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MESSAGES FROM THE MARGINS: HOW MATURE WOMEN AT RISK OF
HOMELESSNESS SUSTAIN THEIR PSYCHOSOCIAL AND SPIRITUAL LIVES

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DISSERTATION

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Abstract

This community based qualitative study examined the psychosocial and spiritual lives of 10 mature women (age 50 and older) who were at risk of becoming homeless, in other words, the hidden homeless. A narrative inquiry research design was employed to explore the lived experiences of these women. Voluntary participants were recruited through *Life*Spin*, a community based non profit organization that works primarily with low income families and individuals in London, Ontario. The Executive Director of *Life*Spin* circulated the recruitment flyers and handbills throughout her networks of social agencies. Individual interviews were arranged with participants who met the inclusion categories of being 50 or older and possessing at least two risk factors for becoming homeless. Using a strengths based theoretical framework throughout the data collection and analysis this study addressed the primary research question **“What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness, as revealed in their stories of lived experience?”** A narrative analysis generated ten life stories which were further examined through a thematic analysis. Themes of relationships, identity, meaning and spirituality were analyzed for their multiple sub themes. In addition to augmenting the current minimal research available for older women at risk of homelessness, this study found that these hidden homeless women remained socially connected through relationships and through meaningful activities and pursuits. Volunteering was particularly meaningful for many. The women were resilient and deeply spiritual, articulating a variety of beliefs and engaging in a number of spiritual practices such as gratitude, prayer and meditation.

Key words: women, homelessness, spiritual, meaning, sustain, social, narrative inquiry, resilience

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MESSAGES FROM THE MARGINS: HOW MATURE WOMEN AT RISK OF HOMELESSNESS SUSTAIN THEIR PSYCHOSOCIAL AND SPIRITUAL LIVES

Chapter 1 - Introduction

Within an aging population in Canada, it is expected that the number of homeless individuals will rise accordingly (Grenier, Barken, et al., 2016). The current estimate is that 235,000 individuals in Canada are homeless, and on any given night between 25,000 and 35,000 individual are homeless (Gaetz, et al., 2016). Of this number 27% are women and that number is growing (Gaetz et al., 2016; Grenier, Barken, et al., 2016). In particular, mature women whose needs and challenges are different from younger homeless women (Crane, 1998; Piat et al., 2015; Stergiopoulos & Herrmann, 2003) are increasing in number. Too frequently, these mature women find themselves homeless, often for the first time.

The current definition of homelessness in Canada is the circumstance where an individual, family or community lacks permanent housing that is safe and appropriate, or the ability or means of acquiring such accommodation in the immediate future (Gaetz, et al., 2012). Those considered at risk of homelessness have inadequate housing in that it is unsafe and/or unaffordable (Gaetz, et al., 2012; Stergiopoulos & Herrmann, 2003). These individuals are also referred to as the “precariously” housed, or the “hidden homeless” (Crawley et al., 2013). Senior women over the age of 55 are the most frequent inhabitants of this type of housing (Piat, et al., 2015; Stergiopoulos & Herrmann, 2003; Hwang, 2001). Many studies place all these categories together, referring to all as “homeless” (Gonyea & Melekis, 2017; Grenier, Barken, et al., 2016; Hwang, 2001; Piat et al., 2015). This study focuses on those who are at risk of becoming homeless. The terms “at risk”, “precariously housed” and “the hidden homeless” are used interchangeably in this study.

The physical and mental health concerns of this cohort include but are not limited to, addictions, schizophrenia, depression, diabetes, vision and hearing loss, osteoporosis, and dental and foot problems, which have been documented in many research studies on the homeless (Grenier, Sussman, et al., 2016; To, et al., 2016; Wakefield, et al., 2011). Often, homeless women, including the hidden homeless live with many of these challenges. What is also apparent is that homeless people age on average, ten years earlier than their housed counterparts (Grenier, Barken, et al., 2016; Waldbrook, 2015). This advanced aging process creates yet one more barrier for these women in accessing the financial supports usually associated with old age (McNeil, et al., 2012).

Older homeless and at-risk women often have few family supports (Grenier, Sussman, et al., 2016) and live in unsafe neighbourhoods (Hwang, 2001). In addition, there are limited opportunities for regular and on-going social contact for homeless and at risk individuals (Chambers, et al., 2014; Reynolds, et al., 2016). When present, social connection and community involvement can foster hope in individuals who are homeless or at risk. Pets, which can provide much needed social companionship, can hinder a person in securing adequate housing (Irvine, 2013; Singer, & Hart, 1995; Slater, et al., 2012). Snyder (2004) found that motivation is closely aligned with hope. Accordingly, those who are homeless, or at risk of becoming homeless, and lack hope may not be motivated to initiate or accept change in their lives (Snyder, 2004). Even though spiritual resources have been shown to help promote and sustain hope, there is minimal research focused on the role of spirituality in homelessness (Snodgrass, 2014). Viktor Frankl (1963) found that meaning is the driving force in humans. The ability to make meaning, often out of suffering enables people to heal and carry on with their

lives after major trauma and upheaval (Frankl, 1963). Without hope, making meaning in one’s life is very difficult (Frankl, 1963).

Narrative inquiry was used in this qualitative study, addressing the following research question: **“What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness, as revealed in their stories of lived experience?”** In this study mature is defined as those who are 50 years of age and older and the word “sustain” is defined as “keep going continuously” (Barber, et al., 2005). “At risk of homelessness”, is defined as any person whose housing is inadequate, unsafe or unaffordable.

Ten women, 50 years of age and older, who were at risk of homelessness, were interviewed by the researcher. Saturation (Burmeister & Aiken, 2012; Fusch & Ness, 2015) was reached after engaging ten participants. Participants were recruited with help from the staff of *Life*Spin*, “a registered charity that was formed in London by sole support mothers in 1989 for the alleviation of poverty” (lifespun-org.doodlekit.com). *Life*Spin* exists as an agency under the oversight of an independent board of directors. Following a rigorous narrative analysis, the transcribed audio taped interviews and the re-stories produced in that analysis were probed further by a thorough thematic analysis. Performing both these analyses produced results with both breadth and depth.

To date only minimal research has focused on mature homeless women in general (Goering, et al., 2002; Sheldon, et al., 2006), and even less has focused on mature women at risk of homelessness. The goals of this study are to add to the existing literature while bringing current life stories of mature women at risk homelessness into public awareness, and discussion. In so doing these women are more than simply a demographic, numbers, or statistics. These

goals will be achieved by examining the psychosocial and spiritual lives of these mature women at risk of homelessness.

Glossary of Terms Used in Dissertation

Affordable Housing – refers to housing requiring up to 30% of a household’s before tax income (www.cmhc-schl.gc.ca).

At risk – when the words at risk are used by themselves it is the shortened form of at risk of homelessness.

Geared to Income Housing - is housing that is based on a percentage of a person’s income, usually 30%. For example, a single person on Ontario Works receiving \$700 per month would pay \$210 a month.

Atlohsa - Atlohsa Family Healing Services is a non-profit organization that provides community members with Indigenous-led programming and services that offer holistic healing, education, shelter and support (<http://www.atlohsa.com>).

Closed court- is a court proceeding that is not open to the public. Only certain individuals are allowed in the court room during proceedings.

CMHA- Canadian Mental Health Association

Criminal compensation - is either monetary payment or provision of services, such as counselling provided to the victims of crime, by the courts.

Hidden homelessness - the terms hidden homelessness, the precariously housed and, at risk of homelessness are used interchangeably in this document. They all refer to individuals who are in danger of becoming homeless. They are not sleeping rough but their housing is inadequate, unaffordable or unsafe. They may also be couch surfing, in temporary housing or using the shelter system.

Life*Spin - is “a registered charity that was formed in London by sole support mothers in 1989 for the alleviation of poverty” (<http://www.lifespın-org.doodlekit.com>).

MSP - is an acronym for My Sister’s Place, located at 566 Dundas Street, London. ON. My Sister’s Place is a unique support centre providing wrap-around care for women facing homelessness, experiencing mental health issues or addictions ([http://www.cmhamiddlesex.ca/MySister’s Place](http://www.cmhamiddlesex.ca/MySister’sPlace)).

N’Amerind Friendship Centre - The N’Amerind Friendship Centre is a non-profit organization committed to the promotion of physical, intellectual, emotional and spiritual well-being of native people and in particular, urban native people (<http://www.namerind.on.ca>).

Open court - refers to court proceedings that are not restricted. They are open to anyone who wishes to view court proceedings.

ODSP - stands for Ontario Disability Support Program. The current benefit is approximately \$1200 per month for a single person. ODSP is administered by the province.

OW - stands for Ontario Works. Previously this program was referred to as welfare. The current benefit for a single person is \$700 per month. OW is administered by the municipality.

Precariously housed - refers to the same people as the term the hidden homeless.

Psychosocial – refers to social activities that produce a positive effect upon a person’s psychological wellbeing.

PTSD - stands for Post Traumatic Stress Disorder.

Safe Supply Program - is a program of providing safe and regulated illicit drugs to drug users as a form of harm reduction. For example, a person addicted to opiates might be prescribed a certain amount of opiate medication by their doctor. This prescription would be filled in a regulated pharmacy.

Slumlords - is a colloquial term referring to landlords who do not take care of buildings and keep renting them to vulnerable people, who have no power to challenge them to meet the minimum building and safety codes.

Speaker’s bureau (MSP) - refers to volunteers who will do public speaking on behalf of My Sister’s Place.

Spirituality – in this study spirituality refers to any belief or practice that takes a person out of them self and suggests an epistemology beyond that of human experience.

The Sixties Scoop - refers to a practice that started in the 1960’s of taking or “scooping” indigenous children from reserves and placing them in foster care largely with non indigenous families.

The Soup Kitchen - refers to the St. Joseph’s Hospitality Centre, located on Dundas Street east in London, Ontario. Started originally by the Sisters of St. Joseph, they serve breakfast and lunch to those in need, at a very minimal cost.

“to use” or “using” - in the drug culture these terms mean “to use drugs.”

Chapter 2 - Literature Review

Homelessness in Canada

In the 2016 State of Homelessness in Canada report (Gaetz, et al., 2016) established that at least 235,000 people are homeless. The actual number is likely higher as this does not include those that are staying with friends or relatives temporarily in order to avoid being homeless. On any given night in Canada, 25,000-35,000 people are experiencing homelessness (Gaetz, et al., 2016).

However, it was not always this way. From the post war period until the early 1980's Canada's record of homelessness was the envy of other industrialized nations (Layton, 2008; Lenon, 2000; The Standing Committee on Social Affairs, Science and Technology, 2009). Two significant factors were to change this state of affairs in laying the groundwork for the current crisis. First there was a change in federal government policy, regarding the way in which affordable housing was financed, a decision that has been tied to the steady increase in homelessness (Layton, 2008; The Standing Committee on Social Affairs, Science and Technology, 2009). Second, in 1993, the federal government withdrew from funding new social housing (Layton, 2008).

In 1996, responsibility for social housing became the purview of the provinces which coincided with changes to the provision of mental health care (Forchuk, et al., 2008; Layton, 2008). These changes included the closure of provincial psychiatric hospitals, which resulted in moving numerous individuals into the community. This in turn exerted pressure on the already dwindling number of affordable housing units that were available (Forchuk, et al., 2008; Layton, 2008). By 1998 the mayors of some of Canada's largest cities had declared that homelessness was a national disaster (Lenon, 2000).

Currently, responsibility and oversight for affordable housing resides, mostly with the municipalities (Geddes, 2011; Layton, 2008). This level of government is often cash strapped and as a result, has tended to support market driven housing developments, as they increase tax revenues. As a result, many older and rundown neighbourhoods are being altered through redevelopment. This redevelopment or ‘gentrification’ has eliminated many existing affordable housing units and replaced them with expensive condominiums and rental buildings that are unaffordable to the people who have been displaced (Dubinski, 2018). The practice of evicting all the tenants of a building claiming that repairs and /or renovations need to be done to the building that cannot be completed with occupants in the building has become known as “renovictions” (Mancini & Common, 2019). Once the renovations or repairs have been completed the rents are raised so much that the former tenants cannot move back in as they can no longer afford the rent. Large urban centres are particularly vulnerable to this practice as buyers (often from foreign jurisdictions) buy up older buildings in poor areas (Mancini & Common, 2019; Vincent, 2020). This crisis in municipal housing is currently taking place in many urban centres including the downtown core of London Ontario, resulting in more people being moved onto the street (eye witness accounts, 2018). In recent municipal elections, homelessness and its related issues have been on the agenda of most candidates and on the minds of many voters. In the October 2018 municipal election in London Ontario, almost without exception, homelessness was a priority for voters and the elected candidates (Dubinski, 2018).

Beyond the humanitarian issues involved in homelessness, lie its economic costs. From the cost of providing shelter beds, to increased pressures on hospital emergency rooms, (the primary way homeless individuals access care), along with policing costs for violence which is often perpetrated against homeless people, the inevitable conclusion is that homelessness costs

everyone (Eggleton, 2016; Layton, 2008). Certainly “homelessness is a collective societal problem, not an individual issue” (McMaster et al., Part 3, 2017, p.513).

As the current population ages, and baby boomers begin to retire and age, the number of homeless individuals is expected to rise (Grenier, Barken, et al., 2016). This will no doubt place increasing pressure on already strained service providers and the government funded social safety net. In 2016, Statistics Canada reported that persons 60 years of age and older accounted for 16.5 % of the total population, while persons under 14 years of age accounted for only 16.1% of the total population. It is estimated that by 2030, the year that the youngest members of the baby boom generation turn 65, close to one quarter (22.2% -23.6%) of the population will be over 65. Coincidentally, the number of people of working age (15-64) is projected to decrease from 68.6% (reported in 2013) to approximately 60% in 2030 (Stats Can, 2016).

Within the homeless population 27.3 % are women and this number is increasing (Gaetz, et al., 2016). At the same time the number of older adults (50-64) and seniors (age 65 +) is also rising from its current proportion on 24.4% (Gaetz, et al., 2016). In the 2014 survey, conducted by Statistics Canada, 21% of shelter inhabitants over the age of 60 were women. That number rises to 35% for women over 70 years of age. Even though a growing number of mature homeless persons are women, most research that has been done to date has focused on men (Goering, et al., 2002; Hwang, et al., 2012; Sheldon, et al., 2006; Stergiopoulos & Herrmann, 2003). Some specialized sub groups, including youth, the LGBTQ community and indigenous people have been studied and their needs are more adequately addressed as a result (Grenier, Barken, et al., 2016). Youth who are homeless have often transitioned or ‘aged out’ of foster care (Hwang, 2001; Piat, et al., 2015). Members of the indigenous community are overrepresented in the homeless population (Hwang, 2001; Stats Can, 2014).

The risk of homelessness can be the result of individual factors, population factors, or a combination of both. Individual factors include, but are not limited to, mental and physical health status, relationships, grief, death (of parents or spouse or supports), separation, divorce, retirement, eviction, abuse, or violence (Crane, 1998; Gaetz, et al., 2012; McNeil, et al., 2012; Reynolds, et al., 2016). Population factors include, but are not limited to, the loss of secure jobs, fewer pensions and the high cost of housing, especially in major metropolitan areas (Piat, et al., 2015; Reynolds, et al., 2016; Waldbrook, 2015). Homeless individuals may be aging on the street, in hostels and shelters or couch surfing with neighbours. The housing needs of women differ from those of men because of women’s unique pathways into homelessness. These differences are to be found in the context of poverty and inequities defined by gender and violence (Fotheringham, et al., 2014).

Homelessness Defined

Most Canadians are familiar with the “bag lady” (Crane, 1998, p.171), the mature woman who is depicted in movies, wandering the city streets toting all of her possessions in a grocery cart, or carrying many bags. We do not see these women as depicted too often in movies any more, but they are still with us. They often look different than we expect and are surprisingly hard to find. In fact one of the difficulties in studying mature homeless women is that they are so hard to locate. If they are living on the street they often do not want to be seen, they are wary of strangers, lack trust and, more often than not, are very ill (Piat, et al., 2015; Stergiopoulos & Herrmann, 2003). Many more women reside within the “hidden homeless”, those individuals who are precariously housed and at risk of becoming homeless (Collins, et al., 2018; Osuji & Hirst, 2015). While some of their specific needs and challenges may be the same as any woman facing potential homelessness, mature women present some unique and often complex

challenges (Chambers, et al. 2014). The mix of age related changes of less stamina, age related health issues and fewer employment opportunities combined with precarious housing or no housing make this issue more complex as women age (Chambers, et al. 2014).

Homelessness has been hard to define. The United Nations uses as a reference of homelessness, the terms absolute or relative (Fotheringham et al., 2014; Hwang, 2001; Layton, 2008). Absolute homelessness refers to those who have no shelter at all. This state of existence is also referred to as “sleeping rough” (Crane, 1998; Ploeg, et al., 2008). Relative homelessness refers to those who have no permanent address. Since 2014, Statistics Canada has accounted for the number of people in shelters within the Survey on Canadians Safety (Victimization). As such it “refers to those who are sleeping rough (e.g. outside, in parks, in parked vehicles) and those sleeping in emergency shelters” (Ploeg et al., 2008, p. 594).

The current definition of homelessness in Canada involves the situation where an individual, family or community lacks permanent housing that is safe and appropriate, or the ability or means of acquiring such accommodating in the immediate future (Gaetz, et al., 2012). Further (Gaetz, et al., 2012), describe homelessness as a continuum of homeless situations. These include absolute homelessness or sleeping rough, emergency shelters which provide shelter for those who are homeless or those who are affected by family violence, temporary accommodations such as second stage housing for example and fourthly the at risk of homeless population. These people are living in precarious housing that is unsafe, unaffordable, and not up to public health or safety standards.

Furthermore, homelessness implies more than a lack of shelter (Ploeg, et al., 2008). It includes variables such as a lack of social support and safety. Lenon (2000) found in one Canadian study that these last two variables, (particularly safety) are critical when assessing

homelessness amongst women. Some researchers (Collins, et al., 2018; Fotheringham, et al., 2014; Osuji & Hirst, 2015), distinguish between those who are chronically homeless, those who are homeless for the first time, and those who are at risk of becoming homeless, the latter also known as the precariously housed (Collins, et al., 2018; Fotheringham, et al., 2014; Osuji & Hirst, 2015). Numerous research studies include all of the above named groups when referring to homelessness (Chambers, et al., 2014; Huey, et al., 2013; Ploeg, et al., 2008).

Chronic Homelessness Defined

Chronic homelessness refers to situations where a person is unable to maintain permanent housing (Collins, et al., 2018; Fotheringham, et al., 2014; Hwang, 2001; Osuji, & Hirst, 2015). These individuals may have a permanent address, for short periods, from a few weeks to even a few years, but will find themselves returning to a homeless situation (Collins, et al., 2018). The lives of these individuals are in a constant flux, as they are in and out of shelters, sleeping rough, couch surfing, living with abusive partners or returning to them, entering the sex trade or providing domestic and or sexual services in exchange for housing (Collins, et al., 2018; Fotheringham, et al., 2014; Osuji, & Hirst, 2015). The earlier in life a person becomes homeless, the greater likelihood there is that they will become chronically homeless (Grenier, Barken, et al., 2016). One common cause of early onset homelessness is abuse (Collins, et al., 2018; Fotheringham, et al., 2014; Lenon, 2000). Women suffering from abuse often think of themselves as homeless, even while they are still housed (Collins, et al., 2018; Osuji, & Hirst, 2015) as the isolation and trauma they experience is very real (Collins, et al., 2018; Fotheringham 2014; Osuji, & Hirst, 2015).

Life on the street is dangerous (Collins, et al., 2018; Osuji, & Hirst, 2015), making these individuals targets for abuse and violence. Women who enter or re-enter the sex trade, often are

involved in unstable, abusive relationships in order to survive (Collins, et al., 2018; Fotheringham 2014; Osuji, & Hirst, 2015). The longer a person is homeless and the longer the duration between periods of securing housing, the more challenging it is for them to secure and maintain stable long term accommodations (Collins, et al., 2018). Evictions which are common in this population, have a different affect on the chronically homeless than they do on the at risk or precariously housed persons (Collins, et al., 2018). They increase the likelihood that these women will experience violence, from both former partners and strangers. In addition they make it difficult to get another place as landlords become increasingly resistant to rent to those who have had multiple evictions (Collins, et al., 2018). What research has taught us is that chronic homelessness ages a person, shortening their life, by as much as 10 years or more (Grenier, Barken, et al., 2016; Waldbrook, 2015), as life of the street is taxing physically and mentally. As a result their health resembles that of a person 10 years older in chronological age. If these chronically homeless women are still alive when they reach their mature years (over 50 years of age) it is difficult for them to obtain and maintain suitable housing. Domestic abuse, violence, racial and gender inequalities, poverty and financial dependence are highly prevalent among the chronically homeless (Fotheringham, et al., 2014; Lenon, 2000; McMaster et al., Part 3, 2017; Osuji, & Hirst, 2015).

First Episode Homelessness Defined

First episode homelessness occurs primarily as a result of economic and or housing instability (Lenon, 2000; Osuji & Hirst, 2015). Family instability, often found alongside economic and housing stability, adds to the risk of a first episode of homelessness (Lehmann, et al., 2007). Loss of employment, or an inability to re-enter the workforce after an absence, retirement and inadequate social assistance or pension income, are common economic factors

that can trigger a first episode of homelessness (Lehmann, et al., 2007; Piat et al., 2015). Family instability can be the result of family breakdown through divorce, death or abandonment, domestic abuse, or violence (Collins, et al., 2018; Lehmann, et al., 2007; Hwang, 2001). The financial effects of divorce on women are usually more severe than on men (Lenon, 2000; Osuji, & Hirst, 2015). Housing instability results from the high cost of housing, eviction, relocation, overcrowding, renoventions, unsafe neighbourhoods and the lack of affordable housing (Lehmann, et al., 2007; Mancini & Common, 2019; Piat et al., 2015).

A first episode of homelessness can occur at any point in a person’s life. Mature women are more vulnerable to first episode housing than men, because they have a longer life expectancy, earn less than men on average and generally have less available pension income (Gaetz, et al., 2012; Lehmann, et al., 2007; Lenon, 2000).

“At Risk” of Homelessness Defined

Those who are considered at risk of homelessness experience instability in housing reflected in housing that is inadequate, unsafe (failing to meet minimum standards) or unaffordable (Gaetz, et al., 2012; Ploeg et al., 2008). Those who live with this housing instability are also referred to as the precariously housed (Collins, et al., 2018; Osuji & Hirst, 2015). The label of “the hidden homeless” (Fotheringham, et al., 2014, p. 836), is sometimes given to this group, although that may be confusing to the reader as they are not without shelter. Within this group are those who are at imminent risk of homelessness and those who are precariously housed (Gaetz, et al., 2012). Any change or life event, such as an unexpected expense, or illness, change in or loss of employment can result in a loss of housing (Gaetz, et al., 2012). This cohort is referenced this way because they are less visible than those residing in shelters or on the streets. They tend to couch surf, sleep in cars, or get involved with males who

have housing (Fotheringham et al., 2014). Also included in this cohort are those whose home environments are conflicted or violent (Osuji and Hirst (2015; McMaster, et al., (2017) note that “older, single women experiencing homelessness and housing insecurity have been identified as a group urgently needing support services”, (p. 500). These hidden or at risk women are often not included in research studies because they are so hard to find (Fotheringham, et al., 2014).

Childhood abuse, mental health issues, domestic abuse, and generalized violence all predispose certain individuals to the risk of homelessness (Collins, et al., 2018; Lenon, 2000; Osuji & Hirst, 2015) as does the inability to form and maintain adult relationships (Osuji & Hirst, 2015). Domestic abuse is a strong predictor of housing instability (Collins, et al., 2018; Fotheringham, et al., 2014). Women who escape their abuser by entering a women’s shelter are still at risk of homelessness, as shelters have a maximum residency period (Fotheringham, et al., 2014).

Poverty, evictions and the termination of leases put individuals at risk of homelessness (Hwang, 2001; Osuji & Hirst, 2015). Studies conducted in the city of Toronto found that women over the age of 55 were the most likely to experience this risk factor for being homeless, often living in small, inadequate dwellings in high crime or drug involved neighbourhoods, where they do not feel safe (Piat, et al., 2015; Stergiopoulos & Herrmann, 2003). These women are often reluctant to move because they risk losing the few social contacts they have established in their neighbourhood (Grenier, Sussman, et al., 2016). The continuous interruption caused by multiple moves ensures that social contacts related to neighbours become non-existent (Ploeg et al., 2008). People at risk of homelessness struggle daily in trying to remain housed as they deal with mental and physical health issues (McMaster et al., 2017). Health status, especially untreated mental health issues, inhibits a women’s ability to retain housing (McMaster et al., 2017).

The number of women facing a risk of homelessness is on the rise (McMaster et al., Part 2, 2017), as these women are generally living in poverty, on their own without social support from family, neighbours or friends. Often their relationships and systems are strained, making social exclusion and isolation very common (McMaster et al., Part 2, 2017).

Homelessness and Health

Both physical and mental illnesses are highly prevalent in homeless people (Crane, 1998; Wakefield, et al, 2011). Physical illnesses present in homeless senior people include many of those that afflict the housed senior population, such as arthritis, vision loss, respiratory issues (e.g. asthma), diabetes and osteoporosis (Hwang, 2001; Stergiopoulos & Herrmann, 2003). The homeless population also have many more dental problems than the general population (Stergiopoulos & Herrmann, 2003). Lack of money for dental care, as well as the lack of an appropriate place to access personal oral care are contributing factors. Foot problems affect the homeless population at very high rates (Grenier, Sussman et al., 2016; To, et al., 2016). The lack of laundry facilities, adequate personal hygiene and poor or ill fitting footwear contribute to this serious problem (To, et al., 2016).

Most homeless people (the estimates are as high as eighty percent) are suffering from at least one mental health issue (Chambers, et al., 2014; Crane, 1998; Stergiopoulos & Herrmann, 2003; Walbrook, 2015). Homeless women reported higher rates of mental illness than homeless men (Crane, 1998). The most prevalent mental illnesses found in the homeless population are schizophrenia, bipolar affective disorder, depression, and addiction (Crane, 1998). Among homeless women there is a high frequency of abuse, victimization and isolation (Grenier, Barken, et al., 2016). Hwang (2001) states, “Violence is a constant threat to the health of homeless people” (p.3). Women are more likely than their housed counterparts to experience

assault and rape, while men are more frequently murdered than their housed counterparts (Hwang, 2001). In terms of mental illness, women over 65 more often present with depression, while men over 65 more often present with alcohol abuse as their primary mental health issue (Stergiopoulos & Herrmann, 2003). These mental health issues, along with numerous physical issues and the usual challenges associated with aging, make this subgroup of older women an extremely vulnerable subgroup within the homeless population (Waldbrook, 2015). All of these issues are exaggerated with the homeless and are more challenging to address, since life on the street is hard. Life expectancy is much shorter, people who are homeless age an average of ten years when compared to their housed counterparts (Grenier, Barken, et al., 2016; Waldbrook, 2015).

Mobility issues, memory deficits, a lack or near total absence of social support, along with numerous age related physical issues make it very difficult for senior persons to use shelters (Chambers, et al., 2014). Shelters are generally closed during the day time hours, leaving senior people in need of support for the activities of daily living (ADL's), generally closed out (Chambers, et al., 2014; Stergiopoulos & Herrmann, 2003). Unless there are adequate day programs, the senior person must be on their feet all day, toting their belongings (Hwang, 2001).

In considering homelessness, it is important to distinguish between a first episode of homelessness and frequent periods of homelessness throughout a person's life. The latter is sometimes referred to as chronic homelessness. Chronic homelessness is a health issue in and of itself. It also exacerbates other existing health issues (Grenier, Sussman et al., 2016; Stergiopoulos & Herrmann, 2003; Walbrook, 2015).

Challenges in Homelessness

The advanced aging process that occurs in the homeless population presents significant challenges to accessing financial support (McNeil, et al., 2012). Most social programs specifically geared to senior citizens are formulated with the average (housed) person in mind. Old age security, which is delivered at age 65, would be one example (McNeil, et al., 2012). Since homeless people age so much faster than the general population, by the time a homeless person is 55 years of age, they often have the capacities of a person 65 years of age or older, but are unable to access financial supports such as the Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement.

There are several gaps and barriers to the homeless accessing services. Gaps in services generally involve transitions. Examples include leaving prisons, hospitals or other institutions without an adequate and realistic discharge plan in place (Forchuk, et al., 2008; McNeil, et al., 2012) and going to a shelter that is not equipped or able to provide the necessary follow up care. Generally speaking, shelters have been determined to be inadequate for senior people due to inaccessibility, inflexibility, time schedules, location and inadequate nutrition (Grenier, Sussman et al., 2016; Stergiopoulos & Herrmann, 2003).

A senior person with arthritis, poor dental health and a mental health issue will have a hard time eating regular food served in shelters, dealing with people who have their own challenges and/ or unexplained noises. They may also have to be on their feet all day while carrying their belongings with them until they can get back into the shelter at night (Salen & Ma-Pham, 2015).

Barriers to Healthy Living for the Aged Homeless Population

Barriers to healthy aging within the homeless population include poverty and poor health (Waldbrook, 2015). Additional barriers include an inability to return to the work force, an inability or unwillingness to access programs that do exist, and social programs that are designed to meet the needs of the general population (Chambers, et al., 2014; McNeil, et al., 2012; Reynolds, et al., 2016; Salem & Ma-Pham, 2015). Some homeless people will not seek necessary health care due to personal denial of the problem or resistance to change (Waldbrook, 2015). Many shelters, hospices and long term care facilities have criteria for admission that disqualify members of this population. This can include but not be limited to an abstinence only policy with regards to drug and alcohol use (McNeil, et al., 2012). In addition, stigma, discrimination, racism and general shame over their condition were reported by many homeless people (Grenier, Sussman et al., 2016; Piat, et al., 2015; Snodgrass, 2014; Waldbrook, 2015).

The Emergence of Community Support Programs

Assertive Community Treatment Programs

Assertive Community Treatment Programs (ACT) began to take shape in the late 1980s and into the 1990s as people were being moved out of the closing psychiatric institutions and into the community as part of the de-institutionalization process in mental health (Forchuk, et al., 2008). These programs involved a team of psychiatrists, nurses and social workers and were specifically designed to provide community-based treatment and management for people with serious mental health issues (Hwang 2001). Wakefield, et al., (2011) indicated that “by 1998 the Ontario government formally endorsed the use of ACT programs as a mechanism to reduce acute hospitalizations and support the provision of services to individuals with serious mental illness in

the community” (p. 2). Ideally ACT programs involve the community as well as the health team in both the governance and delivery of services. The goal is to support individuals where they live, enabling them to socialize and function as members of their communities (Wakefield, et al., 2011). The ACT programs have proven effective in patient’s mental health symptom reduction and reducing the number of psychiatric hospital admissions (Hwang, 2011). However the obvious result is that there are many more people living in the community, who have serious mental health illnesses.

Housing First

Housing First (HF) is “an evidence based intervention for individuals with serious mental illness” (Piat, et al., 2015, p. 2369). The *Housing First* model was developed in 1992 by a Canadian psychologist, while studying in New York (McCoy, 2015; Smith, 2017). First used in New York City and Boston, it is based on addressing a person’s most serious need first (Hwang, et al., 2012; Piat, et al, 2005; Wakefield, et al., 2011). Housing is provided quickly and without the usual pre-requisites (e.g. sobriety or adherence to a specific psychiatric plan), so that a person has a safe place where they can recover and integrate into the community (Grenier, Sussman, et al., 2016; Piat, et al., 2005; Wakefield, et al., 2011). The *At Home/Chez Soi* initiative is a Canadian Housing First trial involving five cities as test sites that includes; Vancouver, Winnipeg, Toronto, Montreal and Moncton (Hwang, et al., 2012). More research is being conducted to investigate if this strategy will be effective in Canada, as this model provides more opportunities for social integration (Hwang, et al., 2012). Currently in London Ontario, there are six agencies using a housing first strategy in an effort to get people who are on the street or in shelters into apartments with support (De Bono, 2019). These include Street Level Women at

Risk, Project Home, YOU Mobile Team, Canadian Mental Health Association, Rotholme Family Centre and London Cares.

As with the Assertive Community Treatment Programs (ACT), using a Housing First (HF) model allows people with a serious mental illness to live in the community. Using the Housing First approach most people are housed within 10 days of being identified (Smith, 2017). In 2009 Medicine Hat, a southern Alberta city of approximately 60,000 residents, adopted this strategy to address its homelessness population. By 2015, the mayor was able to declare that homelessness had been eliminated in Medicine Hat (Smith, 2017; Turner & Rogers, 2016). Since adopting a Housing First strategy in 2008, Calgary has seen its number of homeless persons decrease (Fotheringham, et al., 2014). The main challenge with the Housing First strategy is keeping people housed after the initial placement is made (Smith, 2017). Often people are unable to manage a home after years on the street. They may have psychiatric issues, behaviour issues, be involved with drugs or other substances, unable to cook or manage money. The best Housing First placements offer supports such as a hot meal and/or needs based programs (such as safety) as well as housing such as the new Indwell building that opened in 2019 at 356 Dundas Street in London (De Bono, 2019).

Community based health services for seniors have been designed to fit the needs of the average (housed) population, not the homeless population (Stergiopoulos & Herrmann, 2003). There is a need for day programs designed specifically for seniors who are homeless and/or at risk of becoming homeless (Grenier, Sussman, et al., 2016). Ideally these services would be integrated as day programs where medical, psychiatric, nursing, pension, legal and housing services as well as foot care and home care would be available (Ploeg, et al., 2008; Snodgrass, 2014). In Boston and New York, where these kinds of day program have been established, they

have been found to be well used (Grenier, Sussman, et al., 2016; Stergiopoulos & Herrmann, 2003).

For women it is important that these integrated day programs address the issues of victimization, addiction and lack of social supports (Chambers, et al., 2014). At the very least an improvement to shelters would include employment of specialized staff to provide emotional support beyond that of a case manager (Grenier, Sussman, et al., 2016). Peer support programs are also being explored with growing optimism (Grenier, Sussman, et al., 2016; Wakefield, et al., 2011). The value of these peer support programs lies in sharing lived experience with each other.

Social Connectedness in the Homeless

The lack of social outlets where one can have regular and meaningful contact with other people and be involved in meaningful activities is a significant problem with most homeless and at risk populations (Chambers, et al., 2014; Grenier, Barken, et al., 2016; Reynolds, et al., 2016). Older homeless women lack family or kin support since supportive family members have often died, drifted away, or become estranged due to the high needs of the homeless person (McNeil, et al., 2012). In addition, homeless people generally lack friends (Irvine, 2013). As a result they often cannot access programs or supports that already exist (Grenier, Barken, et al., 2016). Lacking an advocate, “homeless populations were unable to access end of life care services as a result of a lack of caregiver support and /or financial resources” (McNeil, et al., 2012 p. 4). Lack of employment has also been shown to contribute to a lack of social participation and increased isolation (Grenier, Sussman, et al., 2016).

Another issue related to homelessness and social connection relates to pet ownership. Although there is limited research in this area to date, pets have been shown to provide much needed companionship and friendship (Irvine, 2013; Slatter, et al., 2012). They provide

unconditional love, and are accepting and non judgemental (Irvine, 2013). In addition to encouraging socializing, caring for a pet helps a person establish a routine and take responsibility (Irvine, 2013). Pet ownership helps curtail risky behaviours because pets act as silent witnesses (Irvine, 2013; Slatter, 2012). For example, consider a person with a companion dog. If they decide that in spite of working on cleaning up a drug habit they will inject illicit drugs, just this one time, they know that the dog is aware of what is happening, and each time they interact with the dog they will be reminded that the dog was present, he/she was a silent witness to the negative or risky behaviour of injecting illicit drugs. For all of the benefits pet ownership offers, it can be costly and negatively affect a person’s ability to secure and maintain housing (Singer & Hart, 1995; Slatter, et al., 2012). If a person becomes homeless and has to surrender a companion animal, the resulting trauma can be significant (Singer & Hart, 1995; Slatter, et al., 2012). If the person is already homeless, finding affordable housing that will allow a companion animal and is pet friendly is difficult (Singer & Hart, 1995; Slatter, et al., 2012).

Spirituality and Hope with the Homeless

Hope can be undermined through a lack of social connection and involvement (Snyder, 2000). Hope is important in recovery as it improves flexibility, motivation, pain tolerance and adherence to medical directives (Snyder, 2000). Having a sense of hope (even a small amount) can help bring healing and restore joy and motivation in a depressed person’s life (Snyder 2004). Snyder (1996) stated, “To hope is to envision that which might be, to seek a goal somewhere in our immediate or distant future” (p.1). This definition of hope is similar to another one that also gives hope to many. “Now hope that is seen is not hope. For who hopes for what is seen? But if we hope for what we do not see, we wait for it with patience” (Romans 8: 24b-25, NRSV). It is possible to cultivate hope in difficult circumstances. Grenier, Sussman, et al. (2016) found that

many people living on the street reported having strength, hope and resilience. These strengths or virtues (Snyder & McCullough, 2000) provide the potential for change (Grenier, Sussman, et al., 2016). Unger (2019) argues that it is not so much personal virtues that affect an individual’s ability to develop resilience but rather has more to do with what an individual receives in health, social welfare and education. In that respect Unger (2019) argues that resilience is contextual.

Although spiritual resources such as these can be helpful, there is very minimal research on the role of spirituality in homelessness (Snodgrass, 2014). A (2017) study (McMaster, et al.), found that clients’ beliefs in religion and their spirituality gave them resiliency and an ability to keep going. Snodgrass (2014) reminds us that “spirituality is both part of and beyond religion, as it is a vital, ontological aspect of the human condition that is not dependent upon participation in or beliefs associated with institutionalized religion” (p. 308). She found spirituality and in particular prayer to be an important coping mechanism for women. Snodgrass (2014) reports that faith and spirituality sustained the motivation in women to move out of homelessness. Both Snyder (2002) and Snodgrass (2014) draw a direct connection between hope and motivation. Faith in something beyond oneself is transcendent and can supply the hope that will lead to this motivation (Snodgrass, 2014; Snyder, 2002). Spirituality is also very closely aligned with meaning (Wong, 2010).

