EXPLORING THE LEISURE OF MOTHERS WHO ARE LIVING IN A HOMELESS SHELTER

By

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by

Courtney Maibach
This study is dedicated to the mothers who are homeless and their constant fight for survival and normalcy, especially for their children. Their dedication and perseverance is an inspiration.
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EXPLORING THE LEISURE OF MOTHERS WHO ARE LIVING IN A HOMELESS SHELTER

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Nationally, the number of people who are homeless continues to increase. Among that population, the proportion of women and children is growing exponentially. However, this segment of the population has been underrepresented in academic literature. As a result, this study examined the lives of mothers living in a homeless shelter. Specifically, it focused on leisure in the lives of these women, and how the context of their lives affected, and was affected by, their leisure.

Residents from two homeless shelters took part in this study. Eight mothers from the shelters were interviewed using a semi-structured format to learn about their lives. The interviews were taped and transcribed, and analyzed using constant comparison. Four of the mothers were Caucasian, three were African-American, and one was Hispanic. Their ages ranged from 23 to 44 years old. Three of the mothers had attended at least some college, and only one had not finished high school. None of the women were employed at the time of the interview. Two mothers each had one of her two
children at another shelter, and another mother had neither of her children with her at the shelter.

Three themes emerged from the data: stress, an ethic of care, and a lack of autonomy. All of the mothers had various stressors in their lives including the shelter staff, their children, living up to the ethic of care, not having a job, the shelter rules, being without a home, attitudes of other people, and a lack of autonomy in their lives. Despite these constraints, the mothers were able to engage in activities inside as well as outside the shelter that they found enjoyable, relaxing, and/or fun. All of the mothers went to the library or read in their rooms, and most of the mothers had been to a nearby park or garden. The mothers also enjoyed walking around, generally to relieve stress or get away from stressors. The mothers also enjoyed spending time alone, talking to people, smoking cigarettes, and listening to music. Usually these leisure activities were the coping techniques used by the mothers to help them deal with their stressors and life situation. An ethic of care appeared to influence the attitude and behaviors of these mothers. This was evident in the way they put the needs of others, especially those of their children, above their own.

Using grounded theory methods, a model of leisure for homeless mothers was developed from the data. The model shows that while the mothers faced a variety of constraint to their leisure, they were able to negotiate through the constraints with the help of multiple enablers. The constraints included the shelter, stress, an ethic of care, and a lack of autonomy. The enablers were the shelter, the available resources, their family, time and space, and a number of other facilitators. The most significant influence on their leisure was the shelter as it both constrained and enabled it.
CHAPTER 1
INTRODUCTION

It has been estimated that 20% of American households hold 78% of the nation’s wealth (Newman, 1997). However, the average family in the poorest 20% of the population had a net worth of -$7,075, meaning that the family owed more than it owned (Newman). In 1997, 13.3% of the U.S. population, or 35.6 million people, lived in poverty (National Coalition for the Homeless, 1999a). The number of poor people increased 41% between 1979 and 1990; families and children under 18 accounted for more than half of that increase (National Coalition for the Homeless, 2001). In addition, the number of people living in extreme poverty has increased the most. In 1997, 14.6 million people, 41% of all poor persons, had incomes of less than half the poverty level, an increase of over 500,000 from 1995. A subsection of those in poverty are people who are homeless. Ward (1995) observed that all homeless people are poor, and most have been poor all their lives. Only 5% of the homeless have steady employment (Rubenstein, 1992). Moreover, 76% are chronically unemployed (DiIulio, 1992). Since many people cannot or will not find employment, they have no income from which to pay for such things as housing.

In 1991, the median age of the homeless population was 34 years, 20 years younger than the median age two decades previously (Kutza & Keigher, 1991). King (1992) approximated that 15% of the homeless population is comprised of children under age five. It has been noted that the average age of people who are homeless is getting younger, especially as women and children become a larger percentage of that population.
This is partly due to malnutrition, poor health habits, and lack of medicines that plague those who are homeless and lead to their early deaths (National Coalition for the Homeless, 1999b; Shinn & Weitzman, 1996).

Moreover, Dail (1992) observed that the homeless population is as diverse as the general population. In its 1998 survey of 30 cities, the U.S. Conference of Mayors found that the homeless population was 49% African-American, 32% Caucasian, 12% Hispanic, 4% Native American, and 3% Asian. Like the total U.S. population, the ethnic makeup of homeless populations varies according to geographic location (U.S. Department of Agriculture, 1996).

Although many Americans try to deny it, people who are without homes can be found in all communities across the nation (Ward, 1995). Despite the prevalence of those in need, there is considerable ambivalence in our country toward the homeless (Russell, 1991). One middle-class women made the following comment, “we Americans like our charity donations to go to the starving in Africa. We don’t want to see, face-to-face, pain and suffering” (as quoted by Russell, p.14). Moreover, “until recently, there has been little public sympathy for those who ‘chose’ to be homeless: the homeless population was thought to consist primarily of middle-aged, alcoholic men, and people who chose a vagabond way of life” (Butler, 1994, p. xxi). This stereotype is a residual from the 1950s and 1960s when the homeless population generally consisted of single, middle-aged men who were intermittently employed, and were often chronic alcoholics (Kunstler, 1992). In a 1989 national poll, 82% of the respondents believed that homelessness was the fault of mental hospitals for releasing patients (Johnson, 1990). Furthermore, 90% of the sample blamed drug and alcohol abuse for the problem of homelessness. These
sentiments are some of the reasons why the homeless population is generally thought of as the “undeserving poor,” that is, undeserving of public aid (Butler, xxii). Additionally because of a “not in my backyard” attitude, the tendency to “ghettorize” the homeless is one more device which removes them from the mainstream of society (Seltser & Miller, 1993).

In America the prevailing belief is that diligence pays off in the form of money, status, power, or all three (Arrighi, 1997). As a result, many believe that the cause of homelessness is laziness or lack of initiative. However, it has been shown in many studies and reports (e.g., Greenberg & Baumohl, 1996; Mishel, Bernstein, & Schmitt, 1999; National Coalition for the Homeless, 1999c; U.S. Conference of Mayors, 1998; U.S. Department of Housing and Urban Development, 1998) that this is not the case. While numerous people receiving assistance have worked at various jobs, many others simply cannot find a job. The ratio of unemployed to available minimum wage jobs is six to one (Arrighi). Furthermore, one of the fallacies surrounding the push to legislate federal cuts to assistance is that only those without jobs are poor. The fact that at least 30 million people work full-time, year round, but are so poor they cannot afford life’s basic necessities has been ignored by politicians as well as experts (Arrighi). Thurow’s (1995) study revealed that about a third of all men between the ages of 25 and 34 do not earn enough to keep a family of four out of poverty. Thus homelessness is not for lack of work, nor for lack of trying.

Women’s continued underpayment for work completed is a major factor behind the growing feminization of poverty. Seager and Olson (1986) stated that poverty has been disproportionately borne by women, especially those with children and by older
women. Employment statistics reveal that women are grouped in traditional “women’s jobs” which tend to be low-status, low-freedom, and low-salaried jobs (Henderson, Bialeschki, Shaw, & Freysinger, 1996). Similarly, because of societal beliefs about women’s roles, employment opportunities for women have been confined to occupations that are “appropriate” for women. These jobs include nursing, teaching, cleaning, and clerical work, which are thought to reflect women’s family roles (Henderson et al.). To further complicate things, most women are locked into dead-end jobs with wages too low to support themselves, let alone sustain a family (Ehrenreich, 1986). Most statistics in the U.S. and Canada still suggest that women on average earn about $0.71 for every $1.00 earned by men (Henderson et al.).

Though the number of homeless women and children is increasing, the stereotypical homeless person is the “skid row bum”—a chronic alcoholic, white male over the age of forty-five whose homelessness resulted from alcoholism and a long history of disaffiliation (Arrighi; Kunstler, 1991). In the late 1970s and early 1980s there was a shift in the homeless population to younger people, primarily nonwhite, and increasingly more women and children (Arrighi). The “new” homeless are not a single unified group, but are younger people who have been homeless for a long time. Currently more women than ever before are homeless, and women head most of the homeless single-parent families. This is due in large part to evictions, teen pregnancy, and domestic violence (Arrighi; Kunstler).

In 1999, 21% of the homeless population were single adult women, and 33% were families (Department of Children and Families, 1999). Vissing’s (1996) recent evidence indicated that homelessness among families was increasing. Families with children in 30
U.S. cities increased their requests for emergency shelter by an average of 15% between 1997-1998 (U.S. Conference of Mayors). Unfortunately, Worsnop (1996) estimated that 24% of requests for emergency shelter by homeless families go unmet each year.

However new the idea of the family as homeless is, the break-up of families due to homelessness is a well-documented phenomenon. For example, in New York City, 60% of residents in shelters for single adults had children who were not with them; and in Chicago, 54% of a combined street and shelter homeless sample were parents, but 91% did not have children with them (Shinn & Weitzman, 1996). Reasons for not having their children with them are regulations and laws that mandate children are to not be without shelter. Therefore, if a parent with a child applies for shelter but no shelter is available, the child may be placed in foster care. Relinquishing their children forces women to separate themselves from a vital part of their identities, reinforcing their images of themselves as failures (Russell, 1991). So to avoid family disintegration, parents, often single mothers, devise a variety of solutions that include: (a) doubling up with family and friends, (b) seeking hidden cars and abandoned buildings for shelter, (c) going to shelters for battered women, (d) informally leaving children with family or friends; and (e) voluntarily placing their children in foster care. As a result of these methods, Pearce (1988) calls women and children the invisible homeless.

**Statement of the Problem**

Considering the growing number of people who are homeless, particularly the increasing number of women and children who are homeless, more agencies are not only focusing on providing shelter, but are realizing how important it is to assist the homeless in reintegrating into society through leisure as well as work (Harrington & Dawson, 1997; Krinsky, 1992). All individuals want to find meaning as well as quality in their
lives (Henderson et al, 1996). One way to enhance quality of life is through leisure and recreation. This can occur by providing opportunities to exercise all three elements of escape often utilized by those who are homeless: will, agency, and affiliation (Harrington & Dawson). Will is “the power of choosing one’s own actions” (Macquarie University, 1995, p. 2000). Will, the desire to seize life, is a quality that cannot be underestimated. Ferrill (1991) found that some people who were homeless were so beaten that their will seemed to have vanished. Their spirits were broken; they had given up. He also noted that a broken spirit could be the most devastating crippler of all. Agency refers to “the actions of social actors in relating to the world and struggling to make their mark on it” (Rojek, 1989, p. 72). An affiliation is “interacting with and connecting with others” (Freysinger, 1995, p. 19). Agency and affiliation, caring for self and caring for others, are themes in women’s leisure (Henderson et al.). Rosenthal (1994) believed that to retain the will, an individual must reject the label of “homeless” by redefining the self and maintaining or rebuilding community ties. In other words, by realizing agency and affiliation in their lives. Leisure is a nonthreatening medium for which these elements can easily occur. Similar to this idea, Henderson et al., observed three important aspects of the positive leisure experience: leisure as time for self, as affiliation or connection with others, and as self-determination or autonomy. Therefore, leisure can provide a person with a sense of purpose and of control over at least one aspect of their lives (Harrington & Dawson) while connecting them with mainstream society, and thus give them meaning and an enhanced quality of life. Since the experience of leisure may assist individuals in coping with the changes and transitions that are a part of human development (Henderson et al), it could be one of the most beneficial aspects of service to those who are homeless.
A general assumption seems to exist that leisure meanings are universal or are consensually shared among individuals and among different social groups (Henderson et al.). Homeless men tend to be more group oriented, whether drinking together, setting up shantytowns, or even traveling together. By contrast, Russell noted that homeless women tend to be loners. For example, most of the women in Klitzing’s (2000) study preferred to relax by themselves (e.g. reading, taking a bath, smoking a cigarette, listening to music). Kleiber (2000) indicated that leisure starts with relaxation. As in other facets of life, women may have a different reality (Schaef, 1981) or a different voice (Gilligan, 1982) than men in their perceptions of leisure (Henderson et al., 1996). “Just as there is a wage gap between men and women in the workplace, there is a general ‘leisure’ gap between them at home” (Hochschild, 1989, p. 4). Females generally participate less in sports and physical activities than do males. This difference is especially true regarding highly organized, competitive sports and sports that involve physical contact. Men generally watch more sports on television and attend more sporting events as spectators (Messner & Sabo, 1990). Researchers (i.e. Bella, 1989; Henderson et al.) suggest that leisure has been a largely androcentric concept.

Women have not had the same opportunities for leisure because of the general oppression they experienced (Henderson, 1994; Shaw, 1994). Shaw (1985) found that women tend to have less leisure time than men as well as less resources for leisure. Reports from service providers indicate that homelessness for women is different than homelessness for men and that those differences can be explained on the basis of gender (Russell). Gender roles and relationships shape women’s behavior and opportunities. In gendered societies women are oppressed, or at least disadvantaged, in most aspects of
their lives, including leisure (Henderson et al). Women’s lives are influenced by an ethic of care which evolves from women’s dominant role or function of nurturing others (Gilligan). Women who stay at home frequently work longer than their male partners, have less leisure time available to them, no vacation, no sick leave, no pension, and no salary (Henderson et al). When women, particularly from lower socioeconomic backgrounds, enter the labor market, their leisure is reduced but they continue to bear the major responsibility for work at home (Brock-Ute, 1985; Shaw, 1988). Women’s sense of themselves and their psychological well-being have been affected by this expected caring role (Livson, 1981).

Women have been socialized to put family needs first and to feel that the role of wife and mother is the primary expression of their femininity (Henderson et al). For instance, Horna (1989) found that parents, especially mothers, often seek recreational activities that children and parents can do together. Parents believe that shared family activities help to build and maintain good connections among family members as well as teaching positive values. Research has shown that family activities are highly valued by women (e.g. Kelly & Kelly, 1994; Freysinger & Flannery, 1992; Horna). Even though many women like to spend time alone, the social side of leisure and interacting with others seems to be an important aspect of women’s leisure enjoyment and satisfaction (Freysinger & Flannery). Moreover, although many women report enjoyment in “doing nothing,” relaxing, or simply taking time for themselves (Freysinger, 1988; Henderson & Bialeschki, 1991; Shaw, 1985), they repeatedly have financial hardships or full-time responsibilities that hinder relaxation.
For mothers the need for leisure as relaxation is especially vital and often incredibly problematic to achieve (Henderson et al). Moreover, Henderson et al stated that of all the life course transitions affecting women, having the first child probably has the most dramatic effect on leisure. Research suggested that women adapt or give up interests more than men do after marriage and the birth of the first child (Bernard, 1984; Bialeschki & Michener, 1994). For women, work and leisure domains did not even approach the predominance of family as a preoccupation at all stages of the life cycle (Horna, 1985; Kelly & Kelly, 1994; Shank, 1986). Horna went on to say that most women preferred to engage in leisure activities with their spouse or other family members.

More specifically, single mothers often have immense difficulty finding both time and space for relaxation (Streather, 1989). Additionally, Klitzing (2000) noted that of the ten women in her study only one woman, a woman who does not have children or work, stated she had free time. For the other women in the study who worked and had children with them at the shelter, there was even less or no free time. Thus the study showed that it cannot be assumed that women who are homeless have unlimited free time. In reality, women with children, jobs, chores, and who live in a homeless shelter may have even less free time than women who have traditionally been researched by leisure scholars.

Much of the research on the leisure participation of women has been the collection of data on activities without looking at social or physical context (Henderson et al, 1996). While there has been an abundance of books and scholarly articles written on homelessness in the past twenty years, only a portion has been about women who are homeless and even less about mothers who are homeless (Arrighi, 1997; Butler, 1994;
Jackson & Henderson, 1995). However, recently scholars have studied the strategies of women who are homeless for taking their minds off their troubles. These strategies include obtaining family support and focusing on activities like going to the park and reading (Banyard, 1995). This is partly due to the fact that in the past, the homeless population primarily consisted of older, single men. Butler observed that as a result, the programs that were structured from the research had catered to men while ignoring the needs of women.

Since little is known about the leisure of some groups of women, particularly about women of color and women in low socioeconomic situations, a gap exists between research and practice (Henderson et al). Henderson and Shaw (1994) noted that until the past fifteen years, women were usually neglected in the study of leisure. For example, leisure was defined in relation to the labor market where women were often not visible. The assumption was that women related to leisure experiences in the same way as men (Henderson et al). Moreover, much of the existing historical literature addresses the leisure activities of women without looking at how women perceived those activities (Henderson et al). Furthermore, our understanding of women, family, development, and leisure is limited because white, heterosexual families have been the foci of most of the leisure research (Bialeschki, Pearce, & Elliot, 1994; Stoller & Gibson, 1994; Vaz, 1995). The difficulty of defining leisure for many women lies in the fact that leisure may not occur in clearly demarcated blocks of time, in particular settings, or during particular activities. For many women, leisure may be glimpsed in fleeting moments or may be associated with social interactions in a variety of settings. In fact, Henderson et al believed that some activities are not always experienced as leisure by women because of
their perceived responsibility for others. The limited research makes achieving solutions for the problems of homeless women incredibly difficult to find. Feminist perspectives must be tempered by the recognition that select characteristics cannot and should not be generalized to all women. For example, lifestyles, life situations, and developmental stages affect what women do with their time and energies (Henderson et al). But before problems can be solved, we need to be sensitive enough to the problems that we generate the will to find the solutions. “Often, if we do not feel the problem, if some emotional response is not elicited, we are not moved to seek solutions. We are often too unmoved to even recognize the questions” (Ferrill, 1991, p. ix).

Most of what is known about mothers who are homeless is the result of anecdotal stories or cross-sectional demographic surveys (Butler). Dail (1990) suggested that the task of developing theoretical outlooks regarding the leisure of people who are homeless requires a more comprehensive understanding of the context of their lives. Since most of the data is cross-sectional, little is known about how mothers cope with being homeless and how leisure can improve their life situation. Thus the purpose of this study was to explore the leisure behavior and needs of mothers who are homeless and investigate if and how they use leisure to cope with their homelessness. By better understanding their leisure needs, practitioners could tailor their services to this specific population.

**Theoretical Framework**

This study is a replication and extension of Klitzing’s (2000) master’s thesis. She noted various theories that supported her study. Feminist theory was coupled with symbolic-interactionism, using grounded theory as the backdrop.
**Feminist Theory**

The basis of all feminist perspectives is the right to choose, whether it is when to bear a child, or what to do with free time. Feminists see the confinement of women to prescribed roles (e.g. housekeeper, primary childcare provider, nurturer in the workplace) as a major deterrent to the realization of the goals of freedom of choice; they suggest that women must be given a choice concerning the roles they will accept for themselves (Henderson et al.). Issues of feminism relate directly to power relations. Power has traditionally referred to “power-over” or domination (Henderson et al). For women, empowerment means controlling one’s life and body. Making women’s lives visible was the first major hurdle that feminist researchers had to confront. The first feminist researchers saw and questioned assumptions about women’s lives that had been hidden through an androcentric focus on male patterns of behavior and experience. By highlighting the male bias in traditional research, feminist scholars have challenged us to find more inclusive theories that better describe the principal components of women’s lives and their leisure (Henderson et al). “The focus of feminism is on redefining the value of women’s lives by empowering individual women and by making women visible in society. Feminism is a worldview that celebrates both differences and similarities regardless of gender expectations and relations” (Henderson et al, 1996, p. 13)

Klitzing focused on feminist standpoint theory. It draws attention to the everyday lives and experiences of women, particularly women who have been oppressed, excluded, marginalized, or disenfranchised, as the starting place for research (Henderson et al). Beginning at the point of view of marginalized women enables the researcher to see ideas and concepts that might have previously been ignored or unseen, not only about those specific groups, but also in dominant theories and paradigms (Harding, 1991).
Henderson (1998) wrote: “we must assume that people in under researched groups are experts on their experiences and that we have much to learn from them” (p. 169).

Eichler (1980) noted that feminist research and writings center around issues of inequality. She stated that at its best, feminist writings fulfill three functions: it is critical of existent social structures and ways to perceive them; it serves as a corrective mechanism by providing an alternative viewpoint and data to substantiate it; and it starts to lay the groundwork for a transformation of social science and society. (p.9)

Feminists vary greatly in their issues and the approaches they take to addressing problems. But all aspects of feminist ethics seek to acknowledge, justify, and explain the experiences of women (Henderson et al). Feminism is the belief that all people should be treated as human beings independent of categorical judgments based on such aspects as sex and gender roles, race, class, and sexual orientation (Henderson et al). As a philosophy, feminism challenges the typical views about everyday reality (Henderson et al). The three goals they hope to achieve through their challenges are: “the correction of both the invisibility and distortion of female experience in ways relevant to social change; the right of every women to equity, dignity, and freedom of choice through the power to control her own life and body within and outside the home; and the removal of all forms of inequality and oppression in society” (Henderson et al, p. 74). Bunch (1985) adds that freedom from oppression for women involves not only equity, but also the right of women to the freedom of choice and the power to control their own lives. Most feminists try to bring women and men together in a collective resistance to gender-based oppression (Warhol, 1995).

Freedom and revolt against domination are central to both leisure and feminism; both have goals to encourage choices and lead to empowerment (Henderson et al). At the
core of leisure are elements of choice and freedom (Carpenter, 1985; Henderson, 1986). Shaw (1994) has argued that the dominant feminist approach to research on women’s leisure has been in search of an understanding regarding the constraints of women’s leisure as a result of gender relations and experiences. She also observed some new theories that are emerging; for example, the way that leisure activities reinforce or reproduce structured gender relations and, alternatively, how leisure may sometimes be seen as a form of resistance to those power relations.

Gender relations represent the product of men’s power over women, individually and collectively, in both public and home-based institutions (Henderson et al). Henderson et al purports that gender dominance theory can help explain why women have had fewer opportunities for leisure because of how women subordinate their needs for others and defer to the wishes of men, similar to ethic of care. When using gender theory, “interpretations need to show how some women’s experiences and/or men’s experiences lead individuals to make choices contingent on contexts and relationships, not just because they are biologically female or male” (Henderson et al p. 91). Gender refers to cultural expectations of behavior and assumptions related to biological sex. When biological sex is determined at birth, various cultural expectations are immediately associated with that child. Therefore, one’s biological sex directs a lifetime of relationships and expectations solely based on gender. Further, gender is a continuous process and not an inborn biological trait. Thus, Henderson (1994) asserts that “gender is a set of socially constructed, deconstructed, and reconstructed relations that are produced and reproduced through people’s actions” (p. 17). Gender is reflected in the cultural
norms and societal structures that relate to participation, perceived benefits, or constraints to leisure (Henderson et al).

**Symbolic-Interactionist Theory**

Symbolic-interactionist theory attempts to understand society and social structure through an examination of the micro-level, personal, day-to-day interactions of people as individuals, pairs, or groups (Denzin, 1992; Henderson, 1991; Newman, 1997). Daily interactions take place within a world of symbolic communication, influenced by the larger context of a group or society (Newman). This theory purports that individuals act toward things or symbols based on meanings these things have for them. These meanings are socially constructed and are derived from social interactions. It is assumed that individuals create the world of experience they live in and that an individual is the final authority of subjective experience (Blumer, 1969). In fact, most human behavior is determined not by the objective facts of a given situation but by the subjective meanings people attach to it (Weber, 1947). Cooley (1902) referred to this process as acquisition of the looking-glass self. He noted that people use the behaviors of others toward themselves as mirrors in which they see themselves. So if people perceive a child to be smart and treat the child in that way, the child will believe that he or she is a smart person (Newman). Moreover, “how the child-as-named-object is defined by others is linked to larger societal considerations” (Newman, p. 136). Every culture has its own way of identifying individuals at various stages of the life cycle, as well as having its own standards of beauty and success. Thus life is complex and full of hidden meanings. Rubin and Rubin (1995) noted that interpretive research recognizes the complexity of human life and seeks rich, thick descriptions of them in order to explain meaning.
Grounded Theory

Grounded theory methods and procedures are currently among the most influential and widely used methods of conducting qualitative research when the researcher’s primary aim is to generate theory (Strauss & Corbin, 1997). Grounded theory seeks out an emerging theoretical understanding that is grounded in the real lives and worlds of the people or phenomenon being studied. In addition, Creswell (1998) asserts that the purpose of grounded theory is to generate or discover theory by reserving theoretical ideas to allow a “substantive” theory to transpire. Grounded theory focuses on how individuals interact in relation to the experience under study. A plausible relation is then proposed between the concepts and sets of concepts being studied. Glaser and Strauss (1967) advocated that a researcher should begin with a general subject or problem devised only in terms of a general disciplinary perspective. This is an inductive approach where theory is the end point rather than the starting point of a study. Thus, creation of the theory is based on observation rather than deduction (Glaser & Strauss).

Thus, using a feminist philosophy and symbolic-interactionism as guiding principles, this study will seek to develop a grounded theory of leisure in the lives of mothers who are homeless.

