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## Feeling Poor: The Felt Experience of Low-Income Lone Mothers

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*This article describes what it means to feel poor from the perspective of low-income lone mothers. The construct of feeling poor is complex and multifaceted for these mothers, whose common behaviors include self-sacrifice and coping. The authors identify 10 feeling domains for these mothers: feeling deprived, righteous, the need for occupational choice, relatively better positioned than others, the need to manage the appearance of poverty, judged/degraded, guilty, isolated, dependent, and despondent.*

**Keywords:** *poverty; single mothers; coping*

I wonder more than ever about the inner life of those who have been up and now are down. There is always the outsider's look at an impoverished life: it seems pitiful, a waste, a shame. Yet, seen from within the poverty, perhaps a different reality might be sketched. A reality of lessons learned the hard, hard way that lessons are learned. Perhaps to finally know one or two true things about life makes up for the lumpy bed and chilly solitude.

—Walker (2001, pp. 10-11)

The poverty of mothers is usually expressed through the poverty rates of their children. As of 2001, one out of every five children in Canada was living below the poverty line (Campaign 2000, 2001; National Council of Welfare, 2001). A similar same rate (16%) was reported in the United States (Federal Interagency Forum on Child and Family Statistics, 2002). Across Canada, 59.5% of children under age 18 live in poor lone-mother-headed

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households; in the Atlantic region, the proportion of such children is 66.7% (Coleman, 2000; Lohead & Scott, 2000).

Canada is not recognized as a country hard hit by poverty. In fact, it prides itself for having achieved first place in the United Nations' Human Development Index (United Nations Development Programme, 1997). Yet the past two decades have witnessed the reduction of spending on social programs and the erosion of the social safety net (Yalnizyan, 2000). Although the provinces are responsible for managing health, social service, and educational programs, much of the funding for these programs has traditionally come from the federal government. Federal reductions in provincial transfers have weakened Canadian social programs and resulted in rising poverty rates, particularly among families with young children (National Anti-Poverty Organization, 1998); a lower social wage among workers (Campbell, Gutierrez Haces, Jackson, Larudee, & Sanger, 1999); and the emergence of indicators of absolute poverty, such as hunger and food insecurity (McIntyre, Connor, & Warren, 2000; Riches 1997).

There is a plethora of statistical evidence on poverty, its determinants, and the impact of poverty on health and other social indicators of well-being (Adler & Ostrove, 1999; Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997; Kettel, 1996; Siefert, Heflin, Corcoran, & Williams, 2001; Wasylshyn & Johnson, 1998). However, there has been little description of what it feels like to be poor among the mothers who experience it, the "inner life" that Walker (2001) described in the quotation at the beginning of this article.

The social work literature frequently refers to the "lived experience" of women (see, e.g., Barrios & Egan, 2002; Kemp, 2001). Experience is often interpreted as perceptions of the environment without focusing on feelings—the emotional or felt experience. For example, Kemp (2001) described women's "experienced environment" as "the environment as the person perceives, lives, and interprets it" (p. 14). The lived experience of poverty, well described by others (e.g., Seccombe, James, & Walters, 1998), does not describe the felt experience of poverty for poor women. This article describes what it means to "feel poor" from the perspective of poor women and discusses the ways in which these women resist or cope with the stress of poverty and how they attribute meaning to their control over their experiences.

Few studies of poverty have used a strengths-based perspective to explore the active ways in which women cope with and reassert their sense of control over a dehumanizing social environment. The construction of women (or men) as victims may replicate paternalistic views of women (Wilson, 1991) and implies "the emotional image of hopelessness and helplessness" (Lew, 1990, p. 7). As Kemp (2001) stated, "what is most useful is a dialectical stance that encompasses both the real challenges that women confront in everyday environments *and* the possibilities that are open to them even in difficult environmental circumstances" (p. 22). Haney (1996) noted the importance of restoring the concept of agency to feminist theory,

through an exploration of the power resources available to women that enable them to resist control by a patriarchal culture.

Researchers of the effects of stress have pointed out the complex interweaving of structural conditions, such as social and economic class and gender, that are “viewed as making stressful demands on the individual and as imposing constraints on the ways such an individual might deal with these demands,” as well as shaping the individual and groups who then create and modify these structural conditions (Lazarus & Folkman, 1984, p. 226). Pearlin (1989) pointed out that “all coping—regardless of the nature of the stressors—serves to *change the situation* from which the stressors arise, to *manage the meaning* of the situation in a manner that reduces its threat, or to *keep the symptoms of stress within manageable bounds*” (p. 250). If there is little opportunity for control over the situation, as is mostly the case with poverty, changing the meaning of the situation may increase the individual’s sense of control.

