
Stressors and Coping Strategies Used by Single Mothers Living in Poverty

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Abstract

The voices of the poor are ignored in policy debates and in social work research, practice, and the development of interventions. This article reviews the literature on stress and coping for single mothers in the context of poverty and uses narrative interviews to capture the lived experiences of 12 women who raised their children alone. The results showed that these single mothers' stress and coping experiences tend to reflect the findings of research except that the low-income women in the study relieved stress and empowered themselves through volunteer work with other low-income individuals. The implications for social work education and practice are discussed.

Keywords

coping, poverty, single mothers, stress, social work research and practice

Too often the voices and knowledges of poor people are perceived by policy-makers and researchers as anecdotal, providing items to be used when introducing an article or lecture, but not as a source of knowledge necessary for the setting of policy or for the refinement of intervention methods.

Krumer-Nevo (2008, p. 556)

More than 42% of single mothers with children aged 18 and younger lived in poverty in 2010 (U.S. Census Bureau, 2011). The statistics varied by racial/ethnic group, with 32.7% of white single mothers living below the poverty line, compared to 47.1% of black single mothers and 50.3% of Hispanic single mothers. Dozens of articles have addressed the effects of poor single motherhood on children, but relatively few in recent years have asked the mothers themselves about their stressors and coping strategies in the face of extreme economic hardship. Although few practitioners would question the relevance of the client's perspective, the voices of the poor tend to be ignored in social work research; policy debates, which disregard their voices in defining and implementing policy; and the development of practice and intervention programs (Krumer-Nevo, 2008). Indeed,

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Krumer-Nevo (2008, p. 556) noted, “In those three arenas researchers, policy practitioners and social workers tend to talk at poor people, not with them or to them.”

This article incorporates an intersectionality framework (Ludvig, 2006) into a narrative analysis to highlight the stress and coping associated with economic hardship. Clients’ stories bring quantitative findings to life and fulfill important social work values that are related to social justice, dignity, worth, and competence. They also underpin better social work education, service delivery, and advocacy at the micro- and macro levels by adding to the knowledge base for narrative research on poverty, illuminating the concerns of individuals who are living with economic hardships, and providing a better understanding of the stressors and coping strategies that are used to alleviate stress as perceived by members of the population. Moreover, documenting women’s accounts of their daily trials and efforts to sustain a sense of meaning in the face of hardship, stress, and intersecting oppressions can help practitioners understand clients’ perceptions and their role in working with this population (Vandsburger, Harrigan, & Biggerstaff, 2008).

Poverty-Related Stress

Systems theory is the primary context for social work education, practice, and research. In systems terms, stress results from changes that cause emotional and physical strain. Researchers have agreed that *felt* stress can differ across families who are experiencing similar stressors and that the level of stress that is felt depends on how individuals define the stressor event and whether they have sufficient resources to alleviate the stress. Lazarus and Folkman (1984, p. 21) defined the individual’s perception of the stressor as a person–environment relationship “that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being.” *Overwhelming* stress—an overwhelming disturbance in family equilibrium, severe pressure, or acute change—is so extreme that it immobilizes or incapacitates the family (Price, Price, & McKenry, 2010). According to Price, Price, and McKenry (2010, p. 12), “family boundaries are no longer maintained, customary roles and tasks are no longer performed, and family members are no longer functioning at optimal physical or psychological levels.”

Research has established the toxicity of chronic poverty-related stress on adults and children (Wadsworth & Santiago, 2008). Stress related to living without having basic needs met compromises both mental and physical health (Mistry, Vandewater, Huston, & McLoyd, 2002). Poverty-related stress accumulates and can lead to various stress responses that extend over time. The next section presents a brief literature review on the daily stressors faced by low-income single mothers. Although these stressors have been separated into categories for the discussion, stress has both independent and additive outcomes in the lives of individuals (McGibbon & McPherson, 2011; Samuels & Ross-Sheriff, 2008).

