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The Impact of Social Integration on The Lived Experience of Resilience Among Women who Lived in Poverty During Childhood

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Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment of the requirements for the degree in Master of Science

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The Impact of Social Integration on The Lived Experience of Resilience Among Women who Lived in Poverty During Childhood

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by

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Graduate Program in Health and Rehabilitation Sciences

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science

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Abstract

This thesis is a study of the lived experience of poverty and resilience among women who lived in poverty during childhood. The aim of this study was to investigate the impact of social integration on resilience to the adverse effects of poverty. This investigation was conducted as a retrospective study. Using a hermeneutic phenomenological approach, seven women who lived in poverty during childhood were interviewed in semi-structured interviews lasting 60 to 90 minutes. These interviews, along with a member-checking meeting, were the primary method of data collection. Data was analyzed through thematic analysis informed by van Manen (1990, 1997).

The major themes of this thesis arose from three main concepts: the challenges of poverty, the impact of poverty, and the adaptations made due to living in poverty. Social integration was found to influence resilience through providing support, and enabling children to gain social capital. It is suggested that resilience can be supported in children by: maximizing opportunities for participation in group activities; ensuring a culture of caring and non-judgmental support; and increasing presence of organizations that provide safe and supportive programs.

Keywords

Poverty, Resilience, Childhood, Social Integration, Relationships, Hermeneutic Phenomenology
Acknowledgments

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To my enthusiastic and open participants, my sincere appreciation for your time and willingness to share with me. Without you this study would not have flourished as it did. Hopefully together we have been able to demonstrate the lived experience of resilience to poverty in children, and possible ways to encourage resilience in children who may now be encountering similar experiences.

To my dear family and friends who supported me throughout in particular Cheris, Nakita, Dara and Erika who dedicated time to editing my early drafts. Thank you to an inspirational woman who happens to be my loving and supportive mother, Cyrillia Peter. Furthermore I would like to acknowledge all my academic colleagues for making this experience in this program a wonderful one.
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Chapter 1
1 Introduction to the Study

Background

The foundation of this study is the experience of living in poverty. Economic poverty is said to exist when a person lacks the financial resources necessary to meet basic needs; which can be defined in absolute — the set of resources a person must acquire to maintain a minimum standard of living — and relative — how worse off a person is with respect to others in society — terms (Mowafi & Khawaja, 2005). In developed nations such as Canada, poverty is more often defined in relative terms; “relative poverty refers to deprivation that does not allow the individual to carry out the usual activities expected within the society (i.e., employment, leisure and cultural)” (Raphael, 2011). In Canada a low-income cut off line is typically used to determine poverty. A low-income cut-off is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family (Low income cut-offs, 2009).

Poverty is a serious problem faced by many Canadians including children. In the year 2010, 13.7% of children under the age of 18 lived in low-income families (Statistics Canada, 2012). This percent represents 550,000 vulnerable children. According to the 2011 Report Card on Child and Family Poverty in Canada (RCCFPC); (2011), 14.1% of children in Ontario were living in poverty. Children of immigrants, of Aboriginal identity, in racial minority families and with a disability were at higher risk for poverty, as a result of persistent social and economic inequalities (RCCFPC, 2011). The parents of these marginalized children face structural discrimination, which causes difficulty finding employment, earning lower wages or employment in precarious, contract or temporary work (RCCFPC, 2011). Limited access to safe, affordable, high quality childcare services has also been linked to higher poverty rates; as lack of childcare limits parents from education and employment (RCCFPC, 2011).

Education is one domain in which children living in poverty are at a disadvantage. Children who experience poverty tend to attain lower levels of education and are more likely to live in poverty as adults (Frenette, 2007). Evans (2004) shows that children who are living in poverty began school with academic skills well behind other children their
age, and fell behind during school years. Children of lower socioeconomic status may fall behind because economic resources contribute to nutritious meals, higher quality schools, and post-secondary education, all of which are linked to greater educational attainment (Frenette, 2007). Other reasons for lower educational attainment among children living in poverty are that these children read less, have fewer books and visit the library less frequently (Evans, 2004).

The experience of living poverty in childhood is related to various adverse health outcomes in adulthood (Raphael, 2011). The material and social deprivation associated with poverty is a primary cause of poor health among Canadians (Raphael, 2007). Those who face poverty experience various stressors that may then have long-term implications for health and wellbeing. Low-income families experience stressors as a result of violence, childcare problems, child abuse, substance abuse, death, incarceration and homelessness (Vandergriff-Avery, Anderson & Braun, 2004). Evans (2004) links childhood poverty to greater exposure to violence, family disruption, and separation from the family. As a result children living in poverty are exposed to fewer routines, less structure and greater instability.

McLaughlin et al. (2011) found that in relation to childhood socio-economic status, financial hardship increased exposure to other childhood adversities, which then lead to the onset of mental disorders in adolescence and adulthood. Research shows that poverty may have direct effects on the mental health of children. The perception by children of the financial difficulties that their parents have was associated with their mental health by directly affecting their mood states (Dashiff, DiMicco, Myers, & Sheppard, 2009). The awareness of financial difficulties might cause depression, helplessness and feelings of shame and inferiority in adolescents (McLaughlin et al., 2011). As a result, Fergusson (2000) found that rates of suicide attempts were higher in youth from lower socio-economic backgrounds.

The effect of poverty on the wellbeing of children also has implications for mental health during adulthood. In a study assessing the long-range impact of socio-economic status (SES) and birth risks on the development of emotional and nervous conditions in adulthood, it was found that children in a low income group were 1.86 times more likely to report an emotional or nervous condition in adult life (Fan & Eaton, 2001). Chronic
exposure to poverty increases young people’s risk for mental health problems such as depression, anxiety and conduct disorders, and also increases behavioural risks such as substance abuse (Fergusson, Woodland, & Horwood, 2000).

In addition, poverty can affect parenting abilities and strategies. Poverty effects the parent-child relationship through as inconsistent discipline, decreased parental monitoring, and parent-child conflict (Dashiff et al., 2009). Through a review of the literature on poverty and adolescent mental health, Dashiff (2009) found that parent-adolescent conflict led to increased risk taking behaviours, mood disturbance, early sexual debut, crime and substance abuse. Poverty, life stressors and isolation can also affect parental mood, thereby disrupting family processes, which Stern, Smith and Jang (1999) have linked to adolescent externalizing and internalizing problems. Externalizing problems included noncompliance, overactivity, cruelty, lying and aggression, while internalizing problems included poor self-esteeem and depression (Stern, Smith, & Jang, 1999). Parents’ distress affects the discipline, support and control they have towards their children, which then results in consequences in these two aspects of mental health problems (Stern et al., 1999).

The problem of poverty during childhood plays a crucial role in relation to the mental health of individuals throughout the rest of their lives. Poverty can directly affect mental health or create other hardships and diversity, which then may lead to mental health problems (McLaughlin et al., 2011) Although poverty is very much linked to risk, many children who live in poverty are able to adapt. These children can be called resilient. Resilience by definition is, ‘a dynamic process through which positive adaptation to life situations is achieved despite adversity; wherein one can withstand and recover from significant and disruptive life challenges’ (Vandergriff-Avery, 2004). Resilience is important in relation to poverty because resilience helps counteract the adverse effects to mental health and wellbeing associated with living in poverty that have previously been discussed. Resilience research often focuses on protective factors that mitigate the risks of adverse circumstances and allow for healthy development despite risk conditions (Rutter, 2001). It is becoming evident that resilience is as much dependent on the structural circumstances, relationships and access to social justice that a child experiences, as it is on any individual capacities (Ungar, 2005).
The Problem, Specific Aims, and Research Question

Social integration is defined by Brisette, Cohen and Seeman (2000) as participation in a broad range of social relationships involving a behavioural component of active engagement in a wide range of social activities or relationships, and a cognitive component of a having a sense of community and of one’s social roles. However the influence of social integration, which includes ties to family, friends and community institutions, on being resilient is not clear. My masters’ research focused on the phenomenon of resilience in a population of adults who experienced poverty as children. My aim was to examine the impact that social integration had on the development of resilience through the experiences of individuals who have lived in poverty. I considered relationships between the individual and peers, and other adults outside of the family, and the ways in which these relationships promoted successful adaptation. In addition I considered how one’s participation within social roles influenced resilience. My research question asked ‘what is the influence of social integration on the lived experience of resilience for adults who lived in poverty during childhood?’

Methodology

Phenomenology

The methodology chosen for this research project was phenomenology, which has a foundation in interpretivism; “Phenomenology is a method of inquiry that offers a way of systematically studying and learning about phenomena that are typically difficult to observe or measure” (Wilding & Whiteford, 2005, p. 99). Research conducted using this school of inquiry attempts to understand the object and the experience of the phenomenon itself and attempts to unfold meaning of the ‘life word’ itself by asking ‘What is this experience like?’ (Laverty, 2003). Within phenomenology there are two distinct approaches to inquiry: descriptive and interpretive/hermeneutic. In descriptive phenomenology, universal essences are emphasized and hence self-reflection and bracketing of previous knowledge is necessary to help present an investigator-free description of the phenomenon (Wojnar & Swanson, 2007). In interpretive/hermeneutic phenomenology, context is seen as important and researchers actively co-create interpretations of phenomenon (Wojnar & Swanson, 2007).
Hermeneutic Phenomenology

Hermeneutic phenomenology incorporates both interpretive (hermeneutics) and descriptive (phenomenology) elements. On one hand, phenomenology is concerned with lived experience; it focuses on pre-reflective experiences and feelings generally known as the “essence” of the phenomenon (Ajjawi & Higgs, 2007). On the other hand, hermeneutics enables the exploration of participants’ experiences with further abstraction and interpretation by the researcher based on the researcher’s theoretical and personal knowledge (Ajjawi & Higgs, 2007).

Hermeneutic phenomenology, informed by the work of Max van Manen (1990, 1997), aims to help people understand a phenomenon from the point of view of those who have experienced it. He states, “phenomenological text is descriptive in the sense that it names something and hermeneutic text is interpretative in the sense that it mediates” (van Manen, 1997, p. 26). Using this approach first requires turning to the nature of the lived experience by orienting to the phenomenon, formulating the phenomenological question, and explicating assumptions and pre-understandings. This approach then requires the researcher to search in the ‘lifeworld’ for lived-experience material, using personal experience as a starting point and further seeking experiential descriptions from participants and other sources. The ‘lifeworld’ is described by van Manen (1990) as “the lived world as experienced in everyday situations and relations” (p. 101). Gathering experiential descriptions is followed by hermeneutic phenomenological reflection, by reflectively analyzing the structural or thematic aspects of those experiences. The final step is hermeneutic phenomenological writing, which both describes and interprets the phenomenon under study.

Overview of Methods and Sampling

Participants for the present study were recruited from a family crisis and support center, which through its mission was an appropriate venue for selecting participants who had experience living in poverty. However, it is acknowledged that this center would expose us to individuals who may still be experiencing poverty, which may provide a bias to the results. The selection criteria included: a) self determined childhood experience with poverty and b) participant’s ability and willingness to recount and reflect on their experience determined by English ability and agreement to participate. A purposive
sample of 7 women who lived in poverty during childhood was included in data collection. Written and informed consent was required of all the women who volunteered to participate. Data collection was done through interviews conducted by the researcher using a semi-structured interview guide. Interviews were held in a private room at a family support and crisis center. Each interview lasted between 60 and 90 minutes. Interview data were recorded and transcribed by the main researcher.

Data analysis procedures used in this study followed Van Manen (1997) thematic analysis. Transcripts were read and reread and analyzed by first using an approach of selecting and highlighting significant phrases and statements. Line by line coding of the data followed this. Codes served as the first step in identifying the main themes discussed by the women. Coded data were compared in order to organize the similar elements of experience and to identify emergent themes.

Several methods were used to establish rigour and trustworthiness in this study. Themes were supported with participants’ verbatim descriptions of experiences in order to ensure balanced integration, and that there was harmony between the voice of the participants and the philosophical explanations used. Reflexive journaling was done, along with maintaining an audit trail of the research project to ensure openness, such that there was a systematic accounting for decisions. In addition, the researcher’s two supervisors collaborated with me in the coding process and continuously provided input and feedback throughout data collection, analysis, and thesis writing. Themes were also associated with possible experiences in the reader’s own life in order to ensure concreteness. Member checking was also used in order to establish the validity of the data analysis methods. Details of the methodology and procedures involved in this study are provided in chapter three.

**Significance of Study**

Although I am interested in resilience in children, I understand resilience as a process. This process may not be evident in any particular stage in childhood, or being still immersed in the experience may mean that the individual may not be fully able to describe it. Therefore, by asking adults to reflect on situations that affected their resilience, I can get a more complete description of this process. This retrospective
perspective is not common to the literature and therefore will compliment existing research.

**Thesis Outline**

In this introductory chapter, I set the stage by presenting the background, the problem, the specific aims and research question, the methodology, and the significance of the study. Chapter Two comprises a scoping review of the literature to determine the existing gaps and to form the foundation of the study. I addressed relevant literature in the areas of the relationships of socio-economically disadvantaged children and resilience. The conclusion of this literature review indicates the need for further exploration into topics that are addressed within this study.

Chapter Three describes the methodology that guided data collection and analysis. In order to understand the influence of social integration on resilience, I used a hermeneutic phenomenological methodology. I explain the process of recruitment, in-depth interviewing and member checking and then describe the method of thematic analysis and the steps used to ensure trustworthiness and rigour of this research.

Chapter Four presents an article that focuses on the findings of the study, which emerged from the experiences of seven women who lived in poverty during childhood. Three main categories were essential of the participant’s experience of resilience to the adverse effects of poverty; the challenges of poverty, the impact of these challenges and the adaptations made by participants. At the conclusion of data analysis, eight major themes emerged with twenty sub themes. A version of this article will be submitted for publication. In the final chapter I include some closing thoughts and insights into the participant’s experiences and my personal reflection on my experience as a novice researcher and phenomenological interviewer.


References


Chapter 2
2 Relationships and Resilience Among Youth Living in Poverty: A Scoping Literature Review

Abstract

Family, social factors and community involvement have been shown to be important in the study of resilience to the adverse effects of poverty (Ungar, 2005). A scoping review of peer-reviewed articles published between 2000 and 2012 in English was completed. This scoping review sought to identify the current knowledge on the role of relationships to resilient outcomes in children and youth. Selected databases used identified 10 relevant studies. Three themes were identified; 1) relationships as a source of support; 2) relationships as protective factors; and 3) relationships as skill building. Future directions are identified focusing on the need to understand the individual factors and the processes through which these relationships affect resilience. Key words: resiliency, poverty, relationships, and youth.

Introduction

The purpose of the scoping review was to investigate how relationships with family members, peers, and other community members are related to resilience in children and youth who live in poverty. Poverty has been associated with several adverse effects on mental health. Poverty may affect the life paths available to and chosen by those who experience it. These paths are related to lower educational attainment (Frenette, 2007), lower employment (Mallon & Stevens, 2012), and higher drug use and criminal behaviour (Fergusson, Woodland, & Horwood, 2000). However, the effects of poverty are not universal. Poverty affects people differently depending on several factors including: skills, personal attributes, support systems and environmental contexts. Resilience, which is shown to help one overcome the adversities of poverty that affect mental health, will be defined and conceptualized in relation to poverty and mental health. The pathway from poverty to mental health and resilience is not an isolated one. Relationships with others may influence one’s resilience in several ways. In this scoping review, relationships that youth have with others will be explored to understand the nature of the link between resilience, youth, poverty and social factors.
**Resilience**

Resilience has been investigated both as an outcome of adaptation (maintenance of functionality) and as a process of adaptation (processes that modify the impact of risk) (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). With a focus on process, resilience by definition is ‘a dynamic process through which positive adaptation to life situations is achieved despite adversity; wherein one can withstand and recover from significant and disruptive life challenges’ (Vandergriff-Avery, 2004). This process of adaptation requires an assessment of the mechanisms that make an individual more vulnerable as well as the protective mechanisms that ameliorate an individual’s response to adversity and makes that individual more resilient (Olsson et al., 2003). With respect to the adversity of poverty, resilience involves a range of protective processes that enables a child to adapt or adjust to the disadvantages that stem from poverty. These protective processes may include resources, competencies, talents and skills; that are encountered within the individual (individual-level factors), within the family and peer network (social-level factors), and within the whole school environment and the community (societal-level factors) (Olsson et al., 2003).

One aspect of research on resilience focuses on the individual-level factors or elements that promote resiliency in children and therefore protect them from developing long-term mental health problems. Personal resiliency is supported by the resources an individual has, and the attributes and skills that help that person recover from negative events, cope with adversity, and be independent (Mohaupt, 2008). One of these personal resources is advocacy. Grover (2005) suggests that advocacy by children can help to buffer them psychologically against the results of living in an adverse situation, through the result of children seeing themselves as exerting power rather than being victims. Other protective factors that arise within the child are self-regulation or self-control, intelligence, and success at making friends (Alvord & Grados, 2005). In addition, emotional regulation and effective coping skills are seen to be strong contributors to resilience (Benzies & Mychasiuk, 2009).

Although people who are resilient may demonstrate certain characteristics, the mental health of a child and that child’s resilience are not confined to an individual level, but are connected to interactions with the family, schools, neighbourhoods and the
community (Brooks, 2006). Understanding the impact of outside influences, such as family, social factors and community, on a child’s resilience is important in the study of resilience to the adverse effects of poverty. This understanding suggested further investigation on the process of resilience focusing on the influences of other structures such as family, social, and community on resilience. The aim of the study was to identify the influence of relationships with other individuals on resilience in youth living in poverty.

**Methods**

A scoping literature review was chosen to rigorously collect, evaluate and present findings of studies focusing on resilience and poverty among children and adolescents. This scoping study provided the opportunity to summarize and communicate research findings and identified gaps in the literature (Arksey & O’Malley, 2005). This method was chosen as scoping reviews allow for the breadth of knowledge on resilience and relationships to be explored, while also identifying gaps within the existing literature (Davis, Drey, & Gould, 2009). Arksey and O’Malley (2005) describe five stages involved in conducting a scoping study:

Stage 1: Identifying the research question
Stage 2: Identifying relevant studies
Stage 3: Study selection
Stage 4: Charting the data
Stage 5: Collating, summarizing, and reporting the results and identifying salient themes

**Stage 1: Identifying The Research Question**

When determining the focus of this scoping review, I was specifically interested in the experience of resilience in relation to relationships with other individuals. The research question that guided the scoping review was: *What is the influence of social relationships on resilience to poverty among youth?* As the term youth can often be fluid in terms of age range, the target populations were those defined as children, youth or adolescents, with a stronger focus on the life period from birth to age 18.

**Stage 2: Identifying Relevant Studies**

**Inclusion and exclusion criteria.** Searching for literature was done using electronic databases and manually searching reference lists of relevant articles. For this
study searches were made on CINHAL, Pubmed, SocIndex and Scopus databases. Inclusion and exclusion criteria were developed based on the review purpose (outlined in Table 1).

