parent and needing a steady income. “I wanted to be an artist at first but having a responsibility as being a wife and a mother I couldn’t leave my family to exhibit my work. I needed some real money.” So she began housecleaning for Caucasian people until one day she was compelled to complete her education:

For many years, I was a housewife. But, I became interested in helping my husband with paying our household bills. Since I grew up in the South my only skills were chopping cotton, picking cotton, and housecleaning. Someone told me about a housecleaning job. So I started housecleaning. I remember I was making $10 a day cleaning houses all day. I remember one day this white lady told me she wanted me to get on my knees and scrub her floors. Of course, I did as she requested. At the time it was insulting to me but later on in life I realized she just wanted her floors clean. Her words and my experience cleaning her house motivated me to go back to school. I dropped out of high school to get married.

Karen attended night school until she realized that she needed more credits than expected in order to attain a high school diploma. “In high school I struggled with class assignments. I failed some classes…I didn’t actually fail but I had very low scores in those classes. I was always afraid of taking tests because I didn’t do very well on tests.” Her husband and his aunts kept their children at night while she attended school. Karen knew that she did not have a lot of time to spend in night school and raise a family too. One of her classmates encouraged her to take the general education development (GED) exam. “I hadn’t did very well in school therefore, I was reluctant to take the GED test. Never-the-less I decided to buy the GED books…I studied and I took the tests. I passed all the subjects except one.” She failed the math test but was determined to earn her GED so she continued to study and later passed it. Karen then enrolled in the occupational program at Wayne County Community College. Her husband became reluctant about her attending college because he believed attaining a college degree
would equate to Karen becoming self-reliant and no longer dependent on him. “I didn’t know how to do anything except chop cotton and pick cotton and clean house, I was totally relying on him for financial means.” However, Karen’s goal was to earn the level of education that would prepare her to get a job so she could earn enough money to help pay the bills and help support her family.

During her first semester she began to struggle with passing her classes. In addition, she struggled to overcome her speech impediment, which initially occurred in early childhood and carried over into adulthood. One of her professors, requested for Karen to meet with her regarding failing the class:

*She says, “Mrs. Karen, I’ve been noticing, I think you have a lot of qualities and I think you can do this but you’re failing this class. I need you to do better and make sure you successfully complete this class.” So that was a motivator to me it was like this is a person who’s believing in me, who is saying I’m watching you, I’m looking at you, it was like she noticed a quality in me that I probably did not know myself.*

Karen also remembered what her grandmother taught her “that you can do whatever you want to do…no matter what you can do whatever you want to do.” From that moment, Karen became adamant about ending her stuttering and excelling in her courses. She attended counseling and created platforms that allowed her to speak in front of an audience:

*When I was going to night school I was very embarrassed when I tried to speak in class because I was like “uh, uh, uh,” I try to get the words out and couldn’t...when I enrolled in the Occupational Therapy program and WC3 I decided I’m going to stop this and in addition to that I went to counseling...I don’t remember the year, but I went to counseling for about a year and I discovered in the counseling sessions that one of the reasons I was stuttering is because I hadn’t dealt with a lot of my childhood trauma with the death of my mother and three people dying in one year and when I was seven I was touched by an older man and those traumatic experiences were contributing factors to me having a speech challenge. So again, all of that help prepare me so in the Occupational Therapy program is when I decided I was going to stop stuttering and going to therapy it helped me understand why...I felt self-empowered and I felt much better about myself and it just stopped. So one day it just, it was just like it was gone.*
She attained her Associate Degree in Occupational Therapy and overcame her speech impediment. Having a degree as an occupational therapy assistant afforded her the opportunity to utilize her arts and craft skills in a mental health institution. “We used arts and crafts to be able to help clients to communicate, learn how to build trusting relationships, and have a means of expressing themselves and feeling good about what they created.” While working at the mental health institution a colleague, who was a psychologist, encouraged Karen to pursue a Bachelor Degree in Social Work. Karen attained a Bachelor Degree in Social Work from Wayne State University and continued an advanced studies program for her Master Degree in Social Work. During her studies, she taught her “children how to help with household chores “so they were old enough to remain home alone. After graduating with her master’s degree, Karen opened a private practice but she had to close the practice after a year:

I decided to open my own private practice, I didn’t know what I was doing so it wasn’t successful...so I worked that for a year or so. Then through my experiences from marrying at the age of 17, I was still a child myself and then having my children young I was dependent on my husband, my kids’ father at the time. So I decided I need to do more than just this and having not been successful with my private practice at the time.

Karen’s marriage began to deteriorate as she pursued her degrees and careers so they decided to separate after years of marriage. During their separation which ultimately resulted in a divorce, Karen returned to work as a social worker at a community health agency. She developed the first state funded residential and case management program in Michigan that allowed young adults to leave mental health institutions and live in the community. Karen also decided to become a foster mother. She described both experiences as “wonderful, wonderful experiences” because it allowed her to follow her passion for helping children and adults who were neglected and abused. Many of their experiences mirrored her own life experiences. Karen worked at the
community health agency for three years and decided to expand her passion to help neglected and abused children by opening another private practice which was eventually a success:

*From 1999 to today I still have my private practice. I contract with a master level therapist, professionals in the field of social work, and counselors who have a degree either in social work and counseling. Over the years we’ve serviced thousands of individuals. Our target population is children that have been neglected or abused and their families, and because I grew up in the south and I knew their struggles. So when I was growing up in the south living with my grandmother because my mother passed away when I was five years old, my maternal grandmother took us in and raised us. So I understood the struggles of some of these children we served.*

During Karen’s divorce she decided to pursue a self-directed on-line Doctorate Degree in Social Work. “I didn’t want to sit at home feeling sorry for myself or gossiping on the phone…complaining to somebody else or dating different guys. I wanted to use that time, plus it helped me to go through the emotions I experienced.” She refused to borrow student loans to further her education so she obtained a second job as a part-time professor at Highland Park Community College. Writing and studying continued to be very challenging for Karen but she remembered the words of her grandmother, “you can do whatever you want to do” and motivated herself during the six years to pursue her doctorate degree:

*I remember some nights after coming home from work I would be sitting on the floor trying to get my homework done because it’s a self-directed program. You had to be very self-relying... I remember sometimes staying up ’til 2 o’clock in the morning working on my academics and having to go to work the next day and had to make sure things with the foster kids were good.*

She was required to complete a project demonstration excellence study prior to attaining her degree. Although her advisor lived in Washington, D.C. she was extremely supportive via telephone conversations and written mail communications. Her advisor encouraged her to do something different for her research study. So Karen purchased a three-family unit home in Detroit to conduct her study on “African-American young men, looking at the struggles they had to go through trying to become adults, responsible adults.” The four young men had to get along
with one another and learn independence living skills. “It was a good study…but when I walked across the stage I was like I’m finally done.”

Karen recalled that when her biological children were young she took valuable time from them in order to pursue her education. She went on to say, that the time she took away from them she could not regain. “When your children are growing up you want to have that time with them and I didn’t know me not being available to them was a contributing factor of them getting pregnant.” Both of Karen’s daughters became teenage mothers by the age of 17 years old.

Karen has suffered some health challenges in her lifetime with first, the loss of hearing in her right ear several years ago and in 2013, she loss hearing in her left ear. Initially, she was angry and sad because she would be unable “to hear people, get people to talk and hear what they’re saying, and help them to sort out their challenges” a skill she was gifted with as a social worker. The support from her children and colleagues have helped Karen to embrace her hearing loss and pursue her next life journey. She wears two hearing aids and has acquired different means to communicate via texting and email. Karen serves as the voice of the deaf and hard of hearing community. She is working with state officials to review voting booths designed to accommodate deaf and hard of hearing and blind individuals. She also coordinated an annual conference on Deaf and Hard of Hearing and Deaf Blind:

I began to embrace my hearing loss instead of asking God why is this happening I asked what are you preparing me for. That’s the same thing I did when I got divorced I said what are you preparing me for and I use those words often to help me think differently about any experience I think is a negative experience but can become a wonderful experience and that’s what I want to share with people is whatever you are going through look at it differently and you can make a difference in your life and other people’s lives.

Currently at the age of 71, Karen is planning for her retirement later this year. She terminated her largest contract that serviced approximately 300 people over the years and at the
time she terminated the contract it was servicing 98 clients. Karen plans to spend her retirement relaxing and learning “how to do some me time.” She looks forward to spending time with her children, grandchildren, and great grandchildren. She also wants to spend time doing whatever she wants to do. Her desire is to compose writings based upon her life experiences. Karen is writing a book about her maternal grandmother who she considered “a strong black woman” because when her maternal grandfather died her maternal grandmother was the sole supporter of her and her siblings. Her second book is a spiritual book. It is designed to make a difference in the lives of others through sharing her life challenges and sharing daily words that helped Karen transition through challenging experiences:

I’ve made a lot of difference in people’s lives with the population that I served and I gained a lot of experience. So now I’m saying what I want to do is put my experiences in writing and be able to write articles where it could be used to help on a wider scale, to help professors and caregivers, to help to make a difference in people’s lives. So that’s where I am at this point...I just enjoyed my journey even the challenges. I enjoyed that, I enjoy seeing my family progress. I just want to make a difference in people’s lives and to help people to know that they can use challenges too as stepping stones in their live to be able to do that.

Themes

Escaping Towards a Better Life. Karen described her relocation from her small town in Arkansas to Tacoma, Washington as an escape from slavery. “She (her grandmother) supported what I wanted to do and she realized it was a way to get away from what seem to be slavery work…we had to chop and pick cotton for a living.” Also, Karen revealed that she eluded the substandard living conditions in her small hometown of Arkansas. For example, in Tacoma she had running water and “inside toilets” in contrast to her being raised using “outside toilets… what we called a “slop jar”…to do our business in that jar.” Karen identified moving to the big city to marry her high school sweetheart from a small country town as “a whole new experience.”
Karen became pregnant with her son three months after moving to Tacoma and getting married. Her family moved back to Arkansas a year later when her husband ended his military career. Now back in Arkansas, Karen explained that she felt her family had escaped oppressive economic conditions in the south while in Tacoma and wanted to continue to seek the promise of greater economic prosperity in the north. So her husband moved to Michigan to secure a job in a hospital’s laundry room. Karen and her son later relocated to Michigan where they lived with her husband’s aunt. In Michigan, her and her husband had more children. Their plans toward obtaining a better life were coming to fruition. She went on to explain that her husband completed a training and became an electrical engineer at the same hospital:

> At first when we moved from Arkansas, when he came here he worked in a hospital and I think he did laundry at first. Then he went to school to become an electrical engineer. So then he became an electrical engineer at the same place where he worked. He’s a very intelligent man and had a lot of skills and was able to do a lot of things for himself and for us.

Karen’s husband’s financial security afforded their family the ability to purchase their own home and financially take care of their growing family.

Karen went on to explain that she wanted a job to help her husband financially take care of their family but “all I knew was chopping cotton and picking cotton and house cleaning.” So she began working as a house cleaner for ten dollars a day until a Caucasian woman requested that Karen “get on my knees and scrub her floors.” Karen felt insulted by the request so she escaped the house cleaning work and returned to school to attain her GED. Karen specified that her goal now was to pursue a degree and a career that would pay enough money to help support her family. She continued her studies and attained an associate, bachelor’s, master’s and doctorate in social work.
Karen acknowledged that her marriage became progressively worse over time as she pursued her college degrees and gained career opportunities as a social worker. She and her husband decided to separate and later divorced after 25 years of marriage. Karen did not want “to sit at home feeling sorry for myself or gossiping on the phone or complaining to somebody else or dating different guys.” She admitted to circumventing the unpleasant emotions and thoughts of being divorced by enrolling in “a self-directed study program” to attain her Doctorate Degree in Social Work, becoming a foster parent, and working part-time at Highland Park Community College:

I entered that program after my ex and I separated…I wanted to use that time, plus it helped me to go through the emotions I experienced while being separated and ultimately getting divorced. So I’m glad I utilized that time to enhance opportunities for me as well.

Helping others. Karen stated that she was instrumental with developing the first “residential program…in the State of Michigan…that allowed 17 year olds to live in the adult foster care homes.” The residential program “allowed young adults to come from the mental health institution into the community.” The young adults “needed to live in the residential adult foster care home” due to homelessness and/or abandonment by their parents. So Karen expressed a desire to help them “because some of their parents were not willing or unable at the time to have them come back to live with them.” She described this experience as “a wonderful, wonderful experience for me.” Karen presented articles from the newspaper and photos of the governor recognizing her for outstanding work contributed to developing the residential program.

Karen revealed that her decision to become a foster mother became apparent three years after working with the adult residential program. Karen related her experiences being a foster mother to those from her childhood. Her childhood experiences served as key factors to her
making the decision as she was able to relate to most foster children’s feelings of being

“neglected and abused:”

So when I was growing up in the south living with my grandmother because my mother passed away when I was 5 years old, my maternal grandmother took us in and raised us. So I understood the struggles…in 1990 I became a foster mother.

Karen glistened with enthusiasm as she shared the success of her first foster son and maintaining a positive relationship with him 26 years later:

My first foster son was 16 years old and he was six foot tall. He was a tower over me. My two sons came back to live with me for a while and so we were able to take him (foster son) in. So throughout the years from 1990 up until now, he still keeps in contact with us. He was here over the holiday, over the Christmas holiday and we went to see him. Now he’s 6’1 and about 200 pounds… it was really great seeing him. So he’s become a part of our family. So we still maintain contact with him. He still on occasion, he’ll either call or Facebook and say “Hi, Ma”. So those are good experiences.

Karen said that her desire to help children continued as a therapist when she “decided to try private practice again” after her first business venture failed. Her target population was “children that have been neglected or abused and their families because I grew up in the south and I knew the struggles…over the years we’ve serviced thousands of individuals.” Karen was able to comfortably relate to these children because of her childhood experiences of abandonment by her father, the death of her mother, and being sexually abused:

It all has been a wonderful journey. Challenges, but a journey that has helped me to help other people. So what I love about my journey because I’ve been able to go through some struggles as a child and having not met my biological father and my mother passing away when I was five years old and actually during one year three of my family members passed away: my mother, my grandfather and my sister. So that all happened in a year’s period of time and that was emotionally difficult for me… I understood the struggles of some of these children we served.”

Karen proclaimed that although she lost hearing in her right ear she has embraced her hearing loss by serving as the voice of the deaf and blind community. She helped the State of
Michigan to establish voting booths for the deaf and blind and has been influential with assessing and meeting “the needs of the deaf and blind community…and hard of hearing community:”

As I talk to people, we’re pushed in the back and because I have a voice in the community that I’ve developed over the years and some political connections we’re looking at making some changes…I want to share with people is whatever you are going through look at it differently and you can make a difference in your life and other people’s lives…So we’re making a difference. So I’ve embrace my experience and like I’ve embraced most of my experiences. After a while, I’ve said okay you’re here now so what are you going to do about it… I love what I’m doing and so we’re here in the community to make a difference.

Overcoming Struggles. Karen constantly pointed out the challenges of her life as “struggles” she endured and the determination to overcome them. She explained that she dropped out of high school to get married but years later developed a determination to attain her GED after a negative experience at her house cleaning job. A Caucasian woman requested that Karen “get on my knees and scrub her floors… so that motivated me to go back to school because I dropped out of school to get married.” She bought the books to study for the GED and passed all the subjects except Math. Karen was undeterred and stated that she continued to study, took the exam again, passed the Math section and attained her GED:

I hadn’t did very well in school. I was reluctant to take the GED test but I went on and bought the books and then I studied and I took the test and I passed all the subjects except one. I think that was on Math. So I decided well, I needed to make sure I continue with this and I went on studying and I took the test in 1971 is when I earned the GED.