Stress and the Mental and Physical Health of Poor Single Mothers

For poor single mothers, poverty-related stress includes worries related to work, housing, food insecurity, discrimination, stigma, exposure to violence, victimization, and illness. Jobs with benefits are scarce; neighborhoods are deteriorated and unsafe; and community, family, and personal support are scarce. In short, low-income single mothers are a vulnerable population who are more likely than their married counterparts to suffer from mental and physical health disorders. Their stressors tend to be chronic, severe, and long term. They have reported more early childhood adversities, more threatening events throughout their lives, and higher levels of chronic stress and deprivation than have members of the general population (see also Broussard, 2010; Cairney, Boyle, Offord, & Racine, 2003). They are more likely to have experienced unemployment, low levels of social support, domestic violence, and separation or divorce (Turner, 2007). There is a higher

likelihood of disability (Parish, Magaña, & Cassiman, 2008) and anxiety and substance-use disorders (Crosier, Butterworth, & Rodgers, 2007; Wang, 2004). Unfortunately, help has not been readily available. In 2009, Cook et al. (2009) expressed concern over the lack of treatment for psychiatric and substance use disorders for single mothers who have reached their Temporary Assistance for Need Families (TANF) lifetime eligibility limit. Women of color must also manage the effects of racism in addition to poverty and sexism (Everett, Hall, & Hamilton-Mason, 2010).

Prolonged emotional stress has been associated with several physical conditions in poor single mothers (Wickrama et al., 2006), among them an impaired immune system (Pianta, Egeland, & Sroufe, 1990); diabetes (Balukonis, Mellcus, & Chyun, 2008); joint pain, hives, and psoriasis (Carney & Freedland, 2000); and increased rates of hypertension and obesity (Kaplan et al., 2005). Food insecurity can lead mothers to compromise their nutritional intake to ensure adequate nutrition for their children, which increases their own morbidity (McIntyre, Glanville, et al., 2003). Among the worst stressors are public assistance, employment, education, child care, neighborhood, social support, and stigma.

Public Assistance

The greater the economic hardship among poor single mothers, the higher the likelihood of poor mental health. Stress-related mental health issues brought on by economic hardship are important in an age of time-limited, reduced public assistance support. Casey et al. (2004) reported a relationship between reduced or time-limited stipends and depression, while Huddleston-Casas, Charnigo, and Simmons (2009) found a recursive relationship between food insecurity and depression. Seifert, Bowman, Heflin, Danziger, and Williams (2000) found that more than a quarter of the women on welfare met the diagnostic criteria for major depression, and Cairney, Boyle, Offord, and Racine (2003) reported that the impact of life events on depression was stronger for single women than for married women. Coiro (2001) studied welfare recipients with young children and found that 40% of poor black mothers reported symptoms of major depression. Likewise, Bassuk, Buckner, Perloff, and Bassuk (1998) found that clinical depression among poor women was twice the rate of depression for women in the general population.

Employment, Education, and Employment Benefits

Employment stress is high for poor single mothers. Zabkiewicz (2010) found that full time or stable, longer term employment improves mental health; however, close to 40% of low-income single mothers hold part-time jobs with low hourly wages, no benefits, and no job flexibility (Lee, 2004). Given the current economic crisis, it is likely that even more single mothers are working part time or have lost their jobs. Related to job and income worries, single mothers worry about parenting alone, finding child care, and missing work for illness, or child-related reasons. Furthermore, job demands and parenting prevent most single mothers from investing in their own education, which might enable them to escape poverty. Indeed, researchers have noted that even 1 year of college reduces the poverty rate for minority women by half (Rice, 2001). Finally, since they are unlikely to have health care benefits, poor single mothers often ignore their own physical health in favor of getting health care for their children.

Child Care

The absence of safe, reliable, affordable care hinders low-income mothers' sustained participation in the workforce (Angel & Lein, 2006). In 2001, 40% of poor single mothers spent more than half their cash income on child care; an additional 25% paid 40–50% to child care providers (Matthews, 2006, p. 2). In fact, the lower the household income, the higher the proportion paid for child care

(Anderson & Levine, 2000). High costs, coupled with irregular, work hours, prompt single mothers to cobble together child care from various sources and to rely heavily on informal providers, which increases their stress (Smith, 2006; Zippay & Rangaraian, 2007).