**Table 1. Inclusion and Exclusion Criteria**

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Period</strong></td>
<td>2000 to 2012</td>
<td>Any studies outside these dates</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>English</td>
<td>Non English</td>
</tr>
<tr>
<td><strong>Type of article</strong></td>
<td>Article published in a peer reviewed journal</td>
<td>Any article that was unpublished or not peer reviewed</td>
</tr>
<tr>
<td><strong>Population and sample</strong></td>
<td>Children, youth, adolescents</td>
<td>Adult populations</td>
</tr>
<tr>
<td><strong>Study focus</strong></td>
<td>Resilience, poverty, relationships</td>
<td>No reference to resilience, poverty and relationships</td>
</tr>
</tbody>
</table>

The review included the following search terms: resilience AND poverty AND relationships OR connection AND youth OR childhood OR adolescents.

**Stage 3: Study Selection**

The next stage of this scoping review involved selection of studies to be included and elimination of studies that did not address the central research question; “This stage should be considered an iterative process involving searching the literature, refining the search strategy, and reviewing articles for study inclusion” (Levac, Colquhoun, & O’Brien, 2010). This process took a total of 4 weeks. The initial search yielded 105 articles. Figure 1 shows selection process for articles included in the scoping review. After exclusion of articles that did not address the research question including target population and living in poverty, a total of 10 articles were selected to be included in the review. Figure 1 also shows the representation of qualitative and quantitative studies.
Description of Studies

The process of selecting articles to explore the influence of relationships on personal resilience to poverty yielded 10 articles; published in the period of 2000-2011. No relevant articles were found that were published in 2012. Among the studies included, eight used qualitative methods and two used quantitative methods. Five studies were conducted in the United States, while three were conducted in Canada, two in Australia and one in Finland.

Stage 4: Charting the Data

Following the protocol outlined by Arksey and O’Malley (2005), a data charting form was developed and used to extract data from each study. Data were charted into Microsoft Excel. Chart headings included:

- Title
- Author(s), year of publication, study location
- Study population
- Study aim
- Methodology
- Outcome measures
- Important results and salient themes
Thematic Analysis

Thematic analysis refers to the process of recovering the theme(s) that are embodied and dramatized in the evolving meanings and representations of the work (van Manen, 1997). Articles were read initially to get a basic understanding of the aims and findings of each paper. The articles were charted according to title, author, date and location, study population, study aim, methodology, outcome measures and important results. Articles were reread with the review question in mind and relevant statements and points were highlighted. The charting process enabled data extraction from the articles, allowing the results to be grouped for the identification of salient themes. A theme is a pattern found in qualitative information that describes or organizes the possible observations from the data or interprets aspects of the phenomenon (Boyatzis, 1998).

Results

Stage 5: Collating, Summarizing, and Reporting the Results

Based on the findings from the articles, it is evident that relationships have an important influence on the process of resilience. The mechanism by which this occurs is complex and multidimensional. The studies reviewed demonstrated three major themes that described the ways in which relationships influenced resilience. Three themes were identified within the literature. First, relationships were used as a form of support (Bottrell, 2009; Howard & Johnson, 2000). This support was mainly emotional and informative. Second, relationships served as protective factors in the resiliency process (Anthony, 2008; Laursen, Bukowski, Aunola, & Nurmi, 2007; Lessard, Fortin, Marcotte, Potvin, & Royer, 2009). Relationships were shown to protect against behavioural and emotional outcomes. Finally relationships were seen as an avenue for skill building (Frazier, Capella, & Atkins, 2007; Pederson et al., 2007; Ungar, 2004).

Theme one: Relationships as a source of support. Two of the articles had evidence of relationships providing support against the adversities that one faces. Social support refers to the connections with other people that provide emotional support, instrumental or tangible help or information (Stewart, 1993). Howard and Johnson (2000) asked 9-12 year old children and their teachers ‘what makes a kid with tough life do okay or not do okay’. Students and teachers both mentioned supportive relationships in the student’s family as one of the main things that encouraged kids to do okay. Children
communicated that the emotional support that came from having someone who cares was important in helping them to adapt (Howard & Johnson, 2000). Social and emotional support from the school was also seen as important, along with teachers providing a safe and caring environment in school. This study also shows that other individuals can provide a child with informative support for coping and problem solving (Howard & Johnson, 2000). The authors mentioned that within the community a source of kind adult support and protection for children in trouble was also something that kids saw as important in helping those with a tough life ‘do okay’. Overall, knowing that there is someone available for support promotes resilience as well as actually seeking that support.

Tangible and informational support was also shown to be important in resilience. Bottrell’s (2009) study on the ways that 12 girls living in Glebe, an inner city suburb of Sydney, Australia, dealt with disadvantage, demonstrated the significance of network and social capital on the resilience of the girls in dealing with adversity and disadvantage. In this study, social capital referred to the concept of social networks that are built around trust and shared norms, and which act as a form of both resources and conduits for resourcing members (Bottrell, 2009). A key finding of this study, which used participant observation and interview, demonstrated that important resources made available by friends and neighbourhood networks acted as a buffer and supported the girls with coping and problem solving (Bottrell, 2009). These studies demonstrated the influence of social support to resilience. Social support is important in resilience because when children feel that they are cared for they are then able to advocate for themselves (Grover, 2005). As well social support can directly give them the tools that they need to deal with adversity (Brissette, Cohen, & Seeman, 2000).

**Theme two: Relationships as protective factors.** The literature demonstrating relationships as protective factors, relates the presence or absence of relationships to behavioural or emotional outcomes. Laursen et al. (2007) investigated links between social isolation and adjustment problems among 166 children aged seven to nine who lived in poverty. Friendship was seen as a buffer against adjustment difficulties; as only children who lacked friends and who experienced social isolation subsequently experienced internalizing and externalizing problems, which then further increased
isolation (Laursen et al., 2007). Children with more attachments tended to have better behavioural and academic outcomes and less internalizing and externalizing problems such as chemical dependency and criminal behaviours (Laursen et al., 2007). These results demonstrate the role relationships play in protecting children from more adverse outcomes. The consequences of lack of friends suggest that friendships may protect children from isolation and increased maladjustment, which augments the importance of friendships during childhood particularly among youth in poverty. Criss et al. (2002) similarly determined that peer acceptance and friendship moderated the association of childhood exposure to high levels of family adversity and higher levels of externalizing behaviour.

Lessard, Fortin, Marcotte, Potvin and Royer (2009) in *Why did they not drop out? Narratives from resilient students*, discussed the challenges and protective strategies to education achievement among resilient students aged 19 to 22 at the end of data collection. Data were collected over their 5-year secondary schooling and identified them as students who were at risk for dropping out of school. They were determined to be resilient as they received a high school diploma despite being at risk for dropping out. Resilient students still persevered despite challenges they faced and completed high school as a result of protective strategies they developed. One of the main strategies that protected these students from dropping out of school was establishing relationships with other students in the school (Lessard et al., 2009).

The influence of relationships during childhood has the potential to protect individuals from consequences in adulthood. For example, Stacy (2006) conducted a retrospective case study to assess whether attachment levels were significantly different in 55 pairs of siblings ages 18-55, one of whom was determined to be resilient while the other was not. This study was meant to determine whether relationships or attachment served as a protective factor. Resilience was operationalized by criminal history, chemical dependency (scores on the Michigan Alcohol Screening Test and Drug Abuse Screening Test) and education (completion or non-completion of high school) (Stacy, 2006). This study demonstrated that the attachment one has to his or her parent, friend or other adult was important in building resilience, as the resilient siblings had a greater number of attachment figures as children and had stronger attachments in those
relationships (Stacy, 2006). These studies show that greater attachments and friendships act as protective factors, which are beneficial to resilience. Children who have more attachments will be less likely to act out (Stacy, 2006). As they grow their social networks will expand which will translate to lower levels of externalizing behaviour (Stacy, 2006).

**Theme three: Relationship as skill building.** Relationships also contribute to resilience by providing skill-building opportunities (Frazier, Capella, & Atkins, 2007). This theme was the most common in the literature. Relationships help children develop skills such as positive coping skills, interpersonal skills and building a powerful identity. These skills are important for dealing with adversity. The way in which children react to adverse life events has a direct impact on resilience. Anthony (2008) conducted a study examining risk and protective factors among grade six, seven and eight youth who resided in three urban housing developments. The results indicated that positive relationships with peers, parents, extended family and others acted as a protective factor against negative behavioural and academic outcomes (Anthony, 2008). Positive relationships were shown to enhance autonomy, positive identity and general social skills (Anthony, 2008). It was suggested that assisting youth in developing positive relationships with peers and adults, would in turn strengthen their positive coping skills; which helps to decrease vulnerability around mental health and emotional difficulties (Anthony, 2008).

Ungar (2004) investigated how caregivers satisfy the needs of teenagers through their effect on youth’s development of a powerful identity, which then provides the foundation upon which they are able to be resilient. His grounded theory study examining adolescents and their relationships with their caregivers uncovered that caregivers exert a large influence on the behaviours that bolster mental health among high-risk youth and that teenagers seek close relationships. Adults were seen as important people who provide structure and activities that offer opportunities to experience one’s self as powerful and worthy of notice and respect (Ungar, 2004).

In addition, Pederson et al. (2007) conducted a study on 551 children from ages 6 to 13, to investigate how peer rejection and ‘friendedness’ interrelated during middle school and whether these two factors contributed to risky adolescent outcomes. It was
shown that poverty led to more disruptive behaviours, which then led to rejection by peers, resulting in greater risk of depressive symptoms and loneliness (Pederson et al., 2007). Behavioural problems in the early school years were associated with peer rejection in middle-childhood, which subsequently led to having fewer friends and higher adolescent depression, rejection, loneliness and social dissatisfaction. Pederson et al. (2007) suggested that peer rejection excludes children from social activities that facilitate building of interpersonal skills that would facilitate friendship formation. Lower friendedness was then related to greater depressive symptoms, loneliness and delinquency, which demonstrates the importance of relationships in building skills that influence resilience.

The process whereby relationships help with skill building is further demonstrated through an evidence-based intervention where Frazier, Capella, and Atkins (2007) explored how after school programs enhanced children’s mental health by fostering social skills building, facilitating peer relations and enhancing social emotional learning. Relationships therefore also provide children and youth with the opportunity to develop skills, which encourage their resilience. Resilience is supported by the skills that an individual has which helps them to recover from negative events, cope with adversity and be independent. Skills such as problem solving, coping, interpersonal skills and building a powerful sense of self are important in the resiliency process (Ungar, 2004). Social skills that enhance cooperation and establish positive relationships appear to be especially important for resilience and wellbeing (Bornstein, Davidson, Keyes, & Moore, 2003).

**Discussion**

The findings from this review have demonstrated that the impact of relationships on resilience is multidimensional, affecting most areas of a child’s life including home, school and leisure. These studies have demonstrated that positive relationships with peers, parents and other adults contribute to the resilience of children and youth (Ungar, 2004). These outside influences enable secure attachments, social competence, self-esteem, accomplishment and sense of belonging, thereby aiding children in adapting despite adversity.

Positive relationships with family members contribute to resilience and well being
among children (Howard & Johnson, 2000; Ungar, 2004). Processes in these relationships which contribute to resilience include validation and affirmation, availability, listening and emotional support, and support for independent behaviour and self-efficacy (Muir et al., 2009). However, many families living with poverty and unemployment may struggle with other hardships and can find it difficult to provide a supportive relationship-based environment for their children (Muir et al., 2009). Lack of relationships leaves children without support and protection, which may cause them to be vulnerable to mental health problems (Muir et al., 2009). Alternatively children can form relationships with peers and other adults.

The more widely studied relationships in research were relationships with peers. Peers were shown to protect from externalizing problems (Criss et al., 2002; Laursen et al., 2007; Lessard et al., 2009; Pederson et al., 2007). Criss et al. (2002) suggest that friendships may provide security, concrete assistance and connectedness, which may not be provided at home. Furthermore, the effect of reducing externalizing behaviours may be due to friends’ advice that certain ways of acting in social situations are not appropriate (Criss et al., 2002). Feeling accepted by peers may also increase confidence and increase these behaviours that can lead to further positive interactions. Early positive behaviours due to relationships can then increase resilience of that individual (Criss et al., 2002). Friendships and attachments to parents are not the only relationships that are important, as children also seek relationships with caring teachers and other adults in the community. Although a few studies focused on relationships with teachers, research on relationships with community members was not found in this scoping review.

In a few studies, the importance of relationships was established afterwards, through the participants’ discourse. Researchers did not necessarily set out to ask about relationships but when researchers asked what contributed to their resilience children mentioned establishing relations or the importance of someone who cares (e.g. Laursen et al., 2007; Lessard et. al., 2006). Only one study provided a separate assessment of the mechanisms that make an individual more vulnerable. Lessard et al. (2009) presented their findings by first describing the challenges that his participants faced as well as the protective strategies they developed.
Directions for Future Research

This scoping review focused on the impact of relationships with others on resilience, which revealed the importance of relationships in providing for resiliency to the adverse effects of poverty. Considering the importance of links between relationships and resilience, it is important to investigate how these health effects occur. Now that the link between relationships and wellbeing has been established, it is suggested that further studies focus on the processes through which these relationships impact health. Relationships need to be assessed as a form of support, as protective factors, and as skill building among the same population. The studies in this review that discussed these three themes were often separate.

The literature often focused on peers, family and teacher relationships. None of these studies looked at relationships formed in community organizations or with other adults in the community. The studies were often biased to peer and caregiver relationships that resulted in less investigation of relationships with extended family, siblings or other adults in the community. There is a lack of evidence on the influence of relationships among siblings or among extended families. This is an important gap found in the literature through this scoping review. Future research should focus on other types of relationships in relation to resilience. Including the wide variety of relationships that children and youth form and participate can begin to more thoroughly determine the mechanisms by which relationships contribute to the process of resilience.

Conclusion

This literature review was conducted as part of a thesis focusing on resilience among children living in poverty. On conducting this scoping literature review, it became evident that there is a small body of knowledge pertaining to the role of relationships in the process of resilience due to the isolated ways that relationships are studied. Social integration is defined by Brissette, Cohen, and Seeman (2000) as participation in a broad range of social relationships involving a behavioural component of active engagement in a wide range of social activities or relationships, and a cognitive component of a sense of community and identification with one’s social roles. Focusing on social integration therefore provides a wider scope for the investigation of resilience. The planned study therefore investigated the social activities that children were a part of as well as
identifying their relationships including those with extended family and community members.

An additional gap in the research was identified through this scoping review, which will be addressed in the planned study. The population studied is often children or adolescents who are often immersed in the experience of resilience and thus the individual factors and their mechanisms in producing health outcomes cannot be fully determined. Asking adults to reflect retrospectively on their lived experience of resilience has the potential to provide a more complete description about what affects health and how these effects occur.
References


Park, CA.


Chapter 3

3 Methods: A Hermeneutic Phenomenology Exploration

To do human science research is to be involved in the crafting of a text. In order to come to grips with the structure of meaning of the text… in terms of meaning units, structures of meaning or themes. Reflecting on lived experience then becomes reflectively analyzing the structural or thematic aspects of that experience (van Manen, 1990, p. 78).

Introduction

This chapter describes methods used to investigate the lived experience of resilience among women who lived in poverty during childhood. My research question was ‘What is the impact of social integration on the lived experience of resilience in women who have lived in poverty during childhood’. This question was based on a previously conducted scoping review that demonstrated that relationships with others influence resilience. However, relationships are just one aspect of social integration. Social integration also includes active engagement in a wide variety of social activities and having a sense of community and identification of social roles (Brisette, Cohen, & Seeman, 2000). This research investigates social integration, and its possible influence on resilience. The investigation of this question was undertaken as a retrospective qualitative inquiry.

In this chapter, I will first discuss the methodology of phenomenology, which provided the framework for the study, specifically hermeneutic phenomenology (van Manen, 1997). I further describe the manner in which the research was conducted and the ethical considerations that were undertaken. Next I will discuss the process of data analysis and interpretation along with the criteria for ensuring quality of this research. Although my questions asked about childhood experiences, most of the experiences shared were between the ages of 10 and 18. Therefore in this study childhood will refer to the period of a person’s life under the age of 18.
Methodology

Before embarking on this research journey, I had to choose a paradigm that fit with my beliefs about reality and my role as a researcher. Lincoln and Guba (1985) described questions of ontology, which asks, what is the form and nature of reality and what can be known about it? There are multiple realities and that reality is dependent on each person’s perceptions, experience, society, culture, gender, political affiliations, ethnicity, and economic status. The experiences that individuals have with resilience will vary, and hence the meanings they have about it will also be diverse. Therefore, ontologically, I adopted a relativist position and acknowledged that diverse interpretations can be applied to the knowledge gained through this study (Finlay & Ballinger, 2006).

Lincoln and Guba (1985) also describe questions of epistemology, which ask, what is the relationship between the knower and what is to be known? My relationship with research participants would be both transactional and subjective, as knowledge would be co-constructed through the interaction between the participant and me through interview questions. This interaction would be furthered through member checking; where my interpretations of the preliminary findings would be communicated to the participants for validation and additional interpretation. This co-construction would be what would capture the lived experience of that participant.

My ontological and epistemological position therefore aligned with an interpretive paradigm. An interpretivist approach has the goal of understanding how people interpret or make meaning of social phenomena (Finlay & Ballinger, 2006). The methodology I chose had to be consistent with an interpretive paradigm. It also had to enable me to accomplish my goal of investigating the impact of social integration on the lived experience of resilience to the adverse effects of poverty. I adopted a phenomenological methodological approach to explore participants’ subjective experiences of resilience.

Phenomenology

Phenomenology has a foundation in the interpretivist paradigm. Phenomenology is the study of the lived experience of the life world (van Manen, 1997). The ‘life world’ is what we experience pre-reflectively without resorting to categorization or conceptualization, and includes what is often taken for granted or things that are common
sense (Husserl, 1970). Research conducted using this school of inquiry attempts to understand the participant and the experience of the phenomenon itself. It attempts to unfold meaning of the ‘life world’ itself by asking ‘What is this experience like?’ (Laverty, 2003). Phenomenology involves accounting for lived experience through understanding how people organize the issues under investigation using their own words. This form of investigation enabled me to study the lived experience of resilience by getting participants to reflect on and reexamine their experiences in order to uncover the taken for granted or forgotten meanings of this phenomenon.

Within phenomenology there are two distinct approaches to inquiry: descriptive and interpretive/hermeneutic. In descriptive phenomenology, universal essences are emphasized and hence self-reflection and bracketing of previous knowledge is necessary to help present an investigator-free description of the phenomenon (Wojnar & Swanson, 2007). In interpretive/hermeneutic phenomenology, context is seen as important and researchers along with participants actively co-create interpretations of phenomenon (Wojnar & Swanson, 2007). Hermeneutic phenomenology was chosen, as it fit more closely with my ontology and epidemiology. The work and guidelines of Max van Manen (1997), one of the main proponents of hermeneutic phenomenology, were used as a guide to conduct this research project.