Miller and Major (2000), in reviewing how people cope with stigma, pointed out that individuals protect their self-esteem and manage their negative emotions in a variety of ways. Attributing negative outcomes to factors outside the self may help, as may comparisons with others who are worse off. Attributing positive events to the self can lead to higher self-esteem. However, having a generalized expectancy that outcomes are largely under one’s control (internal control) has consistently been associated with being more self-determined (Burger, 2000) and can be related to self-esteem (Jennings, 1990).

Low-income families have limited choices in all aspects of their lives: schooling, clothing, food, transportation, recreation, and social events (Callahan & Lumb, 1995). The lack of choices may leave people feeling powerless and without control. Chronic poverty exacerbates the perception that the individual has relinquished control to others (Lochead & Scott, 2000; Wasylshyn & Johnson, 1998). Work with African American low-income women suggests that women who had the most negative self-images tended to blame external factors for their situation, assumed a position of having no control over their circumstances, and engendered feelings of hopelessness and helplessness (Goodman, Cooley, Sewell, & Leavitt, 1994). In contrast, self-determined mothers may seek ways to control some aspects of their circumstances.

The literature on living in poverty indicates that individuals with high self-esteem may be able to handle the daily stresses of economic disadvantage better than those with low self-esteem (Brody & Flor, 1997). Self-esteem seems also to be linked to positive feelings of self-worth, empathy, and nurturing of others (Brody & Flor, 1997). In their study of resilience in minority women, Bachay and Cingel (1999) observed that both self-efficacy (a sense of having some control over events) and “the ability to reframe barriers and obstacles” (p. 162) were important resources for resilience. In this article, we

present our exploratory analysis of the construct of feeling poor from the perspective of low-income lone mothers in Atlantic Canada.

## METHOD

The data for this article were collected in 1999 and 2000 as part of the Hungry Mothers of Barely Fed Children study (McIntyre et al., 2002, 2003). The objective of the study was to document the occurrence of food insecurity, which is briefly defined as the lack of access to adequate, nutritious food through socially acceptable means (McIntyre et al., 2003), among low-income lone mothers in relation to their children. Mothers were invited to participate in the study if they resided alone with two or more children aged 14 years or younger in one of the four Atlantic Provinces and if they met the criteria of having an income below the Statistics Canada (1998) low-income cutoff (poverty line) for the communities in which they resided.

The study provided three related data sets: 141 lone mothers completed a 24-hour food recall (their recollection of all foods consumed in the previous 24-hour period) on behalf of themselves and their children (Karveti & Knuts, 1985) and responded to the Cornell-Radimer Food Insecurity Measure (CORAD) (Radimer, Olson, Greene, Campbell, & Habicht, 1992) four times over a period of 1 month. The CORAD asks mothers to respond *often true*, *sometimes true*, or *never true* to such questions as "I am often hungry, but I don't eat because I can't afford enough food" and "My children are not eating enough because I just can't afford more food." These instruments were administered to the participants initially in face-to-face interviews and subsequently in weekly telephone interviews. During the completion of the CORAD component of the study, women would offer comments about the statements, and the interviewers (professional staff women) recorded them after they obtained oral permission to do so.

A subgroup of 24 mothers was purposively recruited from the overall study sample to participate in ethnographic face-to-face interviews with one of two trained members of the research staff (who also administered the first part of the study). The mothers in this subsample were selected to achieve diversity in level of education, income and food insecurity, geographic location, ethnicity, and housing arrangement. The interviews, which explored food-provisioning strategies, followed a semistructured format and were audiotaped and later transcribed verbatim.

The final data set comprised the comments made by the participants who attended "returning-results" meetings at 12 community sites where the study's findings were presented to them. All the participants received notices and follow-up telephone calls about the meetings in their communities, including an offer for transportation support and child care expenses. When notices were returned or telephone numbers had changed, the

**TABLE 1: Demographic Characteristics of the Participants**

<i>Characteristic</i>	<i>CORAD Questionnaire (n = 141; 345 comments)</i>	<i>Ethnographic Interview (n = 24)</i>	<i>Returning- Results Sessions (n = 33; about 250 comments)</i>
Age (years)			
Mean	29.3	Unrecorded	32.2
Range	19-46	21-41	20-46
Education			
( <i>n</i> ; % in parentheses)			
Less than Grade 12	71 (50.3)	8 (36.4)	16 (48.5)
Grade 12	38 (27.0)	7 (31.8)	10 (30.3)
Some postsecondary	32 (22.7)	7 (31.8), 2 unrecorded	7 (21.2)
Participated in			
ethnographic interviews (%)	17.0	100	27.0
Province ( <i>n</i> ; % in parentheses)			
Nova Scotia	68 (48.2)	12 (50.0)	17 (51.5)
New Brunswick	31 (22.0)	5 (20.8)	4 (12.1)
Prince Edward Island	15 (10.6)	2 (8.3)	5 (15.2)
Newfoundland	27 (19.1)	5 (20.8)	7 (21.2)
Size of the community			
( <i>n</i> ; % in parentheses)			
> 10,000	—	15 (63%)	—
< 10,000	38 (27.0)	9 (37%)	12 (36.4)
10,000-50,000	41 (29.1)	—	7 (21.2)
50,000-100,000	27 (19.1)	—	4 (12.1)
> 100,000	35 (24.8)	—	10 (30.3)
Ethnic background			
( <i>n</i> ; % in parentheses)			
African Canadian	14 (9.9)	3 (13)	3 (9.1)
English-speaking Canadian	109 (77.3)	20 (83)	27 (81.8)
Indigenous peoples	8 (5.7)	1 (4)	1 (3.0)
French Canadian/Acadian	8 (5.7)	—	1 (3.0)
Other	2 (1.4)	—	1 (3.0)

