Health Care Access and Utilization by Young Mothers Experiencing Homelessness:
A Bourdieusian Analysis with an Arts-Based Approach

by

Clara Juandó-Prats

A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto

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Abstract

Young mothers experiencing homelessness and their children have low economic and social resources and worse physical and mental health outcomes than their more resourced counterparts. Furthermore, their use of health care resources is constrained by social factors that remain understudied. Following a relational approach based on Bourdieu’s theory of practice, this study aimed to explore and understand the relationships between the social position that these young mothers occupy and their health practices (access/use of healthcare resources and other behaviors). This study also sought the impact of an arts-based approach on community involvement. Through qualitative inquiry I used discursive montage and participatory graphic elicitation. The former consisted of an analysis of the media artifacts on young mothers experiencing homelessness, aiming to understand how they are socially positioned and how this
relates to social structures. The graphic elicitation consisted of a semi-structured and an elicitation interview, the latter based on their artwork created during the study. The artwork created by young mothers, volunteers, and by myself was included in the analysis; it was also a tool for my reflexive process. All data were analyzed through a dynamic process of data abstraction using Bourdieu’s concepts of habitus, capital, and field. Results showed an embodiment of the social values related to the conceptualization of youth that excludes young homeless mothers and sees them as deviant. Young mothers are portrait in the media as unskilled and immature, with a low chance of social success. The contradictions drawn from this social construction of youth and mothering affect not only their daily life but how they take care of their health and that of their children. Participants tended to avoid situations in which they may feel judged or brushed off, which resulted in them minimizing their encounters with healthcare providers. This study has identified a healthcare gap related to the adequacy of existing resources, as well as a need for creative approaches to connecting young mothers with providers.
Acknowledgments

This journey lasted four years and ten months. If I put it in perspective it does not seem much, it is only a ten per cent of my life, but it is a quarter and a third of my sons’ lives. In this case, numbers matter; and I hope that this work will inspire their curiosity and passion for knowing and understanding the amazing world we live in. This journey has been full of steady daily work; fighting the adversities, enjoying the view, gathering stamina from dreams, nurturing dedication from love, and sketching life to make sense of it; but although intense, I have never been alone.

First of all, my gratitude goes to my supervisor Dr. Jan Angus; for giving me strength, directions, support, comments, and for the long theoretical—and less theoretical—discussions. Thanks for not giving up on me although my unconventional ideas. Secondly, my gratitude goes to my committee members: Dr. Janet Parsons and Dr. Diane Farmer; for encouraging me without limits, for feeding my brain, and for the detailed and deep revisions provided. I am sure I have had the best committee that I could have ever had. The inspiration and strength I have found in all of you kept me moving forward; thank you for teaching me to see the lights and shadows of the picture.

For the financial support I am especially thankful to the Bloomberg Faculty of Nursing, University of Toronto. Their generosity enabled my condition as a full time doctoral student. The economic support received through the Canadian Institutes of Health Research (CIHR), the Center for Community Engagement—University of Toronto, and the Applied Health Research Center—St. Michael’s Hospital, has been extremely valuable. Thanks to Dr. Denise Gastaldo and Dr. Sioban Nelson, at the Bloomberg Faculty of Nursing; their innovative views are building a strong core of research and academic nurses who are changing the present. Thanks also to the kindly donations of Peter Tolken, Carolina Testa, and Northern Artists.

This study could not have happened without the development and conduction of a program for young mothers living on the margins. This was the essence of the research and without this I could not have offered to the young mothers a safe space to create and express. My most sincere gratitude goes to Lorena, Rose, Corina, and Joanna; to Sketch, College Montrose, Planned Parenthood Toronto, and June Callwood Center. Thanks to the artists who volunteered their time
in the program: Simin Keramati, Rochelle Dorosh, and Keileigh Lowe. And thanks to all the volunteers, cook, and staff who were (and still are) part of the program.

Whoever has seen me frequently during these years, knows that this dissertation has not only occupied all my *free* time, but it has changed my life. For this I moved to a different country, Canada, which is much colder than my home country, and for this I moved to a city without the sea—thing that forced my adaptability more than speaking a new language. I adventured in an Odyssey with a clear Ithaca in mind, and towards it I sailed without pause. In this journey, I have met new friends; and they have helped me as if they knew me since we were young. Their patience and caring has been essential for me to complete this dissertation. Thanks to April, Sanjeev, Jordi, Vivian, Denise, Debora, Nicole, Barbara, and Carolina. Thanks for giving and sharing with me so much. To my people overseas: my friends and mentors in Spain. Thanks for their unconditional and constant support that has overcome the time difference. You have been present every day despite the distance. I have learned that Whatsapp and FaceTime are tools that can break space barriers. Dr. Teresa Puig, Dr. Maria Gasull, Silvia, Laura, Sergi, Paola, Carme, Ferran, and Rosa: thanks, my dear friends. Thanks to my mom, Elisa, for rising and loving me unconditionally.