The Sense of Meaning with the Homeless

Having someone or something to live for provides meaning and purpose in one’s life (Frankl, 1963). This sense of purpose or meaning enables one to survive circumstances that might destroy others (Frankl, 1963). From his own experiences living through the horrors of Auschwitz, Frankl (1963) developed logotherapy, which became known as the Third Viennese School of Psychotherapy. Logotherapy asserts that the greatest driving force in humans is not

the desire for power or pleasure but the desire for meaning, and this driving force for meaning is universal (Frankl, 1963).

A positive correlation between meaning and wellbeing in a person’s life is well documented (Frankl; 1963; Steger, et al., 2008; Wong, 1989). Using photographs as well as verbal accounts, Steger, et al., (2013), affirmed that, “meaning is a cornerstone of the Good Life” (p. 537). In their research, relationships were named as the most common source of meaning. Hope and meaning are linked (Snyder, 1999; Steger, et al., 2008; Wong, 1998). Hope enhances motivation and without hope, it is difficult to stay motivated to work towards meaning.

Spirituality and religion can play an important role in finding and maintaining meaning in one’s life (Wong & Fry, 1998). Suffering, which is a universal and unavoidable aspect of human existence, can often open a dialogue around meaning (Wong & Fry, 1998). The theological term that speaks of making meaning from suffering is known as redemption. This idea of being freed from wrong so that meaning can come from the event is not exclusive to Christianity; it is found in many world religions (Cross & Livingstone, 1974).

Meaning gives a person the ability to cope with the difficulties and challenges that come with living (Wong, 2010). Meaningful activities give life satisfaction and make it worth living (Wong, 2017). Wong (2010, p. 87) suggests that “meaning makes suffering more bearable.” Meaning is contextual. It has more to do with our actions than with our feelings (Wong, 2017).

Currently there are few opportunities for homeless or at risk persons to engage in meaningful activities (Chambers, et al., 2014; Reynolds, et al., 2016). Most of the resources that are directed to this population focus on physical and financial needs. While these aspects of coping are critical, and must be addressed, social and spiritual activities that give meaning and hope to a person’s life must not be forgotten or omitted (Wong, 1989).

Chapter 3 - Method

Aim of the Study

Among the limitations to research in this area is the modest recognition given for the unique needs of mature women (50 years of age and older) as a vulnerable sub group within the homeless population (Reynolds, et al., 2016). Women who are at risk of becoming homeless are included in these already limited studies and there are very few studies that examine their distinctive circumstances (Hwang, 2001; McMaster, et al., 2017). Most of the existing research focuses on the health, financial or housing needs of a mostly male population (Chambers et al., 2014; Crane, 1998; Hwang, et al., 2012; McNeil, et al., 2012; Waldbrook, 2015).

The current study aims to gather the stories of mature women, in order to bring these women’s lives into the consciousness of both the general public and the academic community through concise, readable narratives. The goal is to move these stories or narratives into public awareness so that these women are more than simply numbers or statistics. Further, this study aims to explore the psychosocial and spiritual lives of these at risk women as there is little research in this area. The results from this study will add to that limited research base, enhancing the future work of researchers. Using a strengths based theoretical framework throughout the data collection and analysis the study was designed to address the primary research question **“What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness, as revealed in their stories of lived experience?”** In this study, the construct of sustain is defined as “keep going continuously” (Barber, et al., 2005), with mature defined as 50 years of age and older. In the general (housed population), those referred to as mature or senior are usually 55, 60 or 65 years of age, while in the homeless and at risk populations “seniors” or

mature individuals generally refer to those 50 years of age and older (Grenier, Barken, et al., 2016; Grenier, Sussman, et al., 2016; Reynolds, et al., 2016; Stergiopoulos & Hermann, 2003).

The inclusion criteria for this study were designed, to illicit thick and rich descriptions, by way of stories told by mature women who are part of the hidden homeless (at risk of experiencing homelessness) population. Thick descriptions are defined as detailed accounts provided by the study participants within their context of being at risk of homelessness. Rich descriptions are defined as ones that are multi layered and intricately complex (Burmeister & Aitken, 2012).

With the study rooted in a strengths based theoretical framework, the researcher was able to formulate a suitable conceptual framework, within which to work. This conceptual framework was one of seeing the participants as capable adults sharing information and knowledge with the researcher. Together as co-creators the participants and the researcher developed the final research story. This was a story of strong, resilient women who employ spiritual beliefs and practices as strategies in everyday life. These spiritual practices are an ongoing strategy in sustaining them.

Qualitative Research Methods

This qualitative study using a narrative inquiry research method was designed to “get behind” the statistics, put a face to the numbers and hear the lived experiences of this often invisible, vulnerable subgroup of mature women who are at risk of experiencing homelessness. It is important that their stories be heard. Stories are constructs based on the unspeakable first events of lives lived (Bausch, 1984). Stories provide a richness to life events in their use of descriptive language and through the use of metaphor and paradox (Bausch, 1984; Clandinin & Connelly, 2000). Stories inform and invite us in to the drama, staying with us long after the

telling or hearing is over. Leavy (2015) writes, “a well-written story” has the potential to be long remembered” (p. 45). Storytelling creates meaning in one’s life (Clandinin, 2006), builds trust, creates intimacy (Connelly & Clandinin, 1990), and provides a vehicle by which the tellers find identity and belonging (Riessman, 2007).

Qualitative research examines human life as it is lived and experienced (Polkinghorne, 2005). It enables researchers to examine the complex processes with which human lived experiences often present (Morrow, 2007). Morrow (2007) states that it is “the most useful approach to understanding the meanings people make of their experiences” (p. 211).

The two most suited qualitative methods available in studying the lived experience of individuals are the narrative methods of phenomenology and narrative inquiry, as both methods draw on narrative in studying how individuals experience the world (Clandinin & Connelly, 2000; Connelly & Clandinin, 1990; Creswell, et al., 2007). The use of personal interviews is the most common method of collecting data in qualitative research (Polkinghorne, 2005). Questions for the personal interview are framed according to the type of data the researcher is trying to generate (Suzuki, et al., 2007). There is a need to clearly distinguish whether the researcher is using a phenomenological research method or a narrative inquiry research method. A researcher using a phenomenological research design might ask a question about legacy in this manner; “What kind of legacy do you hope to leave?” A researcher using narrative inquiry interested in eliciting the same information might ask, “What story do you hope others will tell about you once you are gone?” Although both questions are asking essentially the same question, the way they are asked will produce different data.

While the research relationship between participant and researcher is important in any qualitative study (Morrow, 2007), it is particularly important when using narrative methods

since the interviews conducted by the researcher’s presence and conduct become an integral part of the data (Clandinin, 2006, Clandinin & Connelly, 2000; Polkinghorne, 2005; Suzuki, et al., 2007). Both participants and researcher bring to the study their own ontological lived experience. The researcher works in a fluid and changing environment, recognizing and acknowledging that the epistemology embraced by the participants will be varied, and may be quite different from her own (Dixon, 2013). This difference represents part of the richness and the appeal of this research method, as it enables both participant and researcher to be part of the overall investigation, as they work together as co-creators (Clandinin, 2006; Clandinin & Connelly, 2000; Connelly & Clandinin, 1990). In addition, the researcher brings to the study the experience of studying the experiences and stories of the participants (Clandinin, 2006). Stories are told about stories, making the storied research study an ongoing creation (Clandinin & Connelly, 2000; Clandinin & Huber, 2002).

In addition to the similarities mentioned, there are key differences between the two narrative methods of phenomenology and narrative inquiry. Both methods examine the content of lived experience in their search for meaning (Creswell, et al., 2007; Polkinghorne, 2005). However, narrative inquiry is the preferred research method when a narrower, more focused sample group is being investigated (Creswell, et al., 2007). In narrative inquiry the context, including place and the social circumstances of the participant sample are critical to the study, since they combine to shape the data (Clandinin, et al., 2014). Clandinin and Huber (2002) note; “identity is a storied life composition, a story to live by. Stories to live by are shaped in places and lived in places” (p.161).

One of the most significant differences between a phenomenological research design and a narrative inquiry research design is reflected in the analysis of the data (Creswell, et al., 2007;

Riesman, 2007). When using a phenomenological research method, the data which can include stories, is analyzed line by line, as the researcher searches for specific words or phrases (Riesman, 2007; Suzuki, et al., 2007) to be coded for analysis.

Analysis in narrative inquiry is a complex process (Clandinin & Connelly, 2000; Ollerenshaw & Cresswell, 2002). It involves examining the story as an entire piece, including the process, the language and the silences used in telling the story (Clandinin & Connelly, 2000; Connelly & Clandinin, 1990; Riessman, 2007). The stories provided by the participants of the current study were analyzed as entire units (Clandinin, 2006; Creswell, et al., 2007; Czarniawska, 2004; Riessman, 2007). Riessman (2007) notes that “narrative scholars keep a story “intact” by theorizing from the case rather than from the component themes (categories) across cases” (p. 53). Context, including time and place are important in the analysis of content obtained through narrative inquiry (Clandinin & Connelly, 2000; Creswell, et al., 2007; Riessman, 2007).

The analysis is based on the data (story) collected from each participant. When the narrative inquiry research method is used, a practice known as re-storying is employed in the analysis of the data collected by the researcher (Clandinin & Connelly, 2000; Czarniawska, 2004; Ollerenshaw & Creswell, 2002). Reconstructing, or re-storying in narrative inquiry research (Clandinin & Connelly, 2000; Czarniawska, 2004; Ollerenshaw & Crestwell (2002), involves first reading the transcribed interview text thoroughly, then asking a number of questions in order to understand the data, (the lived experience) and finally re-constructing or re-storying the text (Clandinin & Connelly, 2000; Creswell, et al., 2007; Czarniawska, 2004; Ollerenshaw & Crestwell, 2002).

Clandinin and Connelly (2000) use a method in analysis known as the “*three-dimensional narrative space*” (p.49). The first step in this process involves reading through the transcribed interviews several times within the three dimensional narrative space. These readings enable the researcher to become familiar with the content of the data. Once there is a sense of the story and of the person who has offered it, the researcher takes a step back and asks a number of questions, such as “What is its social significance? Is there a dominant theme, or are several themes being expressed here? What, if any are the patterns? Are there conflicts or tension points in the story, parts that lack congruence with the overall story?” (Clandinin, 2006; Clandinin & Connelly, 2000). The third step in this analytic process is to re-story the data.

Using the model outlined by Clandinin and Connelly (2000), this process involves a restructuring of the story to include all parts of the narrative inquiry space of interaction (personal and social), continuity (past, present and future) and situation (place). Narrative inquirers work within this three dimensional space (Clandinin, 2006), as it enables the researcher to see a total picture of the person (Clandinin & Huber, 2002).

A chart or spreadsheet outlining all the areas in the three dimensional space of interaction (personal and social), continuity (past, present and future) and situation can be developed to help the researcher connect all the pieces in the three dimensional space into a re-storied document (Ollerenshaw & Creswell, 2002). At this point in the analysis the researcher could further explore the story by using some of the deconstruction analysis suggested by Czarniawska (2004). “What is missing from the narrative?” Are there characters or experiences that one would have thought would be in the story, given the literature search completed prior to conducting the research interviews (Czarniawska, 2004)?” In this way the researcher (Czarniawska, 2004) is able to address silences, and other voids such as a family member who is completely left out of

the collected the data, for example. Ollerenshaw and Crestwell (2002), describe the problem-solution approach, a process of re-storying that involves organizing the transcribed data around the building blocks in a story that make up the plot; namely characters, setting, problem, actions and resolution.

Narrative analysis involves negotiation between the participant and the researcher with the stories that are shared in the three dimensional inquiry space (Clandinin, 2006; Clandinin & Connelly, 2000). Once the researcher has completed a draft re-story, a follow up meeting with the individual participant takes place in order to negotiate the final research story. In order to meet appropriate ethical standards in research using a narrative inquiry design, this continuous negotiation between participants and researcher is imperative (Clandinin, 2006).

The final research story once drafted is examined for common themes throughout and across the participants’ re-storied narratives (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002; Riessman, 2007). The themes identified in this process shape the findings of the research and are discussed in detail in the next two chapters.

Narrative Inquiry Research Design

Narrative inquiry has been selected to address the research question, “What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness as told in their stories of lived experience?” Clandinin (2006) suggests “narrative inquirers study experience” (p.45). A specific sample group, with several qualifiers for inclusion, in a particular context, made the narrative inquiry research design the most suitable narrative method for this study (Clandinin & Connelly, 2000; Ollerenshaw & Creswell, 2002). The location is London Ontario, an urban centre of approximately 400,000 in the agricultural hub of southwestern Ontario, and more specifically the context is a sub group of women who identify as being at risk of

homelessness. These women frequent social service agencies that provide goods or services they need. These agencies included but were not limited to the Canadian Mental Health Association, Life*Spin, My Sister’s Place and Mission Services of London. The participants were recruited through two agencies, Life*Spin and My Sister’s Place which are both located in east London. Storytelling is an integral part of the programming and general support that is offered at these agencies. It presents a non threatening research method for women who have faced challenges that often include previous trauma. Storytelling builds trust and intimacy (Connelly & Clandinin, 1990). In this context, a narrative inquiry research method was most appropriate because the story the participants told in the research story is an ongoing process that is evolving, changing and taking shape as the research unfolded (Clandinin & Connelly, 2000; Clandinin & Huber, 2002; Czarniawska, 2004).

Drawing from a number of philosophical traditions, including but not limited to post structuralism, positivist, post positivist, and deconstructionist, narrative inquiry as a research method has gained popularity in recent years (van Manen, 1997). In a narrative inquiry research study van Manen (1997) states “the human science researcher tries to enter the life world of the persons whose experiences are relevant study material for his or her research project” (p. 69). Meaning is communicated textually in narrative inquiry. The hermeneutic interview is person centred, while the overall research story is anchored within a larger story. The stories or narratives cross multifaceted barriers of class, poverty, education, gender and age (van Manen, 1997.) Narrative inquiry is fluid, ongoing, evolving and constantly being shaped (Clandinin & Connelly, 2000; Clandinin & Huber, 2002; Czarniawska, 2004; van Manen, 1997). Narrative inquirers believe that subjects are not only important but are capable of informing the study with

real knowledge (Polkinghorne, 2005). In this way the participants become co-researchers with the inquirer (Morrow, 2007, Polkinghorne, 2005). During this research the researcher learned many things from the participants both in terms of knowledge of the situation and about herself as a researcher and human being. Researchers who use a narrative inquiry research method must be able to work in complex, continuously changing situations (Osuji, & Hirst, 2015).

In narrative inquiry the researcher’s role is critical as she becomes part of and intertwined into the stories (Clandinin & Connelly, 2000; Clandinin, 2006; Polkinghorne, 2005; Suzuki et al., 2007). This includes the final research story. Clandinin (2006) writes that “the development and use of narrative inquiry are inspired by a view of human experience in which humans, individually and socially, lead storied lives” (p.45). As the researcher, I came to this research with my own storied life both individually and as part of a larger social context, world view and assumptions that are both conscious and unconscious. I am a mature woman completing a thesis at a time when most of my peers are planning their retirements.

Investigator Profile

The world view that I currently hold is an inclusive one of welcoming, respecting and interacting fully and honestly with a diversity of people and situations. This life orientation was nurtured by my parents and my early upbringing in a very diverse northern Quebec resource community, during the Cold War era of the 1950’s and 1960’s. That diversity included but was not limited to, language, culture, place of origin, nationality, lifestyle, religious affiliation and financial standing in both civilian and military lives. Although primarily a town based on the resource industry, it was also home to military bases for Canadian and American air force personnel and their families.

For the last fifteen years, I have lived in the downtown core area of London, Ontario. In that time I have witnessed many changes; as the cost of living has risen considerably the visible signs of homelessness (for example people sleeping rough) are everywhere. I am a minister currently serving a small congregation on the western edge of London Ontario. Previous to this, I served an inner city outreach focused congregation that was located at the epicentre of the local sex and drug trade. I spent much of my time there ministering among those who were living on life’s margins; the addicted, the afflicted, the poor, the homeless, the incarcerated, the stigmatized. Throughout my ministry of more than thirty years I have spent considerable time listening to, and supporting mature and elderly women with life concerns, transitions and end of life issues. My lived experience includes living through many difficult and painful life situations. Although I have never been homeless, I have lost jobs, relationships and financial resources as a result of living with numerous health issues. The ongoing management of these chronic health issues has caused several gaps in my employment as well as considerable additional costs for treatments, supports and medications to maintain ongoing well being. I have had to start over again several times.

Although I identify as Christian, I do not expect the same of others nor do I expect or assume they will name a deity as I do in naming God. My spirituality is deeply rooted in creation, beauty and being among a community of diverse individuals. I have both researched and experienced the differences and similarities between religion and spirituality and bring that awareness to this study. I became acutely aware of the interconnectedness of spirituality and psychology in my late 20’s when I successfully battled a deep clinical depression. Claiming my own spiritual path became a major component of my recovery. I continue to be fascinated by

other’s stories of how they understand spirituality and how or if they find spirituality helpful in their lives.

As a result of my life’s journey I have become an accomplished storyteller, a skilled facilitator, interviewer and a published author. I have spent over thirty years interpreting difficult material for others by making it accessible, relevant and fun. Many people have and continue to comment on my ability to connect ancient classic texts with modern day living in a way that is relevant and real for them. One of the goals and strengths of narrative inquiry is that it is accessible to a much wider audience beyond just the academic community (Leavy, 2015; Morrow, 2007). Making these kinds of connections and making them accessible to others is one of my greatest strengths.

I have used storytelling in counselling, teaching and performance. In both teaching and counselling, I have proven analytical skills in probing, deconstructing, re-shaping and ultimately celebrating stories. As I listen to a story my natural creative curiosity is asking; “How is this story being told, who are the main characters and what is the theme (s)? In this story are there pieces or players who are being left out? I wonder what that is about.” In narrative inquiry these are the kinds of queries that are explored. Given the place of the researcher in the narrative inquiry research method, it is important in the analysis that the researcher be aware of and document how her own story is unfolding in this study as well as tracking the participants’ stories and the overall research story. The researcher kept a research journal during this study.

The process of re-storying that was employed in this study was a three dimensional inquiry space as suggested by Clandinin and Connelly (2000). The three dimensional space became a lens through which the researcher worked (Clandinin & Connelly, 2000). An image of a triangle was kept in mind when thinking about the space, which involves interaction, continuity

and situation (Clandinin, 2006; Clandinin & Connelly, 2000). When using this three dimensional space metaphor, the researcher was conscious of the space throughout the entire research process. From the initial framing of questions, through to the recording and transcribing of interviews with participants, the re-storying process required on-going collaboration with participants. To the point where the final research story was complete, the researcher was always working within this three dimensional space to achieve a full view and understanding of the initial research question of; “What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness as revealed in their stories of lived experience?” (Clandinin, 2006; Clandinin & Connelly, 2000). This three dimensional learning space also allowed for creativity and innovation to occur (Van Manen, 1997).

Once completed, the steps of framing the questions, recording and transcribing the participant’s interviews, examining, questioning and re-storying the data, and negotiating with participants, the results are focused around a series of stories. For a community based study such as this one, research using narrative inquiry provides results that are accessible for everyone, not just those working in academia (Clandinin & Connelly, 2000; Connelly & Clandinin, 1990; Leavy, 2015; Morrow, 2007).

No single event leads to homelessness. A number of factors can weave together over time and experience, resulting in homelessness (Chambers, et al., 2014; Crane, 1998; Hwang, 2001; Stergiopoulos & Hermann, 2003). Narrative inquiry provided an appropriate methodology for working within this complexity in examining the many stories, all of which come together in a tapestry that tells the story homelessness (Clandinin & Connelly, 2000; Clandinin & Huber, 2002; Czarniawska, 2004; van Manen, 1997).

This research method proved to be a good fit with the demographic chosen as storytelling is non threatening, open and inclusive. It crosses many barriers and allows the participants control of their own story. This was important for this demographic as many of them had experienced abuse and other forms of trauma (Collins, et al., 2018; Grenier, Sussman, et al., 2016). Narrative inquiry was a good fit for the researcher who could empathize with and understand many of the issues involved in this tapestry of homelessness as she has lived experience of some of them.

The majority of research studies in homelessness have focused on the financial, housing, and health needs of homeless persons, including those who are at risk of homelessness. (Chambers et al., 2014; Crane, 1998; Hwang, et al., 2012; McNeil, et al., 2012; Waldbrook, 2015). Most of these investigations have been conducted from the prospective of the service providers, making the focus on pathology central to the purpose of the studies. Few studies have been conducted through the lens and perspective of the clients or participants themselves. Fewer still examine or describe the social or spiritual needs of these homeless (including at risk of homeless) persons (Irvine, 2013; Snodgrass, 2014; Snyder, 2002). Narrative inquiry method enabled this gap in research to be addressed, as the social and spiritual needs were often found woven throughout the participants’ stories of lived experience.

Participants

Before any participants were recruited, this study was approved by the Research Ethics Board of Wilfrid Laurier University (file # 6085). A requirement of the Ethics Review Board was that only university contacts be listed on the recruitment materials. As no personal landline or mobile phone numbers could be listed, this presented a challenge for the researcher since she did not have a university phone number. She overcame this challenge by providing, in addition

to her Wilfrid Laurier University email address, postcard sized handbills (see appendix 3) to be available with the recruitment posters (see appendix 2). These handbills could be taken by any potential participants and returned to a staff member at any of the agencies displaying the recruitment poster. The handbills outlined the same information as the recruitment poster and asked for a first name only and a means of contact. In doing this the researcher ensured that interested participants could establish contact even if they did not have access to a computer.

As this study focused on the hidden homeless, the researcher knew that it would be challenging to find participants that fit the specific participant profile. She determined it would therefore be important to work with one of the social service agencies that work with and are familiar with homelessness in general and with the hidden homeless populations in particular. Before these posters were distributed and the recruitment of volunteers began, the researcher met with the Executive Director of *Life*Spin*, the Executive Director of the *Crouch Neighbourhood Resource Centre* and the Outreach Facilitator at *Trinity United Church Community Centre* and explained the research and the participant profile to all of them, asking them to display the posters and make the handbills available, for any interested participants. These agencies were chosen because they are all involved with vulnerable people, particularly around housing issues. They are all located in east London, an area which in spite of having lower priced housing accommodations than other areas in the city still experiences considerable housing insecurity.

This profile included those who identified as a woman (trans women were welcome to volunteer), were 50 years of age and older and in possession of at least two of the following risk factors for becoming homeless. These factors included but were not limited to: unemployment, poverty, current residency in a temporary shelter (e.g. a women’s shelter), a diagnosed mental health issue, a recent hospitalization, currently living with an abusive person, a lease coming to

completion, an eviction, living in an unsafe building (e.g. witnessing criminal or drug activity), and a residence that has barriers (e.g. stairs) that the individual is not able to navigate. These criteria were chosen because they are outlined in the literature review as being risk factors for the hidden homeless or the at risk of homeless population. Age 50 was chosen because, the aging process happens more quickly in the in the homeless population than in the general population, with estimates suggesting there is an approximate 10 year difference in the chronological age and the ‘lived’ age (Grenier, Barken, et al., 2016; Waldbrook, 2015). In addition, the majority of current research studies examining older populations, describe those 50 years of age and older as mature or senior (Grenier, Barken, et al., 2016; Grenier, Sussman, et al., 2016; Hwang, 2001; McNeil, et al., 2012; Piat, et al., 2015; Waldbrook, 2015).

The ability to speak and comprehend English along with residency in Canada of at least 5 years was a requirement of all participants. One potential participant (who the researcher contacted) was disqualified because she could not fully comprehend English. Recently arrived immigrants and women with a history of chronic homelessness did not match the participant profile for inclusion. These women have a unique set of circumstances requiring separate and dedicated investigations. All participants required the ability to provide informed consent.

The researcher is indebted to the staff and in particular the Executive Director of *Life*Spin* who worked with her in finding potential participants. The Executive Director sent the recruitment poster (appendix 2) and handbills (appendix 3) electronically to her contacts asking them to display the poster and make the handbills available to anyone interested in the study.

Interested participants were asked to return these handbills to a staff member of the organization at which they received it, or use the email contact listed (the researcher’s Laurier email address) on both the recruitment poster and the handbill (see appendices 2 and 3). In order

to maintain confidentiality, participants were asked to include a first name only and a contact mechanism. The handbills were returned to the Executive Director at *Life*Spin* who then contacted the researcher with a first name and contact number, which was in all cases a telephone number. She did this by sending an email to the researcher’s password protected computer. The researcher often had to phone or text more than one time before she was able to reach the individual participants. If the individual had an answering machine, the researcher did not leave messages but rather called back later. If she did not get an answer after a few attempts, she sent a text message. There was one participant who only had access to a text message, and no telephone access. None of the participants had computers.

Interviews were conducted with 10 mature women (50 years of age and older) who are part of the hidden homeless population. As van Manen (1997) contends, this “hermeneutic interview tends to turn the interviewees into participants or collaborators of the research project” (p. 63). This community based study was person centred and resonated with the contextual nature of the narrative inquiry research method (Dixon, 2013). It employed a holistic, strengths based paradigm, acknowledging that the epistemology embraced by the participants was varied, and potentially contradictory to other participants and/or the researcher. This was welcomed and encouraged by the researcher, who recognized that when employing a narrative inquiry research method the language and nuances of the stories or narratives are contextual. The open space or three dimensional space (Clandinin & Connelley, 2000) that was used in this study, allowed for reflection, not only on what is but also what was (van Manen, 1997). Thus the focus of the story was not only its content, but the manner in which the story was told.

Situating the Research. The participants in this research study were recruited through

*Life*Spin*, who graciously distributed the recruitment materials to all the agencies within their network. Begun in 1989, by sole support mothers looking for ways to alleviate poverty, *Life*Spin*, located at 866A Dundas Street in London, Ontario, is a registered charity. Their mission is “to provide information and support for individuals surviving on low-incomes and to support the empowerment and self-development of these individuals in their efforts to attain self-sufficiency” (<http://www.lifespın-org.doodlekit.com/home>). As well as providing referrals for services, homeless prevention programs, public education resources, mediation services, *Life*Spin* also operates a free store. All items in this store (mostly clothing and some small household items such as dishes or bedding) are donated and then offered to those in need. In 2000 *Life*Spin* launched the Community Economic Development Housing Initiative. This Housing Initiative includes five commercial units, five one bedroom units, two bachelor units, three two bedroom units as well as a community green space. With donations and help from the community *Life*Spin* purchased the property at the corner of Dundas and Ontario Streets which included and a small property on Ontario Street. As this dwelling was beyond repair, it was demolished and the property was turned into a green space for the community (<http://www.lifespın-org.doodlekit.com>).

Procedures

Narrative inquiry involves a dedicated listening to the stories of participants by the researcher (Leavy, 2015). An open ended question such as “Tell me how you became connected with *Life*Spin*”, likely involves layered questions in the researcher’s mind including: “What has your life been about? What possibilities exist for you right now? How do you find hope? What gives your life meaning?” These are questions that arise for most people as they face the last years of their life. For women experiencing homelessness or at risk of experiencing

homelessness, how are these issues addressed? Are these issues postponed in consideration of the immediacy to simply survive to the next day?

Data Collection. Prior to the interview beginning, each participant was asked to read and sign an informed consent document (see appendix 4). This document outlined all aspects of the study including the length and location of the study, individual time required and any compensation provided. It clearly indicated that there was no coercion involved in participation and that if a participant wanted to tell their story to the researcher but not have it included as part of the research, this would be permitted by the terms of the consent. This document also explained the purpose of the study, outlined the benefits and any risks associated with participation in the study and clearly explained the confidentiality involved in the study. This consent included permission to audio tape the interview, using a digital audio recorder. These tapes were kept by the researcher in a locked filing cabinet drawer in her home which is in a controlled entry high rise building. The researcher explained that no person would have access to these files except herself and the dissertation supervisor.

The material transcribed from the digital audio tapes was maintained on a password protected flash drive, which was used on a password protected computer. When not in use data files were kept in the locked filing cabinet described previously. No names or other personal qualifiers were used in the transcripts. Participants were identified by pseudonyms or code, e.g. P 1, only. Any identifying information about the participants was removed from all transcripts. Once the study was completed all audio tapes were destroyed. Written transcripts devoid of any possible identifying information will be maintained in a secure, locked filing cabinet in the researcher’s home, in accordance with traditional research ethics. The consent document described very clearly how the information gathered from the participants would be used for the

study (e.g. used in the researcher’s final thesis, with the possibility of publication, or in teaching, workshop presentations, seminars, etc.). The informed consent document clearly indicated that the aggregate findings would be shared with the staff at *Life*Spin* without individual identifiers. This will be done in order to assist *Life*Spin* and their associated agencies in providing services and programs that adequately address the needs of mature women at risk of homelessness.

Each participant was given a signed copy of the informed consent document and the researcher maintained a copy of this document in a locked filing cabinet. Semi structured interviews took place in private office space at *Life*Spin*. If the participant did not live within easy walking distance of *Life*Spin* the researcher offered the opportunity to meet at a confidential space in the public library branch closest to the participant’s home instead of meeting at *Life*Spin*. If anyone had to use public transit to get to the interview they were offered two bus tickets at the end of the interview to cover their transportation costs.

The following interview questions were asked of each participant.

- 1) Could you tell me how you became connected with *Life*Spin* (or how you found out about this study)? This question was designed to open the discussion with a neutral question so that the interviewer and the participant could establish rapport with a non threatening question.
- 2) Could you please tell me a bit about your life’s journey by reflecting on what you see as its most crucial or vital points?

(Examples could be leaving home, giving birth, death of a parent, a particular event or relationship, etc.)
 - i) Any other points (asked only if there are just one or two points are mentioned).

- 3) Please describe those aspects of your personal experience that provide meaning for you.
(Examples could be people, places, pets, memories, relationships, possessions, activities, etc.).
- 4) What would you name as your main challenges (past or present)?
 - i) What sustains you in these challenges?
- 5) Do you participate in any spiritual activities? (Examples could be belief in a Higher Power, reflective reading, prayer, meditation, attending a service of worship, etc.)
- 6) Is there anything else you would like to add?

At the conclusion of the interview each participant was asked to complete a demographic information survey (see appendix 5). This was done at the end of the interview in order to build rapport with the participant during the interview and then ask for some more personal information in the demographic questionnaire. The participants were thanked and given a gift card in the amount of \$25 for either Loblaw’s groceries stores (or their affiliates) or the Metro/Food Basics stores (or their affiliates).

In the interest of obtaining the most salient data possible, including thick and rich descriptions, the researcher had planned for 60 minutes for each interview. When completed the participant interviews lasted from a low of 28 minutes to a high of 67 minutes, with most lasting approximately 50-55 minutes. The data collected included all of the taped conversation that occurred between the researcher and the participant.

Part of the analysis in narrative inquiry research includes negotiation and collaboration with each participant before and/or during the re-storying process. When the researcher and the participant met to discuss the draft re-story, the conversations were not audio taped. The researcher made notes from these conversations and made any changes to the draft re-story as

required. At these second interviews which lasted approximately 15 minutes, each participant was offered a \$10 gift card for one of the aforementioned grocery stores.

Most of the participants (eight of the total of 10) presented within a short time frame after the recruitment posters were distributed. While this was encouraging it made it impossible to transcribe all the audio tapes in the timely fashion that the researcher had hoped for. A decision had to be made of whether to interview all eight within a 5-6 week period and possibly not be able to transcribe and re-story the narratives in timely fashion, in order to negotiate with the participant at a second interview, or work at one interview at a time, and risk losing participants who had volunteered. As the researcher had lived experience working with many vulnerable people including those who were homeless or at risk of being homeless, she knew that this demographic very much lives in the moment. If they express interest or volunteer for something and you don't move on it immediately, you most often will lose them as volunteers. Knowing this, the researcher made the decision to focus on getting the first interviews completed and risk possibly not getting some of the second interviews completed. Second interviews were completed with six of the ten participants. The delay might have been a factor in not being able to reconnect with all ten, it may not have been. All the data from all the interviews has been kept and was used. Appropriate analysis has been applied to all the data.

With any vulnerable population there is always the possibility that in the interviews, painful issues might surface or be triggered. The researcher had a London based clinical psychologist, with lengthy experience in working with women who have experienced trauma, available to any of the participants if needed. Her services were not required and in fact every participant expressed gratitude for having the opportunity to share their story. They all thanked the researcher for listening and said that they hoped that their stories would help others. When

asked, all participants indicated that they would appreciate receiving a final report of the research findings. The researcher noted this and told them that material would be available approximately six weeks after the defence of the dissertation. Many of the participants commented on how comfortable they felt with the researcher especially given her calm and accepting presence. The researcher found that as she listened to their stories and particularly as she worked with the transcripts and the re-stories, there were many points that touched her own story. This was not problematic or traumatizing, but rather sparked some reflection for her.

Data Analysis. The theoretical framework used throughout the analysis of all the data was a strengths based approach common in positive psychology (Wong, 2010). The conceptual framework was one of seeing the participants as informed individuals sharing knowledge and co-creating the final story with the researcher. In a study examining women’s beliefs about mental health counselling (Huey, et al., 2013) reported that contrary to popular conception, women who are homeless did not see themselves as victims, but rather were strong, resilient women. Since this study’s focus is the psychosocial and spiritual lives of these women, a strengths based framework, informing the conceptual framework named was appropriate.

The words and language used in describing a situation may be different than when describing lived experience (Osuji & Hirst, 2015). That is why in this research the participants own words and phrases are recorded. The conceptual framework, born from the strengths based framework that the researcher employed in the analysis of the lived experience highlighted how each participant was able to sustain themselves. There were lots of difficult, painful and unjust aspects to the participants lived experiences. Since the focus of the study was the research question of “What sustains the psychosocial and spiritual lives of mature women at risk of homelessness, the analysis was formed into a strengths based narrative. Further the narratives

were the result of many interconnected factors including but not limited to a wide range of relationships, identity and context.

Narrative analysis was used to generate through a re-storying process chronological, biographical sketches of each participant. The participant population being studied is familiar with story and it was through stories of their lives that the researcher was able to illicit rich data. Their stories are ongoing, and change as their circumstances or context change. The social and spiritual aspects of these participants’ lives were interwoven throughout their stories making them rich and complex.

Analysis was completed using all the field notes (Clandinin, 2006; Connelly & Clandinin, 1990) gathered during the study. These included a research journal in which the researcher recorded her initial feelings and thoughts in anticipation of each interview and notes made after each interview. These post interview notes in the research journal included anything unusual that took place during the interview that may have affected the interview itself. For example, during one interview there was a loud and prolonged noise that took place on the street immediately outside the room where the interview was taking place. This was noted in case it might have affected the interview. The notes also contained the researcher’s feelings immediately following the interview. Did she feel energized, or exhausted, comfortable, frustrated or hopeful? Was there shared laughter during the interview? Did the participant seem comfortable during the interview? Did that comfort level change at all? If so, at what point? Any ideas about what might have brought about this change? What have you learned about this person that will be important to keep in mind during the second interview? What have you learned about yourself in this interview? How will that change how you approach the interview with the next participant,

or will it? Notes were also made by the researcher after each interview about the feeling, tone and body language used in the interview by both participants and researcher.

The Re-Story Process. The first task in analysis was the transcription and the re-storying of the data. The re-storying process followed the three dimensional narrative space outlined by Clandinin and Connelly (2000). Before the researcher began the transcription of each interview, she took a few minutes to visually put herself back in the interview with the participant so that as she was listening to the audio tape, she was almost living the interview again. The researcher is fortunate in having a near photographic memory which enabled her to really be “in” the interview again. As she listened to the taped interview she could place the exact time of day, the weather outside, and the interaction all over again complete with body language, facial expressions, silences, pauses and nuances that an audio tape cannot capture. This was a tremendous help in the transcription process and understanding more about each participant. All the transcription was done by the researcher who noted the tone of voice (especially when the tone of voice changed), pauses, silences, hesitations, and laughter. During the transcription she would frequently stop and make brief descriptive notes in the margins, like “I notice the participant is talking more quickly here”, or “I can hardly hear her at this point”. These cues are important markers because it is not just the words spoken that become part of the story but the manner in which they are used, or omitted.

Once each audio tape had been transcribed, the researcher went through it a second time (and sometimes a third if necessary) to correct any mistakes or fill in anything that was missed on the initial transcription. In this way each audio taped interview was heard at least twice.

All the transcripts were printed and the researcher read them over a third time, including the side margin notes made during the process about voice tone, silences, favourite words, and so

on. These hard copies of the transcribed material, with all their accompanying notes, the research journal with the notes taken before and after the interviews along with the researcher’s superlative memory that brought to the process feelings, smells, sights and sounds were then used to continue the re-storying process. With all of this data before her the researcher read through the full transcripts again, making notes on what she believed to be important aspects of the story so that she was better prepared to draft a re-story. She was able to discern what was uppermost in the participant’s mind partially by how much they talked about certain subjects, what they chose to focus on, and what they talked about first. From all of these steps and using the strengths based framework described earlier, the researcher then wrote a draft narrative within the three directional narrative space (Clandinin & Connelly, 2000) which had also been used in interviewing each participant and in listening to the audio taped interviews during transcription. The re-stories of the participants all follow a similar pattern, of a chronological biographical sketch. First there is a chronological sketch of their life as told in their lived experience, followed by what they currently find meaningful in their lives. Their current challenges and coping mechanisms are then described in detail. These details include the kinds of social experiences they find meaningful, followed by descriptions of any spiritual beliefs they hold and any spiritual practices they engage in, and how they find them helpful. The same format was used in taking the data from initial interview through to draft narrative. Once this step was completed, the interviewer stepped back and asked herself a number of questions such as, “What is the overall theme of this story? Is there one main plot, with a few subplots, or are there several plots happening at the same time that don’t seem to be connected to each other? If this story was made into a movie, who would the main characters be? How would they interact with each other?”

After proofreading and re-reading this draft narrative a second time the researcher arranged a follow up interview with each participant. At this interview, both the participant and the researcher discussed the draft narrative, with the participant adding any further comments or details they wished included. This interview was not audio taped. The researcher made hand written notes on the back of her copy of the re-story. The researcher then thanked the participant for participating in the study and offered them a \$10 gift certificate for their choice of grocery store (Loblaw’s chains, or the Metro/Food Basics chains).