Hermeneutic Phenomenology

Hermeneutic phenomenology, informed by the work of Max van Manen (1990, 1997), aims to help people understand a phenomenon from the point of view of those who have experienced it. Van Manen’s approach most closely aligns with my own values and research goals. Van Manen (1997) introduces hermeneutic phenomenology by declaring, “one does not pursue research for the sake of research but because of a prior interest” (p. 1). Personally, it was my own experiences of living in poverty for a short duration of my childhood and becoming aware that poverty was not a stopping point that inspired this research. My research question is concerned with the lived experience of resilience, thereby seeing resilience as something lived in everyday existence and not as something separate from the person. Hermeneutic phenomenology therefore provides a suitable avenue to investigate this question.
Van Manen’s approach incorporates both interpretive (hermeneutics) and descriptive (phenomenology) elements. He states, “phenomenological text is descriptive in the sense that it names something and hermeneutic text is interpretative in the sense that it mediates” (van Manen, 1997, p. 26). On one hand, phenomenology is concerned with lived experience; it focuses on pre-reflective experiences and feelings generally known as the “essence” of the phenomenon (Ajjawi & Higgs, 2007). On the other hand, hermeneutics enables the exploration of participants’ experiences with further abstraction and interpretation by the researcher based on the researcher’s theoretical and personal knowledge (Ajjawi & Higgs, 2007). Through interviews with participants who had lived in poverty, I was able to gather their pre-reflective experiences and use my personal knowledge to further interpret their experiences.

Van Manen (1997) provides an overview of the main aspects involved in hermeneutic phenomenology. Using van Manen’s approach first required orienting to the phenomenon, formulating the phenomenological question, and explicating assumptions and pre-understandings. The next step was the gathering of data, where I searched in the ‘lifeworld’ for lived-experience material. The lifeworld is described by van Manen (1990) as “the lived world as experienced in everyday situations and relations” (p. 101). Data gathering was done through in depth interviews with selected participants who had personal experience with the phenomenon. On completion of the collection of experiential descriptions from participants, I engaged in hermeneutic phenomenological reflection, by reflectively analyzing the structural or thematic aspects of their experiences. The final step was hermeneutic phenomenological writing, which both describes and interprets the phenomenon under study. The following sections describe these processes in more detail.

**Data Gathering Methods**

Van Manen (1990) states that phenomenologists can utilize a variety of data sources; their own personal experience, gaining insights into the phenomenon from tracing its etymology, obtaining experiential descriptions from others via interview or observation, utilizing experiential descriptions in literature and art that will yield experiential data, and consulting the phenomenological literature. To answer my
phenomenological question I chose to obtain experiential descriptions from several women through in-depth interviews.

**In-Depth Interviews**

In order to understand how societal influences sustained or encouraged resilience, in-depth inquiry into the experiences and the life contexts of the participants who faced adverse situations was required. In-depth interviews were used as a means for exploring and gathering narratives of lived experiences, and as a vehicle by which to develop a conversational relationship with the participant about the meaning of an experience (Ajjawi & Higgs, 2007). In this way, I was able to understand the experience by listening to the words of people who lived it daily during their childhood.

In developing an interview guide, it was important to stay close to experiences as lived by the individual by asking concrete questions about specific instances, situations, persons or events (van Manen, 1997). I first began by asking general questions about family and childhood experiences. These questions were followed by questions about individuals with whom they may have interacted, social organizations they belonged to, and finally questions about resilience. For example I asked (See Appendix B for full interview guide):

*Is there a particular experience of living in poverty as a child that was unsatisfactory to you? (Think back to these early years and try to remember an instance or event.) How did this experience make you feel?*

And questions such as,

*In life sometimes we may have obligations or needs that we may struggle to meet and may be unable to fulfill on our own. In these times help from outsiders is an asset. As a child, was there a situation where you felt that you needed help and you were able to attain it? Who helped you? Can you describe that experience?*

**Study Sample and Site of Population Selection**

A purposeful selection method was chosen in order to recruit information-rich cases that could provide great detail into the phenomenon and to be consistent with interpretive phenomenology (Ajjawi & Higgs, 2007). This sampling ensured that I began my research with participants in which the phenomenon had occurred. The aim of my research was to allow for an in-depth investigation of the phenomenon. Due to the in-
depth nature of the interviewing, phenomenology is often associated with small sample sizes (Higgingbottom, 2004). Therefore I decided on a small sample size of 5-8 participants so that there would be an opportunity to go further in depth with each participant. It was further decided that all participants would be women to maintain a homogenous sample for more thorough investigation. The selection criteria included: a) childhood experience with poverty, and b) participant’s ability to recount and reflect on their experience determined by their willingness and ability to speak English.

For the purpose of selecting informants who lived in poverty during childhood, thereby making the phenomenon of resilience accessible, a family support and crisis center in Southwestern, Ontario was utilized. The center serves 7000 families every year, which would potentially provide contact with women who have or experienced financial difficulties and have been resilient. I contacted the center and spoke to one of the employees about my research goals and the possibility of recruiting participants from there. We arranged a meeting where I was able to give more details into the ways I was hoping this center could contribute to my research. I was then connected with a play therapist employed at this center and presented her with an overview of my proposal. She agreed to act as a gatekeeper for access to recruiting women who have experienced poverty. Participants who continue to access the services of this center may still be experiencing poverty or are in some form of crisis. Therefore they represent a particular perspective on the issue of interest, which may not be as broad as what you might have if other recruitment strategies were used.

**Recruitment**

My gatekeeper previously spoke to a group of women who use the family and crisis center, informing them of my research goals and that I would be coming to present my research goals to them. I then had the opportunity to present a summary of the research I proposed to do and presented these women a flyer (Appendix C). Three women who agreed to participate were given an information and consent form (Appendix D). My gatekeeper identified and connected me with additional participants. Through this process 4 more participants were included in the study. Participation was voluntary. An honorarium was not included but participants were informed that all travel expenses would be reimbursed.
Interviews were held at the center in their family room. This room was private and had couches and a table where snacks and drinks were set up. This helped create a setting in which the participants were comfortable and that they would be open with me. All participants had the opportunity to read, sign and ask questions about consent before beginning the interview. Interviews were audio taped and lasted one to one and a half hours. There were seven participants in total. I conducted at least one interview with all participants. Throughout the interviews I maintained a tone of friendly chat while trying to remain close to the interview guide. In one instance when a participant became embarrassed about the childhood games she played, I shared that as a child I used to imagine that I was a teacher and that the fruits in a tree were my students. She was then able to share those experiences with me without being embarrassed. Setting a comfortable tone encourages a more natural flow of conversation and provides the opportunity for the participant’s own phenomenological moment.

The first interview was held on September 26\textsuperscript{th} 2012 and the final interview on November 22\textsuperscript{nd} 2012. Transcription began following the first interview and continued throughout data collection. With one participant, a second interview was conducted for clarification of experiences that were not fully covered in the first interview and became evident after transcription. This follow up lasted approximately 30 minutes and we were able to fill in the missing gaps from the first interview.

The final stage was member checking. Participants were asked whether they would be comfortable meeting with me alone or as a group where I would present them with the salient themes that I had discovered in my initial analysis. They were informed that no personal stories would be presented. All participants agreed to meet as a group. On the day of member checking, three of seven participants were present. We were unable to contact two of the participants and the other 2 had emergencies. My understanding of the participants’ experiences was presented. Participants were able to elaborate on the themes presented. They also included additional information concerning those themes. This form of iterative member checking provided a richer and deeper understanding of the participants’ experiences. Member checking also provided another opportunity for the co-construction of the findings through this more interactive exchange between the participants and me.
**Ethical Considerations**

Prior to starting the study, ethical approval for this project was granted by the University of Western Ontario Health Sciences Research Ethics Board (HSREB). Some of the ethical considerations in this research were obtaining informed consent and maintaining confidentiality. All participants were provided with information and consent forms detailing the aims of the research and the research process before beginning the interview. Participants were asked to read and initial all pages to demonstrate that they had read all the important information. They were also given the opportunity to ask questions concerning the consent before beginning the interview. There were no existing power relations between the participants and me that could be perceived as coercion. I informed participants that although research was conducted at the center, my research is affiliated with the university. Therefore participation, withdrawal from participation, or refusal to participate would not affect their services at the center in any way.

To ensure confidentiality throughout the study, participants were given pseudonyms and all identifying information was removed from collected data. All participant information was kept in a secure location, and on a password encrypted hard drive. Participants were also informed that they would not be identified in the presentation of the findings. Since participants were part of a vulnerable population, other precautions were taken. Before beginning the interview participants were informed that they did not need to answer any questions that made them feel uncomfortable. The crisis and support center also provides crisis support and has therapists on site. In the event that sensitive issues did arise, I coordinated with the center to directly provide support to participants who required it. During data collection, the need for support did not arise.

**Data Analysis and Interpretation Procedures**

Hermeneutic inquiry was used to understand resilience in the context of the resilient person’s life. The goal was to use my understanding of the phenomenon along with the information generated by participants and data obtained from other relevant sources, to identify participants’ meaning (Wojnar & Swanson, 2007).

**Thematic Analysis**

Analysis occurred using Van Manen’s (1997) thematic analysis. Thematic analysis refers to the process of recovering the theme(s) that are embodied and
dramatized in the evolving meanings and representations of the work (van Manen, 1997). Thematic analysis enabled me to formulate themes that represented the participants’ lived experience of resilience. A theme is a pattern found in qualitative information that describes or organizes the possible observations from the data or interprets aspects of the phenomenon (Boyatzis, 1998). According to van Manen (1997) this analysis can be undertaken in three ways: first, by reading the text as a whole to gain contextual understanding (holistic approach), second by selective highlighting of passages to identify themes from the data (selective or highlighting approach), and third, checking the themes line-by-line to gain an in depth understanding of the phenomena (detailed or line-by-line approach). These approaches were used in my analysis.

Each transcript was first read in its entirety. I made notes summarizing the full transcript before rereading. On my second reading I used a highlighter to highlight significant statements or paragraphs. My next step was coding of the data; “A code is a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data (Saldana, 2009, p.3). Attaching codes to the data enabled me to rigorously organize what the participants were saying through the data. After coding the first transcript I met with my master’s thesis supervisors who had also coded the same transcript. We identified overlap, similarities and irregularities between the three individual transcripts as a way of validating the constructs that I had recognized. After agreement among the three of us, I further met with one of my supervisors to partake in the same process. We met on two separate occasions and discussed two additional transcripts. On recognizing that there was consensus in the coding of the data, the remaining transcripts were coded by me independently. After coding all of the transcripts I transferred the codes to a word document and searched for commonalities. To begin, codes were grouped by: family, school, life, resilience and other. Within these categories I reflected on what was the essence of experience based within these groups. This grouping evolved to the more conceptual organization of three main categories, which represented the challenges, impact and adaptations due to living in poverty. Conceptual categories were elements of the data that could be clustered together through similarity and regularity and therefore captured different essences of the data.
In light of my specific research question several themes emerged which demonstrated the women’s lived experiences with poverty and resilience to poverty. Recognizing themes required deep attention to the emerging patterns and very close attention to the language used by participants. These themes were representative of statements or phrases that seemed to be essential to the experience of living in poverty and resilience. I continued to move back and forth between the themes and the raw data to ensure goodness of fit. I then chose specific verbatim descriptions from the transcripts that represented these themes. To demonstrate, the theme of ‘Bullying and rejection because of appearance’ emerged through the participants discourse about not being able to follow fashion trends and not being able to shop where the other kids could. These young girls’ appearances made them stand out, causing them to be susceptible to bullying and rejection by other children who otherwise could afford new and brand name clothing.

Next, themes were further synthesized into major themes. These thematic labels reflected the interrelatedness among certain conceptual categories. For example the themes Bullying and rejection because of appearance, Limited participation in a social environment, and Losing connections were closely related and lead the way for the theme ‘Social stigma’. As data analysis continued, new groupings of sub themes emerged as it became evident that there were some aspects of participants lived experience that represented a separate theme than previously assigned. These emerging themes were further discussed and reorganized with my supervisors and advisory committee. The final products of analysis represented a much more sophisticated understanding of the data, which arose from continual interaction with the data and the codes and reflection on how these merged together to form a coherent story.

Finally in the writing phase, I honored the specific lived experience of the participants through themes supported by their narratives in order to bring their experiences to life (Finlay & Ballinger, 2006). Olsson et al. (2003) described the process of resilience as requiring an assessment of the mechanisms that make an individual more vulnerable as well as the protective mechanisms that ameliorate an individual’s response to adversity and make that individual more resilient. Through the development of themes it was evident that there were challenges that participants faced as well as positive adaptations that they were able to develop. It was then determined that the findings would
be presented in three parts; the first would describe the challenges the participants faced as a result of poverty, the second part would discuss the impact that living in poverty had on their lives and the third part would discuss the adaptations that contributed to the participants’ resilience. The following section discusses how I selected and evaluated criteria used to establish scientific rigour and trustworthiness of this study.

**Research Quality**

It is important that my research be trustworthy and demonstrates rigour, especially since this research was conducted with a vulnerable population, namely women who lived in poverty during childhood and who may still be living in poverty. The quality criteria to be addressed in my research are standards that are specific to interpretive phenomenology. Witt and Ploeg (2006) propose a framework of one or two-word terms for establishing expressions of rigour in interpretive phenomenology: *balanced integration, openness, concreteness, resonance* and *actualization*.

*Balanced integration* is required to address the misrepresentation and/or superficial inclusion of philosophy. I assured that the themes fit with me as the researcher and the phenomenon under investigation. All themes were representative of participants’ lived experience of resilience to the adverse effects of poverty. In presenting the findings, I ensured that the philosophical concepts used in the study methods and findings are sufficiently intertwined. Balanced integration also requires that there is harmony between the voice of the participants and the philosophical explanations used (Witt & Ploeg, 2006). All themes were supported with verbatim excerpts from the transcripts. *Openness* requires a systematic accounting for decisions, which will open up the study to scrutiny by others. Openness was accomplished in this project by completing an audit trail throughout the research process and keeping a reflexive journal.

*Concreteness* is described by van Manen (1997) as ‘lived throughness’ in which the reader of text is able to associate a phenomenon in the frame of reference of everyday life. During the writing phase I ensured concreteness by associating themes in terms of possible experiences in the reader’s own life. *Resonance* is described as the perceived effect that reading the study findings has upon the reader (Witt & Ploeg, 2006). Ensuring resonance was achieved by writing in a way that the experiences of the participants may correspond with experiences from the reader’s own childhood. These experiences can be
memories of the reader’s own life or of other children with whom the reader may have had experiences with. The findings may then resonate with the reader by evoking memories or emotions of the reader’s childhood. Actualization means that study findings will not only be presented by the researcher but also interpreted further by future readers of the report (Witt & Ploeg, 2006). In presenting the findings, opportunities for further interpretation will be suggested through the implications of the findings.

**Conclusion**

In this chapter, I have presented an overview of qualitative research informed by hermeneutic phenomenology. The research was conducted in the interpretive paradigm using a hermeneutic phenomenological approach informed by the work of van Manen (1990, 1997). The research process was illustrated through discussion of the research methods used to gain access to participants. In-depth qualitative interviewing was discussed as well as ethical considerations of this study. All interviews were transcribed verbatim and these transcripts comprised the texts that were used for data analysis. My experience with thematic analysis was discussed. The quality criteria of for establishing rigour in interpretive research used to ensure the trustworthiness of were presented. This included openness, concreteness, resonance, and actualization.

Based on my ontological and epistemological position as a researcher, hermeneutic phenomenology proved to be an appropriate methodology for investigating the impact of social integration on the lived experience of resilience. Using the interpretive paradigm enabled understanding of the phenomenon from the participants’ experiences. In particular, hermeneutics allowed me to interpret and make meaning of the phenomenon in a way that stayed true to the participants and their interpretations. In addition to the knowledge gained, this research enabled me to experience the journey to a deeper understanding of the phenomenon and a deeper understanding of myself as a researcher.
References


Chapter 4

4 The influence of social integration on the resilience of women who lived in poverty during childhood

*Because I’ve lived through all of the abuse and not having and mental anguish and physical abuse, the lack of food, the lack of money to pay for housing. To be able to get through all of that and say okay yeah, I made it through that. I walked out that door and I never turned back* (Catelyn-Research Participant).

**Introduction**

Resilience has been investigated both as an outcome of adaptation (maintenance of functionality) and as a process of adaptation (modifying the impact of risk); (Oldon, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Resilience as an outcome describes a constellation of characteristics children have, that despite being born and raised in adversity, they grow up successfully (Kirby & Fraser, 1997). These theories of resilience primarily focus on protective factors that mitigate risk, allowing for healthy development in terms of good mental health, functional capacity and social competence, where risk conditions would have predicted otherwise (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Rutter, 2001; Werner & Smith, 1992). On the other hand Gilligan (2001), is of the opinion that it is most useful to acknowledge resilience as a variable quality that derives from a process of “repeated interactions between a person and favourable features of the surrounding context in a person’s life” (p.94). In this research context, resilience is understood as a dynamic process through which effective or successful adaptation to life situations is achieved despite adversity; wherein one can withstand and recover from significant and disruptive life challenges (Vandergriff-Avery, 2004). Resilience research which focuses on process aims to understand the mechanisms or processes that act to modify the impact of a risk conditions and circumstances, and the developmental process by which young people successfully adapt (Olsson et al., 2003). Resilience enables individuals to adapt or to adjust to the disadvantages that stem from poverty through protective factors that help them cope (Brooks, 2006). This work explores resilience as a process among women who lived in poverty during childhood by examining the
mechanisms and circumstances that made them more vulnerable and the protective mechanisms that made these individuals more resilient.

Social integration is defined by Brisette, Cohen, and Seeman (2000) as participation in a broad range of social relationships, involving a behavioural component of active engagement in a wide range of social activities or relationships, and a cognitive component of a sense of community and identification with one’s social roles. Social integration may play an important role in the process of resilience, however, based on the current literature, that role has so far been ambiguous.

This article reports on a research project aimed to help increase our understanding of the influence of social integration on resilience among women who lived in poverty during their childhood. The methodology and data gathering methods of a phenomenological study conducted are described first. The sociodemographic and contextual background of the participants who met the inclusion criteria are then presented. Next, a detailed account of the participants’ view of their experiences with living in poverty and the factors that were seen as important in promoting resilience are illustrated. This is presented in themes that emerged from the data. A concise overview of the challenges and impact of living in poverty are presented. This overview is followed by a more dense description of the adaptations and the aspects of the participants experience which were more closely related to the research question.

**Literature Review**

There are three main areas from which protective factors appear in the literature: internal protective factors, family characteristics, and external institutions such as school and community (Mohaupt, 2008). One aspect of research on resilience among children living in poverty focuses on the factors or elements that promote and therefore protect them from developing long-term mental health problems (Alvord & Grados, 2005; Benzies & Mychasiuk, 2009; Grover, 2005).

From the first perspective, there are different attributes and skills of a child that act as internal protective factors, which help that child recover from difficult events, cope with adversity, and achieve a level of independence. One of these personal resources is advocacy. Grover (2005) suggests that children who are able to advocate for themselves, gain a psychological buffer against the effects of living in an adverse situation, with
children seeing themselves as exerting power rather than being victims. Other protective factors that arise within the child are self-regulation or self-control, intelligence, and success at making friends (Alvord & Grados, 2005). In addition, emotional regulation and effective coping skills are seen to be strong contributors to resilience (Benzies & Mychasiuk, 2009).

