Strength and Resilience of Homeless, Single Mothers: A Focus Group Analysis

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Abstract

A qualitative research design was used to explore the views of homeless, single mothers. The research was guided by a phenomenological perspective by collecting data on the lived experiences of the research participants. Eight women participated in a focus group. Analysis of the statements given by the research participants resulted in the identification of two themes: 1) connectedness; and 2) sources of strengths. This article describes each theme and discusses implications for social work practice and research.

Introduction

On any given day, it is estimated that between 664, 000 to 800,000 persons are without shelter or are sheltered homeless in the United States (National Association of Social Workers [NASW], 2009), and 30% to 60% of this population experience problems related to substance abuse (Thompson, Barczyk, Gomez, Dreyer, & Popham, 2010; Zlotnick, Tam, & Robertson, 2003). The greatest increase in prevalence of homelessness in the United States is with single women who have children (NASW, 2009). Exiting homelessness has been a challenge for this population because few resources are available for homeless women with children; as a result, they often find themselves in situations that compromise their safety and health (Brown & Ziefert, 1990). It has been suggested that women are more likely than men to find themselves homeless due to being victims of financial crisis, trauma, domestic violence, and rape (Brown & Ziefert, 1990; NASW, 2009).

Literature Review

Research in the area of exiting homelessness has explored many topics, such as the perceptions held by homeless individuals towards the quality of services they receive and the role of self-determination in the process of exiting homelessness (Brown & Ziefert, 1990; Pollio, McDonald, & North, 1996). The topics most often cited as significant challenges for people exiting homelessness are untreated substance abuse and mental health symptoms (Thompson et al., 2010; Zlotnick et al., 2003). A qualitative study by Thompson, Pollio, Eyrich, Bradbury, and North (2004), for example, found that individuals who were homeless and had substance abuse and mental health disorders were more likely to maintain their exit from homelessness if they had personal relationships with family and friends, active involvement in community resources, and intrinsic motivation to change.

Cohen and Burt (1990) suggests that those who provide services to individuals who are homeless with substance abuse and mental health symptoms make exceptional efforts to not only provide the basic needs, such as shelter and food, but also offer interventions that support recovery from substance abuse and mental health symptoms. In a recent study, Sutherland, Cook, Stetina, and Hernandez (2009) suggests that more knowledge is needed to identify

interventions that effectively support and strengthen women's existing protective factors, which may promote substance abuse and mental health recovery, as well as an exit from homelessness. This study, following the suggestion by Sutherland et al. (2009), contributes to the current body of literature related to women's protective factors by asking women who are homeless and have a history of substance abuse about their perceived strengths, resiliency, and motivations that contributed to their exit from homelessness. The purpose of this exploratory research is to answer the following two research questions.

1.   What are the views held by participants of Hopeful Solutions, Inc. that promote their exit from homelessness and encourage their continued improvement of quality of life?
2.   Do the views held by the participants of Hopeful Solutions, Inc. have practice and research implications related to homeless mothers who are in the process of exiting homelessness?

Methodology

Focus groups were facilitated to collect data to answer the study's two research questions. Hopeful Solutions Inc. (HS Inc.) was selected to recruit participants for the research because HS Inc. provides services to homeless mothers who are in the process of exiting homelessness. A focus group methodology was selected because focus groups are recommended for research samples that have similar characteristics (Padgett, 2008). For this study, all research participants were homeless mothers who had a history of substance abuse. Focus groups that enroll participants with similar characteristics can have a synergistic effect, which may result in a comprehensive understanding to a single question or idea (Padgett, 2008). An additional rationale for the use of a focus group methodology is that focus groups have been used in other research topics to successfully explore and develop a thorough understanding of concepts such as strengths (Bender, Thompson, McManus, Lantry, & Flynn, 2007), resiliency (Singh, Hays, Chung, & Watson, 2010), and protective factors (Okamoto, Mayeda, Ushiroda, Rehuher, Lauilefue, & Ongalibang, 2008). The focus group design was embedded in a phenomenological perspective. A phenomenological perspective is structured in a manner that captures the lived experiences of research participants, with an understanding that the sharing of lived experiences can provide an in-depth answer to the research questions (Padgett, 2008).