Neighborhood

Poor single mothers tend to live in low-quality housing in neighborhoods, where they confront violence and serious environmental health risks, such as pollution from landfills and chemical plants, daily. Dangerous and harmful neighborhoods intensify poverty-related stress, ultimately deepening depression (Cutrona, Wallace, & Wesner, 2006; Wilbur, Zenk, & SuKyoung, 2009) and compromising physical health. Furthermore, unfavorable neighborhoods can intensify the harmful effects of stress and can “interfere with the formation of bonds between people” (Cutrona et al., 2006, p. 188).

Social Support

The lack of social support leads to poor mental and physical outcomes, and worry about support heightens stress. Single mothers lack several forms of support. For example, Bassuk, Browne, and Buckner (1996) reported that poor single mothers are more socially isolated, receive less emotional and parental support, and have more unstable social networks than do married mothers. Cairney et al. (2003) found that single mothers perceived that they had less social support, reported less contact with family members and friends, and were less socially involved than were married mothers. Crozier, Butterworth, and Rodgers (2007) found that the perceived lack of social support and financial hardship were the most important factors contributing to poor mental health among single mothers. Sometimes, even when a potential supporter’s actions are well intended, the mother perceives the situation as unsupportive, so these actions can be classified as harmful to the mother (Campbell-Grossman, Hudson, Keating-Lefler, & Fleck, 2005).

Since poor single mothers tend to hold low-paying jobs with inflexible schedules and little, if any, personal time for emergencies, they are not in a position to turn down informal support. However, some forms of support (such as transportation and child care) are unreliable and carry a stress-inducing price for mothers who need help on short notice or during irregular hours (Harknett, 2006; Henley, Danziger, & Offer, 2005). Moreover, given that single mothers’ friends and family members are likely to be similarly disadvantaged (Henley et al., 2005), the support that is offered often requires financial or other compensation, such as reciprocation (Lein, Benjamin, McManus, & Roy, 2005).

Stigma

Stigmatization implies membership in a devalued social category in which individuals, “on average, receive disproportionately poor interpersonal or economic outcomes relative to members of the society at large” (Crocker & Major, 1989, p. 609; see also Goffman, 1963). According to Miller and Kaiser (2001), it affects educational access and employment opportunities, which combine to limit socioeconomic mobility and access to good-quality health care. Also, research has shown that stigmatized individuals perceive stigma differently and use different coping mechanisms than do nonstigmatized individuals. Stuber and Schlesinger (2006) examined two forms of stigma related to participation in means-tested governmental programs: *internalized stigma*, or the negative, stereotypical labeling of users of means-tested programs, and *experienced stigma*, or the fear of being treated badly by others, which leads to low participation in services by those who need the services most. Collins’s (2005) qualitative analysis showed that poor women tended to believe that others watched them closely and “looked down” on them (internalized) because of their low-income status, while the women in Mickelson and Williams’s (2008) analysis reported increased feelings

of shame about their poverty (internalized) even in relation to other poor individuals, along with feelings that others treated them differently because they were poor (experienced). Both types were related to depression—internalized stigma to lower levels of self-esteem, experienced stigma to the less perception of the availability of social support, and both types to a greater fear of rejection for requested support.

Coping Strategies

Lazarus (1966) defined three stress processes: (1) primary appraisal or perceiving a threat; (2) secondary appraisal or forming a potential response to the threat; and (3) coping or applying the response. Individuals oscillate among these processes. This conceptualization of coping as a process that implies efforts to manage stress that are distributed over time is consistent with the systems framework. Folkman and Lazarus (1980) differentiated two types of coping that they called problem- and emotion-focused coping. The former is aimed at problem solving to alter the source of the stress, and the latter is aimed at reducing or managing emotional distress that is related to a stressful situation. Most stressors elicit both types; however, problem-focused coping tends to prevail when people believe they can change the situation, while emotion-focused coping tends to prevail when people believe that the stressor is beyond their control. Research has suggested that growing up with poverty-related stress hinders the development of effective coping abilities (Wadsworth & Santiago, 2008). Since poor single mothers are more likely to have experienced multiple adversities during childhood (Cairney et al., 2003) and children learn coping strategies within the family, the strategies they use as adults may not alleviate their stress. In fact, Coyne, Aldwin, and Lazarus (1981) linked this learned component of coping to learned helplessness and depression in their study of individuals who tried to assert control in situations over which they had no control.