NOTE: CORAD = Cornell-Radimer Food Insecurity Measure.

participants' contacts were phoned to determine the women's new locations. The first author presented the main quantitative (dietary intake, CORAD) and qualitative (ethnographic interviews, CORAD comments) results to the attendees. Throughout the 2-hour meetings, the participants were encouraged to ask questions and to make comments, which were recorded. Table 1 presents the demographic characteristics of the participants in each data set.

The raw data from each of these sources were reviewed by the second author for statements that described social, emotional, physical, or psychological effects of poverty (e.g., "I feel bad because I can't afford good nutritious food"). We found 161 useful statements and text excerpts to analyze. Data were then sorted initially using a content-analysis approach to thematically similar statements (Weber, 1990). Similar statements were

categorized, and appropriate headings were applied. A further examination of the grouped data revealed several components of the concept of feeling poor, which were subcategorized as “domains” of the main theme of feeling poor. Raw data and groupings were rereviewed by the first author, and a consensus of agreement on categories was achieved.

## RESULTS

We identified 10 feeling domains for the mothers in our study. These domains were feeling deprived, righteous, the need for occupational choice, relatively better positioned than others, the need to manage the appearance of poverty, judged/degraded, guilty, isolated, dependent, and despondent.

One consistent strategy that mothers use when dealing with the families’ food insecurity is to compromise their food intake to feed their children (Ahluwalia, Dodds, & Baligh, 1998; Badun, Evers, & Hooper, 1995; McIntyre et al., 2000; Tarasuk & MacLean, 1990). The self-sacrifice of poor mothers extends beyond the food arena into all aspects of daily life (Fiene, 1991; Wasylshyn & Johnson, 1998).

We also found that mothers would “do without—that’s what mothers do” as a coping strategy. This quote from a participant at a returning-results meeting was similar to another participant’s remarks at another meeting: “Overall, we don’t look after ourselves. We need to take the focus off us and put it on the kids. We need to focus on the kids.” The majority of mothers deprived themselves of food to feed their children. They also deprived themselves of clothes and small luxuries and accepted self-sacrifice as a socially acceptable role for all mothers; as one mother put it, “It is not just poor moms who put kids first.”

As would be expected in the face of self-sacrifice, many women had a sense of our first domain of the feeling-poor construct: “feeling deprived.” The following are some representative comments in this regard:

How are you going to get a boyfriend if you are wearing a garbage bag and rubber boots?

Only turn on the heat when the children comes in [saying] “I’m cold.”

Often run out of toilet paper, no shampoo for days, often no money for laundry soap; do without.

[Son] saying “Mom can’t we call a cab?” and my feet would be frozen because I wouldn’t have the right type of shoes on; like, like I said before, I’ve never really owned a winter pair of shoes, never owned a pair of winter boots.

We found that other mothers seemed able to frame this self-sacrifice positively and in almost a celebratory way. We characterize this feeling as the domain of feeling righteous. Illustrative comments included these:

We are poor and deal with it.

You can't hide being poor . . . especially when the kids get older.

I tell my kids that we are wealthy in love.

Build self-esteem and be a positive role model.

This is what we can and cannot do. I've seen both poor and rich. I prefer caring and poor to rich and uncaring with no morals or values.

Be proud of who you are.

I make the best of what is available. They [the children] are poor—so what?

Feeling righteous supported these women in their beliefs that they were good mothers and good citizens.

Some women were clear that their choice to stay home was right for their families, whereas others thought that working or attending school was a better choice for them. Both groups of women sought to enhance their sense of control over their occupations—whether as full-time mothers or mothers-workers or mothers-students. We called this domain feeling the need for occupational choice. The women resented their lack of choice:

I am forced to go out and work, or I am looked down on. If you are at home, you are constantly nagged at [by social assistance].

And expressed feelings about their choices:

You can't work and be a good mother.

Why look at it negatively if you want to be home with your kids?