Karen declared after completing her GED, she enrolled “at Wayne County Community College …in the Occupational Therapy Assistant Program.” She identified college as being “a struggle” for her because she was receiving failing grades and her husband did not want her to attain a college degree. Karen admitted to always being “afraid of taking a test because I didn’t do very well on tests and so in college I was thinking I’m not sure if I can do well.” It was not until one of Karen’s professors told her “I think you have a lot of qualities and I think you can do
this but you’re failing this class. I need you to do better and make sure you successfully complete this class.” Karen identified this conversation with her professor, “a person who’s believing in me, who is saying I’m watching you, I’m looking at you” and the words from her grandmother “no matter what you can do whatever you want to do” as motivators that ignited a persistence to attain an Associate Degree in Occupational Therapy:

So when I was going through my studies I would remember what she (grandmother) said and then with the young lady saying to me that I could do this. Well that just helped me go through whatever I needed to go through. It was not an easy thing.

Karen recalled developing a speech impediment as a child and struggling to overcome that impediment until the age of 24. “I’ve been able to go through some struggles as a child...I’m not sure at what point I started stuttering... I couldn’t speak very well.” She admitted to feeling ashamed and afraid to speak. “When I was going to night school I was very embarrassed when I tried to speak in class because I was like “uh, uh, uh,” try to get the words out and couldn’t.” Karen explained that she decided she was going to stop stuttering. She enrolled in counseling and discovered her stuttering transpired from the trauma of losing three relatives in a year and being sexually molested as a child. Karen continued to explain that she became adamant about ending her stuttering, so she created platforms that allowed her to speak in front of an audience:

I started putting myself in positions where I volunteered to present something. So I started presenting in class over the period of time. I felt self-empowered and I felt much better about myself and it just stopped, so one day it just, it was just like it was gone.

When Karen revealed that she lost hearing in her right ear after a car crash, she expressed experiencing feelings of anger, sadness, and frustration. She now had to depend on her children and staff members to help manage her private practice. Karen described how she remained at home to rest while getting three steroid injections in her ear and taking steroid medication. She
added “I was determined I was not going to give up although sometimes it was hard but I was determined I was not going to give up. I still remember the words of my grandmother “no matter what you can do whatever you want to do.” Karen decided to “continue with it” [embracing her hearing loss] and became “involved with the deaf and hard of hearing community.”

**Guilt.** Karen expressed feelings of guilt because her “children missed out on having grandparents in their lives… I never met my biological father, so I just felt sorry.” Both her husband’s parents and her mother were deceased. “I think having that support would have been really good for me, so not having a babysitter and not having a mentor I could learn from on parenting.” Karen did not have anyone to rely on or teach her how to be a mother. “There’s no place at that time, there may be books now but I didn’t know of any books then to teach you how to parent and plus parenting each child is a different kind of parenting.” She recognized that she “had to learn by trial and error” how to be a mother.

Karen admitted to feeling guilty for taking “away a lot of time from my children because I’d be in school and when I came home I had to complete homework …taking away the time that later on I thought I shouldn’t have done.” She added that the most difficult part of parenting was raising her daughters and not spending time with them was contributory to them becoming teenage mothers. “When your children are growing up you want to have that time with them and I didn’t know me not being available to them was a contributing factor of them getting pregnant.” Although Karen was reluctant to disclose the experiences her son endured she only shared he was “out playing and got stopped by the police and that was a challenge for us to go through… my youngest son being young in an African American community being influenced by his peers he had to work through it.”
Gaining my own independence. Karen expressed that her move to the big city, Tacoma, and becoming a military wife gave her a sense of independence. For example, Karen recalled her first ride on the city bus downtown to get her hair done:

> So I found out how to catch the bus to get there so I caught the bus. When I got there I didn’t know where to go or what to do. So when I got there it was no African-Americans there to do hair, all of them were accustomed to doing Caucasian hair. So when they saw my hair they didn’t know what to do with it …coming back I had to figure out which bus to catch to go back to the house. So I finally got back to the barracks so that was an experience.

Karen explained that she did not know anyone but her husband when she moved to the big city. Often times he was on duty working; leaving Karen the responsibilities of caring for their house and son. “I cooked so I was busy…actually three months after I married is when I got pregnant. But when I was raising my son when my ex was out, all the responsibility of caring for the child, my son was on me.” She added that assuming the roles of a wife and a mother now had her husband and son dependent on her:

> I had to end up getting a specialized milk for him because the regular milk made him sick, but I had to wash diapers because I knew nothing about the throw away diapers. So we had to wash diapers and hang them up and if he woke up at night I was responsible for all the responsibility for caring for him, it was mine.

She confessed that her roles were challenging “because I didn’t have any support. I couldn’t say “Mama I want a break, or could you babysit?” I couldn’t ask the military wives to babysit so during that period of time it was all mine.”

Karen described her level of confidence as she experienced independence when she attained her college degree and her first job as a social worker. “I remember after I finished the social work degree and I got hired with the community mental health agency. I earned $13,000 a year and that was great big money to me and I opened my own bank account.” She went on to describe her husband’s fear of her not “totally relying on him for financial means.” He was
against her attending college or obtaining a job. Karen added “I knew then I didn’t have to rely on anybody and from then it’s like the sky is the limit.”

Karen also expressed how the deterioration of her marriage after 25 years forced her to become independent and self-sufficient without her husband’s salary. “So during my separation I had to find another way to earn some dollars to pay the bills and then that was when I started again working in the community health agency and learning more skills.” As Karen learned more skills through the development of funded programs, she decided “to try private practice again…from 1999 to today I still have my private practice. I contract with a master level therapist, professionals in the field of social work, and counselors who have degrees either in social work and counseling.” Karen disclosed that she has “serviced thousands of individuals” and maintained a successful lucrative business. These life accomplishments brought about the necessary growth Karen felt she needed. Now, she plans to retire and “learn how to relax and learn how to do some me time, spend more time with my children and my grandchildren.”
Catherine’s Story

If my life’s story is ever told I want it to be said that I was sincere, dedicated and honest to whatever cause that makes somebody else’s life better, and that I never wanted anybody to ever hurt. Catherine

Catherine was a very well dressed meticulous woman who was extremely apologetic for arriving late to her first interview. She quickly explained that although it was a warm fall Sunday afternoon and schools were closed, one of her school’s experienced an emergency that she had to attend to prior to the scheduled interview. Catherine currently serves as a central office administrator for an inner city school district where she supports schools by providing 80 percent of instructional support and facilitate the building leaders to improve instruction. She began this second career in education as a high school business teacher over 15 years ago.

Catherine was born the oldest of two children and was raised by her mother and grandparents. Her mother attempted to help her dad develop a relationship with Catherine but he always rejected Catherine. “My mother always tried to put me before him as his baby. He rejected me as a baby. He didn’t want to have anything to do with me.” Catherine grew up in Detroit and attended Cass Tech High School. While attending Cass, she realized she was different from the traditional Cass Tech student. Catherine did not like the students, the traditional grading system, the traditional four-year structured program, and the traditional way the other students would think. She started to hate school so she transferred to Kettering, her neighborhood school:

So I don’t like traditional grading because it measures you…I started out at Cass and ended up at Kettering and graduating from Kettering because I didn’t think like how everybody else thought. I just wanted to get out of school. I hated it. I didn’t like the children. They were mean, I just wanted to get away from it.

After graduation, Catherine began working at a lucrative publishing company and became pregnant at the age of 18. As a little girl, she always dreamt about being a wife and a
mother. Catherine admitted at the end of the interview that she “wanted to feel the love” by her father and her family instead of them letting her “just exist.” She stopped taking birth control pills and knew the possibility of becoming pregnant. She described her “kinda” planned pregnancy as “putting the horse before the cart:”

It wasn’t necessarily a shock for me because it was kinda planned. I just would’ve have preferred to be married first before becoming pregnant but it didn’t quite work out that way but I was already engaged prior to becoming pregnant.

She had been in a relationship with her then boyfriend since the age of 14. At 19 years old, Catherine married two months prior to the birth of her son and they purchased their first home.

Catherine felt a level of embarrassment for letting her mother and family down. “There is a certain order that things are supposed to occur, things are supposed to happen, and I had broken that and it bothered me. She referred to her family as being very prideful and “a showcase family:”

So if you don’t showcase well to be presented as a bragging tool they don’t embrace it openly. My mom, again once we were able to get past the hurdle, I don’t want to say covered it up but she got around it. I was married and a couple months after she could say “this is my daughter and her husband and baby” opposed to saying “this is my daughter and her baby”. The language was very key and important in representing my family.

When Catherine informed her mother that she was both engaged and pregnant her mother’s first action was “oh how am I going to say this to my co-workers when they find out.” She admired her aunt so Catherine was devastated when her aunt suggested very uniquely that she “did not really have to keep the baby.” Although she knew her aunt was disappointed, Catherine could not understand why she was concerned about what others would think of their family instead of understanding that Catherine wanted to have a baby:

She wanted me to be successful. She wanted me to have all these cookie cutter planned out ways of going about life and it was disappointing to her when I didn’t follow in that way, but I wanted her to understand I was still the same person and I wanted her to love
me the same and it was hurtful, it really was. I admired my aunt and I felt she should have been more supportive to me and she wasn’t. I think it was her limited understanding and an embarrassment to her.

Her grandparents were extremely understanding and loved her dearly so her pregnancy did not change their relationship. During this time her father was nonexistent in her life.

Prior to Catherine’s pregnancy and working in an all Caucasian prejudice publishing company, she did not feel that she fit the stereotype that “you would expect working in the type of company I worked in…educated and Caucasian.” During her pregnancy, Catherine experienced difficulties while working because she was 19, pregnant, and now, unfortunately she fit the typical stereotype:

A typical African American female that is pregnant you know. So I had to live with that. Kinda like the starring looks and little comments, the little back chatter and stuff like that, and that was something I had to face. What helped again was the fact I was married and they could see that.

Even though the remarks and stares were difficult for Catherine to endure, she returned to work three months after her son was born. Childcare then became a barrier for her and her husband. Her family members were unavailable to care for him while she and her husband worked so they had to plan for babysitting arrangements. Although they had a two family income, their income did not include baby expenses:

That was a two family income situation that didn’t allow for a new baby income. Maternity leaves, at that time, my job only allowed three months, and in that three months you didn’t get paid. If you didn’t work you didn’t get paid, so I had to go back to work a lot sooner than I would have liked to do but that is what I had to do.

Catherine was very particular about who cared for her son so they hired a private person to babysit for them. Later, she discovered the person really was not caring for him. So they hired someone from their church to care for him but soon discovered they had other ulterior motives. She eventually found a trustworthy daycare center, by now her daughter was born so both of her
children attended the daycare. While in daycare both children became ill and had to be hospitalized. Catherine never knew what made them ill.

Now married and a mother, Catherine had to find a new circle of friends because her friends did not “embrace it, because that’s not the way it was supposed to go. Although we were past high school I didn’t follow the tradition, so my school circle of friends changed…it was like a disease in their mind.” She formed friendships with her colleagues at work and “church became a network of family, we actually viewed that as an extended family.” Catherine was happy to share the wonderful things her son was doing and how well he behaved at two years old. Her colleagues thought she was lying because she was not experiencing the “terrible twos” raising her son:

But that wasn’t my story. So I ended up shutting down. I just wouldn’t say anything because I would get these little comments like “that’s because you’re young and you just don’t know any better”, but it wasn’t, he really was not that kid and I think it’s because he grew up in a supportive, loving family in such a way that he knew the consequences. He also was not that kid, so I didn’t have anybody to share with that story. They couldn’t identify with me and that made me feel uncomfortable because I wasn’t making up stories about him doing things…he wasn’t the perfect child but we adjusted him. So he learned how to do the right things.

At the age of 25, Catherine developed and submitted a proposal to the publishing company allowing her to work from home. She purchased a computer, set up a home office and only reported to the office for scheduled meetings. Catherine served as the model for at home workers which allowed her and her colleagues to work from home:

I had been successful enough and they trusted that the work was getting done. Actually more work was getting done but I was at home with my kids. I was able to raise my kids being at home.

Now with Catherine working from home she was able to take care of her children in the ways specific to meet their needs. Two years later, she had a third child. Catherine has always loved being a mother to all three of her children. She identified her husband and children as a type of
success in life that she was proud of achieving. Catherine was proud to have achieved one of her ultimate goals of being a mother and wife at an early age.

Catherine always had a desire to attend college since the age of 19 and throughout her entire business career. It was not until a bet she made with her husband that sparked her official enrollment status. “It sorta basically started off as a bet to be honest with you between my husband and I was going to prove to him I was ready to go.” Catherine shied away from large universities like Wayne State University because she knew they were unable to accommodate her goal of graduating in two and a half years. So at 33, she enrolled at Detroit College of Business (DCB) as a non-traditional student with an enormous caseload. DCB provided her an “environment where there were other adults who were attending that were already established.” Catherine and her initial dean developed a non-traditional student schedule which allowed her to register for 16 credit hours per quarter. Her dean was later replaced with a new dean who attempted to change Catherine’s schedule because she did not want Catherine to mess up her grade point average (G.P.A.). “I tried to explain to her, I have a family, I can’t spend the rest of my life in college trying to get through these courses, I need to take it all or nothing so I can be done.” Catherine submitted an appeal to the college president and everyone who could help to get her schedule approved. Finally, she was approved to take the non-traditional credit hours each quarter and attained her Bachelor of Arts Degree in Marketing and Management in two and half years, “again I didn’t have the time for a four year plan.”

At 34, Catherine attempted to form a relationship with her dad and once again found herself rejected by him. She never experienced the opportunity to know him as a man or father prior to his death:

*He didn’t want to have anything to do with me. I drew a conclusion on why he didn’t want to have anything to do with me...Being rejected as a baby and then coming at 34 me*
discovering my father again to be rejected by him later because he wanted to borrow money from me. It was basically the only real reason he wanted to be in my life at that particular time. Me wanting to have a relationship with him but not wanting to have one at the same time if you can understand that kinda set the stage for a pattern in my life of sincere rejection which has hindered me.

This level of rejection has caused Catherine to protect herself from being emotionally hurt by individuals. She maintains an extreme private lifestyle and does not let anyone close so that she controls the possibility of being rejected. Her disposition swiftly transitioned from simply telling her story to crying as if she was currently experiencing the pain from different stages in her life when she was rejected:

I think I work so hard to either 1. not trust no one or either 2. not let anyone get close to me because if I cannot let you reject me or let you hurt me than I’m ok with that. I would rather just do that. I don’t know how to get back from that.

After advancing four times at the publishing company, Catherine accepted a job at a non-profit organization. Her goal was to improve things and be transparent with everyone in the organization. However, she did not like how people were being treated and what was going on so she went to the leaders of the organization to discuss her concerns:

They wanted me to basically swear to secrecy and I felt I couldn’t do it and wouldn’t do it, and of course it doesn’t make you a favorite and it was the principle of what was happening to people and I couldn’t be a part of that. So I left the job, I walked off and I didn’t have a job to go to. It wasn’t like I had another job to go to. No, I just walked off from that day to the next, I was done.