A final step in the re-storying process involved making any required changes to the draft narrative. Before the narratives were finalized the researcher assigned each narrative a name. These names were chosen by the researcher who researched popular names of the 1950’s and 1960’s. Before assigning any names the researcher double checked to make sure that none of the assigned names matched any of the real names. The researcher then re-checked each narrative a final time to make certain there were no identifying details from the narratives before finalizing them. These measures were used to protect privacy and were congruent with the informed consents which each participant had signed.

Although all participants consented to a second interview, not all of them showed up for this second interview. One participant was in the process of moving to another province where the cost of living is cheaper so a second interview was not possible. One participant had a scheduled second interview with the researcher and failed to appear on the day of the interview. Following this no show, the researcher tried to contact her three times (twice by text and once by telephone) to reschedule the second interview, without success. One participant refused a second interview when contacted by telephone to set up a mutually convenient time. One participant had given notice to her landlord that she was moving out and then found that there was little if

any housing available that she could afford, could not be reached as her phone was no longer in service. All the other participants met with the researcher a second time and discussed the draft narrative that the researcher had re-storied from the initial audio taped interviews. There were very few changes or corrections made in these draft re-stories by the participants. The participants felt that the draft re-story was accurate and described their lives well. The researcher made mental note of this, which helped her in the process of coming to a final narrative for the four participants who did not attend a second interview for the reasons detailed above.

When considering the draft re-stories without the input of the four participants who were not able to attend a second interview, the researcher re-read the draft re-story two more times. She put herself back into the interview using her senses as described above, re-lived the experience in her mind, read the story the second time and tweaked it as she felt necessary and accurate. Given the experience with the six participants who did attend a second interview the researcher felt confident that the draft re-story she had written for the four participants who did not attend a second interview was an accurate portrayal of that participant’s life story as discussed in the initial interview. Throughout the entire re-storying process the researcher was making note of the themes that were present in each story.

Once the re-story process was completed, the researcher, following the deconstruction analysis outlined by Czarniawska (2004) looked at each story again and asked; “What is missing? Are there characters that I would have expected to hear about that didn’t? Are there voids?” These were important questions to keep in mind as the researcher continued to work with these narratives in documenting the findings and producing the discussion chapter. For example, one participant mentioned re-locating to London when she split up with her spouse. That was the first and last reference to this individual in her entire story. Another participant

who was widowed at a young age still identified herself as a widow in spite of the fact that she had re-married and subsequently divorced. Once the researcher had completed all the re-stories, she examined them as whole units noting the dominant themes present in each story. She then compared and contrasted all the stories as whole units to see if certain themes were appearing in more than one story. A prevalent theme that crossed nine of ten narratives was spirituality. These nine women all shared spiritual beliefs and practices which they found helpful, particularly in coping with challenges. Lastly the researcher took each narrative, read it again, and assigned an overall theme to the narrative. These initial themes are recorded in the next chapter.

Thematic Analysis. Once the narrative analysis was concluded and the researcher had ten life stories of mature at risk women, an additional analysis was conducted in order to explore the themes that emerged during the narrative analysis further. The narratives were all considered as entire units and analyzed as whole stories. Particular themes, which were consistent across all the narratives were listed with descriptive words and adjectives, such as spirituality or shared living accommodations, for example. In order to further probe these common themes and expand the findings a thematic analysis was conducted. Using the example of spirituality, previously named, even though nine of the ten participants talked about spirituality and the beliefs and practices they engaged in, there were many differences, as well as similarities within that theme. Since there is little research on the spiritual lives of women in general and even less on mature women in particular, a thematic analysis allowed for deeper and richer examination of the themes uncovered in the narrative analysis. This will add important data to the existing literature.

To begin the thematic analysis the researcher read over each narrative and asked “What stands out in this narrative?” A single word was attached to each narrative. An initial analysis

of the narratives looking at each intact story as a whole uncovered these descriptive words or themes: resilience, poor health, protection of children, strong women, kind, caring and helpful individuals, spiritual life (beliefs and practices), and interrupted attachment issues, due to difficult relationships with primary parents, foster care, multiple moves, catastrophic accidents, illnesses, abuse, incest and substance abuse.

The second step in this thematic analysis consisted of examining each intact narrative in light of the research questions that had been asked of each participant. This analysis examined the responses the participants gave to the questions that were asked during the individual interviews. That examination produced the following descriptive words or themes. (Note the first question asked was an opening question of how they got connected with *Life*Spin* and therefore found out about the study. It was meant to be a non-threatening opening question).

In response to the second question: “Could you please tell me a bit about your life’s journey by reflecting on what you see as its most crucial or vital points?”, the following themes were generated; poor health, depression, the safe supply program, opiate addiction, anxiety, chronic pain, previous employment, aging parents, grandchildren, children, education, possession of specific knowledge and skill sets (e.g. art, nursing, photography), articulate, low self esteem, lack of childhood friends, multiple moves, resilience, safety of children, self preservation, isolation, relationships with health care professionals, abusive relationships (with intimate partners, parents, children, siblings).

In response to the third question; “Please describe those aspects of your personal experience that provide meaning for you”, the following descriptive words were used; pets, intimate relationships (partners, spouses), business partners, roots (connecting or re-connecting

with one’s roots), appreciation of one’s heritage, reading, memories, friends, community, family, journaling, knitting, creative pursuits, art, nature, music.

The answers to the fourth question “What would you name as your main challenges (past or present)?”, generated these descriptive references; special needs children, the deaf community, technology (availability of, and relationship to), transportation, getting out of their place during the day (to be away from chaos or drama), finding things to do in the day, finances (having enough to meet basic needs, like groceries), maintaining health.

In response to “What sustains you in these challenges?”; participants described coping mechanisms including, setting boundaries, setting goals, humour, caring and helping others, making things happen. It is important to note that the responses to the questions related to coping in one’s life have similarities to what gives meaning as often engaging in something meaningful is a way of coping with challenges.

Regarding spirituality, specifically “Do you participate in any spiritual activities?”; descriptive words derived from the participant’s responses included; a belief in God, turning things over to God, meditation, practicing gratitude, mindfulness, faith, belief, feeling blessed, having hope, and prayer. One participant reported currently living with an individual who is spiritually abusive.

In analyzing all these specific responses and descriptive words from the data, the themes of trauma, health, housing, spiritually, family, creative pursuits, finances, identity and resilience were identified. In examining the findings, it is important to note that when the thematic analysis was being completed, the themes of trauma, housing, health, and finances were very well represented. This was to be expected as these themes are prevalent in the literature,

regarding this particular segment of women at risk of becoming homeless. They are noted here and will be discussed further in Chapter 5.

A third reading of each intact narrative generated approximately fifteen to eighteen threads, often expressed in a single word, for example respect, abuse, children, faith, etc. The researcher then wrote all the words on a small card and placed them on a large table. She grouped together any that seemed to be in the same category. For example, parents, siblings, a child, could all be placed in a category labelled family. Even in the initial groupings of well over one hundred different words or threads most words could fit into more than one category. In the example given above sometimes the named family member had been abusive and so could have been placed into a category labelled trauma. Noting these numerous overlaps, the researcher assigned each word or thread to a category. This generated eight themes, each containing several different threads. These themes were trauma, health, housing, spirituality, family, creative pursuits, identity, and resilience.

Before beginning the third analysis the researcher returned to the research question of “What sustains the psychosocial and /or spiritual lives of mature women at risk of homelessness as revealed in their stories of lived experience? The objective of this third and very thorough analysis was to focus on the sustaining aspects of the psychosocial and spiritual lives of these participants. Employing a similar practice of looking at all the words or threads from each intact narrative, generated four themes each with several threads. These themes include relationships, identity, meaning and spirituality with each theme containing several threads.

The final step in this process saw the researcher return to all the transcripts and colour code each one for these five themes. If one quote or idea in the participant’s transcript and re-storied narrative expressed more than one theme, the researcher used as many colours as

necessary to represent the themes represented. Lastly the researcher pulled all the themes and their many threads out of each transcript and re-story and placed them on separate sheets of paper. From this thematic analysis the findings along with the findings from the narrative analysis outlined earlier in this chapter are detailed in the next chapter.

Benefits

The participants were really glad to have a chance to share their personal stories with a confidential person who genuinely wanted to hear them and cared about them and their stories. They were all very excited about the prospect of their stories being able to benefit others and bring some positive results to others facing similar situations as their own. When asked, every one of them wanted to see a copy of the findings when they are available. The Executive Director and the staff at *Life*Spin* were also very excited about this research and what might become of the findings that they could incorporate into their work and knowledge base.

It is hoped that the results of this study will help inform and shape the kind of programming and/or supports that will be of the most benefit to this particular group of women. Improving the lives of these all people who are in poverty and/or who find themselves in difficulty, and struggling with homelessness or the prospect of becoming homeless is at the centre of the work of *Life*Spin*, and the agencies from which the participants were recruited.

In addition, the findings uncovered in this research will provide important learning and insights for those working in the field of trauma, recovery, and mental health, with mature and senior and populations. The findings from this study will address a gap in the literature (mentioned earlier), and provide insights and support possibilities for service providers. Equally important, this community based study, using a narrative inquiry research method, will help

educate the general public about the current complexities surrounding this challenging social issue of homelessness.

Participants Demographic Information

Each participant was asked to fill out a Demographic Survey. The results provide the following profile. Ten individuals met the inclusion criteria for this study. Five participants were over the age of 50 and five were over the age of 60.

All participants reported a relationship status of “single”, some qualifying it by divorce or death of a spouse. Some who were divorced or widowed simply reported “single”. The investigator noted with interest how each participant reported their relationship status. Barb, Connie and Brenda were all separated from their husbands when they died. Barb reported her status as widowed, Connie reported single as her status and Brenda listed her relationship status in term of her current living arrangement. Karen identified her status as widowed even though she had been married and subsequently divorced several years after her first husband died. Kathy who mentioned a spouse that she had “split from” in the interview listed herself as single. Sharon listed herself single and, in the interview, she explained that since she had been divorced longer than she had been married, she saw herself as single.

In terms of housing, three participants were living on their own. Barb who reported in the interview that she was “on the verge of being homeless” was living in a one bedroom unit at the time of the interview. Karen was living in her trailer and Mary, who spends more than 50% of her income on rent, was living in a small unit in a walk up building that recently changed ownership. The remaining seven participants were all living with other people. Kathy was sharing a townhouse with two roommates, Connie and Brenda both had an adult child living with them. Connie was living in a duplex with her adult child as neither could afford a place on their

own. Brenda was living in a two bedroom aboriginal housing unit with an adult child. This was the only unit available at the time that Brenda had to leave the transitional housing she was in. Her residency there had reached its allowable maximum. Without another person with which to share this unit, Brenda was ineligible for it as she would be considered “over housed.” In geared to income housing a single person can only live in a studio or one bedroom apartment. In order to be housed, Brenda had to find another person to live in the second bedroom. Her adult child, about to be in their own transition agreed to come and live with Brenda so that she could accept the two bedroom unit and avoid becoming homeless. Kim lost her place to an eviction and to avoid being homeless was living with her companion which she reported as “not working out too well”. Debbie who had full custody of her teenage grandchild also had a sibling living with her in a two bedroom unit. Carol had been staying in her adult child’s basement, until she could put together a deposit of first and last month’s rent to secure a place. She had difficulty finding a place and finally obtained a two bedroom upper apartment in a high crime neighbourhood. She then had to find a roommate to share the rent with her as her \$700 per month stipend from Ontario Works could not cover a monthly rent, far in excess of this amount. Sharon, who was living with a drug addiction, lived in a one bedroom unit on a month to month rental. She had a “guest” staying with her because he supplied her with drugs daily. She fears an eviction as she has had complaints against her.

All the participants were in poor health. All reported physical health issues and seven reported mental health issues as well. Of the physical issues reported, four participants listed chronic pain (two specifically naming fibromyalgia as the source of pain). Other physical health issues included deep vein thrombosis, impaired vision, chronic fatigue, head injuries, fractures, cancer, arthritis and other age related conditions. Mental health issues reported by the

participants included, four participants who were experiencing depression, five suffering from anxiety, two reporting PTSD, and one who reported hoarding and adult ADHD. In addition, two participants named learning disabilities.

All the participants were on a pension, a form of social assistance or a combination of the two. When pensions are combined with social assistance the maximum payment is equal to the maximum payout of the larger one. Brenda received a very small survivor’s benefit from the Canada Pension Plan (CPP) following the death of her estranged spouse, which is topped up by Ontario Works (OW) to the maximum allowable of \$700 per month for a single individual. Of the participants, two were on Ontario Works, three were on Ontario Disability Support Program (ODSP), one person was on CPP Disability, and three were on a combination of benefits. Debbie, being over 65 was on full old age pension with the Canada Pension Plan (CPP) and Old Age Security (OAS) and possibly the Guaranteed Income Supplement (GIS), depending on her level of income.

Two participants identified as Indigenous. No one identified as trans or racialized, however during the interviews one person identified and named her pride in being French Canadian and others spoke of trans friends.

From the list of risk factors required for the participant profile; eight named living in poverty, five indicated that they did not feel safe in their current housing, one listed accessibility issues, and five reported witnessing criminal activity in their current place of residence. Seven participants reported mental health issues, five were facing a possible or probable eviction or a lease expiring, three were living with an abusive person and one person was living in temporary housing.

Chapter 4 – Findings

This chapter begins with the findings from the narrative analysis, the ten chronological biographical sketches of the participants who were interviewed for this research study.

Participant Narratives

Debbie’s Story

Debbie, a woman in her late 60’s grew up in the country. She loved rural life and especially enjoyed looking after the animals; feeding the chickens, gathering eggs and milking cows. While she was in high school Debbie’s family moved to the city. This was a very difficult move for Debbie, who said; “I had a hard, a really really hard time coping”. In addition to her own adjustment from rural to city life, Debbie had to do a lot of babysitting of her younger siblings. Of that time, she said; “I would have rather been with the animals doing something”.

Debbie trained as a health care professional. When Debbie and her spouse were married, they moved to London. Debbie smiled as she recounted how some of her spouse’s colleagues treated her with such respect. Debbie has adult children, including one she and her spouse adopted, after the death of the child’s parents. Debbie described the birth of her second child, as “a real eye-opener”. Both this child and her next child were born very tiny and very sick. The younger one was also born with a severe impairment. Debbie and the other children learned to communicate with this child. Now with several small children, including one with special needs, Debbie said; “I’d had it.” Her spouse was not helpful or a good parent and in her words; “was just another kid.” Her spouse, wanted to move to the province of their origin and Debbie wanted to stay settled in London, so they parted amicably. When describing their separation and subsequent divorce Debbie said; “He wanted a different kind of life and I wanted the dream”.

For Debbie, the dream was two parents for their children and regular jobs to provide a stable family life.

Debbie raised her children while working full time as a health care professional. When Debbie had to stop working due to health conditions, she had her own home. Her oldest children had moved out and one was away at a post secondary institution.

Debbie currently lives in a two bedroom unit with one of her grandchildren, who lives with challenges. Debbie has full custody of this grandchild. Recently a sibling of Debbie’s moved in with them. One of Debbie’s children lives overseas, and her other children live locally. One of Debbie’s children died recently from an opiate overdose. That death has been very hard for Debbie. Following the death, Debbie was part of a support group for people who had lost children as a result of drug addiction and overdose. In addition to supporting one another in their losses, the group was working on a campaign to bring awareness of the personal nature of the opiate crisis to the general public, and to highlight its cost. The campaign did not materialise as the group had hoped, and around the same time another member of the group made remarks that upset Debbie. For both of these reasons, she decided it was time to leave the support group. Debbie now looks to her friends for support, including a close friend from her working days. In speaking of her grief in losing her child, Debbie says; “I miss them greatly but I don’t feel as if I need supportive talking with someone”.

Debbie attributes her strong work ethic to growing up in the country. Following her departure from the health profession, Debbie, through word of mouth and availability picked up some small cleaning jobs, which she kept until she was no longer able to. Through this work Debbie got connected with a thrift shop which took in any surplus items she acquired in these jobs. Debbie has been volunteering at a thrift shop. She loves helping customers and getting to

know them. Of her work there Debbie says; “I have a goal every day, it’s the same goal. I want to make people smile when they’re going out the door.” Debbie acknowledges that helping others helps her to smile too. Debbie has a wonderful sense of humour. She likes to tease and can both give and take a joke.

Debbie finds meaning in her volunteer work, her friends and her family. She faces challenges in seeing her family due to distances. One of Debbie’s children lives overseas and Debbie misses that child very much. Debbie’s parent, who lives in a care home, lives at the opposite end of the city to Debbie. She would like to visit her parent more often but the commute on public transit is long and tiring, and Debbie tires very quickly. When she could, Debbie would visit her parent, sit with them and they would both enjoy in hand work while they visited. No longer able to drive, Debbie reports that she really misses the freedom that comes with being able to drive.

When asked how she copes with her challenges Debbie said, “I just keep going, I just do them as I need to. It’s go and do”. Debbie knows her limits and is able to set boundaries. She described it this way; “If someone makes a demand on me for something, unless it’s absolutely important, I just have to turn them (sic) down”. Debbie has a supportive daughter, a few good friends, a sense of humour and volunteer work that she loves.

Debbie finds a number of spiritual practices helpful, “to recharge, to get a calmness”. She prays, practices meditation and sometimes chants. She described in detail an eastern meditation practice she uses frequently, which also incorporates mindfulness and visualization. Debbie learned this practice from a grandparent and has taught it to her children. In summarizing what this meditation practice does for her, Debbie said; “I think the whole thing is, it’s a quiet time”.

Connie’s Story

Connie, a woman in her early sixties grew up in a mid- sized town. Her family moved to London when she was a child. Except for a brief period when Connie moved with her children to a small nearby city in an attempt to shield them from the ills of a large city, Connie has lived in London her entire adult life. Connie has several siblings, who live in different provinces, including some she chose not to acknowledge. Connie’s siblings who live in London are drug involved.

Connie lived at home until she was married. Her spouse had mental health issues and would often go off the prescribed medication. At these times he would become abusive towards her. She reported that every year it got worse. Connie set up a series of “safe spaces” with her friends where she could go with her children when her spouse was out of control. During her last pregnancy she sought the help of the Children’s Aid and got custody of the children and a life time restraining order against her spouse, who has since died.

Connie has children living in London and one who lives in another province with her family. Connie has been out of province to visit her adult child and family, and is saving so that she can go again. Connie’s oldest adult child is drug addicted. One of Connie’s siblings introduced this child to crack cocaine as a teenager. This adult child will come to her place to use drugs in spite of Connie’s repeated requests not to. In Connie’s words, “So we go through hell”. With her adult child and her drug addicted siblings, Connie said she feels that she can’t seem to get away from them, even when she tells them to leave her alone.

Connie shared a place with one of her siblings until a conflict between the sibling and one of Connie’s children ended that arrangement. Currently Connie is sharing a unit with one of her adult children, who is on Ontario Works while searching for work. Connie is not sure how long she will be able to stay there as it takes both incomes to pay the rent. One of Connie’s siblings

and one of Connie’s adult children continue to spar especially at family events, such as Christmas dinner. This is very stressful for Connie.

Connie had a dog that she’d raised over many years. She enjoyed taking him for a little walk each morning. Unfortunately, during the course of the research her dog died. Connie really misses him. She enjoys knitting dish clothes for one of her children when she can get cotton yarn. She also knits scarves. Connie makes crafts for her grandchildren, siblings and others. She started making crafts for her own children when they were young. Connie taught her children crafts, such as making dreams catchers and they are teaching Connie’s grandchildren these crafts. Connie is very creative and resourceful. When she sees something at a thrift store that could be used for her crafts, she will buy it and take it apart for the materials. Connie likes to bake in the winter. Connie also enjoys reading and finds that she can really escape into a good book. This is one of her coping mechanisms.

Connie lives with several physical health issues, which make it hard to get things done. She is currently undergoing a series of tests and diagnostic procedures to determine the cause and subsequent treatment for the issue. Aside from this latest health issue, Connie names finances as her biggest challenge right now. She had to cancel her very limited technology due to lack of funds. Some of her health issues prevent her from being able to access various community meals, putting further strain on her already limited income. Recently one of Connie’s children has been helping her out with her groceries which has made a big difference for her health.

Connie occasionally goes to a church, and sometimes she will get sage out and spread it around in the house. What really carries Connie through the difficult times is hope. This hope is expressed in her own words when she says, “One day it’s going to get better”.

Carol's Story

Carol, a woman in her early 50's grew up in London, the oldest child of professional parents. Currently her parents who are both unwell live about an hour's drive away. Carol described her mom as being a very strong woman who in spite of being palliative has lived well beyond expectations. She reported that her father is also living with a terminal diagnosis. Carol remains very close to her grandmother who lives in London. She described her as, “The love of my life. I love her to pieces”. Given her parent diagnoses, and her grandmother's advanced age, Carol is aware that she will likely face some major losses soon. Carol has an adult child, who she raised on her own. Now a young adult and successfully employed, Carol reported that this child makes her “so proud”. Carol considers her child one of the best things she did in life and beamed with pride and love when she spoke of this child.

In describing her life, Carol said, “It's been a lot of ups and downs. It's been a fight; it's been a fight for me. I don't know why. I don't know if there has been a dual diagnosis or what's going on. But it's been a bit of a journey”. Carol quit school, got into drugs and spent some time in jail. Following this period of incarceration and her release from jail Carol reported that she had turned her life around. She returned to school, got a job, had her daughter and maintained steady employment for several years. A few years ago, Carol was in a very serious accident. This accident which caused multiple physical and emotional injuries has left her in chronic pain, ending any chance of a return to the work force.

Carol, who currently lives in poverty, lives in a two bedroom upper level unit. The building is in an unsafe area known for frequent criminal activity. It is not adequately maintained making it unsafe and almost inaccessible, due to the many stairs. Carol is grateful to have recently found a roommate with whom to share the monthly rent as it is far above the \$700 monthly cheque she receives from Ontario Works. Carol was applying for support from the

Ontario Disability Support Program (ODSP), and reached out to the advocate at one of the agencies for assistance as she found the paperwork for the ODSP application to be overwhelming.

Nature is very important to Carol and the source of much meaning in her life. She reported, “I need to be outside everyday whether it is cold or hot”. She is grateful to live close to a park, which she goes to every day. While in nature she is very aware and mindful of her surroundings. She notes with appreciation the gardens and other living things in the park which she described in some detail. She also loves watching the children as they play in the park. Carol got excited as she described the beauty found in gorgeous sunsets and beautiful cloud patterns which she described in intricate detail. Carol reported that she finds “harmony in nature”. Carol chooses to look at every situation from many different angles which allow her to find the blessings amid the challenges in her life. She reported, “Even in homelessness I’ve been blessed”. Carol also finds meaning in reading, especially books that provide learning. Carol is a giver, whether that be tangible help to others, advice when asked or sharing the wisdom she has accumulated through a life time of lived experiences.

Carol reported her biggest challenge to be financial. She does not have enough money to meet the basic needs of rent, hydro, groceries and the care of a pet. She described the whole process of not being able to work, and not having enough money to meet basic needs as very demoralizing, producing a rut that is difficult to get out of.

When asked about coping mechanism in these challenges, Carol was unequivocal in her belief that it was her faith in God that allowed her to cope. This faith involved several stories of grace, which is getting what she needed when she simply left things in God’s hands. In one instance she was living with her adult child temporarily while she looked for a place. After

doing everything she could possibly think of to put together enough money for a rent deposit of the first and last month’s rent, she was still far from the amount needed. She reported, “I was defeated, so I just threw my hands up and said OK God, I’m giving it up to you because I just have no more resources that I can tap into”! Once she turned this over to God, before the end of that day, circumstances changed and she was provided with what she needed. She also expressed her faith in her actions towards others. This faith gives her hope and that hope in turn provides inspiration to move forward and to keep going in the face of difficulties. In Carol’s own words, “Faith turns things around”.

Carol’s hopes for the future include being able to empower others especially women because as she said “Women lose their voices so quickly”. She believes that her faith will facilitate this and she will continue to look and listen for direction in her life. Carol’s concluding words were, “Just listen cause He’ll speak”.

Sharon’s Story

Sharon, a French-Canadian woman in her early 50’s, originally from Quebec grew up in a military family. She experienced multiple moves as a child, which affected her. She stated; “I learned not to get too comfortable cause things might change”. When she was a teenager her parents retired and returned to an urban area in Quebec, where Sharon accessed post secondary education. Sharon has a sibling, who along with her parents still lives in Quebec.

Following the last referendum in Quebec, along with many others, Sharon decided to leave Quebec. She came to London and began looking for a job. She had experience in a particular field and so she quickly landed a similar job. It was there that she met her spouse. They were married shortly after and had children together. One was born with a disability. Sharon learned to support this child through school. Her spouse took little interest in the

children, and spent time with them only at Sharon’s urging. Sharon and her spouse had a successful business together.

Sharon didn’t see the divorce coming. She had been home a lot caring for their young children. Upon reflection she realized that little things were happening, in her absence, from the business. Money was always missing, and there was little to no communication. Sharon felt that her spouse was simply putting her aside to “take care of the kids”. Following their divorce, they were granted joint custody of their children, and their business was split between them.

It was not until several years later that Sharon met Peter, with whom she would be in a relationship for the next few years. Peter abused alcohol and often had his friends at their place drinking. Peter was abusive to Sharon but not to her children, with whom she was still sharing custody of with her former spouse. Once when Peter and his friends were drinking, he kicked in the bedroom door where Sharon and her children were. Afraid for the children’s safety, Sharon texted the children’s father; “Help. Pick Up Kids.” Sharon was afraid to leave this relationship because she said, “I honestly thought he’d kill me if I left”. Until she felt she could leave this relationship, Sharon kept her children away from Peter. When she had her children she would take them to a safe place, so they could spend time together away from Peter. Sharon noticed that during this period of her life with Peter, she started to drink more herself.

Peter’s abuse escalated from leaving bruises on Sharon to seriously injuring her. When Sharon was eventually able to leave the relationship, she took her children and went to a shelter. In retrospect, Sharon wished she had left the relationship sooner, but as she said “When you’re in an abusive relationship, there’s not too many places to go, especially with kids”. Peter was hard to get away from because he kept stalking Sharon and her children, trying to hunt them down and find them.

A few years later, Sharon said; “I hooked up with this guy named Roger.” At the time Roger was homeless, Sharon felt sorry for him, and allowed him to move into her unit. Sharon reported that Roger was mentally abusive towards her. Sharon was unaware of the scope of Roger’s drug abuse or that he was having people over to use drugs at her place. Their relationship lasted less than a year, and when it was over, Sharon got a different unit in the same building.

Sharon’s addiction to opiates is a result of having sustained serious injuries in abusive relationships. At the time of the injuries, and during the subsequent treatment, she was prescribed opiate medication for pain. When the prescribed amount no longer had the same affect, Sharon’s family doctor diagnosed her with an addiction issue and would no longer prescribe this medication for her. Since Sharon was no longer getting them from her doctor, she began getting them on the street. Sharon is hopeful that her doctor, who as of yet, has not approved her for the Safe Supply Program, will do so soon.

Sharon met Brad a few months ago. Brad, who is on the Safe Supply Program, came to her place to use prior to moving in. He supplies Sharon with opiates daily in exchange for staying at her place. Sharon explained that the street cost for these drugs, so she feels that Brad’s remuneration for staying at her place is fair. Brad does not expect sexual favours for the drugs, although Sharon has traded sex for drugs in the past. Sharon’s description of Brad is, “He is loud and obnoxious and always cleaning”. Brad gets spiritually abusive with Sharon by saying things like “God wouldn’t be happy with you”.

Sharon is very proud of her children. They have done well academically and are making lives for themselves, which gives Sharon a lot of meaning. Her French identity and her military upbringing also give Sharon a sense of meaning. She likes to write and keeps a journal, a

practice she introduced to her children while they were growing up. Sharon also likes animals. Sharon’s face lights up when she talks about creative arts and she would like to work in an artistic environment, for pay or as a volunteer.

Sharon described her biggest challenges as “getting the medication I need from my doctor”, and getting proper housing. She worries that her current housing could disappear, since she is on a month to month rental agreement and she’s already received noise complaints.

Although Sharon was raised in the Roman Catholic Church, she seldom attends mass. She has issues with the Roman Catholic Church particularly around the role of women. Sharon practices mindfulness and meditation. She says that “I pay attention to karma”. She finds that these spiritual practices have a calming effect for her.

Mary’s Story

Mary, an articulate woman in her early sixties grew up in London, the eldest of her siblings. She described her parents as “exceptional”. Mary who lived with undiagnosed mental health issues in her youth, reported, “I was not on the usual trajectory like most of my friends completing a university degree and settling into a job and finding a niche”. Mary lived with her parents for many years. Following the death of one of them, Mary decided it was time to move out and get a place of her own.

Mary was intentional in choosing her new home, a small unit in a walk up building. She chose this unit because of its proximity to her family church. Aware of the need for safety, Mary chose a building with locked access and locked mail boxes. The building does not have an elevator and since Mary does not live on the ground floor, she recognizes that, “I could be one small accident away from really struggling for access”. Mary also knows that her mental health issues, particularly in the realm of hoarding create safety issues for herself and others in the

building, putting her at risk of losing her housing. She was working with her landlord and also working with a support group and friends to enable her to be compliant with the building regulations. Her building has recently been sold to new owners. Mary is hopeful that she will be able to work with the new owners as well as she had been able to work with the previous owner in remaining compliant. Mary’s unit is unaffordable as she spends in excess of 50 % of her income on rent and is also responsible for personal hydro. Mary lives within walking distance of her church, a bus route, a grocery store and a library, which gives her a sense of community. Mary likes to walk if the distance is not too far, otherwise she takes the bus. She does not feel safe riding a bicycle.

Mary is a very resourceful person who thinks things through. One example is the way she figured out how to pay for expensive dental work. When she saw so many of her peers losing their teeth, she resolved to do everything possible to keep her own for as long as she could. To pay for the dental work that was not covered by the ODSP dental plan, Mary started attending community meals so that she could put the money she would normally spend on food towards the dental work.

Mary reported that her church is an important part of her life. In addition to her lifelong membership in the church, her more recent involvement has included membership on a couple of committees, and a period spent singing in the choir. When a small inheritance enabled her to try something new, Mary chose to go on a trip with other members of her church. As well as attending worship, Mary participates in meditation. She is open to and embraces different kinds of spiritual expression. With her late partner she explored some non-denominational eastern religious practices. She was also involved with another faith community for a period of time, including singing in their choir.

Mary finds meaning in her life with her friends, her family and her involvement with My Sister’s Place. This includes peer support and her involvement with the micro-enterprise program, where she has been able to express her creativity. Involvement in politics also brings meaning to Mary. Prior to the last election she was able to campaign with several candidates representing her political party of choice. Mary enjoys pet sitting for friends. Her building does not allow pets and Mary believes the cost of responsible ownership is beyond her means. Mary also enjoys music.

Mary identified maintaining her mental health as her main challenge at this time. She feels both fortunate and well supported by her family doctor whom she has had for many years. In addition to the being involved in the activities named above, Mary copes by avoiding screens, including televisions. She uses computers minimally and does not have any screens in her home.

Mary summed up her life by saying, “I feel very blessed.”

Karen’s Story

Karen grew up in an established neighbourhood in London. Her mother had married her father because she became pregnant with Karen’s older brother. Karen reported; “The day she divorced my dad she realized she was pregnant with me. So, our entire lives consisted of how we had ruined her life”. Karen described her childhood as negative. She liked sports and fitness and spent a lot of time at the local community centre, swimming and participating in programs there. She also played sports such as street hockey with the neighbourhood kids. A turning point in this otherwise unhappy childhood took place when an artist moved into the house next door, and set up a personal studio there. Karen was interested in art and she spent a lot of time in this studio, where her neighbour tutored her and encouraged her in her art. During her teens she

entered an art contest and won a prize. This was the bright spot in an otherwise difficult youth. Karen did not get along with her parent, who she described as abusive, and Karen got involved with drugs and the street.

Karen married and she and her spouse established their life in another province. Karen’s spouse was killed in an accident at a very young age, leaving Karen who was pregnant at the time alone. She moved back to London to be closer to family. Karen said she still shakes her head in wonder at why she came back to London when her childhood years here had been so unhappy. Of her parent she said; “So coming back to someone like that when I was in crisis was the worst possible thing to do. But I got my feet under me. I bought a house, I raised the kids, then I stayed single for the majority of that time except for one really, really bad guy”.

About a year after losing her spouse, Karen started see a man off and on for several years. She had initially been attracted to him because as she said; “He could have been my spouse’s twin brother.” After getting to know him she realized he was not like her late spouse at all. She told him to leave and he did but he would come back and then go away, and this went on for several years. She described this period of her life this way:

He’d go away and come back, go away and come back and it went on for years like that and I was fine. I had my feet under me, I was raising my kids... and he would come in and out but I would always send him away.... because I knew he was trouble. And then my kids got hurt.

While Karen and her children were inside a business establishment, a vehicle crashed through the large window of the establishment and struck her children, causing severe injuries, which required extensive medical care and rehabilitation. The entire family experienced psychological trauma and still suffer from PTSD. Karen was under incredible stress, dealing

with her injured children, the trauma the family was experiencing and the insurance company which was in her words, “running her ragged”. She felt overwhelmed and desperate. She and her remaining parent had already parted ways for good leaving her feeling very alone. The man that she had seen off and on over many years came back into her life promising to help her and they got married. Karen said “That’s when my troubles began.”

This man, who Karen who only referred to as “the bad guy” abused her financially to the point of near bankruptcy, all while seeing someone else. He, of course hid this from Karen who was busy working and raising her children. Through all of this stress Karen developed a life threatening illness. When she received her diagnosis, he left. Karen who has both a tremendous sense of humour and an ability to see opportunities in challenges said; “Something good came out of my medical diagnosis. You always hear people say something good comes out of something bad. That happened to me. I was rid of him!”

Karen was almost forced into bankruptcy. She was able to work out an arrangement with her lending institution so she could stay in her house and finish raising her children. She was able to rebuild her life and she later sold the house. When she did sell her home, she was not able to buy even a small place to live in because the bidding wars in real estate had started and she was priced out of the market. She took what she had from the sale of the property and bought a trailer. She said; “So I went from being a widow who was going to be set for the rest of my life financially and comfortable to living in a trailer.”

Karen went on line and found a small piece of property in another province that she could afford with what she had left. She plans to park her trailer on this property and stay there. She is in the process of tidying up any remaining details as she prepared for a permanent move to her property. Karen is an artist and animal lover and enjoys fitness and sports. She currently has two

dogs, and over the course of her life has had just about every kind of animal imaginable. She has a deep faith and a wonderful sense of humour. Karen believes in angels because she has experienced them in near death experiences, twice in her life. Through these two experiences she believes she was sent back to life for a reason.

Karen lives in a state of gratitude. She feels blessed in spite of all the difficulties and tragedies she’s had in her life. She said; “I feel blessed...you know people look at my life and go abusive childhood, lost your husband young, ran into the con man, like bang, bang, bang but I still feel blessed in so many ways.” She knows she is a strong woman, she’s proud of her children who have all followed their passions as she encouraged them to and she is confident about her future.

Karen is looking forward to beginning the next phase of her journey in another province. She has plans for how she will use her talents in making a living and is hopeful about her future.

Barb’s Story

Barb is a strong, articulate widow in her late 50’s. Barb grew up in a chaotic household, with lots of fighting, drinking and multiple moves. Barb never spent more than a year at any school, so she didn’t have friends as a child. In her words, “It became too hard to always be saying goodbye, so I stopped making friends and became very much a loner”. Her family always lived in the country even though her mother did not drive. Barb and her sibling could never have any kids over to their place or be taken into town, increasing their sense of isolation. Barb’s family raised small animals for food. Barb found this hard as she got very attached, especially to the little bunnies. She described a time when she rescued one and kept one as a pet, loving it and confiding in it, calling it “her little psychiatrist”. The one time the family did live in town did

not last long as her father lost his business due to his alcoholism. Barb reported that both her parents regularly broke promises to her.

Barb does not remember a lot of her early life events but in what she could piece together, she believed that she was molested. What she does remember is that her grandfather molested her over several years. His molestation stopped when Barb’s mother had her placed in foster care, where she remained for the next couple of years. In reflecting back, Barb reported, “It was the most loving thing my mother ever did for me”. At the time though, Barb did not think it was a loving thing and was very angry with her mother for placing her in foster care. In describing that period of her life Barb described herself as “impossible”. She recounted, “I was running away, I was stealing, I was skipping school, and I was going down a really bad path”. Barb now believes that her mother was addicted to substances. In recent years, with the help of her therapist she has been able to forgive her mother for the things she did, realizing that she was sick. She did the best she could. She has also been able to forgive her father with the same rationale.

When Barb was barely out of her teens, she was hospitalized following a suicide attempt. It was during that hospitalization that she was able to remember parts of her past, including the molestation by her grandfather. Later she applied for and received criminal compensation for this molestation. Although the process was long and stressful Barb was awarded a modest sum, which helped to cover her counselling costs.

Barb had a baby in her late teens. While she loves her child, she also recognizes that because she was such a young parent, with her own issues, she wasn’t a good mother. She said, “I caused that child...a lot... a lot of grief”. Her partner, the child’s father was regularly abusive to Barb. When her child was six months old Barb returned home one day to find her partner, the

child's father, violently shaking the child. Barb was able to get her child away from him, left and went straight to the hospital. From there the hospital personnel sent Barb to a women's shelter. When Barb recounted this incident she said of her child's father, "It's one thing to beat me. Don't touch my f---ing kid". It took Barb and her child three years to really be away from this individual as he kept following them.

Barb had a miscarriage a few years later. When she discovered a year after the miscarriage that at she was pregnant again, she ended the pregnancy. She was in an abusive relationship at the time and was trying to get out. She knew she could not raise two children on her own, and she had her tubes tied. After losing two children she knew she couldn't do it again. Currently her relationship with her adult child is strained.

Barb became involved with My Sister's Place several years ago and credited them with saving her life. She had just left an abusive relationship, was homeless and in really bad shape. Of My Sister's Place she said, "They literally saved me. I would not be alive today without them". There Barb got involved in several of the creative arts programs they offer. She continues to be involved with some of these programs.