If I work, they take the money away. What I make, they take. I have to do something. It makes me feel better.

At least my kids can go to school now, you know. . . . "Where does your Mommy work?" . . . "I only live with my Mommy, but she's on welfare." . . . You know, I don't want that. . . . At least they can say, "My Mommy went back to school; she's working, you know."

The women used various techniques to help them feel relatively better positioned than others. Some women felt less hardship than others:

I am poor, but not as poor as her.

I won't go to the grocery store unless I have a drive. I don't care if it is the 12th of the month before I even get groceries, I will not go to the grocery store unless I have a drive.

I can borrow money for food at times.

My Mom bought a new car in July, so she gave me this one.

I think that if I wasn't this resourceful, I don't know how I could do it.

Others reported that while grocery shopping, they could easily identify other women who were struggling on social assistance—"You can just tell by the amount of sale stuff that they buy, or I can also, I think, even pick out people who . . . put effort into what they eat or what they don't"—and those who were in a "much worse position" by the types of foods that were in their food baskets. By denying membership with other low-income mothers, some women are able to protect themselves intrinsically from negative feelings about their situations (Smith-Barusch, 1997; Wasylishyn & Johnson, 1998).

Some mothers were critical of their peers:

For one, I don't drink . . . I don't smoke, I don't do drugs. . . . But I mean, like I have no, no life, and that's why I manage.

If a person doesn't watch and be careful, you'll run out. Some people spend their food money on other things and don't have money left for food.

I wouldn't have got pregnant on purpose like I know a lot of my friends have done just so they wouldn't have to work. It is people like that—the ones like that—that give it a bad name . . . and funnily enough, half of them smoke; they go to bingo all the time but never have any money. I wonder why?

The similarity of attitudes of these poor mothers toward other poor mothers demonstrates how patriarchal values are unquestioned, even by those so labeled (Secombe et al., 1998).

Another domain we identified was feeling the need to manage the appearance of poverty. Some mothers were straightforward with their children about their poverty, anticipating that the children could handle it: "He has to have good footwear, but not to keep up with other people . . . and he understands that" and "Mommy can't afford to give you nuggets this evening; we're on a budget. 'What's a budget Mommy?' and I have to sit down with him and explain to him about a budget." The mothers anticipated that this candor would have a positive effect on their children. As one woman said, "I want my kids to be able to accept themselves and what they are." The women expected their children to grasp the realities of a limited income, budgeting, managing, and dealing with the stress of poverty at a relatively young age (see also Garbarino, 1998).

Other women were equally candid about shielding their children from the harsh realities of their poverty. One mother said, "They are kids and shouldn't have to deal with that kind of stress or worry." Tactics included denial of circumstances ("I don't tell her that I can't afford it"), hiding attendance at the food bank, and spending money on clothes and lunch items at the expense of other necessary items, so the children "fit in" at school. Managing the appearance of poverty also refers to hiding poverty from others by not inviting friends home for coffee or meals and keeping a child out of school to avoid the expense of a school trip or event. When presenting

themselves to charitable agencies, the mothers would “dress the kids up, so it looks like it’s the first time we have had to go there [to the food bank].” One woman covered the food bank bags with bags from a reputable grocery chain, so she would not be seen publicly as a food bank recipient.

The most pervasive domains were the negative emotions of feeling judged/degraded, dependent, guilty, isolated, and despondent. The mothers were well aware of how others perceived their families and reported feeling judged and degraded. They recounted many incidents in which they or their children had been subjected to taunts, teasing, and other forms of degradation. Especially difficult was the need to go to the food bank, and the mothers repeatedly expressed their feelings of embarrassment and humiliation. One mother recalled the following: “[I’ll] never forget the first time; I froze. We had to line up outside. It was unbelievable; it was a nightmare.” Another said, “I was so embarrassed, I just wanted to become invisible and couldn’t believe I was doing it, and the whole time I was just sitting there thinking ‘God, I wish I did not have to be here.’” The women reported that workers or volunteers at these organizations were often judgmental. As one woman said, “That’s the most degrading experience in the world. Some of them there [food bank] are really, really nice, but some of them are like shooing you along; it’s almost like you’re, it’s like a dog being at the SPCA.”

Grocery shopping was a significant source of stress for the mothers. Miscalculation of the full cost of their shopping engendered powerful negative reactions, as in the following exchange between a participant and an interviewer:

Participant: I literally break out in cold sweats that I don’t have enough money on me and I’m going to have to put something back.

Interviewer: So you will take stuff off [the checkout counter] if you are over?

Participant: Oh yeah.

Interviewer: How does that make you feel?

Participant: Stupid. . . . You know people look at you. What a laugh!