Although a child who is resilient may demonstrate particular characteristics, the mental health of a child and that child’s resilience are not confined to an individual level, but are connected to interactions with the family, schools, neighbourhoods and the community (Brooks, 2006). In a previous literature review, it was acknowledged that relationships with others contribute to resilience in children by three main mechanisms: 1) relationships as a source of support, (Bottrell, 2009; Howard & Johnson, 2000); 2) relationships as a protective factor against behavioural or emotional outcomes, (Anthony, 2008; Laursen, Bukowski, Aunola, & Nurmi, 2007; Lessard, Fortin, Marcotte, Potvin & Royer, 2009); and 3) relationships as skill building such as coping skills, interpersonal skills and building a powerful identity (Frazier, Capella, and Atkins, 2007; Pederson et al., 2007; Ungar, 2004).

Social integration has several implications for the wellbeing of individuals. Social integration is said to increase prestige, resources, emotional gratification and a heightened sense of identity thereby fostering health (Wethington, Moen, Glasgow, & Pillemer, 2000). Social integration into the community has been identified as a component in promoting resilience through its provision of social support, enhanced opportunities or interactions, expanded social networks, distraction from troubles and positive perceptions of relationships (Musick & Wilson, 2003).

It has been shown that relationships in particular influence resilience among disadvantaged youth (Anthony, 2008). Although it has been noted that support from others is key in future success, there is a gap in knowledge about how these relationships contribute to resilience. In addition, the broader concept of social integration, which also includes activities, sense of community and social roles, and resilience have not yet been studied in regards to their influence on each other. In the current study the researcher sought to examine the impact that social integration has on the development of resilience through a phenomenological investigation on the lived experience of resilience. The
research question was ‘What is the impact of social integration on the lived experience of resilience in women who have lived in poverty during childhood’.

**Methods**

This qualitative research study was undertaken with the guidance of a hermeneutic phenomenological approach (Van Manen, 1997). Research conducted using this school of inquiry attempts to understand the participants and the experience of the phenomenon under investigation. It attempts to unfold meaning of the ‘life word’ itself by asking ‘What is this experience like?’ (Laverty, 2003). The phenomenon studied in this research was the experience of resilience of women who were raised in poverty and the influence of social integration on their experience of resilience. The methodology was chosen to understand these constructs and to provide an interpretation that was grounded in the participants’ own words. The research was conducted as a retrospective study and asked adults to reflect on their childhood and adolescent experiences of living with poverty and with resilience.

**Sample**

A purposeful selection method was chosen in order to select information-rich cases that were suited to provide great detail into the phenomenon and the research question (Ajawwi & Higgs, 2007; Marshall, 1996). In this study, childhood refers to the age span from birth to 18 years of age. In Canada a low-income cut-off line is typically used to determine poverty. A low-income cut-off is an income threshold below which a family will likely devote a larger share of its income on the necessities of food, shelter and clothing than the average family (Low income cut-offs, 2009). Inclusion criteria were women between the ages of 20-45, who lived in poverty during childhood and who spoke English and were willing and able to recount their experiences. As this was a retrospective study an upper age limit was chosen to ensure that the women were not too far removed from childhood, as with greater age, adult experiences might be interjected into their reflection on childhood experiences. Due to the in-depth nature required in phenomenology interviews, a projected sample size of 5-8 participants was selected. Participants were identified and recruited via flyers and through staff from a family crisis and support center in Southwestern Ontario.
Data Collection

Semi-structured interviews were conducted at the service center in the fall of 2012. The gatekeeper who was an employee at the service center arranged interview dates and times when the family room where interviews were conducted was available. Seven women who met the inclusion criteria were interviewed. Data were collected during interviews that lasted between 60 and 90 minute. During each interview, the researcher asked concrete questions about specific instances, situations, persons or events (van Manen, 1997) that related to the participants’ experiences with poverty and resilience. The researcher first began by asking general questions about family and childhood experiences. This line of inquiry was followed by questions about individuals with whom they may have interacted, social organizations they belonged to, and finally questions about resilience.

The interviews, which referred retrospectively to events that occurred over the participants’ childhood, were audiotaped and transcribed verbatim by the researcher. A follow up interview was conducted with one participant for clarification of experiences, that were not entirely clear in her first interview and became evident after transcription.

Member checking was conducted with three participants who were available on the selected date. Preliminary understandings of the participants’ experiences were presented. Participants were able to elaborate and clarify primary themes that emerged from the data. This form of iterative member checking provided a richer and deeper understanding of the participants’ experiences and allowed participants to contribute to the study in a meaningful and purposeful way.

Data Analysis

The data were analyzed using van Manen’s (1997) thematic analysis. Thematic analysis is the process of recovering the theme(s) that are embodied and dramatized in the evolving meanings and representations of the work (van Manen, 1997). The researcher transcribed the data verbatim and all identifying information was removed before printing of the transcripts. A primary reading of all descriptive material became the first step of thematic analysis in order to gain a contextual understanding of the experiences. The transcripts were then read a second time and significant statements were identified and highlighted.
In the next step, the transcripts were coded in conjunction with the supervisory committee. The main researcher along with her two supervisors coded their own copy of one of the transcripts. After coding they met with the coded transcript. They identified overlaps, similarities and irregularities between the three transcripts, as a way of validating the constructs that had been recognized. After agreement among the research team on information that could be coded and that similar codes were being recognized, the main researcher further met with one of the committee members to partake in the same process with the transcripts of two further participants. On recognizing that there was further agreement in the coding of the data, the remaining transcripts were coded by the main researcher independently. After coding all of the transcripts the codes were transferred to a word document where the researcher searched for and grouped commonalities.

From the developed codes, and in light of the specific research question, several themes emerged that reflected the women’s lived experiences with poverty and their resilience to it. Field notes written after each interview and throughout the process of data collection were also read to contribute to the contextual understanding of the participants’ experience. Recognizing themes required focused attention to the emerging patterns and to the language used by participants. These themes were representative of statements or phrases that seemed to be essential to the experience of living in poverty and the process of resilience.

Prior to starting the study, ethical approval for this project was granted by the University of Western Ontario Health Sciences Research Ethics Board (HSREB). Before interviewing, informed consent was received from the participants. Any identifying information that might jeopardize the anonymity of the participants was removed from the transcribed data. The names provided are pseudonyms.

**Findings**

The purpose of this study was to explore the lived experiences of resilience and social integration among women who lived in poverty during childhood. The lived experiences of the participants demonstrated the interplay of the challenges they experienced as a result of poverty, the impact of those challenges on their childhood and the resulting adaptations they developed. The findings will be presented in three parts: the
first set of themes will describe the challenges the participants faced as a result of poverty; the second group of themes will discuss the impact that living in poverty had on their lives; and the third set of themes will discuss the adaptations that contributed to the participants’ resilience. Direct quotes are included to support the themes presented. Words in single quotation marks indicate phrases taken from the data.

**Socio-demographic Profile of the Sample**

The following section describes the participants and a brief description of their living situations during their childhood. The study group was comprised of seven women (whose names here are pseudonyms) currently living in Southwestern Ontario. Overall, the age range of the participants was from 23 years to 44 years. All women were Caucasian.

Leah (age 20-25) - She was the youngest participant. She is the eldest of four siblings. As a child, her family was very poor because her father did not have a steady job and also spent time travelling on unpaid mission trips with the church while her mom stayed at home. She became aware that she was poor because her parents were not able to buy her “name brand clothing” and instead bought knockoffs. She was made fun of because her clothes were never nice enough. She also could not join almost all of the sports teams because of lack of money except the swim team because all she needed was a swimsuit. At 13 years of age, her parents got divorced and her father deserted the family. Her mother became the sole caregiver and entered the workforce. This was very hard for Leah because she was very close to her dad and he was suddenly no longer part of her life. She also became responsible for her siblings because of her mother’s long work hours. At age 15 she became pregnant and temporarily dropped out of high school. When her daughter was one week old her family moved to Southwestern Ontario. She eventually completed high school and earned a college diploma.

Sarah (age 35-40) - This older woman lived in the city in Southwestern Ontario where the study was conducted for her entire life. Her father worked while her mother stayed at home with her and her younger brother. Her parents divorced when she was 10 years old. Her mother remained a stay-at-home mom with financial help from her father and from governmental assistance of welfare and mothers allowance. She became aware that her family was poor because they always had to access food banks and she was unable to
take class trips. She also described not being able to participate in gift exchanges in class during Christmas time. Not having money for food and for buying personal items made her sad. Her childhood was also described as traumatic in several ways. She was bullied in school. She encountered sexual molestation at school and at home, which led her to isolate herself from her peers.

Catelyn (age 35-40)- Catelyn grew up on the east coast of Canada with her parents and older sister. While living on the east coast, her father’s job was seasonal and low paying, but her family received assistance with food and clothing from other family members who lived in the same neighbourhood. Her immediate family moved to Southwestern Ontario following a major family conflict. Within Southwestern Ontario the family moved often due to financial instability. Her father was illiterate; therefore when he found a well-paid job he left her mother in charge of the finances. However, Catelyn’s mother then spent a lot of the family income on prescription drugs and alcohol. To help with resources her mother accessed food banks, churches and other community centers for food and clothing. Her mother was also very abusive and Catelyn eventually left at age 16 after being admitted to the hospital following abuse from her mother. At this point she also dropped out of high school and had not yet acquired the necessary credits to obtain her high school diploma.

Cheyenne (age 25-30)- Cheyenne grew up with her father and her stepmother after her biological mom died when she was eight years old. They lived in another city in Southwestern Ontario. She has a younger sister and brother. Cheyenne’s stepmother had never wanted children and Cheyenne perceived that she resented the three children she acquired as a result of her relationship with their father and their mother’s death. Although her father and his new wife were not living below the poverty line, there was differential treatment of the children in the quality of clothing and food that they were given. At home, she was very restricted in her activities and often had to take care of her younger siblings, which resulted in conflicts between the siblings. Both of her parents worked but her father was often not home and when he was he spent that time drinking alcohol. Her parents issued very humiliating punishments, including public spanking. At age 16 she ran away from home when she truly began to experience living in poverty. For several years, Cheyenne's living situation was very unstable. At times, she was able to
acquire housing with a roommate. At other times, she stayed with friends, lived in shelters, and lived on the streets. While living with her first roommate, she was sexually assaulted and after immediately leaving that residence, spent a period of time living with friends and acquaintances. Eventually Social Services required her to quit high school to enroll into a vocational program in order to continue receiving social assistance. She chose instead to be homeless for several weeks due to the loss of government assistance, in order to complete high school.

Anastasia (age 25-30)- Anastasia grew up in a small town until she moved to the city at age 13. Her mother was a single mother and she had no other siblings. She had no contact with her father because he married another woman when her mother was pregnant. Her mother moved to Ontario, leaving behind her entire extended family. After moving to the city, their financial situation became worse while her mother transitioned from receiving governmental assistance to being employed. She describes her awareness of poverty as recognizing that they did not have a car, a house or a lot of clothing. She was bullied constantly because she did not wear expensive name brand clothing. Anastasia was highly dependent on her mother, who in turn was focused entirely on her daughter’s wellbeing and neglected to engage in self-care. Her mother became isolated and depressed. Anastasia also experienced anxiety and depression, which decreased her ability to develop friendships. She stole from stores, ran away from home and abused alcohol. She became pregnant at age 17 but after having the baby, Anastasia’s priorities shifted. She earned her high school diploma at age 21. She made the decision to not further her education as a result of the negative experiences she encountered during her high school years. She is currently in recovery from substance abuse.

Emily (age 35-40)- Emily grew up in a small town in Ontario. She was the oldest of three children, with a sister who was three years younger and a brother who was six years younger. She never felt liked by either of her parents but especially felt neglected by her mother. Her parents often told the children that they could not afford to participate in extracurricular activities. She also did not wear expensive name brand clothing or have what she labeled as nice and cool stuff. She experienced a lot of bullying because she was seen as being lower on the totem pole because she was poor and could not afford the same things as her classmates. Although Emily reported the bullying to adults such as
teachers or counselors, she felt unsupported. As a result Emily eventually stopped discussing her problematic issues with the adults she encountered. Living in a small town meant going through school with the same group of people so her situation remained steady throughout high school. She diagnosed herself with depression and sought medical treatment after completing high school.

Stevie Rae (age 40-45) – Stevie Rae grew up in a city in Ontario with her parents and her younger brother. Both of her parents were not working so her family was supported by welfare. However, the majority of the money the family received from welfare went to alcohol. They were limited in material things such as clothing, housing and food. They lived in a one-bedroom apartment, so she and her brother slept in the living room on a bunk bed. She was teased about the fact that her parents did not work. She was bullied or ignored in school because she did not have a lot of clothing. Her dad was very physically abusive, which continued until she left home at age 19. There was a lot of resentment between her and her brother in part because she was abused more than he was.

**Figure 2. The Women’s Experiences of Living in Poverty**

- **Challenges**
  - Lack of adequate resources
  - Ineffective parenting styles and abilities

- **Impact**
  - Social stigma
  - Role confusion

- **Adaptations**
  - Building on individual strengths
  - Finding sources of support
  - Gaining social capital

Figure 2 represents the essence of the experience of living in poverty. The experience of living in poverty may be represented in three different categories. The first category describes the challenges the participants faced as a result of poverty, which focuses on *lack of adequate resources* and *atypical parenting styles and abilities*. The second category represents the impact that living in poverty had on their lives in the form of
social stigma and role confusion. The third category constitutes the adaptations participants made because of living in poverty. The category labeled as adaptations represents the participants’ responses to adversity with a focus on building on individual strengths, finding sources of support and gaining social capital. Although the connection between challenges, impact and adaptations is pictured in the figure above in a linear fashion, this does not suggest a linear movement through these processes. The challenges and impact are experienced before adaptations are made. However challenges and impact of poverty and the adaptations made were continually experienced throughout childhood and may even be experienced as adults.

The Challenges

Findings Part 1: Challenges

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<tr>
<th>CHALLENGES</th>
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<tr>
<td>Themes</td>
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<tr>
<td>Lack of adequate family resources</td>
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<tr>
<td>Ineffective parenting styles and abilities</td>
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<tr>
<td>Sub Themes</td>
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<tr>
<td>Limited resources</td>
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<tr>
<td>‘Being on the system’</td>
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<tr>
<td>Increased freedom due to lack of supervision</td>
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<tr>
<td>Increased structure and routine</td>
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<td>Risk of abuse</td>
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The challenges described by the participants represent the more immediate consequences of living in poverty. Relative poverty refers to deprivation that does not allow the individual to carry out the usual activities expected within the society (i.e., employment, leisure and cultural)” (Raphael, 2011). The subtheme lack of adequate family resources describes the women’s awareness of living in poverty. The participants expressed being limited in resources and in the participants’ words having to be ‘on the system’, because there was not enough income to cover basic needs. The stress and uncertainty that resulted because of ‘not having’ led to the subtheme diversified parenting styles and abilities.

Challenges Theme 1: Lack of adequate family resources

Lack of family resources emerged from participants discourse about the primary ways in which poverty affected them. When sharing stories about the lack of adequate family
resources, participants spoke of limited resources, and ‘being on the system’.

These women first became aware that they were living in poverty because of the limited resources they had. When participants were asked ‘when did you become aware that your family was living in poverty?’ the women told stories of being limited in several ways. The main topics were housing, food, clothing, gifts, and childcare. Sarah, Emily and Stevie Rae described not having expensive name brand clothing like the majority of children in their school, and of wearing hand me downs or shopping at ‘lower quality’ stores such as Wal-Mart and Bi-way. Anastasia began to realize that she was not living in a ‘nice’ house with a car and garage like her peers were. They told stories about unsatisfying meals they ate such as chicken fingers, stale food, and plain bread or ‘hot air sandwiches’. The participants spoke about not getting nice gifts for birthdays and Christmas time. They usually could not have video systems or other recreational items like bikes. In addition, the parents of these women were also unable to afford proper childcare.

Sarah: I was just a child but as I got older and that’s where my depression started, umm because you can’t always get what you want because you never had enough money... Things even food, you know, like less food, not enough food to feed, you always have to access the food banks, or you know your other family members if they can help you out. Umm. You know, sometimes we couldn’t, do class trips. We couldn’t umm, you know if there was like kids in your class and you knew everybody was gonna buy something, as Christmas as a gift. And everybody had to buy something for somebody and we couldn’t do it because we never had like the extra money.

Participants also told stories of ‘being on the system’. This term was used to describe acquiring governmental assistance. Governmental assistance was not always long term. In some cases, mothers of the participants turned to welfare or mother’s allowance after divorce and remained stay at home mothers. However Anastasia’s mother transitioned out of relying on governmental system when her daughter was 13, and joined the workforce. This transition was described as the most difficult period in Anastasia’s childhood because there was less income. In one case neither parent worked and their only source of income was the welfare system. The money that came from governmental assistance was often described as inadequate for clothing and food needs for an entire month. Besides the money that came from welfare, their parents accessed food banks,
hampers, and churches or organizations that provided free meals. Cheyenne and Catelyn described ‘being on the system’ after they both left home at 16. These women spoke of learning the value of a free meal, accepting whatever you can get, and being grateful for that.

_Catelyn_: *Once I was able to prove I could live on my own I went on social assistance and I mean I had no background of money management whatsoever. I’m 17 years old and someone’s handing me a check for 600 bucks to go pay my rent and buy food for a month... By the 15\textsuperscript{th} or 20\textsuperscript{th} of the month I was out of food. I was turning to a lady in my building. And she’s like, “hey do you know there is a bread truck that drops off down the street at the other complex. It’s a guy that goes around to local businesses and he loads up all the day old stuff that they don’t sell and he comes around to the complexes and hands it out to the families before he takes it to the food bank”... Well my money bought food till the 15\textsuperscript{th} of the month. From the 15\textsuperscript{th} to the end of the month I was going on whatever bread I could get from the guy that was bringing it. Vegetables and stuff like that, half of it was rotten but you took whatever you could get and you made whatever you could whether it was carrots or tomatoes or like, whatever came you took. And you made whatever you could for the next 2 or 3 days so you had something to eat.*

**Challenges Theme 2: Ineffective parenting styles and abilities**

Most of the participants experienced some form of parental conflict. The participants described that parents experienced their own challenges coping with financial stressors, and in some cases substance abuse. Parents were perceived to be ineffective, as evidenced by too much or too limited freedom, abuse and neglect. In some cases parenting was described as more passive or parents were occupied with other tasks leading to the theme increased freedom due to lack of supervision. In other cases, the complaint was authoritarian parenting. The participants ascribed this parenting style to the lack of control parents’ had over other aspects of their personal lives, which caused them to exert more control over their children’s lives. These stories lead to the theme increased structure and routine. Another extreme challenge that participants faced was that several of their parents abused alcohol, which led to the risk of abuse. Discussion of such hardships contributed to the emergence of the theme ineffective parenting styles and abilities.