Catherine was unemployed for a year and a half and still had three children to care for. She began her own publishing company and yearning for a way to infuse literacy into the educational arena. Catherine began working as a substitute teacher in an inner city school district. She discovered an opportunity to continue substitute teaching and attend Wayne State University to attain a Master Degree in Education. The deadline to apply for the program had
expired but Catherine was extended a waiver to enroll. She attained a Master of Education in special education and became a middle school special education teacher:

*So to get my doctorate I’m at Wayne State thinking I can’t be in school the rest of my life. I got my master’s in 18 months and I got my Ph.D. in three and a half, four years because in the process I get my administration certification.*

She continued college to attain her Doctorate in Education Leadership. Her trajectory to school principalship was non-traditional. As a teacher, she assumed additional administrative duties at her school but was never assigned a position as a school leader. She applied for a principalship and was placed on the principal’s eligibility list. While attending a conference at Harvard University, Catherine received a phone call to interview over the phone. After the interview she was requested to serve as a principal for a Prek-8 school within her school district. She accepted the position and served as principal for five and a half years. She was recently promoted to central office in the fall, 2015.

Catherine believed that educators must take the time to develop a relationship with their students which can influence their decision-making. Educators should keep students “occupied and engaged in learning and teaching, make teaching relevant to help them understand where they fit into the equation of learning.” Students should be exposed to the different pathways and opportunities in order to experience success. Catherine believed that a positive relationship with an educator would have impacted her decision to become a teenage mother:

*I think more time spent with getting to know them personally. Although I wanted to be a mother, although I wanted to be married, they could have influenced me that maybe yes you can do that and you can keep your current boyfriend and go to college, since I had been with him since 14.*

Presently, at the age of 53 Catherine is pleased that motherhood afforded her the “opportunity of my life to give and receive love at an early age.” She takes pride in being the role model for her children and teaching them that “there’s nothing in life they could not have if
they worked hard enough to achieve that goal, there’s nothing they can’t become in life if they work hard enough to live that dream out...they can do anything.” Catherine’s current position as a central office employee is her driving force to fight for the educators, students, and parents in the schools she supports. Despite the current district challenges she is adamant about not being defeated by those challenges but determined to motivate and elevate people forward:

*My life experiences have help me to fight for people and causes because I don’t know another way...drive, persistence, determination. Determination that I wasn’t going to let anything defeat me. I was going to make it despite whatever was challenging to me ...we did a journey a leadership journey, we were supposed to do it in a pictograph so I drew a boat... where I showed my hands pushing someone to push them forward to their destiny. That’s always my goal. It’s not about me, that’s what I kept saying to the team. My dream of success is not Catherine, my dream of success is how can I help someone else to be all that they can be.*

**Themes**

**Out-of-the-Box Perception.** Catherine’s approach to life and making decisions have been non-traditional, exhibited primarily through her perception of the applicability of rules and expectations others may set for her. She had seemingly developed an impervious perspective toward some formal prescribed organized systems. For example, “I don’t like traditional grading, I think out the box sometimes. So I don’t like traditional grading because it measures you.” This personal ideology attributed to her transferring from a premiere high achieving school to her neighborhood high school. “I went to Cass Tech… kids there were college ready and college orientated that was the plan, that was what it was supposed to be. It was not supposed to go another way.”

After graduating from high school Catherine did not follow the traditional plan of attending college, instead she pursued a career at a lucrative publishing company:

*I didn’t attend college until later on in life. I didn’t follow the traditional trajectory, from high school into college, because I had already been very successful as a business person after high school, where I had a very good job with a company, so that was not on my horizon.*
In contrast to the majority of her work colleagues and superiors, Catherine neither fit the racial profile nor the educational background at the publishing company. She referred to herself as “African-American…non-educated except for high school employee … with all these white people with all these degrees…in a very prejudice company.” While working at the company Catherine experienced challenges with sustaining trustworthy individuals to care for her children. So she challenged working the traditional nine to five work day at the office by writing a proposal to work from home to care for her children:

_I wrote a proposal to my job and that proposal allowed me to work at home, I was able to only come in to meetings…_I set up a whole home office and they used me as a model for at home workers as a way of allowing other people because I had done it successful enough and they trusted that the work was getting done. Actually more work was getting done, but I was at home with my kids. I was able to raise my kids from being at home._

Catherine referred to her family as a “showcase family” or traditional family. For instance, she was expected by her family to attend college, get married and then have children. “My family is a showcase family, so if you don’t showcase well to be presented as a bragging tool they don’t embrace it openly. That’s why I’m totally opposite.” Catherine admitted to desiring the “showcase family” values but contradicted the tradition by refusing to take birth control which resulted in her pregnancy at 18 prior to marriage. “Me being pregnant too soon, it was planned, what I mean is it was planned we didn’t use any obstacles to prevent it.” She married two months prior to her son being born and had two additional children. Catherine’s mother and aunt were disappointed and embarrassed that she did not conform to the “showcase family’s” traditions:

_We felt she had not looked at it properly, in terms of, she had ideas for my life. She wanted me to be successful, she wanted me to have all these cookie cutter planned out ways of going about life and it was disappointing to her when I didn’t follow in that way, but I wanted her to understand I was still the same person and I wanted her to love me the same and it was hurtful, it really was._
At the age of 33, Catherine enrolled in college and by admission standards classified as a non-traditional college student. She would later attain her bachelor’s degree in non-traditional expediency; taking her only two and a half years. Catherine was married for 14 years and a mother of three children. She was accepted to a non-traditional master’s degree program in education which afforded her the opportunity to teach special education students while attending graduate school. “I’m totally against that cookie cutter pattern we try to box people in but if you don’t get this or you don’t do that. I’m opposed to that…I just don’t like formulas and traditions that may not fit for everyone.” Her trajectory to becoming a school principal could also be considered non-traditional. Catherine did not attend the school district’s leadership or principal academies, but was selected for a principalship after a phone interview.

**Prove Me Wrong.** Catherine revealed in several ways that she was motivated to excel through a competitive drive. “To you you’re wrong. If you tell me no, I have to show you why I made it happen, not to prove to you I think I’m better or something just to basically prove to myself I can do this.” Although Catherine desired a college degree, her actually attaining a bachelor’s degree originated from a bet with her husband. Not only did she prove to him she could attain a postsecondary degree, she continued her education and proved to herself and others that she could attain a doctorate as well:

> I have come to the place to have a Doctorate because in my mind I had to prove to my family I was better than where I stopped at. Although they could see it and they knew it, I just had to see it tangibly with degrees to help them to know it as proof, but should I have to do it, absolutely not because I’m still the same person.

Catherine confessed to being competitive when her colleague informed her that she was pursuing a doctorate degree. “I’m very competitive, somebody who’s a principal to this day said she was going to get her doctorate and I said I’m going to get my doctorate too. This LLI (Limited License Instructor) is a master’s so I’m going to get my doctorate too.” In four years she attained
her Doctorate in Education Leadership before her colleague. As a substitute teacher, Catherine felt targeted and hatred from certified teachers because of her nontraditional ascent in education. She was allowed to teach without a teaching certificate while attending Wayne State University to attain a teaching certificate and a Master Degree in Education:

"I ended up again the saga of my life continues. We (LLI teachers) were hated, traditional teachers didn’t like that, I didn’t know anything except this is who I am...not being received and I don’t even know why, I just, people just hated me and I don’t even know why."

Now with a master’s degree and a special education teaching endorsement, Catherine stated that “I got those kids learning, reading.” Administrators from the district would visit her classroom and her lesson plans were used as a model for her colleagues to implement in their classrooms. Although she admitted to shying away from this attention, she revealed that “they [other teachers] really hated me…I’m just trying to do my best.”

Catherine described her lived experience as a college student “a goal I accomplished because I wanted to accomplish that goal.” She explained that she set an example for her children to know “there’s nothing they can’t become in life if they work hard enough to live that dream out as opposed to someone telling you that you can’t do this or that or you can never have this or that.”

**Rejection.** Catherine seized different times when she experienced feelings of rejection. For example, she felt rejected by her mother and aunt when Catherine challenged their family’s traditions and became pregnant prior to marriage. Catherine revealed that her family did not support or agree with her teenage pregnancy: “I know what it feels like not to be accepted or appreciated, like my mom she has to live with that although I’ve told her it’s okay, I forgive you.” Catherine expressed feeling rejected by her friends because they could not embrace her new life as a wife and mother, “that’s not the way it was supposed to go, although we were past
high school I didn’t follow the tradition.” She had introduced a “whole another dynamics, people weren’t where I was, people were in college or they had a job, they were single, they had boyfriends, they were coming and going, or they weren’t in a committed relationship…it was like a disease.” Catherine was able to make new friends at work and church. After reconnecting with her former friends years later through social media, she admitted it was not the same:

They had endured self-inflicted hard times and just didn’t get a good hand in life so to speak, so we didn’t have anything in common...for the most part there was no bonding or connection...sometimes when you move on, up and out people get jealous so, I encounter that too, and I don’t know why.

Catherine acknowledged that she was rejected twice by her father, once as a baby and then again as a 34-year old woman. “He didn’t want to have anything to do with me. I drew a conclusion on why he didn’t want to have anything to do with me.” She admitted to wanting to be loved by her father which led to her seeking love and attention from a male companion at the age of 14 years-old which five years later led to her pregnancy and marriage:

Catherine: Although I wanted to be a mother, although I wanted to be married, maybe they (educators) could have influenced me that maybe yes you can do that and you can still keep your current boyfriend but how about if you move towards keeping him and go to college and showing you why and that pathway. See I had been with him since 14 so they could have caught me earlier...So honestly if I was to say honestly and openly why would I make that my goal to be a mother and a wife so early on and I can say honestly I wanted to feel the love from something that I didn’t have.
Researcher: Who would have given you that love?
Catherine: It would have been my father.

All or Nothing. Catherine established herself as “a determining person, I’m not going to let anything hinder or stop me no matter what.” For example, she admitted to being determined to attain a college degree and not being defeated by the bet her husband made that she could not attain a postsecondary degree. For this purpose, Catherine affirmed “it’s all or nothing” meaning she had to exceed the traditional credit hours each quarter so she could finish in two and half years:
They had quarters instead of semesters, and that was ideal for me, because I’m one of those persons who like it all at once or not at all...six weeks of classes, maybe eight...was amazing, because again, here I am trying to raise a family and with trying to raise a family and going to school with a career I needed an entrance point that would really help me meet all those demands.

Catherine acquired the approval from the college president after her dean attempted to deny her non-traditional course hours which would make her a traditional college student: “I have a family, I can’t spend the rest of my life in college trying to get through these courses, I need to take it all or nothing so I can be done.” Her dean expressed a concern that the additional credit hours would be too much for Catherine to complete during a quarter which would impact negatively towards her grade point average. She completed her bachelor’s degree without any failing grades on her college transcript.

During another instance, Catherine submitted her application for the non-traditional master’s program in education after the deadline date. She was accepted to the program and finished her master’s degree in education in 18 months and continued to attain her doctorate four years later. Catherine said that she was determined to prove to herself and others she could attain postsecondary degrees but it did not change who she was as a person:

That’s another reason I wanted to go to school and get these advanced degrees because I wanted to prove to people, that doesn’t make you none of this, I don’t care if you have a doctorate, MS, MBA, whatever you have behind your name, that’s not who you are.

**Sensitive to Others.** Catherine expressed that she help others so they would not experience the pain and hurt she endured throughout her life. She displayed such compelling emotions when she shared her feelings of past rejection and distress. The researcher allowed Catherine the opportunity to cry while holding her hand to assure Catherine that her vulnerability was safe during that time and moment. “That’s why I try to go out of my way to support other
people whether it’s my job, or my personal life or a friendship because I never want people to ever feel the pain I felt.”

Catherine disclosed that throughout her life she consistently fought for the right thing and “whatever cause that makes somebody else’s life better.” Serving as an educator for more than 15 years, she presented a desire to fight for her students, parents, teachers, and colleagues with improving student achievement through effective instruction and leadership and creating safe and clean schools:

*I want to fight for you, I want to make it better for you. I want whatever inequality in your life I want to make it more equitable for you and I speak up and out in a respectful way with fervor and determination.*

While working at the non-profit organization, Catherine acknowledged that she wanted to do the right thing for others and revealed the corrupt business practices at the senior management level:

*I don’t tolerate foolishness very well and I don’t tolerate deception, and there was both of that taking place and that just goes along with my goal to improve things and to be open and honest with people and that wasn’t happening...and if you would say I was a whistle blower and so they all hated me for that of course. I went to the elders of the church to ask for help cause they could see it and I don’t do cover ups very well and everybody wanted to cover up the mess... I felt I couldn’t do it and I told them I wouldn’t do it, and of course that doesn’t make you a favorite and it was the principle of what was happening to people and I couldn’t stand around and...be a part of that so I left the job.*

She witnessed people being mistreated and hurt so she met with the leaders of the organization to inform them. Instead of ending the corruption, they wanted Catherine to swear to secrecy and not reveal their wrongdoing. She refused to comply with their demands so she resigned and walked away from the organization: “When it comes to me standing up for what I believe is right, people being hurt and mistreated and I can’t let other people do it and know.”
Gayle’s Story

*Can it be done with children, absolutely, positively I’m proof of that... is that ideal, absolutely, positively not.* Gayle

Gayle’s interview was scheduled on one of the worst winter days in Michigan. Gayle was intrigued and adamant about meeting to share her life experience as a teenage mother, so she decided to conclude the medical research she was conducting at her hospital’s library in order to meet the researcher. Gayle has been a medical physician for over 30 years at a hospital in Detroit where she serves as the Medical Director for an all inclusive care of the elderly program. The program is an alternative to nursing homes that “targets the population of the fragile elderly and provides services to keep them in their community.” Some of the services are medical care, rehab, home care, transportation, meals, medications, and anything they may need to avoid being confined to a nursing home. Gayle is a 60 year old mother, grandmother and great-grandmother who appeared to be both humble and confident with a distinguished sense of humor. During the first interview question, she admitted to encountering difficulties answering questions relating to being a teenage mother: “I never even thought about it. It is a reality. It is what it is, do what you have to do and get where you need to get and that’s what I did.”

Gayle was born the second child of four children on the west side of Detroit. Her parents divorced when she was a young child which caused Gayle, her mother, and siblings to move in with her grandparents and other relatives. Following the divorce, her biological father was never involved in her life. She grew up during a generation where her extended family including her two aunts, cousins, mother, and grandparents all lived under one roof. The grandchildren never called their mother “ma” but referred to them by their first names like their grandparents did:

*So my grandfather was daddy, and my grandmother was ma. We lived with them. We lived in a generation where everybody lived in the same house. So my mother and my father separated when we were very young so we lived with my grandparents. So my*
grandfather was daddy. She called him daddy, they called her mother, ma. We called her ma, that’s me and two of my cousins. Their moms all lived in the same house and we didn’t call our mom’s ma. We called them by their first names because their parents called them by their first names and we modeled what they called them and what our parents called their parents. We modeled them so that’s what we called them. So it was daddy, ma, my mother’s name is Naomi, we called her Nomi, we’ve never called her ma. My other aunt who lived there, her name is Margaret. We called her Mattie. My other aunt’s name is Bernice, we called her BayBay. None of us called our moms, mom, except one, we called them by their first names [laughs]. I knew she was my mom. I knew my grandfather was not my father, but he was daddy to all of us.