Recently Barb was assaulted. Although she had good support from the Crown Attorney's office, she found the trial, and the resulting verdict as traumatizing as the assault itself. Barb reported that the judge restored her faith in the justice system, as she had lost faith in both the police and judicial system. As a result of this experience Barb wants to start a petition, to get the laws changed around open verses closed court. Her anger serves as a motivator as she emphasized, "I am going to make it my life's mission that another woman does not go through the humiliation I did".

When interviewed, Barb was living in a one bedroom unit and was on the verge of being homeless. Barb had a difficult relationship with her landlord, whom she referred to as a “slumlord”. He hadn’t fixed anything since she had moved in over a year ago. Barb felt that both her landlord and their partner were abusive as they are always yelling at her. She stated, “My landlord really hates me now because s/he now realizes I don’t put up with shit!” Barb gave her notice to leave her apartment. However, as she started looking for a place, she found there was very little available that she could afford.

Barb reported having an “amazing therapist” and a good support system. In her words, “I’m very blessed in the support system I have”. Over the last few years, as Barb has been working on her own therapy and recovery, she has come to believe that her purpose in life is to open a wellness centre for people with mental health issues. She would like to use a variety of creative arts, like music or drama, as well as spiritual disciplines like meditation or yoga, and mental exercise like time management, and goal setting in this centre’s programming, as she found these practices helpful in her own recovery.

Barb loves to sing and perform. She loves animals and fosters dogs. She plans to keep her current foster dog, and train him to be a therapy dog for herself. Since the recent assault, she is nervous about going out at night so would like to train her dog to be her companion. Barb is passionate about justice and is not afraid to say what she feels. She likes to stand up for those who cannot stand up for themselves. She believes every person should be treated the same way, as we are all in this life together. As she says, “That’s why God put us on this earth.” She believes that community is important; “If we worked as a community, we wouldn’t have any homelessness. We wouldn’t have any hunger. We wouldn’t have half the issues; we wouldn’t have slumlords”.

Barb reported her main challenge right now is maintaining her health, especially issues related to trauma. When Barb gets stressed, she does not eat. She is feeling stressed about her housing situation, given that she has only one month left at her current place and is having little luck in securing another place. In addition, this month is a sad one for Barb as it holds the anniversary dates of the deaths of both her mom and her spouse. Although Barb was separated from her spouse when he died, they were working on their marriage. When her husband became very ill, Barb moved back in with him so he could die at home which was his wish. When she is feeling very stressed Barb tends to keep busy, sometimes too busy. At these times, her friends will help her see that she is too overloaded, so she can slow down a bit.

Barb believes in God. Although she expressed embarrassment about not being able to quote scripture and verse, she knows the stories of the Bible. She particularly enjoys the books of Psalms and Proverbs especially when she is feeling down. She believes that things happen for a reason. She gave as an example the nature of how she obtained her current therapist. When she was enlisting the help of a therapist, she was supposed to get someone other than her current therapist whom she credits with much of her healing. She feels that was more than just a lucky break. In her words, “Ah, divine intervention I say”.

Kathy’s Story

Kathy, a woman in her early fifties has lived in London for many years. She grew up in a rural area, without childhood friends. When she was in elementary school one of her parents was severely injured in an accident, and was not expected to regain mobility. This parent was in hospital for an extended period of time, two hours away, so it was a long time before Kathy could even see her parent. Kathy went to live with extended family members for the school year. She discovered that she preferred their parenting style to her parent’s as it allowed for more

independence and required that Kathy take more responsibility than she had at home. Kathy’s relationship with her injured parent did not improve once she was able to go back to living at home. Having experienced a different type of parenting, she decided as a young teen to contact the Children’s Aid and request to be placed in foster care. While in foster care she returned to her family home on a regular schedule for visits. When she completed high school, Kathy moved away to attend a post secondary institution. There she made more friends than she had in high school.

Kathy had one sibling, several years her senior. Her sibling abused substances and overdosed several times. This was hard for Kathy to watch especially when she was in high school. Kathy recounted one particularly stressful event with her sibling, which took place at a family party. In a drunken rage, her sibling became very agitated and threatened to kill a family member. Kathy had to physically remove potential weapons from her sibling. Kathy called the paramedics and accompanied her sibling to a hospital several kilometers away. Once her sibling was attended to, Kathy called her foster mother to come and take her home. When Kathy was a young adult, this sibling overdosed for the last time and died. In addition to not liking substances, Kathy does not drink or use drugs having seen firsthand what they can do to people.

After Kathy moved away from home she stayed in the same place for several years. When she and her spouse split, she moved to London. She feels very fortunate to have made some good friends in London. She reports, “I’ve got friends that are really very good friends, very close friends”. Currently Kathy shares a three bedroom unit with two friends. Everyone has their own personal space. When this offer to share a place came from her friends, Kathy took the risk of shared living, and gave up her unit in a building that offered affordable housing.

Music is a passion of Kathy’s. She loves to sing and is presently involved in more than one choir. As well as singing, Kathy likes to write music, or as she says, “I don’t write music I write words and the melody and they help me put music to it”. Kathy has a couple of her recordings on line. Kathy is a member of a choir that provides music for people in need. Kathy finds both the practices and singing to people in need very rewarding. Kathy likes pets and recently started a pet care service. Humour is important to Kathy and she regularly reads humourous books and on line comics. Kathy reads a lot as she finds that helps her from ruminating.

Kathy’s main challenge right now is finances. She feels fortunate not to be in debt as so many of her peers are, but still finds it a struggle to make her disability cheque stretch to the next cheque. In addition to the basic amounts, Kathy receives a food allowance and an allowance for medical supplies, due to special needs. She has good friends that she can call on when she is in a low period.

Kathy prays regularly. She has tried a number of churches but has yet to find one that she feels comfortable attending. She said, “I don’t have good luck at picking churches that are accepting of people who are different”. Kathy frequently has what she calls “a little chat with God”. She sums up the helpfulness of these chats by saying, “I can get upset about the woes of the world and sometimes talking with God about it helps me to let it go when I can’t do anything about it”.

Brenda’s Story

Brenda, an indigenous woman in her early 60’s, grew up in a large family on a reserve. Her mother, a single parent spent one year in the residential schools. Brenda described her

mother as a brave woman who found strength in her prayer life. Brenda’s mom was a great support to her, and they talked a lot on the telephone until her mom’s death several years ago.

Brenda dropped out of high school to marry her spouse an indigenous individual who also grew up on a neighbouring reserve. Brenda’s spouse made a good wage working in construction. Brenda was a full time homemaker managing all the household tasks, including cooking, cleaning, doing the laundry, and paying the household bills. Having dropped out of school herself, she impressed upon their children the importance of education, insisting that they all finish high school. All did finish high school and some went on to further education. Brenda reported that some of her children have done very well, some have not. The ones who have not done well followed their father’s example of drinking to excess and are now alcoholics.

Although there were problems, Brenda stayed in her marriage a long time, believing that once she had taken marriage vows in the Christian church, she had a contract and an obligation to stay. She attributes her strong faith to giving her the ability to stay in this marriage. She said; “We ran into a very bad situation when we were just six years into the marriage and I gave my heart to the Lord because I couldn’t deal with what the problem was, so I gave it to Jesus. So, I was able to live with my spouse”. However chronic alcoholism and abuse from her spouse eventually resulted in Brenda leaving the marriage, taking her youngest child and going into transitional housing. As she recounted her story she said “I gradually realized that I don’t have to stay and put up with all this chronic alcoholism, because it’s ruining my children, it’s ruining me and I don’t want this last child to be ruined.” Brenda’s spouse subsequently “drank himself to death”, leaving nothing for her.

Brenda’s journey with homelessness began when she and her late spouse were splitting up, several years ago. She has been relying on homeless shelters ever since. Brenda’s estranged

spouse died a few years ago, leaving her with nothing but a very small CPP survivor’s pension. This pension is topped up by Ontario Works to the maximum benefit for a single person of \$700 per month. Brenda reports that were it not for women’s homeless shelters she could not survive on that income.

Brenda currently resides in a two bedroom unit provided by aboriginal housing, with one of her children, who came to live with her following a period of incarceration. Prior to accepting this two bedroom unit Brenda had been homeless, and was living in a women’s shelter for a year. She had almost reached maximum residency period at the shelter when this two bedroom unit became available. In order to accept it she had to have another person living with her, otherwise she would be considered “over housed” and would not be able to accept the unit.

During the time that Brenda had been in the shelter system, she participated in the programs that were offered and, in some instances, required. While she was sorting out her homelessness, she was staying in indigenous housing. This allowed her to really connect with and explore her indigenous roots and heritage, which she found very helpful and healing. It gave her a sense of groundedness. Having reconnected with her indigenous roots and feeling more settled Brenda went on to finish high school and apply for university. She was accepted into university and enrolled. She was not able to finish her studies and graduate because as she put it; “Some of my children were always telling me, others of the children were in trouble”. They would end up in hospital in alcohol withdrawal. Brenda left her studies to go and care for her family members.

Brenda is proud of her children and grandchildren, loves them and helps them as she can. They provide meaning and roots in Brenda’s life. She also believes that there are a lot of good people in the world who are willing to help and want to help another person. Brenda’s main

challenge right now is her oldest adult child. Since coming to live with her, Brenda has helped this child find an addictions counselor, and several medical supports. Brenda described this child as a “lost child”. At this time, she believes that she has to be with this child every step of the way because as she explained, “This is my child and I had the obligation to”. This child has not stopped drinking and Brenda now wonders if she is going to have to leave for her own safety, mental health and well being. She said; “If that means I’m going to be homeless again, I’m going to go and find out about another native women’s homeless shelter”.

Brenda helps all her children and grandchildren. They are a source of meaning for her. Her faith is very important to her and helps her to keep on going. Brenda’s faith and prayer life ground her and give her hope to face into tomorrow, and whatever tomorrow brings.

Kim’s Story

Kim, a gentle Indigenous woman in her late fifties, was taken by the Children’s Aid at a very young age from her reservation and placed in foster care. Kim didn’t really know what went on at that time. She said, “All I know is that I was taken from the reserve and put into a lot of foster homes.” Kim did not remember much of this personal history except that the last two foster homes were “great” for her. When Kim aged out of foster care, she moved to a place where another member of her foster family lived. Kim tried to finish high school but found it too difficult, so she left school and took up hairdressing. Around the same time Kim got pregnant. When her child was born, she placed the child up for adoption. Kim got on with her life and in her words, “Then alcoholism kicked in and all that”. Over thirty years ago Kim went into rehabilitation and while there, she was told to choose a place to go following rehabilitation. When she came to London, Kim had children and was pregnant. Currently all Kim’s children live locally. Several years ago, Kim tried to re-connect with the birth child that she had given up

for adoption earlier. Kim reported that it didn't go very well, as she didn't know what to say or do for her child. At the time Kim was still dealing with alcoholism which she believes contributed to her inability to connect with her child. However, Kim said that she thinks about that child all the time. Kim is now sober and enjoying her children and grandchildren. Except for the ones that are incarcerated, all her children are doing well.

Kim had several evictions over the years. She was glad that her children learned from her mistakes, and all make sure that they pay the rent on time. Kim had been living in a place close to one of her children until a few months ago when she was evicted. The place was both unsafe and inaccessible and Kim did not get along with the other tenant. She moved in with her companion, a gentleman many years older than her who lives with a chronic illness and some cognitive decline that Kim thinks might be the start of dementia. Kim now finds herself in a care giving role with him. She commented, “It's not really working out”, as she is used to being by herself. This keeps her from being homeless because as she said, “I can't afford really to go and get my own place”. Kim spends a lot of time with one of her children and helps out with the grandchildren.

Kim finds meaning in her family. In her words, “My meaning is I'm very, we're a supportive family”. She likes to help people and is there for them if anyone needs anything. For example, she helped others get clothing when they needed it. Kim also reported enjoying walking and nature.

Kim lives with a diagnosed mental health condition and has been off her medication. With the help of a supportive health care professional at a community health centre, Kim is getting her mental health back in balance. For many years this condition went undiagnosed, and the resulting effects were confusing for Kim.

Kim reported her biggest challenge currently is coming to terms with her past as a Sixties Scoop survivor. Recently she was given her file from the Children’s Aid and as she read it, there were things coming up that she really didn’t want to remember. Her children will not read the file because it makes them so angry to think about what their mother endured. As a result, Kim is dealing with this on her own which further strains her mental health. Kim has started to knit again. She finds this relaxing as it takes her mind off everything. She also likes to get out and about every day, especially when things are bothering her. She will take a walk, and might drop into the Soup Kitchen or My Sister’s Place just to be around people, even if she isn’t talking to them.

Kim reported that she does not knowingly or intentionally engage in any spiritual practices; as she had no modeling of any in her youth. She stated, “That’s where the Sixties Scoop comes in. We lost our heritage. Being on one reserve they didn’t push the native thing on me and then I was in white communities too”. Kim is thinking about going to some programs at N’Amerind and/or Atlosa, but feels she needs to get her mental health stabilized first.

Once the narrative analysis was completed and the ten re-stories were all expressed as chronological, biographical sketches, the researcher returned to the themes that she had been observing and taking note of during the entire process of the narrative analysis right from the initial data collection up to and including the re-storying process. These themes were analyzed in depth in order to more fully and completely answer the research question of “What sustains the psychosocial and /or spiritual lives of mature women at risk of homelessness as revealed in their stories of lived experience?” Four significant themes emerged from this analysis, each containing several threads or sub themes. These themes included relationships, identity, meaning and spirituality. The interconnectedness of these four themes cannot be overstated and

made it hard to assign many of the threads to only one theme. For the purposes of understanding and discussion they will be separated in this chapter while noting that they could be included under several themes. This interconnectedness is further explored in Chapter 5.

Further Findings through Analysis of the Presenting Themes

Theme One – Relationships

This first theme of relationships contains many threads, including relationships with family, friends, pets, community, health care providers, the legal system, landlords, transportation, technology and others (this includes relationships not named earlier, such as roommates or neighbours for example). From the very beginning of life until its final conclusion we relate to people of both our own choosing and those we have to deal with in day to day life. Relationships can provide joy, comfort and support in a person’s life, others (and sometimes the same ones) can be devoid of any joy, a source of difficulty, stress, exhaustion, and even violence. Relationships change throughout the life cycle. All participants in this study were involved in relationships of varying lengths. Some important relationships had ended through death, divorce, estrangement, or for no particular reason except that they had been in place for a time, a season or a reason. Long standing relationships crossed the complete spectrum from loving and supportive to non functional and abusive.

(a) Relationships with Family. Participants spoke freely of both immediate and extended family members. Although they did name family members they were not close to or had little or no contact with in the course of the interview, they spoke most often of those from whom they drew support.

Strong and supportive relationships with daughters were one of the most consistently reported relationships in the individual interviews.

Connie loves all her children and grandchildren but there is a special place in her heart for her daughter, who is currently helping her with food money. As she shared her story she said:

...but the one good thing is my daughter.... she’s in another province.... they’re coming down next month with my grandchildren....so I’ll get to see them...they got me a ticket a couple of years ago for the bus so I went there and hung out for a couple of weeks...

Debbie, Carol and Brenda also recounted similar stories of how they are close to their daughters and look forward to spending time with them. Kim credits her daughter with helping her stay housed and out of the shelter system in her adult life, saying; “I was always with my daughter. I could fall back on her.”

Sometimes people have to enter into relationships that are or turn out to be unhealthy, even with family members just to be housed. Brenda illustrated that in her housing story. When the only social housing available was a two bedroom unit which she could not accept unless she had another person living with her, Brenda invited her adult child to live with her. In social housing a single person is considered “over housed” in anything other than a studio or one bedroom unit. In this narrative she also illustrated a theme that was prevalent in the stories of mothers keeping children safe:

... my child was drinking and couldn’t get out of that. I’ve had to be with my child because s/he seemed like a completely lost child and since s/he was my child I had the obligation to.... you know lead that child to....s/.he’s still living with me but s/he hasn’t given up the drinking..... so now I’m thinking I’ve got to leave. If that means I’m going to

be homeless again, I’m going to go and find out about another women’s homelessness shelter.

Extended family members can never be underestimated or taken for granted as they often play important roles in a person’s life. Kathy reported one such relationship that had a critical impact on her life:

...when I was quite young, one of my parents was in a bad accident... I lived with extended family for quite a while....and that was pretty enlightening for me, seeing what it was like living with someone else. I didn’t have a good relationship with my injured parent and I found my extended family member’s method of parenting to be a lot more....it allowed me to be more independent. I was expected to do chores, and to look after myself in the morning getting ready for school. When I couldn’t remember, things were not done for me, rather a chart was made....so I could remember...you know things like that. It was much better for me as a child than my parent’s method of just doing everything for me and then complaining that I didn’t do anything.....

Carol reported a very loving relationship with an extended family member:

..... I still have a grandparent. My grandparent. Oh, s/he’s the love of my life. I love them to pieces. S/he’s in a nursing home...so I go to see them a lot. S/he’s the neatest person. S/he’s so great. I love them to pieces.... my Carol (said in a loving voice) ...that’s what s/he calls me...s/he’s really hanging in there.

All the participants spoke of their family. The family members who provided support and sustained them were the ones they talked about. Other family members were named but there were no details given. For example, Connie said “I have certain siblings” but nothing else was mentioned about these individuals in the interviews. Those who had children were still in

contact with them and were proud of their children, who provided meaning in their lives. For example, Carol expressed it by saying, “I’m so proud of my child, I live a little bit through my child.” In summarizing, eight participants had at least one supportive family member. For the participants who did not have supportive family members, either children, or extended family members, friends often became their families by choice.

(b) Relationships with Friends. Friendship is a unique relationship and although friends do not hold the same place in society’s order as family, friends are often the ones people turn to in times of great need. In addition to support, friends can also provide meaning and stability. Friends are important for healthy social interaction.

Debbie, the oldest study participant had some long standing friendships that she valued. She talked about one friend in particular when she described an upcoming special weekend they had planned and were both looking forward to. With an easy laugh she said:

I have friends.... I’m not a real people person, but I have friends....my best friend.... lives in another location so we communicate back and forth by phone.... this person is my best friend..... a long time friend..... almost a lifetime.....it’s like we’re siblings.....we finish each other sentences. We can tease each other openly in front of people. We do ridiculous things.....now our excuse is, we do ridiculous things because we’re old and we can get away with it.....

Mary was aware that her hoarding, the result of a mental health issue she struggles with, put her at risk of losing her housing due to the risks to herself and others. She seeks support from friends and has also connected with a peer support group.

Kathy, a single woman in her early 50’s, with no family to speak of, spoke often in the interview of her friends saying:

...I have been very, very lucky with the friends that I have made...I’ve got friends here that are really very good friends, very close friends...and I do have a support group....I have friends that I call if I’m having a low day..... I have friends I can call and talk...and I have a support group. I’m living with some of my friends now, sharing a unit. Kathy’s friends have become her family. Sharon does not have friends or any supportive family members and struggles with unhealthy behaviours, namely drug addiction. To support her habit, she allows a man she refers to as “her guest” to stay at her place because he supplies her with drugs in exchange for shelter. She said; “if it wasn’t for the drugs, I’d be on my own.”

To re-cap, seven participants talked about friends and how important their support was. Of the three participants who did not talk about friends, two had at least one supportive family member. One participant did not speak of supportive family or friends.

(c) Relationships with Pets. Pets play a role in role in people’s lives that cannot be played by humans. They provide love and acceptance regardless of who or what a person is. They also provide structure and give a person a living creature to nurture and care for as pets have to be fed, exercised and played with. Many of the participants spoke fondly of their pets and clearly cared deeply for them.

Debbie loves animals. When her family moved from the country into the city, she really missed the animals. As the oldest in the family, she had to do a lot of babysitting. She said; “I had a lot of siblings that were younger than me and there was a lot of babysitting. I would have rather been with the animals. These were little humans not animals.” Debbie has always enjoyed working with animals and reported that she still does. She said; “I have a couple dogs, several birds, and a cat”. In her current living situation with the pets mentioned she reported she like “to go out walking the dog and enjoying the evening”.

Connie also loves animals. She had a small dog which she had raised since its birth. She found him to be a great distraction especially when she was not feeling well and could take him outside into the front yard of the unit where lives. She said:

I have a fenced in front yard, I can take the dog out there...it's really hot now and he's older, he has trouble with his breathing...first thing in the morning I take him for his little walk. He's been with me since he was a puppy.

Sadly, the old dog, died during the course of the research. Connie reported at the second interview that she really misses him and misses the company he provided for her.

Kathy enjoys having a pet. During the course of the research, Kathy started a pet care service. She said that in addition to walking dogs she offers to stay with people's pets and help with their socialization. She had two goals, to get more exercise and to make a bit of money so she decided that looking after other people's pets would fulfill both goals. Having this service involving pets has brought meaning and more routine to Kathy's life. She beamed when she talked about it.

Mary likes pets but lives in a building that does not allow pets. She indicated that she would probably not have one anyway because of the cost of responsible pet ownership. However, she is able to connect with pets through house sitting for her friends' pets. She said; “I housesit for friends who have pets. Once some close friends of mine adopted two kittens. I was over there the same day visiting and ensuring I would be top of the list for house sitting the pets.” Through offering her house sitting services Mary is able to connect with her friends and also get time with their animals which she enjoys. Similarly, Carol reported that she “loves animals” but does not currently have a pet due to the cost. She said; “When you take on the responsibility of a pet you have to make sure he has his shots and he has to be de-fleaed”. Carol sustains her need

for animals in her life by taking walks in the municipal park that is close to where she lives and watching the animals there.

Karen also loves animals and currently has dogs and cats. Karen likes fitness and staying physically fit so she walks her dogs a lot. Once when she was struggling with a difficult decision she said; “I went and I walked for about five hours with my dogs just praying”. When she completed her walk, she was able to make the decision she needed to. Later when talking about her family life she laughed and said; “I have cats and dogs. I had birds before. I’ve had snakes and lizards. I’ve had every kind of critter imaginable in my house.”

When Barb was growing up, her family always lived in the country. They raised small animals, for food. Barb hated seeing the animals go, especially the rabbits. Once she decided to rescue one of the little rabbits. She named it Fluffy, and referred to Fluffy as her “little psychiatrist” because Fluffy used to crawl right up into her neck. She would then talk to Fluffy and cry with him. Barb still loves animals and currently has dogs in her life. She said:

I’ve been fostering dogs for a few years. I’m adopting the rescue I have now. His name is Rusty and he is the love of my life. I’m going to make him a service dog because at night, since the assault, I still have trouble going out at night myself.

Summarizing, four participants had pets, two participants were involved in pet sitting either as a favour to friends or as a fee for service business, one participant loved animals but didn’t have a pet due to the cost and three did not have pets. Pets were important in sustaining these women’s psychosocial and spiritual lives because they provided unconditional love and companionship, as well as distraction.

(d) Relationships with Community. Eight participants found a sense of community either among other people or sometimes with the physical community around them. This was a

community based study and the recruitment materials were available at several community agencies.

Mary spoke of an event she attended at Life*Spin, which she quite enjoyed. In addition, she has attended community meals. Mary also participated in some of the programs at My Sister’s Place where she experiences a sense of community. Knowing that a sense of community was an important part of her identity, Mary described how she chose her current home and how she tries to live out her identity as part of a community this way:

I picked it because it was close to the church that I have attended since childhood. So I felt I was kind of in a community....being within walking distance of a church and within walking distance of a bus route and a grocery store and a library.

Both Kathy and Barb talked of how much they appreciated some of the programs at My Sister’s Place and the difference belonging to peer support groups, and arts groups had made in their psychosocial lives. They also noted that these programs were both affordable and accessible. Barb credits My Sister’s Place with saving her life and described it this way:

....they saved my life...I literally would not be alive if it wasn’t for them....because I was homeless and in really bad shape when I walked through those doors several years ago...I had left a really abusive relationship and they saved me....I would not be alive today without them.

Kathy was very involved in an arts program that she had initially accessed through My Sister’s Place. She now belongs to two choral groups and finds a real sense of community in those groups as well.

Kim, who is currently staying with her companion, likes to get out during the day as her living situation is not ideal. She said:

I’m always out and about every day. You know if things bother me, I’ll just leave and I’ll walk and go to the soup kitchen or go to My Sister’s Place, even if I don’t talk to a lot of people...at least there’s people around.

Kim reported that being around other people helps her stay calm as she struggles with a mental health condition.

Carol talked about her relationship with the physical community and how it sustains her this way:

.... I go down to the park and I like to see the gardens.... there’s a community garden there. I walk around the garden all the time and just see the progression of things growing. It’s really cute watching the kids...they’re so cute...I love them.... so it’s nice to get down there...

Interactions with groups or communities provided a sense of meaning, a sense of place, whether the involvement was attending an event like a community meal, participating in an arts group or simply being among others at a community hub such as My Sister’s Place.

(e) Relationships with Health Care Providers. Accessing health care did not seem to be problematic for these participants. Several mentioned primary health providers (doctors, nurse practitioners) specifically, and many had seen specialists. All seemed satisfied with the care they received. One participant, expressed frustration with her doctor, but not enough to leave his care. This participant is addicted to opiates, and wants her family doctor, whom she’s had for a long period of time, to put her on the Safe Supply Program. As yet he has not done so and Sharon expressed her thoughts in these words: “I want to get on that program. I don’t know why my doctor won’t give it to me. I guess I’m not bad enough yet. I don’t want to get bad enough. This is bad enough right now.” She reported that her doctor has said; “Don’t worry it will come

around to you soon.” She remains hopeful that she will soon be on the Safe Supply Program, which provides a limited supply of opiates for those who are addicted and working towards healing their addiction. Sharon also reported having access to a psychologist. Sharon, who has lived through a lot of abuse, recounted incidents where this abuse ended with hospital admissions. Even though the experiences had been traumatic, Sharon commented on how well the medical personnel at the hospital had treated her. In recounting one incident of abuse she said: “I finally did leave him but not before he had badly injured me. And the doctor, at the hospital treated me like gold...they were super nice.” In another incident when Sharon was in another abusive relationship, she again required hospital admission and treatment. She described it this way; “I had an infection and it can go to sepsis and I didn’t want to stay. But the nurses were great.”

Karen had many interactions with health care providers through her children, especially those who were involved in a catastrophic accident. She’s also had treatment for a potentially life threatening illness so has accessed good care. Carol was in a horrific accident a few years ago. She said that she is lucky to be alive and described it this way:

I was in a bad accident a few years ago...and I’m still alive. I cannot believe it. The doctors, the insurance people cannot believe I’m alive...that’s a miracle in itself. I’m not on pills or anything. The doctor said I could be on them for the pain, but I choose not to be. I try to combat the pain with natural things.

Believing this was a miracle sustains Carol, as she looks towards her future and what her role and purpose might be. Mary, who has lived locally her whole life, expressed gratitude for her family doctor. She’s had the same family physician for many years and has a good relationship with her doctor. She expressed it in these words:

I feel I am well supported. I am very fortunate. I’ve had the same family physician for many years and she’s wonderful. She’s somebody I would tell anything to and ask anything of. So that’s just been key to getting access to other specialists.

Although Barb did not talk about a primary health provider specifically, she spoke at some length about her therapist and how helpful she has found the therapist to be in saying:

I have an amazing therapist...we are reapplying for more sessions...s/he’s a specialist so unless I get more coverage, I can’t see them anymore because I can’t afford it....but s/he’s so worth it...s/he’d be worth a million dollars, s/he’s that good.

Kim, who struggles with a mental health issue, spoke well of a community health centre she accesses in these words:

... I have a good primary health provider.... s/he’s very good...cause for a lot of years I didn’t know what was wrong with me. I said to my doctor, I said I feel I’m chasing myself, I’m constantly chasing, chasing and I don’t know what’s going on so they took me to a psychiatrist and then they were able to diagnose and treat it.

To summarize, the participants all reported at least adequate access to health care providers. Most in fact were very satisfied with their health care providers and felt sustained by their support.

(f) Relationships with the Legal System; the Police, Courts, Correctional System. If participants spoke about the police, it was because they’d had encounters with them.

Sharon has survived a lot of abuse and violence in her life which has required several interactions with the legal system. She has not had good experiences with the police, and said:

...the police system here, I feel that they want to turn everyone into a criminal...they're always...there's always these tricks and stuff like that...I'm not a big fan of them....I don't call the cops but I would probably call a shelter...

Barb reported that she had her faith restored in the system when she went through a recent court proceeding resulting from a sexual assault saying:

...he (referring to the judge) was awesome, so was the officer in charge of the case. He put my faith back in the police system again cause I lost all trust in the justice and police because of things I had been through.... I don't trust none of them as far as I can throw them.... they're all assholes.... most of them are on damn power trips....

Three participants reported interactions with the police that were devoid of any feelings of negativity. Kim stated that she had children who are currently incarcerated. They will be able to access native rehabilitation centres which pleased Kim. Brenda also stated that some of her adult children were often in trouble with the law. She felt it was due to alcohol abuse. In describing difficulties with one of her children, Connie spoke of the police, regarding a time when her young child ran away from home and she had to call the police to find the child. She said:

My child took off one day and I had to call the police and they found the child and s/he refused to come home, so they took the child to their father. Big mistake there. And then something happened at the father's place.

Connie's child was then moved around between different family members for the next several years, and in the process, became drug addicted.

Of the participants who spoke of interactions with the legal system, three reported in matter of fact language, experiences devoid of any particular feelings. Two, Sharon and Barb

who had both experienced a lot of abuse and violence in their relationships reported difficult experiences with the legal system. However, very recently Barb had a positive experience with the legal system which has restored her faith in the system.

To summarize five participants or half the participant sample spoke about interactions with the legal system. For two they were just statements of fact. For the other three they were difficult interactions.

(g) Relationships with Landlords. Five participants reported facing a possible eviction or a lease coming to an end. All were living in high crime neighbourhoods with inadequate housing. They reported difficult relationships with their landlords. Sharon was worried about losing her place. She explained:

I always worry cause it's month to month and then if there's a complaint... I've already gotten a complaint for noise... when we were moving stuff and I explained that...but the neighbours would not let it go. I think if they don't like you and they think that you are into drugs and those sorts of things they'll do what they need to get rid of you.

Barb who was on the verge of being homeless reported:

I got a slumlord of a landlord right now...s/he's a prick of a prick... from the day I moved in s/he hasn't fixed a thing...s/he was making my life a living hell, abusive, always screaming at me..... just literal hell...and their partner...is just as bad....so I gave my notice to move.

Barb then found herself in a real bind as there was nothing available in her price range. She was then faced with the task of trying to make amends with this landlord and see if she could stay and sign another lease. She was not hopeful this would happen because their relationship had deteriorated so much.

Mary had a good relationship with her landlord. She lives with diagnosed mental health issues, including hoarding which puts her at risk of losing her housing due to safety issues for her and the other tenants. She reported that she was working with the landlord who was trying to help her so that she would be compliant. However, the building in which she lives has recently been purchased by other individuals who will manage it. Mary fears they may not be as supportive as her current landlord.

Karen had a house that she was able to sell. The proceeds from the house were not large but enough for a down payment on a small place for herself. Her children had all moved out and started their independent lives. With the bidding wars beginning, Karen was priced out. She took her remaining money and purchased a recreational vehicle that she could live in. She had her trailer parked in a space associated with a commercial building as she had known one of the tenants in that building. However, that tenant had moved out and so Karen acknowledged that the building owners could have her trailer towed away because legally she was trespassing.

Kim was living with her companion to avoid being homeless as she had recently been evicted. She now spends a lot of her time either at her adult child's place or being out and about because her living situation with her companion is not really working out for her.

Carol had some difficulties in remaining housed in the past and believed that her track record followed her when trying to find a new place. She said:

.... I was having a hard time finding a place because, it's almost as if you've been through the tribunal, or if they red flag you anyway, I'm sure that I was somehow red flagged.... now we're talking many, many years of a perfect tenant record and maybe a few years of me being a little irresponsible and it's..... it's hell trying to find a unit, absolute hell... and the risk of homelessness is at the doorstep at any given moment...there are a hundred

other people who want the same unit. They’ll even pay \$50 more but they’re probably, you know in the same category...it’s a shame...it’s really tough out there for somebody.

To summarize, finding and maintaining adequate and affordable housing was a challenge for all the participants. Five participants reported issues with landlords who didn’t maintain buildings and were difficult to deal with.

(h) Relationships with Transportation. Nine participants walked or took the bus. None were riding bicycles although many had when they were younger. Long bus rides were challenging for most as were long walks due to poor health. Two of the participants reported having bus passes.

Debbie, who had worked in the health care field and had her own car, had to stop driving due to a medical condition. She took buses but poor health prevented her from taking buses that involved transfers. As a result, she was unable to see her remaining parent in a nursing home in another part of the city, or go to the malls. She recounted:

.... I miss driving, I really do.... I feel like somebody took my independence away. I miss the freedom of that.... you know.... and I get tired. If I took the bus to the mall I would have to sit somewhere for an hour quiet so that I could rejuvenate myself because I would be exhausted..... I loved going to the mall but I’m just too tired.

Connie who also struggles with physical health issues often walked, if she could manage the distance. If she had the bus fare at the time she needed it, she would take the bus. She talked about how hard it was not being able to walk as far as she needed to because of her health issues. She said that some days she is just stuck.

Mary, who had a bus pass and was in fairly good health physically, reported that she either walks or takes a bus everywhere. She did ride a bicycle but does not anymore as she does not feel that is safe to do so now.

Transportation for all the participants except one consisted of walking or taking the bus. This limited their daily lives because often they were not physically well enough to manage long bus rides and transfers, or walk the distances they needed to. In addition, they did not always have bus fare at the times they needed it.

(i) Relationships with Technology. There was a general lack of technology use or availability among the participants. It was difficult to make contact with many of the potential participants because of their limitations in terms of the technology. Eight participants had mobile phones, one participant had a land line and one participant did not have a phone, only a text line. With the exception of the land line, the phones were often not reliable. As one person later explained, sometimes she ran out of time on her phone and would not be able to purchase more time due to financial insufficiency. The researcher often had to try several times to make both initial and follow up contacts with the participants. Any use of computers was limited to the computers provided at public libraries or community hubs. Some had some internet access on their mobile phones, but again this was limited due to the cost.

Connie reported that she had to cancel her limited technology as she could no longer afford it. Carol didn't have a television. Barb had a mobile phone but often ran out of minutes making it difficult to contact her. Mary's lack of technology was intentional as she reported:

.... I feel I don't struggle so much as I would otherwise because I don't have a television and I don't use screens. I dramatically minimize computer use. I don't have a computer; I don't have a screen in my home...I don't object to having a radio on cause it's

interesting ... I've learned things... and it's not the rabbit hole that the television or internet might be...I also don't use a smart phone.

To summarize, access to, and comfort with technology was very limited with the participants. In an increasingly digital world this will potentially become a further isolating factor for these women.

(j) Relationships with Others; includes Roommates, Neighbours, Acquaintances.

Everyday life involves relationships with acquaintances and others every day. Sometimes these relationships are helpful and supportive, other times they can be difficult and stressful. Several participants reported relationships with others that at the time provided support or were helpful.

Debbie received a lot of respect from some of her husband's peers who were in a group together. She commented on how respectfully she was treated because she was a wife of one of their fellow members. She said she really found this quite amazing.

Mary recounted how it was really the modelling of one of the participants that led to her involvement with an artistic and entrepreneurial group at My Sister's Place saying:

.....I got involved with the micro-enterprise because there was one particular person there who I observed, just observing her...she was very purposeful... she was very pleasant, she was happy..... she had no drama and she was involved in micro-enterprise, that's all I knew about it....

Mary remains involved with the microenterprise program because after she joined and started making creative objects found that she really enjoyed it. She said; “The program has met a huge need for me.”

Kathy had been living by herself. Even though the unit was classified as an affordable unit she was finding it was increasingly difficult to manage the cost. When some friends asked

her to move in to their larger unit, she thought about it and decided to take the risk. She described it this way:

The last place I lived was really nice and it was right downtown...but it was almost \$700 a month plus hydro and so...when my friends offered to have me move in there, I gave it some serious thought and decided you know I'll take the risk and hope that things work out and that was two years ago now...and we have our moments...Jane can be grumpy (Kathy laughs)...

For Kathy the financial advantage of living in shared accommodation is important. By spending less on housing she has more of her limited resources for the things in life that sustain her like music.

Relationships are such a large part of life because even very casual relationships or ones that we observe, such as the one Mary talked about with regards to the micro-enterprise group at My Sister's Place affect us. Sometimes these relationships which are not planned or predicted have a profound influence on one's life.

To summarise, all the participants were involved in a variety of relationships. The ones reported here are the ones that sustained them. Some sustained the participants' psychosocial and spiritual lives, while others sustained them in their general living. As examples, relationships with pets had a positive effect on participants' psychosocial lives and were generally seen as meaningful and pleasant. Relationships with landlords or the legal system for example might have been difficult or even traumatic, but were necessary to sustain one's place as a citizen.

Theme Two - Identity

The participants described a number of ways they understood themselves, many of which included their relationships and roles such as I am a mother, I am an artist, I am a health care professional, and I'm a country girl. Relationships and roles change over time with different stages of life. If identity is defined only by roles and relationships, what is one's identity once these parameters change? The words chosen to describe oneself particularly in regards to identity are important because words shape thoughts, and thoughts give rise to action. Changes that unfold over time and circumstance have to be embraced so that a person can live out of an identity that is congruent with current reality. Attention to current identity is particularly important for those who have lived through trauma. While surviving the trauma builds resilience it can also produce lasting effects that can continue to shape and affect one's current identity in unhelpful and often unhealthy ways.

Individuals live out their identity as they see and understand it, initially from childhood roles, ideas or perhaps labels until they are into their early adult years. Adjustments and revisions take place throughout one's life, as roles and relationships change and evolve. Midlife is often a time when re-examination of one's life and values take place.

The three threads detailed in this theme of identity include current identity, resilience and legacy. Current identity, the first thread outlines briefly how the participants arrived at their present identity. Resilience, the second thread includes subthemes of determination, hard work, initiative, resourcefulness, setting priorities, good problem solving skills, goal setting, hope and humour. Legacy, the third thread is a gift of wisdom and experience offered from lived experience. Although there were no specific questions asked about legacy, participants offered freely in their narratives very beautiful stories of how they felt their lives had made a difference.

(a) Current Identity. Current identity is a result of many factors, including personal characteristics, life experiences, circumstances such as place of origin, and environment. All ten participants had experienced trauma at some point in their lives. The nature of the trauma and the age at which it occurred made a difference. These various traumas combined with the factors already mentioned impacted and influenced each participant and are woven into the tapestry that is their current or present identity.