Poverty was often tied to changes in family structure with several of the participants living in a single parent home or with an absent father. Furthermore, sometimes fathers were physically living in the same house, yet they were described as emotionally absent.
Fathers were described as alcoholic, unknown, or always away at work. Leah, Sarah, Catelyn and Anastasia lived in single parent households. Anastasia’s father was never a part of her life, while the other women experienced a parental divorce in their early teens, and were exposed of parental conflict beforehand. The absence of a working father in the home was often associated with inadequate finances, hence living in poverty.

Besides the decreased finances, these women lacked two stable parenting figures. Several participants told stories of increased freedom due to lack of supervision. Participants shared experiences of freedom from supervision, as parents often worked odd hours and were not consistently at home to provide adequate supervision. This was most common in single parent homes. In order for the mother to provide income for the entire family, it was necessary to work various jobs that took her away from the home during evenings and nights. Participants reported they were left alone, or with responsibilities for siblings or with individuals who were unsuitable babysitters. Lack of supervision left more opportunity for risky behaviour such as increased rebellion against the mother and engagement in activities such as stealing and running away. Anastasia shared that after her mom entered the workforce when she was 12, she was left with a lot more freedom, which she believes that she abused.

Anastasia: Yeah she said she should’ve got me a baby sitter. (laughs). I used to get in trouble a lot. I used to let people in the house a lot. I wasn’t supposed to let people in the house when she wasn’t there. Like I said I got in trouble stealing a lot just stuff like that.

Nedra: And she thought she should’ve gotten you a baby sitter?

Anastasia: Yes or somebody to come and check on me. Cus I was really young. Between 12 and 13 was when she went back to work and I had never been at home by myself before. I’d never dealt with that kind of situation. I wasn’t used to it so I just thought freedom and do whatever I want. She’s not there to see right?

Alternatively, Cheyenne and Catelyn experienced increased structure and routine. This theme represents the experience that established routines had to be done at specific times on a daily basis or face repercussions. During member checking, the women reported that having a more structured routine made it easier for their parents, as opposed to the ‘chaos of not knowing their comings and goings’. The higher expectations and increased control that their parents asserted meant they had little time for doing any activities outside of what was already planned. They had to complete chores and
homework on a specific schedule. They were also not allowed outside after darkness had fallen. Failure to follow these routines often meant that they would receive some form of punishment. The women usually tried to follow the routines set out for them out of fear of the repercussions of not adhering to the expectations of their parents.

Cheyenne: And we were regimented in our days. So we had exactly this to do at this time every single day and there wasn’t anything you could do about it, you know. As an example, we would get home for school and we immediately had to get out of our school clothes and into our play clothes because went to Catholic school. We had a uniform to wear. Umm then we had to go to the kitchen table and we had to do our homework until suppertime. And after supper time if we still had homework we had to finish it but if we didn’t then we could go out or watch TV but we had to be in by the time the lights came on. So by the time supper comes its dark out so we can’t go anywhere. We’re not allowed leave the neighbourhood anyways. So we can’t go and visit our friends. I remember having a date at like 14 or 15 and I had to leave the movie halfway because I wouldn’t make my curfew because they wouldn’t give me that extra time because of where I was going and what I was doing. They were just, this is your time to be home and this is what time you have to be in your jammies and this is what time you have to shower and this is what time you have to turn the lights out, this is what time you have to wake up, and this is what time you have to finish breakfast, and this is what time you have to be in your school clothes and this is what time you have to be at school and you have to have, specifically take this bus. We can’t take any other.

Stories of risk of abuse also emerged. Most participants reported at least one form of abuse that they experienced from their caregivers: verbal abuse, physical abuse, sexual abuse and/or neglect. Several participants reported being put down and called insulting names by their parents. They were told that they were not good enough, could never do certain things, or were compared to other siblings. These women felt that they were not encouraged or supported by their parents.

Some participants reported being physically abused and related it to parental alcohol misuse. These women felt that alcohol was an escape for that parent or a way to run away from stressors such as work, bills, or spousal conflict. Usually when that parent was intoxicated they became more abusive towards the child. In some cases child abuse was related to early leaving of the parental home. Cheyenne and Catelyn left home at age 16 after they were beaten by their parent and never returned. In some cases it became as severe as requiring medical attention. Despite abuse, participants reported being afraid of contacting Children’s Aid Society (CAS) even though they were aware of CAS’s
existence, because of fear of the parents or fear of being taken away. Participants also reported not receiving the love and attention that a child seeks from their parent. They described being neglected for two main reasons: because of parents being away for work or because parents were intoxicated. Catelyn most strongly described experiencing severe neglect from her parents. She and her sister had been taking care of themselves from a very young age. They made their own meals and did most chores themselves.

*Catelyn: We'd get up the next morning and be like ‘okay well this is what we’re eating for the day’. Or it’ll be like ‘oh there’s some muffins and some bagels, that’s your lunch, try to make something with it for school.’ So it was never like, we never had a get up, and mom would get up with you and hot breakfast and your lunch is in a lunch pail on the counter. And a kiss goodbye at the door. My sister and I have been taking care of ourselves since we were, I was 9. I got up and got myself breakfast, got myself dressed and made my own lunch and went off to school. That was when I was 9; we never really did a lot.*

In addition stories two participants shared stories of sexual abuse. One woman described being abused by a baby sitter that was chosen out of limited choices due to financial limitations. Another woman was abused when she was not living at her parents home but instead was living with individuals who were strangers to her. Overall for the participants in this study, there were many incidents of abuse that stemmed from poverty.

**The Impact**

**Findings Part 2: The Impact**

| IMPACT
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<tbody>
<tr>
<td>Themes</td>
<td>Sub-Themes</td>
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<tr>
<td>Social stigma</td>
<td>Bullying and rejection because of appearance</td>
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<td></td>
<td>Limited participation in a social environment</td>
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<td></td>
<td>Losing connections with peers</td>
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<td>Role confusion</td>
<td>Decreased emotional wellness</td>
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<td></td>
<td>Premature caregiving</td>
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<td>Disrupted goal acquisition</td>
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<td>Social deviation</td>
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The themes included in the impact represent the consequences of limited family resources and impaired parenting abilities and practices. *Social stigma* and *role confusion* were experiences that stemmed from a lack of adequate resources and the increased structure or freedom and abuse that resulted from diversified parenting styles and habits.

**Impact Theme 1: Social stigma**

The theme *social stigma* describes the impact of poverty on the participants’ social lives. This theme refers to the social disproval and exclusion that resulted because of participants’ or their family’s financial status. The sub themes were *bullying and rejection because of appearance*, *limited participation in a social environment* and *losing connections with peers*.

The sub theme, *bullying and rejection because of appearance* emerged from participants’ discussions of being bullied and not fitting in which as a result of their appearance. They felt that their appearance identified them as living in poverty and set them apart from most children in their school. Having less income meant that participants were limited in the amount and the quality of clothing their parents could afford. Leah explained that ‘it’s all about appearances’ when it comes to fitting in. They often wore clothes from department stores or hand me downs as opposed to name brand clothing. The participants were constantly teased and called names such as ‘Bi-way girl’ or ‘welfare kids’ because of not wearing new or brand name clothes. Based on the participants’ experiences, it appeared that following the norm among their peer group of wearing name brands and being similar to everyone else was important in being accepted.

Participants expressed unhappiness with their experiences at school. They recognized that they were wearing ‘acceptable’ clothing, meaning that the clothing served their purpose, and that there was more value in buying several items of clothing for the same price as a pair of name brand jeans. Although they described their clothing as ‘acceptable’ to themselves, they felt that they did not fit into the social expectation of what a girl was supposed to look like. It was important for them to feel that they could fit in especially since not fitting in left them vulnerable. Their efforts to fit in such as wearing imitations of designer brands set them further apart from the other children.

*Stevie Rae: There was this, you know how fashion phases come in. There was this one phase where all the little girls had these little jeans with ponies on the back pocket. It was a silly phase. I found a pair of these jeans in...*
goodwill one day and I was crying like oh my gosh these things are still
around. And there was a little pony on the vest that went with the jeans and
everybody had them. And I begged my parents. Even just the vest, even just
whatever. Oh we can’t afford that and my dad trotted off to go buy beer.
And I remember saying, maybe if you didn’t buy beer for a couple days
maybe I could have this vest I want. And I got quite the backhand and he’s
like blah blah blah blah blah blah. So because I didn’t have a lot of the things
that the other kids had they shied away from me, well not shied they just told
me go away I couldn’t be friends with them that’s pretty much what it was.
You’re not like us you’re ugly.

A child’s appearance sometimes identified her as being poor and therefore placed
her ‘lower on the totem pole’ and more vulnerable to bullying and rejection. The
participants described being bullied and rejected as a result of their appearance. They
described being bullied because the other kids felt that they weren’t as good as them.
Bullying ranged from being tripped as they walked by, to being stuffed in lockers, to
getting beat up. Anastasia describes how cruel children can be when you look different
from the expected norm.

Anastasia: I think bullies are bullies and they’re gonna and when it comes
to bullying, I think that has a lot to do with how kids are dressed. You can
tell whether a kid’s family has money or whether she doesn’t. Like yeah if
you’re not wearing name brands they could be pretty cruel about it.

The theme limited participation in a social environment was formulated from the
participants’ experience of the many activities they were not able or allowed to
participate in because of the economic challenges they faced. The participants expressed
several reasons why they were unable to participate fully in a social life. Firstly, they
were often worried about being bullied. They were also limited socially in cases where
their lives were very structured. They were often not allowed to spend much time with
friends or do many leisure activities. They found it difficult to make plans when they
knew that they would be required to be home within a short amount of time.

Participants were also limited because their parents could not afford pleasures
such as bikes and video games. The only extracurricular activities they participated in
were those that cost little or no money such as swimming or cadets. Therefore they could
not talk about the same things that the other children did. They were also unable to share
experiences with other children such as vacation trips or special presents that they
received. Catelyn spoke of the times when children would go through catalogues thinking of all the fancy toys and gadgets they wanted for Christmas when all she could think of was getting some new winter boots and socks.

Sarah, Catelyn, Anastasia, Emily described withdrawing and keeping to themselves and they tried to stay away from other children who they perceived could be harmful to them. The hope was to ‘blend in with the woodwork’ and to go unnoticed. Emily described her hatred of playing team sports because of always being picked last and because of nasty comments that were directed towards her.

Participants described that they were also stigmatized because their lunches also identified them as poor. For example children who were living in poverty may have had a peanut butter sandwich as opposed to a deli meat sandwich. Lunchtime was also a time when there was more vulnerability for bullying, as there was less teacher supervision. They usually ate separately or went home for lunch.

Emily: I sat in the corner in the hall. I never once ate in the cafeteria. I would take my lunch I’d go sit in the hall. There were times I ate in the bathroom just to get away. That was mostly high school cuz when you’re in public school this is where you sit. And I’m like you know what I’m not going in there. There’s way too many people that don’t like me in that room. I’m gonna sit over in this empty corner. Sometimes my friends and I would sit and have lunch in the corners but there were days when it was just me. I would just read a book and not look at any body.

Another consequence of limited resources due to poverty was losing connections with peers. Participants described losing connections with peers because of their diverging life experiences from their peer group. Since they were not able to participate in the same activities as other children, the participants tended to have fewer friends and transient friendships. Friendships tended to be more dependent on circumstances. For example although certain children would be friends with someone during the summer time, when the school year began, those children would no longer want to be friends as the social expectations of appearances were put in place. Those women who moved often found it more difficult to maintain friendships. Participants also describe becoming withdrawn and keeping to themselves because of the negative experiences in their lives that they thought other children would not understand or would be judgmental. Some of the women thought that current friends would not understand their experiences such as
being abused or carrying weapons because of fear for safety. They either kept friendships superficial or chose friends who were more accepting and ended friendships with those who were not.

*Cheyenne:* So not only was I already kinda lower than them when I started school, once I left home, I dropped right down and so my experiences in school were much harder to handle because they were talking in abstract terms about living in poverty. So now they would talk about poverty on the streets in Toronto and I’m like ‘yeah that happens here cus I went through that’. And they would talk about weapons and drugs and all of the other things but they were doing it like, ‘this actually happens in the world today, oh my gosh’. And I’m like, ‘Yeah it does and I’m living it’, and they’re like, ‘that’s too close to home I can’t handle it’. So I ended up losing a lot of friends that I thought were friends. But obviously they weren’t. But they had that umm judgment on me for not being as good as them just because I didn’t have the finances to take it up, and because I was living a lifestyle umm that they weren’t used to because the privilege that they had of having the money to be able to go home and watch TV and kinda do whatever I didn’t have that. So I mean I didn’t have TV I didn’t have a phone, I had no way of being contacted.

**Impact Theme 2: Role confusion**

The theme *role confusion* refers to the confusion that participants had with what their responsibilities and sense of self should be as a child versus their reality. This theme represents the feeling that they had to forfeit their childhood for responsibilities that they had little control over. Participants reported not really having a normal adolescence or not being able to ‘be a kid’. The sub themes were decreased emotional wellness, premature caregiving, disrupted goal acquisition and social deviation.

Due to the participants’ experiences with unstable family dynamics, exclusion and rejection, and inability to fit in the participants were vulnerable to decreased emotional wellness. Participants described having problems with self-esteem. Some participants spoke about not feeling that they were good enough because of things that they did or did not have. Anastasia described having poor self-esteem growing up because of living a sheltered life with her mother and of lacking experience with men. The women who experienced problems with self-esteem often associated lower self-esteem to mood disorders such as depression and anxiety.

The women also described experiences about thinking of or attempting suicide as teenagers. Emily diagnosed herself with depression because she was angry and upset all
the time and felt that she could not be happy. Anastasia was later diagnosed with anxiety and depression. Sarah, who always felt like an outsider in school and who was sexually assaulted by a baby sitter also described suffering from depression. Leah described suffering from depression beginning when she was 12 years old and also had thoughts of suicide.

Leah: It made me really depressed, it made me so depressed, most of my childhood I was depressed. I wanted to be popular so bad, I wanted to fit in, I wanted to have a group of friends. And there was nothing wrong with my personality and like I remember every year at the end of the year, all the people, all the girls and guys would wanna be my friends, and the guys would wanna be my boyfriends and the girls would wanna be my friends and during the summer time I had best friends and I had boyfriends and then when school started people literally told me word for word I want to date you or I want to be your friend but if I was everyone would make fun of me.

Premature caregiving was a common experience for women who had other siblings. Due to limited resources, parents usually had other responsibilities when the children were not in school and were unable to afford childcare. The eldest child often became the caregiver. These girls took on a parental role, which was not respected by their younger siblings. Their siblings more often saw their older sister as equals with no authority to tell them what to do. Moreover these younger children were resentful because they were not getting the attention they were seeking or expecting from their parents. This situation created a great deal of animosity between siblings. These participants were taking on a caregiving role that should not be the responsibility of young children. They were not able to have regular sibling connections and interactions. They also experienced the additional pressure of having to be a good role model for their siblings. Leah shared stories of conflicts with her siblings that resulted because she held a parental role towards them as opposed to being their sister or friend. She later described the conflict that resulted which even escalated to physical fights. Other participants who also felt that they were placed in the parental role shared similar stories of sibling rivalry.

Leah: Cuz I was trying to show them the discipline that I was used to because they weren’t learning it. And they were not receptive to it because I wasn’t their parent. And I knew that what I was saying was what was right and you shouldn’t be doing this and this and that and you shouldn’t be hanging out with these people, and you shouldn’t be making these choices and skipping school. I know that’s right and they know that’s right but
because of who’s giving them the message and it’s not coming from who they wanted it to come from which was our father, it was coming from me. They didn’t wanna hear it at all.

Premature caregiving also applied to women who had their own children as teenagers. Pregnancy during teenage years appeared to be related to the lack of guidance and supervision from parents. Girls with increased freedom and less supervision found it easy to have intimate contact with boys. In addition the women who were rejected in other aspects of their lives described engaging in sex as a way to gain acceptance. The result was the greater likelihood of teenage pregnancy. Leah became pregnant at age 15, Anastasia at age 17, and both Cate. lyn and Cheyenne at age 18. The women who had a child when they were teenagers describe having a child as a life-altering event, which was both challenging and fulfilling.

Anastassia: Well I had to do it on my own. So that part sucked. Like I was completely on my own from 4 months on. So I had her by myself, went through the pregnancy by myself. Her dad kinda came into the picture a little bit between 1 and 3 he was kinda there but then he dropped back out until about 2 years ago. So it’s not easy but at the same time I think she almost like saved me. Because if she hadn’t I probably woulda gotten into drugs I probably woulda dropped out of high school. There would have been nothing for me to, you know what I mean, my life sucked as it is. So having her made me go get my grade 12. She’s the reason I finished.

This sub theme of disrupted goal acquisition represents the impact of the challenges that the women faced with regard to school and career aspirations. These women did poorer in school, fell behind their same age peers academically and were less likely to pursue higher education. Poor nutrition and conflicts at home that led to difficulties sleeping, affected school performance. Children who had to deal with alcoholic parents or who were also working themselves were particularly sleep deprived. Pregnancy at a young age also made it more difficult to be in school. Another reason that some of these women did poorer in school was because of acquiring of other resources such as clothing, shelter and food took a higher priority than school. Five of the women graduated after their age group in order to make up for failed grades. Cate. lyn dropped out of high school after being forced to leave her parents’ house and having to take care of herself. Upon completion of high school most participants chose not to pursue post-
secondary education because of their negative school experiences or because they did not feel that they were financially able to.

Catelyn: There was many times because of what happened at home the night before I was always tired, I was hungry. There were many days when I went to school and I hadn’t eaten breakfast and I didn’t have anything to eat for lunch. I would bum around the friends and be like ”Do you have an extra quarter, I’m only a quarter short for fries” And I mean everybody left school and went to galleria and I mean everyone went to the food court so there was no problem buming off money from people. So once a week I’d be like ‘hey can I borrow a dollar, I’ll pay you back.’ ‘Not a problem.’ They knew they were never going to get the money back but I mean they were still gracious enough I’d be like one day a week I knew I would get something to eat. So it’s like I never saw school as anything to achieve or throw myself into or what not.

Participants described a wide variety of behaviours that are often labeled by society as problem behaviours including early intimate encounters, drug or alcohol use, and delinquency. These experiences are representative of the sub theme social deviation. These actions were often used as a way to compensate for being unable to fit in with peers at school or to rebel against their parents. Participants described getting in trouble often from activities such as stealing, skipping classes and running away from home.

Anastasia: Uh huh like I was always in detention. Running away from home. Umm my boyfriend when I was 16, my first boyfriend was always running away with him, spending nights with him, drinking. Me and my mom used to fight a lot cus like I said she wasn’t there so I kinda took advantage of that freedom and did whatever I wanted to. So if I didn’t wanna come home that night, I’d be like I’m not gonna go home cus I’d already left before she got home so. She didn’t know where I was, there was nothing she could really do.

They also spoke of drug and alcohol use. Participants spoke about being exposed to drugs in two different ways. Their perception was that other children who were well off and had less worries used drugs as a rebellion, whereas youth who were of lower socioeconomic status and had many problems both at home and school were using drugs as an escape. Drugs and alcohol were used as a way to ‘escape’ their realities or to ‘fill a void in their lives’. Early intimate encounters were also evident in the data. Girls with increased freedom and less supervision found it easy to interact with males in various ways.
As previously noted, four of the women became pregnant as teenagers. Participants described having a child as a reason why they stopped their rebellious behaviour. They expressed that having a child ‘saved them’. These women described that, if not for having a child at that point in life, they may have gone down a path of drug use or dropped out of school. Having children also provided them with the opportunity to learn from their parents’ mistakes and support their child in the way that they felt they were not supported as children.