Research Questions

The following questions will guide this study:

1. How do mothers who are homeless experience leisure?
2. In what ways do the mothers’ present living conditions influence their leisure?
3. What barriers or constraints to leisure do mothers who are homeless experience?
4. How does leisure affect coping with being homeless?
CHAPTER 2
LITERATURE REVIEW

Homelessness has been called a vexing social problem (Toro, 1999) and a near epidemic that few American cities escape (Wright, 1989). The majority of people unfamiliar with the problems of homelessness tend to believe that to be homeless means to live in the streets, but homelessness is much more complex than that (Russell, 1991). People who are homeless have been defined and categorized in a variety of ways. To better understand those who are homeless, we must first define “home.” Home has been represented as a series of binary opposites: as a place of rest after a journey, as a private retreat from the public world, and as a familiar and secure space within a strange and insecure world (Wardhaugh, 1999). The *Concise Oxford Dictionary* (1991) defines the home as the place where one lives; a dwelling-house; the members of a family collectively; the native land of a person or a person’s ancestor’s; an institution for person’s needing care, rest, or refuge; the place where a thing originates or is most common. Thus, Wardhaugh asserted, the home is understood not only as a physical arrangement or space, but also as an expression of social meanings and identities.

According to Klitzing (2000), although the shelter for the homeless had positive components, it was not necessarily perceived as “home” by the women in her study. Only half the women called the shelter “home.” However, these women also called it a shelter and very infrequently called it “home.” “Home” seemed to be used as a colloquial term for a place or dwelling rather than the traditional meaning.
Converse to definitions of home are definitions of homelessness. According to the Stewart B. McKinney Act of 1994, a person is considered homeless who lacks a fixed, regular, and adequate night-time residence and . . . has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations . . . (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (42 U.S.C. § 11302(a))

However, the term "'homeless individual' does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law" (42 U.S.C. § 11302(c)). The McKinney definition of homelessness serves large, urban communities, where tens of thousands of people are literally homeless. However, the definition is problematic for those persons who are homeless in areas of the country, such as rural areas, where there are few shelters. People experiencing homelessness in these areas are less likely to live on the street or in a shelter, and more likely to live with relatives in overcrowded or substandard housing (National Coalition for the Homeless, 1999b).

Additionally, the Department of Housing and Urban Development similarly defined homelessness as “a condition of being without a regular dwelling place whereby a person or family lives outside on the streets, has tried to find a public or private shelter at night or sleeps in a makeshift dwelling such as a car or train station” (Francis, 1987, p. 230). Obviously people without a home still seek shelter in any conceivable fashion, so an accurate count of the homeless population is difficult to ascertain.

Once homelessness was defined, people who are homeless could be categorized. A multitude of researchers have attempted to group people who are homeless. For example, Francis (1987) divided them into six sub-groups: (a) people who are employable but laid off without further job training and those who are earning a
minimum wage but cannot afford housing, (b) people who are seriously mentally disabled and are without adequate housing, (c) people with substance abuse problems and are without adequate housing, (d) people who are physically disabled, many of whom are veterans and are without adequate housing, (e) the poor elderly, and (f) people who are who are antisocial or “street people.”

Though people who are homeless can be grouped into categories, there is some fluctuation between degrees of homelessness. Belcher, Scholler-Jaquish and Drummond (1991) identified three stages of homelessness: (a) “marginal” refers to people who live near or below poverty line and are often forced to share overcrowded accommodations or must rely on friends or family to put them up on a temporary basis; (b) “recently homeless” refers to people who are homeless within last few months and still the view situation as temporary; and (c) “chronic” refers to people who have been without a home for a year or more and have come to accept their life on the streets as the norm.

Due to the multitude of methodologies for defining and categorizing, no one knows how many people are really without homes in the United States. Estimates range from 324,000 (Jencks, 1994) to two million (National Alliance to end Homelessness, 1995). The US Department of Housing and Urban Development estimates that there are three times as many people who are homeless than those known to agencies. For example, people living in unstable housing arrangements, such as doubling up with friends, are experiencing a kind of homelessness, but because they are not "literally homeless," they are not counted (National Coalition for the Homeless, 1999a). Baxter and Hopper (1981) suggest discretion when interpreting statistics. They argue:

Any attempt to gauge the actual number of homeless people in a given area is subject to a myriad of difficulties. The estimates that do surface
from time to time are notoriously unreliable, subject to wild discrepancies depending upon the methods of estimation used, the source of the figures, the time of the year, and we strongly suspect, the purpose for which the numbers are put forth. The kinds of living arrangements defined as “homeless” may also vary considerably, adding a further element of uncertainty, and making historical and cross regional comparisons hazardous. (p. 8)

As a result of methodological and financial constraints, most studies are limited to counting people who are literally homeless—that is, in shelters or on the streets. While this approach may yield useful information about the number of people who use services such as shelters and soup kitchens, or who are easy to locate on the streets, it can result in underestimates of homelessness (National Coalition for the Homeless).

As noted before, many homeless people are not counted because they are not in places researchers can easily find. This group of people, often referred to as "the unsheltered" or "hidden" homeless, frequently stay in automobiles, camp grounds, or other places not easily accessible to researchers. For instance, a national study of formerly homeless people found that the most common places people who had been literally homeless stayed were vehicles (59.2%) and makeshift housing (24.6%), such as tents, boxes, caves, or boxcars (Link, 1995). This suggests that homeless statistics may miss significant numbers of people who are literally homeless, as well as those living in doubled-up situations.

Homelessness in Florida

In 1999, the total homeless population in Florida was estimated to be 57,417 (Department of Children & Families, 1999). Florida had 177 permanent shelters with 7,148 beds, but these shelters were only able to meet approximately 8% of the need (Department of Children & Families). There were also 299 transitional housing facilities
with 10,576 beds, but some counties had neither shelters nor transitional housing facilities, though they did have people who were homeless.

Of the 57,417 homeless, roughly one-third were families, and one-fifth were single females. In addition, more than half had been homeless for less than one year, and 73% report to be state residents and thus not migratory. They experienced a variety of problems including alcoholism and/or drug abuse (37%); mental illness (23%); health problems (43%); AIDS or HIV (8%); and disabilities (16%). The state’s homeless population also varied ethnically. The Department of Children and Families reported that slightly more than half were Caucasian, one-third were African-American, and one-tenth were Hispanic.

To better compare the state of Florida with national statistics, Table 2-1 from the US Census Bureau (http://quickfacts.census.gov/qfd/states/12000.html) is located below.

<table>
<thead>
<tr>
<th>US Census Bureau Data (2000)</th>
<th>Florida</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2000</td>
<td>15,982,378</td>
<td>281,421,906</td>
</tr>
<tr>
<td>Persons under 18 years old, percent, 2000</td>
<td>22.8%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Persons 65 years old and over, percent, 2000</td>
<td>17.6%</td>
<td>12.4%</td>
</tr>
<tr>
<td>White persons, percent, 2000 (a)</td>
<td>78.0%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Black or African American persons, percent, 2000 (a)</td>
<td>14.6%</td>
<td>12.3%</td>
</tr>
<tr>
<td>American Indian and Alaska Native persons, percent, 2000 (a)</td>
<td>0.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian persons, percent, 2000 (a)</td>
<td>1.7%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Persons of Hispanic or Latino origin, percent, 2000 (b)</td>
<td>16.8%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Female persons, percent, 2000</td>
<td>51.2%</td>
<td>50.9%</td>
</tr>
<tr>
<td>Housing units, 2000</td>
<td>7,302,947</td>
<td>115,904,641</td>
</tr>
<tr>
<td>Homeownership rate, 2000</td>
<td>70.1%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Persons per household, 2000</td>
<td>2.46</td>
<td>2.59</td>
</tr>
<tr>
<td>Households with persons under 18, percent, 2000</td>
<td>31.3%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Persons below poverty, percent, 1997 model-based estimate</td>
<td>14.4%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Children below poverty, percent, 1997 model-based estimate</td>
<td>21.8%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>
Causes of Homelessness

The variety of ways people find shelter pale in comparison to the plethora of causes for seeking shelter. Each person who is homeless has a unique story of events that led to their current situation of homelessness. There are a myriad of reasons for people to be without a home, or on the brink of becoming homeless. Societal changes can result in a greater risk of becoming homeless. Butler (1994, p. xxiii) summarized Hopper and Hamberg’s (1984) societal trends that led to an increase in the number of people who were homeless:

1. Changing occupational composition of the U.S. labor force, resulting in many middle-income jobs being replaced by low-income jobs;
2. High divorce rate and the growth of female-headed households which are more likely to be impoverished than male-headed households;
3. High levels of unemployment with reductions in Unemployment Insurance programs; and
4. Erosion of the real value of benefits in means-tested income maintenance programs, leaving recipients even less able to afford basic necessities than they were 15 years ago.

Many other factors can cause homelessness. In 1988, it was estimated that six million Americans were constantly at risk of becoming homeless due to the disproportional amount of total income they needed to devote to housing (Dreier & Atlas, 1989). However, in the research there were various causal trends that led to homelessness, including: poverty, shortage of affordable housing, alcoholism and drug abuse, mental illness, family disintegration, teen pregnancy, domestic violence, runaway youth, migration and immigration, school failure and illiteracy, AIDS and other disabilities, jail or prison release, lack of public transportation, lack of affordable day care, free will, job loss, elimination of government entitlement programs, gentrification...
and urban renewal, relocation, tightened eligibility standards for supplemental
government services, and eviction (e.g. Arrighi, 1997; Belluck, 2001; Federal Task Force
on Homelessness and Severe Mental Illness, 1992; National Coalition for the Homeless,
1999c; U.S. Conference of Mayors, 1998). The following were noted as being more
causal of homelessness: lack of affordable housing, declining wages, mental illness,
addiction, and domestic abuse.

**Housing**

Despite the myriad of reasons for homelessness, two trends are primarily
responsible for the rise in homelessness over the past 15-20 years: a growing shortage of
affordable rental housing and a simultaneous increase in poverty due to declining
employment opportunities for large segments of the workforce (National Coalition for the
Homeless, 1999c). The shrinking supply of affordable housing is a key factor underlying
the growth in family homelessness. In 1998, the disparity between the number of
affordable housing units and the number of people needing them was the largest to date,
estimated at 4.4 million units (Daskal, 1998). Ferrill (1991) noted that various women
were disappointed to learn that their inability to find low-cost housing was not a
reflection of their house-hunting capabilities, but a reflection of society’s housing
priorities. Part of the problem began in the 1980s when federal housing programs were
cut by 80%, from $33 billion to less than $8 billion (Arrighi, 1997). The reality of the
housing crisis has been particularly devastating for poor families with children. These
families represent 40% of the households with "worst case housing needs", those renters
with incomes below 50% of the area median income who are involuntarily displaced, pay
more than half of their income for rent and utilities, or live in substandard housing (U.S.
Department of Housing and Urban Development, 1998). However, if they are fortunate
enough to attain housing, they are often only an accident, illness, or paycheck away from becoming homeless. In fact, in 1998, a person receiving Supplemental Security Income (SSI) benefits had to spend 69% of his or her SSI monthly income to rent a one-bedroom apartment at Fair Market Rent; and in more than 125 housing market areas, the cost of a one-bedroom apartment at Fair Market Rent was more than a person's total monthly SSI income (Technical Assistance Collaborative & the Consortium for Citizens with Disabilities Housing Task Force, 1999). The cost of housing alone would leave precious little or no resources for childcare, health needs, or even food. Obviously, some form of subsidy is required for those near or below the poverty level.

Since many poor people cannot afford housing, they attempt to receive government help. This was supported by Shinn and Weitzman’s (1998) recent longitudinal study of poor and homeless families in New York City. Eighty percent of formerly homeless families who received subsidized housing remained stably housed (i.e. they lived in their own residence for the previous 12 months). In contrast, only 18% of the families who did not receive subsidized housing were stable at the end of the study. One such subsidy, until it was repealed in August 1996, was the Aid to Families with Dependent Children (AFDC) program, the largest cash assistance program for poor families with children. Between 1970 and 1994, each state's AFDC benefits for a family of three decreased by an average of 47%, after adjusting for inflation (Greenberg & Baumohl, 1996). Moreover, fewer than half of the eligible families received Aid to Families with Dependent Children and the poorest families were least likely to take advantage of this federally funded program (Arrighi, 1997).
The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the federal welfare reform law) repealed the AFDC program and replaced it with a block grant program called Temporary Assistance to Needy Families (TANF). Current TANF benefits and Food Stamps combined are below the poverty level in every state; in fact, the median TANF benefit for a family of three is approximately one-third of the poverty level. The reality is that only about one-third of poor renter households receive a housing subsidy from the federal, state, or a local government (Daskal, 1998) and even that subsidy is not guaranteed. In Ferrill’s (1991) study on homelessness, she noted that “Jackie was jubilant when she got her [Section 8] certificate, only to be angered and dismayed to find that most landlords reject Section 8 certificate-holders because they are viewed as problematic, since the landlord then has to deal with the government and its bureaucracy to collect the rent” (p. 111).

One option for housing used to be single room occupancies (SROs). SROs were a ready housing resource for poor people. However, Ferrill explained that city-promoted tax incentives enticed developers to convert those buildings into luxury units or simply demolish them. Furthermore, since the landlords know they can rent out their rooms whether or not they maintain the building, most of the lingering SROs are in deplorable condition. For example, they offer rooms with inadequate heat (or none at all), unsanitary living conditions with mice, rat, and roach infestations, crumbling walls, faulty plumbing, and poor security (Ferrill).

Declining Wages

As mentioned above, declining wages have made housing an unreal option for many workers. For example, the National Low Income Housing Coalition (1998) reported that more than the minimum wage is required to afford a one- or two-bedroom
apartment at Fair Market Rent in every state. In fact, in the coalition’s study a minimum-wage worker would have to work 87 hours each week to afford a two-bedroom apartment at 30% of his or her income which is the federal definition of affordable housing.

Although there has been an increase in real wages at every level, this growth has not been enough to offset a long pattern of stagnant and declining wages (National Coalition for the Homeless, 1999c). Various factors contributed to the wage decline: the degeneration in the number and bargaining power of unionized workers; the declining value of minimum wage; a waning in manufacturing jobs and the corresponding expansion of lower-paying service-sector employment; globalization; and increased nonstandard work, such as temporary and part-time employment (Mishel, Bernstein, & Schmitt, 1999). As a result, the real value of the minimum wage in 1997 was 18.1% less than in 1979 (Mishel, Bernstein, & Schmitt). In a survey of 30 U.S. cities, it was revealed that almost one in five homeless persons was employed (U.S. Conference of Mayors, 1998), but their wages could not support them. Since four in five homeless are unemployed, general unemployment rates would seem high. However, the reported unemployment rates do not portray the entire picture as they exclude discouraged workers who are no longer seeking work, as well as those who have returned to lower paying jobs, or often part-time jobs (Arrighi, 1997; Karger & Stoesz, 1990).

Moreover, it was noted earlier that the number of female-headed, impoverished households has been increasing. In the U.S. women are 30% more likely than men to be poor. This is in large part due to the well-documented fact that in the U.S. labor market, men are likely to see open career paths where women see restricted roads (Newman,
1997). Thus women would have fewer opportunities to gain the financial means to set up independent living.

**Mental Illness**

Partly due to deinstitutionalization (Bachrach, 1987; Institute of Medicine, 1988; Wright, 1988), roughly 25% of the single adult homeless population suffers from some form of severe and persistent mental illness (Koegel, 1996; Levine & Rog, 1990). Additionally, mental illnesses such as depression and psychopathy are thought to be more prevalent among homeless women (Gilchrist, 1990). However, only 5-7% of homeless persons with mental illness require institutionalization; most are able to live in the community with the appropriate supportive housing options (Federal Task Force on Homelessness and Severe Mental Illness, 1992).

Unfortunately, many homeless persons with mental illness are unable to obtain access to supportive housing and/or other treatment services. If a child needs protection and support, she or he is bound by law to get it until reaching childhood. However, in-need adults are given the “right” to care for themselves but few resources to do so (Ferrill, 1991). From a system that was once accused of unnecessarily locking people up, it has evolved to a point where liberty is heralded as the definitive honor. But without the supports allowing that freedom, “‘freedom’ often becomes an unwitting straitjacket of a different cloth” (Ferrill, p. 76), impeding the acquisition of such basic needs as housing.

**Addiction**

Surveys of homeless populations conducted during the 1980s reported high rates of addiction, particularly among single men; however, recent research has questioned the validity of those studies (Koegel). The studies that indicated high prevalence rates vastly over represented long-term shelter users and single men, besides focusing on lifetime
rather than current measures of addiction. While there is no generally accepted "magic number" with respect to the prevalence of addiction disorders among homeless adults, the frequently cited figure of about 65% is probably at least double the real rate for current addiction disorders among all single adults who are homeless in a given year (National Coalition for the Homeless, 1999b). Although the actual number of substance abusers among those who are homeless is unknown, it is thought that alcoholism is more prevalent among homeless men (Gilchrist, 1990). Moreover, the National Coalition for the Homeless approximated that 50% of homeless persons who are mentally ill have a substance abuse problem.

**Causes Specific to Women**

**Domestic abuse**

The traditional concepts of home are based on assumptions of a white, middle class and heterosexual nuclear family (Passaro, 1996; Wagner, 1993). However, the comfort and safety that notion portrays ensures that the widespread nature of violence within families is overlooked (Sibley, 1995; Sennett, 1996). Additionally, 46% of the cities surveyed by the U.S. Conference of Mayors (1998) identified domestic violence as a primary cause of homelessness. Seager and Olson (1986) believed it is possible that domestic violence stems from the idea that women are men’s property and that girls are less valuable than boys.

In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, nearly one in five said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998 as cited by the National Homeless Coalition, 1999c). However, when a woman leaves an abusive relationship, she often has nowhere to go, especially considering the lack of affordable housing and long waiting
lists for assisted housing. There are facilities and shelters available for abused women, but the support for victims of domestic violence is inadequate when compared with the need (Bachrach, 1987; Institute of Medicine, 1988; Wright, 1988).

**Loss of the breadwinner**

One of the most economically deprived groups in North America are single parents. The great majority of single parents are women, and the majority of them live below the poverty line (Shaw, 1994). Quite often, women who are homeless lose their financial support when a husband or boyfriend abandons them. Women who are homeless often note that it was the leaving of a male and his financial support that resulted in their homelessness (Russell, 1991). Russell explains that the pain and trauma of separation from a partner, combined with finding oneself homeless, can be overwhelming. To worsen the situation, often women who are alone (without a partner and/or without a home) are perceived as violating a gender-role norm and are thus judged as deserving their plight (Golden, 1992). However, if a woman stays in an abusive relationship where she is at least guaranteed shelter, she is seen as dependent or ignorant and elicit feelings of pity and disapproval from the general public. Regardless of the life situation, women have typically and traditionally been expected to have the home as the stage and setting for their lives (Henderson, Bialeschki, Shaw, & Freysinger, 1996).

Perhaps the most striking feature about the increase of women in poverty is that they are largely people who were not born into poverty, but were instead forced into it by unemployment, illness, and especially divorce (Sidel, 1986). Divorce often leaves women and children in financial disaster. However, divorce may also increase women’s options and allow them an escape from unhappy and even abusive relationships (Seager & Olson, 1986). However, women who do not marry or become widowed or divorced are often
viewed as failures. If women are on their own but do not work to support their family, they are seen as lazy, although, if they work they are stigmatized as being uncommitted to family values (Arrighi, 1997). Therefore, how a woman decides to live her life is often a series of difficult choices ill-favored by society.

**Services to People Who Are Homeless**

To combat these calamities, shelters have been offering health care, employment counseling, parenting classes and other social services, in addition to supplying food (Harrington & Dawson, 1997). Moreover, Burt and Cohen (1989) found that over half of the shelters they surveyed offered some form of recreational services. For example, Jendaya, as quoted in Klitzing’s (2000) study, noted,

> It’s really interesting—now that I have been living at the houseless shelter, I have actually been able to go and experience Black women’s achievement dinners and certain concerts and musicals and maybe benefits or fund-raisers. I have been able to go out and about and do things socially as a guest of people and with complimentary passes and tickets because I have lived at the shelter, and I almost feel like I am cheating or something. (p.107)

Most shelters try to involve homeless adults and youth in the planning and running of programs as suggested by Ward (1992). Although shelter rules in the past tended to discourage children’s play, youth recreational activities and adult leisure (Rosenthal, & Stein, 1990), several approaches to recreation and leisure provision have been developed for people who are homeless: leisure education, leisure as socialization, community based recreation, and therapeutic recreation (Harrington & Dawson).

A large part of the recent enhancement of services is due to the Stewart B. McKinney Homeless Assistance Act (1987). This act provided the first federal funds targeted specifically at addressing the health, education, and welfare needs of the homeless population (Department of Children and Families, 1999). The authorized
services include: outreach services; prevention; emergency shelter; intensive long-term
case management; mental health treatment; staffing and operation of supportive living
programs; transitional and supported housing; permanent housing for those with
disabilities; health care; alcohol and drug abuse treatment; child and youth education; job
training; veteran’s reintegration; and management and administrative activities designed
to link together services (Levine & Rog, 1990). Obviously, this act encompasses support
for a majority of the needs arising from homelessness.

However, when shelters are available, people are often unwilling to stay in them. The
reasons vary, including privacy, strict rules, pride, physical dangers, and insecurity
(Seltser & Miller, 1993). For example Hazel, quoted by Klitzing, stated, “I like to be
gone because there is too many conflicts in here with the other people that live here” (p.
109). Another problem mentioned in Klitzing’s study was the rules. When the women
moved into the shelter, they agreed to comply with 14 pages of rules, and five more pages
of rules if they had children who lived with them, in order to acquire a room. Four of the
women spoke about the rules and how the rules influenced what could and could not be
done, and when things had to be done. In addition to the sheer number of rules, the rules
controlled critical aspects of a woman’s life, such as when she could have visitors and
how she could discipline her children. Ilana and Hazel were especially unhappy with the
rules. As Ilana observed, “but, we all trying to adjust to this house because there’s so
many rules and the kids gotta be in bed at a certain time and all of that. Other than that, I
am getting along. I am getting by--taking each day as it comes” (p.105). Furthermore,
Hazel stated:

I don’t like it. It’s not a comfortable situation for me or my kids. You are
not allowed to discipline your children in a way that I feel my child needs
to be disciplined. She is very rambunctious and hyper and she needs extra attention when it comes to discipline… you can [do the things that they want you to do] at your own pace and how you want to do it at your own home. You don’t have a set time that you have to clean this and clean that and do things. I think that is very stressful because that’s not how a normal household runs. But, I can understand why if you don’t have time-and it probably wouldn’t get done around here. There is a lot of lazy people that would rather live in dirt then clean up after themselves. (Klitzing, p.105)

Despite the McKinney Act, most shelters provide few services, and shelter residents often complain about their need for more job training, personal counseling, assistance in seeking a permanent place to live, and child care (Seltser & Miller).

However, unless major changes occur during their shelter stay, people’s lives are unlikely to be very different when they leave. It is not the fault of the shelters, as the task of remaking a life cannot be accomplished in a few weeks. But Seltser and Miller noted that it is a depressing reality of the shelter system that so few opportunities exist for people to use their shelter time to turn a life of chaos and confusion into a more stable and predictable future.

**Impact of Homelessness**

Arrighi (1997) suggested that basic needs are emphasized and attended to first in shelters. However, social service providers are beginning to realize that the temporary, episodic as well as long term users of shelters need access to experiences that enrich their daily lives and provide some measure of stability and self-esteem while they endure or struggle with their condition (Harrington & Dawson, 1997). Harrington and Dawson state that in the very least, recreation activities for people who are homeless serve to occupy their free time and provide opportunities for social interaction among their peers. In support of this idea a shelter volunteer said “nothing is worse on the human spirit than doing nothing” (quoted by Rosenthal, 1994, p.160). Furthermore, for most homeless
women who have found shelter, times can stretch interminably throughout the day, interrupted only by meals (Russell, 1991). The major reason that time hangs so heavily for homeless women is that without money options are limited. Once a woman visits her social worker and qualifies for her monthly checks, she has little to do to fill her time, unless she has to take care of a child.

**Needs**

People experiencing homelessness have certain shared basic needs, including affordable housing, adequate incomes, and health care. Some homeless people may need additional services such as mental health or drug treatment in order to remain securely housed (Department of Children and Families, 1999). Other noted needs are job training with placement, adequate nutrition, transportation, and coordinated health, education, and social services. In a 1999 study conducted by the Department of Housing and Urban Development, program staff observed the top three needs of their clients as being a needs assessment, assistance with obtaining food, and development of individual goals. The next five categories were seen as life skills, case management, housing, employment, and general health care.