Prior to beginning the recruitment process, written permission to facilitate the research was received from both the Executive Director of HS Inc. and the Institutional Review Board at the University of Texas at Arlington. Informed consent was received from all individuals who chose to participate in the research. Following the informed consent process, each of the eight research participants completed an 8-question demographic survey. Participants of HS Inc. were offered two dates to participant in a focus group. Four participants attended the first focus group and another four participants attended the second focus group. The focus groups were facilitated primarily by one researcher, while the other researcher audio recorded the sessions and documented nonverbal communications, such as body language and posture, from the research participants. Each focus group was 60-minutes in length, and the discussion centered around five open-ended questions related to the participants' views regarding their life experiences. The focus group questions are included in Table 1.

Table 1

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Focus Group Questions

1) What are your motivations for participating in Hopeful Solutions Inc.?
2) What advice do you have for women in your situation who are considering participating in Hopeful Solutions Inc.?
3) What are those supports in your life that encourage you to continue to improve the quality of your life?
4) What strengths do you possess that assist you in meeting your life goals?
5) What do you want your life experience to look like in the future?

Data Analysis

The quantitative findings are associated with the information received from the 8-question demographic survey. The demographic survey provided a detailed summary of the research participants' demographics, substance abuse and mental health history, length of time participating in HS Inc., and referral source to HS Inc. The qualitative data analysis involved content analysis and constructivist grounded theory. To further enhance the validity and reliability of the data analysis, Drake and Jonson-Reid (2008) suggest that the researchers doing the coding be trained in similar methods of coding, and independently create coding schemes and compare the results in order to decide on the code that is most consistent with the theoretical orientation of the research. The researchers for this study have been trained in similar methods of coding and have analyzed qualitative data together in past studies.

NVivo was used to organize the qualitative data and assist with the analysis. The qualitative analysis followed a three-step process, as suggested by Miles and Huberman (1994). First, a verbatim transcription of the focus groups was developed. Each line of the verbatim transcription was independently reviewed by each researcher, and the data were initially reduced by developing various codes. Second, each code was displayed on a matrix. During this process, the researchers' independent analyses were compared, and codes that lacked a significant relationship among variables and demonstrated a lack of consistent responses from the research participants were excluded. Third, conclusions were drawn by extracting two themes from the data; verification of each theme was done by assigning direct quotes from the focus groups to each theme. Last, an external audit of the themes was completed by an academic who has expertise in qualitative data analysis. The external audit provided a critique of the analysis and further validation of the themes that emerged from the data.

Findings

One focus group consisted of four individuals who have been participating in HS Inc. for less than 6 month and the other focus group consisted of four individuals who have been participating in HS Inc. for six months or more. A descriptive summary of the research participants was provided through the 8-question demographic survey. The results of the 8-question demographic survey are noted in Table 2.

Table 2
Demographic Survey (n=8)

1) How long have you been at Hopeful Solutions Inc.?	1 – 2 months = 4 (50.00%)
	12 – 18 months = 4 (50.00%)
2) How old are you?	Range = 24 - 40 years
	Mean = 32.25 years
3) What is your ethnicity?	African American = 3 (37.50%)
	Caucasian = 3 (37.50%)
	Latina = 2 (25.00%)
4) How old were you when you first started using illicit drugs/alcohol?	Range = 12 - 20 years
	Mean = 16.00 years
5) What illicit drugs/alcohol have you used in the past?	Cocaine = 7 (87.50%)
(identify all the apply)	Methamphetamine = 4 (50.00%)
	Ecstasy = 6 (75.00%)
	Hallucinogens = 4 (50.00%)
	Opiates (prescription) = 3 (37.50%)
	Marijuana = 7 (87.50%)
	Heroin = 1 (12.50%)
	Alcohol = 5 (62.50%)
	Benzodiazepines = 5 (62.50%)
6) How long has it been since your last use of any illicit drug/alcohol?	Less than a month = 1 (12.50%)
	7 – 8 months = 1 (12.50%)
	12 – 18 months = 3 (37.50%)
	18 – 24 months = 3 (37.50%)
7) Have you ever been diagnosed with a mental illness?	Yes = 6 (75.00%), No = 2 (25.00%)
(if yes, identify all diagnoses that apply)	Major Depression = 4 (66.67%)
	Post Traumatic Stress Disorder = 2 (33.33%)
	Bipolar Disorder = 3 (50.00%)
	Anxiety = 4 (66.67%)
8) Who referred you to Hopeful Solutions Inc.?	Drug Treatment Center = 5 (62.50%)
	Counselor = 1 (12.50%)
	Self = 2 (25.00%)

The qualitative analysis resulted in the emergence of two themes. Throughout the focus groups, a number of major thoughts and ideas were expressed consistently by the research participants. The two themes that emerged from the data were: connectedness and sources of strengths.