**The Adaptations**

**Findings Part 3: The Adaptations**

These following themes represent the ways in which participants adapted or adjusted to their situations. *Building on individual strengths* represents the agency they found within themselves. *Finding sources of social support* and *gaining social capital* represents their efforts to adapt through social integration.

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**Adaptation Theme 1: Building on individual strengths**

The theme *building on individual strengths*, demonstrates the channels that children find through their own agency in adapting and coping. The subthemes include *developing coping strategies*, *becoming independent*. When the women discussed experiences that led to the emergence of the theme, *building on individual strengths*, they
spoke of the challenges they had already faced and lived through which served as reasons to persist in overcoming the difficulties and barriers that faced them in the future.

The subtheme developing coping strategies demonstrates an essential part of the participants’ lives. Participants developed a wide variety of coping strategies based on activities or practices that had been shown to make them feel better. Leah became focused on her academics and doing well in school. She read a lot and maintained high grades. Since she was unsatisfied with her present situation and felt that there was nothing she could do about it, she became focused on setting the foundation for a successful future. Sarah formed connections with female teachers and acted as a teacher’s helper. She also helped the secretary at her school and answered the phones when it was lunchtime so that she could be inside instead of outside where she did not feel safe because of bullying. Catelyn became involved in cadets and used that as her opportunity to ‘escape’ from her problems. She eventually left home at 16.

Cheyenne also left home at 16 but became a person whom other children turned to for advice. It was easier for her to focus on other people’s problems than her own. She also engaged in self-affirming inner discourse in order to cope with difficult situations. Anastasia used alcohol as a way of coping. After achieving sobriety, she focused her energy on writing, creating music, and raising her children. Emily isolated herself and used reading as an escape. She liked pretending because that was better than real life. Stevie Rae also became involved in cadets where she learned many skills and built a lot of self-confidence.

Cheyenne: I started discovering physical activity helps me to think things through and to cope and then I would start self-talking. And I don’t know if anybody actually ever talked about that or I picked it up on my own. But I would start doing that whole, you can do it. Look at where you’ve gone so far, look at where other people in similar circumstances have gone, look at the statistics cus that really helped me as well. It’s that whole, statistically I should be a coke head with 50 kids that have all been taking away by CAS, and you know living on the streets and all sorts of things. But I’ve managed to overcome those. Because I wanted this and I didn’t let anything get in the way. So if I can do that, can I find it to here, and not let anything get in the way. And so I really pushed that through my life. And sometime I got moments where I don’t think I can do it and then I just rally myself and go, I did that so I can do this. So I just reiterate it to myself.
Part of the process to being resilient was becoming independent. Participants began to realize that even without material things they could still be themselves. They became independent and learned important skills. The women valued the independence they gained because of their life situation. This helped them to maintain a positive outlook on the future. They began to recognize that the only positive movement in life is forward. As they got older they realized that they needed to take care of themselves and do things for themselves instead of worrying as much. Accomplishments such as being part of a team, paying bills, and doing well in a job, helped with goal building and reinforced the participant’s view of herself as in control, competent, and accepted hence maintaining a positive outlook on the future.

Stevie Rae: Because I was doing things I could. I was achieving things. I was on the riffle team and all that. And umm by that time I was working so I was able to pay for my own bus tickets to get down at that point and umm it was funny in my opinion I thought because I was, in my opinion I thought because I could, I took the first aid course I got that. I was on the riffle team and that summer we learned how to sail. And it was really funny because we capsized the boat the first time and you have to you know, get on it and make it come back up. And everybody on that boat was like yeah I can’t believe it was so horrible. “But we did it that was great. Look what we did.” And I was just like oh it was so fabulous. And it helped me realize that you know what, you can do this stuff that people said you couldn’t. And that was what I needed and that just set me off. And I was able to do much. I was happier once that was done.

Adaptations Theme 2: Finding sources of social support

The theme, finding sources of social support explores the venues that the women navigated in order to support their development of powerful identities. The subthemes were: emotional support of caring teacher and counselors, confiding in non-judgmental adult and mastering systems of available support.

Emotional support of caring teachers, counselors and other adults was important to the participants in helping them cope. Caring teachers and counselors who demonstrated qualities of caring, empathy and support were a positive source for strength for these women. Most participants had one past teacher who stood out to these women as someone who cared and provided support in their difficult times. Some teachers were said to mentor and to help the person accept her situation, as well as trying to get the other girls to accept this individual. Teachers would remind them that they were special.
Participants usually did not have this experience with all their teachers but often had at least one teacher in particular who was significant in their life. Emily recalls calling her grade six teacher ‘mom’ accidentally because she was very close to her teacher who Emily felt understood where she was coming from. Support also came from various other sources such as parents of friends, staff members of community organizations, and grandparents.

Leah: We just talked, like any time I needed someone to talk to, he just, he really like gave me hope that I was a smart person, I was a good person, I could go far in life, whatever’s happening now is very temporary. A lot of times, he didn’t know it but a lot of times he stopped me from like going and trying to kill myself.... So like since he saw something good in me, there must be something there because he has no reason to see something good in me. He doesn’t have like any advantage over me. He’s just being really being genuine out of the goodness of his heart. He helped me cope with my situation a lot. Just by like reaffirming what I already knew kinda thing, just by being there for me, letting me know that things were gonna be okay, and things were gonna get better. And you’re a good person and you’re a smart person and. You know. Just he really like observed my behaviour and he really like invested in who I was so that really helped me a lot.

Sometimes support was more tangible. Teachers would provide uniforms so that they could be part of a team or club. In one case a teacher took one of the participants shopping for clothing when the school became aware of the participant’s financial situation. In some occasions when participants withdrew from others, certain adults became aware of it and tried to work with them to help them move forward. When Cheyenne had difficulties waking up, her school counselor bought her a new alarm clock to help her wake up in the morning. These actions asserted that someone other than herself did care that she participated and did well in school and therefore made it more important to do so. Anastasia spoke about the crucial part her counselor played in ensuring she did not drop out of school. During the interview Stevie Rae became very emotional when she spoke of a teacher who provided support like no one else did.

Stevie Rae: Umm my 5th grade teacher he was wonderful. He did choir. He took us around the city doing choir thing. And again the poverty hit with that one because he expected everybody to buy this choir outfit. We had to have brown pants, brown vests and a white shirt. The school gave us brown vests but we had to have white shirt and brown pants and my mom was like you can’t afford it you can’t join choir. So I went to him and I
told him one day I can’t sing. He’s like why. Sorry. (Starts crying). He’s like why? I’m like I can’t afford the outfit my parents won’t buy it. Yeah so that was one of the big issues he bought us our outfits, he actually brought them to our houses... But umm he didn’t let anybody in the class know that he did that. That’s why he brought them to our house. He was a great teacher when uh...He was a good man. He was what you expect from a teacher, not that you expect teachers to go buy your students stuff but he was a good human, he had a good heart. He did a lot for the students. Yeah he was a good man.

Confiding in non-judgmental adults was evident in helping the participants cope. Participants who felt neglected and unsupported by their parents sought out other adults to whom they could talk. The participants expressed the need for someone who would listen to them without judgment. These adults ranged from grandparents to neighbours to the parents of their friends. Communities of caring adults who encouraged, or listened without judgment, fostered the development of more powerful identities which then provided the foundation upon which they were able to be resilient (Ungar, 2004).

Emily: I think there were quite a few times when I would sit and talk to her (her dead grandmother) and it made sense to me cus at that time she was in heaven and she could hear me so I could talk to her. But when she was here, she was at her house and she couldn’t hear me when I talked to her. So I guess that sorta helped. I sorta dumped on her. (laughs) Interviewer: So you think speaking to her helped you cope with other things in your life? Emily: I think so cus when we’d go over there and she would listen to me like my grade 6 teacher she would listen and she wouldn’t judge what I was saying. She wouldn’t say a lot but she would sit there and she’d do the nod and she would make like she was listening so it was kinda nice to know that no matter where I was she would hear me so it kind of gave me somebody to talk to.

Participants also described a learning journey of finding venues of support. Through the process of seeking and learning information about organizations and programs available due to their status, they were. There was also more tangible support that participants accessed such as food hampers. They described various sources such as churches, café’s which provided day old treats, and a bread van that provided day old bread and vegetables from restaurant. They also spoke of different places that provide Christmas hampers. Knowing more than one place to obtain necessities gave the participants the ability to alternate the places that they accessed. This sense of choice encouraged the women to feel more confident and secure about attaining support.
Catelyn: I just know where to go to get help. I know where to get help for food, for clothes. There are so many agencies to get help in the city. People don’t realize how much help there is out there for people. But when you’re struggling and you’re constantly needing the help and you try to get beyond that.

**Adaptations Theme 3: Gaining social capital**

The theme gaining social capital reveals the ways in which the women found comfort in an environment where they often faced violence and rejection. Social capital refers to those features of social relationships, such as levels of interpersonal trust, and norms of reciprocity and mutual aid, that facilitate collective action for mutual benefit (Putman 2000). The subthemes included: feeling safe in community organizations, social sameness and alternative social networks.

Most of the participants spoke about feeling safe in community organizations. Community organizations available to children such as Boys and Girls Club and Cadets provided access to resources, which acted as a buffer to adversity and helped the women cope. These places were seen as a safe zone where they could go to escape from the turmoil of home life. In these organizations, most of the other children were also there to have fun. Therefore children did not feel segregated or rejected. Both the Boys and Girls Club and the Cadets are free to attend and therefore was an option where their parents could allow them to visit without feeling burdened.

Sarah: Back in the day, back in the olden days (I can say that because of how old I am) ummm it (Boys and Girls Club) was just you know, it was just a place you can go and you feel safe in. You know, there’s other kids like, you know they’re all there for the same reasons, they wanna have fun, they wanna enjoy themselves. So we did like some swimming, you know, we got to, you know, play basketball in the gym. They back then had a trampoline. Back then those were really big back then. Now we don’t have them. Ummm. So it was just a place that we can go and have fun, you know, you won’t get in trouble because you know you’re not out making trouble. Everybody is there for the same reasons; we all just wanna enjoy ourselves and have fun.

The theme social sameness describes the process described by the participants whereby children with similar backgrounds and experience formed connections among each other. Participants found that although they could not fit in with the popular groups of children, those children that could not fit in collectively formed their own groups. The
members of these groups were then able to provide support for each other against the rejection that they were feeling in other aspects of their life. Furthermore, the places where these women felt most comfortable as children were places where they found other children with similar backgrounds. The sense that they were all there for the same reasons gave them further inspiration knowing that they were not alone in the adversities that they faced. Leah shared the feeling of comfort she found in the Cadets.

Leah: It was all people who were living under the poverty line and kids that had to go to the boys and girls club, they had nothing to do. And I felt like since that was a group that I fit into and it was a group that was accepting to me and we had that in common, I really thrived on that.

The women also found it helpful to be part of alternate social networks through which they could build skills and continue to be functioning members of society. Leah who was part of the swim team and Sarah who was part of the badminton team were proud to be members of these teams. They described feeling the sense of similar purpose for being part of the team and the importance they felt of their own contribution. Sarah described associated her feeling of being on a team with building a puzzle. “If one piece of the puzzle is missing, the puzzle can never be complete” (Sarah). Although the social expectations were put in place during other hours, during practice and meets the participants felt connected to a particular group.

Leah: Yeah I think that along with learning from all the bad things that have happened I have learned to communicate well with other people from being a part of like swim team and other sports and being a part of the boys and girls clubs its really helped me to realize how important it is for you to have mentors and a group of people to reach out to and to look up to and to have a social network outside of school. Because school is only one thing and if that one thing falls apart like it did for me you need something else to attach yourself to and to belong to. So that has extremely helped in my resilience and I would not be who I am today if it was not for the support I had through the boys and girls club.

Discussion

The present study was designed to further understand the impact of social integration on the lived experience of resilience to the adverse effects of poverty. The experiences of the women revealed several challenges that resulted because of financial status, which are consistent with the literature on poverty. The results that are consistent with the literature
will further be discussed along with the important findings about the women’s experience of resilience and the impact of social integration.

**Findings Replicated in the Literature**

Poverty was experienced as being related to limited resources such as clothing, food and shelter, and diverse parenting context in the family, which was then related to social stigma and role confusion for the participants. Similar to the participants’ discourse, Vandergriff-Avery, Anderson, and Braun (2004) also identified parenting hardships, relationship problems, single parenthood, childcare problems, child physical abuse, child sexual abuse and substance abuse as life stressor events and crisis in low-income families. Parenting hardships were particularly salient in the participants’ experiences.

The Family Stress Model of economic hardship (FSM) proposes that financial hardships affect parents’ emotions, behaviours, and relationships, which then affects parenting abilities and strategies (Conger & Conger, 2002). The main challenges related to many of the adversities that the women in this study faced were the diverse parenting styles and habits. The root of increased freedom or increased structure as well as being abused and neglected appeared to be rooted in parenting style. Their parents were either unavailable physically for supervision or were authoritative and presented strict restrictions as a way of enforcing control. What was clear in the current study was that for these participants there were different pathways between poverty and poor parenting. Some parents used alcohol to cope and were extremely neglectful and even abusive towards their children. Alternatively some parents, mainly the mother, were able to be supportive and provide for their children despite their own stress. These women described being highly attached to and dependent on their mother. However, being overly dependent on their mother made it easier for these women to withdraw from society.

The biggest impact of living in poverty was social stigma, which affected both social and emotional wellbeing. Social stigma most often was a result of the women’s appearance. Appearance, and in particular the clothing that children living in poverty wear, played a big role in their acceptance or rejection in school. Those children who were not able to wear the name brands or follow trends are subject to rejection. Other ways of keeping up appearances such as the type of lunches and participating in
extracurricular activities are also restricted due to poor finances. The pattern of rejecting a person based on their appearance or class status is similar to the process described as out-group avoidance (Saporito, 2003). People belonging to higher status groups attempt to maintain their superior position by avoiding places occupied by groups of lower race or class status (Saporito, 2003). These experiences then made the participants feel a constant need to fit in and decreased their emotional wellbeing.

When participants discussed experiences that related to the theme decreased emotional wellness, they spoke of the challenges they faced with family structure, appearance and role confusion. The main challenge that led to problems with self-esteem was the rejection they faced. Most participants felt that others did not like them, which then made them feel that they were not good enough. Many of the participants reported experiencing depression, which they eventually sought medical care for. Poverty, exposure to violence, social isolation, child maltreatment, and family breakup are risk factors documented to increase rates of depression in children (Gladstone & Beardslee, 2009). All of the participants reported at least one of these risks.

Social deviation emerged as one of the adaptations made. Delinquency and substance abuse can be seen as a way of coping in an environment with limited opportunities for pro-social behaviour. From the child’s point of view, defiant behaviour can be seen as an effective way to access a powerful identity, recreational opportunities, social support, meaningful attachments and feelings of competence (Ungar, 2005). In this way social deviation was the way in which they adapted to their situation. Participants in the current study spoke about ‘getting in trouble’ because there was not much else to do. Getting in trouble was a way for the participants to express their dissatisfaction with their situations and to show themselves as being different. They knew that they did not fit into the expectations of society but were acting out was a way to assert themselves as powerful. Personal factors were the primary contributions to the women’s resilience.

Resilience

The women spoke about several protective mechanisms and ways that they navigated to health-sustaining resources. For Leah, resilience meant being able to handle all the storms that come someone’s way. Resilience was learning from all the hardships and becoming a faster, stronger and better person. The most significant protective
mechanism, which she discussed, was being part of teams or clubs and finding mentors to reach out to and look up to. She discussed the significant of having alternate social networks for example networks outside of school when school experiences are negative.

Sarah felt that she was resilient because she was herself and that she did not have to prove herself to anybody. One of Sarah’s opportunities to experience feelings of wellbeing was being part of a team where every member plays an important part. She also described experiencing feelings of wellness by participating in community organisations where she does not feel different before and where she can work on skills to improve herself.

Catelyn saw resilience as the process of ‘lived throughness’; she lived through the abuse, the limited resources, and the mental anguish. Her main protective mechanism was to face and overcome adversity as she encountered it and to not be concerned about other future and past problems.

Anastasia learned that failure is not an option and that if you are strong you will get through and be able to withstand tough times. One of Anastasia’s protective mechanisms was to recognize poverty as not a stopping point. Although she may not have been able to overcome poverty, she bases her success on all her achievements in life and not only the financial resources that she has. Without being well-off financially, she feels that she has achieved a lot in life. Living in poverty has let her recognise that she is well-off as a result the strength and courage that it takes to meet her needs.

Cheyenne had to deal with adversity many times and she has known that ‘something’s gotta give’ so she has had to learn to cope with it. When she thinks of being resilient she thinks of being strong and being able to withstand tough times. Her protective mechanism was seeking support from other individuals in particular her guidance counsellor, teachers and social workers. She learned that having a childhood of adversity did not mean that the rest of her life had to be similar. She recognises that possessions or lack of possessions does not determine whether someone is a good person or not. She also appreciates everything that she has.

Emily learned to see her worth as a person and took her experiences of growing up and they made her a stronger person, a more confident person. . She knew that if she faced a difficult situation that she could deal with it knowing that tomorrow will be
better. Her greatest protective mechanism was learning from her parents’ mistakes and recognising when she may be making those same mistakes. She is then able to step back and negotiate what she needs to change about her actions.

For Stevie Rae, resilience was the fact that despite all she has seen and done, she tries hard to continue persevering. Being resilient meant that an individual is continuously adapting. Her main protective mechanisms were writing in a journal and being part of teams where she could increase her skills and achievements. Being resilient is being able to deal with adversity by keeping a positive outlook on the future and not giving up. She also described learning from her parents’ mistakes and not holding on to negative feelings.

In this study, resilience was not directly measured using a standardized measure; however resilience was clearly self-reported by the women. The women spoke of a range of psychological resources, skills and capabilities, which helped them navigate through adversity. For example the development of a positive self-concept reported by the participants encouraged these women to maintain competence under a range of adversity (Olsson et al., 2003). The women spoke of resilience as a process that was learned due to difficult situations they encountered and may still be encountering. The participant’s experience and understanding of resilience share some characteristics with what is known about resilience in previous literature. As evident in the theme building on individual strengths part of the process of adapting was through individual factors. Benzie and Mychasiuk (2009) show emotional regulation and effective coping skills as strong contributions to resilience. Similarly the participants all spoke about different coping strategies that they developed to help them adapt. They also spoke about other forms of emotional regulation such as self-talk and keeping a positive attitude.