Gayle’s grandmother died when she was six and two years later her grandfather remarried forcing Gayle and all of her extended family out of the house. Gayle’s mother and siblings moved in their own home with Gayle’s mother continuing to work. Although she grew up poor during Black Bottom, Gayle never knew she was poor because her basic needs were always met: “So, economically we never had a lot of money…I never, never, went to bed hungry…I never didn’t have clothes. They were second hand but I never didn’t have clothes and so we, it was a thing of pride.”

Gayle attended Detroit Public Schools and at age 17 during her junior year of high school she became pregnant. She could not remember if she knew she was pregnant but she recalled her mother telling her one morning “you’re pregnant”, and I said “how could she know that?” I wasn’t completely certain about it.” Gayle never really understood the responsibility associated with being a teen mother nor did she really think about it “okay you did it, this is it, so now what are you going to do, you gotta live with it, you gotta keep going, you gotta do what you gotta do, so just make it happen.”

Gayle referred to her mother as an amazing, gracious, Christian woman with a forgiving spirit. Her pregnancy did not appear to be a big deal to her mother. Although Gayle wanted her mother to verbally scorn her, “You messed up and don’t do this again. Let’s move on from here.
you can still accomplish your goals, don’t let this be a pattern.” However, her mother never mumbled a negative word but offered her support, “it’s okay you’re pregnant, I’ll help you.” Her mother took her to the State Department of Social Services to receive welfare and ensured that Gayle had her prenatal care throughout her pregnancy:

Gayle referred to herself as a teenage mother who was busy and “never missed a beat.”

As a teenage mother most of the time I was either working or in school, so I was very busy. I wasn’t a teenage mom that was at home who watched stories all the time and got checks. I was always doing something, that’s some good and bad, but I was busy. I had pretty much made up my mind, my psychic, super ego or something I was going to continue school, but didn’t quite know what that meant at the time I just knew I was going to do it.

She enrolled in summer school for pregnant girls at the YWCA. The YWCA encouraged her to excel. Gayle’s daughter was born in September, two weeks later she enrolled in night classes at Cass Tech High School and graduated on time the following winter semester:

I took classes the entire summer so I wouldn’t lose track of anything, and she was born in September and I went right back to school because there you could go to Cass Tech at night if you didn’t have all your credits and take additional classes if you needed to graduate. So at night I took the rest of my classes at Cass Tech and that way I graduated on time so I didn’t miss anything in terms of graduation, which I was supposed to graduate in January 73 and I graduated in January 73 and that was a good thing. I was happy about that I was able to do that. It was because I didn’t miss a beat. I had her, came home within a couple of weeks or so it was time to go back to school.

While attending summer school and night school Gayle teachers were supportive and sympathetic to her being a teen mother. She would take her daughter to class when she did not have anyone to babysit for her: “Oh, wow, you’re out here with this baby, YEA I have to do this, I have to finish this class.” Gayle’s sister and daughter attended her graduation. She laughed as she recalled her economics teacher assuming she was married since she had dropped out of day school to attend night school when she had her baby:

I will never forget high school graduation. I took her with me to the graduation and my sister, I had to have someone to hold her while I go across to get my diploma. So my
economics teacher said “oh, so you’re married now, you have a baby”, of course being a young mother, do you want to say “no, I’m not married” and you have a baby, “oh, yea, yea, he said “so what’s your new name?”, I said “no, no, I still kept my other name.” I will never forget that, he said “oh”, like right. I didn’t care, it wasn’t about him. It was about me, but it was kinda funny, and you know walking around in your cap and gown carrying a baby everybody looking, saying “she kinda disappeared after the 11th grade, what happened to her? Oh, that’s what happened to her, oh, we see, we know what you’ve been doing” [she continued laughing profusely].

Her teacher knew that Gayle was not married but he chose to be quite condescending by trying to make her feel embarrassed for having a baby. The other negative response was told to Gayle years later after her pregnancy by a cousin. During her pregnancy her step-grandmother told her cousins “now you have to make certain you don’t let that happen to you, you don’t get pregnant with a baby, it’s not a good thing it’s a bad thing, because she’s not a good role model.” Gayle laughed as she repeated the words her cousin stated to her. Overall Gayle’s family and her baby’s father family were very supportive with caring for her daughter. They would care for her daughter while Gayle worked and attended classes. Gayle’s mother would take the baby to her doctor appointments. The baby’s father was involved only to a certain degree. She had two male friends who were significant in her life during her pregnancy. One of the young men wanted to do the right thing so he asked Gayle to marry him although he was not her daughter’s father. He and Gayle both had crushes on each other since they were young children, however she rejected the proposal. They still remained good friends. The other young man became “hooked on drugs and was killed.” Both young men did not allow Gayle’s pregnancy to affect their relationship and how they treated her.

During Gayle’s third trimester of her pregnancy, her grandfather died a painful death from prostate cancer. Instantly she became inspired from his death to pursue a career in medicine because she desired to do something to help people:
I saw him suffering and I thought people shouldn’t suffer like that. He was in so much pain. I was so inspired by my grandfather. I loved being with him, I loved being with older people and seeing him die like that I said nobody should die like that and be in so much pain. I was 17, I didn’t know a lot but I knew nobody should die and be in that much pain, so I think that’s what inspired me because I thought I could do something to help somebody. I could make it a little bit better for somebody.

After high school, Gayle worked as a nurse’s aide at Grace Hospital in Detroit while attending Wayne County Community College during the evening. Later she enrolled in an operating room technician program at Marygrove College and was promoted to an operating room technician.

She would catch the bus to take her daughter to daycare and then a bus to work. Her family cared for her daughter at night while she attended classes. However, she would take her daughter to class if there was no one to care for her. Her college professors were very nice and supportive:

*I remember my chemistry teacher, she (her daughter) was making too much noise. She was only a couple years old. I’m like, “be quiet girl, be quiet, girl” and I’m going to take her out in the hall, he comes running out in the hall, “what are you going to do to her, what are you going to do to her?” he was African, “she’s just a baby, she’s just a baby, leave her alone,” so they were actually sympathetic and very nice.*

She made a decision to pursue a medical degree so she applied to universities that would give her the best opportunity. Gayle was accepted to University of Michigan in Ann Arbor. She and her daughter moved to an apartment on campus where she met other single mothers who also majored in medicine. “We were all up there working hard cause we saw ourselves having a better future.” Gayle became close friends with one of the girls who attended Gayle’s same high school and her son was the same age as Gayle’s daughter:

*We helped each other, we supported each other, we studied together, we hung together, we shared with each other and it was really, really nice having someone with the same background and experiences that I did and she did, and she’s still my friend to this day… and put the kids together so they could play and she and her son are still friends to this day too.*
Gayle worked midnights at the university hospital as a ward clerk. When she got off of work she would get her daughter ready so the school bus could pick her up for pre-school. Then Gayle would get on the campus bus to attend classes at the lecture halls. During this era, Michigan was extremely prejudice and Gayle knew her professors and Caucasian students did not want her at the university: “They thought they were better than us, going through this whole situation of affirmative action and they were trying to let more blacks in and they were doing reverse discrimination saying you’re letting blacks in but not whites who were qualified.” It became academically challenging for Gayle and the courses became more rigorous. She knew that she was just as smart as all the other students although she did not have their same opportunities to prepare for an Ivy League university: “I’m not a dummy…we weren’t on the same playing field…they had better preparation but your preparation, focus, and desire to accomplish something will supersede preparation and that’s how I felt.”

Gayle and her daughter returned to Detroit to live with her mother after graduating from University of Michigan with a Bachelor of Science Degree. She applied to several medical schools and decided to attend Wayne State University to pursue a doctorate in medicine. She maintained contact with the other teen mothers from University of Michigan. Two of them became pharmacist and the other two became physicians. Gayle’s mother resigned from her job so that she could stay home and care for Gayle’s daughter while she attended medical school. Although they lived in the same house, Gayle would see her daughter but her mother assumed all of the motherly responsibilities “because at that point she knew it would be a 24-7 operation with school.” She moved out and would see her daughter two to three times a week and talk to her daily on the phone. Gayle continued to be very involved in church so she would pick her
daughter up for church every Sunday. She moved back home with her mom and daughter after a year and a half:

I was still in the picture because I would see her and I was staying with my mom, but my mom had assumed most of the responsibility for getting her ready and sending her to school. Again that was extremely helpful and it’s basically during that time single parents especially women kinda started feeling a little bit guilty. People would ask my daughter “don’t you want to be a doctor like your mom?”, “No, doctors don’t have any time with their children or their family”, some word she would use. So it’s like okay, I can’t do anything about that, it is what it is, I started it. That was kind of my rationale at that point. So a little bit of guilt, I have really sacrificed a lot of my time...probably the one thing that maybe would be a little bit different again now no longer being a teenage mom but and a young single young mom would have possibly been to invest more time into my daughter. Maybe it have been nice to have invested more time. I don’t know what that would look like. It just seems like the right thing to say. I should have invested more into her developing and becoming a self-reliant person as well. If I had one regret that would be it.

Gayle and her daughter moved again to East Lansing to complete her residency as a medical physician. She was on call 24 hours a day and was unable to be with her daughter at home. Her daughter had to care for herself so she began experiencing different troubles at school. Immediately after completing Gayle’s residency, she and her daughter moved back to Detroit where she obtained a job at one of the city’s local hospitals.

Gayle identified finances, stereotypes, and spending time with her daughter as challenges she encountered being a teenage mother. She believed that society assumed that black teen mothers were on social services or welfare and almost sold their soul for the little money they received. There was a negative stigma that black teen mothers were “going to…stay at home and watch the soaps and wait for the check to come and have a boyfriend…to give the check to or have more babies, the more babies the more the check is.” This posed a challenge for Gayle, because she had to cope with feeling devalued and being labeled as a negative public stigma.

Although Gayle worked different positions at hospitals while attending school it was financially difficult to provide for their basic needs and pay for daycare.
Gayle was extremely focused on “getting an education” so she could financially provide for her daughter. Although she was proud to accomplish all of her goals, she sacrificed valuable time with her daughter that can never be replaced:

*A child at that age they don’t care about you providing the money and other things. They want to know if you care about them that you can spend time with them, talking to them and if there’s a choice between going to do that and them that you’re always going to choose them. That’s what they care about, because a kid at that age don’t know anything about ok I’m going to make plenty of money, and I can take care of you. I can buy you, they don’t care about that. They could live in a hut and they would be just fine.*

Gayle regretted having only one child to pour all of her hopes, wishes, dreams, and future into:

“That’s a lot of pressure to place on that one child, it’s a lot of pressure and you don’t realize that.” All of Gayle’s hopes and dreams came to a halt when her daughter became pregnant at 17 years old, the exact same age Gayle became pregnant with her. When the researcher asked Gayle to share details about her daughter’s pregnancy, she quickly responded “it’s not much to talk about. I was mad as heck.” Gayle began laughing aloud as she revealed the day her daughter told her she was pregnant:

*I was driving up Southfield speeding I was working at Fairlane then. I said “God what is this? We’re supposed to stop this curse, what is going on?” I had made provisions and gotten birth control pills and they were right in the drawer so, I was mad, very, very, very mad. I finally came around but I still wasn’t happy about it and so it is what it is. She had the baby, whom I loved dearly from the time I saw her I loved her and she went ahead and did what she did but at that particular point I was committed...that my granddaughters were not following in the same footsteps. They’re not going to finish high school and get pregnant, they’re just not and that was my focus. This what you’re going to do and that’s how we talked. When you graduate high school and finish college and you’re going to get married then you’re going to have children, that’s how it works. That’s what I emphasized and I prayed and tried to keep them in a positive atmosphere.*

Gayle admitted to taking several years to heal the relationship with her daughter. Their relationship suffered because work and school were more important to Gayle then spending time with her daughter: “If a truck was coming, I would have walked through it to get to the other
side, over it, that’s how focused I was and where does that come from?” Two years ago they finally resolved their guilt relationship and now they are best friends. Gayle is very active in her granddaughters’ lives. One of her granddaughter’s became pregnant at 21 years old during her sophomore year of college. Gayle once again laughed as she recalled her reaction to her granddaughter’s pregnancy, not finishing college and not being married:

*I was so mad with her. She couldn’t finish college, you have got to be kidding me, what? This is the one who is super smart, “you’re kidding, right? You’re not, didn’t you use birth control?” she said it was causing some problems, “well didn’t you know if you have sex you can get pregnant, right?” (laughs) But I got over it. I was so mad at her. She felt that I was disappointed in her and I was. We’re not going to keep doing that generational mess.*

Gayle acknowledged all of their pregnancies [her daughter’s, granddaughter’s, and her pregnancy] as a “generational curse.” She became a grandmother at 34 years old and was ashamed to be recognized as a great-grandmother. Prior to the birth of her great-granddaughter she did not display pictures in her office in fear that someone would inquire about their relationship. Presently Gayle was proud to acknowledge that she is a great-grandmother and her married granddaughter is pregnant with her great-grandson.

Gayle identified herself as an extremely blessed woman. She was the first in her immediately family to graduate from college and the first medical physician:

*My mother prayed for me. It’s something about having someone praying for you, about having a will to accomplish. It’s something about having a family that tells you, “You can do this, you will succeed at this, you can do this”, and I think those are some of the important components so even though my preparations may not have been the same as some of my colleagues from Ivy league and better schools, I did as well, I did, but that had something to do with my self will. It’s how I see myself, it’s a family that supportive, it’s a mother, a grandfather that prayed. It was God’s will to get me where I got when I got it so I could help someone else go through this.*
She was raised from a praying family who supported her both financially and assisted with caring for her daughter. Through the years her mother prayed for her which gave her the perseverance and determination to endure the challenges of teenage motherhood.

**Themes**

**Resolve.** Gayle admitted that she had made a conscious decision that she was going to continue her education; she did not know it would begin from high school to community college to University of Michigan (U of M) and conclude at Wayne State University School of Medicine: “I had pretty much made up my mind, my psychic, super ego or something I was going to continue school, but didn’t quite know what that meant at the time I just knew I was going to do it.” She maintained that once she decided to be a medical physician nothing would stop her from pursuing her goal even after her unexpected pregnancy during her junior year of high school. Gayle stated she was adamant about graduating with her high school classmates that following January. She attended summer school and immediately after delivering her daughter she returned to night school:

I went through the nine months, did what I thought I should do and again I was in school the whole time, cause when I got pregnant I was in the 11th grade and I still had to finish the 12th grade... I took classes the entire summer so I wouldn’t lose track of anything, and she was born in September and I went right back to school...that way I graduated on time so I didn’t miss anything in terms of graduation, which I was supposed to graduate in January 73 and I graduated in January 73 and that was a good thing. I was happy about that I was able to do that, it was because I didn’t miss a beat. I had her, came home within a couple of weeks or so it was time to go back to school.

After graduating from high school, Gayle’s resolve about continuing her education led her to enroll in Wayne County Community College. In addition to being a college student, she also worked as an operating room technician. She would catch the bus to take her daughter to daycare then a bus to work. Those evenings when Gayle had no one to care for her daughter she would bring her to class. Gayle stated some of her professors appeared to be surprised or
sympathetic when her daughter came to class, but she asserted her commitment to complete and accomplish her educational goals:

I have to finish this class... being so focused in what you set your mind to do that you really don’t hear or see other people. You make a decision you’re not going to let that influence you...The child is not going to stop me from accomplishing what I want to do.