Thanks to all the amazing moms that have been involved in the project. If you read it, know that all this was only because of you; for your value, your strength, your resilience. For being the mothers we always wanted to have. Thanks for teaching me so much.

My final lines of gratitude go to my sons Nic and Dan, who have made feel Canada our home. Thanks for keeping my feet on the ground, for encouraging me and for making every day a good day from the start. You are my Ithaca.
Notes to the Reader and Glossary

As a brief guide to clarify some of the terms I frequently use in this dissertation I provide in this page a glossary. Concepts developed by Bourdieu are not included here as these will be described in detail in the pages that follow.

As a clarification on the use of the term *homelessness*, whenever I use it by itself I am including in it the term *at risk of homelessness*, according to the Canadian Definition of Homelessness which is explained on page 109.

The names of the participants are all pseudonyms. All the details of their lives, which might make the participants identifiable, have been changed, modified, or removed. So the details you will read in the quotes or stories—such as places or children’s characteristics—do not correspond with any participant in particular.

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Media</td>
<td>The means of communication that reach people widely, as in newspapers, magazines, radio, and Internet-based sources.</td>
</tr>
<tr>
<td>Practices</td>
<td>Part of the Bourdieusian term of habitus. These are the actions, habits and performances done by agents.</td>
</tr>
<tr>
<td>Sketching</td>
<td>The art of capturing an image, body, or scene at a given time; usually through a free hand drawing which can be rough and without many details.</td>
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<tr>
<td>Structure/s</td>
<td>The system that organizes the social order and that is common to all the agents who participate in that order. From a Bourdieusian perspective, a structure works both as an objective system of positions (of individuals, groups, and institutions), hierarchically organized, and as the internalization of such positions into systems of dispositions and expectations shared among members of a social group.</td>
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Chapter 1
Introduction

Habitus is not destiny
(Bourdieu, 2000, p. 180)

Preface

This dissertation is an empirical exploration of a theoretically grounded arts-based approach, designed to present a relational understanding of the relationships between the health practices of young mothers experiencing homelessness in Toronto and their position in the social field. This translates in examining, and comprehending, how the health inequalities that young mothers experience (in terms of access to health care resources) are rooted in the marginalization exerted by society. The intersection of the social construction of youth and mothering, with the invisibility and misrecognition of people experiencing homelessness, is an area that gives a unique understanding of the way this population uses and accesses health care resources. What every person brings with him/her, in their physical image or in their stories, speaks of how they are positioned in the social world. How they are seen, or how they see themselves, is a profound question that might unveil the embodiment of social values. To what extent this embodiment and internalization affects health practices of young mothers experiencing homelessness was at the core of designing this research to comprehend the mechanisms of health inequalities. As a result, I question the framework on which health practices are viewed as individual actions affected by the context and social determinants. The unexplored linkages between agency—the capacity to act—and the expectations and values projected on young homeless mothers prompted me to design this study.

In this dissertation, with a sociological lens, I bring to the reader the lives of young mothers experiencing homelessness in Toronto through their individual accounts, through the image of them as constructed in the media, and through my reflections—visual and textual. It is my
purpose to present the reader my understanding of the nuances, details, actions, processes, systems of relations, practices, and structures that explain the social world the young mothers are in. The position individuals occupy in the social world creates a coexistence of different points of view resulting in a plurality of representations. This plurality of representations, this reality, cannot be ignored.

The study of inequalities in health care access by vulnerable groups is extensive (Dixon-Woods et al., 2006). Different approaches have been used to deepen understanding of its complexities (constructivism, objectivism, and post-positivism as the most dominant) and several theories have been developed and applied to discern the elements that play a role in the unequal access to health care resources, resulting in health inequities. Social determinants of health and population based lenses are being used and uniquely build on an understanding of the mechanisms, impact, experiences, and possible causes of this important issue. However, there is still a gap in understanding why some vulnerable populations do not get the benefit of existing health care resources, or why health programs focused on serving a marginalized group do not have the outcomes expected. This lack of understanding is complicated by a further gap, namely how the individual suffering relates to failures in the allocation of health care resources. A social, theoretical and empirical, view on the use of, and access to, health care resources by an extremely vulnerable and ignored group such as young mothers experiencing homelessness, is difficult to find in the literature. This might be due to the delicate skills and knowledge needed to do so, but it might also be related to the dominant methodologies highly valued in health sciences. Bourdieu’s theory of practice, with its limitations, and expanded with the ideas and empirical work of Wacquant, Thorpe, Pink, Farrugia, and Farmer among others, presented a relational approach that I adopted (with some nuances) for this dissertation (Bourdieu, 1977, 1984; Bourdieu & al, 1999; Farmer & Cepin, 2015; Farrugia, 2013b; Pink, 2001; Thorpe, 2009; Wacquant, 2016).