Debbie is a hard worker. Her strong work ethic, which she attributes to growing up in the country, plays an important role in her current identity. She spoke fondly of her childhood in the country and found her family’s move to the city when she was in high school very difficult. She reported having a really hard time coping. Debbie trained as a health care professional. Her marriage brought her to London.

While working in health care, Debbie’s life started to change after her first child was born, which she described this way:

...with my first baby...I wanted to be home.... I wanted the dream.... you know, a husband, nine to five type thing....and I wanted the mother, father scene...and then when my last child was born, I’d had it... so by then you go your way, I’ll go mine...we parted as friends (referring to her spouse).

Debbie raised her children on her own while continuing to work full time in health care, until her own health forced her to give up her career. She then picked up cleaning jobs. With a sibling living with her and full custody of one of her grandchildren who has special needs, Debbie has to work hard. In spite of all this work she takes some time to pursue her own life of volunteering, visiting with friends and sharing her humour. Debbie’s work ethic sustains her. When asked how she continues on she said; “I just do things as I need to. It’s go and do.”

Connie is a nurturer who protects those she loves. She grew up in a small town and lived at home until she got married. At the time she didn't realize that her new husband had mental health issues. Connie was a full time homemaker raising children in a difficult family situation. Her spouse frequently went off medication and when he did, he became very abusive. In those periods, Connie lived in fear of his abuse and would take all precautions to keep her children safe. She recounted:

...When he was having his bad spells, I had friends that he didn't know. Never invited them for coffee or tea, so when he was having his spells, I'd have a safe place he couldn't find us because he would hunt for us; me and the kids. Yea I had safe places set up...

During Connie's final pregnancy she requested and received help from the Family Services, and was able to get full custody of the children and a life time restraining order against her spouse. Connie's children are all grown now and Connie continues to be part of their lives and support them in their challenges. Connie sustains herself by continuing to take initiative in her current life.

Sharon's current identity is overshadowed by her drug addiction which has in fact become her identity. A French Canadian woman from Quebec, she grew up in a military family. Her family made multiple moves, until her parents retired and returned to Quebec. As a young adult Sharon felt the need to leave Quebec and re-located to London Ontario. Previous employment in a particular field helped her to land a job quickly in a similar field. She met her spouse in the workplace. After their marriage they had both children and a business together. Following her divorce and shared custody arrangement with her ex-spouse Sharon did not get involved with anyone for the next few years. She was then involved in a very abusive and violent relationship that left her badly injured and in a lot of pain. Prescription pain medication led

Sharon into opiate addiction and more unsatisfactory and abusive relationships. Even in these abusive and often violent relationships Sharon always ensured her children's safety. She recalled:

...Peter wasn't abusive or anything with the kids, except for one time. He was out of it a bit and the kids were in my room and they had to use the washroom. So I closed the door and locked it, because his buddies were drinking with him and all that stuff and I didn't want them to open it. He yelled, open the door! I said just give me a second, I'm with one of the kids. I didn't go near the door, and he yelled open the door!! I said just give me a second, I'm with one of the kids. And he kicked it open.... and I texted HELP. PICK UP KIDS. That's it. Pick up kids to my ex. And then he showed up...then I said, do you mind taking the kids? He's like no, no, no. I'll call you. Can I keep them overnight? I don't know if Peter bought it or not, but then the kids were with my ex.

In spite of her opiate addiction which is ongoing, Sharon's initiative echoes Connie's in this aspect of keeping her young children safe from abusive or violent partners. She protects that which is important to her. This sustained her until her drug addiction took over her identity.

Carol is in the process of shaping her current identity, after a catastrophic accident changed her life. Before her accident Carol had worked at various jobs requiring manual labour. After her debilitating accident a few years ago, she knew that she could not return to the kinds of jobs she had previously done which required physical labour. Carol describes her current identity this way:

...I was applying for disability.....I had a heck of a time trying to fill out the self report...I'm not a depressed person, I'm not somebody who complains very much so having to write down all of my ailments or woes, it's very difficult...I just don't have the

same fight that I used to have; you know that I had in my early days...I'm so co-dependent it's unbelievable...I do have a roommate now. Thank goodness because my unit is over \$800, and it's in the seediest area... I had no idea how low life this area is. It's a very dangerous area, very very dangerous. I just can't believe how naive I am..... I'm very different from the rest of my family. I am compelled, it's sort of a passion really, being with people who are low income and who are at risk of homelessness, or mental health issues probably because I face the same challenges..... physically I'm not able to do a lot of that (referring to physical labour) now. But I still think there are always options. There's always something we can do to make money.

Carol's strength comes through in her story of life after her accident. She was not expected to regain her mobility or be as well as she is. She considers it a miracle and a blessing that she is alive and is hopeful and open to what might be in her future. This belief in miracles sustains her as she believes she was saved for a reason.

Mary lived with her parents for many years until one of her parents died. Undiagnosed mental health issues hampered Mary's education and subsequent job prospects. When her parent died, Mary decided to move out on her own. Mary has not had a career or marriage and children in her life as many of her peers have. She lives a quiet life that she tries to keep peaceful. Mary described feeling very blessed. She was thankful for her family doctor and the health care professionals that she enabled her to access. She was thankful for her family of origin, in particular her parents. She said; "I'm so grateful to my parents. I didn't thank them properly when they were alive...I regret that I didn't, they were a tremendous gift." Mary's gratitude sustains her.

Karen is a very strong woman who loves laughter and is hopeful and optimistic about her future which she describes this way:

.... I’m quite independent. I’m kind of happily independent. I enjoy being single...it’s like I’ve just... my husband died.... he was very young and now I’ve just kinda become single again. Just finally at this age. So I’m really enjoying it.....

It wasn’t always this way. Karen’s life has been full of tragedy and difficulty. She described an unhappy early life this way:

..... you know I had a very negative childhood.... very negative. My parents married because my mother was pregnant with my sibling. And the day they divorced she realized she was pregnant with me. So our entire lives consisted of how we ruined her life....

Tragedy brought further trauma to Karen early in her marriage, with the sudden death of her young husband while they were living in another province. Karen recounted:

... I was married. My husband died in a natural disaster in another province. He was very young. I was pregnant. I left where we were living and came here to Ontario. I got my feet under me. I bought a house, I raised the kids, and then I stayed single the majority of that time except for one really really bad guy...

Several years later Karen and her family suffered a terrible tragedy, when two of Karen’s children were the victims of a catastrophic accident that caused brain damage in both of them. Karen was run ragged getting help for them while dealing with the insurance company and looking after her family. The man Karen described only as “the bad guy” whom she had seen off and on for several years came back into her life, married her, financially abused her to the point of near bankruptcy and then left. Karen said:

... I went from being a widow who was going to be set for the rest of her life financially and comfortable to living in a trailer....I’m not your stereotypical homeless woman.....and I’m not exactly homeless because I have my trailer... I have shelter every night....

In spite of all these hardships throughout her life, Karen described feeling blessed and is very optimistic and hopeful about the next chapter of her life. Karen’s humour and optimism sustain her. Even the ways she tells a story brings on laughter. One story that had both the researcher and Karen laughing uproariously was when she talked about selling her art at shows. She recounted:

I don’t think they put it out on the wall very often. I think they’re hoping I’ll become famous and then croak! (shared laughter) When I got a life threatening illness people started buying my work. They were all so hopeful!! (laughter) So you go to a show and you go (Karen makes ill sounds) and then you go back in the back room where no one can see you and you go “Hi, how are you?” (said in a very cheery upbeat voice) – more shared laughter, like you’ve just come back to life. So you just sit there and you don’t have the energy to do anything (more shared laughter.....). Let them draw their own conclusions. Selling like hotcakes? I don’t care (more laughter).

Barb is a fighter. Having lived a life filled with trauma, including molestation, abuse, violence and grief, she does not give up easily if at all. She takes pride in her identity which she describes this way:

My nickname is the ever-ready Barb Doe.... I realized that’s my purpose.....that’s why I have such a big mouth because God knows I’m one person and I’m not afraid to say what I feel.... I fight for the ones that can’t fight for themselves.....like kids or homeless, mental

health.... people who are so traumatized they can't, they don't have the capacity to fight for their rights. So I fight for them...

Barb has forged a new identity, which she is proud of and from which she makes her decisions.

Kathy, a creative woman who loves music had her own share of trauma as a child. This included difficult family relationships, separation, time in foster care, the suicide of her only sibling and dealing with her own mental health issues. She left home and moved to another location to attend a post secondary institution. After splitting up with her spouse she moved to London, many years ago. Kathy seemed comfortable and settled in her own life which she described:

.....I'm living with some of my friends now, sharing a unit... I do better than most of the people I know on my income sharing with roommates...and taking advantage of programs at My Sister's Place and things like free clinics and things like that you know makes a difference.....

Kathy's creativity especially music and the community she has found with music and at community hubs like My Sister's Place, sustains her identity.

Brenda is an indigenous woman, originally from a reserve. Brenda dropped out of school many years ago to marry her husband who was also on the reserve. He had a good job and together they had children. As his drinking increased their family life suffered until Brenda decided to leave. She described it this way; “I gradually realized that I really don't have to stay and put up with all this chronic alcoholism because it's ruining my children, it's ruining me and I don't want this last child to be ruined.” During her time using the shelter system, Brenda was able to re-connect with her indigenous roots. This became a major contributor in forming her current identity. She described the experience this way:

...One of the things really that helped me when I was trying to sort out my homelessness, was just the whole idea of knowing that I'm a native person because you can get lost so easily without really knowing, where you come from. I was living in a native housing shelter and they had programs. I didn't know at the time it would help me out but I had to go through their rules and their programs otherwise I'd be in trouble.... you know I just kind of appreciated what I was being taught about being native.... a sense of your roots.... that really helps.....we are able to go back and find out exactly why native people did this, why they drum, why they sing, because all of that I really didn't take into account because you are so entrenched into the mainstream society...

This re-connection with her roots changed Brenda's life. She finished high school and attended university. Brenda lives out of and is sustained by her current identity of a proud indigenous woman.

Kim is struggling with her current identity because she remembers so little of her childhood other than these few details which she recounted:

.... I was raised on the reserve and I am actually, I didn't know, I'm part of the Sixties Scoop and I don't understand what went on. All I know is that I was taken from the reserve put into a lot of foster homes.... I don't remember a lot of it but I thought the foster homes that I was in, the last two were great for me.... but that's all I remember.....

Kim described how her current identity lies in her family and her role within that family:

...I have several children and they all live in locally...one's just down the street. We're all very supportive.... they are all in London. Unfortunately, I have some that are incarcerated right now..... I'm not depressed or anything.....I'm a pretty happy person.

Kim is a survivor. She simply keeps going with a smile.

In summary, each participant had an identity that had been influenced by all the experiences, circumstances, events and places where they had lived. Their current identity has been influenced by the roles, relationships, and traumas they have experienced over the years, and from their own contexts and the events that were happening in the world at the various times in their lives. Now in this last third of life they are using the skills they have acquired to keep on going, the best way they can.

(b) Resilience. Resilience was a factor in all the participants’ narratives. These women have lived through grief, abuse, violence, disappointment, abandonment, deprivation, lack of family and social support and yet they find ways to carry on. They see life for what it is and can laugh, hope and reach out to others. The sub themes described below of determination, hard work, initiative, resourcefulness, setting priorities, good problem solving skills, setting goals and having hope develops and maintains this resilience. While humour is not necessarily a factor in developing resilience, it provides some lightness in the midst of a lot of difficulty. All ten study participants displayed at least one of the characteristics named, with most of them in possession of several of these traits.

(i) Determination. When asked how she kept going, Brenda replied “by putting one foot in front of the other every single day even if I don’t feel like it.” Debbie displayed similar determination in coping with her challenges. She said “you just do it, just go and do”. She reiterated a couple of times, “you just do it”. Karen was able to acknowledge her strength and to realize that it came from overcoming difficulties. Karen recognizes that all the challenges and difficulties she has had in her life have contributed to her strength. She described it this way; “All those things that happened...I’m a very strong woman. And it came from that. I like that I

have the knowledge of it. You know there are all these strong women that don't think they're strong.”

A large part of resilience is not giving up. All ten participants showed this determination, in different ways. These women do not give up.

(ii) *Hard work.* Debbie's reputation as a hard worker got around her neighbourhood. One day a manager from one of the buildings asked her if she knew anyone who would be willing to clean out some units. She immediately offered and once she did one unit other work came her way. She explained:

I'd get notified in my own building or one of the other buildings that so and so has passed away. The family's already been through, they'd like to do a cleanup, and can I start. So I'd go because that didn't bother me to do that. I worked alone. If I went into a place and found that I needed help, I had people I could call that could come in and give a hand, but most of the time I just worked alone...and I liked it. I'd just put on some music and go do what I had to do... word got around that I would do it. That is how you do it...when you're broke.

To summarize, five participants displayed this kind of hard work in their narratives. Along with their determination these resilient women work hard.

(iii) *Initiative.* When Kathy told her story the first pivotal point she talked about showed clearly the kind of initiative she was capable of. She explained:

When I was quite young one of my parents was in a bad accident. I lived with extended family members for a year, for a school year anyway. That was pretty enlightening for me seeing what it was like living with someone else. I didn't have a good relationship with my injured parent and I found my extended family member's method of parenting to

be a lot more...it allowed me to be more independent. It was much better for me as a child than my parent’s method. When I was a young teen, partly because I’d had that experience, I knew it was different. So I ended up calling Children’s Aid and went into a foster home and it was a lot better.

When Debbie had to stop working in health care she was in financial need. She picked up some odd jobs, just by initiative when she heard of any potential. She told a story about getting a cleaning job at a business:

It’s word of mouth, because I never advertised...I got the job at the business because I heard two people talking that worked at the business that needed a cleaning person because it was just getting out of hand. They needed someone regular but who would work only a few hours a day. And I just said, I will. Sorry for listening but where is this place and I go and talk to whomever.

In summary all ten participants discussed various initiatives they had taken throughout their lives. These resilient women did not sit back and wait for things to happen. They took stock of their needs and then took charge, taking whatever initiative they needed at the time.

(iv) Resourcefulness. In addition to the kind of strength that comes from determination and hard work, participants learned how to be resourceful. Connie likes to make crafts, so she repurposes material from thrift stores and uses them for craft materials. Both Sharon and Barb have learned through their own experiences of domestic abuse that in the urgency of getting away from the violence, a call to a shelter or to a taxi will get them into a safe place faster than a call to the police. When Mary arrived at her first interview she talked about some expensive dental work she was receiving. She said:

I’m actually able to afford the work on my teeth because I go to community meals, so I spend very little on food. So I’m paying for this myself...part of my motivation was appreciating that women, many of my peers were losing their teeth and having them pulled because their social benefit only pays so much per tooth according to the insurance carrier, for the ODSP or OW program and then they recommend the teeth being pulled. I had already lost some permanent teeth from decay; I just thought I don’t want to lose any more of my permanent teeth.

By making dental work a priority, Mary was able to figure out a way to come up with the money on her limited income, Carol was able to do the kinds of crafts she enjoys, and Sharon and Barb are able to share with others valuable lessons they learned through their experiences.

To summarize these are four examples of the kinds of resourcefulness that was expressed by all ten participants. Each participant demonstrated resourcefulness in ways that spoke to their individual situations.

(v) *Setting priorities.* The participants who had children all made their well being and especially their safety a high priority. They had their challenges and they acknowledged that their children bore scars from some of the difficulties in their homes, but in the moments of potential violence or harm they found ways to keep their children safe. Connie, Sharon and Barb all talked about times when they had to take extraordinary precautions in order to keep children safe. Barb recounted this story about keeping her infant child safe:

The child’s dad used to beat the crap out of me almost regularly and when he went after her, she was still an infant and that’s it. It’s one thing to beat me. Don’t touch my f---ing kid..... I came home to him drunker than a skunk, that’s when he’d get me. I came home and I knew something’s wrong, a mother gets to know a baby’s cries and by that cry I

knew my child was really in trouble so I told the people who drove me home with to stay here, something's really wrong. I ran in and he was shaking the living shit right out of my child. To this day I don't know how I got away from him. He was almost three times my size. Maybe God gave me the strength.....he was killing the infant, but I got the child, I don't know how I did but I did, and running into the vehicle I told them go right to the hospital. I called the doctor and told him what happened. He met me at the hospital.... I never looked back after that. Right from there they sent me to a women's shelter and I never looked back. It took me almost three years to get away from him because he followed me everywhere.

To summarize, all the participant had different priorities, at different times. Sometimes external circumstances dictated priorities. However all were at a point in their lives where they were able to set priorities that were important to them.

(vi) Good problem solving skills. Participants displayed good problem solving skills.

Sharon shared this story about finding a job when she relocated to London. She explained:

I came to London for a job, because of what was going on in Quebec. I'd had a job in a particular field, so instead of looking for an advertisement, I decided I'm going to go to where I want to work. So I went to similar business and applied. David was the manager and he did the interview immediately. I knew exactly what to say and do and he said that's good enough for me. So I started working there.

Brenda learned how to use the shelter system, and by doing so she is able to manage on the \$700 monthly stipend from Ontario Works.

..I knew how to just go from shelter to shelter.... the shelters are different. Some shelters are emergency shelters only and some shelters are called transitional homes where you

can actually have a room in a house with other mothers and their children...and that's not a lot of fun but you manage to stay out of one another's hair.... at the homeless shelter for women you can only stay for a year. You can ask for an extension but at this point in time they weren't going to grant me an extension so I had to do something about getting housed. They make you fill out these homeless housing forms because it's a shelter. A lot of women that were there were women with little children. So they were getting housed really fast and I ended up staying a full year and I wasn't housed.

In summary participants all displayed an ability to look at a situation from more than one angle, and see a problem as a challenge to be solved. As a result they were able to come up with solutions that could work for them.

(vii) Setting goals. Eight participants shared goals they had. For some their goals were concrete and immediate and they were in the midst of accomplishing them. Others articulated goals but were not quite sure how to achieve them. For some, the goals they shared were plans for their futures.

Debbie volunteers, at a thrift shop where she helps customers. Her face lit up as she talked about it in these words:

.....I love it. I really do. I have a goal every day, it's the same goal. I want to make people smile when they're going out the door...you get to know the people, and you kind of tease them. It puts a smile on your face, because I smile afterwards. Then when they leave maybe throughout the day or another day they remember, it kind of puts a smile on their face...makes their mood a little brighter...for a few seconds even....

Although she doesn't know exactly when she will be able to go, Connie is making plans to travel to visit her adult child and her family in another province.

Carol didn't have concrete plans to accomplish her goal, but she was able to articulate it saying:

.....I really wish that I could pass along to people some of the optimism that I have.....
just to say, it's ok, don't feel like a failure because something didn't work out the first
time, always try again...education is important and I just wish I could pass that on...to
other women, particularly...because women tend to lose their voices so quickly....

Barb talked about both short and longer terms goals. A long term goal is to set up a wellness centre. She described how she came to this realization and the ability to set this goal:

I believe that I went through all that because in the last couple of years through therapy
and my own recovery I have learned my purpose in life is to start a wellness centre. I've
been working on it for a few years now. I finally convinced an organization to come on
board, and back me up.

Karen is on her way to another province where she was able to find a small piece of affordable property to permanently park her trailer and make it a home. She has already thought out a plan for making a living once she gets there and described it in this story:

With about an acre of property I'm going to plant fruit trees and nut trees. Nuts grow
really well and they are becoming a big money maker. They're being used so much in so
many different foods. I'm going to be small but I can still earn enough to keep my head
above water with nuts and they take care of themselves pretty much. I'm going to plant a
massive vegetable, herb, and medicinal herb garden and I'm going to get a roadside stall,
because I'm right on a main road. I'm going to have my fruit, my nuts, all the vegetables
and herbs from my garden. I'm going to have my art. I'm going to do quilting, because
it's one of the arts that I do. I'm going to watch for unusual little finds at thrift stores,
because I love thrift stores...and I'm going to bring them back and sell them. A friend of

mine would help me doing jams and jellies from my garden and doing baked goods. And of course I’ll have eggs, and I’ll have chickens and ducks as well so I’ll have a variety of eggs. So by my diversification I’ll have a little bit of everything for everyone. That’s how I’m going to earn my living when I get there.

Brenda has been thinking about returning to the reserve where she grew up. She has connected with an indigenous elder to seek guidance in this. The elder told her that the decision will come in the right time and when it does she will know it and will act on it. So she lives in the moment.

Two participants didn’t talk of goals or were not able to think of or envision goals beyond their present reality. Sharon’s opiate addiction overshadows her life. Procuring and using her daily drug supply takes up all her time and energy, leaving her unable to envision anything beyond her daily drug requirements. She recognizes that she has very little in her life and needs something for herself, or as she said “something to be to be proud of”.

Summarizing, the participants shared many goals they either had or were making for themselves. These goals varied in size and intent depending on the person, but every participant had a least one goal they hoped to accomplish.

(viii) Hope. When asked what sustains her in her challenges, Connie was very quick to respond; “that one day it’s going to get better”. She then clarified that it was hope she was referring to and said; “it’s going to change for the better”. Carol expressed hope in looking for other options. Before her accident, Carol held jobs that required strength and stamina. Now, unable to do those kinds of jobs, she has not given up on earning an income. She explained:

I could go out and clean gutters or walk dogs or house sit or clean somebody’s house and physically I’m not able to do a lot of that now. But I still think there are always options.

There are always options. There’s always something we can do to make money. But what I have found is that we get into a rut...psychologically and it demoralizes us. It’s hard to get out of that because you just feel so defeated at times. It feels as if there’s just no digging yourself out of this rut and... I’m a little more optimistic than some...I spoke to many other people who are just helpless and hopeless...and that’s the worst is the helplessness and the hopelessness. I do have some hope... and I know what I’m capable of.

At the second interview Kathy displayed one of her new business cards and said that she had just been approved for a loan with a lending institution. She beamed as she handed one of her cards to the researcher and spoke of her hopes for her new business.

To summarize six participants spoke of hope, all in unique ways. Hope was expressed in spoken words and in body language such as a facial expression, or a smile.

(ix) Humour. Debbie, Karen and Kathy stand out as women who shared humour, acknowledged and celebrated their sense of humour and recognized its importance in their coping and well being. During the interviews they had a way of telling certain parts of their stories that brought laughter from them and the researcher many times.

Kathy laughed often during the interview displaying the humour she finds so important. When referring to an author she liked reading she said; “...like the author X, she’s hilarious. I like things that make me laugh. I read three comics every day.”

Debbie’s humour came out in subtle ways, as she described her volunteer work at the thrift shop and how she could kibitz with various clients who came to the thrift shop.

The way Karen tells a story brings on laughter. Although the gestures and non verbal communication cannot be captured in words, this story had both the researcher and Karen laughing uproariously. Karen was talking about selling her art at shows, when she recounted:

I think they're hoping I'll become famous and then croak! (shared laughter). When I got a potentially life threatening illness people started buying my work. They were so hopeful!! (laughter). So I would go to a show and go auuugh (Karen makes ill sounds) and then you go back into the back room where no one can see you and go "Hi how are you?" (said in a very upbeat cheery voice) - more shared laughter. So you just sit there and you don't have the energy to do anything (more shared laughter). Selling like hotcakes?? I don't care...

To summarize, three participants had an obvious sense of humour. They laughed easily and often as they were able to find humour even in difficulty.

In summarizing this sub theme of resilience, Karen's story about diamonds really sums up the strength and resilience of this group of women.

How does God make a diamond? A lot of heat and a lot of pressure. Puts it down, even the earth, a lot of heat and a lot of pressure. Sometimes when we're feeling our weakest, He's just trying to teach us how strong we are. So all that heat and all that pressure: I'm almost perfect now! (shared laughter)but seriously..... A lot of heat and a lot of pressure....and that's all we are. A little carbon, a little water.....but all that heat and all that pressure... and when we go through heat and pressure in our lives, all it's doing is as with the diamond, it's making us beautiful.....when we feel at our weakest, He's just trying to show us how strong we actually are...

These are resilient women who do not give up easily or at all. They displayed unique combinations of determination, hard work, initiative, resourcefulness, setting priorities, good problem solving skills, setting goals, hope, and humour.

(c) **Legacy.** What is reported here would also fit very appropriately under the theme of meaning or the theme of relationships. It is placed here because the participants talked about these things as things others had learned from them, things that would go on even after they were no longer here. Participants didn't name these as legacy items and there were no specific questions asked about legacy in the interviews. These were distilled from the stories told by the participants, by careful and thoughtful listening and asking for clarification if necessary. For participants who had children, the legacy usually involved them, often something the child had learned from their mother. This sense of legacy was less pronounced and more subtle in those without children. It was often expressed as making life better for someone else.

Eight participants shared narratives about how they were impacting either their children or others with the legacies they were leaving. Debbie taught her child a meditation practice that she had learned from her grandparent. Both Carol and Sharon kept journals with their children growing up, and taught them how to name gratitude in their journals. Brenda dropped out of high school to get married and realized the value of education. She was adamant that all of her children at least finish high school. They all did and some went on to further education. Kim had been evicted several times while she was raising her children. As she watched one of her children one day, Kim realized that even in her mistakes, her children learned a valuable lesson about paying the rent on time to avoid eviction. To illustrate, she shared this story:

.... I've been evicted like a few times... probably had to do with alcoholism... not going and putting your money away... and with the children as they've gotten older... my adult

child was looking out the window and I said, “What are you doing peeking out the door, why don’t you just answer it?” S/he said, “Well mom I probably got that from you”.... when I was drinking I was looking out the window.... Oh God it could be the landlord.... they told me that, we got that from you.....we got used to you looking out the window.... you don’t have to worry, your rent’s paid, just answer the door. Now they see that and they’re always adamant about paying their rent.....so they did learn something from my mistakes.....

Karen reported that she had always encouraged her children to follow their passions, and as they matured and chose careers, they all did.

Neither Kathy nor Mary had children. Both talked about ways they were working in their own lives to make the world a bit better. Kathy started singing in a choir that sings in senior’s homes, hospices and at memorials as a way of coping with her own mental health issues. With reflection she realized that although her initial motivation was to help herself, she was also helping others and making their lives a bit better. She described it this way:

I try not to worry too much about the people who are going to pass on because well it’s going to happen to everyone sooner or later. A lot of them are older so that helps because they are older and they are getting to the end of life naturally...even for those who aren’t though it just helps because at least I’m helping a part of something that is making their end days a little more pleasant.

Mary’s way of making the world a bit better is by being active in the political party of her choice. She described some of her work for this party in these words:

Right now I’m involved with at least three wonderful candidates, who are already nominated federal candidates. So now just about any day of the week I can now go canvassing with any of the three of them.

Although legacies were more common among the women with children, participants who did not have children were leaving their mark, by making life better for someone else.

Summarizing this theme of identity; these women are very resilient and resourceful. Their current identities are a unique blend of the identities and life experiences that have and continue to shape them. For all the participants this last stage of life offers new opportunities and a chance to fulfill goals they never imagined earlier. They have experience, wisdom and hope.

Theme Three - Meaning

Meaning refers to a sense of purpose or significance. Meaning or a sense of purpose is often shaped if not defined by relationships, particular roles and context. This is especially true during certain periods of our life. As a person ages these roles and relationships change.

Analysis of the data in this study uncovered four main threads or strands that weave together to provide meaning in the lives of the participants. These threads include roles, pursuits, creative endeavours and recovery or “giving back” as a way of making meaning from one’s own suffering.

(a) Roles. Eight participants named roles, particularly caring roles as being very meaningful. Connie derives meaning from her role as a grandmother. Debbie finds meaning in her roles, especially as a grandmother, and in her volunteer role. Carol cherishes her role as a mother to a grown child who Carol feels is the greatest accomplishment of her life. Carol also

feels compelled to help others, especially those who are low income, or those who are struggling.

She described it this way:

....I am compelled, it's sort of a passion really being with people who are low income and who are at risk of homelessness, or mental health issues probably because I face the same challenges....I think knowing that I'm here to make a difference...I think we all have a purpose here and we all have the ability to do something important and something that is going to change the world, and knowing that I'm here for the greater good....that keeps me goingwe're here to make a difference...

Brenda finds meaning in her roles as a mother and a grandmother as described here:

...one of my children has me babysit my grandchildren, once a year for a month ...one of their children was scouted for a national sports team... when you watch them at their sport, s/he just looks so natural at it. Like that's what s/he does...that's their gift...

Kim is a helper and a giver who derives meaning from her roles. She is very succinct in describing what is meaningful in her life.

.... I've got many grandchildren. My meaning is, I'm very supportive, we're a supportive family. I like to help a lot of people. If there's something anybody needs, like clothing, somebody needs that I'm right there right. A friend of mine had no clothing so I'm right in there, now she's got just a whole wardrobe. If anybody needs something, I'm always there. I like to kinda help.... I think I've been like that for a lot of years...

When asked what gives her life meaning Kathy was clear in saying: “music, friends and the people I care about”.

In summary, participants assumed different roles at different times in their lives. They talked about the ones that gave them meaning and that sustained them in their challenges. These

roles were formed by relationships, whether that was a relationship such as being a grandmother, a care giver, an advocate or a group member.

(b) Pursuits. Five participants found meaning in a number of different pursuits including reading, exercising and enjoying nature, or drawing strength from their faith. These pursuits often were or became coping mechanisms for their challenges with health issues, relationship difficulties and finances.

(i) Reading. Kathy, Carol and Connie enjoy reading. Kathy stated; “I read a lot. That’s why the library is one of my favourite places. I read science fiction, I read fantasy, I read thrillers and I read certain romance authors.” Carol, also a reader said; “I like to learn. I’m still reading a lot. I read a lot of reference books or autobiographies, things like that.” Connie talked about how she could get lost in a book and it was a kind of escape for her. She explained:

I read books. I’ll just tune everything out, and get into a book. I’m reading a book and somebody will say something and then say, “Did you hear me?” Nope. I’ll just tune them out. I zone out. I tune everything out.”

(ii) Exercise and nature. Karen finds meaning in both art and fitness. She said; “I love martial arts. I love swimming in the water. I love being back at the Y.” She also uses martial arts as a form of therapy. When her children were recovering from a very serious accident she led her whole family in this art form as therapy. In her words: “I put them through martial arts as a form of recovery and as a way for all my kids to cope with what was going on. We did martial arts regularly”. Carol also enjoys physical activity and talked about interacting with nature on her walks in these words:

I enjoy being outdoors...most definitely. Even in the heart of the city where I am.... it’s nice to be out and see what sustains us... I need to be outside every day whether it is cold

or hot.....I just love to be outdoors..... and I watch the ducklings and the geese and the goslings.

Two participants, Karen and Carol reported that physical activity is both meaningful and sustaining.

In summary, the pursuits that gave participants lives meaning and helped to sustain them in their challenges were diverse. They included both passive pursuits such as reading and active pursuits such as karate or walking in nature.

(iii) Faith. Three participants named faith in God as an important and meaningful part of their lives. When asked what gives her life meaning Brenda responded without hesitation, that it was her faith:

.... My faith and I feel that people just generally would like to help. There are roadblocks in the way sometimes you know but you still have to keep pressing on... just keep pressing on for the marker, for the higher calling and that’s what I do. I just keep trying. These children of mine will know that I’ve been there for them. You know even if they don’t appreciate me right now.

To summarize, participants found meaning in a number of diverse pursuits. By engaging in the pursuits that each one found meaningful, the participants were able to maintain their own balance and keep going in their lives.

(c) Creative Endeavours. Creative endeavours were interconnected with other parts of the meaning theme as well as being interwoven in the identity, relationships and spirituality themes. Creativity was often a form of therapy that provided participants with a release, an escape from the pressures and problems of everyday life. Creative expressions involve the

senses. The creative endeavours expressed by the participants are divided into expressive or tactile arts.

(i) *Expressive arts.* Six participants talked at some length about the expressive art forms that healed and sustained them. Although they usually had one primary art form, they all were or had been involved in multiple expressive art forms.

The expressive arts named by the participants included making images through painting, sculpting or photography, music, writing, drama and performance. These art forms draw mostly on the senses of seeing and hearing.

Karen, who grew up participating in and making art, described how formative and foundational this was and continues to be in her life this way:

.....I was very fortunate. When I grew up ...the house next door to me, an artist moved in....and it was their studio. S/he would tutor me....so I got tutored from a very young age....and then a contest came up when I was in my teens ...and I won a scholarship. I'm an impressionist which means that when you look at my work you can recognize what you're looking at.... most of my work sells because it's portraits that are requested or landscapes and people go "Oh I've been there" ...I'm also working on adult colouring books at this time.... Art gives my life a lot of meaning.

Sharon also likes to create images. Her face lit up in the interview when talking about photography. She said:

I'd love to work in a photography environment. Get an assistant job, anything like that. I'd love to do that. Even if it was on a volunteer basis... there's a lot of things with photos. I don't think people realize how much is involved in making a beautiful image. I'd like to get into that. That would give me meaning. I love pictures.

Music is an art form enjoyed by Mary, Barb and Kathy who all spoke of their love of singing and choir work. Kathy described how music is central to her life in this way:

I love music...I love to sing... the choir sings for people in need. We sing to people at memorials and seniors' residences and people at hospice. I joined a year or so ago along with a friend. And it's very uplifting, it's uplifting spiritually. Even though the songs are not necessarily religious in nature, they are uplifting. There's something about singing in that quiet, hushed voice that we do that's just good for you. It really helps lift your spirits; makes you feel better. When you've had a bad day and you come in to sing for choir practice or to sing to someone, you leave feeling better.

Mary said; “I like to sing. Anything that involves music is a way that.... it's more than self soothing. I will go to almost any singing group. I really enjoy singing.”

Writing was a popular expressive art form with three participants, particularly journal writing. Both Sharon and Carol spoke of writing in journals. Carol said:

I write in my journal...I have my gratitude journal and then I have my everyday...I call it my bitching journal, cause boy do I have a bitch....and then there's the gratitude journal which is the alternative...and that's my dear God you know...

Barb discovered a love of drama after getting involved in a drama group, and reported that she finds drama a very healing art form. In talking about expressive arts she said; “I love to sing. I love to perform. Getting involved in music and theatre healed me. A few years ago I got involved in a writing group.”

(ii) **Tactile arts.** Tactile arts drew more on the on the senses of touch and smell and often involved the creation of a tangible or concrete object. The tactile arts named by participants

included making crafts, baking and knitting. Karate and quilting were each named by one participant.

Mary got involved in the micro enterprise group at My Sister’s Place. It wasn’t something that she had done before but as she recounted:

Artistic arts and crafts intrigued me...it kind of perked my interest...so getting involved with making jewellery was something I hadn’t done...and I seemed to enjoy it. I still do.

I’m still involved in it...I do wear jewellery that I make there...I enjoy it very much.

Connie also finds meaning in making crafts and in giving them away. She especially likes making dream catchers. She said: “I make dream catchers for my grandkids. I started making them when my kids were young and couldn’t sleep. I made them for all my kids, made them for my grandkids, my siblings and other people”.

Three participants reported that knitting was a meaningful activity for them as they found it relaxing and therapeutic. It took their minds off problems and provided some calm and relaxation. It also connected them to others, especially family members as they gave their knitted gifts to them. Connie likes to knit dish cloths and scarves. She said; “I knit dishcloths for one of my children when I get the cotton wool. That’s the only kind I like to use. I knit dishcloths and scarves. I just knit squares. I gave some to my children last Christmas.” When Kim talked about how she copes with some of her challenges, especially her mental health issues, she said:

...lately I’ve been able to start knitting and doing dish cloths again. Once I do that I don’t think of anything...it’s just relaxing and there’s nothing I’m even thinking about. So I’ve been doing a lot of that. I leave it for a while and then I come back to it and I say why did I leave this for so long? It’s very relaxing...

Five participants found meaning in tactile arts and reported how much they both enjoyed these artistic endeavours and how much healing they found through them.

In summary, both expressive and tactile arts figured prominently as sources of meaning in these women’s lives. They included making images through painting, sculpting, and photography, music, particularly singing, writing, drama and performance, making crafts and knitting. Quilting, baking and karate were each named once as meaningful activities. These art forms were important in healing and in sustaining the participants who engaged in them. Every participant named at least one creative endeavour that they were either currently engaged in or enjoyed when they could.

(d) Recovery or Giving Back. Volunteering is a way to give back or to make meaning from suffering by making someone else’s life a bit better. Four participants were engaged in volunteer activities. Debbie volunteers and enjoys helping clients. She described it this way; “I love it. You get to know the people and you kind of tease them. When they get to know you, there is a little bit of bantering and you know it’s nice.” As well as this volunteer role, Debbie joined a group, after losing her son to an opiate overdose. In addition to providing support for the members, the group was advocating on behalf of others who had lost loved ones to the opiate crisis. Debbie described her place in the group this way:

...I was with an organization at first with other people who had lost children to drug addiction and we had thought of a good initiative. We got permission from people who had lost their kids to use...not their names, but their age or year they were born, year they died, and we’d put “Did you know these people?” But the government wouldn’t go for it. It’s too bad.

Barb also gives back as a way of healing from some of her own suffering by being a volunteer at My Sister’s Place. She said:

“I’m very involved with My Sister’s Place. They saved my life. I literally would not be alive if it wasn’t for them. They saved me because I was homeless and in really bad shape when I walked through those doors”.

Recently Barb went through a court case resulting from an assault. The case was heard in open court. The pain from this experience is motivating Barb to start a petition to have assault trials heard in closed court. She explained:

I was so humiliated so I want to start a petition to change that, because I don’t want another woman to go through what I did. I want the laws changed that it be closed court, because it’s open court. That’s what made it so humiliating. There were many people in there and every single one of them knew what happened to me. That was so horrifying...I cried. I had to leave, I couldn’t even finish listening...that was absolutely mortifying, and I was really angry. After I got over the anger of that, I said, that’s it, never again. I’m going to make it my life’s mission that another woman does not...cause that’s inhumane...sexual assault is traumatizing enough...never mind it being degraded by the justice system.

Kathy, who sings in more than one choir volunteers in an administrative capacity at one of her choirs. She said: “I volunteer to run the computer every week at our choir practice. We have a projector so we can look up the words and chords to songs so that the musicians can play and the person can sing.”