One of the greatest specialized needs that surfaced in the homelessness research is the desire for normalcy (Butler, 1994). Most of the people who are homeless want to maintain pride, have a sense of being in control, and feel hope that their lives will improve (Harrington & Dawson), as well as having a sense of dignity (Seltser & Miller, 1993). As Austin (1997) noted, each person has a need to grow and realize his or her full potential, and the individuals in this population are no different.
Disaffiliation

Nonetheless, feeling “normal” can be difficult if you feel ostracized by the majority of society. In a society that measures individual worth in terms of occupational achievement and accumulated wealth, feelings of self-worth tend to be based on one’s ability to amass and consume material goods (Newman, 1997). Having a low-paying job and being unable to afford housing can be demoralizing. Rosenthal (1994) noted that it is hard to be labeled as homeless and to be robbed of your rights due to that association. Newman stated, “that identity is our most essential and personal characteristic” (p.120). People who are homeless wish to be seen not as homeless people, but as individuals. Preferably, they wish to be seen as individuals with talents and skills. As a result, homeless people engage in a range of identity work in an effort to “salvage the self” (Snow & Anderson, 1993). In Klitzing’s study, Jendaya, a 52 year-old Caucasian who had been in college, described her life at the shelter, discussing the impact of stigma on women who are homeless. She noted that all the women feel stigma, even if they cannot talk about it. Jendaya felt there was shame in being “houseless”, the word she used instead of “homeless.” She observed that people regard a person differently upon learning the person lives in a shelter. In fact, Ferrill (1991) noted that “homeless” was a label that obscured the core reality . . . It was the label that distanced me psychologically; the label gave me the illusion that they were somehow different from me, that I could be removed. The label could only obscure our shared humanity if there were no human contact between us. Contact shattered the myth of difference by holding up a mirror of humanity. (p. 22)

Therefore, integrating people who are homeless with people who have homes would facilitate the debunking of stereotypes and shattering myths.
Often a result of being stigmatized is social isolation. Disaffiliation is an important aspect of research on homeless women. Samdahl (1992) wrote that social interaction is a large part of everyday, common leisure. Disaffiliation, or lack of social affiliation or interaction, has been noted as a major indicator of homelessness (Bahr, 1968) and a defining characteristic of homelessness (Grunberg & Eagle, 1990). Women in the mainstream of American life develop a network of social structures and have a well-defined set of roles. American females are conditioned to be wives and mothers. Additionally, they are expected to be members of voluntary associations such as the PTA, charitable organizations, and church groups. Women are held responsible for maintaining the social network within the family as well as within the neighborhood and community (Russell, 1991). Gilligan (1982) observed that women see themselves in relationship to their connection with others. This can explain why many homeless women, some of whom have left even their connection with their children behind, are filled with such negative feelings about themselves (Russell). Many of the women in the emergency shelters will talk to one another, but they do not stay in the shelter long enough to become friends (Russell). Thus, as Henderson et al (1996) asserted, women who are poor face different leisure gaps than women gainfully employed in professional jobs. Since they dislike their lives as homeless women, they cling to the fringes of the mainstream. Russell believed it was for this reason that “they attempted to create a semblance of home with the mementos that they had brought with them” (p. 82). Even so, the women in Klitzing’s study seemed to be more affiliated than had previously been noted in the homeless literature. They were more similar to the women in Banyard’s (1995) study (as noted by Klitzing) who used social supports to help them cope with
homelessness. Klitzing also noted that leisure can play a role in maintaining social supports or community connections for women who are homeless.

Seltser and Miller (1993) suggested that we are all more dependent on one another, and on the social institutions we both create and are born into, than we often care to admit. It is this sense of shared commonality with other people that is undermined so firmly and devastatingly by the condition of homelessness (Seltser & Miller). Rodeheaver (1987) maintained that women’s lives are defined by interdependence. Circumstances of dependence have been created for these groups, however, by social policy. At the same time, U.S. culture denigrates dependence and values independence (Henderson et al).

**Powerlessness**

On another note, many of those who are homeless, especially those living in a shelter, have noted feelings of powerlessness and an extrinsic locus of control (Arrighi, 1997). All ten of the women in Klitzing’s study spoke about the difficulties of living in a shelter. For example, staying in a shelter interferes with a mother’s role by increasing her feelings of incompetency about her familial role (Hausman & Hammen, 1993). The literature on homelessness has previously documented that the extensive rules, which are found in most shelters, control the women’s lives and provide structure for communal living. Therefore, their lives at the shelter are scheduled and dictated to them. Although rules were discussed by the women in Klitzing’s study, chores seemed to more fully structure the women’s lives. Only Fogel (1994) has discussed the impact of chores on the lives of women who are homeless. In addition, women, demoralized under poverty and often isolated from their partners, must carry the burden of parenting alone, “while under the watchful eye of strangers who the women believe control their fate” (Arrighi, p. 51).
Often this perspective results in feelings of helplessness, hopelessness and/or depression. Moreover, the longer it takes to find permanent housing for a family, the greater the chances that symptoms of mental depression will be manifested in the women and children (Arrighi). As evidenced, though shelters are beneficial, they can be harmful as well.

**Dignity**

Newman stated that to survive in this world of perceived failure and self-blame, people who are homeless must somehow defend themselves and restore dignity and value to their lives. Upon entering a shelter a person is often struck with the loss of autonomy that is so apparent (Seltser & Miller). Many aspects of shelter life represent disappointments and threats to their dignity though the shelters provide a needed haven and social support (Seltser & Miller). Living in such close proximity creates tensions and problems. Many difficulties have evolved around interactions between women living together in a shelter, as well as between the women and the staff. Attitudes have been blamed for many of the problems (Klitzing).

The more that is uncovered about the experiences of these families, the greater the realization of the multitude of ways in which shelter life continually undermines independence and self-esteem. For example, when phones are placed in public places, people cannot have a private phone conversation with a friend, relative, or potential employer (Seltser & Miller). The result is an undermining of any sense of privacy and autonomy that is essential for them to achieve the conditions necessary to move on with their own, and their family’s, lives (Seltser & Miller, 1993). One common result of the loss of autonomy is a sense of passivity. Since life has become a series of things happening to them; they are no longer decision-makers (Seltser & Miller) and thus feel
helpless. They might become passive because they do not need to act or because they are tired of acting. However, passivity appears to be the most logical response to living in a world they feel they can no longer fathom or affect (Seltser & Miller).

Furthermore, the loss of a home robs them of the physical protection and privacy with its associated secure and autonomous existence. A desire for protection is often expressed in terms of the longing to have a “roof over our head”, or a haven for dealing with the world (Seltser & Miller). Evidently the loss of a home can be a severe blow to a person’s dignity. According to Seltser and Miller, the central belief of dignity is that there is some inherent worth in all persons, and this fact requires certain sorts of responses from others. They go on to state that even though dignity denotes an inner worth, dignity “is both internally experienced and externally validated” (p. 96). When speaking of treating someone with dignity, it refers to a willingness to acknowledge that the person has feelings, needs, wants, capacities, and the ability to be affected by what is done to them and how people respond to them (Seltser & Miller). For example, Ferrill (1991) was infuriated by a case manager’s display of disgust at an individual who was homeless. Ferrill wondered what daily encounters with people who act repulsed must do to a person’s sense of pride and self-image. She thought that if “enough outsiders treat a person as if he or she is a scrap of refuse, unworthy of respect, that person may eventually begin to believe and internalize the perceptions” (p.58). Indeed, to be granted autonomy by others means that that individual possesses the necessary degree of judgment and ability to make decisions that will affect his/her own life as well as the lives of those around him/her (Seltser & Miller, 1993).
An appropriate degree of autonomy is the most vital aspect of dignity. Human beings require the ability to choose, the ability to effect situations and things over which they have some control and discretion (Seltser & Miller). The greatest damage to homeless adults, particularly those with dependent children, may be an undermining of the sense that they are competent and worthwhile parents. Seltser and Miller observed that the saddest comments are often comparative ones, when people look backward to the stability they used to have and forward to what they hope to have again. More broadly, however, this more social dimension involves the need to make a contribution, to function as a responsible adult by collaborating with and helping other people. People have talked about how frustrating it was to always be receiving help and about how much they wanted to give something back in the future. The desire to be perceived as a contributing member of society stems from a need to see oneself as independent enough to have an effect upon one’s social world. Indeed, the absence of an underlying sense of predictability and autonomy may further undermine a fundamental capacity to see ourselves as part of a wider group, as being “social actors rather than isolated observers, as enablers rather than receivers, and as controllers rather than victims” (Seltser & Miller, p.107). To be a human being is to be capable of making choices; to severely restrict our choices is to threaten our human dignity (Seltser & Miller).

A perception of choice or self-determination is also positively related to psychological well-being in adulthood. Henderson et al (1996) noted that a sense of self-determination is particularly important to well-being in later adulthood. As women seek to have choices in all aspects of their lives, they desire choices within leisure as well. Henderson et al believed that through leisure women can learn to value themselves as
individuals and challenge some of the societal restrictions and stereotypes that constrain behavior.

Experiencing dignity also depends upon opportunities for self-expression: the ability to express who we are and what we feel (Seltser & Miller), for example, through leisure. In addition to fostering autonomy, predictability, and self-expression, having a place to live also provides a deeper conviction that we are social beings worthy of being part of a community, adults who can take care of ourselves and fit into American society (Seltser & Miller). Homeless families are forced to rely primarily on internal resources to maintain a sense of dignity. It would be extremely difficult for anyone to carry themselves in that way even in the best of circumstances, without both a history of positive experiences and a continuing social system that reinforced a sense that he/she was a worthwhile human being. When considering the set of particularly disastrous experiences these families have been through, it is understandable how difficult it is for them to maintain a sense of inner dignity and to act out of that sense in front of others (Seltser & Miller). It is imperative to first acknowledge, on the basis of their own accounts, that many members of homeless families entered their present turmoil with extremely low self-esteem and terrible personal histories (Seltser & Miller). This influences perceptions of personal adequacy and identity, as well as their leisure opportunities and resources (Henderson et al).

Women’s Needs

Women have their own set of needs. In fact, the experience of being homeless has been thought to particularly stigmatize women, create stress, decrease self-esteem, and threaten human dignity (Klitzing). Being without a home can be devastating.
Moreover, family roles are central in defining women’s lives (Baber & Monaghan, 1988; Roberts & Newton, 1987). Henderson et al., suggested that women can be constrained when childcare is not available during times when they want to participate in leisure. Childcare accounts for the largest share of women’s household labor and limits their ability to take paid work outside the home (Seager & Olson, 1986). The presence of children has a particularly strong effect on mothers’ leisure (Bialeschki & Michener; Shaw, 1988). Particularly for so many women Seltser and Miller interviewed, whose sense of self was intimately tied up with their children or marriages, failures in these arenas represented a deeper failure in life. For a parent, for example, being unable to provide for their children was a social statement that they were unfit for the role of parent.

Furthermore, many women maintain responsibility for the family and household, even when employed. Moreover, many women made it a priority to ensure that leisure interactions went well, and that the experience was enjoyable for everyone concerned. This can make the situation feel more like work than leisure (Henderson et al). Therefore, family activities can become a situation of caregiving or work if the children are uncooperative or not enjoying the activity (Henderson et al). This results in a major struggle for the woman to find time for herself, as well as time for leisure (Hochschild, 1989). Across studies, women report a need for self-determined personal or autonomous leisure as a means of recuperation and renewal (Bialeschki & Michener, 1994; Freysinger & Flannery, 1992). However, this is difficult to achieve because of a societal-imposed ethic of care (Bialeschki & Michener; Harrington, Dawson, & Bolla, 1992).
According to Horna (1989), family leisure is largely role determined, meaning that fathers and mothers typically conform to traditional gender roles in the enactment of family leisure. Men not only participate less in family leisure than women, but they also do more of the “playing,” especially with regard to sports activities; women do more of the planning, organizing, providing food, and childcare (Horna; Shaw, 1992). Women often seek out situations that they believe will provide positive leisure experiences for their children (Horna). Even when given the opportunity to make choices that could enable leisure, women tended to make selections based on the needs of their children or other necessities (Klitzing, 2000), manifesting an ethic of care. In general, though, the growing body of research on family leisure activities suggests that activities together are centrally important to family members, especially mothers (Henderson et al., 1996).

**Recreation and Leisure Needs of People Who Are Homeless**

“Leisure is a manner of expressing one’s freedom, and enriching life beyond the basic needs of health and welfare” (Sylvester, 1985, p.7). Leisure has been recognized as an essential component of a holistic lifestyle (Hatton, McDonald, & McGeown, 1983). In spite of this, the recreation and leisure needs of homeless people have been seen as trivial at best (Ward, 1990). Fortunately though, there has been an increased recognition that access to recreational opportunities can improve the quality of life of homeless people in significant ways (Ward).

Neulinger suggested that perceived freedom, intrinsic motivation, and noninstrumentality are necessary elements for a person to experience leisure. Bialeschki and Henderson (1986), likewise, identified some element of choice, intrinsic motivation and pleasure as concepts of women’s leisure. Wearing and Wearing (1988) characterized the leisure experience of women as choice and anticipated intrinsic values, such as self-
expression, self-enhancement, and enjoyment. Shaw (1985) identified enjoyment, intrinsic motivation, freedom of choice, relaxation, and lack of evaluation as components of women’s leisure experience. The idea of leisure as a meaningful experience has been noted as the most useful way to define women’s leisure (e.g. Bialeschki & Henderson, 1986; Henderson, 1990; Henderson & Bialeschki, 1991; Wearing & Wearing). When Klitzing asked, “how do you feel when you experience leisure?” five women spoke about feeling relaxed. Three spoke about feeling good.

Most leisure theorists believe leisure to be a subjective experience (Henderson et al., 1996). An essential part of that experience is freedom. Social psychologists of leisure have been careful to distinguish between absolute freedom and perceived freedom (Neulinger, 1981; Iso-Ahola, 1980). They suggest that knowing the individual’s perception of freedom is more important than whether freedom exists in any absolute sense (Henderson et al).

Shaw’s (1994) conceptual framework for exploring the complexity and contradictory nature of women’s leisure suggested that leisure activities and experiences are neither inherently positive nor negative, and that it is possible for leisure to contain both positive and negative outcomes at the same time. For the majority of women in Klitzing’s study, this held true. It has historically been thought that leisure activities and experiences were inherently and solely positive. The first leisure model to propose a negative or unpleasant component of leisure was Gunter and Gunter (1980). The environment or setting of the leisure often affects how leisure is experienced. Although women may live in the same shelter, the women’s experiences in the shelter vary based on personality, family background, education, children, social support, race and other
variables. The women’s living situation, however, is part of their everyday life, affecting their leisure, and should be examined. The context of the shelter, in which the women who participated in the present study lived, included rules, goals, obligations, and chores. These aspects seemed to have a major effect on what the women could or could not do in leisure, as well as on other aspects of their lives.

The accounts that homeless parents give in their interviews reveal that, apart from associations with their partners or children, virtually all their other social contacts have been severed (Seltser & Miller, 1993). Shaw (2000) recognized that “leisure cannot be easily or meaningfully separated from other aspects of social life” (p. 149). To lose a job, for example, is to lose not merely a paycheck but an entire social network that helps to bolster one’s sense of being a social actor (Seltser & Miller, 1993). However, many families tried to distance themselves as much as possible from the people they lived with in order to avoid contamination or association with a set of problems they wanted to ignore (Seltser & Miller). While Seltser and Miller attained some examples of mutual strengthening, most of these people lacked any meaningful adult-to-adult interaction. When it comes to day-to-day reality, though, what is important is face-to-face contact with individuals, including how many times individuals avoid us (Seltser & Miller).

Recreation and leisure can provide individuals with a chance to redefine themselves. Individuals can be known as “a good ball player”, for example, instead of being known as a “homeless person.” This can be liberating, since one of the hardest things to bear is being labeled as “homeless” (Rosenthal, 1994). Moreover, participation in community based recreation aids homeless people to overcome social isolation, and to promote integration as well as self-efficacy (Harrington & Dawson, 1997). Participation
in recreation programs with “ordinary” people not only provides a sense of normalcy, but allows people who are homeless a “sense of freedom and dignity as consumers in an open market” (Ovrebo, 1992, p. 143). Harrington and Dawson felt that recreation participation could combat demoralization, connect people to the community, stabilize and normalize lives and improve the quality of life for people who are homeless. This connection between leisure/recreation and positive outcomes such as assisting with coping or increasing quality of life for people who are homeless has been understudied (Klitzing). Ferrill (1991) realized that doing basic household tasks allowed several former homemakers to do what they had gotten a sense of satisfaction from before becoming homeless. In fact, “I restrained myself as I saw the rewards of letting people do for themselves, and the danger of fostering a sense of helplessness and dependency by taking away that opportunity” (Ferrill, p. 26).

However, most people only see the homeless as needing help. Undervalued people, such as those who are homeless, may demonstrate learned helplessness, dependency and incompetence, thus impeding their integration into everyday community life (Kunstler, 1991). This can result in being overcome by feelings of helplessness and hopelessness (Lovell, Barrow, & Struening, 1992). Austin (1998) suggested that participation in a prescribed activity would facilitate a person to “gain control over their situation and to overcome feelings of helplessness” (p. 112). Furthermore, Mobily (1985) showed that when individuals can control some aspect of their environment, they derive psychological benefits. Recreation and leisure activities can be the foundation for learning to control aspects of the environment. Females have often described their leisure as augmenting self-confidence and feelings of self-empowerment by defying harsh
gender role norms (Freysinger, 1988). Activities away from the shelter may offer the personal space for women living in a homeless shelter to experience moments of control in a life situation that has multiple constraints. Leisure may also be an opportunity for women to cope with their present situation (Klitzing, 2000).

**Women’s Leisure**

Most women rarely have complete freedom to choose leisure activities for themselves (Henderson et al., 1996). Church activities, volunteering and community service, and education are of particular significance to women in North America (Henderson et al). They can provide a social network and meet women’s affiliation needs, but it can also be experienced as work rather than leisure (Allen & Chin-Sang, 1990). Many women experience a lack of balance in their lives due primarily to a lack of leisure. They may lack time free from obligations, space for themselves, and/or opportunities and resources needed to enjoy leisure (Henderson et al).

A cross-national study of family leisure has also indicated the importance to women of having the time and space for leisure of their own (Samuel, 1995). Many women desire and actively seek out some autonomy in leisure when leisure becomes a time they do something for themselves and a time free, if only briefly, of their responsibilities for others (Samuel). Some women prefer women-only activities and feel more comfortable in such groups, because they provide personal growth and a sense of control and empowerment (Henderson & Bialeschki, 1986, 1987). Women-only groups can provide a different experience because women can be themselves and are relatively free of role expectations (Sadker & Sadker, 1986). Woods (1994) noted that women tend to be more intimate with friends, more likely to have one-to-one relationships, and to
receive understanding, support and security in their relationships. In fact, one of women’s most common activities is visiting friends (Bialeschki, 1984).

While women-only groups are beneficial, women also need time alone. For example, Jendaya, as quoted by Klitzing (2000), stated that “I feel the most comfortable when I am alone” (p.129). However, women are often socialized to believe that aloneness is to be feared and avoided, not sought and enjoyed. Many women, however, have learned to value solitude (Henderson et al).

The leisure of women has been heavily influenced by patriarchal structures that dictated gender roles, family structures, work, and appropriate characteristics for women. These structures have often been repressive and oppressive of women in all aspects of their lives. Learning autonomous and self-determined leisure may be particularly important for women who have learned to put the needs of others before their own needs (Henderson et al), and fallen under the weight of these patriarchal structures. Leisure can be a source of empowerment over the ethic of care and a form of resistance to gender roles.

Most of the activities that the women in Klitzing’s study discussed could be considered ordinary and casual. Many of their activities were informal, inexpensive, and accessible. Also, the activities that the women discussed were part of Kelly’s (1983) core activities. Kelly described what he called a “core” of activities that included reading, walking, watching television, listening to the radio, spending time with relatives, and sexual interactions. Stebbins (1997) described activities such as taking a nap, watching television, reading a newspaper, and taking a walk as examples of casual leisure. In this regard, the leisure activities of the women who were homeless and participated in
Klitzing’s study were found to be very similar to those engaged in by the majority of adults in the United States.

**Constraints**

However beneficial recreation can be for people who are homeless, multiple obstacles keep them from such experiences. Jackson (1997) defined constraints as “factors that are assumed by researchers and perceived by individuals to limit the formation of leisure preferences and to inhibit participation and enjoyment in leisure” (p. 461). Constraints can be real or conceived. Noted “real” constraints are lack of childcare, stress from job searching, and/or not feeling comfortable or social with the people around them. Perceived constraints include believing that other people will look down on them for engaging in a certain activity, or supposing that their abilities are not sufficient for an activity. A common fallacy is assuming that perceived constraints are only in the mind and are not “real” (Henderson et al., 1996). Often the initial solution to perceived constraints is thinking that the individual requires only a simple change of perception or attitude. For example, if some women feel constrained by childcare or familial responsibilities, the suggestion might be that they should change their attitude to give themselves relief from feeling the weight of their responsibilities. “This attitude change, however, ignores the profound socialization into such responsibilities and the value women place on caring activities and concern for others’ well-being” (Henderson et al., p. 104), also known as an ethic of care.

Moreover, Henderson et al purported that constraints may be conscious or subconscious. For example, lack of financial resources is another constraint that has been shown to affect both men and women (e.g. Searle & Jackson, 1985). However, homemakers usually do not have an independent income and are often reluctant to spend
“family money” on their own leisure activities (Henderson et al). They are also less likely to own a car, and walking or taking public transportation can be difficult and inconvenient, especially with children. And it can be dangerous in certain cities and at particular times of day (Henderson et al). Lack of skills can consciously constrain leisure (Jackson & Rucks, 1995). Furthermore, subconscious, not absolute lack of skills due to low self-esteem or self-confidence may be the antecedent cause (Henderson et al).

Subconsciously knowing that an activity is considered socially inappropriate or unsuitable may mean that a woman does not even consider the possibility of participation and decide that she is “not interested” (Henderson et al). In fact, Allen (1984) stated that the lack of approval for an activity by either family members or friends was reported to be a stronger constraint on leisure than other intrapersonal or structural constraints. Other subconscious constraints include shyness, self-consciousness, ethic of care and poor body image. These can also be seen as direct interpersonal constraints (Henderson, Stalnaker, & Taylor, 1988). However, women will not be able to find ways to negotiate self-esteem, body image, the ethic of care, their lack of a sense of entitlement, or even fear of violence unless they recognize such factors as constraints (Henderson et al., 1996).

The negotiation strategies that people use depend on the kinds of constraints they face and on the activities in which they wish to participate (Jackson & Rucks). Behavioral strategies such as modifying their leisure are far more prevalent than cognitive strategies such as ignoring the problem or “trying to be positive” (Jackson & Rucks). People are more likely to be successful at negotiating leisure constraints when they are highly motivated to continue participation (Allen). Kay and Jackson (1991) found that constraints may reduce leisure participation below desired levels, but some
activities like watching TV, visiting with a friend, reading, etc. were not effected by financial constraints. Additionally, their negotiation is affected by availability of resources and the difficulty of the constraint (Henderson et al). Similarly, the women in Klitzing’s study were able to have more frequent leisure experiences when they were away from the control, structure, or surveillance of the shelter. When questioned, the women in her study did not indicate they were highly constrained in their leisure. Despite poverty and numerous structural restrictions, all of the women could identify leisure activities or experiences that brought them fun, enjoyment, and/or relaxation.

Therefore, leisure could be a significant aid in helping women who are homeless cope with their life situation. Although the shelter is not “home” and only superficially satisfies certain needs (i.e. safety, food, roof, structure, storage), the shelter can be a place for people who are homeless to experience leisure. Leisure can give people, especially women, the time and space they need to resist societal expectations and feel free enough to express themselves. Leisure also has the possibility to enhance self-esteem, restore dignity, facilitate agency, improve affiliation and social networks, increase autonomy, redefine identity status, and strengthen will. As this literature review demonstrates, although there are a plethora of reasons for homelessness (i.e. lack of housing, employment issues, mental illness, addiction, domestic abuse, loss of breadwinner), leisure has the potential to alleviate some of the negative impacts of homelessness.
CHAPTER 3
METHODOLOGY

This exploratory study was an extension of a study that examined leisure in the lives of women who are homeless within the context of a shelter (Klitzing, 2000). It expands on Klitzing’s work by focusing on mothers who are homeless. Butler, as well as other researchers (Klitzing; Kunstler, 1991), suggested that more qualitative research be done to better understand the needs of people, women in particular, who are homeless. This chapter describes the research methods that were used for this study.

Naturalistic Research

The study employed naturalistic research. Naturalistic research, also known as interpretive or phenomenological perspective, stems from the idea that knowledge is the result of human activity rather than an entity waiting to be discovered (Bullock, 1993). Bullock further explains that the assumption underlying the phenomenological perspective is that knowledge is a human construction, and as such is constantly changing. In this type of research the subjective experience of the researcher leads him or her to an understanding of the realities being studied. Interpretive research acknowledges the complexity of human life and seeks full, vivid descriptions of time and setting in order to explain meaning (Rubin & Rubin, 1995). To better understand the emerging concepts and propositions of these realities, the researcher evaluates the method throughout the study and then adjusts it to better understand the phenomenon being studied. As a result, there is no predetermined data collection period, as data are collected and analyzed throughout the research process until no new data or concepts are...
discovered. The ongoing analysis determines whether the inclusion of new/different research participants as well as the collection of additional or different data are needed.

**Sites**

Klitzing collected her data at a transitional facility for women. As this study is a replication and extension of hers, two local homeless shelters were chosen as the sites for data collection.

**St. Thomas House**

One of the sites for this study was St. Thomas House (STH) (pseudonym), a homeless shelter located in a mid-sized Southern city. STH was chosen because it was the only shelter in the area that had services for women. The shelter’s name was changed to protect the privacy of the participants.

Most of the people who frequent STH are either African-American or Caucasian. It is open to the general population from 10am until 7pm every day. Lunch is served from 11:00am to 12:30pm to anyone, visitor or resident. At 6pm dinner is served to the residents only. Approximately 25 residents and five temporary guests stay on site each night. The temporary guests are only guaranteed a one-night stay, and the residents can stay up to one year. On average, residents stay about two months, however, they may be evicted if they break any of the rules (see Appendix A). Once a person has been a resident of STH, they cannot be a resident again for one year. Moreover, any visitor to the facility can be restricted for 30 days due to a rule infraction or disorderly conduct. To be reinstated they must submit a letter of apology to the director. If at any time they violate their restriction the time starts over again. A second violation results in a 60-day restriction.
Anyone can use the facilities at STH, however, there are admission criteria for people wishing to stay the night. There are only two facilities in the county that allow people who are homeless to spend the night, and the other facility only serves men. As a result, STH first seeks to help women, children, and families find a place to stay for the night. In addition, people with medical conditions, such as a recent release from the hospital, are also given higher priority. Generally, though, admission is given to those first on the waiting list. Every day there is a waiting list of at least ten people looking to spend the night at the shelter. However, in order to be considered, a person has to obtain a clearance from the police station about six blocks away. The first twenty-five beds are filled with individuals for an indefinite period of time (residents), then the last five beds are given to people only for the night (temps), though the temps are the first ones to be put on the waiting list the next morning. Each room has between three to five beds. Families are always together in a room, but they sometimes have to share with single people.