Gayle acknowledged being so intensely focused on her education that she studied relentlessly to attain her bachelor’s degree from the University of Michigan. She was aware that the opportunities most of the students had in preparation to attend this prestigious university were different from her preparation but her focus was resolute and she would not allow this disparity to stop her. She believed that although they had preparation, her focus and desire to accomplish her goal superseded their preparation:

I was so focused on getting that degree, so I could get in medical school. That was all I saw and nothing was going to stop me from getting that and so that was the one thing, but that was self-imposed, that wasn’t a teacher, that wasn’t school, it wasn’t a friend it wasn’t family that was Gayle...If a truck was coming, I would have walked through it to get to the other side. I think I could have walked through it, over it. That’s how focused I was and where does that come from? I don’t know but that’s how focused I was.

After graduating from medical school and working as a medical physician, Gayle reluctantly shared her conversation with God after receiving a phone call from her 17 years old daughter that she was pregnant. “God what is this? We’re supposed to stop this curse, what is going on?” I had made provisions and gotten birth control pills and they were right in the drawer. So, I was mad, very, very, very mad.” It was from this outcome that Gayle identified her daughter’s pregnancy as a “generational curse.” She became adamant about her granddaughters not following in her and her daughter’s footsteps of being teenage mothers. So Gayle expressed that her focus now had shifted from becoming a physician since she had obtained that goal to being very active with raising her granddaughters:
I was committed now that my granddaughter, and seven years later had another baby and six year ago had my youngest granddaughter...were not following in the same footsteps. They’re not going to finish high school and get pregnant, they’re just not and that was my focus.

She revealed that she spent time with them, surrounded them in positive environments, and talked about graduating from high school, finishing college, getting married and then having children: “This what you’re going to do and that’s how we talked, when you graduate high school and finish college and you’re going to get married then you’re going to have children. That’s how it works...that’s what I emphasized and prayed.” With similar resolve, Gayle was able to guide her granddaughters from following in the same footsteps she and her daughter had toward becoming teenage mothers: “It [teenage pregnancy] needs to stop. It can’t keep going on generation after generation...everybody gets pregnant before they finish high school and they never go anywhere from there. It’s not a legacy. It’s not what you want to leave for your children.”

Providing Protection. Gayle disclosed her interests in protecting the well-being of others. She was protective of her responsibility of raising her daughter, so they both moved to Ann Arbor while she pursued her bachelor’s degree: “During college she of course went with me because she was my responsibility and I always felt very strongly. She was my responsibility and I wouldn’t leave her with someone else while I did what I wanted to do.” She revealed that she did not allow her daughter to spend nights over at a person’s home other than an aunt whom Gayle stayed with during her pregnancy:

She didn’t spend the night a lot of places, that’s one thing I didn’t do. I never even thought about it at the time. It just never occurred. It was something I wouldn’t do, so she was at home with my mom. I can’t even think of maybe more than once she spent the night with somebody other than my aunt. I think I had one aunt that she spent the night with because I was working.
Gayle was aware that her pregnancy could possibly spawn a “life pattern” if she wasn’t proactively protective of the environment for her and her daughter. She was determined not to replicate this “life pattern” of becoming pregnant again. So she admitted to protecting herself from her environmental pattern and being:

_{stereotyped, you know; you’re (teenage mothers) going to be on welfare, stay at home and watch the soaps and wait for the check to come and have a boyfriend you’re going to give the check to or have more babies. The more babies the more the check is. I think that was a challenge feeling like that._

Gayle referenced her protection from the stereotype as being “very busy, I wasn’t a teenage mom who was at home who watched stories all the time and got checks, I was always doing something…I was busy.” She stated that “as a teenage mother most of the time I was either working or in school…I was supposed to graduate in January, 73 and I graduated in January, 73 and that was a good thing…it was because I didn’t miss a beat.” Gayle returned back to high school two weeks after giving birth to her daughter. After graduating, she obtained a midnight job as a nurse assistance while attending college courses during the day.

Gayle further described how this protective disposition was part of her inspiration to become a medical physician and in turn, projected it on her patients. Gayle expressed witnessing her grandfather die in pain inspired her to be a medical physician and possess the motive for protecting her patients from experiencing hurt, pain, and death:

_{I was so inspired by my grandfather, I loved being with him. I loved being with older people and seeing him die like that I said nobody should die like that and be in so much pain. I was 17, I didn’t know a lot but I knew nobody should die and be in that much pain. So I think that’s what inspired me because I thought I could do something to help somebody. I could make it a little bit better for somebody._
Guilt. Gayle admitted to enduring “a little bit of guilt” for sacrificing the time she needed to spend raising her daughter on completing medical school. “I accomplished what I set out to accomplish but in accomplishing it I really do feel that I loss something and part of it was that valuable time with my daughter.” While attending medical school, Gayle stated her mother assumed the parenting role of caring for her daughter. Her daughter lived with her mother and Gayle would see her daughter two to three times a week:

I still saw her two to three times a week, and again she was with my mom so I talked to her on the phone but initially because I lived with my mom I saw her every day and then after that when I moved out I probably saw her two-three times a week easily. We talked and because I was very, very involved in church we were involved like that. I would pick her up on Sundays and we would go to church together and things like that.

Gayle revealed that people would ask her daughter when she was younger did she want to become a doctor like her mother, her daughter’s response would be “No, doctors don’t have any time with their children or their family.” Gayle described her rationale to her daughter’s feelings were “I can’t do anything about that, it is what it is, I started it. That was kind of my rationale at that point. So a little bit of guilt, I have really sacrificed a lot of my time.”

Gayle stated during her medical residency in East Lansing, Michigan her daughter had the daily task of getting herself ready each morning for school because Gayle was on call and most times worked 24 hours a day, seven days a week:

Now no longer a teenage mom but a young single young mom would have possibly been to invest more into time with my daughter. Maybe it would have been nice to have invested more time. I don’t know what that would look like, it just seems like the right thing to say. I should have invested more into her developing and becoming a self-reliant person as well. If I had one regret that would be it.

Gayle expressed guilt for having only one child and wished that she would have had more children. “Who in the world has one child, you’re crazy to have an only child.” She acknowledged that “It’s a lot of pressure on that child, and you don’t realize that…so that’s my
one regret.” Gayle admitted to inflicting pressure on her daughter to live out Gayle’s hopes, dreams, and wishes that she desired for her daughter.

Support. Gayle recognized that several family members and friends participated in caring for her daughter and supporting Gayle throughout her journey to become a medical physician. There were many family members [siblings, aunt, mother, paternal grandmother] who “wanted to be a part of her [daughter’s] life and for me that was good.” For example, Gayle stated when she became pregnant, she was uncertain of the next steps of her pregnancy. Her mother helped her with securing state medical assistance for prenatal care and going to prenatal visits:

She was very supportive, got me into the doctor so I could have prenatal care and all of that and told me what I needed to do and at that particular point you went to social services for some help. So she told me we could go to social services and they could provide me with an insurance card and I did and they did.

Gayle went on to explain, when her daughter was born Gayle’s mother took her to routine doctor’s appointments. Her mother provided care for Gayle’s daughter while Gayle worked midnights and attended community college. Furthermore, Gayle’s mother retired from her job to care for her daughter when Gayle started medical school. Gayle admitted to “having a very supportive parent made a difference” with her becoming a medical physician. “My mother prayed for me. It’s something about having someone praying for you, about having a will to accomplish, it’s something about having a family that tells you, you can do this, you will succeed at this, you can do this.”

Gayle admitted that academically University of Michigan was difficult, but she formed relationships with other single mothers on campus who supported her:

Academically it was tough, I was really fortunate I had girlfriends. I had the one girlfriend I told you about and a couple other girlfriends in similar situations that were single parents. They were young and we were all up there working hard cause we saw
ourselves having a better future. So we would hook up, we studied together, we hung out
together, we partied together, we did things with the kids together. We did those kinds of
things together and all of us...but all of us are still connected, none of us disconnected
after the experience, two became pharmacist and the other two became physicians.

Gayle specified a very dear friend who she connected with on campus. They both attended the
same high school and had children around the same age. Gayle explained that they supported
each other with caring for their children, studying, and completing homework assignments:

We helped each other there. Our kids were the same age so we went to daycare together,
we provided transportation, we studied together, and put the kids together so they could
play and she (Gayle’s daughter) and her son are still friends to this day too...We
supported each other, we studied together, we hung together, we shared with each other.
It was really, really nice having someone...and she’s still my friend to this day. I went to
Wayne Medical School and she went to Michigan State Medical School.

Additionally, Gayle said that her sister and brother lived with her in Ann Arbor, Michigan to
help care for her daughter while Gayle worked midnights as a ward clerk: “For a short period of
time my sister lived with me and my brother. Different people lived with me so she wouldn’t
have to be by herself at night, she wasn’t there alone at night.”
Chapter 5

Data Analysis

In this study, the experiences of five African-American teen mothers were illuminated, some of the stereotypical myths about teenage mothers were dispelled and a depiction of a broader reality of teen mothers was better understood. The purpose of the study was to explore the educational histories and experiences of former teenage mothers who have completed a bachelor’s degree and to seek to understand their challenges and successes.

The research questions that guided this study were as follows:

**Research Question 1:** What are the lived experiences of professional women who were former teenage mothers?

**Research Question 2:** What does it mean to these women to have been a teenage mother? How has that experience shaped who they are, their concept of self?

**Research Question 3:** What are the attitudes and insights of professional women who were former teenage mothers towards teenage parenting and future success?

This study depicted the life histories of five African-American women, all of whom had children when they were teenagers and then went on to earn postsecondary degrees. The researcher collected data “through examining documents, observing behavior, and semi-structured interviews” (Creswell, 2007). The interviews were organized and then transcribed. The researcher engaged in initial coding, focused coding, memoing, organized categories, and repeated the process for each participant. She emailed the transcripts of each participant requesting that they review them, check for accuracy, and make changes or remarks they wanted included in the study. The researcher would have been eligible to be a participant in the study and therefore took special measures to ensure that biases were controlled. In order for the
researcher to record and report the truth of each participant’s story she controlled her personal biases by:

- describing her own experiences of being an African-American teenage mother who attained a Bachelor degree in a journal prior to beginning the study,
- bracketing out her own views of being an African-American teenage mother who attained a Bachelor degree in a journal before proceeding with the experiences of the participants (Creswell, 2007), and
- indicating where her biases occurred when data are collected from the participants (Atkinson, 1998).

As the researcher evaluated the categories, there were four common themes that emerged amongst the five women. The four common themes were:

1. Four of the five participants confirmed that their family members and friends played an instrumental role in helping them attain their college degrees.
2. There was representative thematic continuity of resilience within all of five women’s ability to overcome so many adversities as teen mothers, daughters, employees, college students, and/or spouses.
3. Determination served as a protective factor for all of the participants in attaining their postsecondary degrees and coping with adversities.
4. All five participants possessed a desire to help other individuals.
Theme One

You have to have support. Family, friends or whoever you got to support you, to get to be successful and to not let the teenage pregnancy keep you at home. Aretha

Support from Family and Friends. Mollborn and Jacobs (2011) found that the majority of teenage mothers indicated that they received some type of support from at least one family member while attending school and/or working. Of the five women, four of the participants - Aretha, Karen, Porsche and Gayle confirmed that their family members and friends played an instrumental role in helping them attain their college degrees. Although, Aretha, Karen and Gayle enrolled their children in daycare, their family members and friends cared for their children when daycare services were unavailable. For example, Aretha’s younger sister cared for her son for an entire summer while Aretha worked and lived on campus at Western Michigan University. “I had to take my son to my sister’s and I would have to see him just on the weekends. She [her sister] would bring him up.”

Gayle stated her mother helped care for her daughter as well while she attended work and school. “I didn’t have a babysitter, although my mom was very helpful in terms of taking care of my daughter…my mom was very supportive, very involved in taking care of my daughter when I needed her to be.” Furthermore, her mother resigned from her job so that she could stay home and care for Gayle’s daughter while Gayle attended medical school.

This study revealed a level of support also existed beyond family support. External levels of support from non-family members were also necessary contributors to supporting teenage mothers. Aretha shared that a phone call from her friend attending Western Michigan University saved her and her son’s life:

So before I checked into a shelter one of my girlfriends called who lived in Kalamazoo and she was like you should come up here and stay with me...I had that one girl friend who said come on come up here and I just dropped everything and I was like girl I’m
about to check into a shelter... So I packed everything that I owned into a garbage bag...we moved to Kalamazoo.

While living in Kalamazoo, Aretha met “so many people who were willing to help and support me. Either with helping me with a job, helping me with childcare, babysitting my son.”

At least one woman’s story revealed what it was like to lack such support from family or friends. Karen described her life without “a babysitter and not having a mentor I could learn from on parenting. I had to learn by trial and error.” She “didn’t have any support. I couldn’t say “Mama I want a break, or could you babysit.” Karen explained that years later, when her family moved to Michigan, her husband’s aunts supported her with caring for her children while she attended night school. Ironically, Karen, later in her life, did not reciprocate such familial support she had once received as a teenage mother after her move to Michigan when her own daughter, Porsche, became pregnant as a teenager. She refused to help or support Porsche. Porsche described her mother’s lack of support and what verged on her cruelty, as “really mean…I had it in my head that I wasn’t going to ask her for anything. So it didn’t matter what I needed, I would have my tongue fall out before I would have asked her for anything.”

Although Porsche did not experience support from her mother, she found great support elsewhere. She was the only participant who never had to enroll her daughter in daycare because someone was always available to provide childcare; notwithstanding, despite her mother’s refusal to provide support. Porsche described receiving support from her sister and best friend’s mother while working full time and attending college at night:

When I went to work well my best friend, her mom use to actually watch my daughter and take her to school. My sister at the time she was married and her husband was in the army but when they came home between my sister and my best friend’s mom, basically was our support system. They use to cook for us. I worked when I finally went back to work I worked a 16 hour shift and 2-12’s and that was a long night so my daughter would stay at my sister’s and my sister would drop my daughter and her two children off at school and then my best friend’s mother would pick her up from school. Then after I
came from school, I would pick her up from there. Then, they would have dinner for us and we would go home and go to sleep. So if it wasn’t for the family support then I wouldn’t have been able to do what I did.

Contrary to the support from family and friends sought out and experienced by other participants, Catherine was the only participant in the study who seemed to depend entirely on herself and who wanted it that way. In response to the researcher’s question, “Were there any individuals who provided support for you?” her answer was an emphatic “No, I’ve always had to do it on my own.” She hired private babysitters while she and her husband worked and later utilized daycare services to care for her children. In fact, when both of her children became ill and had to be hospitalized while attending the daycare, Catherine began to work from home and cared for her children.

Wayland and Rawlins (1997) concluded that teenage mothers not only depended on their mothers for childcare but information about parenting as well. For example, Gayle said, “I don’t know, here I am, what am I supposed to do? What’s next?” She relied on her mother to teach her parenting skills and how to obtain financial resources for welfare:

And again, she [mother] was very supportive, got me into the doctor so I could have prenatal care and all of that and told me what I needed to do and at that particular point you went to social services for some help, so she told me we could go to social services and they could provide me with insurance card and I did and they did, keeping in mind what she told me to do and she said I’m going to help you, and I said okay I appreciate that.

A teen mother’s ability to rely on family members and friends provide positive outcomes for them and their children. SmithBattle (2007) suggested that unreliable childcare interferes with the teen mother’s school progress; however, mothers with dependable childcare especially from family members, completed school without interruption. All of the women in this study were able to rely on dependable childcare; consequently, they never had to interrupt their educational goals. The importance of reliable childcare for these young women cannot be under
emphasized in relationship to their goals to get an education. Aretha, Porsche, and Gayle emphatically attributed their entire success to the support from their family and friends, “I had a strong family support system which that is the reason why I was able to go to school.” These positive supportive systems made it possible for the participants to pursue their educational degrees while caring for their children.