This article presents excerpts from qualitative interviews with women who are actively living with severe economic hardship in an effort to illuminate some of their sources of stress and some of their coping strategies. Adding to the knowledge base in this area will help to bring the voices of the poor into social work research, policy debates, and the development of interventions.

Methodology

The study was based on a purposive sample of 15 women aged 18 and older from a large urban area. The participants were recruited with the help of “key informants”—individuals who worked in human services or as activists with low-income people (such as union officials, social action directors, and advocates). Each potential participant was contacted by telephone to explain the project and interview process. The participants signed consent forms. At their interviews, they received another description of the project and had the opportunity to ask additional questions. Trained interviewers conducted 1.5-hr interviews in locations selected by the participants. The interviews were audiotaped and videotaped (Moen, 2006; Riessman & Quinney, 2005) to capture both verbal and nonverbal communication and to document the context of the interviews. The interviews followed a semistructured guide that included demographic questions and 10 questions that addressed the areas discussed in the literature review, including pressing problems caused or exacerbated by poverty (such as housing, employment, child care, and health care), perceptions of poverty by nonpoor individuals, the participants’ personal experiences with the stigma of poverty, and their personal stressors and coping strategies.

Since relatively little social work research has taken the narrative approach with individuals who are living in poverty, our study was exploratory and descriptive, with the goal of highlighting single mothers’ experiences as expressed through their stories (Pinnegar & Daynes, 2007). The premise was that “those at the margins can use their outsider-within stance to provide insight and vision” to social workers who work with them and advocate on their behalf (Daniel, 2007, p. 39).

In addition to a narrative approach, the intersectionality framework (McGibbon & McPherson, 2011) was incorporated because it calls on researchers to reflect on multiple constructed identities (including race/ethnicity and social class) that interact in different contexts to change individual experiences. Hulko (2009, p. 48) defined intersectionality as “the entanglement of identity categories that make up an individual, the differential attributions of power that result from such varied configurations, and the need to view intersectional beings holistically.”

For the analysis, the audiotapes of the interviews were transcribed verbatim. Next, using a variant of the open-coding technique (Glaser & Strauss, 1967), we examined the typed transcripts and videotapes independently to acquire a sense of the whole, followed by meetings to discuss and interpret the data. A fourth reader, an interviewer who has studied poverty extensively, read the transcripts, viewed the videotapes, and consulted with us. We addressed reliability during the data collection by triangulating the data collection techniques—combining the face-to-face audiotaped interviews with videotaped documentation of the participants’ body language and the context of the interviews (Patton, 2002). Including the analytic perspectives of an independent expert on poverty (not one of the researchers) enabled us to address intercoder reliability by triangulating the data analysis (Johnson, 1997). Themes of stress and coping were prevalent throughout the narratives.

Results

The Participants

All the participants were single while they were raising their children, were currently single mothers, and/or were single grandmothers raising their grandchildren. All were poor. The analysis presented here included 12 of the 15 participants who were interviewed for the project. Three participants were eliminated from the analysis because of missing data related to the focus of this article. The participants ranged in age from their mid-20s to their mid-70s. Six were African American, five were white, and one was a Latina. Although all had been single mothers, two were currently living with a significant other, and three were grandmothers who were caring for their grandchildren. The participants had complicated personal histories, including marriages that ended in divorce and on-again-off-again relationships with men. Some had histories of abuse and had separated from their partners for safety reasons. Everyone in this group except the youngest, who was in her mid-20s, had significant work histories. Like nonpoor women, their jobs tended to be in the service, human service, and medical fields.