Keeping a positive outlook has also been linked to resilience in the literature. MacLeod and Moore (2000) similarly found that an optimistic way of interpreting and adjusting to negative life events is an essential component of coping. Ben-Zur (2003) also links mastery and optimism to high levels of resilience. The women in this study also had a positive outlook on life. They all shared the perspective of appreciating the negative and positive experiences that they had as all those experiences made them who they had. The women felt capable of handling future struggles because of previous struggles they dealt
Although the participants would not have been considered resilient according to studies that define resilience by school engagement and presence or absence of risk-taking behaviours, these women did describe themselves as resilient. Difficulty arose in addressing whether these women were resilient or whether they were simply coping or adapting. Coping is defined as a conscious, voluntary process that includes attempts to manage emotions and thoughts, regulate behaviour and physical arousal, and act on the environment to decrease a source of stress (Wadsworth, Wolff, Santiago, & Morgan, 2008). However, coping over relies on the individual and her abilities, whereas resilience includes an individual’s capacity to navigate health sustaining resources as well as interactions between a person and favourable features of the surrounding context in a person’s life (Gilligan, 2001).

In relation to poverty, there are two main distinctions of adaptations. On one hand, unfavorable circumstances can make the disadvantaged resort to taking pleasure in small mercies and to lower their desires in other to avoid disappointment (Sen, 1992). On the other hand, adaptation can imply that people tend to adapt to misfortune by lowering expectations and aspirations so that their initial unhappiness is short lived (Brickman & Campbell, 1991). If the women in this study adapted as opposed to becoming resilient, this would imply that the women simply became adjusted to their life conditions. However the participants in the study demonstrated accounts of continued resilience in the face of adversity. They did not simply adjust to their life conditions but were able to recover from significant life disadvantages. Although many of the women were not financially well-off, they spoke of everyday achievements, which led them to feel well-off regardless. Their life stories demonstrated transitions towards positive outcomes as opposed to lowered aspirations following disappointments. Resilience was evident from participants’ accounts of transitioning from a positive to a negative situation during childhood such as leaving an abusive situation at their parents’ home and becoming independent.

The women also spoke of learning from past mistakes and learning from their parents’ mistakes in respect with the care and nurturing of their own children. In dealing with adversity, children emerged as central to the women’s ability and determination to
cope and to do their best for their children. Resilience also was associated with the
development of essential skills to improve conditions and gain services for daily living as
evident in the theme *mastering systems of support*. Overall, this study provides a new
perspective of resilience. The women’s experiences of resilience do not overlap with
definitions that emphasize highflying achievements (Rutter, 1987). However, the
experience of resilience is related with competence in everyday situations and doing
better than might be predicted in their adverse circumstances (Mansten et al., 1999).

The participants’ experiences and reflections on resilience also contrasted some of
the knowledge about resilience in the literature. Resilience has been linked to high quality
parent child interaction. Positive parent-child relationships are characterised by
authoritative parenting styles (demanding, warm and encouraging of children’s
independent striving), while poor parent-child relationships are characterised by
authoritarian (controlling and detached) or permissive (warm but non-demanding)
parenting styles (Baumrind, 1989). However, the resilient women in the study described
their parents as authoritarian and permissive and therefore had low quality parent child
interaction. The experiences of these women provide evidence that resilience can be self
defined and that the different ways in which an individual may say herself as resilient
may be just as important as preset criteria.

**Social Integration**

Social integration describes the attachments that a person has to society through
informal ties to family and friends and formal affiliations to community institutions
(Fothergill et al., 2011). In this study it was evident that social integration was affected by
socioeconomic status. Participants faced a great deal of rejection and had many transient
friendships. They were unable to participate in many activities because of the rejection
they faced and because their parents could not afford the financial costs of extracurricular
activities. Due to negative experiences with particular individuals, some women tended to
withdraw from society. This withdrawal thereby affected their sense of community. They
more often kept to themselves or tried to stay unnoticed and therefore were not able to
develop social skills or feel connected to others at those times. In addition the actions of
some of the participants were not the ones that were valued by larger society, for
example, stealing, carrying weapons and drug and alcohol use. However social
integration was evident in the adaptations that they made.

The main sources of social integration were the emotional support of caring teachers and counsellors, adults who the participants could confide in, safe community organizations and other children who were also facing difficult times. The themes finding support from individuals and gaining social capital represent the influence of social integration on the lived experience of resilience. In finding support from individuals, participants engaged in a wide variety of social activities and relationships. Primarily, they made interpersonal ties with teachers and guidance counsellors. The importance of having teachers who care and invest time in supporting the student is evident in the long-term wellbeing of children who have difficult times in school (Schoon & Bynner, 2003). Teachers helped these children see themselves as having value and being special even though the other children in school may not have necessarily thought so. Similarly, Brackenreed (2010) acknowledged that caring teachers model protective factors that enable positive development by meeting youth’s basic needs for safety, love and belonging, respect, power, accomplishment, and learning.

Putnam and Feldstein (2003) characterize social capital as “social networks, norms of reciprocity, mutual assistance, and trustworthiness” (p.2). For the women in this study social capital involved the trustworthiness of community organizations, social relations formed between individuals who share common challenges, and social networks formed by a sense of common purpose. Social support from individuals and organizations and institutions that provided instrumental support for daily tasks such as child care, entertainment, and food distribution formed the social capital of individuals in this study that helped to sustain individuals during difficult times. The acquisition of social capital parallels social integration. Social integration in the community provides increased social support and increases social contact, which has a positive effect on mental health (Musick & Wilson, 2003).

Participants were vulnerable to rejection and to restriction of their ability to participate in social activities. Participation in social activities has been shown to be important in building of interpersonal skills that would facilitate friendship formation (Pederson Vitaro, Barker, & Borge, 2007). However, the rejection the participants experienced in this study challenged but did not halt friendship formation. Children who
were experiencing rejection, or who could not fit in with other peers usually banded together. As a result, social relationships alternative to their classmates were formed on the basis of sameness. These relationships were formed primarily within community organizations or other venues of support that the women attended. Participants spoke of the majority of their friends being others who were also being rejected or who had family conflicts. The expectations in these relationships were based on a mutual understanding that those involved were all facing difficulties in life.

Although the women in the present study were not able to participate in many extracurricular activities and sports, participants were still able to access social activities that were beneficial to them. Involvement in community organizations is thought to benefit mental health through expanding social networks, providing distractions from troubles, and positive perceptions of relationships (House, Umberson, & Landis, 1998). Being part of a team also helped with building confidence because as a team every member of the team has to rely on each other. Being on a team helps children feel wanted and needed. Furthermore being on a team is a choice that every team member makes because they share that common interest.

Community organizations were a place where participants in the study felt safe. In addition these were venues where children could have responsibilities as well as learn skills, thus building their self-esteem and bolstering their mental health. Community organizations that are free for children to attend were very important in the participants’ resilience. Access to quality educational and recreational opportunities, such as schools, sports teams, churches, and Boys and Girls clubs have been previously investigated as potential contributors to resilience (Smokowski 1998). They were able to choose activities that they were good at, found enjoyable or learned skills from. In addition the members of these organizations ‘leaned on’ each other because of the mutual understanding that they all had problems at home. These centers that were formed as a place for kids to have enjoyment for free played a dual role of being foundations for the formation of social networks.

Social networks are also important in sharing information on places to get help. Participants spoke about the lack of knowledge during the start of their struggles and then the learning process of mastering the systems of available support. Children are not aware
of the many agencies that are available to get help. Social integration therefore plays the role in helping children gain the knowledge of places to get help and to be resilient.

**Implications**

Resilience is a process acquired over time (Minnard, 2002) through interactions with multiple systems in a child’s environment. Social integration, which is shown to influence a child’s resilience, occurs on many levels and through many different sources. The findings in this research provide many opportunities for social work, school and community interventions.

**Figure 3. Suggested actions to encourage social integration and resilience to poverty**

![Diagram showing suggested actions to encourage social integration and resilience to poverty]

- Identifying the vulnerable
- Maximizing opportunities for participation in group activities
- Ensuring a culture of caring and non-judgmental support
- Increased resilience
- Increase presence of organizations that provide safe and supportive programs

Many of the participants faced difficulties at home and at school. In this study the greater concern was social integration outside of the family. School in particular is a venue that children spend many of the waking hours. Therefore, school is an important setting to promote resilience in children, by fostering skills underlying emotional well-being in a safe environment that can buffer against adversity (Patton et al., 2000). Based
on my findings, which are more closely related to the research question, suggestions are provided for school personnel, social workers, and community members and organizations to help increase resilience among vulnerable children. These actions are suggestions to encourage social integration and thereby contributing to resilience to the adverse effects of poverty. The first suggested action is to identify children who are living in poverty and who are vulnerable to social stigma and role confusion. Based on the experience of the women in this study, vulnerable children may be identified by appearance and behaviour. School personnel can more closely recognize children that are targets for bullying and rejection in the same way that they become targets, through their appearance. Children who are living in poverty may appear different based on their clothing. These children may also have identifying behavioural characteristics such as falling asleep during class, and lower participation in paid activities. Through this knowledge, school personnel may be able to protect these children and educate the bullies on differences in class and status and to teach them about acceptance. Counsellors can assess patterns of activity and delinquency of children in the school and personally approach those who demonstrate signs of difficulties at home or withdrawal. The other suggestions are efforts to ensure that children are socially integrated and become resilient.

The second suggestion is to ensure a culture of caring non-judgmental adults available to support children living in poverty. Participants suggest a more personal approach to addressing the problems that children are facing. Vulnerable children can be connected to adult mentors who can encourage these children to focus on their strengths and aspirations. Based on the participants’ experiences, children are seeking caring teachers who will help them achieve and be successful in school. The school then must focus on these children who need that extra push of encouragement to compliment the resilience that they are building.

The next suggestion based on this research is to maximize opportunities for children living in poverty to participate in group activities. Participation in group activities will provide the opportunity for disadvantaged children to form meaningful relationships and develop interpersonal skills. This participation may be possible through the funding of sports and extra curricular activities for children who are financially unable to afford these opportunities. The inability to afford uniform or necessary
equipment was shown to be a major deterrent in the women’s participation in a social context.

In mastering systems of available support participants describe not becoming aware of the supports that were available until a prolonged process of integration. It is important for health professionals, and schools to increase the knowledge and access that children living in poverty have to group activities that already exist. For example, Tim Horton Children Foundation is a charitable organization that currently runs and provides a fun-filled camp environment for children from economically disadvantaged homes. Based on the experiences of the women in the study, they express what is lacking is knowledge about access to the support system available in that community. These women expressed the need for someone to talk to for help with accessing resources. They described how useful it was to have information on where to go and what to do to get support. In order to access systems of available support there is a need for verbal and face-to-face contact as opposed to bulletins. Children are especially confused by what can be accessed if they are dependent on bulletins or pamphlets. It will therefore be beneficial for organizations, which cater to this vulnerable population to collaborate in providing children with information to other places that can be accessed based on their needs.

The final suggestion is to increase the presence of free organizations that provide safe and supportive programs. These organizations increase social support, foster skill building and provide the opportunities for diverse interpersonal interactions. In addition children are able to have fun and ‘escape’ from the hardships in their lives. The main organizations which women in the study spoke of were Cadets and Boys and Girls Club, which were free to attend and made a major impact on them. In particular, The Boys and Girls Club was seen as very important in the participants’ lives for building relationships and developing a sense of community associated with wellbeing. The participants were grateful for the workers at this organization who also invested time in knowing them on a more personal level and encouraging them in their endeavours. It is important to insure that organizations like this are available especially in vulnerable neighbourhoods. An additional and although unintended result of these organizations is that they bring children together who may share similar struggles. The women in the study expressed this experience as being supportive because the children they interacted with understood
each other. This knowledge of the importance of social sameness can be beneficial in encouraging mutuality that can bring children together and also encourage friendships.

It is evident that interactions with the family, school and community have a major influence on resilience. Maximizing opportunities for participation in group activities, ensuring a culture of non-judgemental support and increase the presence of free organizations that provide safe and supportive programs are all suggestions which will improve social integration among children living in poverty. This research suggests that efforts to ensure that children are involved in activities and relations in the community will contribute to children’s ability to adapt to significant and disruptive life challenges that occur as a result of poverty.
References


possibilities. *Administration and Policy Mental Health and Mental Health Service Research, 34*: 389-399.


Chapter 5

5 Conclusion

The purpose of this study was to explore the lived experience of resilience among women who lived in poverty during childhood and to understand the impact of social integration on their resilience. The use of hermeneutic phenomenology revealed a pathway whereby there are challenges faced by children living in poverty, which has several impacts on wellbeing. As a result several adaptations are made on both an individual and social level. On the individual level, the women built on individual strengths. On the social level the women sought out sources of support and began to gain social capital. This understanding was accomplished through in depth interviews with seven women who had experienced poverty during childhood. The challenges that the women faced in childhood were being limited with resources and therefore depending on social welfare. Parenting styles were also diversified resulting in lack of supervision, greater enforced structure and routine and risk of abuse. Due to limited resources and diversified parenting styles the participants faced social stigma and role confusion. They soon had to develop various ways to adapt and cope. The three most evident forms of adaptation were building on individual strengths, finding sources of support and gaining social capital.

Revisiting Hermeneutic Phenomenology

I chose hermeneutic phenomenology to answer the question, “What is the impact of social integration on the lived experience of resilience?” Hermeneutic phenomenology was used to gain an understanding of how these women constructed and interpreted their lifeworld of poverty, and the meaning they attributed to these experiences. The focus in this study was toward illuminating details and seemingly trivial aspects within experience that may be taken for granted in the participants lives, with a goal of creating meaning and achieving a sense of understanding (Wilson & Hutchinson, 1991). Conducting thematic analysis was an insightful approach for seeking meaning. This process of analysis was not restricted to certain rules but was more of an act of seeing meaning in the words of the participants. By choosing this methodology I was able to understand the
essence of resilience from the point of view of several women who have experienced it. In one way I was able to focus on the pre-reflective experiences and feelings of these women. In addition based on my theoretical and personal knowledge I was able to further interpret these experiences and present them in the form of eight major themes.

**Contributions to the Field**

This study made the contribution of confirming previous findings in research through participants’ own lived experiences. The stories of the participants in this study also showed the interplay of the challenges that children living in poverty face, the impact of those challenges on their wellbeing and the adaptations that they made to deal with disadvantage. The link between appearance and rejection was a unique perspective on the way in which poverty affects wellbeing. This link was the most consistent impact of poverty among all participants but it is not strongly evident in other research. Issues of self-esteem became forefront in the participants’ discussion of how poverty limited their clothing choices. Since the school was the setting where a lot of unpleasant experiences occurred, it is important to address the student-student relationships and bullying in schools. The participants’ experiences demonstrated the need for one-on-one interventions for children who are vulnerable as opposed to school wide interventions. Participants noted that bullying assemblies did not lessen the bullying that they experienced.

The aim of this study was to examine the impact of social integration on the lived experience of poverty, as these two concepts have not been studied together. The findings in this study showed that social integration was achieved through several ways which all contributed to resilience. The themes *finding support from individuals* and *gaining social capital* represented the influence of social integration on the lived experience of resilience. The emotional support of caring teachers and counselors was a great facilitator for the participants in the study. Participants who did not have the support or their parents utilized these individuals as a source of strength and of reaffirming self-competence. In another manner, teachers sometimes provided more tangible support of clothing and equipment, which established participants’ feelings of worthiness. The availability of a non-judgmental adult that a child can confide in also helped to foster the development of powerful identities, thereby contributing to that child’s resilience.
The women’s account of their experiences also demonstrated the importance of gaining social capital to their resilience in dealing with adversity. The participants in the study clearly identified several community organizations that were accessed to help the participants cope. Community organizations were a venue for forming relationships and being involved in activities, thereby increasing social integration. Community organizations can be a safe place where children could have responsibilities as well as learn skills, thus building their self-esteem and increasing their resilience. Another way in which social integration was achieved for these women was through social relations formed between individuals who share common challenges. This mutual understanding of the difficulties faced among children is an additional source of support with dealing with disadvantages. Social integration also potentially exposes children to resources and strategies to contribute to resilience.

**Personal Reflections**

Undertaking this research was a novice learning experience for me. The data collection process was enlightening. I felt privileged that women who did not know me were willing to share the stories of their life experiences, which were both positive and negative. I had to determine how much I could share about myself in order to make the participants feel comfortable while maintaining a researcher-participant relationship. When I first went to recruit participants, one woman mentioned that I should bring Kleenex so throughout my interviews I nervously anticipated that experiences might come up that may lead to tears. I was not sure about the way in which I would handle such a situation. After a couple interviews, that concern was forgotten until it did happen. When Emily was speaking about a teacher who helped her by bringing a costume to her house so that she could be part of the band she began crying. I had to be careful to not let my own emotions be involved and to ensure that she felt that she was free to express her emotions to me. After taking a break we were able to continue. This experience was both humbling and allowed me to more deeply understand how much that experience meant to her.

The data analysis experience was overwhelming but fulfilling. During transcription, I was able to relive the experience of conducting the interviews. Transcription was more time consuming than I anticipated. I was glad when I was done
transcribing and began coding. I had opted not to use a qualitative data analysis computer software, but to use free hand coding instead. After coding the first transcript I met with my supervisors and was glad that our coding was similar. I felt confident with continuing data analysis. On completion of coding all seven transcripts I was overwhelmed about what would be the next step. However with reflecting, rereading and reorganizing the codes, similarities between experiences emerged. This enabled me to begin formulating themes that began as full sentences then evolved to shorter more inclusive statements and phrases.

Once themes were developed I began writing each section of my thesis. At this stage I encountered the process in hermeneutic phenomenology of writing and rewriting. With the help of my advisory committee I was able to reshape my writing from my first to final draft. I considered comparing the process of resilience to tree hardening. In tree hardening a plant goes through a transitional period where it is exposed to sunlight and decreased watering gradually and increasing over time until that plant is able to stay outside permanently. In a similar process the women were exposed to various hardships through which they found ways to cope and with time could consider themselves resilient. What was warming for me to know was that all the women appreciated the positive as well as the negative experiences they had. They considered that all these experiences are what made them who they were and that they were happy with whom they were at the time. In a similar manner, I appreciate all the setbacks and confusion I faced while completing my Masters thesis, as these are the experiences that make me proud of my final achievement.

**Limitations**

Although this research was thoughtfully prepared and carefully conducted, there were some unavoidable limitations. This study was limited to the scope of a Masters thesis. This time restriction therefore limited the methods that data was collected. However hermeneutic phenomenology was found to be an appropriate method for exploring the lived experience of the participants because of the richness of the data collected. The venue for data collection also meant the greater likelihood of selection bias. Since it is a family support and crisis center many of the people who use this center are still facing adversity. The experiences of women who lived in poverty and are now
more financially stable may provide additional insight into the impact of social integration on resilience which could not be explored among this sample. Another limitation was that men were not included in data collection and therefore the themes may be more representative of the experiences of girls living in poverty as opposed to boys. Finally, with regards to my interpretations, I hold a relativist position and acknowledge that diverse interpretations can be applied to the knowledge gained through this study (Finlay & Ballinger, 2006). Therefore the opportunity for future interpretation of the findings is also provided to readers of this thesis.