**Theme Two**

> I have spent most of my professional life observing and documenting the extraordinary capacity of ordinary human beings to overcome great odds. Werner (2001)

**Resiliency.** In the longitudinal study conducted by Smith and Werner (2001), they consistently concluded that females coped more effectively than males when dealing with adversity in their childhood and adulthood. Further, Smith and Werner (2001) noted that females recovered more often from destructive circumstances they faced as teens with less challenge than their male counterparts in similar circumstances. In this study, there was representative thematic continuity of resilience within all of these women’s ability to overcome so many adversities as teen mothers, daughters, employees, college students and/or spouses. Although they assumed all of these roles, at times simultaneously, they were faced with significant stress or tragedies but were able to recover from those difficult experiences. These women possessed a driving force of always finding the wherewithal of “doing something” to attain a postsecondary degree.

Although they may have used different terms to describe this characteristic, such as “I made it happen,” “keep it going,” “desire to keep going,” “you gotta keep going,” “we just kept going,” “make sure I continue with this,” “I was going to make it,” and “just go ahead and keep going,” what they all described was surely “resilience.”
For instance, Porsche expressed that she had not even realized what severe challenges she faced being a teen mom, a full-time student, and full-time nurse. She just did it because she knew what she desired; “a better life not only me but for my daughter:”

Night shift I did two 12 hour shifts and one-16 hour shift. So I would leave there and then go to school. Sometimes I would have to pick up my daughter from my best friend’s mom house and take her to my sisters or my daughter would stay with my sister...and then I could go straight to nursing school...maybe 11 or 12:00 midnight the nurses there would say ok it’s time for you to take a nap because you have to get up and go to school tomorrow...I didn’t even realize how much I was doing until I was done. Then I would set back and say wow.

According to Riley and Masten (2001) the following two conditions are required to describe resilience in an individual’s life:

(a) significant adversity or threat to adaptation or development has occurred and (b) that functioning or development is okay, either because adequate adaptation was sustained over a period of adversity or because recovery to adequate functioning has been observed (p 13).

All five women recovered from hardships they encountered throughout their lived experiences as former teenage mothers. Aretha described her adversity as being reared in a poor dysfunctional family, enduring physical abuse from her dad, abandonment from her mother, and seeking to find love. Aretha’s desire to find love resulted in being homeless and a single mother at the age of 19 years old. Her recovery from this adversity began to materialize the moment she accepted her friend’s proposal to live with her in Kalamazoo. As she began her new life in Kalamazoo she was able to secure a place to live, employment, enroll her son in daycare on campus, and have her college tuition paid each year:

I was a mother-student. Because I was a non-traditional student...I had to go home pick my kid up from daycare, go home cook something to eat, map out some time for me to study and do homework then get some rest and get back up the next day and do the same thing all over again. Even though, I made it through I made it with struggles and challenges and things that weren’t easy for me.
Porsche expounded that her daughter “she saved my life because I was really going down the road of destruction.” For Porsche, her hardships began as a teenager during her parent’s divorce. Porsche would engage in “fights, skipped school, hated school didn’t think about college, my future.” At 17 years of age she became pregnant and dropped out of high school but “she [her daughter] was the reason why I went back.” Although Porsche earned her high school diploma, her struggles continued when her daughter’s dad became abusive and did not want her to complete medical assistant school for fear of Porsche “was trying to leave him.” Nevertheless, Porsche’s struggles began to subside when “he went to jail…and that’s when I was able to concentrate and really understand what it was I really wanted to do and take strides to do that.” Porsche became a medical assistant and went on to attain an associate, bachelor’s, master’s, and specialist degrees in nursing.

Catherine’s adversity derived from her experiencing rejection from her father as a child and then later as an adult. “He didn’t want to have anything to do with me. I drew a conclusion on why he didn’t want to have anything to do with me.” She admitted to wanting to be loved by her father which led to her seeking love and attention from a male companion at the age of 14 which later led to her pregnancy at 18 years of age. She was then rejected by her family because of her teenage pregnancy. “I know what it feels like not to be accepted or appreciated.” Catherine acknowledged her pregnancy was disappointing for her family but she just wanted them to know “I was still the same person and I wanted her to love me the same.”

During her pregnancy, Catherine experienced difficulties while working at a Caucasian publishing company because she was 19, pregnant, and now, unfortunately she felt as if she played a contributing factor into fitting the typical stereotype associated with young African-American girls as pregnant, uneducated, and dependent on welfare. Catherine stated “I had to
live with that. Kinda like the starring looks and little comments, the little back chatter, and stuff like that, and that was something I had to face.” Despite this adversity, Catherine found strength to press forward.

Her recovery from her challenges began when she was promoted to art director at the publishing company and she proved “to my family I was better than where I stopped at” by attaining tangible degrees: bachelor’s, master’s and a doctorate.

Gayle’s adversity came in the form of inner struggles towards projecting a self-image of which her and her family would be proud. Gayle used her approach toward her educational accomplishments as a way to combat negative “life patterns” she witnessed in her community. “I had pretty much made up my mind, my psychic, super ego or something I was going to continue school, but I didn’t quite know what that meant at the time I just knew I was going to do it.” She would later understand why she was doing it. Gayle mentioned her disdain for the perpetuation of negative “life patterns” and viewed them as challenges to overcome:

*If they [teenage girls] became pregnant during that time they were stereotyped. You know, you’re going to be on welfare, stay at home and watch the soaps and wait for the check to come and have a boyfriend you’re going to give the check to or have more babies, the more babies the more the check is. I think that was a challenge feeling like that.*

Karen faced tragic adversity at the age of five when three of her relatives: her mother, grandfather, and sister died in the same year. Additionally, two years later she developed a speech impediment and later she would experience sexual molestation by an older man. The wounds from these events scarred her childhood and carried into her adulthood. As a teenage mother her tragedies continued because she had the sole responsibility of parenting her children without any knowledge pertaining to how to parent she could glean from her mother. “I didn’t know of any books then to teach you how to parent.” Karen’s life began to recover when she
attained her GED and enrolled in community college for occupational therapy. She continued
her studies and went on to attain a bachelor’s, master’s, and doctorate in social work.

Jones-DeWeever, and Gault (2006) examined the experiences of mothers on welfare who
were attending college or attained a degree. Their findings suggested that these mothers faced
severe challenges and struggles but their temporary struggles brought about a prominent change
to escaping poverty. They strived to provide a better life through endurance, overcoming
struggles, and resilience. This resilience to “reach for more” exuded from all of the participants’
life stories in this study. Although welfare provided some assistance for Porsche, Aretha and
Gayle, they knew that it could not provide the life they needed to adequately support their
children. Porsche was so adamant about not raising her daughter on welfare that she made them
both a promise:

*I remember I think it was my sister’s daughter, someone in the family because I was on
welfare...it was my niece about four or five years old and they were asking about going
grocery shopping and she was saying “mom when we get our food stamps can we buy
something?” I forget what she said but that just stuck in my mind. I said I never wanted
my daughter to say those words. I promised myself before she was able to really
comprehend what food stamps were or ADC at the time that was what it was called. I
would be off of it. I met that goal.*

Welfare, also known as the Federal Independence Agency (FIA), assisted both Porsche
and Aretha with daycare expenses and assistance while attending school and working, “receiving
welfare so that helped out a lot in terms of childcare expenses.” Aretha recalled the challenge of
being unable to secure a job that could pay for her childcare expenses without relying on welfare
for assistance:

*I wanted to use the system (welfare) to my advantage to help me make gains with my
college career. Some of the challenges were getting a job that I felt that could cover most
of my expenses without having to be on welfare. But it’s hard because you have a child
and you have to spend all of this money on daycare.*
Conversely, Karen and Catherine did not have to depend on welfare assistance as teenage mothers. Karen’s situation lent itself more toward a traditional form of child rearing because she was married and her husband was an active and supportive spouse. Likewise, Catherine was married and was able to provide traditional forms of support for her child because she held a steady job at the publishing company. In these two ways, these women differ from Porsche, Aretha, and Gayle. Yet the common struggle of an interrupted adolescence was present for all these women. The residual effects of their escalated maturation from teenage girls to mothers and/or spouses served as the common core within all of their stories and the inertia to the inner resiliency to overcome struggles which they all possessed.

Theme Three

*I was determined I was not going to give up although sometimes it was hard but I was determined I was not going to give up. I still remember the words of my grandmother and so I continued with it.* Karen

**Determination.** During a longitudinal study, Werner and her associates concluded determination was one of the effected resources in coping with stressful life events for adults who experienced resilience (Werner, 1981, 1989, 2012). This effected resource was also labeled as a protective factor or circumstance that keeps some at risk individuals from engaging in at risk/negative behavior (Glantz, 1999). This study documented that determination served as a protective factor for all of the participants. All five of the women; Aretha, Karen, Porsche, Catherine and Gayle were determined to attain a postsecondary degree and not succumb to the stereotypical myths about teenage mothers being immature, single, welfare recipients, and irresponsible (Yardley, 2008). For instance, Aretha acknowledged that she always desired an education so it remained the forefront of her college experience. When she was provided a second opportunity to attend college in Kalamazoo, she “hustled, I went to class, I would take
my son to school with me. I would ride on the bus with him.” Although Aretha had to adjust to her new role as a “mother-student” she was determined to be “the first generation college student” in her family:

*I had to go home, pick my kid up from daycare, go home cook something to eat, map out some time for me to study, and do homework then get some rest and get back up the next day and do the same thing all over again.*

Eight years after attending college, working, and caring for her son, Aretha graduated from Western Michigan University with a Bachelor of Science degree in Secondary Education and English Language Arts and a minor in Family Consumer Science.

When Gayle became pregnant during her junior year of high school, she was adamant about graduating with her high school classmates that following January in 1973. She attended summer school during her pregnancy and immediately after delivering her daughter she returned to night school. “I had pretty much made up my mind, my psychic, super ego or something I was going to continue school, but didn’t quite know what that meant at the time. I just knew I was going to do it.” She maintained that once she decided to be a medical physician, “the child is not going to stop me from accomplishing what I want to do.” After graduating from high school, Gayle’s resolve about continuing her education led her to enroll in Wayne County Community College. Then, she applied to universities that would give her the best opportunity. Gayle was accepted to University of Michigan in Ann Arbor. She and her daughter moved to an apartment on campus. She studied relentlessly to attain her bachelor’s degree from the University of Michigan while maintaining a midnight position as a ward clerk at a hospital. After graduating with a Bachelor of Science Degree, she returned to Detroit and attained her Doctorate Degree in Medicine from Wayne State University.
Karen explained that she dropped out of high school to get married but years later developed a determination to attain her GED after a negative experience at her house cleaning job. A Caucasian woman requested that Karen “get on my knees and scrub her floors… so that motivated me to go back to school.” She purchased the books to study for the GED and passed all the subjects except Math. Karen was undeterred and stated that she continued to study, took the exam again, passed the Math section, and attained her GED. Karen identified a conversation with her professor, “a person who’s believing in me, who is saying I’m watching you, I’m looking at you” and the words from her grandmother “no matter what you can do whatever you want to do” as motivators that ignited a persistence to attain an Associate Degree in Occupational Therapy. She continued her studies and attained an associate, bachelor’s, master’s, and doctorate in social work.

Yardley (2008) confirmed that teenage mothers expressed their educational aspirations and determination also served as a protection from society’s tarnished identity of teen parenting. It was the teenage mother’s way to succeed in school and prove skeptical people wrong. This study concluded that Porsche, Gayle, and Aretha wanted to prove individuals wrong about their perceptions of them being teenage mothers. For example, Porsche revealed that her mother, Karen, told her that she “was going to be one of those girls who had all of these babies and not have anything going for my life and I was going to be on welfare my whole life.” Porsche admitted that “actually those words empowered me and drove me to be the total opposite of what everyone thought I would be.” Porsche returned to night school after her pregnancy and attained her high school diploma. From there, she completed an eight month program and became a medical assistant at an OB/GYN clinic. Porsche completed nursing school and attained an Associate Degree in Nursing in five and a half years. In fact, she continued her education in
nursing and later attained both bachelor’s and master’s degrees. After Porsche proved to her mother that she was able to attain several college degrees, Karen apologized and stated that she wanted more for Porsche than what Karen experienced as a teenage mother herself.

On the other hand, Gayle admitted to proving society wrong by remaining “very busy, I wasn’t a teenage mom who was at home who watched stories all the time and got checks, I was always doing something…I was busy.” As a teenage mother she was constantly working while attending school and not “at home and watch(ing) the soaps and wait(ing) for the check to come and have a boyfriend you’re going to give the check to or have more babies.” Aretha endured stares and mistreatment during doctor visits by strangers which made her feel stigmatized and not mature enough to be a mother. This ignited her determination to not “have that stigma, I don’t want to be a part of that stereotype of those poor black welfare mothers who’s milking the system.” Aretha attained her degree and proved that she did not “milk the system” but “use(d) the system to my advantage to help me make gains.”

Nevertheless, Catherine established herself as “a determining person, I’m not going to let anything hinder or stop me no matter what.” As a teenager, she was the only participant in this study who secured a prominent position at a company following high school. Catherine neither fit the racial profile nor the educational background of the majority of the employees at the Caucasian publishing company. She referred to herself as “African-American…non-educated except for high school employee … with all these white people with all these degrees…in a very prejudice company.” Once Catherine became pregnant at the age of 19 and was not married, unfortunately now she fit the typical stereotype of African American teenage mothers. In spite of that, she was determined to denounce the stigma that came along with “the starring looks and little comments, the little back chatter and stuff like that” she endured at work. After developing
and submitting a proposal allowing her to work from home, Catherine served as a model for her colleagues to work from home. Catherine advanced four times at the company while attaining a bachelor’s degree and ending her career with the company as the Art Director of graphic design.

All of the women individually in this study, identified determination as a protective factor during their life experiences as a teenage mother. This protective factor was essential to offset their experiences of various stressful life events and ensured a positive developmental outcome of attaining a postsecondary degree (Werner, 1989).

**Theme Four**

_That's what I am here for. I'm here to give, to help in any way possible. If I can make a difference in someone life... It doesn’t matter if it’s monetary or if it’s just a hug or just a touch but that’s why I am here to give and so I am learning that._ Porsche

**Giving Back to Others.** This study reported that all five participants possessed a desire to help individuals in different capacities throughout their lives. Werner (1982) confirmed in a longitudinal study of resilient children and youth that “adversity by itself does not need to destroy you. In fact, it can strengthen you and especially help you give back to others” (Werner, 2012, p. 20). Werner’s study advertently linked the development of resilience in young adulthood with a sense of required helpfulness. In this study, Gayle’s desire to protect and help the well-being of others invigorated her desire to become a medical physician. Her witnessing her grandfather die in pain inspired her to want to treat patients’ injuries and illnesses. Gayle’s passion for geriatric medicine has transitioned to her current position as the Medical Director for the all-inclusive care for the elderly. Her position ensures that services are provided to the elderly so they can remain in their community. Some of the services are medical care, rehab, home care, transportation, meals, and medications.
Karen had a longing “to make a difference in people’s lives and to help people know that they can use challenges too as stepping stones in their lives.” She became a foster mother three years after developing the first adult residential program in the State of Michigan. Karen’s childhood experiences served as key factors with becoming a foster parent because she was able to relate to most foster children’s feelings of being “neglected and abused…I understood the struggles…in 1990 I became a foster mother.” Her passion to help neglected and abused children continued when she opened her private practice as a therapist. “I grew up in the south and I knew the struggles…over the years we’ve serviced thousands of individuals.”