Mental and Physical Health

In keeping with previous research, the participants reported high levels of stress that were associated with their low-income status and documented both mental and physical illnesses. Also, they were aware that the lack of health insurance and access to poor medical care affected their mental and physical health. Nearly all the participants reported debilitating depression and/or treatment for depression, bipolar illness, self-cutting, or posttraumatic stress disorder. Four participants reported being diabetic, an illness that is commonly associated with prolonged stress (Balukonis et al., 2008). Substandard living arrangements had exacerbated illness for some individuals and their families. For example, Wanda, an African American woman who was living in badly deteriorated housing (e.g., the roof had fallen in, and the kitchen was destroyed), had had multiple critical illnesses and severe dental problems and explained that her living arrangements hampered her recovery and that her Medicare payments were insufficient to pay for needed medical interventions. Another participant, Felicia, a middle-aged, African American widowed mother of four (her husband was a homicide victim) living in Section 8 housing with her daughter, explained that her family was moved 4 times in a relatively short period in attempts to accommodate her child’s need for handicapped access related

to cerebral palsy and a seizure disorder and because available housing was substandard and had mold problems. The moves were interspersed with periods of homelessness when she was on waiting lists for Section 8 housing. Describing the moves, she said:

[One] whole house was covered with mold. And then they moved us again because that . . . house was covered with mold. And we started having more and more problems. Then my son died . . . in another apartment that they moved us to . . . I believe they didn't want to take the responsibility of him dying in that [mold-covered] apartment.

Stigma Related to Poverty and Public Assistance

As in previous studies on the stigma of poverty, the interviews revealed that the participants were well aware of their social class standing and of general views of poor people. Their perceptions represented known stereotypes (Goffman, 1963) and stigma had heightened their stress. For example, Felicia painted this picture: "They view the poor [as] low life, they think they're criminals, they think they're always looking for a handout, they think they're not . . . doing everything they can to get out of poverty." Other participants repeated this view. Mari, a U.S. citizen who had immigrated from Mexico nearly 20 years earlier, noted "When people think about the poor, they think . . . dirty, uneducated, not worth it." Jetta, who is white and divorced and was raising two children on her own, explained that she did all she could to avoid looking poor:

I try very hard not to look outwardly impoverished . . . People look at them as they're less than a person—that because they're poor, they couldn't possibly have a viable opinion [and] couldn't possibly have anything . . . worthwhile to input to society . . . They keep the poor people enclosed in their own environments.

Several participants reported negative, stigmatizing encounters with social service workers, reflecting both internalized and experienced stigma. Wanda described her experience this way:

Sometimes they're kind, and sometimes they're rude. And it's hard when they're rude . . . And like social workers and people constantly talk down to you. And you're angry, but . . . if you speak out or speak up, you just make it worse for yourself. So you just go along with things you definitely don't like. [It's a] tough pill to swallow.

Similarly, Maria, an African American woman in her late 20s who had just completed a college degree, made possible through her persistent determination and multiple loans, described assistance programs this way: "These programs like SSI [Supplemental Security Income], job and family service . . . [are] designed to [put] you in a ditch and not be able to crawl out." Corella, white and in her mid-60s, explained that she had to bite her tongue to keep from responding in kind to human services workers:

A lot of times, to go to the welfare office, it's, oh, I hate it . . . I want to be nice because you're nice to me, too, you know. And . . . if you're nasty to me, you know, I want to tell you where to get off. But I can't . . . You can't tell welfare people that. You can't tell doctors and nurses that. You can't tell anybody that's helping you any kind of way at all—you can't say anything to them, you know; . . . you have to bite your tongue.

At the same time, some participants referred to mixed positive–negative experiences and justified the negative experiences by telling themselves that human services offices are "understaffed and overbooked." Corrine, a 46-year-old white single mother of two, recounted six negative experiences

associated with her human services contact and only one general positive experience—that human services helped to get her back on track.