Another choir Kathy belongs to sings for people in hospice and at memorials. Kathy explained how she came to see her participation in this second choir, as volunteering, helping others and giving back. She recounted:

...when I joined I didn't really think of it as volunteering, I thought it as something for me. I thought of it as something that would give me some more choir experience that would help me. I guess I would be giving to people in need but I really didn't think of it as volunteering. And one day it dawned on me that yes this is volunteering...

Volunteering was an important part of giving back. It made meaning out of suffering for at least four of the participants. This meaning was a critical component in sustaining the participant's psychosocial and spiritual lives.

In summarizing the findings from this theme, participants found meaning in their roles, in pursuits, in creative endeavours, and from giving back or making meaning from their own suffering. This theme of meaning is interconnected with the previous theme of identity and also with the following theme of spirituality.

Theme Four - Spirituality

Spiritual refers to anything relating to the human spirit or soul, or concerned with sacred or religious things. It relates to being able to see or imagine something beyond one's self. Both religious and spiritual activities presented in the data. A more detailed description of the similarities and differences between religion and spirituality is discussed in the next chapter. In reporting the findings in this section, religious affiliation is one thread; spiritual beliefs are another thread and a third thread is spiritual practices.

(a) Religious Affiliation. Five participants were or had been affiliated with a faith community. Mary lived within walking distance of the church she grew up attending and is still attending that church. She said:

.... I served on a couple of committees at the church and it was my childhood church.... I was confirmed there....one sibling was married there.... the two youngest were baptised there. Both my parents were buried from that church so it's a very strong... kinda of a generational thing...

Mary reported that she is comfortable worshipping in any circumstance. Mary's participation in the life of her faith community is one of the grounding or sustaining factors in her life.

Carol spoke of her own upbringing in the Roman Catholic Church and her desire as a young mother to introduce her child to the family church and ensure she had the option of attending Catholic school. In order to do this her daughter would have to be baptised. She described it this way:

.....I was raised in the church with my parents and grandparents....my child... I had out of wedlock....but I still had my child baptized. It was hard to get baptized... I didn't have my confirmation so I would have had to go back and take courses and get confirmed.....but eventually I did.... my child did go to Catholic school....

Before her child started attending Catholic school, Carol took her child to the community church, because she said; “I just wanted my child to get a sense of religion.” Carol left the community church and does not attend worship now, because as she said: “...I'm not necessarily into the whole routine of the religious...you know going to church every Sunday. The structure is wonderful, don't get me wrong.....but the whole organized religion; I think it can be detrimental to some”. While faith communities can offer support and a sense of community, they can also be

places of difficulty and even trauma. Mary reported positive experiences with her faith community, while Carol although not attending anymore found what she needed at the time. For Sharon, Kathy and Brenda their experiences with faith communities were less helpful.

Sharon who was raised in the Catholic Church explained why she left it. She said; “I had some issues with the Catholic Church...women are not allowed to do the sermon and women are not allowed to do anything, so I had a problem with that”. Kathy expressed an interest in attending worship if she could find a faith community that was a good fit for her saying:

... I haven't gone to church in some time because I keep picking churches that resemble what I grew up with. I don't have good luck at picking churches that are accepting of people who are different.... my roommates have fluid gender identifications. I won't go to a church that doesn't accept them for who they are. I won't go to a church that has a problem with women being ministers or whatever and so I keep picking the wrong churches. So I haven't gone in a long time...

Brenda, who lived for many years with an abusive husband, explained how the church had factored in her decision to stay in this situation as long as she did. She explained: “I realized I should have probably left a long time ago but I got married under the Catholic Church and you have that contract. Your marriage is supposed to last under good or bad. So I stayed for a really long time”.

When participants spoke about religious communities they all referred to the Christian tradition. Of the participants who reported a connection with a religious community, only one was still attending a church. Others were open to attending a church, or visited a church occasionally but were not regular participants.

In summary, although several participants reported attending worship either as children or as young parents, only one was still attending worship regularly.

(b) Spiritual Beliefs. Nine participants talked about spiritual and religious beliefs and practices before the question was asked in the interview. They came up quite naturally in the course of telling their life’s journey, as they were intertwined through the life events that comprised their life’s story. Participants reported that beliefs, faith, and providence sustained them in their challenges. Kim was the only one who did not mention any spiritual or religious beliefs or practices. Her narrative is reminiscent of how intricately heritage, sense of self and spiritual/religious convictions are interwoven. When asked if she participated in any spiritual activities she said:

no....because that’s where the Sixties Scoop comes in. We lost all our heritage, so it would be up to me...I didn’t practice anything because being on one reserve they didn’t push the native thing on me and then I was in white communities too.... now there are some places, like N’amerind, Atlohsa...I’ve been thinking about starting a few programs...

(i) General beliefs. Beliefs are separated from faith, in that faith implies a belief in a deity or a certain construct or set of principles, where as a belief could be trusting in knowledge of a source. A person could believe in a dog’s goodness. That would be different from expressed faith in a deity or cosmic world order. Early on in the interview Carol said:

.... I’m very spiritual. I believe that everything in our world, everything in our universe is energy, and there’s certain vibrations and frequencies that we all have as humans and rocks have...and I believe in the butterfly effect, I believe that however we act today is going to predict down the road, you know it’s cause and effect...I believe that if we wake

up in the morning, put our feet on the floor, have a big smile, and say, thank you Lord then our day will go as such...

In a similar manner, Karen expressed her sense of belief this way:

...like just looking out the window.... or look at us and the web of life... how intricate it is.....I look at how intricate everything is and I am just in awe. We put together a soufflé that doesn't fall and a cup of tea and we think we're something...and you look at all the interactions that are going on out there and it's like nothing. We are so insignificant....and it's just... I'm in awe.

Carol and Karen, drawing on their lived experiences expressed a belief in miracles and angels. Karen, reporting from a near death experience expressed in some detail her belief in angels:

...I've seen angels before... When I was going through medical treatment, I was verging on death. I nearly died five times from the treatment alone. I remember sitting in a chair. The nurse had gotten me out of bed; she said you have to move around. We're going to put you in the chair. The chairs in hospital are to support you so you don't fall out of them...because I was really rough and it's almost like I was hallucinating but I wasn't. I saw, I don't know if he was the angel of death, I don't know if he was my guardian angel but he squatted down in front for me and he just reached out and he took my hands like this and he was looking in my eyes like this. He wasn't saying anything he was just waiting and it was my decision, am I coming with him or am I staying? He was just with me. Then behind him I could see people that had died in this particular room that I was in. And they were through the air. They were swimming through water so I was seeing them as well. Everyone is like ah (Karen makes gasping sounds of shock) ghosts, it's

horrifying, and it’s terrifying. No they were released. They were happy. They were in a good place...

Further Karen explained that she had experienced angels at another time in her life when she was not religious at all. In speaking of the experience noted she said:

That wasn’t my first experience. My first experience I was a teenager. I was a street kid, I was in the hospital and the nurse gave me the wrong medication and she stopped my heart, but being in a hospital they were able to get me back..... and I think I was sent back to share it but at the same time it’s delicate, cause I’ve had people, they get freaked out when you share it.

Carol detailed the catastrophic accident she had been in a few years earlier and how everyone, including herself was so shocked to see her recover to her present state. She said:

I was hit right here, pointing to her body. I was thrown so far and my whole right side was broken, my bone was shattered, and came up that side of my leg. Had it come up this side of my leg my artery would have been severed and I would have died. They were shocked that I was alive. That’s a miracle in itself.

Carol and Karen used words such as awe, gratitude, intricate connections, God, Creator, miracles, angels and spiritual in describing their belief in a cosmic force or energy beyond themselves. This belief in a cosmic force seemed to be a central and grounding belief in their lives, which sustained them.

Mary is active politically and saw that as part of her spiritual life and response to life. In her words:

I have an almost spiritual dedication to the political party of my choice...I have a very deep and abiding commitment... that would be my primary benevolent activity.... right

now I’m involved with at least three wonderful candidates, who are already nominated federal candidates... I’m very politically involved in municipal politics too.....it’s been really gratifying.

To summarize, nine participants spoke of beliefs. In expressing these beliefs, participants used words, like energy, awe, intricate interactions, angels, miracles and benevolence. These words describing of a state of being, sustained the participants long after the event or reflection that gave rise to them.

(ii) **Faith.** Eight participants described faith in a traditional Christian sense of faith in God or a deity. One participant described a state of being, similar to a faith life using the term karma, and one participant used the terms faith and karma. Karma is a Sanskrit word used in both Hinduism and Buddhism to describe a state of being in which a person’s actions decide their fate in this existence or in a future existence (Turner, 2002).

Karen spoke of having a very strong faith in God which was woven throughout her narrative and seemed to sustain her through many difficulties. She said; “I really have a strong faith, a really strong faith”. Brenda also spoke often in her narrative about faith in God and how it sustained her. When asked about coping strategies she said, God and prayer were the two things that sustained her, enabling her to, “put one foot in front of the other every single day even if I don’t feel like it”. When asked how she copes with the challenges in her life, Carol responded:

..... Honestly....God. I swear, it’s God.....and you know whether people think it’s God or the Universe or their Creator, whatever they think, it’s all inside of us. But you know it helps. It helps, just having faith and being able to not expect but entertain the idea that something wonderful is going to happen.... if it wasn’t for the faith that I have that I think

my grandparent taught me, you know, have faith....and faith turns things around, I don't think people understand faith because it's not tangible... I think that helps with the optimism because you know the sun will come out.

Carol also used the term karma when talking about her beliefs. This faith or karma became a call to action in the present. When reflecting on the horrific accident that she had experienced a few years earlier, she said:

.... I thought, well you know... karma ...what did I do, what could I have possibly done to have something like this happen to me? You know I thought this isn't such a bad thing. It's not really a bad thing. I'm alive. I'm walking. I still have my voice. I still have my mind. So what kind of difference can I make as a result of this? What can I do for whom about this?

Sharon also spoke of karma. When asked if she participated in any spiritual activities, she responded; “I do a lot actually. Something I've been doing for many years. It's spiritual in that it's not specifically Catholic... it's more like getting good karma and meditation. It just calms me down.”

In summary eight participants spoke of faith, and how they understand it. For one participant, faith and karma were used interchangeably. One participant spoke only of karma.

(iii) Providence. Webster's New World Dictionary (1964) defines providence as “the care or benevolent guidance of God or nature” (Guralnik, & Friend, 1951, p. 1172). It is a sense that things happen for a reason. Divine providence is a concept used in the Christian tradition. Unlike karma, providence is not dependent on any action by the recipient, it just happens, a kind of holy happenstance. Although theologically, divine providence differs from divine

intervention, the latter being suggestive of predestination, they are often used interchangeably by lay people.

Barb believed in providence and her narrative was peppered with many instances of this belief. When referring to the therapist she was assigned, an individual she credits with helping her so much in her ongoing recovery from various life traumas Barb said; “I have an amazing therapist. It was quite funny how I ended up with them because it wasn’t the one I was supposed to get. But, divine intervention I say”. Another way of seeing or experiencing divine providence in one’s life is the ability to see the positive in the negative, to be able to take a bad situation and see that there is some take away from it that will lead to a better outcome.

Karen’s second marriage, one that she had entered into during a time of great vulnerability was very difficult. When she was diagnosed with a life threatening illness her spouse left her to face that diagnosis and treatment alone. Karen, who had a strong faith, could find the hidden blessings in just about any situation, even a serious medical diagnosis. Her second marriage was very problematic as her husband was financially abusive to the point of almost forcing Karen into bankruptcy. When she received her medical diagnosis, he left. Karen said; “Something good came out of my medical issue. You always hear people say something good comes out of something bad. That happened to me. I was rid of him”! In a more recent breakup with an individual she was interested in, Karen again named something good that had come from an otherwise bad situation:

...two things that were beneficial from breaking up with someone recently... s/he got me back to working out so that was something really beneficial that came out of that relationship....one day I went and I walked for several hours with my dog just praying.... I

really have a strong faith, a really strong faith... and breaking up with that individual kind of reminded me of my faith...pushed me back to that too... so that was another bonus...

To summarize, divine providence involves being able to see the holy, or the hand of God in circumstances that are not planned and that at first glance seem to be disappointing, unwanted or unfair. In reality these very circumstances hold out opportunities. Four participants expressed a belief in divine providence or holy happenstance.

(c) **Spiritual Practices.** Participants engaged in a variety of spiritual practices. They reported that these practices helped in sustaining their mental health and in coping with the situations they had to deal with. Gratitude, named by six participants was the most frequently named spiritual practice. Prayer was named by five participants making it the second most popular practice. Other practices named included mindfulness, meditation, surrender, inspirational reading, and gratitude. Chanting, forgiveness and the use of sacred objects or touchstones were all named once by two different participants. One participant reported the indigenous spiritual practice of putting sage around her home to purify or cleanse her place spiritually.

(i) **Gratitude.** Six participants were defined by their spirituality. These were the participants who lived in a constant state of gratitude. They spoke often of feeling blessed and the hope they possessed. When participants spoke of gratitude they expressed it both as a feeling, and an action. Feeling that they had been blessed, they were motivated to reach out to others and be a blessing to them. Mary ended her story by saying; “I feel so blessed”. When Barb talked about her friends and some of the groups that she belonged to she said; “I’m very blessed in the support system I have”. When Carol talked about her life’s journey she talked about the importance of nature in her life and that triggered her gratitude as expressed here:

..... I love nature... and I'm so grateful for it.... I'm so grateful for how harmonious... if you look at wildlife, how harmonious they really live.... I have to say that I have been so blessed... I've been so blessed...even in homelessness I've been blessed.... I mean it's crazy... I wish there were other people who could see the blessings that come their way..... This is a blessing ... I really feel it's a blessing because I really think you're going to do really wonderful things with this... you're making a difference with me and with the other participants...

Karen, who was living in her trailer did not feel sorry for herself or angry about how her life had turned out, rather she felt grateful that she could see opportunities in challenges and new beginnings in endings. She said:

I feel blessed to be able to see it that way. You know I feel... people look at my life and go abusive childhood, lost your spouse at a young age, ran into the con man, like bang, bang, bang but I still feel blessed in so many ways...and all those things that happened to me...I'm a very strong woman...and it came from that.....

In addition to journaling on their own, both Carol and Sharon raised young children on their own, and taught their children to journal, specifically by having what they called a "gratitude journal". Carol described keeping two journals:

I have my gratitude journal.... and I have my every day, I call it my bitching journal... and then there's the gratitude journal which is the alternative.... that's my Dear God, you know...every night.... she and I did it.... three things at the end of the day we have to be thankful and grateful for.....one day she said, Mommy I love strawberry jam....so I said well then you say strawberry jam.....

(ii) *Prayer*. Prayer was reported by five participants including Debbie, Carol, Karen, Kathy and Brenda. While Carol was attending a community church she was asked to lead a prayer group. Her response demonstrates the embodiment of prayer for her:

.... they asked me to lead a group..... a prayer group...well I don't know enough to facilitate a group like that. I really don't. Now these are people, they quote the Bible. They can quote verses and chapters and I certainly can't. I know, well I just know that it's in my heart.

Brenda found that by using spiritual resources including prayer she was able stay in her marriage until she found the right time to leave. She explained:

...I was a prayerful person..... we ran into a very bad situation when we were just a few years into the marriage and I gave my heart to the Lord because I couldn't deal with what the problem was. So I gave it to Jesus. So I was able to live with my spouse. So I lived with my spouse all these years and I was a prayerful person so I was able to stay with my faith.....my faith in you know the Lord and prayer and believing in prayer that prayer would help.....I think through all of this, this has helped me take one step at a time put one foot in front of the other.....

Prayer is important to Kathy and she frames it in terms of a relationship, a relationship with God, who is never far away:

..... I do pray regularly. It's not regimented or organized, it's more help me out God or are you listening, this person is needing help.... whenever I hear a siren, help them to do their jobs well to do what they do.... it's kind of whenever the situation comes up and I have a little chat with God.... I can get upset about the woes of the world and sometimes talking with God about it helps me to let it go when I can't do anything about it.

To summarize, prayer was the second most common spiritual practice among the participants. Those who talked about prayer all expressed how prayer sustained them in times of difficulty and need.

(iii) *Mindfulness and Meditation.* Four participants, Debbie, Carol, Mary and Sharon named practices they called meditation. When they described them to the researcher, some were more mindfulness practices, others were clearly meditation practices, while most were a combination of the two, hence describing them together.

Debbie described a very beautiful meditation practice that she learned from her grandparent, which she in turn has taught to her children. This meditation practice which has its roots in eastern religion also uses mindfulness and visualization.

My grandparent taught it to me when I was in high school. I taught it to my children. I don't know whether they still practice it but they used to... I don't know where it came from exactly ...somebody told me it was from an eastern practice of meditation. You make yourself very comfortable... usually sitting at a table. In your mind you imagine sitting down to your favourite food. If your favourite food is an ice cream sundae, you put the dish and the spoon on the table... no food ...just the dishes. Then in your mind.... you make the sundae... what toppings, etc you put on it. This is all in your mind...you're thinking this through...the only visual is the dish and the spoon. Once you have made the sundae, you eat it.... noticing how it feels in your mouth...how cold the ice cream is.... you can't do it too fast... or the cold from the ice cream will give you brain freeze.... or a headache. If this happens you start over. You have to eat the entire sundae, noticing what you put on it.... and should enjoy it. It's quite refreshing...it's like you've just cleared everything out of your head. I think the whole thing is it's a quiet time...you're

focusing on one thing. And you can't rush it or the ice cream gives you a headache, and you have to start over... it's... like you've just cleared everything out of your head...I think the whole thing is a quiet time.

Although she did not describe it in as much detail, Sharon also reported using meditation as spiritual practice. She said:

...it's something I've been doing for several years. It is spiritual...not specifically Catholic. It's more like getting good karma and meditation...it just calms me down...keeps my feet on the ground.

Mary who explored several eastern spiritual practices while she was in a relationship with a man who identified as a humanist, and was open to exploring other spiritualities, also named meditation as a spiritual practice she found helpful. Carol meditates as a way of coping with chronic pain. She said; “I meditate...I do that all the time. I have to for pain so I can cope.” Many times in the interview Carol talked about her love of nature. Whenever she spoke about anything in nature she described it in rich detail. When describing a sunset her voice was excited as she said:

...a gorgeous red... wasn't it gorgeous...all the different colours...it happens every day but we lose sight of it. Just like the leaves. We don't take the time to realize that the trees give us life. We have to appreciate that stuff.

Carol lives close to a park and likes to go there as often as possible as. She reported that she finds great meaning in paying attention to the kinds of details she described about the sunset.

Meditation, including mindfulness was the third most reported spiritual practice after gratitude and prayer. The participants who engaged in mindfulness and meditation experienced their calming effects.

(iv) Inspirational reading. Inspirational reading was important to four of the participants. Some read traditional sacred sources such as the Bible, while others found inspiration in other types of literature or in the words of music especially combined with singing. Barb talked about reading the Bible and how much comfort she received from it when she said:

I'm ashamed to say I don't read the Bible as much as I should..... but I definitely do believe in it.... when I'm down I use Psalms and Proverbs....those two they are my favourite..... when we got married, the verse we used I believe was from Proverbs.

Interestingly Carol, who also enjoyed reading the Bible, found Proverbs her favourite book as well. She recounted:

I read the Bible and I appreciate the Bible very much because ... I love it. I find it so interesting. My favourite is Proverbs..... I mean I love Proverbs..... I read it so often.... just because it's just such a great way of life.... of living.

The spiritual reading most often referred to was the Bible. The words of song were also popular inspirational texts with the participants who enjoyed music. Kathy, Barb, Mary and Debbie all enjoy music. Kathy described her involvement with the Circle Choir and how that is a very spiritually satisfying experience for her in these words:

...I sing with the Circle Choir... we sing to people at memorials and seniors' residences, at nursing homes and at hospices...it's very uplifting...it's uplifting spiritually, even though the songs are not necessarily religious in nature...they are uplifting. There's something about singing in that quiet, hushed voice that we do...it's just good for you...it really helps lift your spirits, makes you feel better when you've had a bad day and you come in to sing for choir practice or to sing for someone.... you leave feeling better...

Debbie also spoke of using music as a spiritual practice. When describing her spiritual practices she said; “I do chanting if I get the chance”.

In summary, inspiration came from words both said and sung for four participants. This spiritual practice is accessible and sustaining.

(v) *Surrender*. In the Christian tradition the word surrender is used in relation to God. It is not giving up as we often think of the word surrender, but rather a giving over to, in this case giving over to God. It is recognizing God in one’s life and allowing this belief in the goodness of God to carry one into whatever will be. Three participants who believed in God spoke of the idea of surrender, or giving something over to God or a higher power, when they had exhausted all possible avenues they could think of in solving a problem.

Carol described this concept when she talked about trying to get enough money together for a rent deposit. She described the experience this way:

... I had saved and I had sold a lot of things on line and let go... all kinds of things to come up with some money, and I still needed a considerable amount of money. So I sat in my adult child’s place and I just, I was defeated. I just threw my hands up and I said “Ok God, I’m giving it up to you because I just have no more resources that I can tap into”. I got a phone call ten minutes later from a friend, who invited me to lunch. I said OK...they knew nothing of my money situation, my finances, because I don’t share that. They said “If I give you a sum of money do you think you could work it off doing some odd jobs for me?” I said, what, “Are you kidding me?” They asked me again and I said “Well yes, of course.” So that happened.... I mean who does that? Isn’t that like, I mean you just give it up?

By stepping away from the problem that she could not seem to solve herself, Carol was able to see what she might not have seen otherwise. This is a true example of surrender. Barb expressed a similar sentiment, of trusting in God this way:

I'm a firm believer that God gave us a voice for a reason. To use it, and I'm using it.

Isn't there something in the Bible about those who stand up for God and get people to believe in Him, that even when the world is against us and our struggles are hard, He will give us the strength or the perseverance or put people in our path to help us?

Summarizing, three participants who believed in God spoke of the idea of surrender or giving something over to God or a higher power when they had exhausted all possible avenues they could think of in solving a problem.

To summarize every one of the participants with one exception talked about their spiritual lives before being asked about it. Although gratitude and prayer were the most common spiritual practices named, other spiritual practices named were mindfulness and meditation, surrender, inspirational reading, forgiveness, touchstones, chanting and paying attention to karma. For five participants, spirituality was interwoven throughout their life stories and formed an integral part of their identity. Some of the participants engaged in spiritual practices almost intuitively. With the exception of some native spirituality, the spirituality identified was mostly drawn from the Christian, Buddhist, or Hindu traditions.

Summary of Findings

Even though all the participants in this study reported poor health, they were all able to access health care quite easily. One person was drug addicted and her entire life was organized around getting her drug of choice. In many ways drugs became her god. When asked about challenges, many participants cited maintaining their health as their main challenge. All were

involved in a variety of relationships and all, with the exception of the one participant who was drug addicted had at least one supportive relationship in either a family member or a friend. Many had little if any contact with their families of origin. A sense of community was important to most participants and they were able to find that in groups, places or within social agencies or at community hub such as My Sister’s Place. Pets were also important to them, with many having pets and others being involved with animals in other ways.

How the participants experienced and interacted with the world was shaped by their identities. For the most part they were living out of a current identity, not pining for past times or being unrealistic about the future. They had hope and this hope enabled them to set realistic goals.

With one exception, all of the participants reported a spiritual life. The one exception was an indigenous woman, who had been part of the Sixties Scoop. The participants’ spiritual lives consisted of a smorgasbord of practices and beliefs drawn mostly from the Christian tradition, with some additional practices drawn from eastern religions, and some drawn from native spiritual practices.

These are creative and resilient woman who forged their resilience through the challenges they have faced. They find meaning in creative pursuits and in redemption, making meaning from their own suffering. This is often expressed in a desire to help others and to make the world a better place. The participants were not bitter or angry; they were animated and passionate and enjoyed humour. They were really grateful to be part of this study, to have a chance to tell their story and to think their story might make a difference for someone else.

Chapter 5 - Discussion

Summary of the Major Findings

This community based study was undertaken to address the research question, **“What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness, as revealed in their stories of lived experience?”**

This study found that mature women at risk of homelessness lived in poverty, experienced trauma, had poor physical and mental health, and lived in housing that was inadequate, unaffordable and often located in unsafe, high crime neighbourhoods. These findings were to be expected as they have been reported in earlier studies.

The aim of this study was to explore how these women are sustained in their psychosocial and spiritual lives. What keeps them going in spite of the trauma, poverty, poor health and inadequate housing? The sustaining factors identified in this study included having at least one supportive relationship with another person or a pet, a sense of self or identity, involvement in some kind of meaningful activity, particularly one that makes meaning from one’s suffering, a sense of belonging, possessing hope and participating in some kind of spiritual activity. What is equally if not more important is how these various factors interconnect. Some participants had one or two of those attributes but the interconnection between them became the sustaining factor. Kim provides a good example. She has a sustaining relationship with one of her children and experiences meaning and purpose in her roles within her family. She is able to sustain herself in spite of substantial obstacles.

Relevance to Current Research

No single event leads to homelessness. A number of factors can weave together over time and experience, resulting in homelessness (Chambers, et al., 2014; Crane, 1998; Hwang,

2001; Stergiopoulos & Herman, 2003). In the same way, no one thing by itself sustains a person who is homeless or at risk of becoming homeless. There are many sustaining factors that are interconnected and are woven together in a contextual tapestry.

Homelessness is not defined only by lack of a dwelling (Collins, et al., 2018; Osuji & Hirst, 2015; Ploeg, et al., 2008). That is an important distinction as all the participants in this study had shelter of some kind, no one was living on the street, or in a shelter. Shelter included trading domestic/care services for housing, shared accommodations with family members or friends and having a place of one’s own choosing. Homelessness also includes variables such as social support and safety (Lenon, 2000). At risk of homelessness means that at any given moment, if even one event changes, the person has an extremely high probability of becoming homeless (Collins, et al., 2018; Fotheringham, et al., 2014; Osuji & Hirst, 2015). These individuals are referred to as the hidden homeless (Fotheringham, et al., 2014) or the precariously or marginally housed (Collins, et al., 2018; Osuji & Hirst, 2015; Ploeg, et al., 2108). When thinking about this cohort, an image of a tapestry is helpful. If one thread is removed from the tapestry, the tapestry has a high probability of unravelling.

Previous studies examining homelessness in older women (Crane, 1998; McNeil, et al., 2012; Reynolds, et al., 2016), identified poverty (Piat, et al., 2015; Reynolds, et al., 2016; Waldbrook, 2015), a recent hospitalization (Forchuk, et al., 2008; McNeil, et al., 2012; Mayne, 2019), temporary or transitional housing such as a women’s shelter, abuse including violence (Fotheringham, et al., 2014), living in inadequately maintained buildings in unsafe or high crime neighbourhoods (Hwang, 2001; Piat et al., 2015; Stergiopoulos & Herrmann, 2003) and a pending eviction or end of lease (Collins, et al., 2018; Hwang, 2001; Osuji & Hirst, 2015) as risk factors for becoming homeless. The results from this study confirm these findings as all the

participants displayed these factors with the number of risk factors reported ranging from two to five. These risk factors have been discussed fully in Chapter 2 of this document.

Barriers reported in the literature centered mostly on accessing financial resources due to the advanced aging processes of the homeless population (Chambers, et al., 2014; McNeil, et al., 2012; Reynolds, et al., 2016; Salem & Ma-Pham, 2015; Waldbrook, 2015). The Covid 19 pandemic, which arrived in Ontario in mid March 2020 and at the time of writing, is now in the fourth wave. There have been two long provincial lockdowns have already and the possibility of another. This fact has caused a strain on already limited resources (Wright, 2020). With the moratorium on evictions soon to be lifted, it is expected that many more people will become homeless (Wright, 2020). The first population to feel these effects may well be the precariously housed who already make up approximately 80% of the population facing housing insecurity, including those who are homeless (Wright, 2020). The Covid 19 pandemic has uncovered yet another barrier for this population represented in the lack of reliable access to technology. In the present study, four participants had very limited access to the internet through their phone devices. The other six did not have access to the internet other than through a public place such as a library or a community hub like My Sister’s Place.

(a) Finances

Homeless individuals age much more quickly, as much as ten years, than their housed counterparts (Grenier, Barken et al., 2016; Waldbrook, 2015). Age related financial supports are calculated on the aging profile of the housed population with OAS being available at 65 years of age and CPP being accessed at 65 years of age, although a reduced CPP can be accessed at 60 years of age.

All the participants were living in poverty. They accessed social assistance programs through Ontario Works and the Ontario Disability Support program. Depending on their circumstances, some were also able to access funds from the Canada Pension Plan in combination with OW or ODSP. Even in combination, these women could only access the maximum amount of the higher program. For example one participant was receiving just under \$200 from CPP as a survivor’s benefit as her husband had died. Ontario Works then topped up this amount to their maximum of \$700 per month for a single person (i.e. \$200 from CPP and \$500 from OW). Participants’ monthly incomes ranged from a low of \$700 if they were on Ontario Works, to approximately \$1,200 for those on ODSP. One participant who was over the age of 65 was also receiving the Old Age Supplement (OAS), making her monthly income a few hundred dollars higher. With the current average cost of a one bedroom apartment in London approximately \$1,200 per month it is not hard to appreciate the challenges these women face.

The inability to stay in or re-enter the work force has been identified as a barrier to staying out of poverty (Lehman, et al., 2017). In this study, one participant who had a professional job and her own home, had to leave the work force early due to poor health. One participant, who had not completed her education, had been involved in numerous jobs that required manual labour before a catastrophic accident changed her life. She described challenges in trying to re-enter the work force because she could no longer do the kind of work she had been doing and did not possess any specialized skills to do other work. Being over 50 with no particular skills and limitations as a result of her accident, she knows it will not be possible for her to re-enter the work force.

Three participants had been full time homemakers while they raised small children. Two left their marriages due to spousal abuse. In both cases this abuse was precipitated by their

spouses’ poorly treated mental health issues. The lack of adequate treatment for their spouses led to abuse and the constant fear of violence for these women. The third woman, a creative professional, was the victim of extreme financial abuse that left her close to declaring bankruptcy. She was subsequently priced out of the housing market by the current practice of bidding wars in real estate transactions. This high cost of living, particularly in urban municipalities is highlighted as a leading cause of homelessness in recent studies (Piat, et al., 2015; Reynolds, et al., 2016; Waldbrook, 2015).

Two participants left abusive and violent partnerships in which the police and legal system were involved. Both, being the victims of multiple beatings and extreme violence are now living with chronic pain, which renders them unable to hold down regular employment. Of the two indigenous participants, one who was part of the Sixties Scoop, had recently been given her file from the Children’s Aid to review, as the government was beginning the process of reconciling with the native community regarding this atrocity. Although the other indigenous participant was able to finish high school, and even began university, she felt she had to leave her studies to attend to the needs of her now grown children who have been badly scarred by their home environment. One participant lived with her parents well into adulthood and moved out into her own place within the last several years. She does not possess any particular skills and has not had a work history of any kind. One participant relocated to London after an unsuccessful marriage. While living with ongoing mental health issues she worked in unskilled jobs until her late forties, at which time she moved from the work force to ODSP.

To summarize, a combination of poor health, lack of post secondary education and marketable skills, made it impossible for these women to stay in or return to the work force.

(b) Housing

Hwang (2001) and Osuji and Hirst (2015) reference the hidden homeless or the at risk population as those individuals who are housed but their housing is inadequate. These hidden homeless are more often woman (Wright, 2020) than men, are often mature or elderly (Collins, et al., 2018; Fotheringham, et al., 2014; Osuji, & Hirst, 2015) and single (McMaster, et al., 2019). Hwang (2001) reported that single women over the age or 55 were the most common inhabitants of inadequate, unaffordable housing in high crime or drug infested neighbourhoods.

The women in this study fit all those definitions. Over half the participants in the study had witnessed criminal activity in their neighbourhoods, some in their own buildings. Only two of the ten participants reported that the buildings they lived in were inadequate due to either inaccessibility (e.g. a long flight of stairs for a person with physical challenges) or safety (e.g. locks on doors not working). The other eight reported difficulties with landlords, and building managers, one referring to her landlord as a “slumlord”. Accepted safety and sanitary protocols were simply ignored by landlords. These women reported they really had no leverage to make sure things were repaired or even maintained because a complaint could trigger an eviction, and there was no shortage of applicants who would be happy to accept the inadequacies of the place, just to be housed. As an example, Carol lived in an unsafe, inaccessible building in a high crime neighbourhood but could not do anything about it knowing there were other desperate people more than willing to take this place if she complained or moved out. The potential to take advantage of people is great, and leads to what Barb referred to as “slumlords”. These are landlords who do not take care of their properties or ensure that safety or sanitary codes are up to date. They simply fill them with low income tenants who are desperate for a place to live and will not complain for fear of an eviction.

None of the women in this study were living on the street. Invisible to the community they were all members of the hidden homeless or the precariously housed. Although the numbers of the hidden homeless are on the rise, (McMaster, et al., Part 2, 2017), their needs and sustaining factors are very different from the chronically homeless. There are very few studies dedicated to this particular demographic because they are hard to find (Fotheringham, et al., 2014). In a recent (2020) study Wright reports that women experiencing homelessness are largely invisible because they rely on precarious housing.

Three participants were living in rent geared to income co-operative housing. Four participants were living in housing priced at market value. Two of these participants who were both living in substandard buildings in high crime neighbourhoods had roommates in order to cover the rent. One participant was on the verge of becoming homeless. She had given notice to move due to the sub-standard conditions of her housing and a very strained relationship with her landlord, and then was not able to find anything affordable. One participant was paying more than 50% of her income for her small apartment making it unaffordable (Piat, et al., 2015; Reynolds, et al., 2016; Waldbrook, 2015). In addition her building has recently been sold, and the new owners are renovating each unit as it becomes available. In spite of her long tenancy in this building, the participant is concerned that she will be facing a possible renovation (Dubinski, 2018) in the future.

Kim and Brenda who both identified as indigenous comprise 20 % of the study participants. This overrepresentation of the indigenous population among the homeless, including the at risk of homeless has been well documented in studies (Hwang, 2001) and by Statistics Canada (2014). Kim who had been evicted was staying with her companion in exchange for domestic and care giving services in order to be housed. This kind of exchange is

not uncommon among homeless women (Collins, et al., 2018; Fotheringham, et al., 2014). This arrangement can work in both directions as illustrated by Sharon, another of the research participants. She was allowing an individual to live in her unit in exchange for a daily supply of opiates in order to feed her addiction.

Brenda, who was living in native housing at the time of the interviews had been relying on the shelter system on and off for the last ten years or more. She has experienced the documented norms of the shelter system, including maximum residency periods, (Fotheringham, et al., 2014) and the practice of housing women with children first, leaving the single women unhoused (Chambers, et al., 2014). These norms meant that Brenda, now in a unit was among the last persons to be housed. She was almost at the end of the approved residency period of the shelter before her unit materialized.

Karen was living in her trailer because she had been priced out of the housing market by the bidding wars. She what would have been her down payment on a dwelling and purchased a trailer so that she would have some kind of shelter. Previous studies (Piat, et al., 2015; Reynolds, et al., 2016; Waldbrook, 2015) have reported that the high cost of housing in urban areas has disproportionately affected women. Karen’s experience confirms this.

The high cost of housing meant that even for these inadequate spaces, participants were paying far more than the recommended 30-35 % of one’s gross income, with one participant reporting that she pays well beyond 50 % of her income for a very small unit. The high cost of housing also prevented participants from living by themselves. As a result, with the exception of one participant who had some supportive family members still living, the other participants all had to live with people, either family members or friends.

In summary, the high cost of housing coupled with lack of ability to remain in or re-enter the work force meant that these women were living in poverty and were forced to share accommodations with others, other family members, friends or roommates. The housing that they did live in was poorly maintained, inaccessible, unsafe and located in high crimes neighbourhoods.

(c) *Health*

Physical and mental health issues and illnesses are prevalent in homeless populations (Crane, 1998; Wakefield, et al., 2011). All but one participant in this study reported physical health issues, seven of the ten reported mental health issues and two participants stated they had learning disabilities. Overall the most commonly reported physical health issues included chronic pain from physical abuse, fibromyalgia or accidents and age related issues such as osteoarthritis, while the most prevalent mental health issues were depression and anxiety. In two studies conducted in Toronto (Chambers, et al., 2014; Stergiopoulos, & Herrmann, 2003), the researchers reported that among the homeless population, the most commonly reported health issues were depression, arthritis, lung disease and sensory impairments. Psychiatric co-morbidities were also common.

Although lack of access to adequate health care, even within a publicly funded health care system was reported in previous research (Chambers, et al., 2014; Waldbrook, 2015), this was not an issue among the participants of this study. All reported having adequate access to health care, with some reporting very good access. The participants in this study also had access to prescription drugs and limited access to services not covered by the Ontario Health Insurance Plan (OHIP) such as dentistry, physiotherapy and psychotherapy.

(d) Trauma

Abuse, victimization, isolation and violence are prevalent amongst the homeless population (Grenier, Barker, et al., 2016; McMaster, et al., Part 3, 2017). Hwang (2001) states “violence is a constant threat to the health of homeless people” (p. 3), noting that women in this cohort are more likely to experience assault and rape than their housed counterparts. Barb reported a recent sexual assault and numerous experiences of physical abuse. Sharon and Connie also reported a number of incidents involving physical abuse. As a result of this violence both Barb and Sharon had considerably more interactions with the police and legal system than the other participants.

In a study researching mental illness and legal involvement, (Sheldon, et al., 2006), the researchers reported that the amount of legal involvement including violence had a direct relationship with the use of substances, unstable housing and social assistance. Further, persons with mental health issues were more likely to be the victims of violence rather than the perpetrators. The women who reported repeated violence had experienced periods of unstable housing and involvement with partners who abused substances. For two of these women, Barb and Sharon the violence has left lasting physical and emotional effects.

All ten participants had experienced various forms of trauma during their lives. Interrupted attachment issues relating to trauma from their childhoods were a significant factor for all of them. These interruptions were the results of multiple or traumatic moves, illness, death or divorce in parents, foster care, abuse, violence and neglect. Participants talked about how they learned not to get comfortable in any one place because they might move again. As a result they reported having few friends as children. At least three of these participants reported involvement in unsatisfactory or abusive relationships as adults. Abuse was a factor in childhood

for at least four of the participants. This included physical, sexual, emotional, verbal and mental abuse. As adults these participants continued to experience these kinds of abuse in their relationships. Financial abuse was reported by one participant whose partner ran up so many debts using her credit before he left for good that she was left on the brink of bankruptcy. Spiritual abuse which involved invoking a sense of God to produce constant shame was reported by one participant.