Three women in this study, Porsche, Aretha and Catherine, are all educators who served as role models for many adults and children they serviced. For instance, Porsche is “a conduit for people” and admitted to learning the importance of giving. She fostered a passion to advocate admirable patient care, “touching hundreds of them (patients) at a time,” by teaching nursing students the compassion and empathy needed to care for patients. Porsche went on to explain an “educator can either help a student excel or…not even with words but with body language or they can take their dream and throw it in the garbage.” She desired to help empower her students to “fly no matter what…let them know I’m here for you I will help you. Through their life journeys these women landed careers in education they love and found rewarding. Although Aretha initially selected her teaching career because it “would afford me the opportunity to spend as much time with my child,” she later enjoyed the influence she had with her students. “I look at my students over the years as my children. I try to get a better understanding of who they are, what they come with, and what is the best way to help them.” Aretha specifically tailored her service to mentor girls and pregnant teenagers by engaging them
in conversations. She assisted three of her students who were teenage mothers with attending her alma mater and connecting them with individuals to support them on campus.

Even though education was a second career for Catherine, she always had a passion to help others so they would not experience the pain and hurt she endured throughout her life. “That’s why I try to go out of my way to support other people whether it’s my job, or my personal life or a friendship because I never want people to ever feel the pain I felt.” Serving as an educator, she desired to fight for her students, parents, teachers, and colleagues with improving student achievement through effective instruction and leadership and creating safe and clean schools.

**Comparison of Themes**

According to Werner (1982) the participants’ individual differences they have made in the lives of others are in response to adversity, vulnerability, and resilience of becoming a teenage mother. Their individual careers as a medical physician, educator, and social worker have afforded them the opportunity to have influence in the lives of the people they serve which can be attributed to three of the common themes in the study: (1) resiliency, (2) desire to help others, and (3) determination. As a medical physician, Gayle is faced with the challenges of providing services to the fragile elderly so they can remain in their community and avoid being confined to a nursing home. After 30 years, Gayle’s resilience and determination helped develop a successful medical director who provides rehab, home care, medical care, transportation, meals, and medications to the fragile elderly. Karen, a licensed social worker, has always had a passion to help “children that have been neglected or abused and their families because I grew up in the south and I knew their struggles.” After attaining her master’s degree, her initial failed private practice did not eradicate her desire to help people. Karen’s resilience and determination
afforded her another opportunity to own a lucrative private practice for the past 17 years, where she has “serviced thousands of individuals.” Porsche, a nursing professor and clinical nurse specialist described herself as “a conduit for people.” She fosters a passion to advocate admirable patient care, “touching hundreds of them [patients] at a time,” by teaching her nursing students the compassion and empathy needed to care for patients. Porsche’s determination and resilience have generated an exemplary educator and humble leader who empowers her students to “fly no matter what…let them know I’m here for you I will help you…now they have a piece of me in them…that’s my success, my success is their success.”

Three of the four common themes: (1) support from family and friends, (2) determination, and (3) resiliency were identified as circumstances that kept these women from engaging in at risk or negative behavior after the birth of their child, also known as protective factors (Glantz, 1999). Each protective factor was essential with offsetting the women’s experiences of being a teenage mother and ensuring that their developmental outcome resulted in attaining a postsecondary degree and an occupation that involved formal education (Werner, 1989). For example, Porsche expressed that she had “a good support system so it [raising her daughter] wasn’t difficult. I had a lot of support from my family, sister, and friends.” She confirmed that her family members and friends played an instrumental role in helping her attain her college degree. Porsche said she never had to enroll her daughter in daycare because someone was always available to provide childcare. Despite her academic and financial challenges, Porsche was adamant about completing college and becoming a nurse. Both family and friends worked together as a “team” to ensure that Aretha did not “let the baby stop me from doing what I wanted to do…I was able to do whatever I wanted to do.” She attributed her success to the mental, emotional, and physical support these individuals provided. Aretha was
faced with financial challenges of being a “mother-student” but “I didn’t let it stop me. I was able to keep going” and attain a postsecondary degree. Gayle recognized that several family members and friends participated in caring for her daughter and supporting Gayle throughout her journey to become a medical physician. There were many family members [siblings, aunt, mother, paternal grandmother] who “wanted to be a part of her [daughter’s] life and for me that was good.” In the face of adversity, Gayle’s family support and intense focus on being a medical physician allowed her to complete and accomplish her educational goals. Resilience theory researchers (Garmezy, 1991; Masten, 2007; Werner, 2012) have reconfirmed time and time again these same protective factors, which were also three common themes in this study: (1) support from family and friends, (2) determination, and (3) resiliency.

Each woman’s competencies and determination were rewarded by external support systems [i.e. school, work, and a belief system they lived by], a level of internal control, and an affectionate relationship with their family and friends that provided emotional support during many stressful life events they endured. Although Karen and Porsche initially dropped out of high school and endured complications with writing and comprehension they were motivated by educators to study relentlessly which ignited a persistence to attain in their degrees. Nevertheless, studying for Gayle, Catherine, and Aretha was not a challenge. They attended Cass Technical High School, one of Detroit Public Schools’ premier high achieving schools. Catherine attended college as a non-traditional student which allowed her to register for 16 credit hours per quarter. She maintained a high grade point average and attained her Bachelor of Arts Degree in Marketing and Management in two and half years and her doctorate degree in four years. Aretha was an exemplary student who always loved attending school. “I was always a good student. I use to get all A’s in school. I loved school.” Her passion for education
continued as she worked, attended college, and cared for her son. Although at times she would
miss class or was unable to complete assignments to ensure that her son’s needs were met first,
she always maintained the ability to complete her courses and attain a college degree.

On the other hand, the three common themes: (1) determination, (2) a desire to help others,
and (3) resiliency were recognized as internal attributions or personal traits, emotions, and
characteristics each woman possessed. These internal attributions employed influence over their
ability of “making it happen” and “doing whatever it takes” to attain a postsecondary degree.
For instance, after Gayle found out that she was pregnant she referred to the driving force as “my
psychic, super ego or something.” She knew that she “was going to continue school, but didn’t
quite know what that meant at the time I just knew I was going to do it.” Aretha recalled it as
knowing “that I wanted to go to college and go to school but I just didn’t know what that was
going to look like.” These women found strength in themselves and had powerful self-efficacy
that helped them face challenges with a greater effort to master their difficulties (Bandura, 1982).

The main source of their self-efficacy was physiological arousal. Physiological arousals
are indicated as an illuminating function that is provoked cognitively by a person’s pattern of
thinking and inference is utilized to execute a behavior (Bandura, 1982). Case in point, Aretha,
Porsche, Catherine, and Gayle concluded that they did not want to be “written off” as destined
for a lifetime on social welfare, or stereotyped as being promiscuous, poor, and perpetually
uneducated because they were teenage mothers. Aretha “felt like I don’t want to have that
stigma I don’t want to be a part of that stereotype of those poor black welfare mothers who’s
milking the system.” She utilized “the system to my advantage to help me make gains with my
college career.” Gayle protected herself from the stereotype by being “very busy, I wasn’t a
teenage mom who was at home who watched stories all the time and got checks, I was always
doing something…I was busy.” Catherine experienced difficulties while working because she was 19, pregnant, and now, unfortunately she fit the typical stereotype. However, she felt that “what helped again was the fact I was married and they could see that.” Catherine believed her marriage to her husband and working for the publishing company afforded her the ability of not being labeled as the negative perception of teenage mothers. Prior to this study, Catherine admitted to never even identifying herself as a teenage mother until the researcher asked her to become a participant in the study. Nevertheless, the one common theme, support from family and friends, was an external affectionate relationship that fostered the women’s ability to attain their postsecondary degrees. Both internal attributions and the external support strongly influenced the way these women interacted and understood their life experiences which led to the accomplishment of their educational goals.

This study revealed that these women did not allow their adversities to destroy them. Regardless of the level of adversities the women faced, a multitude of good outcomes were inevitable (Masten & Wright, 2005). Their internal attributions is a signal to young women who find themselves in the same situation as the participants that they already possess the strength to attain a postsecondary degree. These five former teenage mothers are testimonies that documents how their adversities strengthened them and gave them the wherewithal to help others, the determination to overcome challenges, and the resilience to “beat the odds” and graduate from college with a postsecondary degree.
Chapter 6

Conclusions and Implications

The United States continues to be one of the countries with the highest teenage birth rates, especially among the African-American population (Hamilton & Ventura, 2012). Since 1990, the pregnancy rate among White teenagers has declined 50% while the pregnancy rate among African-American teenagers fell 48% between 1990 and 2008 (Kost & Henshaw, 2012). Although this is an historic low, the United States continues to be one of the countries with the highest teenage birth rates, especially among the African-American population (Hamilton and Ventura, 2012). As the number of non-marital births increased so did the public’s view with labeling teen pregnancy as a social problem. Geronimus (2003) concluded that a teens’ chance of being a mother is increased when certain populations are more disadvantaged than the majority of the people in the United States. Minority female teens from low socioeconomic backgrounds are considered disadvantaged and predisposed to teen pregnancy.

Teen pregnancy and motherhood are significant factors among girls dropping out of high school, and as they become older it becomes more difficult to attain a high school diploma (Center for Disease Control and Prevention, 2014). Educational statistics are revealing: approximately 50% of teen mothers earn their high school diploma by the age of 22 compared to 90% non-parenting girls. Despite the realities of dropout rates and risk behaviors, teen pregnancy does not have to limit or jeopardize a teen mother’s future success. Although completing high school and attaining a postsecondary degree as a teenage mother presents significant challenges, it is not impossible to achieve this goal. A journey towards success begins when resources are in place to support the young mother. Then she realizes that completing high school is the prerequisite required to attend college or obtain a career opportunity (SmithBattle, 2007). According to the Institute of Women’s Policy Research, a
Postsecondary education is the best opportunity for young mothers to obtain a well-paying job that will support a family in the current economy (Jones-DeWeever & Gault, 2006). There is a considerable amount of research that has been conducted with regard to teen parenting (Mollborn, 2011; Mollborn, Fomby & Dennis, 2011; Mollborn & Jacobs, 2011; Polakow, 1993; SmithBattle, 1995, 2000, 2007). However, there is not sufficient research available documenting the successes of African-American women who were former teenage mothers but were able to complete a college degree. In support of addressing the problem of stereotyping teen mothers, reducing the stigma, and restoring dignity to teen moms, research is necessary to examine the lives of former young mothers who overcame barriers and the stereotypes to attain a postsecondary degree.

The purpose of the study was to explore the educational histories and experiences of former teenage mothers who have completed a bachelor’s degree and to seek to understand their challenges and successes. In this study, the experiences of African-American teen mothers who attained a bachelor’s degree were illuminated, the stereotypical myths about teenage mothers were dispelled, and a depiction of the boarder reality of teen mothers is now better understood.

The research questions that guided this study were as follows:

**Research Question 1**: What are the lived experiences of professional women who were former teenage mothers?

**Research Question 2**: What does it mean to these women to have been a teenage mother? How has that experience shaped who they are, their concept of self?

**Research Question 3**: What are the attitudes and insights of professional women who were former teenage mothers towards teenage parenting and future success?
Summary of the Study

This study’s participants included five African-American women who were engaged in an occupation that involved formal education. These women have all attained a bachelor’s degree and were a teenage mother between the ages of 14 to 19. The researcher conducted at least two face-to-face interviews with each participant to record their lived experiences as a teenage mother. During the initial interview, the researcher used a tape recorder and asked open-ended questions. The second one-on-one interview was conducted two to six weeks following the initial interview and was shaped in part by the content of the first interview. The researcher employed member checking, triangulation, and clarified biases so that the accuracy of the study was documented. The researcher emailed the transcripts of each participant requesting that they review them, check for accuracy, and make changes or remarks they wanted included in the study.

Conclusions

In order to seek an understanding of challenges and successes research must focus on the precise details of the participants’ lives, how they made sense of their experiences, and the world around them (Goodson & Sikes, 2001). During the exploration into the educational histories and experiences of former teenage mothers who completed a bachelor’s degree it was imperative to also examine their life histories. For certain, not all teenage mothers remain uneducated and poor, there is an absence of their voice in the literature. The diverse experiences of teenage mothers and their ability to defy societal labels of “teenage parent” were expanded in this study.

Life history is defined as being in a moral struggle or experiences of failure and success and it describes how conflicts transition to accomplishments (Atkinson, 1998). These characteristics of the participants’ life histories in this study shaped a framework to understand
the importance of the power of resilience and its effectual outcome within the lives of these women. Resiliency is identified as “successful adaptation following exposure to stressful life events and vulnerability as susceptibility to negative development outcomes under high risk conditions” (Werner, 2000, p. 72). The study of resilience was identified in three major waves of research over three decades (Masten & Wright, 2005). The first wave focused on individuals, character, and identified the factors that made a difference in overcoming any discord relative to the validity of this study. In this study, the characteristics of the first wave were focused on each participant, along with their personalities, and distinct factors that were instrumental in their recovering from their adversities of being a teenage mother and attaining a postsecondary degree.

The second wave of resilience research was sparked as resilience researchers began to consider the process for why the same assets and protective factors were repeatedly found across large heterogeneous samples using wide divergent methodologies. These protective factors were identified as “hot spots” that were possibly developed into social and cultural systems (Masten, 2007). Some of the hotspots identified in this study were self-efficacy, a positive outlook on life, connections to caring adults or mentors, and authoritative parent/parental support of education.

The third wave was shaped based upon a focus on creating resilience through preventive interventions that would change the course of a child’s life potentially identified as being at risk. Experimental studies based on a resilience risk framework have promoted positive development among at-risk children and resilience in young adulthood has been linked with a sense of required helpfulness (Werner, 1982). In this study, all five women possessed a desire to help individuals in different capacities throughout their lives. Four of the participants worked with at risk students as an educator or therapist.
Each participant shared their individual experience of being a teenage mother and the challenges they had to overcome in order to attain a bachelor’s degree. These women were faced with significant stress or tragedies but they were able to recover from those difficult experiences. They possessed a driving force of always finding the wherewithal of “doing something” to attain a postsecondary degree. Although they have used different terms to describe this characteristic, what they all described was surely “resilience.” Family and friend support and determination were instrumental as they were attaining their postsecondary degrees. Each of these women were successful with obtaining a professional career that provided financial stability for their family while ultimately endeavoring to give back and help others faced with their similar challenges or conditions.

While four of the five participants confirmed that their family members and friends played an instrumental role in helping them attain their college degrees, one of the participants, Catherine, seemed to depend entirely on herself and wanted it that way. The support reflected was typically but not limited to financial and childcare (Mollborn & Jacobs, 2011). A common thread among each of the participants is they each needed support and resources in order to meet the demands of being a student while caring for their children. All five of the women were resolved about attaining a postsecondary degree and did not succumb to the stereotypical myths about teenage mothers that Yardley (2008) described being immature, single, welfare recipients, and irresponsible. Determination served as a protective factor for all of the participants in attaining their postsecondary degrees and coping with adversities.