Shopping with the children was stressful. The women had to deny their children treats and favorite foods because of their limited budgets. This denial made the children upset and brought the “accusing” stares of others in the store. As one woman stated, “Cheese has got to be one of the most expensive things to buy, you know, so ‘Mummy just buy it, just this one time; I’ll never ask again.’ So what do you do? Everybody is looking at you in the store, and you put it in the cart.”

Other degrading experiences included these:

I mean like buying food off the reduced racks and buying food out of the carts that are all dented up and stuff—eating like a dog.

And then the taxi driver is looking at you, “Oh not another charity case.”

They [social services] show up at your door unannounced. They're supposed to give you 24 hours' notice if they're going to come to your home. . . . They'll degrade you; they'll sit there and they'll humiliate you in a room full of 30 people and think nothing of it.

That's what my social worker said to me. That he shouldn't have to give me any money to support my children that another man fathered. . . . And my mother was dying at the time, and he phoned my sister asking my sister was my mother really dying? or was I [lying]. . . . Now I feel so low and so self yechhh, put me in the washer and wash me with bleach. I feel so dirty, so low down, unworthy, and all because of social services.

In line with the strong emotions associated with being on government assistance and other forms of aid, feeling dependent emerged as another domain. The mothers recognized the personal cost of this dependence. As two women put it, "You get more dependent on government help and charities and less independent and less apt to get off the system or out of poverty" and "Social assistance recipients are easy prey." The emotions of feeling judged, degraded, and dependent seem to be external attributions for the women's feelings, insofar as they recognized that it is the external world or the situation that caused their experience (e.g., "Everybody is looking at you in the store" and "all because of social services").

We identified the element of internal or personal attribution for the domain of women's experiences we called feeling guilty, in which the mothers expressed their personal guilt most often in relation to their children:

It's not the kids' fault, and it's not really my fault, you know, but I still carry a lot of guilt.

Sometimes you spend money and enjoy yourself; then you regret it.

The worst feeling is to have to say no to your child . . . and you have to say no to basics, not even treats.

It makes you realize how little you do do, and you're struggling to get food on the table; it just makes you feel even more guilty you know?

I feel like I am trading their education for groceries, and I don't like it, and it is not a fair trade.

I didn't have five cents in my pocket. I couldn't even buy my kid a card. And we had to not do his birthday, and he was very hurt over that.

How can you tell them [the children] "there is no more?" You can't.

Another emotional state that seemed to come from seeing the self as responsible for the negative experiences (internal attribution) was categorized as feelings of isolation, which were best illustrated by the mothers' comments about recovering from these feelings at the returning-results sessions:

It is like I am saying it. I thought I was the only one.

All of it is so true—in myself and other mothers.

I didn't realize how many were suffering. We are all suffering, but we keep it at home.

[The results] make sense. . . . I don't feel so alone today.

The sense of isolation experienced by low-income mothers is supported by the literature (Garbarino, 1998; Tarasuk, 2001; Wasylishyn & Johnson, 1998). These women are isolated from the mainstream activities of society, such as recreation, education, and other social activities. This exclusion limits their opportunities to improve their circumstances through support and friendships networks (Raphael, 2001).

Many mothers spoke of feelings akin to feeling despondent, although remarkably few claimed or appeared to be depressed in the clinical sense or to express feelings of hopelessness:

The worst feeling is having to say no to your children.

She is pretty upset because she can't give it to him, the things he wants. I know I feel that way. I mean they are always asking for things, but I can't give it to them [comment by a participant who was observing a sketch of a woman giving her child a plate of food].

It's not a pleasure to grocery shop. It isn't. It is one of the biggest downers for me. I hate grocery shopping because I know I get in there and I can't buy the things I'd like to be able to buy for them, and you get so depressed by the time you come out of there.

I am sick, mentally sick, with all the things going on.

Sometimes I get so overwhelmed that I can sit here and just cry at no . . . you know, at a drop of a dime, you know, because it's just so much all at once.

## DISCUSSION

According to Garbarino (1998), "poverty is a contextual judgment rather than an absolute attribute" (p. 111). Understanding what it means to feel poor is important for anyone who works with impoverished women. We have tried to convey this feeling by giving poor women voice.

For many people, poverty brings with it negative feelings of being judged or degraded, dependent, guilty, isolated, and despondent. The mothers in this study experienced feelings of isolation and deprivation from mainstream society. Garbarino (1998) claimed that being poor is about isolation, "being left out of what your society tells people they could expect if they were included" (p. 112). Garbarino concluded that "'poverty' is a psychological state of shame derived from understanding that one is left out, at the bottom, incompetent and not 'regular' " (p. 115). Although some of our participants described feeling guilty, this would not be as strong a self-judgment as shame.