The arts-based approach embrace has not consisted on a mere use of arts-based methods. Sketching has been the unique tool, along with writing, I used in my reflexive practice. Likewise, the creative process embedded in drawing, painting, and collaging, was the channel to create a space where the internalized, and sometimes unconscious, structures and dispositions imprinted participants’ expressions. Visual artwork attempted to reach where words could not. In the
following chapters I will build in detail on this epistemological view to accompany the reader in
this journey, through a social world in which social suffering marks daily lives, routines, health
practices, and influences the failure of existing health care resources. With this dissertation I
bring closer the petite possibility of social change, to connect the social suffering and strength of
young mothers experiencing homelessness with the robust theoretical and powerful minds of
academics, health care professionals, and decision makers.

Now that the grounding of this dissertation has been introduced, the next pages will highlight its
structure to guide its reading and to highlight specific content. While the reader is free to focus
on any chapter, the argument of this dissertation unfolds linearly as a guide to deepen
understanding of the habitus of young mothers experiencing homelessness in the field of power,
where capital’s distribution positions every individual in a unique social place.

Structure of the dissertation

This dissertation is organized in seven chapters. This first chapter serves to introduce the
research problem and gives an overview of the characteristics and situation of homeless youth,
teenage pregnancy, and young parents experiencing homelessness. At the end of the chapter, I
present the research questions and aims of the study, and I introduce the approach and theory
used. Chapter 2 reviews the research literature on the impacts of homelessness in people’s lives
at individual and structural level: custody loss, parenting, resilience, social mobility, and health
care access. At the end of the chapter I will briefly reflect on the significance of using Bourdieu’s
theory of practice to deepen understanding of the mechanisms that reproduce health inequities. In
Chapter 3 I introduce the tenets of Bourdieu’s theory of practice presenting the concepts I will
use in the study: habitus, field, capital, and symbolic violence. The concept of capital will be
expanded with a focus on social capital and highlighting its specific relevance to understanding
the lives and situations of young people experiencing homelessness. In the same way, I explore
symbolic violence and how this is found in the conceptualization of motherhood in Western
society. The concept of doxa will be briefly introduced to help within understanding the
embodiment of symbolic violence. This chapter will end with a discussion of how gender is
addressed—or not addressed—in Bourdieu’s theory, and more specifically drawing further on
the work of Sally Thorpe (Thorpe, 2009, 2010) how gender affects the social position of agents
and the way they gain cultural, social, economic, or symbolic capital. In Chapter 4 I explain thoroughly how the relational arts-based approach I used is tailored to study the concept of habitus in the health practices of young mothers experiencing homelessness. Next, I describe the purpose and aims of the research, as well as the design, methods (discursive montage, graphic-elicitation, and the development of an arts program), participants, recruitment, and the analytical process. Afterwards, I explain my positioning and the reflexive process, which was accomplished using sketching as the main tool. Ethics issues are reviewed at the end.

Chapters 5 and 6 represent the substantive findings. Throughout both chapters I analyze and interpret the different artifacts studied in this research providing an account of the different views on the health practices of young mothers experiencing homelessness. In Chapter 5 I present the media analysis on the social representations of young homeless mothers, examining more deeply how this speaks of their social positioning. I also consider how Internet-based media can be used as a channel to disseminate a discourse of resistance to dominant narratives of youth, motherhood, and homelessness. In Chapter 6 I provide an interpretation of the visual and textual accounts (drawings, paintings, collages, and interviews) of the participants to unveil the relations between their social suffering, their actions and health behaviors, and the social structures (values, views, and expectations). Their daily lives are entangled in the tensions resulting from being young, mothering, and not having stable housing. These relations are analyzed in the field of power and in the health care field, illuminating the complexities of the intersection of fields and the impact on the ways young mothers experiencing homelessness access, and use, health care resources, as well as what they do as alternative practices. The results of both chapters create a multidimensional map of young mothers’ inequitable access to health care, facilitating understanding of the intrinsic relationship between the social world and individual practices. In the last chapter I engage in a reflection on the impact of the study results, the implications for future research with marginalized populations and on their access to the health care system, and the risks of using a relational arts-based approach. This last chapter (Chapter 7) focuses on reflections, mainly in three areas: the structural marginalization experienced by youth in the health care field (dramatically aggravated in the case of homeless young mothers); the insights gained on health care access by a vulnerable and marginalized population using a relational approach, based on Bourdieu and Wacquant’s theory; and critical arts-based research, an ontologic and epistemologic reflection on the direction taken when using this approach, and a
call to bring humanities-informed research into policy-making and to actively intervene in poverty reduction.