The two indigenous women who were participants in the study had both been disconnected from their indigenous roots. For one, the disconnection resulted from being part of the Sixties Scoop, and being taken from the reserve and shuffled through several foster care placements. The other indigenous woman, who had married a man from the same reserve, became detached from her indigenous roots as they focused on being part of the mainstream society. For this woman learning about her indigenous roots while she was in the shelter system, was an important part of healing and reclaiming her identity.

(e) Use of the Narrative Inquiry Research Method

In order to adequately research an area that is not well known, such as the social and spiritual lives of these precariously housed women, a qualitative research method is preferable. Morrow (2007) states that “qualitative approaches are able to delve into complex processes and illustrate the multifaceted nature of human phenomena” (p. 211).

In spite of the inadequate housing, ongoing health issues and poverty, the participants were eager to share their stories. The participants in this research study all had more than 50 years each of lived experience with one participant possessing almost 70 years of lived experience. These lived experiences shaped and continue to shape their identities (Clandinin & Huber, 2002) as they live through life’s stages. Their stories are a complex mix of joy, sorrow,

thanksgiving, pain, hope and laughter. The best research method for exploring these ongoing lived experiences is the narrative inquiry research method (Clandinin, 2006; Clandinin & Huber, 2002; Polkinghorne, 2005). In addition this was a focused sample group (Creswell et al., 2007; Reissman, 2007), recruited by specific inclusion criteria which further strengthened the decision to use the narrative inquiry research method.

The role of the researcher is important in the narrative inquiry research method (Clandinin, 2006; Clandinin & Connelly, 2000; Morrow, 2007; Polkinghorne, 2005; Suzuki, et al., 2007). Their stories including experiences and assumptions are brought to the individual interviews (Clandinin, 2006) as well as the analysis (Reissman, 2007). The researcher has to enter the lives of the participants and hear their stories (Clandinin, 2006) without allowing their own story to cloud their hearing. This can be challenging especially if parts of a participant’s story trigger parts of one’s own story. The researcher has to always be aware of this and acknowledge that their own story will be part of the final overall research story (Clandinin, 2006; Polkinghorne, 2005).

The participants were recruited through *Life*Spin* an agency located in east London. The context for all the participants was similar. Context is an important factor when using the narrative inquiry research method (Clandinin & Connelly, 2000; Clandinin, et al., 2014; Clandinin & Huber, 2002; Creswell, et al., 2007; Riessman, 2007). All ten participants thanked the researcher for the opportunity to participate in the study by sharing their life stories, in the hope that sharing their story would help another person. This enthusiasm and willingness by the participants to share their own stories further confirmed the decision to use the narrative inquiry research method in this study (Bausch, 1984; Clandinin, 2006; Clandinin & Connelly, 2000; Polkinghorne, 2005).

Few research studies that have been conducted have focused on older women (Reynolds, et al., 2016). Four participants reported that it was nice to see a study that focused on older women, because in their experience most studies focus on young women. One participant expressed gratitude for having a safe place to share her story. Narrative inquiry provided this safe and comfortable space (Connelly & Clandinin, 1990; Polkinghorne, 2005) for her and the others to be themselves. All ten participants were eager to be helpful, and all were agreeable to a second interview. This comfort level allowed for most of the research questions to be answered within the first question of: “Could you please tell me a bit about your life’s journey by reflecting on what you see as its most crucial or vital points?” The stories told by the participants included past and present life experiences as well as hopes for the future. At second interviews some details changed as the stories were ongoing as the research unfolded. This was to be expected using the narrative research inquiry method (Clandinin & Connelly, 2000; Clandinin & Huber, 2002; Czarniawska, 2004).

This study was specifically researching the psychosocial and spiritual lives of these women. The social and spiritual aspects of their lives were interwoven throughout their stories, making the data much richer (Burmeister & Aitken, 2012) than it would have been by simply asking a question such as “Tell me about your spiritual life.” Finally, the narrative inquiry research method, as one of the qualitative methods available in researching human experience enabled the researcher to enter into the life of the person (van Manen, 1997), and discover and subsequently analyze what might at first seem to be insignificant bits of data, that don’t follow the lines of the questions.

(f) The Interconnectedness of Sustaining Factors

In the same way that the factors leading to homelessness or risk of homelessness are interconnected (Chambers, et al., 2014; Crane, 1998; Hwang, 2001; Stergiopoulos & Herman, 2003), this study found that the sustaining factors are just as interconnected. It is not just the presence of relationships, identity, meaning and spirituality that sustained these women, but the ways in which these four sustaining factors are interconnected. These three examples demonstrate these interconnections.

Debbie has been using a meditation practice that she learned from her grandparent. She has taught this practice to her children who have taught it to some of their children. She finds it very calming and refreshing. This example demonstrates not only a spiritual practice of meditation, but also important relationships that sustain Debbie and meaning making in the legacy that she is leaving her children and grandchildren. Intergenerational relationships, meaning, identity and spirituality are all woven together and interconnected. The value of the resulting experience is greater than the sum of the individual parts.

A second example of this interconnectedness is demonstrated in Connie’s narrative. She reported she likes to knit. It is in fact one of her coping mechanisms because it helps her find her quiet spot. So, when she can find or acquire knitting materials she enjoys knitting dish clothes. She then sends some of these dishcloths to one of her adult children who lives out of province because this child really likes using them. In this example the interconnectedness of a meaningful activity, a supportive relationship and a contemplative or spiritual state of being are demonstrated.

Kathy loves music especially singing. As well as writing lyrics for new songs, she sings in more than one choir. One of the choirs she participates in sings for people who are ill, bereaved, lonely or isolated.

She had originally joined this choir with a friend. Her membership in this choir provides a place of community, a place where she can share a common interest with other choir members. Not only does it provide social interaction, and meaningful activity, but Kathy described the work of this choir as special and more than simply meaningful. For her, singing the music that they do provides a kind of spiritual nurturing for her. This example demonstrates how all the aforementioned themes are interconnected and complement each other. Music is part of Kathy’s identity. She loves singing and finds it not only a very meaningful activity but also one that speaks to her sense of spirituality. In the choir she is part of a group where she belongs, and enjoys relationships with other singers, friends and the meaning that comes with volunteering and giving back.

To summarize, these three examples drawn from the participants narratives clearly demonstrates that the interconnectedness of the themes of relationships, identity, meaning and spirituality is a critical sustaining factor for these women.

Social Connection

Previous studies, (Chambers, et al., 2014; Grenier, Barken, et al., 2016; Reynolds, et al., 2016) have noted that the lack of social outlets where one can have regular and meaningful contact with other people and be involved in meaningful activities is a significant problem with most homeless and at risk populations. This lack of social connection makes it difficult to maintain mental health (Chambers, et al., 2014; Grenier, Barken, et al., 2016; McMaster, et al., Part 2, 2017), which in itself is a significant risk in becoming homeless. However the

participants in this study reported social connection through positive and supportive relationships with family, friends and pets, through identity, and through meaningful activities and pursuits.

(a) Through relationships

Older homeless women often have little support from family members as they had died, moved away or become weary and unavailable from the constant needs and challenges (McNeil, et al., 2012). However in this study eight participants had at least one supportive family member. Strong supportive relationships with a daughter were named by five of the participants. These were younger women that the participants could count on for support, encouragement and advice. Connie, who was living with an adult child because neither could afford a place by themselves, was struggling financially and often had difficulty accessing enough food for the month. Her doctor had advised her not to attend the community meals offered by churches and non-profits due to a recurring medical condition that she had. At the second interview Connie reported that her daughter, who lives in another province, had made arrangements to order and pay for food for her mom from a local store. All Connie had to do was go and pick it up. Another participant, Kim reported how her daughter had been a safety net for her. Kim has had multiple evictions over the years and she said “I could always count on my daughter.” Kim was able to stay out of the shelter system because of her daughter’s willingness to help her out. Another participant, Mary had siblings she could count on. Carol and Kathy both had extended family members that were supportive. Of these extended family members, one was a grandparent in their 90’s. When the Carol spoke about how much love and support she received from her grandparent, she also acknowledged that given her age she knows her grandparent will not be with her for a long time, and also acknowledged how much they will be missed her. Two

participants had no supportive family relationships. It is perhaps noteworthy that both of these participants reported repeated abusive and violent relationships with male partners.

Friends can play an important role in supporting a person who is homeless, or at risk however a previous study examining social connection in the homeless population (Irvine, 2013), found that homeless people often lack friends. The places where the housed population often meet potential friends, such as neighbourhoods, workplaces or social clubs are not available to them (Grenier, Barken, et al., 2016; Grenier, Sussman, et al., 2016). In this study none of the participants worked, either because of poor health or an inability to re-enter the workforce after an absence. If frequent moves are required due to precarious housing, the individuals lose any community or neighbourhood involvement they have made (Grenier, Sussman, et al., 2016). This keeps women in precarious housing as they do not want to lose this social connection. However contrary to these reports, seven participants in this study reported having friends and the important place friends held in their lives. They provided support, encouragement, and a sense of belonging. For one of the two participants who reported no supportive family members, friends had become her family of choice. The other participant who reported having no supportive family members, also reported having no significant friendships. She was the only participant in the study who was drug involved. Friends tended not to be neighbourhood specific but rather had been formed by associations made at community hubs such as My Sister’s Place and Life*Spin. In addition to providing a place to access multiple services (Chambers et al., 2014; Ploeg, et al., 2008) these community hubs provide continuity and stability in the lives of their clients. They become a place of belonging, a place where people can be involved as much or as little as they wish. One participant in the study named My Sister’s Place and the Soup Kitchen as places she goes to when things are tough. She does not do anything specifically

or even talk to the people there. Rather it is a place to rest, to be, to belong. The need for belonging is important and was expressed by all the study participants.

Community hubs provide a place for social interaction with others, especially if they provide activities for involvement. Sometime very casual relationships or ones we could not imagine happen in the fertile ground of community hubs like My Sister’s Place. Mary became involved in a meaning activity, the micro enterprise program at My Sister’s Place after observing one of the participants in another activity there. As Mary observed this woman’s demeanor and sense of presence she felt confident to try out the micro enterprise program of which this woman was a part.

Pets figured in supportive relationships in this study which is congruent with previous studies. Pets have been shown to provide much needed companionship, friendship (Irvine, 2013; Slatter, et al., 2012) and unconditional love. Seven participants in the study had relationships with pets. Four had pets of their own, two were involved in pet sitting either for friends or in a fee for service arrangement, and one reported loving pets but not having any because responsible pet ownership is too costly. Barb referred to a pet she had once had as “my little psychiatrist” because she would talk to her pet about all the things that were upsetting her just as a person would in a counselling session. Connie had an old dog when the study began. At the second interview she reported that he had died and she missed him terribly. She said he got her out of the house every day and provided companionship for her. He had been her faithful companion for many years. In addition to encouraging socializing, caring for a pet helps a person establish a routine and take responsibility (Irvine, 2013). Pet ownership helps curtail risky behaviours because pets act as silent witnesses (Irvine, 2013; Slatter, 2012). For example, consider a participant like Sharon who had allowed men to stay in her apartment in exchange for a supply

of drugs to feed her opiate addiction. Sometimes these men would become violent or abusive. If Sharon had a dog for example, the dog would witness these events and be aware of what was happening. Each time Sharon interacted with the dog she would be reminded that the dog was present during these times of abuse, a silent witness to her own negative behaviour of allowing these men to stay in her apartment, rather than seeking out help in overcoming her addiction.

In summary, relationships with family members, friends and pets not only sustained the participants in and of them, but also provided much needed social interaction and social connectedness.

(b) Through identity

Social connection was shaped in part by each person’s unique identity and how they saw themselves. What all participants had in common was that they were very resilient. This resilience was forged through surviving their many challenges, which in turn made them all very strong women. Karen, Debbie, Barb, Kathy and Carol were able to recognize this strength in themselves and were aware of how they had developed this strength. The other five participants, although strong and resilient were not able to see this strength in themselves. In spite of what is often portrayed publicly, of these women being helpless victims who need to be rescued, only one participant, saw herself as a victim. She is drug involved; the result of prescription medication initially used for acute pain resulting from the violence of a former partner who had severely injured her. This lack of victimization aligns with the result reported in another study (Huey, et al., 2013) in which the researchers found that contrary to the victimization reported in social scientific accounts, homeless women do not see themselves as victims. In their study (Huey, et al., 2013), homeless women exhibited both resilient attitudes and behaviours.

This study found that resilience was a result of the combination of any of the following traits or characteristics; determination, hard work, initiative, resourcefulness, setting priorities, good problem solving skills, setting goals, hope and humour. Everyone in this study displayed at least one of the above characteristics, while most embodied several of these characteristics. Their resilience sustained them and kept them socially connected to groups such as the micro-enterprise group at My Sister’s Place or community breakfasts at Life*Spin. Debbie, a hard worker, provides a good example. When she had to leave her professional career due to her health, she picked up some odd jobs because she needed the money. She took initiative and was not afraid of hard work. These odd jobs opened up contacts with others and through one of these chance encounters she ended up volunteering at a thrift shop. She loves her volunteer work and reported that it adds a lot of meaning to her life.

Both Barb and Sharon demonstrated a unique aspect of resourcefulness. Having both experienced domestic abuse they both know the urgency of getting away when the abuse escalates to violence. They learned that in those crucial moments of danger a call to a shelter or a taxi will get them to a safe place faster than a call to the police. They now freely share this wisdom with other women. Additionally, Barb speaks about her past painful experiences whenever the opportunity arises in the hopes that she can help others avoid some of the pain that she has experienced.

Hope is a key element in resilience (Snyder, 1996; Snyder, 2000; Snyder, et al., 2002). When one has hope they do not give up. Like the other aspects of resilience hope keeps one going and when you keep on going you are much more likely to stay socially connected than if you give up. Hope, strength and resiliency among the homeless were also identified in a recent study (Grenier, Sussman, et al., 2016).

In the same way that there are both personal factors such as mental health issues and societal factors such as the high cost of living that lead to homelessness, there are both personal characteristics and contextual issues that allow for resiliency (Unger, 2019). The personal characteristics are the ones named above. Contextual factors include access to health care, housing and financial supports. Unger (2019) argues that personal characteristics without adequate contextual supports will not produce resiliency. The results from this study support this theory that developing resilience is a result of both personal characteristics and contextual factors, such as the availability of health care. As reported earlier none of the participants were on the street, they all had housing, albeit precarious. All had some form of income even though it was insufficient in most cases. They all reported at least adequate access to health care. Together with the aforementioned personal characteristics, this context allowed these women to develop and maintain resilience. Strength and resiliency not only sustained these women but also enabled them to stay at least somewhat socially connected.

In summary, all the participants in this study exhibited resilience. These strong, resilient women possess the personal characteristics of determination, hard work, initiative, resourcefulness, setting priorities, good problem solving skills, setting goals, hope and humour. Additionally they are living in a context where they could access adequate health care, they have a source of income, housing and community hubs such as My Sister’s Place where they can not only access services but also meet others socially and participate in programs of their own choosing if they wish. The context, especially being able to access community hubs, gave these participants a real sense of belonging.

(c) Through meaning

Having meaning or purpose in one’s life is key to maintaining well being (Steger, et al., 2008; Steger, et al., 2013; Wong, 2010). Every participant in this research study had found some way to have meaningful activity in their lives. This meaningful activity sustained them and kept them socially connected. Some of the participants found meaning in relationships and roles within their families, such as being a grandmother, while others found this sense of meaning in relationships with their friends. In addition to the meaning provided by these relationships, eight participants talked about their legacies, or things they realized their children had learned from them. These enduring legacies provide meaning for the participants, realizing that even though their lives had been filled with trauma, their children had learned something of value from them, and this was redemptive for the participants. It made meaning of some of their suffering. Kim’s legacy provides as good example. Kim was part of the Sixties Scoop, and bears many scars from that experience. Kim’s multiple evictions, while she was raising her children taught them the importance of paying the rent first and on time. Debbie regularly engages in a meditation practice that she finds calming and centering. She learned this practice from her grandparent and has taught the practice to her children and is now teaching it to her grandchildren. Brenda, an indigenous woman who dropped out of high school knew first hand that lack of education is a barrier to good jobs and a stable life. She was adamant that all of her children finish high school, which they did. This legacy brings pride and a sense of accomplishment to Brenda, who has spent the last several years depending on the shelter system as a backstop in her efforts to stay housed.

Barb talked about how much she enjoyed being able to share her story with others. When Barb was at a very low point in her life, she received a lot of help from My Sister’s Place which she credits with literally saving her life. Once back on her feet Barb offered to tell her story,

including how My Sister’s Place had helped her. In this way Barb is making meaning from her own suffering in the hopes that it will help another person or persons. This sense of giving back, of making meaning from suffering was a common thread in the narratives. After surviving the horrors of Auschwitz, Viktor Frankl (1963) wrote about logotherapy, this sense of making meaning from one’s suffering. Frankl, a trained psychiatrist claimed that this sense of redemption or of giving back as it is often called is the driving force in life.

One way of giving back is through volunteering and in fact four participants talked at some length each about the ways that they were engaged in volunteering and the meaning that it brought to their lives. Volunteering is an excellent activity, not only for the meaning it brings but also because it can be started or stopped at any time. This makes volunteering such a good fit for these women who often don’t have the same kinds of regular routines that many (housed) individuals take for granted. After losing a child to an opiate overdose, Debbie joined a support group that was also working on advocacy to raise awareness of the extent and pain of the opiate crisis. When the group had to stop their advocacy role, Debbie lost interest and left the group as it was no longer a good fit for her. Around the same time through a chance encounter Debbie got connected with an agency that ran a thrift shop. She now volunteers there helping clients make appropriate selections and finds it an extremely meaning part of her life. She interacts with the clients and the other volunteers and they tease each other a bit as they get to know each other. Everyone benefits from this playful exchange. Debbie’s volunteer work benefits both her and the people she works with and keeps her socially connected.

Kathy’s narrative provides another good example of the benefits of volunteering. She enjoys music and sings in choirs. She finds performing, especially for people in need, deeply meaningful and spiritual as the audiences are so grateful for the choir’s gift of music. It is

something she does for herself, and yet when she thought about it, she realized she was volunteering and improving others lives.

Music was one of several expressive arts that participants found meaningful. Others included making crafts, writing, drama and knitting. Expressive and creative arts allowed participants an outlet, a place for reflection and kept them connected to others through the commonality of their art. Mary was involved with the micro enterprise group at My Sister’s Place, which re-purposes donated jewellery. One day when she was at My Sister’s Place for another reason, she observed a woman that she admired for her calm presence and lack of drama. She didn’t know her but knew that she was involved in the micro enterprise program and so thought it must be a good program. She tried out the program, and has been going to it ever since, because it has added such meaning to her life. It is these kinds of chance encounters that can happen at a community hub like My Sister’s Place that can bring so much meaning into a person’s life, that it literally changes their life.

Karen and Carol enjoyed physical activity, especially when it took place outside. A nature walk was meaningful on its own, but then led both of these women to a mindful appreciation of the colours, sounds and smells of nature and tapping into a spiritual dimension of their lives. Many of the activities that gave meaning to the participants became therapeutic and often opened a pathway to spiritual exploration. Spiritual and religious activities also gave meaning to participants by sustaining them in difficult times.

To summarize, in concert with current studies, (Chambers, et al., 2014; McMaster, et al., Part 3, 2017; Reynolds et al., 2016) which report social connection is an important aspect of well being, the participants described in their narratives a number of ways that they were able to remain socially connected. This social connection in turn led to being able to sustain themselves

in their many challenging life situations. These included but were not limited to relationships with others, including family, friends and pets, meaningful activities such as expressive and tactile arts and making meaning from their own suffering. Volunteering was an accessible way to make meaning from suffering.

Spirituality

Many of these meaningful activities bordered on being or becoming spiritual expressions. There are few studies that address the spiritual lives of the homeless. In this study spiritual refers to all expressions of belief or practice that take a person out of themselves, that point to some kind of “other”. Religious affiliation is one form of spiritual expression, it is not the same as spirituality and not used interchangeably with spirituality in this study.

Studies that include spirituality at all, generally report religion and spirituality as being one and the same. A possible explanation for this would be that researchers either do not recognize the difference or do not possess either expertise or adequate standardized tests to separate religion from spirituality. Shapiro (2009) offers this explanation of the difference between religion and spirituality:

Religion is about belonging, community, shared values, shared rituals, and mutual support. Spirituality is about living life without a net, forever surrendered to reality and meeting each moment with curiosity, wonder, gratitude, justice, humility and love. The two are not antithetical. Religion is often a container in which spiritual practices are preserved and passed on. Some people find the container as helpful as what it contains and choose to belong to a specific religion. Others simply take what they need from the containers and fashion their own way.

An interactive radio broadcast aired on CBC Radio in April 2020 and heard by the researcher, offered further insight on this relationship. In the broadcast, five people of different religious faiths were being interviewed about their faith, and the place of spirituality in their lives. The man who identified as Christian was an indigenous man who had grown up on a reserve. He talked about how as an adult he had reconciled his Christian faith, in spite of the abuse brought upon indigenous people by organized institutional religion. He spoke in particular of the Roman Catholic Church which along with other Christian denominations had operated the residential schools which had robbed the indigenous people of their identity including their spiritual identity. In doing so he made a clear distinction between the container and what it contained, by referencing a quote from his grandmother. She acknowledged that the priests, the institution and all that went with them was wrong and had hurt a lot of people. Then she said; “But Jesus, now there’s a Lakota man” (As it Happens, CBC Radio)! In other words, do not let the rot, the worst of the institution take away or colour what Christianity is all about, the life, and love of Jesus Christ. This sense of a container and what it contains was at the heart of his understanding of spirituality. It is very similar to the definition provided by Shapiro (2009).

Snodgrass (2014) offers this definition of spirituality: “Spirituality is both a part of and beyond religion, as it is a vital, ontological aspect of the human condition that is not dependent upon participation in or beliefs associated with institutionalized religion” (p. 308).

In this study spirituality refers to any belief or practice that takes a person out of them and suggests an epistemology beyond that of human experience. The range of spiritual beliefs named by the participants included belief in God or a deity, miracles, angels, karma and providence. Practices included prayer, meditation, mindfulness, attending worship, inspirational reading, expressing gratitude, surrender, involvement in social action, forgiveness, touchstones,

and spreading sage. These beliefs and practices are rooted within and cross over the practices and beliefs of any one particular world religion or faith. The majority of participants described a kind of smorgasbord of spiritual practices and beliefs, taken from a variety of faith traditions. For example Connie, who did not identify as indigenous, incorporated practices from native spirituality in her life. She made sun catchers and gave them to family and friends and also reported putting sage around her home periodically. Scattering sage is a purifying practice that is part of native spirituality. At the same time she reported that sometimes she likes to attend what she called “a spiritual church”. Mary, the only participant who regularly attended a Christian church, also incorporated some eastern spiritual practices such as meditation into her life, after exploring an eastern religious tradition with a former partner.

All the participants had been raised in Canada and all but one had been exposed to Christianity, either through their family, school or community. The one who reported no spiritual life had been taken from a native reserve as part of the Sixties Scoop and placed in a number of foster homes over the years that she was growing up.

Spirituality can also be misused or abused and become a source of trauma, like any other source of abuse. Wright (2001) describes religious and spiritual abuse this way:

Religious abuse occurs when a religious group or parents or leader crushes the spirit of an individual by substituting dogma or a particular belief system for a continuing and growing awareness of the divine presence. It occurs when religious teaching or preaching justifies violence or the domination of one person or persons by another person or persons. It occurs when religious teaching or preaching heaps unmanageable burdens upon people rather than offering to share their heavy load. It occurs when religion engenders fear and self loathing rather than liberating people from fear and bondage

enabling them to most effectively love and serve themselves, others and the God who created them. It occurs when a religious group or leader claims to have the final revelation of God and calls upon people to reject the religious experience of those who believe differently from what the group or leaders teaches.

One participant reported receiving spiritual abuse on a regular basis. Sharon, in referring to her “guest”, the individual with whom she exchanges shelter for a daily supply of opiates, said that s/he often invokes a sense of the Divine as a way of shaming her. For example, s/he might say something like “God would not be happy with you.” Although this is not coming from a religious leader, as Wright explains in the preceding quote, it is coming from a person in a position of power in Sharon’s life. The effect on her spirit is the same, shame and a devaluation of self worth. Like any other form of abuse, spiritual abuse is harmful and leaves invisible scars, because it crushes a person’s soul.

(a) Spiritual Beliefs

Participants in this study took strength from the religious and spiritual beliefs that they held and described how those beliefs sustained them. They included belief in a deity, miracles, angels and faith in God. They described these beliefs using words such as awe, gratitude, intricate connectedness, God, Creator, cosmic force or energy, karma and providence (things happening for a reason).

Carol described her belief system as a kind of cause and effect in that how we act today predicts what will happen in the future. What she is describing is the Hindu concept of karma or in some ways the Christian doctrine of divine providence. This concept of things happening for a reason was discussed by other participants and allowed them to go one step further and see if there was anything positive, in the experience, or anything that they could take from it for

change. Karen described these phenomena many times during the interview when she talked about things happening for a reason. After dealing with a very difficult partner who abused her financially she received a life threatening medical diagnosis. Following this diagnosis her partner left. Karen believes that something good had come out of her medical diagnosis in that she was now free of this abusive partner. Even in this difficult time, Karen’s belief in providence, that there was a reason for this, not only helped her in the time but also allowed her to see the positive side of a very serious health diagnosis.

In summary, holding to and living their lives with beliefs helped these women feel empowered because they felt less alone, especially in their challenges.

(b) Spiritual Practices

In a 2014 study examining spirituality among the homeless, Snodgrass reported that prayer was the spiritual practice most often named. Gratitude was the spiritual practice reported most often by the participants in this study, followed closely by prayer. In addition to these more traditional spiritual practices, participants also named mindfulness, surrender in the sense of giving over to (God), or accepting that things happen for a reason, experiencing hope and inspirational reading.

Expressing and living out of a state of gratitude was named by six participants, making it the most prevalent spiritual practice among the participants. Even in the most difficult circumstances these women talked about how they felt so blessed. Examples include Mary, who was spending in excess of 50% of her income on housing and attending community meals so she didn’t have to spend money on groceries. Yet she talked in the interviews of feeling blessed. Another good example is Karen. Even though she had been through an incredible amount of trauma in her life and now in her sixties was living in her trailer, having been priced out of the

housing market, she expressed gratitude all through her narrative. She looked for the opportunities that came from challenges and always found them and was grateful for them. Two other participants kept gratitude journals and had taught their children to do the same.

Prayer, named by five women was the second most frequently named spiritual practice. Participants found that prayer helped in making decisions. Karen talked about a difficult decision she was trying to make and so she took her dog for a long walk and prayed about what she should do. Once the walk of several hours was over, Karen was able to make the decision that was right for her. In this example of the use of prayer we see that more than one activity was meaningful and helpful. As noted earlier, Karen enjoys her relationships with pets, and finds physical activity meaningful. These activities and relationships are interwoven in sustaining Karen. If nothing else prayer provides a space, a pause, especially when making decisions or responding to a person or experience. This space allows for reflection, for quieting one's thoughts, calming the chaos and cutting down on the reactive behaviours that might occur otherwise. Prayer and hope were key findings in this study, behind gratitude.

Meditation was named by three participants who indicated that they meditated regularly. The commonality with all of them was that they believed meditation helped them to be calm, to become grounded, or to find a quiet spot. Again this is helpful in bringing calmness in a chaotic life situation, and in keeping grounded. Participants were aware that many of their past decisions had been unfortunate or poor ones, which in turn had led to some of their present difficulties. Approaching their senior years they were aware that they could not afford to make a lot of bad decisions. Meditation gave them some space, some quiet in which to focus their thoughts and decisions. As some participants spoke of meditation it seemed that they were describing a practice more of mindfulness. These two practices seemed to be interwoven. Focusing on a

concrete object, or the beautiful parts of nature, helped these women to slow their thoughts, and focus on a place other than their present state. For some this took them deeper into a meditative state, for others the mindfulness alone was enough to provide a calming and quieting of the mind. Debbie had a meditation practice that came from an eastern religious tradition. Carol, who focused on nature, used this mindfulness and meditation to deal with chronic pain.

Regardless of what it is named the practices of slowing down, paying attention to the immediate surroundings, noting what is going on in your own body was a practice that helped participants remain calm and focused. Both meditation and mindfulness are ancient spiritual practices that are enjoying a revival in current times in the general public. This familiarity may have been responsible for these practices being named. Certainly Debbie who described a very beautiful meditation practice was not so concerned with what it was called or where it originated as she was with how much it helped her, and passing it on to her children so that it could help them too.

Four participants found comfort and a sense of spirit, of something beyond themselves in inspirational reading. For two this came from reading certain parts of the bible. The bible is really a library housing many different books, including books of poetry, books of healing and teaching stories, history, love songs and poems, wisdom and words to live by. Two participants both named the book of Proverbs as ones they especially enjoyed. Both said the proverbs were practical and gave them tools for present living. Two participants found inspiration in the words and rhythm of music. One sang in a choir and was often moved by the words that were being offered in a song. One of the women chanted. Singing is a very physical exercise and embodiment of words and rhythm took them out of themselves and to a different realm.

Surrender is a commonly used term in recovery literature, especially in 12 Step programs. In this context of recovery surrender does not imply giving up but rather giving over, to a Higher Power, whom many refer to as God. Three participants who all believed in God talked about surrender, and in particular the difference that surrendering or giving over to God made in their lives. This became a powerful coping mechanism that helped them stay grounded. When they had exhausted all possible problem solving mechanisms they knew, they turned a problem over to God and trusted that an answer would be forthcoming.

Hope was expressed in a variety of ways by half the participants. When asked how she copes with her challenges and keeps going Connie smiled and said that she believes that one day it's going to get better. This belief in a better tomorrow sustains Connie and keeps her from becoming stuck or giving up. Karen who was living in her trailer had plans to move to another province where she believed she could support herself with a small cottage industry, which she had already thought out. Karen's excitement was palpable when she shared her plans with the researcher. Without hope it is impossible to make future plans because it is the hope that is the motivator. Hope provides the potential for change (Grenier, Sussman, et al., 2016). The way that Carol displayed hope was in a kind of optimism. In her early 50's and unable to work after recovering from a catastrophic accident, Carol believes there are always options. She's not sure exactly what these options are, but is open to believing that they exist.

In addition to these practices which were all named by at least two or more participants, one participant attended worship on a regular basis, one found involvement in social action to be the most important aspect of her spirituality. She lived out this commitment to social action through involvement with the political party of her choice. She actively supported and campaigned for candidates from that party in provincial and federal elections and she also

supported causes at the municipal level that were important to her. This activity could also be seen as part of meaningful activity, depending on who is reporting it. It is included here as the participant specifically named it as her “primary benevolent activity”. Both meaningful activity and spirituality sustained these women.

One participant found the use of touchstones helpful and the same participant talked at some length about the importance of forgiveness and practising forgiveness in her life. Barb spoke a lot about forgiveness, as it seemed to be important in her ongoing journey of recovery. She spoke of how with therapy she was able to forgive her mother and later her father for the deficits in parenting that she had suffered as a child. Her direct quote is included here because forgiveness is such an integral part of recovery. She said:

...I was able to forgive her and love her that much more, because as a child I couldn't understand how a mother could do some of the things she did...she was sick...I can accept that...and I finally realize how much she really did love me...same with my father...my father's sick...alcoholism is a disease....it wasn't him doing those things when he was drunk....it was his illness....

Coming to this place of forgiveness Barb was then able to forgive herself for the poor parenting skills with which she raised her own child. Being able to forgive her parents for the atrocities in her young life, enabled her to heal old wounds and move on.

Barb also talked about the use of touchstones; an object assigned special or sacred meaning to help them in their spirituality. These are called touchstones, because each time a person touches them or even sees them they are reminded of their spiritual life. There is nothing special about the object itself, it could be anything. What is special is the connotation it carries or the relationship it calls to mind. Barb, the participant who used touchstones, knows that she can

become very passionate at times and others can see that passion as anger and react as such. She finds touchstones particularly helpful when faced with challenging situations. She described how she dealt with one particularly difficult situation by holding on to a stone given to her by a friend with the word believe inscribed on it. Whenever Barb felt upset, she would touch this object and calling to mind its origin she could keep herself grounded. Although sacred objects or touchstones were only mentioned by one participant, they can be powerful practices in keeping one grounded and calm.

All of the spiritual practices named also helped the participants build and retain resilience. Spiritual and religious beliefs help in building resiliency (McMaster, et al., 2017). This study further affirms that a spiritual life helps one in both attaining and maintaining resilience. In some ways is it hard to separate the two as they have common elements such as hope and gratitude.

To conclude, in addition to a wide variety of spiritual beliefs and practices, participants described deeply spiritual values of gratitude, and hope in their narratives. It was not so much a practice that they engaged in or a skill that they worked at mastering but rather a way of life, an orientation that seemed to undergird all that they were about. It framed the way they told their stories and what they highlighted.

Theoretical Relevance

This community based, qualitative research study, using the narrative inquiry research method invited participants to share their stories of lived experience with the researcher. Each participant told their own story from their ontological perspective. The researcher worked in a complex and fluid environment while recognizing that the epistemology of the participants would be varied and likely involve a hermeneutic different from her own. Embracing these

differences the researcher, using a strengths based approach was able to co-create the final research story with the participants. In one of the few studies examining spirituality among the homeless (Snodgrass, 2014), a strengths based approach was used to elicit the rich data of the participants spiritual lives.

Neither the strengths based framework undergirding the study, nor the researcher’s conceptual framework were discussed with the participants when they were asked to share their stories. The orientation of gratitude named above provided a framework for their individual stories, which in and of them tells a story of strength. This is not to say that problems, trauma, anger and challenges were not named in the individual stories. They were. However, overwhelmingly the participants talked more about the ways that they coped, ways in which many of them reported feeling blessed. A strengths based approach looks at strengths rather than deficits. It asks “What is in place and what can be built upon” rather than “What’s missing” or “What needs to be fixed?” It is a more person centred approach as the participants generate the data. In this study they focused on what sustained them in getting to their present place and context. They told the story from the inside and sometimes it was not the lack of money or the shoddy housing that was their primary concern.

Practical Relevance

(a) The Need for Integrated Services

If nothing else the Covid 19 pandemic of 2020- 2021 has shown us how much we are all connected. The essentials of food security, safe and affordable housing, and social connection are essential for all parts of the population, regardless of their station or situation in life. Recent studies (Chambers, et al., 2014; Ploeg, et al., 2008; Stergiopoulos, & Herrmann, 2003) have recognized the need for integrated health and social services that are grounded in women’s

experiences. In addition to offering these integrated services, others (Chambers, et al., 2014; Ploeg, et al., 2008; Reynolds et al., 2016) emphasize the need to both recognize and incorporate social relationships into these services, which need to be empowerment based. In a previous research study (Huey, et al., 2013), the authors found that homeless women did not see themselves as victims. They wrote “We will be doing a better job of helping to empower women as agents, rather than treating them as weak and pathological objects” (p.316). The results from this study certainly confirm what these authors have suggested. These women are not victims; they are strong resilient women who can advocate for themselves within an appropriate context. They need to be part of the decision making process and their input needs to be carried further to the policy makers.

Although the Covid pandemic has clearly demonstrated we can no longer be unaware of the situation of others, members of the homeless population and those who work with them have understood this for a long time. One participant Barb articulated this need for everyone to work together when she said in a very deliberate voice that she believed that if we worked as a community, we wouldn’t have any homelessness or hunger, or slumlords.

Presently in London there are only a few places where these kinds of services are offered. My Sister’s Place and the Crouch Neighbourhood Resource Centre both offer social programs along with meals and other services. Life*Spin’s focus is more on advocacy for safe affordable housing, including finding affordable housing for clients and supports for low income families. They work with existing services and are able to refer people to the right sources where they exist. For example if a person is having difficulty filling out an application for disability, they can work with them to ensure the paperwork is completed correctly and that their application is streamlined to the right place. This is but one example of the excellent work done by Life*Spin.

Given the rich spiritual lives of these women uncovered in this research study one has to wonder if more opportunities to explore spirituality might be an appropriate addition to these integrated services at this time? The addition of a staff person (paid or volunteer) who is very knowledgeable in spiritual practices and has training in serving a multi faith population might add to the already important services being offered by these community organizations.

(b) Community Hubs

The kinds of community based integrated programs described above usually take place at a designated physical space, like the ones named above. These community based programs and the centres that house them are extremely important for the homeless population. They are safe places of refuge where individuals can access integrated services, programs, technology and have a sense of belonging. They are place to just be. When living in sub standard housing, or living in abusive situations as many of these hidden homeless women do, the need to get out is critical. Community based integrated programs and services as well as day programs have been recommended in numerous studies (Chambers, et al., 2014; Crane, & Warnes, 2010; Grenier, Barken, 2016; Grenier, Barken, 2016; Hendrickson & Kilbourn, 2011; McMaster, et al, Part 2, 2017).

A good example of a community hub in London Ontario is My Sister’s Place, which is a unique support centre providing wrap-around care for women facing homelessness, experiencing mental health issues or addictions ([www.cmhamiddlesex.ca/ My Sister’s Place](http://www.cmhamiddlesex.ca/MySistersPlace)). It is open during the day time hours and some evenings, for the use of women who are either homeless or at risk of becoming homeless. It was first opened in 2004 through the efforts of grassroots volunteers with the support of the Sisters of St. Joseph (who offered space in their own residence for one year). In 2006 My Sister’s Place merged with the Western Ontario Therapeutic Community

Hostel (WOTCH), a Community Mental Health Service because so many of their clients were dealing with mental health issues. From 2006 until 2009, My Sister’s Place faced numerous financial challenges in their efforts to secure a stable funding source. During this period, donors including service clubs, churches, businesses and individuals stepped forward with cash and in-kind donations. Currently My Sister’s Place, now under the oversight of the Canadian Mental Health Association (CMHA) has approximately 150 women per day accessing their services (mysistersplacelondon.ca). The services provided by My Sister’s Place address both physical and mental health needs. These include, (but are not limited to) hot meals, daybeds, laundry facilities, the services of a nurse practitioner, counselling and support groups. Emotional and spiritual needs are addressed through programs such as anger management, peer support, art therapy and music. Women who are able to make a commitment are invited to join the micro enterprise program. In this program the participants make jewellery and fashion accessories from donated jewellery, yarn and other supplies. These items are sold at art shows and on their own premises. This program enables women to learn basic business and entrepreneurial skills. In order to provide culturally sensitive comprehensive care to any Indigenous women who use the facility, an Indigenous Liaison/Outreach Worker is on staff ([http:// www.cmhamiddlesex.ca/ My Sister’s Place](http://www.cmhamiddlesex.ca/MySister'sPlace)). From its very conception as a possibility to its opening, up to and including its present work, My Sister’s Place is an excellent example of many different stakeholders working together for the creation of a community hub which can offer integrated services and a safe place for participants, staff and volunteers.