**Future Directions**

This research was conducted solely among women. It is suggested for research in this area to include males. Through the experiences of the women in the study there was indication that the outcomes for men in similar experiences varied. Some women portrayed their brothers as becoming the bullies and abusers because of their experiences of abuse at home. On the other hand it was suggested that their issues with self-esteem would be minimized, as the societal expectations for girls appearances are greater than for boys. The women in the study also noted that boys appeared to be less affected by teasing because it was expected for them to be tough and not show weakness.

Some of the experiences of the participants suggest further exploration not evident in the literature. All participants shared the topic of being bullied because of appearance. However most research on bullying and low socioeconomic status portray children living in poverty as the perpetrators of bullying. Research should also be concerned with children of low socioeconomic status being victims because of their appearance. This finding also has implications for anti bullying efforts. These efforts may focus on promoting acceptance among children in an effort to stop bullying.

Finally, the topic of social capital needs to be further addressed in the literature. Future research may address the benefits of encouraging relationships among disadvantaged children in the appropriate settings through participatory action research. This present study has begun to reveal that these social relationships are evident of interpersonal trust and mutual aid in an unexpected way. Certain community organizations provide the venue for these relationships to form. It is important that all children living in poverty have safe access to these organizations. Once these children are
there they are able to find support among each other, which contributes in meaningful ways to their resilience. The strengthening of resilience in children may be as dependent on providing them support as on encouraging building of individual strength.
References


# List of Appendices

**Appendix A: Data Graph**

<table>
<thead>
<tr>
<th>Title</th>
<th>Author, year, location</th>
<th>Study population</th>
<th>Study aim</th>
<th>Methodology</th>
<th>Outcome measures</th>
<th>Important results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood attachments as a protective factor:</td>
<td>Stacy P. D., 2006 Minnesota and Wisconsin</td>
<td>One sibling housed in Minnesota and Wisconsin adult correctional facility N=55 Ages 18-55 White n =44</td>
<td>To assess whether attachment levels are significantly different in resilient individuals when compared with their non-resilient siblings.</td>
<td>Qualitative-retrospective case study</td>
<td>-Criminal history -Chemical dependency: -Education: Completion or non-completion</td>
<td>1. Number of attachment figures greater for resilient siblings 2. Resilient siblings had stronger attachments in those relationships.</td>
</tr>
<tr>
<td>The importance of parents and other caregivers to the resilience of high risk adolescents</td>
<td>Ungar M., 2004 Eastern Canada</td>
<td>N=43 adolescents and their caregivers</td>
<td>Understanding how caregivers satisfy the needs of teens by acting as a positive forum in which youth construct a powerful identity that they argue is the foundation upon which they are able to overcome adversity</td>
<td>Qualitative-Grounded theory</td>
<td>Issues related to adolescence, mental health, relationships, experiences of power and control, competencies, and coping strategies.</td>
<td>1. Parents and other caregivers were found to exert a large influence on the behaviors that bolster mental health among high-risk youth marginalized by poverty, social stigma etc. 2. Teenagers seek close relationships with adults in order to negotiate for powerful self constructions as resilience</td>
</tr>
<tr>
<td>Dealing with disadvantage: Resilience and the social capital of young people’s networks.</td>
<td>Bottrell, D. (2009). Glebe, Sydney Australia</td>
<td>12 girls aged 13 to 24 mainly Aboriginal and Anglo-Australians</td>
<td>The study aimed to understand young people’s perspectives on schooling and truancy and how these related to experience outside school</td>
<td>Qualitative-Participant observation and interviews</td>
<td></td>
<td>1. dealing with adversity 2. sticking together 3. learning from families and networks</td>
</tr>
</tbody>
</table>


| The timing of middle-childhood peer rejection and friendship: linking early behavior to early adolescent adjustment. | Pedersen, S., Vitaro, F., Barker, E., & Borge, A. (2007). Northwest Quebec | 551 children ages 6-13 | Quantitative | Pedersen, S., Vitaro, F., Barker, E., & Borge, A. (2007). Northwest Quebec | 551 children ages 6-13 | (a) behavior problems in the early school years are associated with middle-childhood peer rejection and (b) rejection, in turn, leads to lower friendedness and subsequently higher adolescent internalizing | Sociodemographic info
- anxiety
- social withdrawal
- disruptive behavior
- peer rejection
- friendedness
- depressive symptoms
- loneliness
- social dissatisfaction
- delinquency | (a) behavior problems in the early school years are associated with middle-childhood peer rejection and (b) rejection, in turn, leads to lower friendedness and subsequently higher adolescent internalizing—but not externalizing—problems. |

| Friendship moderates prospective associations between social isolation and adjustment problems in young children. | Laursen, B., Bukowski W., Aunola, K., & Nurmi, J. (2007). Finland | 166 (77 girls, 89 boys) | Longitudinal study | Laursen, B., Bukowski W., Aunola, K., & Nurmi, J. (2007). Finland | 166 (77 girls, 89 boys) | Peer nominations for social engagement and self-reports of internalizing and externalizing problems were collected in the spring of the 1st and 2nd grade. Friendship moderated prospective associations between peer and adjustment variables | Adjustment problems
Social engagement | The findings suggest that friendship buffers against the adverse consequences associated with being isolated and presenting adjustment difficulties. |

| Why did they not drop out? Narratives from resilient students | Lessard, A., Fortin, L., Marcotte D., Potvin P., Royer, E. 2009. Canada | N= 60 students identified as resilient French-Canadian Caucasians living in Quebec, Canada and ages 19 to 22 years | Qualitative
Semi-structured, individual, face-to-face interviews that were recorded. | Lessard, A., Fortin, L., Marcotte D., Potvin P., Royer, E. 2009. Canada | N= 60 students identified as resilient French-Canadian Caucasians living in Quebec, Canada and ages 19 to 22 years | The purpose of this study is to describe how students who were at risk of dropping out of school actually persevered and succeeded in obtaining their high school diploma. What were the challenges present in the participant’s life? What made him or her stay in school? | open-ended questions that encouraged the description by the participants of their primary and secondary schools, of their relationships with other students, teachers and principals, and also with family members and friends. | 1. Challenges: Divorce of parents and subsequent moving, parents less available to help with school work and health related challenges such as OCD.
2. Protective strategies: Established relationships, positive inner discourse demonstrating self esteem and self efficacy and made strategic decisions aimed at keeping them on track to graduate |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Authors</th>
<th>Sample Size</th>
<th>Study Design</th>
<th>Key Findings</th>
</tr>
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<tr>
<td>Cluster profiles of youths living in urban poverty: factors affecting risk and resilience</td>
<td>Anthony E. 2008</td>
<td>158 youths grades 6-8 living in urban public housing developments</td>
<td>Quantitative</td>
<td>individual characteristics, interpersonal and social traits, family conditions, microsystem transactions, and neighborhood influences</td>
</tr>
<tr>
<td>What Makes the Difference? Children and teachers talk about resilient outcomes for children ‘at risk’</td>
<td>Howard S., Johnson B. 2000 South Australia</td>
<td>125 9–12 year olds and 25 teachers from 5 primary schools in disadvantaged areas in South Australia</td>
<td>Qualitative-Interviews</td>
<td>(a) what they thought a 'tough life' was; (b) why 'some kids have a tough life and don't do O.K.' and 'kids with tough lives who do O.K.' and; (c) why 'some kids have a tough life but do O.K.'</td>
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1. increasing needs and depleting resources of urban, poor communities propose that community mental health models and resources can be allocated to help strengthen and support after school programs.

2. Increasing positive relationships and parental supervision and effective discipline through education and support can help protect against such risk factors.
<table>
<thead>
<tr>
<th>Family Adversity, Positive Peer Relationships, and Children's Externalizing Behavior: A Longitudinal Perspective on Risk and Resilience</th>
<th>Michael M. Criss, Gregory S. Pettit, John E. Bates, Kenneth A. Dodge, and Amie L. Lapp</th>
<th>585 families with 5 year old children</th>
<th>Investigate protective factors against adolescent externalizing behavior whether peer acceptance and friendship in the early elementary years moderated this association</th>
<th>Qualitative-interviews</th>
<th>family adversity (ecological disadvantage, violent marital conflict, and harsh discipline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002 United States</td>
<td>1. positive peer relationships during early grade school moderated the association between early family adversity and subsequent child externalizing behavior 2. The moderating role of peer relationship was not qualified by child gender or ethnicity.</td>
<td>Appendix B: Interview Guide</td>
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</table>
I am interested in your experiences with poverty during childhood. Through this interview, I am seeking to understand the experience of resilience in the context of poverty. I intend to learn what factors influence a child’s ability to adapt. I will be asking questions about your childhood experiences followed by questions about individuals with whom you may have interacted, social organizations to which that you may have belonged to, and finally questions about resilience. I am particularly interested in the social relationships that you may have had, and the social roles you had as a child and/or teenager. Please be reminded that you do not need to answer any question that makes you uncomfortable.

1. To begin, I hope that you will share some of your childhood experiences with me. Where did you grow up?
2. What did you like to do as a child? Were there any particular childhood games you played? Did you have any hobbies?
3. Did you have any brothers and sisters that you grew up with? How would you describe the relationship you had with them? Were there times when you wish you did have siblings to share particular experiences with?
4. How would you describe your childhood friendships? Is there a particular childhood friend that you remember? How did you become friends?
5. Did your family’s financial situation affect your ability to establish friendships?
6. Is there a particular experience of living in poverty as a child that was unsatisfactory to you? (Think back to these early years and try to remember an instance or event.) How did this experience make you feel?
7. Is there a prominent child or teen experience of living in poverty that you remember involving your parents?
8. In general, did you feel encouraged and supported by your parents?
9. Did you enjoy school? What did you like about it? What experiences were not pleasant? Do you remember any particular teachers? What do you remember about them?
10. Did you play sports growing up? What sports did you play? Can you describe some of your experiences of playing sports? If so, what role did your coach play in your life? What role did you teammates play?

11. Were there opportunities to belong to any particular groups, teams or clubs? Can you remember any memorable moments in belonging to this? How did you feel as a member of those groups?

12. Social roles are the parts people play within the groups that they belong to. For example, within a particular group, you may have been the leader, the organizer or even the learner. What social roles did you have growing up? How did you feel as a member of those groups?

13. In life sometimes we may have obligations or needs that we may struggle to meet and may be unable to fulfill on our own. In these times help from outsiders is an asset. As a child, was there a situation where you felt that you needed help and you were able to attain it? Who helped you? Can you describe that experience?

14. Often we may have familiar strangers in our life- such as a bus driver with whom we may interact on a regular basis- but whom we don’t really know. Are there any individuals that you stand out to you as you recall your childhood? What were your experiences like with these individuals?

15. Is there any other situation where someone who you were not familiar with provided you assistance?

16. Overall, did relationships with others help you to cope? Can you describe the aspects of these relationships that helped you cope?

17. Merrymount is a caring organization and provides programs such as Parent’s Care as well as programs designed for children. What is your involvement with Merrymount? How long have you been involved with Merrymount?

18. Were you involved in any programs like this as a child? Can you describe those programs?

19. Were you able to access any other types of social support as a result of living in poverty? Were these supports helpful? If so, how, and if not why not?
20. What does successful adaption mean to you? Can you describe a situation in which you think you adapted successfully? In what ways do you think that you have successfully adapted?

21. Resilience can be understood as the part of a person that helps them cope with difficult situations. What is your understanding of resilience? In what ways do you think you are resilient?

22. We talked about people, situations and activities in your life earlier in this interview. Did any of them contribute to your resilience?

23. Is there anything else you would like to share with me about your experiences as a resilient person?

24. Thank you for participating in this study. If you have requested to have a copy of the findings of this study, this will be provided to you.
Appendix C: Advertisement

The impact of social integration on the lived experience of resilience in adults who have lived in poverty during childhood

We are interested in your experiences of poverty as a child and learn about people, opportunities and activities that you feel helped you as a child and teenager.

Nedra Peter, a masters student in the Program at Western University, will conduct this study, under the supervision of Professor Donna Dennis and Dr Jan Polgar from the School of Occupational Therapy and the graduate program in Health and Rehabilitation Sciences, Western University.

We need you!!

Who? Volunteers who:
Are English speaking
Between the ages of 20 and 40
Have lived in poverty during childhood

For? To participate in two in-depth interviews

How Long? Approximately 1-2 hours per interview

Where? At Merrymount Family Crisis and Support Center at a time of your choosing

Why? Your experiences may identify factors that can be incorporated into programs children who are living in poverty

Interested? For more information please contact:

Nedra Peter
Appendix D: Letter of information and consent form

The Impact of Social Integration on the Lived Experience of Resilience in Adults Who Have Lived in Poverty During Childhood.

Principal Investigator:
Nedra Peter, BSc
Health and Rehabilitation Science
Western University

Thesis Supervisors:
Donna Dennis                      Dr. Jan Polgar
School of Occupational Therapy    School of Occupational Therapy
Western University                Western University

Introduction
We are researchers from the Faculty of Health Sciences at Western University. You are invited to participate in a research study designed to uncover factors that promote resilience against the adverse effects of living in poverty during childhood.

This letter contains information to help you decide whether or not to participate in this research study. It is important for you to understand why the study is being conducted and what it will involve. Please take the time to read this carefully and feel free to ask questions if anything is unclear or there are words or phrases you do not understand.
Purpose of Study:
The purpose of this study is to increase the understanding of the impact of social integration on resilience. Although poverty in childhood may be associated with adverse mental health outcomes in adulthood, resilience is seen as playing a role in enabling children to avoid the development of mental health problems. We are interested in your experiences with poverty, resilience and social integration (your social activities, social relationships, sense of community and identification with social roles). This study is part of Nedra Peter’s Masters thesis and is supervised by Donna Dennis and Dr. Jan Polgar.

Research Procedures
This study will be carried out in a series of two different sessions. There will be a primary interview where you will be asked several questions about your experiences with poverty and resilience. Information gathered in the first interview will be used to guide the follow up interview. These interviews will be audiotaped. If you do not want your interview to be audiotaped, you should not choose to participate in this study.

Length of Time and Location of Study:
We anticipate that participation in this study should take about 2 to 3 hours of your time, plus travel time. All of the data collection will occur within two scheduled interviews. This data collection session will take place at Merrymount Family Support and Crisis Center in London, Ontario. We will reimburse you for any expenses you incur traveling to Merrymount, such as parking, or bus.

Participants
We want to recruit up to 5-8 participants to this study. We are interested in adults between the ages of 20 and 40 who lived in poverty during their childhood. Each participant should be able to speak and understand the English language.

Confidentiality:
All the information collected will remain confidential. Data storage and security measures are in place. Each interview will be audio-recorded and transcribed into a written format for further data analysis. The transcribed data will not contain any personal information that might identify you. The recorded interview, transcriptions and
any identifying information will be kept in a locked filing cabinet in the research laboratory of Dr. Jan Polgar, in the School of Occupational Therapy at Western University. Data stored electronically will be held on an encrypted computer that is only used by Dr. Polgar’s research team. Transcripts and audiotapes will only be accessible to members of the research team at Western University. Your real name will not be used in any of the written or published works. Any information that would reveal your identity will remain confidential. It will not be stored with the written record of your interview. It will be destroyed two years following data the completion of data collection, using a bonded shredding company contracted by the School of Occupational Therapy at Western University.

**Access to your Study-related Records**
Representatives of University of Western Ontario Research Ethics Board may contact you or require your study-related records to monitor the conduct of the research.

**Personal Risks and Benefits**
There is little to no personal risk, which should arise from participating in this study. You will not directly benefit from participating in this research.

**Consent**
If you agree to participate, I will request that you sign the attached consent form once you have asked any questions you have about participating in this study. You will be given a copy of this letter once you have signed the consent form.

**Concerns about Your Participation**
Participation in this study is voluntary. You may refuse to participate or withdraw from this study at any time without penalty. To do so, indicate this to the researcher by saying, "I no longer wish to participate in this study". Information collected prior to withdrawal will be kept, unless you ask to have it removed from this study. The results and subsequent protocol will be available to all participants at their request upon completion of the study.
I would like to assure you that this study has been reviewed and received ethics clearance through the University of Western Ontario Health Sciences Research Ethics Board. However, the final decision about participation is yours. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time.

**Contact Information:**
If you have any questions about the study please do not hesitate to contact us. If you have any questions about your rights as a research participant or the study you may contact The Office of Research Ethics.
Consent form

The Impact of Social Integration on the Lived Experience of Resilience, in Adults Who Have Lived in Poverty During Childhood.

I have reviewed the contents of the letter of information, I have had the nature of the study explained to me and I agree to participate. All of my questions have been answered to my satisfaction.

______________________     ______________________
Signature of Research Participant      Date

______________________
Printed Name

______________________     ______________________
Signature of Person Obtaining Informed Consent      Date

______________________
Printed Name
Appendix E: Ethics Approval Notice

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Donna Dennis
File Number: 102739
Review Level: Delegated
Approved Local Adult Participants: 0
Approved Local Minor Participants: 0
Protocol Title: The impact of social integration on the lived experience of resilience, in adults who have lived in poverty during childhood.
Department & Institution: Health Sciences/Occupational Therapy, Western University
Sponsor:
Ethics Approval Date: July 16, 2012
Expiry Date: August 31, 2013
Documents Reviewed & Approved & Documents Received for Information:

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<tr>
<th>Document Name</th>
<th>Comments</th>
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<td>Western University Protocol</td>
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<tr>
<td>Letter of Information &amp; Consent</td>
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<td>2012/06/26</td>
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<td>Advertisement</td>
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This is to notify you that the University of Western Ontario Research Ethics Board for Health Sciences Research involving Human Subjects (HSREB) which has organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/CH Good Clinical Practice Practices: Consolidated Guidelines, and the applicable laws and regulations of Ontario has reviewed and granted approval to the above reference protocol, upon completion of the requirements for this REB. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above, assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to the expiry date noted above, you must request it using the University of Western Ontario Updated Approval Request Form.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

The Chair of the HSREB is Dr. Joseph Gilbert. The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB0000940.

Signature

Ethics Officer to Contact for Further Information

This is an official document. Please retain the original in your files.

The University of Western Ontario
Office of Research Ethics
Support Services Building Room 5150 • London, Ontario • CANADA – N6G 1G9
Ph: 519-661-3036 • F: 519-850-2466 • ethics@uwo.ca • www.uwo.ca/research/ethics
# Curriculum Vitae

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th>Nedra Peter</th>
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<tbody>
<tr>
<td><strong>Post-secondary Education and Degrees:</strong></td>
<td></td>
</tr>
<tr>
<td>University of Toronto</td>
<td>Toronto, Ontario, Canada</td>
</tr>
<tr>
<td>2006-2010 B.Sc</td>
<td></td>
</tr>
<tr>
<td>University of Western Ontario</td>
<td>London, Ontario, Canada</td>
</tr>
<tr>
<td>2011-2013 M.sc</td>
<td></td>
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<tr>
<td><strong>Honours and Awards:</strong></td>
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</tr>
<tr>
<td>Graduate Entrance Scholarship, University of Western Ontario</td>
<td>2011, 2013</td>
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<tr>
<td>Honours Bachelor of Science with distinction, University of Toronto</td>
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<td>2010</td>
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<td><strong>Related Work Experience:</strong></td>
<td></td>
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<tr>
<td>Teaching Assistant</td>
<td>The University of Western Ontario</td>
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