The facilities at STH include a garden, kitchen, dining room, nine rooms housing three to five people, two public phones, two bathrooms for each sex, children’s play area (indoor and outdoor), lounge, case managers’ office, laundry room, outdoor basketball net, two offices, and a conference room. It is centrally located in the downtown area of the city.

In the past year at STH (STH Annual Statistical Report, 2000-2001):

♣ 11,597 shelter nights were provided (74% to women and families)
♣ 18.7 days average length of stay (including temporary guests and residents)
♣ 39,936 meals were served in the soup kitchen
♣ 1206 non-resident visitors washed and dried laundry
1371 non-resident visitors took showers
340 people were turned away from the shelter

Over the past two years, the researcher volunteered between two and four hours each week at the front desk of STH. During that time the researcher observed some of the participants during their daily activities. Furthermore, from her volunteering, the researcher knows the workings of the shelter and the dynamics between staff, volunteers, residents, and visitors.

**Salvation Army**

The other site chosen for this study was a Salvation Army (SA) shelter. This site was chosen so as to broaden the number of participants in the study. SA is a homeless shelter that services a variety of homeless people, including families. It is located in a different mid-sized Southern city than STH. Its name was not changed due to the abundance of Salvation Army shelters in this country.

SA is open to the general population from 8am-5:30 pm. They serve lunch (12:30-1:30pm) and dinner (5:30-6:00pm) to anyone every day. They have three programs running to serve the various needs of the homeless population: a substance abuse rehabilitation program, a work program, and a temporary shelter program. There are separate men, women, and family areas. They house at least 100 people each night, and put up extra cots during the winter months. Mothers with children have their own section of the building, and each family is given its own room. On average, people stay at the shelter about two months, though they may be evicted if they break any of the rules (see Appendix B).

The facilities at SA are extensive. They include a classroom, a kitchen, various sleeping areas, a playground, two lounge areas, a laundry room, a cafeteria, indoor and
outdoor children’s play areas, offices, and a conference room. It is centrally located in the downtown area of the city.

In the past year at SA (SA Annual Statistical Report, 2000-2001):

♣ 123,332 meals served
♣ 37,783 nights lodging for…
♣ 3,888 men
♣ 648 women
♣ 173 children
♣ 89 families
♣ 1,372 days of camp for children

**Participants**

A purposive sampling technique was utilized for this study. This technique is often used in qualitative research “partly because the initial definition of the universe is more limited, and partly because social processes have a logic and a coherence that random sampling can reduce to uninterpretable sawdust” (Miles & Huberman, 1984, p.27). Thus, truly getting at the heart of an issue through interviews can dispel any false first impressions or hypotheses gained through one-time observances of an issue. Furthermore, although qualitative research cannot be generalized to a population as most research done through random sampling, qualitative research methods give you a deeper understanding of people and occurrences.

To be considered for the study, the women had to be over 18 years of age and a mother. The case managers at the shelter aided the researcher in identifying the mothers at the shelter. The researcher recruited participants by approaching the residents of STH and SA who were mothers over age 18 and asking them to participate in the study (see
Appendix C for Participant Recruitment Script). As Glaser & Strauss (1967) suggested, the interviews continued until the data was saturated. No compensation was given for participation.

To participate in the study, the women had to be able to verbally communicate, as well as able to sit and talk for at least half an hour. In addition, they had to be able to give informed consent. Prior to the interview the researcher ascertained this information by requesting the information from the potential participant.

Eight mothers were able to participate in the study, three from STH and five from SA (see Table 3-1). They varied in age from 23 years to 44 years old. Four of the mothers were Caucasian, three were African-American, and one was Hispanic. All but one mother had finished high school, and none of them were employed at the time of their interviews. Four of the mothers did not have all of their children with them at the shelter.

<table>
<thead>
<tr>
<th>Name</th>
<th>Childcare</th>
<th>Race</th>
<th>Age</th>
<th>Education</th>
<th>In Shelter Before</th>
<th>Length of Stay at Interview</th>
</tr>
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<tbody>
<tr>
<td>Alison</td>
<td>3 (1 at STH)</td>
<td>Af. Am.</td>
<td>38</td>
<td>Some college</td>
<td>No</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Tracy</td>
<td>2 (both at STH)</td>
<td>Cauc.</td>
<td>39</td>
<td>HS</td>
<td>No</td>
<td>4 days</td>
</tr>
<tr>
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<td>Hisp.</td>
<td>43</td>
<td>Some college</td>
<td>Yes</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Virginia</td>
<td>2 (not at SA)</td>
<td>Af. Am.</td>
<td>39</td>
<td>HS</td>
<td>No</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Andrea</td>
<td>1 (at SA)</td>
<td>Af. Am.</td>
<td>25</td>
<td>HS</td>
<td>No</td>
<td>7 weeks</td>
</tr>
<tr>
<td>Cindy</td>
<td>2 (1 at SA)</td>
<td>Cauc.</td>
<td>40</td>
<td>Incomplete HS</td>
<td>No</td>
<td>3 days</td>
</tr>
<tr>
<td>Krystal</td>
<td>2 (1 at SA)</td>
<td>Cauc.</td>
<td>44</td>
<td>College</td>
<td>No</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Emily</td>
<td>2 (both at SA)</td>
<td>Cauc.</td>
<td>23</td>
<td>GED</td>
<td>No</td>
<td>4 days</td>
</tr>
</tbody>
</table>

*Aliases

Alison (STH)

Alison was a 38-year-old African-American woman. She had three daughters--aged 9, 16, and 17. The two oldest lived with their father in Texas and she was still in
contact with them. The youngest, had a different father, and lived with Alison at STH. Alison had never been homeless before, though she had lived with friends. Her family did not know she was without a home. At the time of the interview, she had been at STH for about six weeks. She originally lost her home when she broke up with her boyfriend. She then moved in with a friend, transitioned to a rooming house, and then finally came to the shelter. She planned on staying at the shelter until she received her unemployment check and then found an apartment.

She graduated from high school, and attended one year of college. At the time of the interview she was a day care worker, but had previously worked as a bookkeeper as well as an administrative assistant. Since she worked part-time, she also looked for a “good” paying job and interviewed at least three times each week. While she was at interviews, her daughter was in school.

The interview was conducted in the conference room at STH. Since only staff are allowed in the conference room, there was little traffic during the interview. Alison was rather loquacious, and had multiple stories to tell. She was an educated and assertive woman who knew what she needed to do to end her homelessness and was trying to do that while still keeping her daughter happy. For example, though trying to save money, Alison took her daughter out to dinner every once in a while.

**Tracy (STH)**

Tracy was a 39-year-old married Caucasian woman. She had two daughters--aged 11 and 14 years old. Tracy, along with her husband and daughters, had been at STH for four days. They had never been homeless before. They had moved around due to financial problems, which led them to seek work in various other cities.
Tracy graduated from high school and was accepted to culinary school, but did not go due to the nature of her husband’s job. However, she planned on going back at some point. Her husband was currently working, but she had not found a job yet. She had worked at convenience stores, and had previously operated a bakeshop out of her home.

The interview was conducted in her room at STH. Her husband and children continuously came in and out of the room during the interview, which led to various disruptions. At one point, the researcher had to leave so the husband could change clothes. Considering the interruptions, the interview flowed smoothly and Tracy was very forthcoming in her answers. She was a self-assured woman who liked to keep to herself and was “just passing time” until she and her family could leave the shelter. They were waiting to save enough money from the husband’s job so they could get their own place.

Rachel (STH)

Rachel was a 43-year-old Hispanic woman. She had two daughters--aged 14 and 18 years old. They had been at STH for two weeks. They lived at another shelter in New Mexico in 1997 as the result of financial difficulties. They moved to this state because her oldest daughter wanted to go to school here.

Rachel graduated high school and attended some college for physical therapy. She did not have a job yet, so they did not have a house even though they had a Section 8 voucher. She called herself a “displaced home worker.”

The interview was conducted in her room. Throughout the interview, Rachel emphasized that she and her daughters do everything together. She was also adamant that she could not experience leisure unless she had a home and did not have to worry
about finances. They planned on leaving STH once they found work. Overall, Rachel was a rather upbeat person who was realistic about her situation while trying to see the bright side.

**Virginia (SA)**

Virginia was a 39-year old single African-American woman. She had two sons--aged 18 and 20 years old. They lived with her mother. Virginia had been at the SA in the drug rehabilitation program for six weeks. Though her mother had put her out of her home at various times, she had never really been homeless because her mother always took her back. Virginia was married, but due to her drug and alcohol problems, her whole family moved in with her mother. Then she divorced her husband and gave her mother custody of her children.

Virginia graduated from high school, but had not attended college. At the time of the interview, she was unemployed, which was a criteria of the rehabilitation program at the SA.

The interview was conducted in one of the case management offices. Virginia was very open and easy to interview. She was very intent on starting the curriculum of the drug rehabilitation program and “getting rehabilitated.” She wanted to eventually have a place to live for her and her youngest son.

**Andrea (SA)**

Andrea was a 25-year-old African-American women; her only son was five years old. They were originally from another state, but had been in this state for some time. She had never lived on the streets, but had been without a home for quite some time. During that time her friends housed her for long periods. They had been at the SA for
seven weeks. Her Department of Children and Families case manager referred her to the SA.

Andrea had graduated from high school. She was not employed at the time of the interview, and that frustrated her since she “desperately wanted to support herself and her son.” Moreover, she wanted to move back to her mother’s house in another state.

The interview was conducted in one of the case management offices. Her son was present during the interview. His presence was a distraction to Andrea. She disclosed that he has Attention Deficit Disorder and it was very evident by his continuous roaming of the room. As a result, Andrea frequently had to stop mid-sentence to reprimand him. It was possible that this caused her answers to be short. Interestingly, she could not define the word nor relate her feelings about leisure since she had “never heard that word before.”

**Cindy (SA)**

Cindy was a 40-year-old single Caucasian woman. She had a 14-year-old daughter who was staying at a nearby shelter, and a 21-year-old son who was at the SA with her. Her daughter was at the other shelter due to a misunderstanding. They were originally from another southern state, and had been at the SA for three days. Cindy became homeless when she broke up with her boyfriend.

Cindy had not graduated from high school and was not employed at the time of the interview. However, she was trying to get bus tickets for them to get back to her home state.

The interview was conducted in one of the case management offices. During the interview, Cindy did most of her talking while looking at the floor, and most of her sentences were short. Cindy was rather distraught about not being with her daughter, and
also that her daughter was alone at another shelter. Cindy claimed she “could not enjoy anything” until she was with her daughter again.

**Krystal (SA)**

Krystal was a 44-year-old divorced Caucasian woman. She had a son, aged 12, who was staying at the YMCA, and a daughter, aged two, who was staying with her at the SA. They had been at the shelters for three weeks. She moved from Michigan after losing a job and quitting another one. She had never been homeless before and her family did not know about her situation because she felt “they would not help.”

Krystal graduated from college with a B.S. degree. At the time of the interview she was not employed, but was looking for employment with the federal government. She had worked for the government before, as well as in cosmetology and retail.

The interview was conducted in an office cubicle, near a trafficked hallway. There was a steady flow of people that were mildly distracting. During the interview, her rambunctious daughter was running all over the facility and had to be tracked down multiple times. At one point, she told the researcher to “hurry up” as her daughter was becoming “overly antsy.” It appeared Krystal was using the interview to vent and did not answer many of the questions. Krystal was incredibly frustrated with her situation and that she had to “watch her daughter 24 hours a day and could not ask for help from others around her.” This constant supervision was hard on her as she was used to her son doing some babysitting for her.

**Emily (SA)**

Emily was a 23-year-old single Caucasian woman. She had two sons--aged five and one. The three of them had been at the SA for four days. They came to the SA when they were evicted from their apartment. Emily’s mother knew about her situation, but
“had done little to help.” This was the second time Emily had been homeless; she was “kicked out” of the house at age 16 by her mom. When that happened, she stayed with friends.

Emily had her GED and was not employed at the time of the interview. Before she could become employed she needed childcare, for which she had applied.

The interview was conducted in a classroom. Her children were allowed to play with the toys in the room, though that became a distraction for her when they started fighting over the toys. Emily was grateful to be at the shelter, and was surprised at the ease with which she and the children were able to adjust.

Non-Interviews

As could be expected, a few barriers to conducting interviews arose. Some women would agree to interviews, but then some reason would detain them from keeping the appointment. Two women either left the shelter or had an emergency arise before the interview could occur. Another women’s employment schedule kept changing and that caused her to never make an interview. Additionally, six women backed out of the interview simply because they were too tired or felt that the interview would be too probing and personal. A husband of another potential woman would not let her be interviewed because he did not feel they were homeless, they were “simply in a period of transition.”

Data Collection

Data were primarily collected through in-depth, face-to-face interviews (see Appendix D for Interview Guide) during the months of June and July of 2002. There was no specified or predetermined time frame for data collection; instead, the interviews were conducted until no new themes or concepts emerged.
The interviews were semi-structured (Rubin & Rubin, 1995), and conducted after the participants read and signed the informed consent (see Appendix E).

The interviews were based on six main questions (see Appendix D): (1) Tell me about yourself; (2) Describe your life at the shelter; (3) What are things that cause you stress; (4) What are some things they do because they want to and do not have to; (5) What do you do in your free time; and (6) What comes to mind when you think of the word leisure. These six questions also had more specific, probing questions to flush out more details. The first question asked about basic information. The second question delved into shelter life. Through this set of questions, their routine and shelter experiences were discussed. Their activities outside the shelter were also discussed. The third question attempted to discern the causes of stress, which illuminated some constraints to their leisure. The fourth question asked about choice, fun, enjoyment, and relaxation. Besides being key components of leisure, this question was used to discern intrinsic motivation as well. This question also examined with whom the women recreated, as well as what kept them from their desired activities. The fifth question explored free time and free time activities, including activities that had caused trouble for the women. The final question directly asked about leisure. They were asked to define it and describe how they felt when they experienced it. It also sought to expose any illegal leisure or constraints to their leisure. Most of the questions revolved around the key concepts of leisure, such as intrinsic motivation, freedom, choice, and enjoyment.

All the participants were interviewed at their respective shelters. The interviews conducted at STH were in the dining room or conference room. These sites were chosen because they were spacious, comfortable, and familiar to the participants. The interviews
at the SA were conducted at first in the case management offices. However, when the noises outside became a distraction, the interviews were moved to an office cubicle. But that was also located in a disruptive area, so the last interview was conducted in a classroom. The times were set up at the convenience of each participant, working around job and appointments. However, this led to multiple interviews being canceled or moved.

The interviews were audio-recorded and then transcribed verbatim. After the interviews were transcribed, each participant was shown a copy of her transcript for approval and confirmation of accuracy. The interview tapes and transcripts were assigned a code number. The list connecting the participant’s name to this number was kept in a file cabinet. The audiotapes and the transcripts were kept in a different file cabinet. When the study was completed and the data analyzed, the code list, the tapes and the transcripts were destroyed. Also, pseudo-names were used in the reporting.

The data were collected through fieldwork, observations, and documents, which were analyzed systematically as the data was gathered. In addition, agency documents, researcher observations, and informal conversations with the women and staff helped to clarify the interview data.

**Analysis**

Analysis began with the transcription of the first tape and continued throughout the data collection. The transcriptions were read and reread. Then they were coded to develop and refine the interpretation of the data (Taylor & Bogdan, 1984). Coding assists in the interpretation of data as it fragments the data into separate categories or themes (Rubin & Rubin). A code was given to each characteristic or concept that emerged about the women and her leisure. Through analysis, various categories were identified and their connections were determined. Subsequent data collection was based on the
emerging concepts developed through constant comparison with the additional data. Data analysis proceeds from ‘open’ coding (identifying categories, properties and dimensions) through axiel coding (examining conditions, strategies, and consequences) to selective coding around an emerging story line (Dey, 1999; Glaser & Strauss, 1967; Strauss & Corbin, 1990). This was to allow for adjustments due to new ideas or concepts emerging from the gathered data. Once no new concepts were ascertained to further conceptualize the data, no new interviews were conducted.

The interviews were coded and then analyzed for themes among the codes. The process of constant comparison was used to analyze these themes. Constant comparison involves four stages of categories and their properties: generating categories and their properties; integrating them; delimiting them; and writing the emerging theory (Dey). A category is “a conceptual element of the theory” (Dey, p. 7); whereas, a property is “a conceptual aspect or element of a category” (Glaser & Strauss, p. 36).

Coding the observations generated categories using open coding. Open coding refers to “the process of breaking down, examining, comparing, conceptualizing and categorizing data” (Strauss & Corbin, p. 61). It is “the first basic analytical step” from which axiel and selective coding follows. Axiel coding is “a set of procedures whereby data are put back together in new ways after open coding, by making connections between categories” (Strauss & Corbin, p. 96). Axiel coding was the method used to integrate the categories. Selective coding is “the process of selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development” (Strauss & Corbin, p. 116).
In addition, constant comparison was used to compare the information obtained from observations, interviews, and existing documents so as to triangulate among the various data collection methods (Bullock, 1993). Overall, the analysis was a recursive process (Howe, 1991), designed so that additional data could be used as they became relevant to the study.
CHAPTER 4
RESULTS

While listening to the women discuss their everyday experiences several themes emerged. One key theme was stress. Significant stressors were people, rules, time, and the lack of money, a job, and/or transportation. All of the women, except Virginia (39, African-American, 2 sons at her moms), were stressed and/or worried about their child(ren). This was just one manifestation of the mother’s ethic of care, and constitutes another theme. Further examples of the influence of the ethic of care include cleaning, putting other’s first, and putting children’s needs above their own. The final theme discussed was a lack of autonomy. A majority of the mothers felt they had limited options and/or power in multiple aspects of their lives: clothing, shelter, schedules, rules, food, and leisure. The themes were also discussed in relation to the mother’s leisure. However, to better understand the role of these three themes and leisure in their lives, their life in the shelters must be looked at first.

Shelter Life

Daily Routine

Life at the two shelters was seemingly similar: up at a certain time; in the shelter watching the children, or out looking for jobs or attending appointments; lunch at the shelter, which is offered to everybody; back for a residents-only dinner; and then a curfew. At St. Thomas House (STH), the residents got up at 7am, were offered breakfast, lunch at noon, dinner at 6pm, check-in at 7pm, and back at the shelter by 10pm for bed. In contrast, at the Salvation Army (SA) residents had to be up at 5:30am, attended a
mandatory breakfast, and had to be in by 5:30pm (also dinnertime). Virginia’s daily schedule was a little different than the rest of the women, since she was in a substance abuse program at SA. She explained:

Well, we get up at 5:30 in the morning, do our personal hygiene, make our bed, go to breakfast, come back. Then we have our group . . . Then we leave from there and we come back here. And we either go in the Pit, which is where we smoke and watch TV and have conversations. Or either out in the garden where the nice breeze is and we can sit in the lobby. We can’t go back to bed until after 12. Then we have our [Alcoholics Anonymous] (AA) meeting like 1 or 2 every day of the week. And then we have a [Narcotics Anonymous] meeting or AA meeting in the afternoon. And it varies anywhere from 6 to 8 o’clock. And then we come back here and get ready for bed and we in bed by 10. And that’s the routine, until we start our program in a couple weeks.

Although children had to be supervised at all times at STH, parents could leave their children with other people. This was not the case at SA, where the parents had to watch their own children at all times. As Emily (23, Caucasian, 2 boys with her at SA) put it, “the children have to be with you at all times. Sometimes, that’s a little… like if they’re sleeping, you can’t go outside and smoke a cigarette.”

When not at the shelter during the week, half of the women were likely to be looking for jobs (Alison, Rachel, Andrea, Krystal). Five of the women were often walking around either the neighborhood or the mall. All of the women went to the library at some point in the week. Alison, Emily, and Andrea were the only women who also went to a friend’s house. However, Tracy, Rachel and Cindy were from others states, so they were not able to have family nearby, or had time to build friendships. Virginia and Krystal (44, Caucasian, 1 daughter with her at SA, 1 son at YMCA) had other reasons for not seeing friends. For instance, Virginia’s program did not allow her away from its structure, and Krystal explained that she had “lost a lot of friends, they’re just busy doing other stuff.”
Other things they did when not at the shelter were applying for food stamps, attending doctor or housing appointments, at the park or garden, or attending church. Each of these activities tended to fill up most of their days. Unlike the rest of the women, Tracy (39, Caucasian, 2 girls with her at STH) spent most of her time at the shelter, although she did leave to go to the library. During the day she would spend time with her children while her husband was at work. Virginia also rarely left the shelter, except for AA meetings as part of her program.

When the mothers were not working on goals such as finding a house or a job, they were able to engage in various activities. They were able to read, write, watch children, organize their room, watch TV, and/or visit their child at another facility. Five mothers answered the question “what do you do when you are not working on your goals or chores?” with leisure-related activities such as walking, praying, and watching TV. For example, Rachel’s reply was succinct—“basically, all we do is walk. We just walk or sleep.” Furthermore, two of those mothers, Alison and Tracy who are both at STH, also answered with non-leisure related activities--job searching, and organizing her room, respectively. Tracy replied “I just stay around here, keep up with the kids. As you can tell I keep things pretty organized around here. Basically, right now, that’s all I do.” On the other hand, Krystal felt that if she was not working on goals, then she was watching her child or visiting her other child, “there is no other time left, there really is not. Not for myself anyway.”

The mothers’ weekends were different than their weekdays, except for Cindy (40, Caucasian, 1 son with her at SA, 1 daughter at another shelter) and Virginia. The other six mothers’ lives were less structured on the weekend. They were able to sleep later,
spend time with friends, as well as do the activities previously mentioned. As Alison stated:

Usually on Saturday and Sundays we sleep in late because there is really nothing going on. We can go to the library and stuff, but you can’t really look for housing. You could if you were looking for, but I’m looking for low-income housing, so they’re usually Monday through Friday.

For others, the weekends were also about being less busy. For example, Rachel (43, Hispanic, 2 girls with her at STH) noted that “during the weekend we walk around and relax.” Unlike Rachel, Andrea (25, African-American, 1 son with her at SA) liked to stay at the shelter on the weekend: “It’s the same thing, I usually keep to myself. I watch TV a lot and learn things on TV.”

Positive Aspects

As Andrea observed, being at the shelter had positive aspects. In fact, five of the eight women discussed at least one positive aspect of their stay at the shelter, this included all of the women who stayed at STH. Emily summed it up when she said, “it’s been pretty good I think. It gives my kids like structure, it gives them, you know they have a certain time they have to go to bed, a certain time they have to get up.” She later observed that, “they’re going to do things for my kids that I can’t do, as far as putting them in day care. Which, if you’re not working and you’re not homeless, you can’t get day care. Day care is pretty much my main problem.” Also as a result of staying at the shelter, the women were offered free shelter, had their own room, were given a sense of security, and had access to helpful staff.

 Though living at the shelter was a better choice than living on the streets, only two woman voiced gratitude for “the roof over her head.” For instance, Alison (38, African-American, 1 daughter with her at STH, 2 with their dad) stated:
I have my own room, so you know I do feel like I do have a space. Somebody laughed because I said I’m gonna hang a picture. And they said ‘girl this ain’t your home!’ And I said, you know I do feel a little bit safer.

Rachel also voiced appreciation for her accommodations: “You know we thank and praise God that we have a house, food in our stomach, a roof over our heads, we have a place to shower and such, and at least a bed to sleep on, not the cold floor.” But Rachel, like all the rest, noted that being in a shelter was not an experience that most people would willingly choose. She stated:

Um, it really wasn’t our first choice because of the experience we had at the first one. But we had to financially. Um, but once we got here, it’s not too bad because they feed us, we stay here no rent. Course we only sleep here and take showers and just we eat and then we’re off, we don’t stick here long.

Interestingly, Rachel was also the only woman who referred to the shelter as “home” when she said “we just come home and crash.” However, she also made six references to the fact that she was without a home, though she never mentioned being “homeless.” For instance she said that “it’s hard to not have a home, somewhere you’re staying.” However, five women did mention being “homeless” (Alison, Cindy, Virginia, Cindy, and Krystal). Four of the women referred to the shelter by calling it “the shelter” (Alison, Tracy, Krystal, and Emily). Only Alison referred to it by name--St. Thomas House. The last way the mothers referred to their living condition was by simply mentioning it as their “room.” Five mothers did this, in fact Alison mentioned her room 16 times, Krystal did so three times, and Tracy, Virginia, and Andrea each mentioned it once. For example, Andrea stated that when she gets angry she will “smoke a cigarette. But, um, just listening to my music, smoking a cigarette or going to my room and being by myself.” The two mothers who did not make mention of their room were Cindy and
Emily. Evidently most of the mothers were grateful for their own space, if not the entire shelter.