Connectedness

The first theme drawn from the data was connectedness. The research participants expressed their desire to feel a sense of connectedness to self, family, and community. The research participants also explained how being involved in a nurturing, nonjudgmental environment contributes towards reaching their aspirations.

> When people do not understand you and judge you, it makes it a lot more difficult, a lot harder for you to get anywhere.

> When you have people who understand you, it helps you build your self-esteem and get stronger.

> I am definitely not getting any younger, and there are definitely things that I want in my life and in the life of my children…how I was living there is no way I would be able to obtain it. I am just grateful for having a support system that does understand; it motivates me to be here.

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The women discussed the sense of connection that removes them from the isolation of addiction and homelessness.

> …you have to be comfortable enough to open your mouth and speak, just speak. Just to say, you know what, today I feel like I ain't shit. And, someone can look at you and be like I had that feeling the other day too. So, it removes you from that isolation of thinking that you are the only one.

In addition to being involved in a nonjudgmental environment and feeling removed from the isolation of addiction and homelessness, the women also discussed how having a positive belief in self connected them to their personal strengths which resulted in them developing a stronger bond with their children.

> I had to redefine my belief in myself because when I got to treatment I had nothing. I had no belief in me. I was dead inside. I'm finding out that I do have a lot of strengths, a lot of assets, and a lot of really good things that can carry me a long way…it's a process for me to learn how to believe in myself because I didn't have that when I got here (HS Inc.) …I know that I can look at my kids' faces and I can see my progress, I must be doing something right.

> I definitely believe in myself now because before I got to Hopeful Solutions I had a plan in my mind when I was graduating my drug program that I wanted to be in Texas with my children because without that I know I probably wouldn't be sober today. I probably wouldn't be sober at all…I just knew I needed to be here.

In summary, the women felt that living in a nonjudgmental environment assisted them in feeling connected to self, family, and community. This sense of connectedness helped the women feel less isolated which enhanced their parenting relationships with their children.

Sources of Strengths

The second theme which emerged from the data was sources of strengths. The research participants primarily mentioned intrinsic sources of strengths in their lives. While the women did discuss extrinsic strengths, such as family, the mention of extrinsic strengths was not as significant as the focus they placed on intrinsic strengths, such as spirituality.

> I am aware of what my faults are, what my wrongs are, and I just face it, pray about it… sometimes I forget to pray and I just slip right in and God helps carry me, helps me go through the rest of the way, and the day will be good.

> My strengths are my God. I talk to Him on a daily basis to keep me going.

> I believe that I can do anything that's possible through the strength of God's hands.

> I've placed myself in through God's help because I know that I would not be here without His help. I know He was doing for me what I could not do for myself.

Additionally, experiencing a personal sense of independence contributed towards the women feeling empowered to parent and make positive choices that impact both their and their children's lives.

> My future for me is to have all three of my kids together with me…just to have them back with me and to live, all of us live in the same house together, that's my future…to be supporting them, for me to be supporting them and to do for them what they need and give what they need.

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> I have been here a few months now and I feel good about myself; that I can be able to grow up, be a mom, be independent, and be somebody that I thought I never could be… there's no way I am going back, my independence and my child mean more to me than anything, I am tired of living off of other people.

> …today I have a choice, I do have a choice to make a difference. I have a choice to make a difference in my life and my kid's life and maybe someone else's.

The use of affirmations was continuously referred to throughout the focus groups. Affirmations, in the view of the women, are a daily source of strength that assists them in maintaining motivation to continue the process of improving the quality of their lives.

> …determination, my God, my affirmations. I always have to tell myself everyday that you are a beautiful, strong, important woman…that's what I tell myself every day.