A feminist analysis, such as that articulated by Eichler (1993), supports speculations that patriarchal methods of control lead to a variety of felt punishments, including feeling deprived, judged or degraded, guilty, dependent, and despondent. Segregation furthers these women's powerlessness and leaves them feeling isolated. The women resist by using coping strategies, which are expressed through feelings of righteousness and self-assurances that they are relatively better positioned than others; can manage the appearance of poverty; and are able to choose among the occupations of mother, worker, and student alone or in combination. In coping, lone mothers thwart the patriarchy of the state and its oppressive poverty assistance policies.

None of the feelings we identified is related directly to self-concept or self-esteem. The poor mothers in our study did not talk about feeling stigmatized. Instead, they conveyed to us that they felt judged and/or degraded. These feelings are no doubt, however, at least partially the result of stigmatization by others. In one way, stigmatization is more hygienic than the raw emotional experience of being judged or feeling degraded. The "poor" mothers in this study did not appear to have low self-esteem. Surely this is heresy! The literature is adamant that poor mothers commonly lack self-esteem (Garbarino, 1998; Wasylshyn & Johnson, 1998). The concept of self-esteem is complex, and thus it is difficult to compare our findings with those of other research.

However, a feminist analysis based on mothers' reports may help to clarify the lack of low self-esteem observed among these women. In her classic analysis of mothering, Rich (1976) distinguished between mothering as a patriarchal institution and mothering as a gynocentric experience. The mothers in our study reported both negative feelings about the external, devalued, institutional aspects of mothering and positive feelings when they valued themselves. They were actively coping and saw themselves as fighting literally to feed their children. The ways in which they saw themselves as able to control their environment, including being good mothers, despite the circumstances, may be related to their capacity to maintain self-esteem. As a coping strategy, self-sacrifice may have helped to raise the women's sense of worth, expressed as feeling righteous, and emphasized their belonging to a gynocentric perspective in which mothering is valued. These mothers could not give up and were determined not to. Not giving up takes a lot of guts—a raw form of self-esteem.

Traditional views of the role of mothers would be to see them stay home with their children and be supported by men (Evans, 1991). These values are reversed when it is the state that provides for these women and insists that they work outside the home. The mothers in this study clearly recognized the role of being dependent nonworkers and the gendered message of diminished worth associated with the role. As one woman put it, "I am forced to go out and work, or I am looked down on." These mothers were also aware of how they resisted, through defining choices for themselves

("at least they can say Mommy went back to school"). They celebrated a feminine ethic of caring ("we are wealthy in love") that helped them to resist the assumption that only work for pay is of value.

We discovered other positive perspectives, such as feeling somewhat better situated than other disadvantaged women and feeling in control over how one managed the fact of poverty within the family and with outsiders. By making external explanations for degrading experiences and internal explanations for their ability to care for their children, some women may have increased their own sense of control and limited the psychological effects of poverty. The advancement of male dominance by state practices and related disempowering feelings were evident in the mothers' reports. For example, one woman quoted her caseworker as saying, "He shouldn't have to give me any money to support my children that another man fathered." She shared her resistance to this situation, making an appropriate external attribution to it as "all because of social services." In addition to having some control over the meaning of events, the women made other choices, such as to stay at home or work for pay and to hide or disclose the fact of their poverty. They did not relinquish all control, although some felt dependent.

The limitations of this study include the collection of data in the context of questions about food and in the Atlantic provinces of Canada. It would be useful for future researchers to interview impoverished women specifically about how they cope with poverty and to explore the strengths they bring to that coping. It would also be useful to extend the research to provinces or states beyond the Atlantic region.

These findings have implications for social work practice, emphasizing the importance of a strengths-based understanding of how mothers negotiate the need to acknowledge the stigma that others apply to them while they maintain a sense of their own capacity to cope, manage their sense of self, and feel in control. Feminist practice involves respect for the ways in which women's coping has been adaptive in an oppressive society and emphasizes collaboration between social workers and clients in jointly conducting a gender role analysis of how women's lives have been affected by social expectations and cultural norms. Recognizing that others share one's problems is a key component of feminist consciousness raising. We found that during the returning-results sessions, simply being aware of what other mothers reported helped the participants to feel less isolated. This lesser sense of isolation, in turn, may empower women to unite against degrading systems.

In addition, these results suggest some implications for social work education. In writing about recovery from sexual abuse, Bass (1990, p. xxi) stated, "There's another kind of courage, though. The courage to be vulnerable, to feel your feelings, to give and receive help." Feeling poor is a complex construct that encompasses multiple domains for low-income lone mothers. It challenges our well-accepted understanding of the lack of self-esteem and

stigmatization among poor mothers. In writing about how to teach social work students, O'Connor and Netting (1999) suggested emphasizing collaborative change. They pointed out that collaborative change requires learning three fundamental principles: open communication, trust, and respect. An essential requirement for feminist, collaborative practice is the assumption of equal power among all the participants. We suggest that the construct of feeling poor can be used to support the coping of poor mothers and to enhance the relationship of trust and communication between professionals and their clients.