Moreover, part of having her own room inferred some sense of security for three of the mothers. Virginia said “I don’t have to worry ‘bout drinking and drugging. I’m clean and sober, and I have good people around me.” Rachel observed that she did not worry “because they have good security here, the door locks and so I don’t worry at night.” In fact, Alison felt that:

the most nerve-wracking thing is watching [her daughter] constantly for threats and such. That’s the thing that really, you know, I don’t worry ‘bout it at night, when we’re asleep even with people walking in the room.

Another positive attribute of the shelter was the staff. For half of the women, the personnel were a beneficial feature. Tracy was the most complimentary:

No, I haven’t had any problems [with staff]. I mean, they’re doing us a favor being here. They work hard. Sometimes I feel that their job is dangerous. I was talking with one of the staff the other night and she said she was scared coming to work.

In fact, the staff’s “niceness” helped decrease Virginia’s stress: “They’re all nice. I mean it’s nice being nice for me, it is. It causes less stress.” Andrea attributed her good relationship with the staff with the fact that she followed the rules. “And when they say something I do it, I don’t argue.” Krystal saw the staff as both positive and negative: “Some [of the staff frustrate me], but most of them now know how to work with me, so they try.”

**Negative Aspects**

Despite these positive aspects, all of the women were frustrated with at least one aspect of the shelter. The two women (Cindy and Krystal) who had solely negative things to say about their shelter, SA, also had a child at another shelter. All three
African-American women had mostly negative things to say about the shelter, though Alison said a few positive things as well. Even though Virginia had a multitude of negative things to say about the shelter, she greatly appreciated their rehabilitation program: “This program really do work.” The negative features ranged from food problems to staff issues; from a change in their leisure to the stigma associated with being in a shelter.

Their limited shelter options were a significant negative aspect of the shelters. In both cities, there were no more than two shelters for people who are homeless, as well as one shelter for women from domestic violence. The lack of shelters was brought up multiple times by Alison:

> What bothers me about [this city] is that [St Thomas] is the only shelter for women and children… So if you’re a woman with children and you know if you can’t get into [St Thomas] I don’t know where you can go. There’s lots of rooming houses and boarding houses where you pay daily and stuff but you know the people that are there you know you’re putting your life at risk…You know like I had to really swallow my pride to come down here. But I had nowhere to go.

As Alison noted, often the reason for going to one of the few shelters was that the women had exhausted other options. As Rachel said, “um, it really wasn’t our first choice because of the experience we had at the first one. But we had to financially.” In Cindy’s case, “me and my boyfriend broke up and we had nowhere to go.” Furthermore, Andrea had been without a home before, but had never had to enter a shelter. She noted, “I’ve got friends who would put me in their house if I had nowhere to go. But I’ve never been on the street.” She finally came to SA because her DCF case manager sent her there.

Food was a necessary function of the shelters, yet three women were dissatisfied with the level of care given by the shelters. The mothers noted their concern about the food she and her family were eating, or not eating. Tracy commented:
That lunchroom is very scary. It’s not good. I understand the meaning of not wasting food, but there is also not making a person sick: sandwiches where the meat is rotten, salads that are way beyond being served, some desserts are stale. It’s good intentions.

Furthermore, Krystal was rather vexed that the inferior food was causing her daughter to drastically lose weight. She stated that:

…a lot of times I don’t eat what’s over there, I just get a cup of coffee. And the same thing she doesn’t eat either, and that’s why she’s lost, she had lost over six pounds, she’s only down to 23 pounds now. And then of course I can count on one hand how many times she’s even gotten milk, maybe four times since we’ve been here. So there isn’t even milk there for her. And of course the food and stuff, whatever they’re serving, she doesn’t eat like 90 percent of it.

The way Alison talked about the shelter food made her friends pity her. She noted that “I haven’t had a decent home cooked meal, that I cooked. I’m not talking about, because my friends they’ll feel sorry for me and you know I complain that there’s no meat at [STH] and all we get is rice.” So the women were rather frustrated by the food quality.

Another negative feature of the shelters was the staff. Although some of the mothers had no problems with the staff, they had witnessed staff showing a bad attitude on a consistent basis. All the mothers interviewed at STH had issues with the staff. Alison explained, “the staff here, what kills me is that one day it’s all rules and the next day, it’s like oh f--- the rules.” Besides being a problem for the residents, the staff members did not seem to get along with each other either. Tracy observed that “everyone’s on each other’s throat because they’re seeing what they can get or how they’re gonna get it.” As a result of staff attitudes, Rachel and her daughters tried to avoid staff. She stated, “um, when we’re here and we see [the staff are] in a bad mood or something, we try to keep to ourselves.” Only Emily was hesitant to criticize the staff.
When asked if the staff rubbed her the wrong way, she replied “no, uhhh yea. Yes, some of them are, because [they enforce the rules].”

As Emily commented, another common complaint about the shelters was the rules. Only three mothers did not have a problem with the rules--Cindy, Virginia and Rachel. Cindy and Virginia also had no problems with the staff. Cindy was focused on the fact that her daughter was not with her, and did not talk about much else. Virginia was at the shelter voluntarily for the substance abuse program, and she appreciated the rules that kept her out of trouble. Finally, Rachel was an upbeat individual who refused to let herself complain about her situation.

However, the other five mothers complained about the time schedule or their dislike of the mandated 24-hour child supervision. Tracy was upset because her children were unhappy with the rules: “They want to do things, but they have rules. Like they have to be in bed by 10pm, but they want to stay up. They’re not tired and it’s not a school night.” Krystal was the most vocal about her displeasure:

No, this is, this is almost like you’re in jail. Because you have to get up, you have to be up like 5 or 5:30. You have to be out, go down the block for breakfast, whether you want to eat or not, just to see that you’re out. You have to document every time you go out. And they have to know where you’re going… There’s really no privacy in the bathrooms, there’s no locks on the stalls.

Only Emily and Krystal, both at SA, were overly bothered that they were required to constantly watch their children. As Krystal explained:

Because you have to watch your child at all times, all 24 hours a day, seven days a week. No one else here is allowed to help you, not another person staying here, not a visitor, or anything. So at least before, you know like my son would watch her, they’d be watching cartoons, he’d color with her, or something like this. So with my son not here, it’s almost impossible to even wash up. So I have to wait until she goes to bed, and sometimes I’m so exhausted from being up at that time that I just want to go to sleep the same time that she does.
When discussing her life at the shelter, Emily noted that due to the rules, her children were a frustration for her. She said this was because:

They have to be with me at all times. Sometimes that’s a little…like if they’re sleeping, you can’t go outside and smoke a cigarette. If there’s another mother back there you can’t even so much as walk into the lobby without your children. So that’s a little frustrating.

The children’s need for supervision hindered the mother’s freedom. Cindy’s complaint was the opposite. She felt that she could not enjoy anything without her daughter. She noted that “some days, like today, I got up and thinking about everything and it depressed me. And I was in a bad mood. I just feel like I’ve lost everything. My little girl is by herself too.”

The rules and available facilities at the shelters changed every mother’s leisure activities. Only Virginia’s leisure changed for the better, as she was not able to drink or do drugs while at the shelter. However, part of the other mothers’ problems was having to watch their children all the time. As Krystal explained, “o yea, I don’t have any [free time].” Emily had a similar problem: “I don't have much [leisure]. I’m with my kids every day, all day. I don't really spend time with my friends. So uh, and using drugs is not an option, especially coming back to the shelter.” Because they had to watch their children, their leisure was constrained.

For Alison it was different. She still had the time for leisure, but not for the activities she used to do because she was with her child. She said:

Um yea, I know it has [changed]. Because I used to drink before coming here. And I don't drink everyday now… But now I’m hanging out doing different things, like going to the library, going to the garden. You know that’s like a leisure time going up to the little community garden with the kids, believe it or not. Because I used to want a babysitter honey…
Her inability to engage in her preferred leisure activities was also due to the rules. When asked what kept her from doing what she wanted to do, she replied:

Uh, right now, uh general rules. Because you have to sometimes be strict in a place like this. Um, because like I’d like to sit out front of my house and drink a beer. You know and when I get off work pop me a cold one and have my plate and sit out there and play dominos. You know it’s just, they really don’t stop me from doing most of the things that I want to do. I mean like I’d like to have my boyfriend come visit. You know, but I can’t have my boyfriend visiting my room. You know, things like that.

Andrea also was not able to engage in her previous leisure activities. Though she could not articulate a change in her leisure, as she did not know what the word leisure meant, the activities she used to enjoy included dancing, singing, and shopping.

Another reason for a change in leisure was the minimal leisure opportunities at the shelter. For instance, Tracy commented, “I’m looking for more leisure things to do. You know, and using what I got to work with. I think going and taking a shower is one thing that I get to do.” Moreover, Rachel’s leisure changed because when she had a home, she, as well as her children, had people over, was able to talk on the phone, or play on the computer. Both Rachel and Tracy felt a lack of leisure resources.

The final negative feature of the shelters was the stigma associated with them. Alison admitted, “you know like I had to really swallow my pride to come down here. But I had nowhere to go.” Additionally, Rachel did not want to be seen as “homeless,” but as associated with a “home”: “I, um, ok, I am a displaced *homeworker, homemaker* and so I decided to go back to school. And I’ve been going to school and I’ve also been a dislocated *homeworker*” (emphasis added).

Partly due to the social stigma, some residents tended to keep their distance from the other residents. Rachel explained, “course we only sleep here and take showers and just we eat and then we’re off, we don’t stick here long.” Likewise, Tracy observed,
“because like I said, I keep a distance from people here. I notice the atmosphere and I know it's bad. I keep to myself and I keep with my kids.” Tracy also kept herself and her children away from particular people or areas. She clarified, “we’ve been here like four days now and it’s very, very hard to adjust. If we just keep ourselves clear of certain people, certain areas, it helps a little bit.”

Another part of the stigma was simply being associated with the shelter. Alison’s discomfort at being seen as homeless flowed into her job hunting. She used a cell phone and never told potential employers that she was homeless. She related:

When I interview I do not use [St. Thomas] as an address because I know that if people know you stay here they really aren’t too thrilled you know because people are looking for diligence and they feel like, you know, [St. Thomas] does a lot of good things but they’re not providing services that help us get off the streets. And I have separate numbers that I use uh for my job search. You know the only people that call here you know are like friends you know. I didn’t even tell my family I was here.

Tracy also did not tell her family that she was without a home because she was too embarrassed.

The mothers saw the shelters as both a positive and a negative experience. The shelter gave the women a room of their own, as well as some resources to improve their lives. However, the shelters were also a source of frustration. The women were annoyed with staff and vexed by their stringent rules. Cindy and Krystal were also upset by the separation from their child. The women were also frustrated with the stigma they felt associated with the shelter. As shown by their stories, though the shelters had positive aspects, they were also a source of anxiety and stress.

**Stress**

As previously noted, there were a plethora of stressors plaguing the mothers who were interviewed. As evidenced by the negative shelter aspects, the first, and most
significant, theme to emerge from the interviews was stress, particularly stress from
children, people, not having a job, and a lack of transportation. As Rachel noted, “um
you can get stressed out, you could get, it’s hard to not have a home, somewhere you’re
staying.” As evidenced by their daily routines, all of the mothers were dealing with
multiple stressors. The extensive list includes the shelter staff, boredom, no job, the
needs of their child(ren), food, men, attitudes, rules, no money, no transportation, gossip,
being without a child, medical problems, and no family help, although Krystal claimed it
was “the whole situation, the entire situation.” Furthermore, four of the mothers
mentioned boredom as a problem, including all of the African-American participants.
Additionally, five women each named not having a job as a stressor. Alison (some
college education) named the most stressors (15), and Virginia (high school) and Cindy
(incomplete high school) each identified three, the least amount. As Alison stated, “so
you know, I need transportation, I need community services, need daycare, just needs,
needs, needs.” Emily also had a list of stressors:

My children fighting, not working, not having money, not having money
to buy food, not having a vehicle to get around, not getting child support,
not getting any help from my mom.

Children

Children were identified as a stressor for most of the mothers; though, Rachel and
Virginia were the exceptions. Rachel had older teen-aged children with whom she was
close, and Virginia did not have her children with her at the shelter. Overall, the mothers
worried about such things as their child’s health, protecting them, and keeping them
happy.
For Alison “the most nerve-wracking thing is watching [her daughter] constantly for threats and such.” Tracy felt stress “when the kids cry for something.” Moreover, Krystal became upset when her daughter missed her son. She testified:

The second night we were here, she screamed and cried for an hour and a half straight “brother, brother, brother.” You would not believe, an hour and a half straight, at the top of her lungs. Last Saturday, she got up at 12 o’clock midnight and cried “come on, let’s go, let’s go get brother” from 12 until three in the morning. So that doesn’t leave too much time for any kind of real sleep.

Obviously their children’s well-being was important to the women, although time-consuming and straining.

To alleviate supervision frustration, two women (Andrea and Krystal) at SA were able to put their children into daycare. But even that reprieve did not lessen the stress induced by their children. For example, Andrea’s child was hyperactive, as she noted:

He has, he can’t sit still and it’s very hard for him to sit still and understand because he’s ADD. So, you know, but he’s alright. He’s my only child, so I can handle him by myself. You know, but most of the time it’s kinda hard.

Although Krystal had been at the shelter for three weeks, her children had only spent a few days in day care because both of them had become too sick to attend. And for Krystal, dealing with the bills and worrying about money was another stressor. She said:

They can’t be taken care of medically-wise right. Thank goodness they have the health department. When we went to the doctor the other day, luckily her father works there. The nurse asked who should I bill? Where’s her father? I said that he works there, so now he’s getting billed for it. I thought, you think you’re getting away with only paying $130 a month in child support, here’s more for you. But with her brother, I get no child support. His dad is number three on the dead beat dad list for [the state].

So even daycare was not much of a stress reliever for these women.
Despite the concerns voiced during the interview, when asked if their child(ren) was a source of joy or frustration, half of the mothers considered their child(ren) to be a joy. In fact Cindy cared so much about her daughter that she was devastated to be without her and did not feel right enjoying activities alone. On the other hand, solely Krystal considered her children to be only a source of frustration. She stated, “right now, [they are a] frustration. I’m very frustrated because they can’t be taken care of right, can’t be fed right. They can’t be taken care of medically wise right.” However, the rest of the women saw their children as both a joy as well as a frustration. In fact, Alison’s daughter was a source of inspiration. She claimed, “[Sara], she’s a good child, she really is. That’s why I really, really strive.” Alison was trying to improve her situation, not only for herself, but for her daughter as well.

People

Besides their children, people were another noted stressor. Five of the mothers preferred to avoid people or be by themselves. Tracy observed:

Um, I really don't find myself socializing with too many people. Just in the few days I’ve been here, when I go out to smoke a cigarette, you always got somebody talking about somebody else’s business, or talking about one of the staff members and how they did this or how they hate the rules. Or what’s going on, or who said this… and I’m not here to listen to their complaints or hear their business. I have my own problems. I don't need to hear any more depressing stories, you know?

As Tracy noted, when around people, the women were stressed by attitudes, gossip, mental illness, and yelling and cursing. For example, Andrea stated that “girls here frustrate me, you know? They kinda get on my nerves. Um I have a real bad anger problem. But when people talk about me, I get very angry, I get upset. But I don't take it out on nobody.” Virginia’s main stressor was “when someone curse or yells at me. That’ll trigger [my anger] real fast.” Similarly, Alison attributed her dislike of people to
Um, attitude, attitudes. You know, we have a lot of people with mental illness and so they come in and they brush you the wrong way. You come in you can tell there is a lot of mental illness in [this city]. And uh I can deal with it but sometimes it’s the staff members.

The way stress was expressed by the people around the mothers was yet another source of frustration.

More specifically, men were a stressor for three mothers. Alison commented that “a lot of guys hit on me and I’m like no you know.” In fact, Rachel was anxious due to “having girls, and being a girl, you know being out there on the streets, you worry.” For Krystal, her “man problems” were a little different. She noted, “I have identity theft going on from my ex-husband who’s doing it. He uses my son’s social security number, plus whatever woman is going with him, she uses my social security number, plus our address.”

Finally, half of the mothers had problems with the staff. When asked if any of the staff rub her the wrong way, Emily replied, “yes, some of the staff because the kids have to be with you at all times.” In fact, Alison was evicted from the shelter because of her attitude towards staff:

Sometimes you can tell when [the staff] have bad days because they will ride you for any little thing. And uh you know they’re just like you know some days they’re willing to work with you. But sometimes it seems like these people are bipolar.

On the other hand, Tracy was irritated with the staff’s attitudes towards each other. Krystal had problems with “some [of the staff], but most of them now know how to work with me, so they try.” The mothers felt that the staff should have been a source of comfort, but was instead something else that the mothers were forced to struggle with on a daily basis.
Lack of Employment

People were not the only stressor endured by the mothers. Although none of the mothers were working, only six of the mothers were frustrated with their lack of employment. Virginia was not worried, as she was not allowed to work while in her program. Cindy was also not upset, since all she wanted was bus tickets for her family to get back to their home state. However, Andrea and Alison, both African-American with only one child, were surprised at their inability to get a job, when in the past it had been easy for them. Andrea lamented:

I’m very, I’ve never, I’ve always had a job. I’ve never, never didn’t have a job. I always worked. I mean I love to work, you know, to make that money to support me and my child. It’s so stressful right now that I don’t have a job.

In fact, Alison felt that looking for a job was “like I have a part-time job job-searching and looking for housing and going to different programs and stuff.” The lack of a job bothered Rachel because she believed that it was the reason they did not have housing. Moreover, when Emily was asked if her lack of a job frustrated her, she replied that “yes, I am. Very much so.” Krystal’s response to the same question seemed to sum up what all the women were feeling: “the lack of a job, not so much the lack of a job, but the whole situation.” Evidently Krystal’s stress was all encompassing.

Lack of Personal Transportation

Another noticeable frustration was the lack of transportation. Only two mothers had vehicles--Tracy and Krystal. Despite that, only two other mothers complained about transportation problems, and both were African-American with only one child. Alison was unhappy about not having a car, as was Andrea. Andrea complained:

Cause I have to be here at a certain time to pick him up and I have a certain time to be back in here. And that’s kinda hard for me to do that
when I don’t have a car and I always have to catch the bus and stuff like that. That’s why it’s hard for me.

Having to rely on the bus system could be unreliable. Also, riding the bus potentially meant crowded conditions which could be difficult with children.

**Change in Stressors**

Coming to the shelter meant a change in stressors for six of the women. Rachel and Andrea thought that coming to the shelter did not result in a change of stressors. For Cindy, this change was for the worse. She claimed she was not stressed before, “but now everything gets on my nerves.” She admitted that this was largely due to her daughter being at another shelter. Additionally, Krystal’s stress levels had increased. She noted that she had heart palpitations the previous week during lunch when a fight almost broke out.

However, for the other four women, entering the shelter was a positive event. For example, Tracy was able to think long-term instead of just daily survival. She said:

> Uh, yea, I mean yea certain things. But with [my husband] now working, and we’re making progress, I’m just looking forward to that. I’m looking for a long-term thing, I’m just looking over the rainbow thing. We know we’re going to get out of this. And I use that every day to give me strength. I think about just what kind of place I want when I leave here. Because that’s the other thing we lost a lot in storage. I had just gotten a new living room set, but I couldn’t afford storage because of my pay. So we moved down here with nothing.

Emily also saw living at the shelter as a way to reorganize her life. She stated, “um, yes I think [my stressors have changed]. Because I’m getting things accomplished that I didn’t when I was out there.” She went on to say that “yes, yes I think my stress levels have decreased since being here.” Furthermore, the idea of safety was brought up again. Alison noted, “well I do feel safer, even though with all the strange population around.”

Despite the surrounding population, being at the shelter helped Virginia think through her
anger: “It’s gotten better, much better. Because if I hadn’t been here and it happened, ain’t no way I would have let [that guy] watch what he wanted to watch [on the TV]. So it’s gotten better, this program do work.” Thus, for four of the women, the shelter was an improvement in their lives.

Coping Techniques

To alleviate this plethora of stressors, the women engaged in multiple activities to cope with their situation. The most common ways of coping were leisure-related—reading, taking a walk, and spending time alone. Alison, Tracy, Virginia, and Krystal all utilized each of those techniques at some point. At least one other woman also used each of these techniques. Other ways of coping were smoking cigarettes, denial, talking, praying, and listening to music. Virginia mentioned using the greatest number of techniques, seven in all, and interestingly she mentioned the least amount of stressors. Emily used the least number of techniques to cope—ignoring her problems or talking about them to her friends. Furthermore, only Krystal and Emily’s techniques changed upon entering the SA. Krystal had previously exercised when stressors arose, but she had not been able to since coming to the shelter. She could not articulate how she currently coped with her stress. Emily used to abuse drugs as a way of coping with the stressors of life, but at the time of the interview she was instead just talking to friends or trying “not to think about things that stress [her] out.”

An unnamed coping technique was support systems, especially family support. For example, though Virginia had few coping techniques, she did not appear overly stressed. However, she did mention her family was a crucial support and encouragement to her, as were the people in her substance abuse program. Rachel drew strength and encouragement from her family—“we’ve been sharing a lot. You know, whatever we’ve
gone through we share together, you know.” Her daughters, as well as her church, were vital for her strength and well-being. Furthermore, Alison had the complete support of her daughter, and a few friends. Tracy also had familial support. Her husband and children were supportive, though she had no friends outside of the shelter. Evidently family support was important to these women.

The other women did not have family support, or at least the support they wanted. For instance, Cindy had the support of her son, and she had support from other people—“… I talk to different people. They got counselors at the [day shelter], and I talk to them.” However, she did not have her daughter and that devastated her, “I just feel like I’ve lost everything.” She had support, just not her daughter which was of utmost importance to her. Andrea also had friends’ help, but not family. In fact, she stated, “I’ve got friends who would put me in their house if I had nowhere to go.” Emily also had friends who would occasionally help, but she was incredibly frustrated that she was “not getting any help from my mom.” Krystal also noted that she had no family help. She refused to move back to her home state “because they wouldn’t be of any help. My father is dead. And the one who really raised me, my grandmother, is dead… But my mother is an alcoholic and can’t help.” As evidenced, family support, or lack thereof, had a significant effect on the mothers and their attitudes.

To cope with the stressors mentioned, all eight mothers engaged in leisure-related activities. One way the mothers coped was by walking and getting outside to escape the shelter environment. Tracy explained she would walk “when I’m stressed out or something, I wander off to take off my frustration.” On the other hand, Rachel would take a walk with her daughters. She said: “that’s why you know, that’s why we’ve been
taking walks. When we walking we get some of the stress out.” Alison’s comment was similar. She noted, “we’re walking more, exploring more. You know, get out and get away.” Walking took the women physically away from the shelter and its stressors.

Moreover, many of the women read as another way of coping. They coped by escaping into a book. Alison noted that when she got tired of people, she would “go in [her] room, and stack all [her] books and read. And read and sleep and read and sleep.” Virginia could be found “reading, or listening to a Christ program on the radio” when she wanted to relax. Emily and Cindy also used reading to relax. However, reading was not always a guaranteed way of coping, as Krystal observed--“the only thing is that if I have a book, but that’s hit or miss. Like right now I don’t have anything.” Thus, when not able to physically escape, the women would get away from their frustrations psychologically.

Often, though, the women retreated into themselves, as Tracy noted, “I stay to myself. Like I said I just try to let the time pass.” She went on to say that she was able to relax with “a couple minutes away from the kids. I’ve recently gotten into herbal teas. Quietness. Pulling away from everything.” Virginia enjoyed solitude as well. To cope with her stress she noted that “I just go off by myself. Sometimes I count, sometimes I pray about it. Most of the time I pray about it, then count along with it as I’m doing the prayer.” Andrea also went off by herself to cope. She would “smoke a cigarette. But um just listening to my music, smoking a cigarette or going to my room and being by myself.” Alison also smoked to cope with her stress. Five of the women handled their frustrations by engaging in secluded activities.
However, not every mother liked to be by herself to de-stress. Rachel enjoyed the company of her daughters, and drew strength from that. She said, “and you know as long as we’re together, and we talk to each other. We still have each other. I think that makes a big difference also. Because you know, if you’re by yourself.” Cindy was also helped by the presence of her child. She observed, “my son helps a bunch.” She would also talk people. Emily also talked through her problems, she would discuss them with her friends and “they help me out.” Evidently having people to talk to and share the experience with were also important ways of coping.

While discussing leisure as a means of coping, two of the women discussed ideas related to Csikszentmihalyí’s (1990) flow theory. Both were residents at STH. Alison experienced flow when she read. She explained, “I read and I get lost. I’ve been doing that since I was little. I just shut everything out and I fall in that book and I’m right there with the characters. You know?” Tracy also discussed flow: 

[Leisure] just relaxes you, um, takes the stress off you. Because you’re so involved and enjoying what you’re doing that for some reason, you forgot all about your problems. Well if you’re really into what you’re doing and enjoying it. Basically mine was baking. I’d just be so wrapped up that I wonder where the time went. I think leisure can really, if the person is really concentrating and having a good time, they’ll forget about what was bugging them, or afterwards, they’ll come up with a solution about what was bugging them—'Oh, I could have done that. That would have made it so easy.’ You know?

Both women talked about getting so involved in an activity that they were able to forget everything else. For them, leisure was the quintessential psychological escape.