Child Care

Child care had been an issue for all the participants, and their experiences reflected both child care- and employment-related research findings. Despite the wide age range among the participants, the grandmothers who were caring for grandchildren described child care problems that were similar to those of the younger participants and noted that they faced similar problems in their youth with their own children. In describing issues with her preschool children, Mari (with children currently aged 10 and 14) noted

I remember working just to pay the day care . . . It was really hard for me because I always thought, you know, someone else is raising my children. All I'm doing is working to pay for somebody to take care of my children. And I didn't see that as right, but I didn't have any other choice. I had to work.

Corrine had this to say about her experience with child care and job security:

Of course, when you lose your job, the first thing they do is cut off your day care vouchers. Now you can't go look for a job. You can't take your kid on a job hunt with you because they're going to say, you can't get a baby-sitter to come look for the job. How you going to have a baby-sitter to come to work? So then they're not going to hire you.

Unable to find a job in the specified period, Corrine lost her day care vouchers and was unable to extend TANF; then one of her children became ill, which made it even more difficult to interview for jobs. Eventually, Corrine resorted to obtaining medical documentation for a disability that she had previously avoided claiming because she wanted to work for an income in the hope of improving her economic status. Establishing disability status not only enabled Corrine to extend TANF temporarily, but qualified her for SSI. The problem was that it effectively ended the employability of a young woman who wanted to work. Corrine lamented: “Finally, they told me, oh, well, if your son was completely disabled or dying, we could give you an extension. Or if you're disabled or dying . . . Well, that was the only alternative that they left me.”

Roxanne, a 53-year-old African American single mother and grandmother, described her single daughter's struggles to afford child care and the stress it caused. Her report echoed that of some of the most impoverished in Matthews's (2006) study:

She has two children, and she has to pay day care for both of them when school's not in session . . . I can't help her because I'm working, and I can't afford not to work . . . And one child she's paying \$65 a week for, and the other one, they want a hundred and something [dollars] during the week for the summer, and she only makes about \$400—that's over 50% of your income just for day care. And it's real hard for single moms to make it like that, to pay day care and then also to pay rent . . . She gets no food stamps, and she gets no health [benefits].

Similarly, the timing of available child care was a common stressor. Dot, who was single, white, and had raised four children, summed it up this way:

If you're a single mother, one thing is you have to get child care, and you have to get child care that's reliable . . . I don't know of any nighttime day cares. I only know of daytime day cares. So if the mother's working the night shift at McDonald's, she has to get a dependable babysitter because if she doesn't, she's going to have [Child Protective Services] on her. So generally what they do is . . . hire a young

person to babysit for them. These young persons aren't reliable. They either don't show up, [or] there's been cases when they left the kids there, so the mother got sanctioned from welfare. So she loses her food stamps. She loses her health care . . . So she basically loses everything, and then she's lost her job because she had to miss work.

Coping

The participants reported an array of coping methods, including emotional support from family members and friends, faith-spirituality, pets, exercise, internal strength, and resourcefulness, hope, neighborhood supports, humor, therapy, creative endeavors (such as drawing), volunteering, and combinations of these methods. Some participants noted that they had little relief from stress or said that they did not know how to cope with stress.

Social Support

The participants discussed the stress relief that comes from social support, as well as the added stress that can come with supporting others. Describing her reliance on faith, friends, and family members, Mari noted:

God helps me. And my friends and family . . . If I didn't have that support, then I think I would be in really bad shape. Because it's so easy in this situation to just let yourself go and say, "This is it, I'm not going to fight any more." . . . But it wouldn't only affect me, it would affect my children. And they have suffered so much.

Wanda made the following comments about her faith and her family:

I feel like I've lost almost everything. And the only things I have left are my children and . . . a few very good friends who stand by me. And I thank God for my church . . . The people in the church are there for me . . . I have so many problems that if I really think about it, I would give up. But I don't. I get up and move on, say a prayer, and thank God.

At the same time, Betty, a 44-year-old African American mother raising two children (aged 11 and 16) on her own, explained how being there for friends and family members can increase stress:

We have family members [with] . . . children who cannot provide for them, and my mother, myself, my cousins, we've all taken these kids in and taken them as our own. And at this particular time, my mother had adopted my little cousin. She has had him ever since he was one year old. When [my mother] got sick, I got custody of him . . . So I was really stressed out.