Although the mothers in this study occasionally mentioned "good" professionals, they never reported that they felt that there were people "out there" who felt compassion for them. They felt isolated and dependent and were convinced that other people did not care. "Feeling grateful" was not observed, which could be irritating to those who provide help to poor families (including taxpayers). Social work students need to be aware of the ways in which they may perpetuate an oppressive, bureaucratized system and to learn to build egalitarian relationships. Feminists view clients as experts on themselves and show respect for the coping of those with whom they work. In addition, students from impoverished backgrounds may choose to share their own experiences of disempowerment with clients.

Although change at the societal level is crucially important, most of those who live in poverty cannot wait. Recognizing that other women may feel the same as they do, as well as acknowledging their strengths, such as their capacity to be good parents and to impart a strong sense of values to their children ("I prefer caring and poor"), could be empowering. Most important, the feeling-poor construct should humble us with the strengths of mothers who are coping with poverty.

## REFERENCES

- Adler, N. E., & Ostrove, J. M. (1999). Socioeconomic status and health: What we know and what we don't. *Annals of the New York Academy of Sciences*, *896*, 3-15.
- Ahluwalia, I. B., Dodds, J. M., & Baligh M. (1998). Social support and coping behaviors of low-income families experiencing food insufficiency in North Carolina. *Health Education Behavior*, *25*, 599-612.
- Bachay, J. B., & Cingel, P. A. (1999). Restructuring resilience: Emerging voices. *Affilia*, *14*, 162-175.
- Badun, C., Evers, S., & Hooper, M. (1995). Food security and nutritional concerns of parents in an economically disadvantaged community. *Journal of the Canadian Dietetic Association*, *56*, 75-80.
- Barrios, P. G., & Egan, M. (2002). Living in a bicultural world and finding the way home: Native women's stories. *Affilia*, *17*, 206-228.
- Bass, E. (1990). Foreword. In M. Lew (Ed.), *Victims no longer*. New York: Harper & Row.
- Brody, G. H., & Flor, D. L. (1997). Maternal psychological functioning, family processes, and child adjustment in rural, single-parent, African-American families. *Developmental Psychology*, *33*, 1000-1011.
- Burger, J. M. (2000). *Personality* (5th ed.). Belmont, CA: Wadsworth.

- Callahan, M., & Lumb, C. (1995). My check and my children: The long road to empowerment in child welfare. *Child Welfare, 74*, 795-819.
- Campaign 2000. (2001, November). *Child poverty in Canada: Family security in insecure times: Tackling Canada's social deficit*. Retrieved from [www.campaign2000.ca/rc/01bulletin/01bull.html](http://www.campaign2000.ca/rc/01bulletin/01bull.html)
- Campbell, B., Gutierrez Haces, M. T., Jackson, A., Larudee, M., & Sanger, M. (1999). *Pulling apart: The deterioration of employment and income in North America under free trade*. Ottawa: Canadian Centre for Policy Alternatives.
- Coleman, R. (2000). *Women's health in Atlantic Canada: A statistical portrait*. Halifax, Nova Scotia: Maritime Centre of Excellence for Women's Health.
- Eichler, M. (1993). Lone parent families: An unstable category in search of stable policies. In J. Hudson & B. Galaway (Eds.), *Single parent families: Perspectives on research and policy* (pp. 139-155). Toronto, Canada: Thompson Educational.
- Evans, P. M. (1991). The sexual division of poverty: The consequences of gendered caregiving. In C. Baines, P. Evans, & S. Neysmith (Eds.), *Women's caring: Feminist perspectives on social welfare* (pp. 169-203). Toronto, Canada: McClelland & Stewart.
- Federal Interagency Forum on Child and Family Statistics. (2002). *America's children: Key national indicators of well-being*. Retrieved from <http://www.childstats.gov/ac2002/highlight.asp>
- Fiene, J. I. (1991). The construction of self by rural low-status Appalachian women. *Affilia, 6*(2), 45-60.
- Garbarino, J. (1998). The stress of being a poor child in America. *Child and Adolescent Psychiatric Clinics of North America, 7*, 105-119.
- Goodman, S. H., Cooley, E. L., Sewell, D. R., & Leavitt, N. (1994). Locus of control and self-esteem in depressed, low-income African-American women. *Community Mental Health Journal, 30*, 259-269.
- Haney, L. (1996). Homeboys, babies, men in suits: The state and the reproduction of male dominance. *American Sociological Review, 62*, 759-778.
- Jennings, B. M. (1990). Stress, locus of control, social support, and psychological symptoms among head nurses. *Research in Nursing and Health, 13*, 393-401.
- Karvetti, R. L., & Knuts, L. R. (1985). Validity of the 24-hour dietary recall. *Journal of the American Dietetic Association, 85*, 1437-1442.
- Kawachi, I., Kennedy, B. P., Lochner, K., & Prothrow-Stith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health, 87*, 1491-1498.
- Kemp, S. (2001). Environment through a gendered lens: From person-in-environment to woman in environment. *Affilia, 16*, 7-30.
- Kettel, B. (1996). Women, health and the environment. *Social Science and Medicine, 42*, 1367-1379.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lew, M. (1990). *Victims no longer*. New York: Harper & Row.
- Lochead, C., & Scott, K. (2000, March). *The dynamics of women's poverty in Canada*. Ottawa, Canada: Status of Women Canada. Retrieved from <http://www.swc.cfc.gc.ca/pubs>
- McIntyre, L., Connor, S. K., & Warren, J. (2000). Child hunger in Canada: Results of the 1994 National Longitudinal Survey of Children and Youth. *Canadian Medical Association Journal, 163*, 961-965.
- McIntyre, L., Glanville, N. T., Officer, S., Anderson, B., Raine, K. D., & Dayle, J. B. (2002). Food insecurity of low-income lone mothers and their children in Atlantic Canada. *Canadian Journal of Public Health, 93*, 411-415.
- McIntyre, L., Glanville, N. T., Raine, K. D., Dayle, J. B., Anderson, B., & Battaglia, N. (2003). Do low-income lone mothers compromise their nutrition to feed their children? *Canadian Medical Association Journal, 168*, 686-691.
- Miller, C., & Major, B. (2000). Coping with stigma and prejudice. In T. Heatherton, R. Kleck, M. Hebl, & J. Hull (Eds.), *The social psychology of stigma* (pp. 243-272). New York: Guilford.
- National Anti-Poverty Organization. (1998, June). *Poverty and the Canadian welfare state: A report card*. Ottawa, Canada: Author.
- National Council of Welfare. (2001). *Poverty profile 1999*. Ottawa, Canada: Minister of Supply and Services.
- O'Connor, M. K., & Netting, F. E. (1999). Teaching students about collaborative approaches to organizational change. *Affilia, 13*, 315-328.