The pandemic of this past year has brought clearly into focus for those who were previously unaware due to their privilege, the need for these kinds of community hubs. Going forward the need for people who are homeless or living in poverty to be able to access

technology will be critical. Whether that happens at these community hubs or elsewhere is an issue that will have to be decided by policy makers and governments.

(c) The Role for Churches as Community Hubs

The evolution of My Sister’s Place to the community hub that is currently housed at 566 Dundas Street, provides an excellent example of what can be accomplished when social services, religious communities, businesses, concerned local citizens and generous donors come together to provide wrap around services. The building that currently houses My Sister’s Place was an elegant estate that had been abandoned and sat empty for many years. A very generous couple purchased the building anonymously, restored it and donated it to My Sister’s Place. Left in its former abandoned condition it would likely have been demolished at some point.

In order to provide integrated services as well as social programming space is needed. If these community hubs are close enough in location to other places that can offer unused space they can work together. Other collaborations in London include Crouch Neighbourhood Resource Centre and the Egerton Street Church. Crouch Neighbourhood Resource Centre offers integrated services, but does not have a big physical space. Some of its services like meals or programs needing a large private room are run from Egerton Street Church, which is in close proximity to Crouch Neighbourhood Resource Centre. This is a good example of different agencies working together and complementing one another’s programs.

It is estimated (Allen, 2019) that in the next ten years 9000 churches across Canada will close. The number could well be higher. This is not something that has just started as we have already been witnessing this process for several years. Most often these churches are sold and turned into residential buildings or commercial buildings or demolished. When mainline churches were established in Canada, they tried to have a church in every neighbourhood as the

neighbourhood church was the model of the 19th and 20th centuries. In Canadian cities, neighbourhoods have changed considerably over the last twenty years not to mention the last 100 plus years when many of these churches were first established. As church attendance has continued to decline since the late 1960's many of these churches now find themselves with a congregation that is too small to maintain the infrastructure and the programs that the church was designed for. Some churches located in the core areas of cities, such as Trinity United Church in Kitchener are reluctant to leave their location because the members know that is exactly where a church needs to be. These outreach focused churches which are located in every urban area in this country have been serving the needs of vulnerable citizens because they take seriously the heart of Jesus' gospel directive to feed the hungry, give drink to the thirsty, clothe the naked, welcome the stranger, visit the sick and those in prison (Matthew 25:35-40). These churches have historically hosted AA groups, health care groups, subsidized day cares, and many other important community and grass roots groups that would not be able to afford rental space elsewhere in the neighbourhood. Tragically these churches which are located particularly in the poorer and run down areas of the city often are forced to close and sell their building. When they do all these other programs either close or have to find a place to re-locate if they can.

Churches of every denomination presently have a lot of surplus real estate and these surplus building are equipped with open spaces, kitchens, washrooms, gymnasiums, offices and an ability to recruit volunteers from within and beyond its own base. These spaces can and should be offered and used for the kinds of community hubs that can offer integrated services, resources for meetings, housing supports, food security through community kitchens and collective purchasing, and a place where social interaction can occur. They can offer quiet spaces where people can simply rest, away from the hectic and chaotic life of homelessness. They can

also offer spiritual resources and programs that are a fit for the participants’ lives. These could include but not be limited to places for meditation, yoga, worship or ceremony, celebrations, spaces for art work to be displayed for an art show. The possibilities are only as limited as peoples’ imaginations.

These hubs will have to be financed and here again is where all parties have to work together. All parties including the appropriate levels of government, social services, non profits, volunteer organizations and churches have to sit down together, examine what resources they can offer and then collectively, with input from the people who are living with homelessness like the participants in this study, work towards a society where all are afforded dignity and respect through safe affordable housing, food security and appropriate health care.

Sections taken from this November 20, 2018 editorial in the Kitchener-Waterloo Record titled: The Record’s view: Even in its last days, Trinity United housed our homeless, sums up both the opportunities and the urgency of this proposed role for churches. The author is reflecting on the irony and the tragedy for the homeless population of the dismantling of the building that housed Trinity United Church at 74 Frederick Street in downtown Kitchener for over 100 years.

For years Trinity was a pillar of the Out of the Cold program. And beyond providing this faithful service, for more than a decade the Trinity congregation searched for ways to re-develop their valuable piece of downtown real estate so it could serve the most urgent needs of the area’s marginalized citizens. The church sought out partners as well as developers who would build a high rise that included some space for affordable housing and, possibly, a meeting place for community groups. It was a wonderful, caring, compassionate idea. It could have provided a home for at least some of the nearly 4200 households that were on the waiting list for affordable housing at the start of 2018 in

Waterloo Region. But it was not to happen. No deal was signed. Then as the congregation dwindled in size and resources, Trinity’s members made the painful decision to move to a space in a neighbouring church and sell their property to a developer who will erect a 33 story condo project. There’s something wrong with this scenario. How is it that repeated efforts to increase the region’s stock of affordable housing by a group of concerned citizens with a valuable property to bring to any negotiating table fizzled into nothing? Why couldn’t the regional government, a respected leader in providing affordable housing, and the City of Kitchener, which is so intimately involved in downtown redevelopment assist this church? Governments can’t do everything alone, yet here was a willing helper no one enlisted.

Sadly this is the same story in many churches. This research is proposing that churches be at the negotiating tables with other stake holders, to prevent this from happening again, and from losing these opportunities to provide for marginalized citizens.

Chapter 6 - Conclusion

This research added to the literature by exploring the lives of mature women who are at risk of homelessness. This was addressed in the context of the following research question: “What sustains the psychosocial and/or spiritual lives of mature women at risk of homelessness, as revealed in their stories of lived experience?”

Summary of Conclusions

This study identified that mature women who are at risk of homelessness are sustained by social connections achieved through relationships, identity and meaningful activity. In addition to social connection, spirituality also emerged as a life sustaining factor for these precariously housed women.

In the broadest sense, the following provides an overview of the major findings:

Relationships

As long as participants had at least one supportive relationship with a family member, friend or a pet they remained socially connected.

Identity

The most defining word that characterizes these women is resilience. These mature women’s strength and resilience are reflected in stories of lived experience that includes forward thinking in what is left of their lives. It would be mistaken to consider these women victims, as based on their stories, they can be caring and resourceful problem solvers, who live in a state of gratitude with hope and humour. Their resilience is a product of both personal characteristics and contextual factors that were reflected in themes that were summarized in previous sections of this study.

Meaningful Activity

Meaningful activity was an important factor in sustaining all of these participants. This included roles exemplified in being a grandmother, friend, or helper, and pursuits that included exercise, nature walks, reading, tactile and expressive arts. These roles and pursuits sustained these women because they added meaning to their lives, and connected them with others. Activities that addressed their own suffering through various ways of recovery or giving back were particularly sustaining and meaningful. Volunteering for the women in this study was a popular method of contributing to community, which helped both the participants and those who were the recipients of their volunteer work. These meaningful activities connected them to others producing relationships and social connection.

Spirituality

The participants in this study led deeply spiritual lives, grounded in gratitude and hope, expressed in both religious and spiritual beliefs. These included a belief in God, providence, angels, miracles, a cosmic order and karma. In addition to these beliefs that guided their lives, they also engaged in various spiritual practices, that included prayer, meditation, mindfulness, inspirational reading, surrender, chanting, forgiveness and the use of sacred objects or touchstones. Such practices helped these women find their own quiet spot, or centre that was self sustaining in difficult times. Spirituality and the exercise of different beliefs and practices were critical as a source of sustenance and hope.

In addition to these sustaining factors, the research uncovered the fact that these women lacked digital devices and access to technology. A cell phone was generally all the technology they owned, with some having a limited amount of data available. Internet access was gained at public libraries or community hubs such as My Sister’s Place. The 2020 Covid 19 pandemic has

demonstrated how this lack of access to technology will become a more significant barrier as increasingly services are moving to be solely accessed on-line. This will need to be addressed in ensuring equity of access to information and programs among all citizens, particularly those who are marginalized and disenfranchised.

Relevance to Previous Research

Research done to date of the homeless population has focused largely on risk factors, health, housing and financial support. There has been minimal research related to the social or spiritual lives of the homeless including, those referred to as the “hidden homeless”. Research that has addressed social connection in the homeless population is in agreement that social connection is important for well being (Chambers, et al., 2014; Grenier, Barken, et al., 2016; McMaster, et al., Part 2, 2017; Reynolds, et al., 2016). Even fewer studies have delved into how to achieve ongoing social connection amongst the homeless. The implementation of integrated services offered through community hubs has been suggested (Chambers, et al., 2014; Crane, & Warnes, 2010; Grenier, Barken, 2016; Grenier, Barken, 2016; Hendrickson & Kilbourn, 2011; McMaster, et al, Part 2, 2017).

This study supports the idea of community hubs that can offer integrated services, and suggests a way forward in achieving this goal. These hubs can and must be established by including socially conscious churches as integral in partnership with governments, the not for profit and social sectors.

This research importantly suggests that spirituality is an integral part of the lives of homeless women and a significant sustaining factor in their lives. As such, there is a need for spirituality to be studied further. There is only modest research currently available that addresses spirituality in the homeless, and what is available speaks of spirituality as being synonymous

with religion or religiosity. With the largest growing faith group in Canada referring to themselves as the “spiritual but not religious” (SBNR), more research in this area is needed (Bokma, 2019). This study has begun to address this gap as spirituality and religion cannot be considered the same or measured in the same way. This study shows that clearly in that nine participants talked about spiritual beliefs and practices that have been known for years, centuries even. Yet only one of those participants is currently involved in any kind of regular participation in a place of worship such as a church, temple, mosque or synagogue.

Recommendations for Further Research

In the context of the findings from the present study, further work using quantitative studies that investigate the degree to which engaging in spiritual practices affects outcomes of health, housing and financial well being with homeless women would be a recommended next step. This research should also focus on the available spiritual resources to the homeless, including the hidden homeless and where and by whom these resources are provided.

While there is work already in progress in establishing and maintaining community hubs which provide integrated services, such as reflected in the timely example of Trinity United Church in Kitchener, Ontario, churches have largely been ignored or left out of the equation, even when they have made efforts to partner with other community resources. With the valuable resources that churches can bring to the table including real estate, this oversight in partnership must be addressed before those potential resources are lost.

In the context of the Covid pandemic of 2020, during which this study was completed and the restrictions that it brought, research should also consider how the social lives of these women are affected. For many of these women, the sense of belonging that is often associated with family interaction and social connection came from being part of a group, whether that was

a choir, a group at a community hub like My Sister’s Place, or attending a soup kitchen. With these activities cancelled due to public health considerations, poor housing and a lack of technology, how do these women fulfill their social needs?

Finally, examining how technology is accessed and by whom would help to uncover the further divide that affects those who are marginalized in our communities.

Limitations of the Study and Future Direction

Limitations to the current study begins in addressing the sample size, and the extent to which it is representative of the population being investigated and the degree to which these findings can be generalized. In answering this question, it is helpful to consider the demographics of the participants. Within the ten individuals who met the inclusion criteria for this study, five participants were over between 50 and 60 years of age and five were over the age of 60. Two participants were Indigenous, and one identified as French Canadian. No participants identified as transgender, or racialised. Even though the sample group was small it was relatively diverse, reflecting the diversity of the community in which the research was conducted.

A second consideration regarding research limitations considers the types of individuals who volunteer to participate in research studies and the extent to which these participants represent a cross section of the population being researched. Several participants in this study had volunteered in other research studies which raises a question regarding how representative are those who take part in such studies. It is a question always to be considered when volunteers are recruited for a study. Are the volunteer participants truly representative of the population?

This study examined a very distinct group of the “at risk” population which is a large but mostly hidden part of the homeless population. It is the reason they are often referred to as the “hidden homeless”. At the time of the data collection none of these participants were without a

roof over their heads. None of these participants were employed, which is consistent with the majority of the homeless population. However there are certainly those among the homeless who are employed yet they were not represented in this study.

Compensation for participation consisted of a \$25 gift card that was offered to all participants who took part in this study in recognition of their time commitment. This compensation was considered an honourarium to recognize and thank participants for their willingness to participate. Compensation was provided to participants, as it is the belief of this researcher, who carries privilege, that asking marginalized persons to offer their time and their story without being compensated would be yet another form of marginalization and was therefore unacceptable. However, whenever research participants are compensated for their participation it is necessary to raise the issue as to whether the offer of compensation influences the type of participants who volunteer. Although the offer of compensation was clearly stated on the recruitment materials and in the informed consent document, several participants seemed surprised when offered a choice between two different grocery store cards at the end of the interview. It could be hypothesized that compensation was not a major motivator in participant's choice to take part in this study.

A qualitative design was chosen over a quantitative design because the researcher was looking for depth rather than breadth of data and information as the focus for the study was on the psychosocial and spiritual lives of the participants. Within qualitative methods, narrative inquiry was chosen as the most appropriate method because the participant group was small and circumscribed. The literature search had revealed that almost exclusively, individuals within this demographic have experienced trauma. With this in mind narrative inquiry was considered to be the least threatening as it allowed for storytelling, metaphors, nuances, silences and subtleties in

capturing participants’ stories. Individual interviews ensured confidentiality for these women who are often traumatized and stigmatized participants. Listening for the subtleties in the musings of the soul is a skill and an art, which the researcher possessed, making the use of stories the most appropriate research method.

Personal and Theological Reflection

This study has been a very significant personal learning experience in my academic understanding of research and the role of spirituality in sustaining the hidden homeless as well as my own personal understanding of self and my personal sense of spirituality. I am very grateful to the participants who willingly shared their stories with me, and in doing so have helped me in further exploring my own story and how that story impacts and influences my work, including the work as revealed in this research study.

As I worked to complete this study, numerous obstacles emerged. There were delays, setbacks and disappointments, both in the research itself and in my personal life. I began investigating a suitable research topic immediately after returning to my studies following surgery that required a yearlong medical leave from my studies. Three weeks into the term, my mother died. She had been a single parent since I was 15 years old due to the untimely death of my father. My mother and I were very close and although one of three children, I had been the principal caregiver for my mother for the last six years of her life. Her death hit me very hard.

There were also set backs in the research itself, including three advisor changes within a short period, that were due to administrative changes at the university. Initially I had planned on this research being a follow up from my pilot project which examined the spiritual lives of individuals in treatment for addictions. After meeting with my first advisor and presenting a rough draft of my proposed idea, we decided together that it was not a feasible study and I began

with a new literature search. A meeting with Ms. Susan Mcphail, the Executive Director of My Sister’s Place in London Ontario helped in shaping a new area of research focused on older or mature women who are either homeless or at risk of homelessness. From where Ms. Mcphail as director viewed her work, she believed that a gap in research existed in the needs of older homeless woman who were increasingly using the services offered by My Sister’s Place. With an understanding of how my research could impact and inform agencies like My Sister’s Place, Ms. Mcphail offered me the opportunity to work with the staff at My Sister’s Place in recruiting suitable participants.

Further delays caused by changes in advisors, re-writes, and my own ongoing chronic health issues meant that by the time I was ready to begin data collection, Ms. Mcphail had retired and there had been many changes made at My Sister’s Place. For a short time I felt pretty discouraged as I wondered if I was back at the beginning again and if my research would ever get completed. However having had the privilege of walking the journey with many marginalized individuals over the years in my work as a pastoral minister, and having witnessed firsthand the difficulties, discrimination and isolation marginalized groups often experienced I knew the stories of these women needed to be heard. I believed that I had the skills and the gifts to find these women and hear and honour their stories. Getting these stories into the general conversation was one of the primary reasons I chose narrative inquiry as my research method, knowing that the results and the stories would be accessible to the general public as well as those in academic circles.

When I was finally able to begin recruiting participants I knew I would have to distribute the recruitment materials across service agencies that would be able to access this population. They are called the “hidden homeless” for a reason. I began by visiting Life*Spin, Crouch

Neighbourhood Resource Centre and Trinity United Church and Community Centre, because I could make a personal connection at all these agencies. Life*Spin ended up being the perfect fit for this work, and Jacqueline Thompson, the Executive Director, circulated the recruitment materials through her networks, which provided a name and credibility with the receiving agencies.

The participants were hard to find, and even harder to find for second interviews. They often lacked the technology that most of us take for granted and what limited technology they had was often unreliable. For many of these women, life was uncertain and unpredictable. Many had chronic health issues and they often could not predict or anticipate whether or not they would be available on any given day. These women lived their lives in the moment, day by day. I had expected that many of the participants would participate for the compensation. When I started the interviews I discovered that for most the compensation was not the primary motivator. The volunteer participants wanted to make a difference. They wanted their stories to be heard and even more importantly they wanted their stories to help others. The possibility that their story could help even one person, especially in avoiding some of the suffering they had experienced was the prime motivator. The compensation was secondary. Many thanked me for the interview. They were happy to see someone would focus on older women because it made them feel worthwhile, as older women are usually passed over in research studies. They were not angry or bitter. They did not feel sorry for themselves or blame others.

There were times the participants' stories touched my own story. They named several of the health issues that I too live with. Three participants spoke of either a difficult family move or multiple moves as children that affected them deeply and influenced their life's journey. I was reminded of a very difficult move that my family made when I was a child and the ways it had

impacted my life. One participant spoke of a family member who lived in the same small town that I had when I was a young child! At one point I was challenged by the intensity of the stories and by how much they resonated with me. It caused fear and anxiety to rise in me and I had to step away for a few weeks and examine my own thoughts and triggers, so that they would not affect the outcome of the research more than would be expected when engaging in research that uses the narrative research inquiry method.

Coincidental with the above challenges, the world went into lockdown because of the Covid 19 pandemic. At the time I purchased two puzzles, the first was a 500 piece dog themed puzzle and the second a 1000 piece travel themed puzzle. During the early days of the lockdown, when I was overwhelmed about how I would perform ministerial functions for my congregation and when I was well into the analysis phase of this dissertation, I worked on these puzzles, starting with the smaller one and when it was completed, tackling the larger one. I had never put a complete puzzle together before.

What I did not realize at the time was that the puzzles would become a tangible metaphor for the completion of my dissertation. I discovered that I could only do a certain amount of the puzzle at one time, and in one day. It depended on how much the pieces were fitting or not fitting together. As soon as I hit a block or got stuck I had to leave it, go and do something else and come back to it later. There was no pushing or rushing. It took its own time; it had its own process. Many times I had to step away, clear my head and come back the next day or a day later. The puzzle took up most of my table and I had to adjust my working space accordingly. Often when I was so sure a piece fit in a certain place I was wrong and had to try again. I had to look at things from all angles and constantly look at things differently, let go of what I thought was a fit and be open to new possibilities. It was a real exercise in problem solving, patience,

starting over and looking at things in a way that made no sense to me. I had to let go of my perceptions, my own logic and let the process lead the way. Ultimately, it was the letting go of all my own perceptions that helped me the most in finishing both puzzles, a task I had never before taken on.

I also found that it was pointless to try and work on the whole thing at once. I had to work on small portions at a time, having several little chunks of a few pieces each always on the go. Some days I would only be able to fill in two or three pieces. Other days, the pieces and chunks seemed to fall into place easily. Even when the puzzle was almost finished and I thought the last pieces would slide into place easily, they didn't. I had to keep using the same method I had earlier developed of grouping a few pieces together at a time. The last pieces were in some respects the hardest. At that point I had to use a whole new system for finding their places. What had served me so well at the beginning of the endeavour now had to be abandoned and a new process figured out as I had to go by shape alone, to fit in the last pieces. When it was completed I had a real sense of satisfaction not only in the completed project but also in the learning that had happened as I had reflected on each step and process along the way.

At first I thought that this was a constant reminder to me of the process of the writing of this dissertation. It was a process and it would take its own time. The pieces would fit together and make sense but I had to step back often, open myself to different ideas and thoughts and different ways of putting them together so that they would take shape.

As I continued my work, I realized a puzzle was also the best metaphor I could think of for the lives of the women that I had interviewed for this study. They too have to step back often, look at things from many different angles, find ways to problem solve and make life work for them. Just like the puzzle when their pieces fit together it becomes a beautiful whole, of a person

with a life, a story and meaning, who lives in today’s world. In fact the entire process of continuing and finishing this research that I detail in my personal reflections is a mirror of the lives of the participants. They have many setbacks in life, get discouraged, but don’t give up. They find ways to keep on, ways to put the pieces of their puzzle called life together or back together after it has been damaged or torn. They are strong resilient women, and in working with them I realize that I too am a strong, resilient woman.

When I reflect theologically on the women in this study I think of the many women in the Bible who are never named. There is the woman at the well (John 4:7-42) who is referred to as “the woman” or “the Samaritan women”. In Mark 7:24 we hear of the Syrophenician woman, who came to see Jesus. She is referred to as “a woman” and “a Gentile of Syrophenician origin”. In other words she is a foreigner, not one of us. There were the women who followed Jesus to the cross (Luke 23:27-28) who are simply referred to as “some women” as were the women who went to the tomb first thing on Sunday morning. While they are later named, initially they are simply referred to as “some women”. Even the woman who was caught in adultery and risked being stoned by the angry mob, was only referred to as “the woman”. In spite of being the centre of this story she still has no name. Many of these women played critical roles in our understanding of the life of Jesus, and yet we never know their name or their own story.

It is much the same with the women who are part of the hidden homeless population. They too are unnamed, lumped together in a demographic of “hidden homeless or at risk women”. These are not nameless or faceless people. They have names, stories and lives. They are mothers, grandmothers, sisters, friends, professionals, artists, and care-givers. They are strong, resilient women who have learned how to sustain themselves in spite of many difficulties.

Their stories, their lives, their work and their legacies are all important and need to be heard. Too often they have not been heard because they are not visible. They are not the ones who are sleeping rough or constantly presenting at an emergency room or shelter, they are not the ones who make headlines, and yet they comprise 80% of what is all considered under the umbrella of the homeless population. In many ways they can be thought of as the canaries in the coal mines. We don't hear of those canaries unless they are dead. Likewise we don't hear about these women until some crisis brings them into public view. Then even if there are deaths, they are often not known or viewed as suspect because after all these women were old.

Life is a puzzle with many pieces that fit together to make up a life. These many pieces are the people, relationships, events and contexts that make up our lives. Unlike a puzzle we receive in a box, the pieces of our lives do not come all together, or all at one time. They come piece by piece and the timing of the pieces is a mystery to us. We must live each day solving the mysteries of the puzzle of life with only the pieces we have at the time. When we reflect back on our lives we can often see how the pieces did fit together but at the time in which we receive these pieces of our own puzzle, it can seem as if none of them fit together.

The Divine which some call God, or cosmic energy or Creator is sometime referred to as a Holy Mystery. This divine presence regardless of what we call it is itself a mystery. The lives of the women in this study as well as the examples of the unnamed women from the Bible can each be thought of as puzzles taking shape as the pieces of their lives unfold before them and they interact with these pieces. These mature women, all being in the last third of their lives were able to reflect back on previous periods in their lives and see how a Holy Mystery had shaped their lives.

If this research accomplishes nothing else, I sincerely hope that the stories of these women will make their way into public discourse. Perhaps when policy makers, politicians and the general public come to know these strong, resilient and faithful women, they will find the motivation to bring about the changes so desperately needed so that all persons can live with dignity.

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Appendices

Appendix 1 (a). WLU- REB Approvals

May 16, 2019

Dear Catherine Tovell

REB # 6085

Project, "Messages from the margins: The on-going psychosocial and/or spiritual life stories revealed by senior women at risk of homelessness."

REB Clearance Issued: May 16, 2019

REB Expiry / End Date: December 31, 2019

The Research Ethics Board of Wilfrid Laurier University has reviewed the above proposal and determined that the proposal is ethically sound. If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place. This form can also be used to extend protocols past their expiry date, except in cases where the project is more than four years old. Those projects require a new REB application.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

Laurier REB approval will automatically expire when one's employment ends at Laurier.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" within 24 hours of the event.

You must complete the online "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of the project. ROMEO will automatically keep track of these annual reports for you. When you have a report due within 30 days (and/or an overdue report) it will be listed under the 'My Reminders' quick link on your ROMEO home screen; the number in brackets next to 'My Reminders' will tell you how many reports need to be submitted. Protocols with overdue annual reports will be marked as expired. Further the REB has been requested to notify Research Finance when an REB protocol, tied to a funding account has been marked as expired. In such cases Research Finance will immediately freeze funding tied to this account.

All the best for the successful completion of your project.

(Useful links: [ROMEO Login Screen](#) ; [REB Students Webpage](#); [REB Connect Webpage](#))

Yours sincerely,

Jayne Kalmar, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

Please do not reply directly to this e-mail. Please direct all replies to reb@wlu.ca

Appendix 1 (b).

December 18, 2019

Dear Catherine,

REB # 6085

Project, "Messages from the margins: The on-going psychosocial and/or spiritual life stories revealed by senior women at risk of homelessness."

REB Clearance Issued: May 16, 2019

Expiry / End Date: December 31, 2020

I have reviewed the changes (Extend the end date by 1 year) to the above proposal and determined that they are ethically sound.

If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable ethical norms, please contact me as soon as possible and before the changes are put in place.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

(This letter has been issued on behalf of Dr. J. Kalmar, by Courtney Lunt, Research Compliance Officer.)

(Useful links: [ROMEO Login Screen](#) ; [REB Students Webpage](#); [REB Connect Webpage](#))

Yours sincerely,

Jayne Kalmar, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

Please do not reply directly to this e-mail. Please direct all replies to reb@wlu.ca

Appendix 1 (c).

December 10, 2020

Dear Catherine,

REB # 6085

Project, "Messages from the margins: The on-going psychosocial and/or spiritual life stories revealed by senior women at risk of homelessness."

REB Clearance Issued: May 16, 2019

Expiry / End Date: December 31, 2021

I have reviewed the changes (extension of end date to Dec 31, 2021) to the above proposal and determined that they are ethically sound.

Note – University Research Resumption Requirements: REB approvals do not supersede any current university guidelines or measures in place to contain the spread of the novel coronavirus (COVID-19) including restrictions on university laboratory, field, or in-person research activities. If laboratory, field, or in-person research activities are described in this application, you are not permitted to undertake these portions of the project unless you've received prior approval through the university research resumption process. In order to apply to resume in-person research activities with human participants, please submit the appropriate phase 3b (on-campus) or phase 3c (off-site) application form (<https://lauriercloud.sharepoint.com/sites/office-of-research-services/Pages/default.aspx>).

Any changes to the research protocol should be submitted to the REB via submission of a modification request for review and clearance prior to commencement.

Please note that you are responsible for obtaining any further approvals that might be required to complete your project.

(This letter has been issued on behalf of Dr. J. Kalmar, by Courtney Lunt, Research Compliance Officer.)

(Useful links: [ROMEO Login Screen](#) ; [REB Students Webpage](#); [REB Connect Webpage](#))

Yours sincerely,

Jayne Kalmar, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

Please do not reply directly to this e-mail. Please direct all replies to reb@wlu.ca

Appendix 2. Recruitment Poster

RESEARCH PARTICIPANTS NEEDED

MATURE WOMEN AT RISK OF HOMELESSNESS

WHO: Volunteers who:

- **Identify as a woman AND are age 50 or older**

YOU: Answer **yes** to two or more of the following circumstances.

- I live in poverty
- I have experienced a recent hospitalization
- I am currently living in a shelter
- I live with an abusive person or persons
- I live in a place that is unsafe
- I live in a place that is not accessible
- I have witnessed criminal activity (including drug dealing) where I live
- I have to leave my current place due to an eviction, or expired lease

WHAT: Interested participants, who meet the above criteria will be asked to; meet **with the researcher in a confidential and safe place and answer some questions in a personal interview.** Your participation would involve **two** sessions, the first one, being approximately **60 minutes** in length and the second one being **30 minutes** in length.

RENUMERATION: In appreciation for your time, you will receive a **\$25 gift card following the first interview and a \$10 gift card following the second interview.**

For more information or to volunteer for this study, please contact:

Catherine Tovell
tove6120@mylaurier.ca

OR

**Leave your name and a
contact number with a staff
member.**

The project is being conducted by a doctoral student at Wilfrid Laurier University, and has received clearance from the Research Ethics Board at Wilfrid Laurier University (File # 10007669).

Appendix 3. Recruitment Handbills

RESEARCH PARTICIPANTS NEEDED

MATURE WOMEN AT RISK OF HOMELESSNESS

WHO: Volunteers who:

- Identify as a woman AND are age 50 or older

YOU: Answer yes to two or more of the following circumstances.

- I live in poverty
- I have experienced a recent hospitalization
- I am currently living in a shelter
- I live with an abusive person or persons
- I live in a place that is unsafe
- I live in a place that is not accessible
- I have witnessed criminal activity (including drug dealing) where I live
- I have to leave my current place due to an eviction, or expired lease

RENUMERATION: \$25 gift card following the first interview and a \$10 gift card following the second interview.

First Name: _____

Contact Info: _____

(phone, text, or email)

Appendix 4. Informed Consent Statement

Wilfrid Laurier University Informed Consent Statement

Messages from the Margins: The on-going psychosocial and/or spiritual life stories revealed by senior women at risk of homelessness.

Researcher: Catherine Tovell, PhD Candidate, Martin Luther University College, Wilfrid Laurier University, tove6120@mylaurier.ca

Supervisor: Dr. Kristine Lund, PhD, Professor, Assistant Principal Director of Spiritual Care and Psychotherapy Program, Martin Luther University College, Wilfrid Laurier University.

NOTE: THIS PROJECT HAS RECEIVED CLEARANCE FROM THE RESEARCH ETHICS BOARD OF WILFRID LAURIER UNIVERSITY (FILE # 10007669)

You are invited to participate in a research study titled “Messages from the margins: The on-going psychosocial and/or spiritual life stories revealed by senior women at risk of homelessness.” The purpose of this study is to gain understanding of the lives of senior at risk women (particularly their social and spiritual lives) through listening to their stories. Participants will be asked to share their life’s experience of meaning, coping with challenges and spirituality by participating in a semi structured interview guided by the researcher.

This study is being conducted by Catherine Tovell, a PhD student at Martin Luther University College, Wilfrid Laurier University as part of the requirements of the Doctor of Philosophy (PhD) degree.

INFORMATION

Twelve to fifteen participants who are 50 years of age or older will take part in this study. To be included in this study each participant will be in possession of at least two of the following life circumstances: currently living with an abusive person, living in temporary housing (e.g. a women’s shelter), living in poverty, living in an unsafe place, living with a diagnosed mental health/addictions issue, facing an eviction or end of lease, witnessing criminal activity, in their immediate surroundings, or experiencing physical barriers (e.g. stairs) in one’s place of residence. The study will consist of two personal interviews. It is estimated that the first

interview will take 60 minutes and the second interview will take 30 minutes to complete. At the first interview, you will be asked to reflect on (what you deem) the most crucial or vital points of your life’s journey by answering questions related to meaning in your life, challenges faced, and the role of spirituality in your life. This interview will be audio taped digitally. The researcher will ask your permission about including any of your direct quotes in the final dissertation. If you answer “yes”, the researcher will then clarify with you if that means any of the quotes can be used. If you answer “no” the researcher will clarify with the participant whether that means no quotes can be used or whether the participant does not want certain quotes used. The purpose of the second interview will be to review the transcribed material with you and make any changes as necessary with your consultation. If you are not available or do not wish to take part in a second interview, then the data from the first interview will be kept and included in the final research paper, unless you would prefer not.

These interviews will take place in individual office space at Life*Spin, 866 Dundas Street, London. The researcher will arrange in advance for the use of these rooms.

USE OF AUDIO TAPE

The interviews will be audio taped digitally. This recording will be used only for research purposes. It will enable accuracy of information, and optimum use in research analysis. Following the transcription of the audio tapes by the researcher (or a transcriptionist) and the re-storying process applied by the researcher you will be given a copy of the re-storied transcript and asked to review it and offer revisions as necessary. These revisions will be incorporated into the transcript by the researcher. The original digital audio tapes will be kept in a locked file cabinet in the researcher’s home office and will be destroyed following their transcription. If you choose to withdraw from the study at any time, your interview tape and any transcribe material from it will be destroyed. The transcripts (devoid of any identifying information) will be kept in a locked filing cabinet in the researcher’s home office for 10 years, and then destroyed.

BENEFITS

Participating in this study provides you with an opportunity to share your own story with an interested person. It is hoped that the results of this study will inform the kind of programming and supports that will be the most beneficial to any persons who find themselves at risk of homelessness. This includes but is not limited to helping the staff of Life*Spin offer appropriate support and programs for senior women at risk of becoming homeless. The findings from this study will also help educate the general public about the current complexities surrounding homelessness.

RISKS

During the interviews you might find yourself feeling emotionally triggered by some of the questions. You are free to decline answering any question that you are not comfortable with. Although this risk is minimal, if it presents, the researcher will ensure that you have access to appropriate support or counseling. The researcher will provide a list of appropriate and available services so that you, the participant can choose the one (s) that you feel would be most beneficial. It is possible, although highly unlikely that others who access Life*Spin might be aware that you have participated in this study.

CONFIDENTIALITY

All information provided by participants in this study will remain confidential. The audio tapes and the transcripts made from those audio taped interviews will be kept in a locked filing cabinet in the researcher’s home office. No person will have access to these files except the researcher, the transcriptionist and the dissertation supervisor. All audio tapes will be destroyed upon transcription. The material transcribed from the digital audio tapes will be maintained on a password protected flash drive, which will be used on a password protected computer. The transcribed materials, devoid of any identifying information will be kept in a locked filing cabinet in the researcher’s home office. Throughout the reporting and final paper, participants will be identified only by a pseudonym or code (e.g. P1). Any identifying information such as names, residences, work places, or identifying stories will be eliminated from the final report. Any participant may withdraw from the study at any point.

COMPENSATION

At the conclusion of the first interview each participant will be thanked and given a \$25 gift card. At the conclusion of the second interview, each participant will be thanked and given a \$10 gift card.

CONTACT

If at any time during the study you have questions or concerns, (or you experience any adverse effects as a result of your participation in this study) you may contact the researcher, Catherine Tovell at 519- 614-2602 or tove6120@mylaurier.ca

This project has been reviewed and approved by the University Research Ethics Board (which receives funding from the Research Support Fund). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Jayne Kalmar, PhD, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970 extension 3131 or

REBChair@wlu.ca

PARTICIPATION

Your participation in this study is voluntary. If you decide to participate you may withdraw from the study at any time. If you withdraw from the study before data collection is completed the data that has been collected will be included in the study with a notation that you withdrew from the study. If you indicate that you do not want the data it included in the study, it will not be included. If you decided to withdraw from the study you will be thanked, and offered a gift card of one half the value offered if you had completed the interviews. For example if you choose to terminate the first interview before it is completed you will be thanked and offered a \$10 gift card. You may omit any question you do not wish to answer or discontinue the interview at any time.

FEEDBACK AND PUBLICATION

The findings from this study will be presented in a final dissertation as part of the requirements for the PhD degree. They may also be used for publication in academic journals or books, teaching or workshop purposes, applications for funding and /or other professional/academic research interests. The results will be aggregated (except de-identified quotes used for illustration purposes) in all knowledge transfer material. The aggregate findings will be shared with the staff at Life*Spin without individual identifiers. This will be done in order to assist the facility in providing services and programs that address the needs of senior at risk women.

CONSENT

I have read and understand the above information, and have a copy of this form. I agree to participate in this study.

Participant’s signature_____Date_____

Researcher’s signature_____Date_____

MATURE “AT RISK” WOMEN PSYCHOSOCIAL AND SPIRITUAL LIVES

I understand that direct quotes may be used in the final research document, and I consent to this use

Yes

No

Participant’s signature _____ Date _____

Researcher’s signature _____ Date _____

Appendix 5: Participant Demographic Survey

ID #

Participant Demographic Survey

1. Please identify your age. 50-55, 56-60, 61-65, over 65

2. What is your current relationship status? _____

3. Please describe your current housing. _____

4. Please list any major physical or mental health issues, or disabilities.

5. Please identify your source of income. _____

6. Do you identify as trans _____

as a member of a racialized

community _____

as a member of an Indigenous community? _____

7. Please check off any of the following that apply to you currently:

- I live in poverty.
- I am living with an abusive partner/other person.
- I am currently living in temporary housing (e.g. a women’s shelter).
- I have a diagnosed mental health issue. (e.g. depression, additions, etc).
- I am living in a place where I do not feel safe.
- I have witnessed criminal activity in my current place of residence.

MATURE “AT RISK” WOMEN PSYCHOSOCIAL AND SPIRITUAL LIVES

- I am facing an eviction, or the end of a lease/agreement.
- There are physical barriers in my place of residence that I can no longer navigate (e.g. stairs).

Appendix 6. List of Interview Questions

Interview Questions

- 1) Could you please tell me how you became connected with *Life*Spin*?
- 2) Could you please tell me a bit about your life’s journey by reflecting on what you see as its most crucial or vital points?

(Examples could be leaving home, giving birth, death of a parent, a particular event or relationship, etc.)
 - i) Any other points? (asked only if there are just one or two points are mentioned).
- 2) Please describe those aspects of your personal experience that provide meaning for you.

(Examples could be people, places, pets, memories, relationships, possessions, activities, etc.).
- 3) What would you name as your main challenges (past or present)?
 - i) What sustains you in these challenges?
- 4) Do you participate in any spiritual activities? (Examples could be belief in a Higher Power, reflective reading, prayer, meditation, attending a service of worship, etc.)
- 5) Is there anything else you would like to add?