Betty's experience illuminates the stress associated with social support or reciprocation to friends and family members in similarly disadvantaged situations as reported by Lein, Benjamin, McManus, and Roy (2005).

Pets and Exercise

Corella, a single mother with a disability and recurring mental health problems, used her love of pets, coupled with physical exercise, to combat stress, "What keeps [me going] is that I have a cat, and I can love him . . . I walk a lot . . . And then I have a friend who lives in a condo, and I walk her dog." Both pets (Allen, 2003) and walking are known to reduce stress. Walking, especially, has been

found to reduce depressive symptoms in African American women who perceive their neighborhoods to be safe (Wilbur et al., 2009).

Volunteer Work as a Coping Mechanism

Several women talked about their volunteer work with others living in poverty, a topic that has received scant attention in the social work or poverty literature. Most studies have focused on helplessness, hopelessness, and an external locus of control. The participants gave several examples of such empowerment. Maria discussed her volunteer work with others in her position as a way to get her mind off her own economic problems. Jetta put it this way, “Helping to empower those people . . . makes me feel like I’m still human, like I’m just not another number that’s been shuffled under the rug. And if I can still help people and empower people, then it gives me a sense of strength within myself.” This is important information for social work educators and practitioners, who are not likely to hear such information in their work with clients.

Implications for Social Work

The findings of our narrative study of single mothers who are living in poverty have implications for social work education and for both micro- and macro practice. This section combines the themes to address the experience of poverty more broadly than addressing each theme individually.

In the Classroom

Social work students need a “grounded understanding” of the multiple sources of stigma that poor individuals face daily (Reding & Wijnberg, 2001). It is not enough to study the causes of poverty (or racism or sexism) or macroprograms and policies that are in place to aid the poor. Students must understand that intersecting oppressions and stigma may lead single mothers to withhold or alter information on the basis of their perceptions of their “place” in society and their distrust of those who stigmatize them (such as employers, governmental employees, and social workers). Students must understand what it means to feel poor and left out. Stigma and stress determine whether some women will seek assistance at all. Reding and Wijnberg (p. 350) argued that few texts address chronic stress and that social workers need “a comprehensive picture that more closely mirrors the actual conditions within which many of our clients manage to find the strengths to endure and to praise their lives.” They advocated for incorporating a comprehensive stress model into classroom and field education. Connor-Smith, Compas, Wadsworth, Thomsen, and Saltzman (2000) developed a stress model with three coping dimensions that may be particularly useful for helping student interns understand clients’ coping mechanisms and for developing treatment plans. In their model, primary control coping incorporates problem solving, emotional expression, and emotional regulation; secondary control coping includes acceptance, cognitive restructuring, distraction, and positive thinking; and disengagement coping is characterized by avoidance, denial, and wishful thinking.

In addition to classroom learning, the findings of our study reaffirm that social work interns must learn the importance of active listening and “collaborative intervention models” (Jarrett, 1996) that invite clients to participate actively in empowering interventions. Although these strategies are used in social work, thinking about them in the context of poverty, stigma, and coping within an oppressive culture introduces both intersectionality and symbolic interactionist perspectives into education and practice—two perspectives that are rarely discussed in social work. As Krumer-Nevo (2008) reported:

The realization that poor people themselves do not regard their life situations as normal or normative or bearable and the finding that they experience themselves as actively struggling with poverty, can change

the way their needs are perceived by professionals . . . Only when the prominence of pain and struggle in poor people's experiences is recognized and credited as evidence of the fullness of their humanity will the progress . . . towards holistic, multifaceted, intense interventions, be accelerated. (p. 559)

Indeed, we have overheard students comment that clients at their internship sites "don't seem to know they are poor" or "seemed pretty happy with their situation." Such comments further highlight the need to reflect on the interlocking social contexts between practitioners and clients.