- Pearlin, L. I. (1989). The sociological study of stress. *Journal of Health and Social Behavior*, 30, 241-256.
- Radimer, K. L., Olson, C. M., Greene, J. C., Campbell, C. C., & Habicht, J. P. (1992). Understanding hunger and developing indicators to assess it in women and children. *Journal of Nutrition Education*, 24, 36S-45S.
- Raphael, D. (2001). *Inequality is bad for our hearts: Why low income and social exclusion are major causes of heart disease in Canada*. Toronto, Canada: North York Heart Health Network.
- Rich, A. (1976). *Of woman born: Motherhood as an experience and institution*. New York: Norton.
- Riches, G. (1997). Hunger in Canada: Abandoning the right to food. In G. Riches (Ed.), *First World hunger, food security and welfare politics*. London: Macmillan.
- Secombe, K., James, D., & Walters, K. B. (1998). "They think you ain't much of nothing": The social construction of the welfare mother. *Journal of Marriage and the Family*, 60, 849-865.
- Siefert, K., Heflin, C. M., Corcoran, M. E., & Williams, D. R. (2001). Food insufficiency and the physical and mental health of low-income women. *Women and Health*, 32(1/2), 159-177.
- Smith-Barusch, A. (1997). Self-concepts of low-income older women: Not old or poor, but fortunate and blessed. *International Journal of Aging and Human Development*, 44, 269-282.
- Statistics Canada. (1998). *Incomes in Canada*. Ottawa, Canada: Author.
- Tarasuk, V. (2001). Household food insecurity with hunger is associated with women's food intakes, health and household circumstances. *Journal of Nutrition*, 131, 2670-2676.
- Tarasuk, V., & MacLean, H. (1990). The food problems of low-income single mothers: An ethnographic study. *Canadian Journal of Home Economics*, 40, 76-82.
- United Nations Development Programme. (1997). *Human development report 1997*. New York: Oxford University Press.
- Walker, A. (2001). *The way forward is with a broken heart*. Waterville, ME: Thorndike.
- Wasylyshyn, C., & Johnson, J. L. (1998). Living in a housing cooperative for low income women: Issues of identity, environment and control. *Social Science and Medicine*, 47, 973-981.
- Weber, R. P. (1990). *Basic content analysis* (2nd ed). Newbury Park, CA: Sage.
- Wilson, E. (1991). *The sphinx in the city: Urban life, the control of disorder, and women*. Berkeley: University of California Press.
- Yalnizyan, A. (2000, January). *Canada's great divide: The politics of the growing gap between rich and poor in the 1990s*. Toronto, Canada: Centre for Social Justice.

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