Though leisure was often thought to be positive, it could be a negative experience, either for the person engaging in leisure, or it could be negatively viewed by society (Gunter & Gunter, 1980). For example, one night Alison was at a friend’s engagement party. Her daughter was at another friend’s house, and Alison had called in, a little
drunk, to let the shelter staff know where she was. She stated that she had already gotten permission from her case manager to stay out that night, but despite that, she was written up by another staff member. Though Alison saw drinking as a positive experience, the staff member thought her behavior to be reprehensible. Drugs had been a problem for Emily, she “used to use drugs prior to coming [to SA].” She also admitted that if she had free time at the shelter, she would get herself in trouble again with drugs, so she was grateful that she was kept so busy. Both Alison and Emily were being socially unacceptable, at least to one person. On the other hand, Cindy felt that her leisure at the shelter was negative “because I miss my daughter.” So the positive or negative experience of leisure depended on the person’s view of it.

Despite their use of leisure as a survival technique, only two mothers (Alison and Virginia) stated that leisure had a role in their lives. Additionally, Cindy and Rachel noted that leisure used to have a role in their lives prior to entering the shelter. Evidently, the way the women viewed leisure influenced the perspective they had about its role in their lives.

Three of the women engaged in non-leisure activities as a way of coping. For example, Andrea was in an anger management class and utilized techniques from her class to help her remain calm. Emily felt that she did not use anything to help her with her situation. She said, “um, I think I’m coping with my present situation pretty well. I don’t think anything is helping me cope with it but myself. Like I said I’m using this as a positive experience and I’m not thinking anything negative.” Rachel also felt that coping was mental. Coping for her was:

> you just have to be knowledgeable. You know, going in and saying, well, we’re not doing nothing to improve it or help ourselves. And we did
accomplish something, you know going out looking for jobs. And you know as long as we’re together, and we talk to each other. We still have each other. I think that makes a big difference also.

Another mental technique was denial. For example, Tracy did not wish to think in the present, but wanted to look to the future:

I’m looking for a long-term thing, I’m just looking over the rainbow thing. We know we’re going to get out of this. And I use that every day to give me strength. I think about just what kind of place I want when I leave here… All I want to do is curl up in a ball and sleep, pass the time away. And then wake up and say this is all a dream.

Also, Rachel used comparison to deal with her circumstance—“um, its just um, I’m sure we’re thankful for all that, like in third world countries or other people who are homeless don’t even have that.” As long as she focused on the idea that her situation was at least slightly better than others, she could live with her life. Evidently, coping was also a mental exercise, either conscious or subconscious.

The mothers used a variety of coping techniques to alleviate their multitude of stressors, such as reading, walking, talking, and having a positive attitude. Their stressors included people, specifically their children and staff, as well as a lack of personal resources, such as money or a vehicle. However, although shelter life contributed to their stress, living at the shelter was an improvement for most of the women.

Ethic of Care

Living at the shelter also allowed the women opportunities to live out an ethic of care, the second theme affecting these mothers and their leisure. Having grown up in the U.S., the mothers were inundated with images of women, especially mothers, as caregivers, nurturers, and homemakers (Henderson, et al, 1996; Livson, 1981). This was the identity that Rachel wanted to portray when she said, “I, um, ok, I am a displaced homeworker, homemaker… and I’ve also been a dislocated homeworker.” Generally
associated with an ethic of care is taking care of a house, as well as putting other’s needs first, especially children’s needs (Gilligan, 1982). However, this ideology has been documented as a key reason why women’s leisure is so minimal or nonexistent (e.g. Bialeschki & Michener, 1994; Harrington, Dawson, & Bolla, 1992; Horna, 1989; Klitzing, 2000).

**Housework**

Part of the ethic of care was housework, which two women (Virginia and Tracy) spoke about, each from a different shelter. One aspect of housework they discussed was laundry. For example, Virginia noted that something she enjoyed was helping with giving out the clothing, even when it was not her week. Another facet of maintaining a house was cleaning and keeping it neat. When asked what activities she engaged in that she wanted to do, and did not have to do, Tracy talked about cleaning:

> I can’t stand a mess. Or even out there, they just make a mess and walk by, they’re disrespectful. I straighten up but I just know that it’ll be a mess again when someone walks by . . . Maybe if one of the moms needed some time, you know, watch their kids. Yea, I like helping moms and stuff.

However, influencing their ethic of care, at least at the shelter, was a lack of something else to do. Tracy also noted:

> I just stay around here, keep up with the kids. As you can tell I keep things pretty organized around here. Basically, right now, that’s all I do. I’m hoping in a few days, some time next week I’m going to go looking for a job.

Though they enjoyed housework and chose to do it, not having something else to do was a factor in their choice of activities.
Others First

Another part of the ethic of care was putting others’ needs first. All of the African-American mothers discussed doing just that. For example, Andrea liked to check up on her pregnant friend. She explained, “[my friend’s] pregnant right now, so I just go over there and talk to her. I ask her how it’s going, how she’s doing. I sit outside with her, watch everybody with their cars.” Alison discovered that she enjoyed relieving other mothers of their children for a few hours:

And I you know, when I got uh [Christine’s] little boy, you know she’s young. And you know, sometimes you need a break from your kids. And I didn’t do it looking for anything, you know it’s just I felt like she needed a break and I had that time to give that day. And I really enjoyed it. And I’d love to help [Michelle’s] kids because they always let [Sara] come in and watch TV. They have a TV and a game and she’s always in there. I can do kids, you know I work at day care. And all my children had a whole bunch of friends and kids over, 10-11 kids easy. And I like to take them and give people a break.

Virginia put others first by simply showing genuine concern for them. She liked “just chatting with people, ask them how they’re doing, and that I care for them and I love them. That’s about it.” In the midst of their problems, these women were able to take care of others first.

Additionally, Tracy, the only one with a husband, put the needs of her husband above her own. She had been accepted to graduate school, but moved away due to her husband’s job. Later, when at the shelter, she put her career dreams of being a baker “on the back burner” so her husband could work and she could watch the children. This was just one more example of how the women put other’s needs above their own.

Children First

Closer to home, most of the mothers put their child[ren]’s needs first. Only Tracy, Virginia, and Cindy did not directly reference putting their children above their
own needs. However, Tracy did mention that she was worried about the effect that living at the shelter would have on her children. Also, Virginia did not have either of her children with her and knew they were safely with her mother. Cindy mentioned that she was not able to enjoy anything without her daughter because it “don’t seem right to do it without her.”

However, the rest of the mothers discussed ways in which they put their children first. Emily summarized the over-arching thought when she said, “I can’t even think of anything that I do because I want to. Besides trying to be a better mother. I don’t have to do that, but I want to do that.” More specifically, the mothers worried about the basics such as health care, as well as the little ways of making their children happy.

Andrea, Alison, and Krystal, all of whom had one child with them at the shelter, discussed simply supporting their children as needs arose. Alison was “looking for a good job, see? I don’t mind working at the day care. But you know I want a job that’s gonna have some benefits, where I can get some medical and dental. My baby needs her teeth done, and glasses.” Furthermore, Andrea observed that she also enjoyed working and supporting her son, “it’s so stressful right now that I don’t have a job.” As previously mentioned, Krystal was worried about her child’s eating habits. She noted that

usually, even before I go to day care, sometimes I have to pick her up something at the store, but I don’t have money. So if I had any money, I'd buy her a little container of milk or some cereal so she could eat there. Because they don’t provide food either at the day care.

Simply taking care of their children, and ensuring their basic needs were met, was often foremost on the mothers’ minds.
Besides ensuring their children’s health, Rachel and Alison discussed the sacrifices they made to keep their children happy. Alison was even reprimanded by the shelter staff due to her actions. Her reasoning was that

And [Sara] gets in her little nit-picky ways--“Mommy I want some clothes. Mommy I want more money.” And sometimes you know, [the case manager] will even fuss at me and say “you should have more saved than you do.” I’m like “[Carrie] you should see the depression in my child.” I’m sorry, going through the thrift basket, you know is fine. I’m gonna tell you, when we got here, my daughter needed new underwear, she needed socks, she still needs shoes. You know what I’m saying? And she likes to eat out. You know her big thing is food… So just doing little things with her and buying her toys and just trying to keep her happy and stuff.

Rachel even went so far as to move to another city to accommodate the wishes of her daughter. She said, “then when my daughter graduated from high school, she wanted to be a dentist. So we moved to [this city] so she could go to school.” Both moms were willing to give up comfort and security, even their own possible happiness, to ensure their child was happy.

**Impact of an Ethic of Care on Leisure**

In order to better understand how an ethic of care affects leisure, the mothers’ definitions must be looked at first. Three of the mothers noted that leisure was time for themselves. All three women were Caucasian and without a husband. Cindy related that she experienced leisure when she was relaxing and was able to have time to herself. Krystal simply defined it as “time to yourself. And to go places and travel. Like to see different areas and visit them. Like for a couple days to see what’s there.” These women felt the need to be away from other people, the need to concentrate on their own needs instead of the needs of others. More specifically, Emily’s definition reflected her need to be away from her children to experience leisure when she replied “relaxing without my
children.” However, Emily went on to state that she had no time for leisure until “they go to bed, that’s when I relax… Actually there’s no free time with children, until they go to sleep.” Krystal had a similar view of leisure and children. When asked to define leisure she replied, “leisure? I don’t know what that word means right now. Not after I had children.” The ethic of care was often a barrier to leisure for the women, as noted by their definitions of leisure as a time for self, and the lack of opportunity they had to experience this.

As Emily and Cindy noted, leisure is often related to the idea of relaxation. Tracy and Alison had similar ideas. Tracy thought leisure was “something enjoyable, relaxing to do.” Alison had a more elaborate description of leisure: “Just sitting back, chillin’, listening to jazz and uh you got somebody nice there you know? You know, bills paid, you know vacation time, time to go on vacation. And hey, um, stuff like that you know.” For them, relaxing was the key to leisure. Relaxing was the opposite to being stressed, a time of not worrying about other people, which having children made for a rarity.

Furthermore, Rachel’s idea of leisure was somewhat similar to Alison’s. Rachel claimed that “leisure is, I think leisure is being in your home, not worrying about a job. I guess leisure is an experience.” Additionally, Rachel was the only mother who did not mention engaging in leisure by herself. She was always with her two daughters, both of which were in their teens. The final two mothers had differing views of leisure. In fact, Virginia believed leisure was when she was able to “do whatever I can, that’s reasonable here in my free time.” For her, leisure was a matter of choice. Finally, Andrea was not able to define leisure. She said that she “don’t know what that word means.” The ways
the women defined leisure was equivalent to the number of hindrances to experiencing leisure.

The mother’s definitions of leisure showed their need to resist the ethic of care. Often the mothers sought out time to relax away from the work they felt compelled to complete. Furthermore, the mothers desired a space for themselves away from the needs of people, especially their children. However the shelter rules often forced them to accommodate other’s needs through chores or mandatory child supervision. Therefore, their ethic of care kept the women focused on the needs of others. This imposition frequently left the women with little or no time or space for leisure.

**Lack of Autonomy**

The final theme to surface was lack of autonomy. Regarding basic needs--clothes, shelter, and food--the mothers were severely limited. The clothing that was made available to them was at the whim of local philanthropists. In both cities, there were only one or two shelters available to them. As previously noted, food options were a source of frustration. Moreover, the women had no influence on the rules that governed them, also previously mentioned. Additionally, two mothers, Krystal and Cindy, were each separated from one of their children while at the shelter. Neither woman was given a choice, each was forced to, as they perceived it, abandon her child. In spite of all these barriers, the mothers found time for leisure, though most of them observed that their options were minimal at best. Through leisure, the women had the power to choose with whom they participated in leisure activities, as well as in what activities they engaged. By engaging in leisure activities, the mothers were able to make choices and have some control in their lives, though these options were limited by a multitude of constraints.
Partly resulting from a mandated schedule, it was a rare complaint for a mother to say she had too much free time. However, a few women found they had too much time on their hands. Tracy, who had a working husband and early teenage children, felt that “all my time [is free]! All day long… I mean I wish I had something more to keep me occupied.” Cindy also felt all her time was free, though she just does things “to pass the time.” Although Virginia had “quite a bit” of free time, she often found herself bored. She said, “it gets a little bored, but I do enjoy it.” Evidently free time did not mean leisure time.

On the other hand, three of the mothers (all at SA) felt they had no free time, in large part due to their children. For example, Andrea noted, “I don’t have any free time. None at all.” In fact, Krystal believed “there’s no free time.” Emily observed that her amount of free time had changed upon coming to the shelter. She explained:

I used to have a whole lot of free time before I got here. But now there’s no free time. Actually there’s no free time with children, until they go to sleep. Until they get in day care, then things’ll be different.

On the other hand, Rachel felt that she had free time “in the evenings, after we eat,” though she wanted more free time to get to know the city and other people better. Obviously, free time can vary among mothers at a homeless shelter, though a shelter schedule and children tend to greatly decrease free time.

**Leisure**

Due to all the previously mentioned constraints, seven of the mothers noted problems with limited leisure options. Only Virginia did not have problems with her situation. As she was part of the rehabilitation program and knew she needed that kind of structure, she did not complain about the lack of variety in her leisure. One reason for the other mothers’ limited options was lack of money. Five of the mothers noted that lack of
money was a constraint. For example, Emily stated, “it’s kinda hard to do things that you like to do with no money.” Additionally, Tracy’s preferred leisure activity was shopping, though she had not been able to do that since coming to the shelter. Moreover, Alison was working, and even she noted financial constraints. She explained:

> So we just try to do all the free things. There’s music down at the plaza, uh they having a black music festival there this Friday. I cut the paper out so I get all the activities for the month.

Other free activities mentioned by the mothers were walking, watching TV, and talking. Often the women could be found, as Rachel noted, “just walking around, going to the store, that’s all we’ve been limited to while here.” Additionally, all but Tracy mentioned going outside or to a park. Every mother talked about going to the library or reading. Other activities discussed were hanging out with friends, or listening to music. One complaint was that many of the activities the women wished to engage in were not offered at the shelter. As Alison observed, “[the staff] don’t have too many activities around [STH].” Furthermore, Cindy also felt that there was not much offered. She stated, “I just haven’t found anything to do [at SA].” As a result, the women were forced to find free or cheap activities elsewhere.

Within a few blocks of both shelters, at an easy walking distance, was a free option--the library. As mentioned previously, some of the mothers used the library as an escape. As Tracy recounted, “today we went to the library, so that broke some of the monotony.” Most of them did not specify why they went to the library or why they read. Alison, for example, commented that she had always been a reader, so she was continuing her leisure habit. Similarly, Cindy stated, “I go to the library and read books. I like to read.” All of the mothers chose to read. Alison read a variety of books, but often read for research on the book she was writing about Louisiana and voodoo. Tracy
also read for self-improvement. She often checked out recipe books since she hoped to
one day go to culinary school. Andrea liked to read “different things.” Similarly, Cindy
read from a variety of sources: books, magazine, and journals.

Another free activity Alison and Andrea, both African-American, engaged in was
writing. As Alison stated, “and uh you know because I like to write, I’m always writing
poems and stuff like that.” When asked what she did because she wanted to, Andrea
replied that “I don’t like to write, but I know he’s my friend and I write to him because I
know we’ll be friends no matter where I go. So I do that because I want to.”

All of the women complained about not having enough leisure opportunities
available to them. As Tracy explained:

I could enjoy my free time if I had something to do. You know, my
baking or my crafts or getting involved in a card game, playing pool,
seeing a movie. So, you know, you can’t do any of that around here. I
mean I'd be happy if I could go out and buy some yarn and knit me an
afghan . . . This place is not set up or it doesn’t have what I need to do
those things.

Rachel agreed with Tracy’s sentiment when she noted that there was “not really too
much, we don’t have that much leisure. There’s not much to do.” On the other hand,
Cindy felt that her leisure was being imposed on her. She said, “[before coming to the
shelter] I felt like I got time to myself. I wanted time to myself then, I don’t now. Maybe
30 minutes, an hour then, now I have 24 hours.” These few women felt they had time,
but nothing to do in that time.

Conversely, the women spoke of activities that they enjoyed, but were unable to
engage in while at the shelter because they lacked time. Two of the mothers, both
African-American single moms, enjoyed music-related activities, but rarely found the
opportunity to engage in them. For example, Andrea said she liked:
to sing. Um, I always wanted to learn, I always wanted to sing. I always wanted to sing and I always um wanted to make me a record. But just never came to that point where I always had time. You know, I had a baby, and stuff like that, so.

Similarly, Alison said that she enjoyed “dancing, I used to like to go out and dance.” She went on to state:

And then they gave me a radio, an old and raggedy radio. I mean the door tore off the front of it. And they were like that thing doesn’t play and I was like yes it does. You see, when we were children, we had to fiddle and faggle with things and so I got it to play. And that’s really soothing. I don’t have any kind of outside mediums in that room at all except my books, and I was starting to get claustrophobic. So that’s when I brought the radio in. I listen to the radio and uh just try to read.

While Andrea lacked time, Alison lacked the necessary opportunities to engage in her preferred leisure activities.

Women also lacked resources to engage in their preferred leisure activities. For instance, Alison spoke of various outdoor activities: “fishing, barbequing and cooking out. Um, shopping of course. But mostly outdoors stuff, just I’m a fisherman. But I don’t have any transportation and I don’t have any poles. And my daughter likes to fish.” Krystal also enjoyed outdoor activities. When asked what she enjoyed, she replied “myself personally? Uh, swimming, bicycling, reading, walking. Right now, nothing, absolutely nothing. There isn’t anything fun.” Their limited resources resulted in limited leisure choices.

The greatest lack of resource was not having a home. Alison and Rachel, both at STH, enjoyed activities from the comfort of their own home, which was not possible at the shelter. Alison said she enjoyed:

Uh, renting movies you know, staying home, pop popcorn. Oh gosh, you just reminded me about cooking. I really like cooking. I haven’t had a decent home cooked meal, that I cooked. I’m not talking about, because my friends they’ll feel sorry for me and you know I complain that there’s
no meat at [St Thomas] and all we get is rice. And they’re like, oh girl, come on over and eat. And they’ll cook, but it ain’t like me cooking anything, you know. So you know, when I get in my place, I’m gonna cook every [gosh-darned] day. Every day, I know it.

Additionally, Rachel missed the activities she associated with having a home. When they had a home, she said:

well for most of the part we were with our friends. You know, they were always around. Or emailing, they were always on the internet. Or watching TV or people. Or people were visiting us or we were visiting people, that’s how it always was. Or they were doing their homework and stuff. It’s always been one or the other.

For these women, leisure choices were related to comfort and security of having a home.

Though Emily did not associate it with having a home, she also enjoyed “being with my friends.” With her friends she would play cards, or “go to clubs.” She was the only mother who reported engaging in leisure activities with friends. The women, including Emily, usually had leisure by themselves, or with their child(ren). This was one area of autonomy for the women. They could choose to be social, or to be by themselves. Tracy’s reasoning for doing things on her own was “like I said, I’m not a social person.” Andrea expressed similar views when she said: “I like to do a lot of activities on my own. I don't like a lot of people around me. Some people irk me. So I like to be by myself, and be alone by myself. Or with my child.” Virginia simply stated that she likes to do things “alone.” On the other hand, Rachel and her daughters wished to be more social with people from church. She noted that:

we were talking about making friends at church. We talked about the activities going on there and we mentioned that they’re already started, but we’re not going to go yet. We decided not until we have our own place so that we could communicate with everyone from there.

The ability to choose who they engaged in leisure with was one area of autonomy still available to the mothers.
However, they did not often have a choice about whether they engaged in leisure with their children. For example, Krystal engaged in leisure “with my kids. I lost a lot of friends, they’re just busy doing other stuff. They don’t really exercise, they don’t like to go swimming or go to the park or anything like that.” As Cindy continually reiterated, she did everything with her daughter, including leisure activities. In fact, “it don't feel right doing it without her.” As evidenced, the mothers’ situations gave them little opportunity to be autonomous. However, when given the chance, the women generally chose the opposite of what they were forced to do (i.e. enjoy leisure activities without children).

Loss of autonomy was evidenced in various areas of the mothers’ lives. Often the mothers felt powerless in their lives. They frequently stated that they were not given choices in their lives. They were told where to dwell, what to eat, when they had to do certain things, and with whom. However, through they leisure they were often able to show their capability to make choices. They were able to choose what they did, where they went, and sometimes with whom. Leisure helped the women feel empowered in at least one aspect of their lives. Overall, leisure was beneficial for the women. It gave them a chance to be in control of something, to resist gender-based expectations, and to relax from their plethora of stressors.
By using grounded theory methods in this study, one of the goals was to develop an explanation of the place and role of leisure in the lives of homeless mothers who are currently living in a shelter. Although leisure in this study was cited as only having a role in two mothers’ lives, it was evidenced in the lives of all the mothers. They also used a variety of enablers to help them negotiate the constraints they faced on their leisure. The most significant influence on their leisure was the shelter. It both constrained and enabled their participation in leisure.

Shelter Life

Understanding the context of the daily lives of people who are homeless is important for advancing theoretical perspectives on leisure (Dail, 1990). This study set out to replicate and extend our understanding of the role of leisure in the lives of homeless women initiated by Klitzing (2000). Although not every woman in Klitzing’s study was a mother the daily lives of the mothers in this study did not differ much from the lives of the women in Klitzing’s research. One major difference between the two studies was that none of the mothers in this study worked, although most of the women in Klitzing’s study were employed. This was in part due to the short amount of time the women had resided in the area. Also, work schedules influenced who was available and willing to interview for this study. Working mothers were often too tired, or had such erratic work schedules that they were unable to take part in this study. Besides working during the week, the women in Klitzing’s study would be doing chores, taking care of
children, or working on goals. The mothers in this study also engaged in these nonworking activities. Other weekday activities were similar among the two groups of women. Watching TV, playing with children, going outside, or praying were common activities. Most of the women in this study also mentioned reading as an activity they enjoyed when not working on goals or chores; whereas, none of the women in Klitzing’s study mentioned this activity. Moreover, when asked what they did when not working on goals or chores, five women in both studies mentioned leisure related activities such as sleeping, playing with children, or going outside. Two women in each study, all of whom were Caucasian, had at least one child at another shelter. As a result, when those mothers were not working on goals or chores, they were focused on being with their other child, or simply getting out of the shelter so they could be with their child again permanently.

As Seltser and Miller (1993) noted, living in close proximity with other people can create tensions and problems, and this may escalate if they suffer from the stressors associated with homelessness. In both Klitzing’s and this study, the attitudes of other people were blamed for a majority of the problems. Also noted in both studies was the women’s annoyance at listening to the complaints and problems of others. The women often felt so overwhelmed with their own problems that they did not have the patience to listen to other people discuss their problems at length. Especially living in a shelter, parents have little or no control over the type of people who are affecting their children. To exert some control, a few of the mothers in this study did not associate with other people staying at the shelter. Seltser and Miller documented their type of response as an attempt to avoid “contamination” or association with them. Moreover, research has
shown that disaffiliation, or lack of social interaction, is a defining characteristic of homelessness (Grunberg & Eagle, 1990). However, even though disaffiliation is a frequent response, this does not mean it is beneficial for the needs of those who are homeless. By cutting off other people, the women were limiting their social support network. The tension and resultant distancing were also evidenced in Klitzing’s (2000) study. The desire to not affiliate with other people at the shelter limited their choices of leisure companions.

When not at the shelter, all of the mothers in this study mentioned leisure related activities, as did the women in Klitzing’s study (e.g. walking, going to the library, playing at a park, or going to a friend’s house). However, in this study, five of the mothers also mentioned searching for a job as something they did when they left the shelter, contrary to Klitzing’s (2000) study as her women were already employed.

In both studies, most of the women felt their weekends were different from their weekdays. They all felt their lives were less structured, for example, they were able to sleep later and often did not job search or have appointments to attend. Thus the weekends offered the women the chance to relax. As Klitzing noted, “weekends provided freedom from chores, obligations, and staff surveillance that occurred during the week” (p. 116). Since their structure was minimized, they had more free time to do as they chose, such as leisure activities. In both studies leisure related activities occurred during the week, although they occurred more frequently on the weekends, such as reading or going to the park. In Klitzing’s study most leisure occurred outside of the shelter (i.e. park, going to a friends), but in this study leisure occurred outside (i.e. walking, going to the garden) as well as inside the shelter (i.e. reading, taking a shower).
The fact that leisure activities were conducted inside as well as outside might have been due to the hot summer weather of Florida forcing the women indoors. It is possible that although the women wished to be out of the shelter, a need to avoid the heat and humidity kept the women indoors. Thus, the weather may have constrained their options, although they were still able to engage in alternate forms of leisure.

In both Klitzing’s (2000) and this study every women had at least one complaint about the shelter. The women in Klitzing’s study who had solely negative comments about the shelter had younger children. However, in this study, the only mothers who had solely negative comments were the two women who had children at other shelters. Thus, their dissatisfaction might have been the result of having a negative outlook on their present situation, lack of social interaction, or from feelings of powerlessness. Indeed, two of the women in Klitzing’s study who had only negative things to say also had minimal contact with other women in the shelter. On the contrary, most of the mothers in this study had minimal social contact with others at their shelter as they were able to talk with their children.

Another common complaint about the shelters was the rules, especially the rule about child supervision. This mandate was a significant vexation for the mothers at SA since it was so strictly enforced. As many of the mothers noted, they desired at least some time to themselves, but having to constantly watch their children kept them from having personal time. There was evidence of powerlessness and a sense of an external locus of control among them. Indeed, Arrighi (1997) observed that many of those who are homeless exhibit these characteristics in large part due to the fact that “guests at a homeless shelter often feel they have little control over their lives” (p. 49). He goes on to
say, “the hopelessness and powerlessness that they experience when losing their housing are exacerbated by the limits on the control they feel they can safely exert in a shelter” (p. 49). The rules reinforced the idea that the women did not know how to take care of themselves. Additionally, the rules allowed the women little time for leisure.