Another area that needs development in curricula and field education is fostering an understanding of spirituality in clients' lives. Few social work programs address the importance of spirituality in clients' lives (Bethel, 2004). Studies (Banerjee & Pyles, 2004; Everett et al., 2010) have repeatedly shown that spirituality serves as an important protective factor in the lives of poor individuals and families. For example, Banerjee and Pyles found that spirituality fosters the ability to "cope, achieve inner peace, harbor self-esteem" (p. 62). Also, individuals perceive that spirituality gives them a sense of direction and guidance. To solicit and respond appropriately to a client's frame of reference, students must tackle spirituality in the classroom. There are spirituality-based assessment tools that could be introduced in social work education and used by student interns in direct practice field placements (Banerjee & Pyles, 2004; Bethel, 2004).

In the Field

In micropractice, the information provided by this and other qualitative studies has emphasized the need to provide physical and mental health information to clients. A micro-level method that is little used with poor single mothers is support groups. As studies have shown, poor single mothers lack both emotional and instrumental social support and often feel alone. P. Miller (2006) found that anonymous online support groups provide a valuable and meaningful outlet for poor single mothers, and McIntyre, Officer, and Robinson (2003) noted that these groups may serve to lessen the powerlessness that comes from the segregation imposed by society. In addition, Winkworth, McArthur, Layton, Thomson, and Wilson (2010, p. 431) found that some single mothers receive their most useful support and information in "normal and nonstigmatizing" environments.

Macropractitioners can help to reduce stigmatization by playing the advocate-educator role. For example, they can lobby various media outlets to debunk the myths about public assistance. Gans (1995) suggested using positive and correct images and stories of poor individuals and families in the news and other media to counter the negative, incorrect images that abound. Also, advocates are in a position to inform employers about the barriers to full-time work that poor single mothers face, including the lack of child care, poor health, and transportation difficulties. As Jarrett (1996, p. 373) argued, "women's irregular employment is due to external factors and is not a reflection of deviant orientations." Jarrett suggested that employers sponsor retreats, forums, and task forces that would give poor women the opportunity to discuss and negotiate their employment-related issues, a practice for which social workers can advocate.

Limitations and Implications for Future Studies

First, the sample selection technique we used both limited and provided important data for the study. For example, individuals who are known to key informants may differ from other poor individuals; however, this segment provided important insights about volunteerism that might have remained hidden in a different sample. Second, longer interviews, additional sessions, or including focus

groups to ensure that the participants address the same topics for a large part of their narratives and to increase information saturation would have helped to standardize the data. At the same time, standardization would mean getting away from narrative research and the single mothers' own perceptions about what is important to discuss in their lives.

Conclusion

From colonial times to the present, significant segments of the population have had difficulty eking out an existence. Then, like now, women were overrepresented in the ranks of the poor. Then, like now, poor women were “targets of suspicion and blame” (Krumer-Nevo, 2005, p. 87). This view of poverty thrives in the general population and is reflected in the way this society responds to the poor and to poor women, in particular. We cannot underestimate the scope and power that this traditional perspective has on the way we *all* think and talk about low-income individuals. Although we may acknowledge intellectually the important relationship between poverty and structural forces, the persistent focus on individual characteristics—behavior, morality, poor decision making and values, and personal responsibility—continues an us-versus-them paradigm that allows for the dismissal and marginalization of individuals who are experiencing poverty. These individuals' voices, opinions, thoughts, observations, and experiences are easily dismissed as unworthy of consideration. They are excluded from virtually all serious political or policy discussions and debates concerning poverty, especially those that address the needs of individuals who are living in poverty. And their voices tend to be excluded from classroom discussions about poverty and women who are living in poverty. Students must get into the habit of questioning pronouncements from “experts.” They must engage in self-reflection to grasp how their thinking and actions are affected by the dominant paradigm. Contrary to the gross distortions offered by politicians and the corporate media, we see that low-income single mothers women work, are engaged in their communities, worry about the well-being of their children, have hope for the future, and are acutely aware of how they are viewed by the society at large. These women's voices need to be heard; the women have a lot to say, and we have a lot to learn.

Author Note

We dedicate this article to our colleague, coauthor and good friend, Alfred L. Joseph, who passed away in April 4th, 2012 after a long battle with cancer.

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