Based upon the aforementioned stereotypes of teenage mothers, society and educators alike must be mindful of the low expectations stereotype on African-American teenage mothers. The five participants life stories confirmed that they “beat the odds” through resilience,
determination, resources, and support from family and friends. Three of the participants: Catherine, Gayle, and Karen have doctorate degrees, one participant, Porsche, is a doctoral student, and the other participant, Aretha, has both master’s and specialist degrees. These young women endured many adversities that appeared to be impossible for some but they possessed the “strength” to survive and to provide. This study provided a voice for five women who were former teenage mothers to share their challenges and successes. They have proven that although negative stereotypes do exist when identifying teenage mothers, there are still teenage mothers who overcome their challenges, adversities, and graduate from college with a postsecondary degree.

Furthermore, this study is an important growing body of research that is asset based and anti-deficit research regarding African-Americans. The anti-deficit research emerged from critical race theory and provides a better understanding of the successes of African-Americans. The study inverts African-American teenage mothers’ stereotypes that are commonly presumed about welfare, high school drop-outs, academic underperformance, uneducated, immaturity, poverty, and childcare. This study adds value to African-American women, whereas society instead ignores the successes of African-American teenage mothers and chooses to highlight the negative outcomes.

**Implications for Educators**

It was revealed in four of the women’s stories that educators were influential in their lives by providing “the kick” that they needed to continue pursuing their educational goals. However, one other participant regretted that an educator did not tell her that she could attend college and keep her current boyfriend. If this information was shared then maybe she would have proceeded along a different journey. Title IX of Educational Amendment Act of 1972 has
afforded young mothers the opportunity to earn a high school diploma from public facilities. Prior to this amendment, many teen mothers were discriminated against because of their pregnancy or childbirth. It is clear that educators [administrators, teachers, counselors] should “not sell” ourselves short by dismissing teenage mothers and assuming that they will remain promiscuous, poor, and perpetually uneducated. Adequate and plentiful resources and support need to be provided to show teen mothers options to pursuing postsecondary degrees. School administrators should also be aware of supervising high school counselors to ensure they are developing career and college pathways for teenage mothers. Therefore, it is very imperative that we provide opportunities for teenage mothers to voice themselves as they express what they are going through and how we could save their life.

Educators must be mindful not to become judgmental or condescending to each student they are afforded the opportunity to educate and help. Educators must embrace the children of teenage mothers who walk through their educational doors wanting a high quality education. It is essential that educators provide all students, despite their socioeconomic status, parent’s educational status, ethnicity, race or religion an equal opportunity to achieve their infinite potential.

Additionally, educators must help students build resilience so they have the ability to overcome their challenges and successes. For example, educators must foster a secure learning environment that allow students to take risks and encounter adversities. Students must be given a choice or the flexibility to overcome their difficulties by utilizing their personal characteristics and attributes. Then, the educator can tap into the students’ ability to succeed and assist them with learning ways to respond, assertiveness, compassion, and getting along with others. Educators must provide leadership opportunities, projects, and activities throughout the school
that assist students with giving back to others in order to provide a passion to help others and develop character. Exposure to resilience in the classroom will reflect high expectations and positive belief in students.

School administrators must lead and foster a school wide belief system that all students have the ability to be successfully and not label students. They must define success in the school other than the students’ proficiency level on state assessments and academic performance. Protective factors must be implemented throughout the school in order to keep students from engaging in at risk/negative behavior. For instance, school administrators must influence their teachers’ perceptions of teaching through the development of positive relationships with their students and providing opportunities for student/teacher interactions throughout the school day [i.e. class council or advisory period]. The development of positive relationships serves as a protective factor that allows students access to an adult they trust and believe that he/she will help them. More importantly, the school administrator must model for staff and provide them training which focuses on high quality teaching that involves empathy, forgiveness, and optimism.

**Recommendations for Further Study**

This study provided educators and policy makers a depiction of the broader reality of teen mothers.

Recommendations for further study include:

1. expanding the current study to include gender (teenage fathers who attained postsecondary degrees);

2. expanding the current study to include greater diversity of race ethnicity;

3. tracking educational data for teen mothers were simply difficult to find; This lack of research provides reasoning to question how educational facilities are tracking the education
provided to teen mothers. Studies should be conducted to determine how educational facilities are being held accountable for maintaining accurate data on educating teenage mothers.

4. exploring the family relationships of teen mothers and those family members and friends providing them assistance.

**Recommendations for Institutions of Higher Learning**

Access to quality and affordable childcare was instrumental to four of the women attending school. However, these teenage mothers managed to complete their educational goals with dependable childcare extending from their family members and friends. Their college campuses did not offer evening childcare services, so the participants were forced to take their child(ren) to classes with them. Although their professors never prohibited them from bringing their children to class, they knew that they had to keep them quiet during class or escort them out to calm them down whenever they disrupted the learning environment. It makes sense for higher learning institutions to offer childcare on campus during the days and times all courses are being held for “mother-students” who attend classes in the evening.
References


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APPENDICES
Appendix A: IRB Approval Letter

RESEARCH @ EMU

UHSRC Determination: EXPEDITED INITIAL APPROVAL

DATE: November 22, 2015

TO: DeSheil Echols
Eastern Michigan University

Re: UHSRC: #
Category: Expedited category 7
Approval Date: November 22, 2015
Expiration Date: November 21, 2016

Title: Experiences of African-American Teenage Mothers in Pursuit of Higher Education

Your research project, entitled Experiences of African-American Teenage Mothers in Pursuit of Higher Education, has been approved in accordance with all applicable federal regulations.

This approval included the following:

1. Enrollment of 5 subjects to participate in the approved protocol.
2. Use of the following study measures: Appendix A: Interview Questions – Interview 1; Appendix B – Interview 2 Questions
3. Use of the following stamped recruitment materials: Appendix C: Recruitment Script
4. Use of the stamped: Appendix D: Informed Consent

Renewals: This approval is valid for one year and expires on November 21, 2016. If you plan to continue your study beyond November 21, 2016, you must submit a Continuing Review Form by October 22, 2016 to ensure the approval does not lapse.

Modifications: All changes must be approved prior to implementation. If you plan to make any minor changes, you must submit a Minor Modification Form. For any changes that alter study design or any study instruments, you must submit a Human Subjects Approval Request Form. These forms are available through IRBNet on the UHSRC website.

Problems: All major deviations from the reviewed protocol, unanticipated problems, adverse events, subject complaints, or other problems that may increase the risk to human subjects or change the category of review must be reported to the UHSRC via an Event Report form, available through IRBNet on the UHSRC website.

Follow-up: If your Expedited research project is not completed and closed after three years, the UHSRC office requires a new Human Subjects Approval Request Form prior to approving a continuation beyond three years.
Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-3090 or via e-mail at human.subjects@emich.edu. Thank you for your cooperation.

Sincerely,
Jennifer Kellman Fritz, PhD
Chair
University Human Subjects Review Committee
Appendix B: Interview #1 Questions

Interview Protocol Study: African-American women who were former teen mothers

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Description of study: This research study will explore the educational histories and experiences of former teen mothers who have completed a postsecondary degree and to seek to understand their challenges and successes. The history and experience of African-American women who completed college needs to be given voice. This study will effectively serve this population by expanding the diverse experience of teen mothers and their ability to defy society’s label of “teenage parent.” This study will explore the attitudes and perceptions of African-American women who were teenage mothers and if the experience had any influence on their decision to obtain a college degree. As a result of this study, society and policy makers may be in a better position to restore dignity and reduce the antagonistic perceptions of teen parenting. There is a considerable amount of research that has been conducted with regards to teen parenting. However, there is not sufficient research available regarding the perceptions and attitudes of African-American women who were former teenage mothers.

Questions:

(1) Tell me about your experience as a) a teenage mother and b) a college student?

(2) What was your attitude when you first found out you were pregnant?

(3) What were the reactions of your family members (mother, father, siblings) you were surrounded by when they found out you were pregnant?
(4) Explain the challenges and barriers you encountered as a) a teenage mother and b) college graduate?

(5) What was your attitude about teenage pregnancy prior to your pregnancy and after your pregnancy? What is your attitude now about teenage pregnancy?

(6) What was your perspective of others (family members, friends, educators, strangers) on how they treated you as a teenage mother?

(7) Were there any individuals who provided support for you?

(8) Describe how your friendships changed prior to your pregnancy? Describe your friendships when you were a teen mother?

(9) Define barriers that existed between teachers and reaching your academic goals as a teen mother?

(10) What can educators do to enhance the educational attainment for teenage mothers?
Appendix C: Interview #2 Questions

Interview Protocol Study: African-American women who were former teen mothers

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Description of study: This research study will explore the educational histories and experiences of former teen mothers who have completed a postsecondary degree and to seek to understand their challenges and successes. The history and experience of African-American women who completed college needs to be given voice. This study will effectively serve this population by expanding the diverse experience of teen mothers and their ability to defy society’s label of “teenage parent.” This study will explore the attitudes and perceptions of African-American women who were teenage mothers and if the experience had any influence on their decision to obtain a college degree. As a result of this study, society and policy makers may be in a better position to restore dignity and reduce the antagonistic perceptions of teen parenting. There is a considerable amount of research that has been conducted with regards to teen parenting. However, there is not sufficient research available regarding the perceptions and attitudes of African-American women who were former teenage mothers.

This second interview will be shaped in part by the content of the first interview.

(1) Describe how your lived experience as a) a teen mother and b) a college student has impacted your life?

(2) What does your lived experience as a) a teen mother and b) a college student presently mean to you?
(3) Describe how your life as a) a teenage mother and b) a college student has impacted your current occupation?

(4) Other questions will be asked based upon the content of the first interview if the participant did not provide concrete details of their lived experiences as a teenage mother and college student.
Appendix D: Recruitment Script

Date:

Dear:

I am a doctoral candidate in the Department of Educational Leadership at Eastern Michigan University. As part of my research I am undertaking a qualitative study during the fall of 2015. My advisor and chairperson is Dr. Barbara Bleyaert from Eastern Michigan University. This letter is to invite you to participate in this study.

This study will explore the educational histories and experiences of former teen mothers who have completed a bachelor’s degree and seek to understand their challenges and successes. In support of addressing the problem of stereotyping teen mothers, reducing the stigma, and restoring dignity to teen moms, research is necessary to examine the lives of former young mothers who overcame barriers and the stereotypes to obtain a postsecondary degree. This study will effectively serve this population by expanding the diverse experience of teen mothers and their ability to defy society’s label of “teenage parent.”

This topic is personal to me, as a researcher, because I was a teenage mom at the age of 19. I was accepted to Michigan State University as a top honor student graduating third from my high school class. After my first semester, I returned home disappointed and ashamed of being labeled as another “teenage welfare mom” statistic. Indeed I incurred many obstacles from denied welfare assistance, unable to afford quality childcare for my daughter, being forced to repay the State of Michigan for food stamps that I was awarded because I obtained a full-time job, and the devastating experience of two failed marriages to once again bring me to back to being a single mother of three children. However, through perseverance and family support I managed to obtain four college degrees. My experience is synonymous to many African-American women who have journeyed through the struggles and barriers of teen pregnancy, yet determined to define their success through the attainment of a postsecondary education. I seek to bring these women an opportunity to share their voice.

I would like to identify and interview five African-American women who fulfill the following criteria:

1. Had a baby between the ages of 14 to 19
2. Engaged in an occupation that involves special training or formal education,
3. Attained a bachelor’s degree

If these criteria fit you and you are willing to participate in an interview process that will require two face-to-face interviews and at least two hours of your time, I would welcome your participation in my study.
My study has been approved by the Human Subjects Internal Review Board at EMU; please read and sign the attached consent form. If you have additional questions or would like more details before responding feel free to call me at 313-930-1211. Please bring the signed consent form to our initial interview that has been scheduled.

I look forward to seeing you.

DeSheil L. Echols  
Doctoral Candidate in Educational Leadership  
Eastern Michigan University
Appendix E: Informed Consent Form

Title of Project

Experiences of African-American Teenage Mothers in Pursuit of Higher Education

Purpose of the study

The purpose of this research study is to explore the educational histories and experiences of former teen mothers who have completed a postsecondary degree and to seek to understand their challenges and successes. Not all young mothers remain uneducated and poor yet, there is an absence of their voice in the literature. The history and experience of African-American women who completed college needs to be given voice.

Process for Interview

Participation in this study involves two semi-structured interviews over a two month period. The interview will be scheduled at a location and time that is convenient for you. The interview will be audio-taped and I will record notes as well. The initial one-on-one semi-structured interview will be conducted for up to 90 minutes. I will ask open-ended questions to gather as much information about you as it relates to being a teenage mother up to the present time. The second one-on-one interview will be conducted for up to 90 minutes two to six weeks following the initial interview. During this interview, I will ask questions to focus on concrete details of your lived experiences as a teen mother and allow you time to reflect on the meaning of your lived experiences.

After the two interviews, a transcriber and I will convert the audio-taped interview into a transcript. We will be the only individuals to view the transcripts. Backup copies of the computer files will be developed. Transcripts and audio tapes will be preserved in a safe storage area in my home. Then, I will describe, classify, and interpret the data in order to identify five to seven themes. Next, you will be asked to review and check the transcripts and description for any changes or remarks you want included.

Discomfort/Risks

There are no anticipated physical or psychological risks to participate. Participation is voluntary. Some of the interview questions are personal in nature and may make you feel uncomfortable. You do not have to answer any questions that make you uncomfortable or that you do not want to answer.

Rights/Privileges

Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to withdraw, I will
request to use the data collected prior to your withdrawal. The information you provided will be kept confidential. If you request that I do not utilize your data, then the audio tape and the transcripts will be destroyed.

You will not be compensated financially by the researcher, Eastern Michigan University, or any other individual or institution. The benefit to you for participation is contributing to imperative research in the area of African-American women and teenage parenting.

Confidentiality

Confidentiality will be maintained for all information that is reported. I will keep your information confidential by using pseudonyms as a code to label data linked to identifiable information in a safe storage area in my home separately. I will not collect any identifiable information including your name or family members’ name. Your information will be stored in a password-protected computer and preserved in a safe storage area in my home. Backup copies of the computer files will be developed.

How Data Will be Shared

Other groups may have access to your research information for quality control or safety purposes. These groups include the University Human Subjects Review Committee and the Office of Research Development. The results of this research may be published or used for teaching in scholarly journals or to present them at scholarly meetings. Public dissemination will also include public/electronic access through EMU’s library and UMI/ProQuest for all dissertations. Identifiable information will not be used for these purposes.

Consent to Participate

I agree to participate in two interviews conducted by DeSheil L Echols as part of a research study about African-American women who attained a bachelor’s degree and who were former teenage mothers. I understand that my participation in the interview(s) is completely voluntary; that I may choose not to answer certain questions, and that I may withdraw and discontinue participation at any time with no negative consequences, no penalty. I agree to allow these confidential research findings from my interview(s) to be anonymously disseminated with my confidentiality fully protected at all times, in Eastern Michigan University presentations and/or disseminated in future publications, conferences, and professional settings.

I have read this form. I have had an opportunity to ask questions and am satisfied with the answers I received. I give my consent to participate in this research study.

Signatures

____________________________________
Name of Participant
Signature of Participant ______________  Date ______________

Closing

For information about your rights as a participant in research, you can contact the Eastern Michigan University Office of Research Compliance at 734-487-3090 or human.subjects@emich.edu.

Participants may contact DeSheil L. Echols before, during, or after the study at 313-930-1211 or desheil@comcast.net.

Thank you for your participation,
DeSheil L. Echols
Doctoral Candidate in Educational Leadership
Eastern Michigan University