In this study rules were the greatest hardship, mostly due to childcare issues. This further supports Seltser and Miller’s (1993) notion that the rules were the most significant issue at shelters. They also noted that although people understand the need for rules, this understanding does not keep the residents from complaining how they feel constrained, undermined, and limited by them. Seltser and Miller go on to state, “nothing threatens the autonomy of homeless families as much as the imposition of stringent shelter rules” (p. 54). Specifically, the mandated schedule as well as having to constantly watch their child(ren) reinforced the idea that the mothers were not responsible and were not given the freedom, or even choices, to do as they saw necessary to increase the quality of their lives. As Seltser and Miller believe, to severely restrict choice means threatening human dignity. Thus, the shelter’s strict, mandated rules undermined the self-esteem and last vestiges of pride the mothers had upon entering the shelter. A consistent theme in the literature on homelessness is that the extensive rules found in most shelters control the women’s lives while providing structure for communal living (Fogel, 1997; Seltser & Miller, 1993). This was verified in this study. Moreover, this study also confirmed the idea that shelters value rule enforcement over emotional support (Timmer, Eitzen, & Talley, 1994) to the point that Krystal felt the shelter was like a jail.

The fact that neither Virginia nor Cindy had problems with either the staff or the rules might be explained by their situation. Virginia was in her program voluntarily and
so had no problems with the rules. She chose the situation she was in and could leave at 
any time, so she did not experience powerlessness. Additionally, her addiction may have 
caused her to feel powerless, so fighting that empowered her. Prior to entering the 
program, her addiction constituted much of her leisure. In her free time was when she 
abused her substances, so having little time for leisure was beneficial for her. Cindy 
seemed to have a mental problem and was incredibly focused on getting back with her 
daughter. This was her primary goal and so any perception of help was a positive thing 
to her. Moreover, neither woman had a child with her at the shelter, so they were not 
constrained by supervision problems.

A few of the mothers in this study felt the importance of preserving a sense of 
self, and as a result, tried to distance themselves either from being perceived as homeless, 
or being associated with the people at the homeless shelter. As Newman (1997) noted, 
“identity is our most essential and personal characteristic” (p.120). Distancing was one 
way to maintain the spirit by rejecting the label of “homeless” through a redefinition of 
self (Rosenthal, 1994). Furthermore, not being seen as homeless, but being seen as normal was one of the most significant needs that emerged in research on homelessness 
(Butler, 1994). Rachel attempted to be seen as normal when she identified herself as a 
“displaced homeworker, homemaker.” As Seltser and Miller (1993) noted, “the act of 
redefinition is crucial; if I am not ‘really’ homeless, then I am better off than those people who are” (p. 67). Rachel’s redefinition of herself was also similar to Snow and Anderson’s (1993) idea of “role distancing.” Rachel also tried to point out that she at least had a bed, which was better than conditions for people who were homeless in third 
world countries. She was insistent on not being seen as “homeless.” As Rosenthal
stated, another way to redefine the self is through recreation and leisure, for instance being known as a “basketball player” or “artist” instead of “homeless.” Leisure can help develop a more positive self concept or subjectivity (Wearing, 1998).

Although Rachel was insistent on redefining her image and did not want to be stigmatized as homeless, she and Alison were the only two who made any such overt attempts. It is possible that they were the only two to blatantly resist being stigmatized because they had both received some higher education. Their education may have led them to develop higher expectations for their lives, so they wished to distance themselves from homelessness. Also in Klitzing’s study, only a couple women were outspoken about the stigma associated with homelessness. As a result, Klitzing stated, “although stigma may be part of the everyday life of some women who are homeless, it may not be as pervasive as previously assumed” (p.116). However, half of the women in both studies also showed evidence of distancing themselves from other shelter residents, for instance by not socializing with them. Seltzer and Miller suggest that they were avoiding “contamination or association with a set of problems they want to ignore” (p. 109).

Coming to the shelter created a positive change in stressors for half of the mothers in this study. The two women who felt their situation was made worse by being at the shelter were the two mothers who were involuntarily separated from one of their children. This seeming contradiction may be a shift in blame. It is possible that being at the shelter gave the mothers something or someone else to complain about. As it was not their fault, it made them feel better, as well as giving them an outlet for pent up anger and frustration. Additionally, the shelter was a safe place where the mothers could think
through their lives, setting goals and making plans to get their lives back to some semblance of normality, as Tracy and Emily noted.

A majority of the women in both studies discussed positive aspects of the shelter; including the staff and the fact that the shelter offered an opportunity to gain freedom. Not mentioned in Klitzing’s (2000) study, but addressed in this study, was the idea that the shelter was a safe place, especially the mother’s room which was her own space to retreat to when she felt stressed. For example, Alison wanted to hang up pictures in her room. This supports Russell (1991)’s contention that to maintain a sense of normalcy, women in a homeless shelter will often “attempt to create a semblance of home with the mementos that they have brought with them” (p. 82).

Nevertheless, apparently none of the women felt that the shelter was “home.” Although Rachel was the only mother in this study to refer to the shelter as “home,” the context in which she said it inferred this home to be a place where you sleep, not necessarily a place that you feel is your own. This was reaffirmed when she continuously reiterated the idea that she could not relax and enjoy leisure without being in a home. This was similar to Klitzing’s findings in that although half her women called the shelter “home,” they also referred to it as “the shelter.” Thus, she believed that they used “home” as a “colloquial term for a place or dwelling rather than the traditional meaning” (p. 107). This supported Dovey’s (1985) idea that the space usually understood as home may not be perceived as such in that it may mean ‘I have no house in which to live’ or ‘the house in which I live does not feel like a home’ (as quoted by Wardhaugh, 1999, p. 93). In fact, Wardhaugh explains that the home is often seen as an expression of social meanings and identities. Thus, to be without a home infers that you are lacking in those
identities and possibly failing in some way to achieve them. Therefore, Rachel did not want to be seen as lacking in those social meanings, so she associated herself with a home.

Overall, most of the mothers in this study did not refer to the shelter by any name because the questions had the phrase “the shelter” in them. As a result, the mothers simply responded appropriately to the question as it was asked. Thus it is difficult to ascertain if the mothers felt that the shelter was home, or simply a temporary place to sleep at night. Although, six of the women continuously mentioned their room, therefore it is possible that while the women felt the shelter was temporary, they perceived their room to be a place, even a safe haven, for them. Moreover, it was a place they could go to block out all of the stressors and people that were bothering them. This was also the most likely place for them to go to read, which they felt was a psychological escape. This was supported by Altman and Werner’s (1985) association of “home” or “inside” with a feeling of security and certainty. The women transferred their feelings about home to their room, as this was their “home” for the time being. This also supports Wearing’s (1998) idea that women seek out a space or heterotopia where they have freedom to be themselves.

Another enabling factor of the shelter was the staff. Women in both studies saw the staff as beneficial, although more women in Klitzing’s (2000) study saw the staff as supportive than did the mothers in this study. However, the mothers at STH and SA also saw the staff as dictators of the stringent rules. Therefore, the women saw the staff as facilitating freedom as well as constraining it. For example, the staff would help in reorganizing their lives but, at the same time, the women had to comply with the rules.
And often, complying with the rules interfered with reorganizing their lives, i.e. watching their children while applying for a job or seeking to spend some time alone.

Being at the shelter had a negative effect on every mother’s leisure, except for Virginia and Emily. Being at the shelter with its rules and regulations kept them from doing drugs and getting into trouble. However, having to watch their children kept most of the mothers from their desired leisure activities. As Seltser and Miller (1993) observed, most shelters provide few services, often not offering the necessity of childcare. According to Henderson et al (1996), not having childcare available when women want to participate in leisure activities is considered a facility-related constraint. As a result, some of the mothers learned to enjoy leisure activities with their children. For example, Alison discovered that she enjoyed taking children to the local garden. Therefore, it was possible to enjoy leisure activities, even with children around. This further substantiates the idea that leisure is a subjective experience (Henderson et al) for women, and is often child-centered (Shaw, 1995). In both Klitzing’s (2000) and this study roughly half the women were still able to enjoy their leisure despite the constraints arising from being in the shelter. The women exhibited the power and ability to negotiate through their constraints (Henderson, 1997; Shaw; Samdahl, 1992).

**Constraints**

Besides the problems at the shelter, the women confronted other constraints to their leisure. As discussed in the previous chapter, the women faced multiple stressors while engaging in activities. Further hindering them was the influence of the ethic of care as well as a lack of autonomy. These factors kept the women from experiencing leisure.
Stress

Stress was a key constraint to leisure, besides lowering feelings of autonomy for the mothers in this study. Alison had the most stressors, and she had one of the higher education levels. Additionally, Krystal graduated from college, and she also had a lot of stressors. She and Alison both had a lot of negative things to say about the shelter, and about their lives. Cindy, who did not finish high school, and Virginia, who finished high school, had the least amount of stressors. For these women it appears that education level was a factor that might be related to stress level, possibly due to personal expectations. Those with higher education might have expected their education to result in decent paying jobs and a sense of security, but being without a home might have left them bereft and feeling like a failure. As Seager and Olson (1986) noted, Americans are often told that education is a great force for change. Moreover, a female who is able to read, write, and do arithmetic has a much better chance in life, and a greater chance for freedom. Therefore, the higher one’s education, the higher would be one’s expectations for life. However, for the mothers who had received higher education and held this belief, being without a home and employment might have been perceived as devastating. After all, U.S. values perpetuate the “American Dream”--that you will have greater chances for success and more doors will be open for you the more educated you become (Gottlieb, 1989). However, as Alison learned, it is not what you know, but whom you know, as she kept emphasizing that she was networking. Feeling depressed as a result of denied expectations kept some of the women from wanting to even engage in leisure activities.

Worrying about their children compounded their sense of failure. Not only did the mothers have to worry about themselves and their needs, but they also had to worry about the needs and happiness of their children. Furthermore, the children were not
always understanding of their situation, which added stress, as was the case with Krystal and her daughter, or Tracy and her youngest daughter. Additionally, there was societal pressure to be seen as good and competent parents (Seltser & Miller, 1993). However, staying in a shelter frequently interfered with the mother’s role by increasing her feelings of incompetency about her maternal role (Hausman & Hammen, 1993).

Two of the families in this study, and three families in Klitzing’s study did not have all their children with them at the shelter. The separation was another stressor. Unfortunately, family separation is common, as shown by more than half the families in a U.S. Conference of Mayors (2001) survey. However, as Russell (1991) noted, being separated from their children caused the mothers to be apart from a vital aspect of their identities, further underlining their self-concept as a failure. Indeed, two mothers in this study were incredibly distraught by the separation, further encumbering their independence. Due to the separation, the mothers were constantly in transit, moving between the shelter they stayed in and the shelter where their other child was located. This left precious little time or energy for leisure and relaxation.

None of the mothers in this study were employed, although Alison was about to start a part-time job. However, since none of them worked, they had to rely on governmental assistance, or the benevolence of others to sustain them and six of them voiced frustration with the situation. Even Tracy, whose husband was working, was frustrated by not having employment. The women showed the desire to be able to support themselves, as well as their children. This was also shown in Klitzing’s study. Nevertheless, having to rely on others was obviously demeaning and hurt their dignity, besides lowering their feelings of autonomy. The need to make a contribution, to
function as a responsible adult by collaborating with and helping other people has been seen as essential to the maintenance of dignity and self-esteem (Seltser & Miller, 1993). Mothers in this study, as well as Seltser and Miller’s work, talked about how frustrating it was to always be receiving help and about how much they wanted to give something back in the future. Seltser and Miller further believe that the desire to be perceived as a contributing member of society stems from a need to see oneself as independent enough to have an effect upon one’s social world. As Harrington and Dawson (1997) observed, most of the people who are homeless want to maintain pride, have a sense of being in control, and feel hope that their lives will improve. These sentiments were evidenced in the current study.

Furthermore, lack of employment did not bring about increased amounts of free time. Instead, the mothers in this study were often out looking for a job. Also, not being gainfully employed meant limited finances. This constrained their lifestyles, including their leisure. Not having money limited their leisure in that they were not able to rent movies, purchase games, or buy tickets to museums or plays. Since most of them did not have cars, if they wanted to go anywhere to participate in a leisure activity, they would have to pay for bus fare, often having to ride two or three buses to get to their destination.

Another complication was transportation. As Seltser and Miller found in their research, walking was the principle form of transportation for the mothers in this study. For a couple of mothers, this was cited as a problem. They felt confined and inconvenienced by the bus schedules. They were frustrated that they were not able to create their own schedule. Henderson, Bialeschki, Shaw, and Freysinger (1996) noted
similar observations in their research. They noted that women were less likely to own a car and that taking public transportation with children can be incredibly difficult.

All these stressors often kept the women from having leisure, or from fully enjoying their leisure. Being anxious about their future and worrying about the impact of their surroundings on their children frequently kept the mothers’ minds preoccupied.

**Ethic of Care**

Like stress, an ethic of care constrained leisure while lowering feelings of autonomy for the mothers in this study. Various researchers (Gilligan, 1982; Henderson et al; Hill, 1993; Livson, 1981) observed that women’s lives were significantly influenced by an ethic of care that developed from their assumed role of nurturing and supporting others. As a result, a woman’s sense of self, as well as her psychological self-image, was affected by how she performed her caring role. An ethic of care was evidenced by every mother in this study, as well as half of the women in Klitzing’s study.

As researchers have noted, women have been socialized to put family needs first and to feel that the role of wife and mother is the primary expression of their femininity (Brown; Henderson et al.; Hill). Feeding into their ethic of care was a desire to be seen as a contributing member of society, to be seen as independent enough to have something to give to others (Seltser & Miller). Seltzer and Miller broadened this idea to include the ability to function as a responsible adult by working with and helping others. In this study half of the mothers put others first, and/or helped others, including all of the African-American mothers. It has been documented that African-American women are socialized to put family first (Brown; Hill). One-third of the women in Klitzing’s study also noted that they wanted to help others. Furthermore, by helping others, the women also interacted with and connected with others. This is similar to Freysinger’s (1995)
idea of affiliation, which is a key theme in women’s leisure (Henderson et al). While putting the needs of others first often meant that their leisure was constrained, the interaction added a social element to the women’s lives.

As all of the women in this study were mothers and, with the exception of Virginia, had at least one child with them at the shelter, this meant that decisions were made based on what was best for the mother, and the child. Their independence was fettered by the choices they had to make for their children. For example, Emily was grateful for the benefits that being at the shelter had for her sons. In fact, her response to the question “what do you do that you want to do, but don’t have to do?” epitomized the ethic of care when she replied, “trying to be a better mother.” Often, if the children were happy, the mothers were happy, so ideally the shelters should seek to keep the children’s needs met so as to relieve at least this source of stress on the mothers. Similarly, shelter staff should understand that mothers will make sacrifices, even undermine their goals, to ensure that their children are happy. Ensuring their children’s happiness, though, often meant ignoring their own needs, especially the need for relaxation and time alone.

It has been noted that leisure is often difficult for women to achieve because of the ethic of care (Bialeschki & Michener, 1994; Harrington, Dawson, & Bolla, 1992). Leisure has been found to be especially elusive for women with children (Bialeschki & Michener; Shaw, 1988) partly due to the predominance of family as a priority over all other facets of life including leisure (Horna, 1985; Kelly & Kelly, 1994; Shank, 1986). In fact, various studies show that women often engage in leisure activities with their spouse or other family members (Freysinger & Freysinger, 1992; Horna, 1985, 1989). In this study, women frequently engaged in leisure with their children, though often without
choosing to do so. Samuel’s (1995) study on family leisure also revealed that it was important for women to have time and space for their own leisure. In both Klitzing’s and this study most of the women note such a need for freedom. As Henderson et al. noted, women have significant difficulty finding time for self-determined leisure when women were required to supervise their children full-time. This was also shown in both Klitzing’s and this study. Interestingly, the African-American mothers appeared to be more concerned about the needs of others, while it was the Caucasian mothers who required time and space away from others to experience leisure. This idea is supported in the literature on African-American families. For African-Americans family closeness is of utmost priority (Brown, 1997; Hill, 1993), especially for social support (Keith, 1997). Specifically, children are highly regarded (Hill), which would explain why the African-American mothers in this study were less likely to complain about wanting time away from their children for leisure.

Even though their children were a stress for a variety of reasons, most of the mothers also derived joy from their offspring. It appeared that their children were a stress because the mothers wished to see them happy, not necessarily because the children were constantly misbehaving. For example, Alison saw her daughter as a stress, though she rarely misbehaved. Her daughter often complained about not having everything she wanted, which in turn was a stressor for Alison. And although her son’s ADD stressed Andrea, she was more upset that she was not able to properly provide for him. Thus, the children were often the reason the mothers tried so hard to get out of their situation.

**Lack of Autonomy**

The third constraint on the women’s leisure was a lack of autonomy, which added to stress levels. Although shelters exist to help people, they severely restrict choice,
which, according to Seltser and Miller (1993), “threatens human dignity” (p. 98).

Despite shelter-imposed limitations, women in both studies aspired to have choices in all facets of life, including leisure. However, they were faced with rigid schedules, leftover food, second-hand clothes, unpredictable bus routes, disreputable people, and minimal leisure resources. Moreover, as Alison continuously reiterated, both cities had a token few shelters considering the extensive need for shelter among the population.

Furthermore, two mothers were forced to leave their children at other shelters for reasons unknown to the mothers. It was evident in Cindy that having to “abandon” her child further shattered her confidence.

Having no influence on the rules and being mandated to abide by a schedule greatly frustrated most of the women. As Seltser and Miller criticized, those served have minimal, if any, influence over the rules and structure of the shelter. Being at the shelter, setting goals, and creating a plan of action to get their lives back to where they wanted them to be would be difficult if they were not allowed to even plan their own schedule.

To become independent, the mothers needed to be given the opportunity to exercise that right (Dattilo, Kleiber, & Williams, 1998; Deci, 1995; Henderson et al., 1996; Samuel, 1992; Seltser & Miller). Henderson et al., stated, “a perception of choice or self-determination also is positively related to psychological well-being in adulthood. A sense of self-determination is particularly important to well-being in later adulthood” (p. 161). According to Deci, choice is vital for self-determination, but the mothers in this study were not being given choices. Therefore, they were not being allowed self-determination or autonomy (Samuel, 1992). In other words, they were not trusted to act independently as the chief causal agent in their own lives, without external influence or
interference (Dattilo et al.). Autonomy is part of ascribing dignity to an individual, allowing them choice and actions over which they have some control and judgment (Seltser & Miller). Allowing autonomy and self-determination allows them to succeed and show competence. As Dattilo et al. observed, by achieving some success, they may gain confidence and not consider other challenging circumstances as insurmountable.

One area for autonomy was leisure. However, the mothers either felt that they had either too much or not enough free time, with little control over that aspect of their lives. As a shelter volunteer said “nothing is worse on the human spirit than doing nothing” (quoted by Rosenthal, 1994, p.160). Russell (1991) saw the consequences of this statement when he noted that time can drag perpetually, though he noted that there was often more time available for those in transitional housing than emergency shelter. In this study, three of the mothers felt that they had too much time, and four felt that time was in short supply. These women felt they were unable to engage in the activities they enjoyed because they lacked time. This supports Samuel’s (1995) statement that women consider it important to have time and space for leisure. In Klitzing’s study, only one woman, who did not have a job or children, felt she had time. In both studies the women who had younger children without childcare felt especially burdened with no time. But this was not a choice, it was directed by the shelter rules and schedules. Feeling that they had no time transferred into feeling like they had little or no leisure.

Another constraint to leisure was lack of money. Having limited funds inhibited their options for leisure, as well as other aspects of life such as housing. Both Klitzing’s and this study verified what Kay and Jackson (1991) observed--that financial constraints were significant inhibitors to experiencing leisure. To resolve this problem, women in
both studies modified their leisure, as discussed by Jackson and Rucks (1995), or engaged in other leisure activities, as suggested by Samdahl and Jekubovich (1997).

**Enablers**

Although the women faced a variety of constraints, they were able to negotiate through them and still engage in leisure. Some factors helped them achieve leisure, including the shelter, utilization of their available resources, their family, and a creation of time and space for themselves.

**Utilization of Resources**

Although their resources were limited, the women had sources of enjoyment available to them. Since the women did not have money, they often sought free activities like reading, writing, going to the local park or garden, or simply walking around. The library was only a few blocks away from both shelters, and all the women in this study noted their enjoyment of reading. Writing was one way for them to maintain past social contacts, although those contacts were distant. However, these activities were also often their only option during the day when they were not allowed to be in the shelter. Thus, they had options for their leisure, though these options were enforced and did not engage them socially. Other more social options were going downtown to the free activities and concerts offered there.

The underlying limitation to leisure for the women in this study was a lack of autonomy (Carpenter, 1985; Henderson, 1986). Due to the women’s circumstances, choices were greatly limited. Most of the women in both studies noted activities that they wanted to do but were unable, such as shopping, dancing, fishing, and doing nothing. Fortunately, they were also able to identify other activities they wanted to do and were able to take part in such as showering, cleaning, going to the park, reading, and listening.
to music. In so doing, these activities gave them some sense of autonomy. They took initiative and were creative with their available resources. In both studies leisure, as well as non-leisure activities were mentioned. Moreover, women in both studies also enjoyed activities with their children, even if they did not have a choice about their children’s presence. Indeed, as Henderson et al. (1996), observed, “most women rarely have complete freedom to choose leisure activities for themselves” (p. 194) because of gender roles and obligations based on such roles.

**Family**

Though most of the women in both studies coped using solitary activities, not every mother in this study liked to be by herself to de-stress. As noted earlier, the family was important to the women. However, the mothers in this study were not always given the choice of trying to relax by themselves since they were required to watch their children at all times. As previously mentioned, this is what frequently fueled their need for time alone to relax. Nevertheless, the mothers in this study often enjoyed engaging in leisure activities with their children.

It appears that the most significant, and unnamed, coping strategy was a support system, especially familial support. As Newman (1997) stated, the family provides the relationship that gives us a sense of identity and personal history. Obviously being connected to, and supported by, the family is significant for any individual. More specifically, various researchers have identified the family role as central in defining women’s lives (Baber & Monaghan, 1988; Henderson et al., 1996; Roberts & Newton, 1987). Furthermore, Henderson et al. suggested that a woman’s role in the family affects her perceptions of personal adequacy and identity. As evidenced, the mothers who
lacked family support felt more alone and helpless. Even though Cindy and Emily received help from friends, they were dejected by their negligent family support.

**Time and Space**

In fact, half the women in this study and a couple in Klitzing’s study did not socialize with other people from their shelter. This put them at a disadvantage since social interaction is important for women’s leisure enjoyment and satisfaction (Freysinger and Flannery, 1992). Nevertheless, Henderson et al. (1996), stated that women have learned to value solitude although socialized to fear and avoid it. As mentioned earlier, the women needed a time and space independent from others. Another possible reason the women minimized their social contact was the transient nature of the shelter. Most likely they either believed that they would leave the shelter soon, or that the other people would leave, so investing in a friendship seemed inane.

Even though all of the mothers evidenced an ethic of care, they were all able to engage, even sporadically, in such leisure activities as reading or walking. As Samuel (1995) noted, many women actively seek out leisure as a time when they do something for themselves, in their brief time away from their responsibilities for others. They are thus able to achieve some autonomy and self-determination in their leisure, which as Henderson et al. noted, was of particular importance for women who manifest an ethic of care. Through leisure the women in both studies were able to feel empowered and resist societal-imposed gender roles.

Though only two mothers in this study noted that leisure had a role in their lives, they all utilized leisure to help cope with their situation. Women in Klitzing’s (2000) study also used leisure to cope with their life situation. Klitzing also discussed how leisure could enhance their lives by offering them relaxing, fun, and enjoyable
experiences or spaces. To handle their present circumstances, the mothers in this study primarily used solitary leisure activities (i.e. reading, walking, spending time alone). These techniques took the women either physically or psychologically away from, or distanced them from their stressors (Seltser & Miller, 1993). To engage in these experiences, the women in both studies would often physically escape the shelter and its stressors by going outside, such as to the park or garden. This offered them space and a sense of freedom from the control of the shelter. However, these activities were also the result of the control of the shelter. During the day, people at the shelter were told to leave, which would result in them walking around or going to the local park or garden so as to not be at the shelter.

As Seltser and Miller noted, when people were not able to physically escape from a situation, they often attempted to escape psychologically. Banyard (1995) also suggested that women engage in escape strategies (i.e. gaining family support, going to the park, reading). This was often evidenced in this study, primarily through reading, though the women in both studies engaged in a variety of activities, such as listening to music, sleeping, or smoking. Another part of psychologically escaping in this study was “doing nothing,” relaxing, or taking time for themselves (Freysinger, 1988; Henderson & Bialeschki, 1991; Shaw, 1985). The fact that more than half the mothers in this study, and all the women in Klitzing’s study, participated in such activities infers a need for recuperation and renewal (Bialeschki & Michener, 1994; Freysinger & Flannery, 1992), especially since as Henderson et al.(1996) reported, leisure as relaxation is especially vital for mothers, though it is often exceptionally difficult to achieve. Women in both studies relaxed by listening to music, spending time alone, reading, showering, and
prayer. However, as Krystal observed, reading, as well as the other techniques, did not always guarantee a leisure experience. But as Streather (1989) noted, single mothers often have incalculable trouble finding both time and space for relaxation. As evidenced in this study, the mothers often saw to the needs of others, especially their children, leaving little or no time for relaxation, much less leisure. However, Henderson et al. believed that through leisure women can learn to value themselves as individuals and challenge some of the societal restrictions and stereotypes that constrain behavior.