> One of the first things that I learned in recovery was affirmations and how to use affirmations. Whenever I got here (HS Inc.), I did not believe a lot in myself because my past history has shown me that I did not do very well. You know, so, I had to use a lot of affirmations to keep myself going because my own thinking will tell me that I'm not good enough or I'm not smart enough…so, I start off in the morning with I'm beautiful, I'm grateful, and I'm clean.

In summary, the women shared that the use of spirituality and affirmations assisted them in feeling more independent and empowered to make positive choices that impact both their and their children's lives.

Discussion and Social Work Implications

Participants of HS Inc. reported most frequently spirituality, competence, and affirmations as intrinsic sources of strength. Spirituality is an intrinsic protective mechanism that gave participants a sense of protection, motivation in their lives, assistance with the recognition of their own values and worth, and positive attitudes about change. Competence is exemplified with the participants experiencing a sense of motivation to parent and desire to make positive choices that impact their lives, as well as their children's lives. Participants also noted the use of affirmations on a daily basis to motivate them to meet their goals, to maintain change, and to improve their lives.

Extrinsic supports commonly identified by the research participants include family support and community support. Participants expressed their desire to feel a sense of connectedness by being engaged in a nurturing, nonjudgmental environment. Participants discussed that as a result of being in a safe, structured environment like HS Inc., they have experienced an increase in positive self-belief and a stronger bond with their children. Surprisingly, participants emphasized more intrinsic supports, as compared to extrinsic supports. A possible explanation is that the resources offered by HS Inc. are designed to meet the immediate needs of the participants, such as housing, food, and safety; therefore, more individual attention can be dedicated to the awareness of intrinsic strengths.

From the sharing of their own lived experiences, the research participants were able to contribute to the existing knowledge base, as well as help guide the direction of future research in this specialized area. It is important to mention that many unanswered questions arose throughout the research, and future social work research may assist in answering these questions. Future research can be used to answer questions related to how homeless mothers believe intrinsic strengths are developed and the challenges that children experience while exiting homelessness. While the results of this research study are not meant to be generalized beyond

the research sample, the findings of the research have lead to the development of several implications that can be considered in the advancement of social work practice and research.

The most noticeable finding for this study was the value that the women placed on intrinsic strengths as compared to extrinsic strengths. Many of the participants report increased feelings of safety, security, and connectedness. Once those basic needs are met, participants are able to recognize other intrinsic strengths that enable them to sustain their exit from homelessness and aspirations for an improved quality of life. It is important at the social work practice level that agencies that work with homeless mothers incorporate interventions that promote the development, identification, and utilization of intrinsic strengths. Based on the findings from this study, interventions that may promote intrinsic strengths include teaching about affirmations, allowing mothers an opportunity to parent, and providing an environment where spirituality can be discussed.

In regard to social work research, it is recommended that future research explore the value placed in intrinsic strengths. Specifically, further research exploring the development of intrinsic strengths can contribute to a more comprehensive understanding of the cognitive process in strength development. This research was able to identify specific intrinsic strengths such as affirmations and spirituality; however, the research did not explore how these strengths are believed to be developed. Having a better understanding of the factors that contribute to the development of intrinsic strengths can help guide program design and treatment interventions for homeless mothers. The participants of HS Inc. have their children live with them while they are in the process of exiting homelessness. The presence of children alone is a valuable strength for the women that contributed to increased levels of motivation to parent. Future research is needed to explore the views held by the children of homeless mothers. It is suspected that these children hold valuable experiences that are important to be heard. Providing these children with a "voice" can offer an alternative perspective related to the challenges of exiting homelessness, as well as the strengths and protective factors of children in this unique situation.

Limitations

It is important to mention the limitations associated with this study. First, the research sample participated in a single focus group. The use of multiple focus groups and individual interviews would have provided more data, and possibly additional themes and implications. Second, the findings may have been influenced by social desirability bias. All research participants were members of HS Inc. and there is a risk that the participants may have been more selective in what they chose to share because they have had prior associations with the other members of the focus group. The researchers attempted to minimize the risk for social desirability bias by designing the study in a manner that encouraged the research participants to share their views related to their protective factors and strengths, as compared to exploring high-risk behaviors from the past.

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