The perfect psychological escape was leisure that led to flow (Csikszentmihalyi, 1990). Flow, according to Csikszentmihalyi, is a peak leisure experience that occurs when the skill level of the participant matches the challenge level of an activity. In such a circumstance, two mothers in this study were able to forget about their problems, and everything else around them. As Tracy noted, flow can even help solve problems by helping the individual to achieve a clarity of thinking that would otherwise have been muddled from the plethora of stresses bombarding them. However, flow cannot be manufactured, though recreation and leisure facilitators can offer experiences that will likely create the necessary environment. This would be highly beneficial to provide for people who are homeless due to the sense of peace and relaxation that results, as well as the greater ability to problem solve, which can enhance independence.

Other Enablers

Henderson et al. noted that the experience of leisure could aid individuals with changes and transitions. The mothers also talked out their problems, listened to music, and smoked to relieve stress. The strategies of this study differed slightly from Klitzing’s study. In her study, the most common coping strategies were keeping busy, spending time with family, talking to people, and spending time alone. In both studies leisure and
non-leisure (i.e. thinking positively) activities were utilized to handle their circumstances. The non-leisure activities seemed to be negative. It appeared that the women simply ignored their problems, or minimized them. Either way, they were not facing their problems and deriving constructive solutions. Therefore, it would behoove shelter staff to facilitate leisure experiences so as to constructively deal with the women’s stress.

In this study all but one woman was able to define leisure, and she was African-American with a high school diploma. This supported other research (Klitzing, 2000; Tirone & Shaw, 1997) which observed that generally people in minority ethnic groups, especially with lower education levels, are not able to define leisure, though they may discuss leisure-related ideas such as choice and enjoyment. Nevertheless, in this study, Andrea did not have the lowest education level, and the other African-American mothers were able to define leisure. Conversely, in Klitzing’s study only half of the women were able to define leisure and the majority were Caucasian. In both studies, contrary to popular thought, leisure was not connected with free time, but as an experience or activity, as proposed in various studies (e.g. Bialeschki & Henderson, 1986; Henderson, 1990; Henderson & Bialeschki, 1991; Wearing & Wearing, 1988).

Though leisure is generally considered a positive experience, it can also be negative (Gunter & Gunter, 1980) depending on how leisure is defined. In both studies, a few women engaged in positive as well as negative leisure. In fact, some of the chosen leisure activities had caused a few of women in each study to get into trouble, mostly from drugs or alcohol. The women would partake of those substances as leisure activities, sometimes getting themselves into trouble through the use of illegal substances or excessive alcohol intake.
Leisure was not the only way of coping with their situations. Three mothers in this study, and five women in Klitzing’s study engaged in non-leisure activities to handle their circumstances. Interestingly, Rachel felt that simply being knowledgeable was a way of coping. She felt that having and implementing a plan was her way of coping, besides giving her a sense of control. Denial was another method of coping (Seltser & Miller, 1993), as shown in this study by Emily and Tracy. Tracy also tried to isolate this and separate it from the future. She viewed this as temporary, instead focusing on “getting back to normal” in the future. Seltser and Miller also observed this type of isolation. They also discussed minimizing the situation. Rachel also tried to minimize the significance of her situation. She also felt that she was not “really” homeless, that she was better off than those people who were. This thought process helped her to minimize her situation and allowed her to redefine herself. Seltser and Miller warned that this strategy might really be a form of denial and the people utilizing it may actually be deceiving themselves. However, it helped them feel in control of their situation.

**Resultant Model**

By using grounded theory methods and constant comparison to identify themes in the data, a model of leisure for mothers who live in a homeless shelter is proposed (see Figure 5-1). As previously discussed, the mothers perceived constraints to their leisure. Nevertheless, they were able to negotiate those constraints (Jackson, 1997) with the help of their enablers. By engaging in leisure, they were able to lessen their constraints. Leisure helped lower their stress levels, in addition to allowing them relaxation and escape.
**Conclusions**

Understanding the context of the lives of mothers who are homeless is essential for understanding their view of leisure and the role it plays in their lives. The context includes their personal background, the shelter structure and staff, people at the shelter, family situation and activities inside as well as outside the shelter. Also, their context may differ from weekday to weekend.

Stress, an ethic of care, and a lack of autonomy inhibited the mothers’ leisure experience. These constraining factors varied in degree for each mother, although all felt the negative impact on their leisure. Additionally, these three factors tended to compound each other.

The number of expressed stressors was negatively correlated with the education level of the mother. The higher the education level, the higher the woman’s expectations for life, which led to greater frustration when her expectations went unmet.
Childcare was a heavy burden for the mothers. Taking care of a child, or multiple children, could be incredibly time consuming, and was not practical for job searching, or working a job. Offering daycare for even a few hours each day could enable mothers with the freedom they need to search for a job, attend appointments, or simply relax. Besides ensuring their children were looked after, the mothers often worried about their child’s health, the people interacting with him or her, and the effects of living at a shelter on the child.

The majority of the mothers felt they had few choices, especially in the shelter, although in their leisure they had more choice than in other areas of their lives. Perceived freedom or choice was not a concept to which the women were able to relate, although perceived freedom and choice have been seen as key components in leisure theory (Carpenter, 1985; Henderson, 1986; Seltser & Miller, 1993; Wearing, 1998). The mothers felt a lack of autonomy in their lives which furthered their feelings of helplessness and hopelessness. Nevertheless, through leisure they were able to experience choice.

It may be that women experience leisure wherever they feel they have choice and control, or autonomy, which has generally been in the home. However, those conditions were constrained in the shelter, therefore the women were more likely to engage in leisure outside the shelter. Thus, home may not be the main leisure container for all women as previous research had indicated.

The women were able to negotiate through constraints to experience activities that they enjoyed and through which they were able to relax. The women took initiative and exercised some autonomy to be able to engage in leisure activities. Although, resulting
from their constraints, the leisure activities were often less frequent and for less amounts of time than desired. Moreover, the activities engaged in were not always the activities the women truly wished they could participate in, they were substitutes for other unattainable activities.

Additionally, leisure activities and experiences were used by all of the mothers to cope with their circumstances. The experiences occurred within as well as outside the shelter. Through these activities the mothers were able to feel normal, as well as enjoy a time and space generally away from the shelter and other stressors.

Leisure was used to resist the ethic of care by allowing women to focus on themselves and relax. For mothers living in a shelter, relaxation was a key aspect of leisure. Leisure was one of the few opportunities for choice and autonomy for the women. Leisure was often one of the few mediums for the women to have time and space for themselves.

Leisure as time was not an accurate definition for most of the mothers. The inaccuracy of the definition was also supported by Henderson et al. (1996) and Wearing (1998). Most of the women in this study felt that they had little or no free time, and wished to have more time. During that time they wished to be able to relax and spend time doing the things they wanted to do.

Leisure as an experience or activity was an accurate definition for the mothers in the study. All the women sought to create a leisure experience, often doing so by engaging in activities defined as leisure.

The importance of social support was also evident for these women. A support system was a crucial aspect of coping, especially support from family members. Family
gave the mothers a sense of identity besides being a connection to their past. Often their children, and sometimes their parents, helped lower their stress levels. Their family offered someone to whom the mothers could relate, as well as people with whom they could socialize.

**Implications**

**Leisure Research**

The primary need in leisure studies is simply more research. There is minimal recent research available on people who are homeless, and even less research in leisure studies on the topic. Thus, the chief need is more information. As noted, the number of participants in this study was limited; therefore, larger samples might increase broad-based knowledge, as well as giving a better representation of the population. Also, interviewing mothers who had been at the shelter longer might yield more insights on the picture of shelter life as well as the impact of being at the shelter. Additionally, interviewing during different months, such as when children are in school, or when the weather is cooler, might have different impacts on the shape of the mother’s daily lives.

Furthermore, the diversity of the sample needs to be increased. People from different ethnic backgrounds should be included in future studies. While a majority of the population is Caucasian or African-American, other ethnic groups are represented in the homeless population, though not in most studies. Additionally, married women, as well as women with older children should be included. Although females head most homeless families, adding the dimension of a male figure to a family may have an effect on the leisure and leisure choices of the mothers by giving the mother the time and space necessary for leisure since the father may be able to share childcare. However, the leisure of the mother in the family in this study was not increased relative to the other
mothers due to the presence of a spouse. Rather, she noted that the reason she was able to relax was because her children were older and she did not need to constantly watch them, which provided her with some freedom.

As evidenced in this study, older children were often beneficial and used as support to cope with being without a home. There is a need to know more about such support systems and how family support compares to friend support. Families are important, especially for women. But when family is not available or supportive, can friendships fill that gap or simply lessen the hole left by family? Also noted were the benefits of family support from outside the shelter. However, when familial support was withheld from the mothers, they showed signs of bitterness and resentment. Evidently familial support was highly significant to these mothers. The researcher believes this is a significant finding and needs to be further researched with other samples.

Employment also affected the lives of those who were homeless, especially their leisure. Unfortunately, none of the women in this study were employed at the time of the interview. However, other leisure research has indicated that work negatively affects the amount of time available for leisure (e.g. Henderson et al., 1996), especially for mothers. On the other hand, employment provides money that allows for greater choice and freedom in leisure. Learning the extent of that effect while living in a shelter would be valuable for leisure programming.

Leisure as resistance should also be examined, especially as it is used to resist stereotypes about homelessness. Knowing how women who are homeless use leisure to counter stereotypes would benefit practitioners in how they structure leisure programs. Freysinger and Flannery (1992) noted that leisure may be a part of life where women are
relatively free to create space where they can express who they are, step outside ascribed roles, and challenge or resist being who others say they should be. In fact, Wearing and Wearing (1988) suggested that everyone should have some power and relative autonomy in all situations. In Klitzing’s (2000) study, some women were possibly able to resist the role of resident and homeless woman through fun, enjoyable, and relaxing activities or through overnight stays as a space away from the shelter. Wearing (1998) summarized these ideas best when she defined leisure as a personal space, both physical and/or metaphysical, over which the individual has some autonomy both to do something or nothing for her/his own satisfaction and to be alone or to include other people. This is a space where both women and men can resist what they have been told by society they ought to be and reach towards what they could be. (p. 184)

Studying the extent to which women who are homeless are able to experience the feelings of power and autonomy would enhance practitioner’s understanding of the needs of women who are homeless.

**Leisure Practice**

Most of the people who are homeless want to maintain pride, have a sense of being in control, and feel hope that their lives will improve (Harrington & Dawson, 1997), as well as having a sense of dignity (Seltser & Miller, 1993). As Harrington and Dawson go on to note, social service providers are recognizing that all users of emergency housing need access to experiences that enrich their daily lives, in addition to providing some measure of stability and self-esteem while they endure or struggle with their condition. There is an increased agreement among practitioners that recreational and leisure opportunities can improve the quality of life of people who are homeless (Ward, 1990). This proposition was also validated in both Klitzing’s (2000) as well as this study.
One way of enhancing the leisure opportunities of people who are homeless might be through therapeutic recreation (TR). The central philosophy of TR is “to use activity, recreation, and leisure to help people deal with problems that serve as barriers to health and to assist them to grow toward their highest levels of health and wellness” (Austin, 1997, p. 144). Additionally, one of the responsibilities of the TR professional is to protect and promote the dignity of persons with disabilities (Howe-Murphy & Charboneau, 1987); disability being defined as any “condition that appreciably impairs a person’s ability to make minimally successful connections with the labor market and form mutually satisfactory relationships with family and friends” (Rossi, 1989, p. 46). Rossi’s definition seems to describe homelessness and as this study shows, individuals in this situation have many needs, especially as they relate to leisure. TR programs can offer them opportunities for positive leisure experiences that help to meet their leisure needs. It can also provide an atmosphere for increasing self-esteem, as well as feelings of influence and control; a place to learn social interaction skills and appropriate social behavior; and stress management techniques (Kunstler, 1991). Most importantly, individuals can become independent, or self-determined, in their leisure through leisure education, which teaches people about leisure awareness, social interaction skills, leisure activity skills, and leisure resources (Howe, 1989). As Kunstler (1993) noted, the development of leisure skills enhances the possibility of increased involvement in recreation, in addition to achieving skills that are transferable to other settings, facilitating the individual’s acceptance into mainstream society.

To achieve transferable skills, practitioners must utilize leisure as Wearing (1998) defined it. More specifically, leisure for women involves enjoyment, intrinsic
motivation, freedom of choice, relaxation, pleasure, and lack of evaluation (Bialeschki and Henderson, 1986; Shaw, 1985), facets they may not experience in other parts of their lives. Therefore, practitioners need to keep these leisure elements in mind when working with people who are homeless.

Considering these leisure components, a positive leisure experience includes leisure as time for self, as affiliation or connection with others, and as self-determination or autonomy (Henderson et al., 1996). Allowing women time for themselves, especially if they are mothers, is essential for a positive leisure experience. These self-determined activities, according to Henderson et al., are activities of personal interest to the women, activities where the women are free from concerns for others. Daycare or child-focused groups should be offered at the same time as leisure activities or groups for the women. Women need time and space for themselves (Samuel, 1995) to express who they are and to challenge or resist imposed roles (Freysinger & Flannery, 1992). Possible programs suggestions include offering books to read, or various forms of art supplies. Giving the women a choice as to what they want to do while alone will enhance their autonomy as well as giving them a chance to create a space and time for themselves. The art supplies can include simply pen and paper for them to write, especially since a few of the women in this study noted that they enjoyed writing. If they need some direction, general topics can be suggested or pictures can be displayed by the practitioners to guide their artistic expression. Allowing them choice “returns locus of control to the participant and empowers the homeless person to decide for him/herself” (Harrington & Dawson, 1997, p. 24).
However, women also value family activities (e.g. Kelly & Kelly, 1994; Freysinger & Flanery, 1992; Horna, 1989). Therefore, also offering activities that the entire family could enjoy would ease the responsibility that women place on themselves. Additionally, it would give the women an opportunity to connect with others. One idea could be reading a play aloud to their children, with the mothers taking on character roles. Another suggestion is simply getting the women together and having them discuss leisure ideas that they want to engage in and having them brainstorm ways to generate their desired activities. As a few mothers in this study mentioned cooking, one idea may be for one night each month have a few women make their favorite dishes or desserts and then share them with the shelter and spend time eating and relaxing. This would allow the women some autonomy as well as a way to express themselves while contributing to the group. Moreover, spending time together would foster affiliation and social support.

Leisure is based on choice, and freedom (Carpenter, 1985; Henderson, 1986). Offering them a variety of leisure activities not only allows them to choose, it is more likely that they will enjoy the activity in which they engage. Common activities from both Klitzing’s (2000) and this study include: reading, playing with children, going to the park or garden, writing, watching movies, listening to music, shopping, dancing, traveling, outdoor sports, dominoes, cards, and cooking. To apply these ideas, offer several leisure activities on weekend nights and allow the women to choose from those given activities. For instance, create a garden at the shelter and then have mothers sign up for gardening time with their children. Another option is to offer gardening classes.
Basically, women, especially mothers, need time for themselves, away from their stressors (i.e. the shelter, their children), as an opportunity to express themselves. They need choices and freedom to build up themselves and achieve autonomy so as to be better able to handle life and all its stressors.

**Limitations and Delimitations**

The purpose of this study was to explore the leisure behavior and needs of mothers who are homeless and investigate if and how they use leisure to cope with their homelessness. The delimitations of this study may be related to the women included in the sample. Among the mothers interviewed, only a few had been at the shelter more than a week. This was due in part to the transitory nature of the shelters and it is possible that their brief stay did not give the women a full idea of how life was at the shelter. Also due to their brief time in the city, most of the mothers were not employed. The lack of work, and thus income, had a negative effect on leisure. Furthermore, the stress of not having a job compounded their other frustrations. Although the participants seemed to be forthcoming in their answers, it is possible that they withheld their true feelings, or only answered questions as they thought they should be answered so as to not get into trouble. Though the interviewer had volunteered for some time at STH, due to their short length of stay at the time of the interview, as well as their busy schedule during the day, trust between interviewer and interviewee was limited.

Nonetheless, while the information gathered provides some insights into the lives of women who are homeless, specifically mothers at emergency shelters, due to size of the sample, the data are limited in their generalizability. Given the fact that there are similarities between the findings of this study and other studies on women who are homeless, this provides some confidence in the reliability and validity of the results.
Moreover, this suggests that the findings may be generalized to similar populations of mothers who are homeless living in emergency shelters as those who participated in this study.
APPENDIX A
ST. THOMAS HOUSE RULES FOR RESIDENTS

Hours:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am</td>
<td>Wake up. Do not get up before 7am, unless for work.</td>
</tr>
<tr>
<td>8:00am</td>
<td>House closes.</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Day Shelter available, ask for guidelines at the desk.</td>
</tr>
<tr>
<td>11:45am</td>
<td>Lunch served to residents.</td>
</tr>
<tr>
<td>12 noon</td>
<td>Lunch served to everyone, line forms on the back porch.</td>
</tr>
<tr>
<td>5:00pm</td>
<td>House opens, check-in from 5-7pm.</td>
</tr>
<tr>
<td>7:00pm</td>
<td>Returning residents must have checked-in, or lose their beds.</td>
</tr>
<tr>
<td>5-10pm</td>
<td>Residents must do assigned housekeeping chores.</td>
</tr>
<tr>
<td>10:00 pm</td>
<td>Return to St. Thomas House, or lose your bed.</td>
</tr>
<tr>
<td>11:00pm</td>
<td>Lights out, all TV’s and radios off.</td>
</tr>
</tbody>
</table>

Rules:

♣ Enter and exit only through the main entrance (east doors).
♣ Cooperate with staff and volunteers.
♣ Be courteous to others.
♣ No smoking in the house at any time. Smoke outdoors only!
♣ No drinking, drugs, or intoxication, on or off the property, before or after check-in.
♣ No foul or abusive language.
♣ No fighting or threatening behavior.
♣ No weapons, dangerous items or pornography.
♣ No stealing or possession of stolen property.
♣ No switching rooms or beds without approval of staff.
♣ Do not enter anyone else’s room.
♣ No inappropriate physical contact or sexual language.
♣ No night clothes outside of rooms.
♣ Maintain personal hygiene (please shower and do your laundry on a regular basis).
♣ No dogs/pets in the house or inside the fenced porch area.
♣ No dishes/tableware can be taken out of the dining room.
♣ No open containers of food or drinks in bedrooms or front room.
♣ Residents are not allowed to serve food or give supplies to visitors.
♣ Make your bed everyday and keep your room clean.
♣ Do your housekeeping chore daily, assignments posted at the front desk.
♣ Recycle cans, bottles, plastic and newspaper at the front desk.
♣ Daily progress must be reported each night at check-in.
♣ Children must be actively supervised by a parent at all times.
♣ Children are to be in their rooms at bedtime, time depends on the child’s age. Times posted at the front desk.
Report any violations of house rules to the staff or a volunteer. Do not attempt to deal with it yourself.

Violations of the rules could result in the loss of your bed.
APPENDIX B
SALVATION ARMY HOUSE RULES

Policies and Regulations

- Photo ID is required for admission. Admission hours are posted at the entrance.
- Luggage and/or personal baggage are not permitted in the dormitories. Lockers are available on a first-come, first-served basis, and are not accessible during business hours. The Salvation Army is not responsible for lost, stolen, or unclaimed property.
- All residents must shower before retiring. ID cards will be retained at the Intake Desk until towels are returned. Showers must be completed by 9pm and are not permitted in the morning.
- Smoking is permitted in designated outdoor areas only.
- Any headgear, hats, and/or sunglasses must be removed before entering the shelter.
- Shoes and proper attire are required in all common areas. Proper covering is required at all times except when in the shower.
- Weapons, alcohol and/or illegal drugs are not permitted at the shelter. Prescription drugs must be checked in at the front desk upon admission.
- Food and/or beverages are not permitted in the dormitories.
- Anyone who appears to be under the influence of alcohol and/or illegal drugs will be denied admission.
- Profane or abusive language will not be tolerated.
- All residents must remain in assigned dormitories. Access to other dormitories is prohibited.
- Unauthorized departures from the shelter after check-in may result in suspension of services.
- Wake-up is at 5:30am. Requests for early wake-ups may be given to the Intake Staff.
- Breakfast is served in the dining hall at 5:30am. Dinner is at 5:30pm.
- Lights out promptly at 10pm.

All services are provided on a case-by-case basis. The Salvation Army reserves the right to refuse services. Any violation of the policies and regulations will result in immediate disciplinary action and may result in suspension of services: the duration of suspension to be determined by the Supervisor. Exceptions to certain above policies may be granted only by the Shelter Services Manager.
APPENDIX C
PARTICIPANT RECRUITMENT SCRIPT

Hi, my name is Courtney. I’m from the University of Florida and I am doing a study on women who live in homeless shelters. I want to learn more about the how mothers who are homeless cope with being homeless, and if they use leisure to help them cope. I am wondering if you would be interested in participating in a 30-minute interview for this study? If so, I have a few initial questions that I need to ask you:

1. Would you mind being tape-recorded knowing that the information will be kept confidential and that your name will not be included in the report?
2. Are you 18 years or older?
3. Have you been without a home for more than 2 months (excluding staying in a shelter or with friends)?
4. Are you able to sit and talk with me for at least half an hour?
5. When do you have time to participate in the interview?

NOTE: Once they have agreed to participate, a date and time will be set. Staff at the shelter will be notified so as to minimize distractions. Once seated, the participant will be shown the informed consent sheet to look over and sign. She will again be asked if it is acceptable that she be taped. Then the interview will begin.
APPENDIX D
INTERVIEW GUIDE

1. Tell me about yourself
   a. Where are you from?
   b. How long have you been here
   c. Have you ever been homeless before?
   d. How many children do you have?
      i. Boys or girls?
      ii. What ages?
      iii. Are they living with you?
      iv. If not, then where?
   e. Are you married?
   f. Are you presently employed?
      i. What other kind of work have you done?
   g. Have you graduated from high school or college?
   h. Does your family know you’re here?
      i. If not, why not?

2. Describe your life at this shelter
   a. How long have you been living here?
   b. How did you come to be here?
   c. Have similar experiences happened to you before?
   d. What’s it like being here with/without your children?
   e. How do you spend your time?
      i. Daily routine
      ii. Weekday
      iii. Weekend
   f. When you’re not working on goals or chores, what do you do?
   g. When you leave the shelter during the day, what do you do?

3. What are some things that cause you stress?
   a. Are your children a source of joy or frustration?
   b. Are you frustrated with your job or lack or a job?
   c. Do certain people rub you the wrong way?
   d. Do any of the shelter staff frustrate you?
   e. Since coming to the shelter have your stressors changed?
   f. How do you cope with your stress?
   g. Have these techniques changed since you came to the shelter?

4. What are some things you do because you want to and don’t have to?
   a. What do you enjoy doing?
   b. What is fun for you?
   c. How do you relax?
d. When was the last time you did these activities?
e. Who do you do these activities with? Children, other people at the shelter, family members?
f. What are some things you do because you want to and don’t have to?
   i. How often can you do what you want to do and don’t have to do?
   ii. What keeps you from doing the things you want to do?

5. What do you do in your free time?
   a. How much free time do you feel you have?
      i. Would you like more free time?
      ii. What would you do with it if you had more?
   b. Do you enjoy what you do in your free time?
   c. Has your use of free time or activities you enjoy doing ever gotten you in trouble?
      i. If yes, please explain
   d. Have your free time activities gotten you in trouble before coming to the shelter?
      i. If yes, please explain

You have/have not mentioned the word ‘leisure’

6. When you think of the word leisure what comes to mind?
   a. Does leisure have any role in your life?
      i. If yes, please describe
      ii. If no, why not?
   b. How do you feel when you experience leisure?
   c. Has leisure ever been a negative experience for you?
      i. If yes, please describe
   d. Do you think your leisure has changed from before you came to STH?
      i. If yes, how/please describe
      ii. If no, why not?
   e. Is there anything that you would like to do in your leisure but can’t?
      i. If yes, what?
      ii. Why are you unable to do it?
   f. What are some ways you use leisure to help you cope with your present situation?

I may need to ask you some more questions at a later date. What is the best way to get in touch with you?
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

I grew up in Sarasota, Florida, with my parents and younger sister. Throughout high school I participated in a variety of sports, including soccer, softball, and volleyball. In high school I also volunteered at a variety of places, such as nursing homes and my church.

While at the University of Florida, I continued my enthusiasm for sports and volunteering while pursuing academics. To help me decide on my major, I volunteered at a physical rehabilitation facility for a summer. My experiences there, as well as my personal enjoyment of recreation and leisure, solidified my desire to go into recreational therapy (TR). TR was so intriguing and rewarding that I decided to continue my education at the University of Florida in that area for my master’s degree.

While on a mission trip I realized my desire to work with people who are homeless. As a result of that experience I volunteered at the local homeless shelter for over two years, which also led me to the subject of my thesis. The research for my thesis as well as my time spent with people who are homeless educated me on the lives and needs of that population.