Introducing young mothers experiencing homelessness or at risk of being homeless

Homelessness in young parents is a critical situation that shows the failure of a society to offer the support and resources that a vulnerable population needs. Young mothers, fathers and children without stable safe housing struggle to survive and reach a better future, which implies acquiring a less marginalized social position. The presence of almost 2000 homeless youth we can find on a given night in Toronto demands meaningful understanding and research that impacts their lives. Inquiry that provides a deep understanding of the lived experiences and conditions of access to resources is something this dissertation seeks to accomplish. In this chapter I introduce the precarious and marginalized situation that young mothers experience when they are homeless or at risk thereof. Their situation is a type of homelessness, and understanding and knowing the commonalities and differences with youth homelessness or adult homelessness will help to situate the aims and approach of this study. In the next pages I present an overview of the emergency situation that Canada is living nowadays in relation to people living without a safe and proper home. Specifically, and sharing the social complexity with homeless youth, the case of young mothers marginally housed or homeless is introduced. Being a mother while being a teenager, and not being able to offer the safety and security of housing to her baby, is a situation that has strong implications in the social world. Furthermore, repercussions for the physical and mental health of mothers and children are high. In this research, I study the web of relations in which youth homelessness and mothering is embedded in this present time in Canada.

The complexity that surrounds the situation of young mothers while experiencing homelessness requires a theory that has the ability to explain individual behaviors and social values. To understand the situation that these mothers experience in Toronto and how this relates to their use of, and access to, health care resources, I draw on the theory of the sociologist Pierre Bourdieu. His concepts of field, habitus, and capital will guide the study and comprehension of
the relations between the practices of homeless young mothers, their position in the social field, and rules that are constitutive of social fields (structure). These concepts - and the relational thinking Bourdieu used to make sense of the tensions underpinning social inequities - have a deep explanatory power and are a profound analytical tool for illuminating the individual and social practices which will be critically exposed in the next chapters.

a) There is homelessness in Canada

Homelessness is defined by The Canadian Observatory on Homelessness as:

“The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing” (Canadian Observatory of Homelessness, 2012).

This definition evolved from a previous one which only included visible and extreme forms of homelessness. The debate and dialogue about how to recognize the precarious and risky circumstances of people who, although not living in the streets, still do not have a safe, appropriate, and stable place to live, resulted in an improved definition. In the 1980’s homelessness was originally constructed as an empirical object of research embedded in visible and measurable attributes used in conventional surveys, which excluded invisible homelessness (Bourdieu & Wacquant, 1992; Peressini, McDonald, & Hulchanski, 2010). This positivist and neoliberal view of homelessness limited the understanding of the complexity of this situation. The implications of this view extended to the interventions designed to decrease homelessness, to evaluating outcomes of programs, to developing policies addressing homelessness, and hereby it omitted the social and economic factors that are linked to homelessness. The recognition of hidden and less visible forms of homelessness—people who are emergently sheltered, provisionally accommodated, or with a housing situation that does not meet public health and safety standards-is a big step towards a more complete understanding of what can help to eliminate homelessness (Homelessness, 2012).
The numbers are frightening: on a given night in Canada 35,000 people experience visible homelessness and as many as 52,000 may be experiencing homelessness according to the previous definition (Stephen; Gaetz, Dej, Richter, & Redman, 2017; Stephen Gaetz, Donaldson, Richter, & Gulliver, 2013). However, the difficulties in collecting accurate data are tremendous in cases of invisible homelessness or other types of homelessness that are silent (such as in the case of youth or women experiencing family violence). The most recent data from homeless individuals and families in Canada come mainly from two sources: the Homeless Individuals and Families Information System (HIFIS), published by Aaron Segaert (Segaert, 2012) and the report on the state of homelessness in Canada (Stephen; Gaetz et al., 2017). Segaert analyzed the data from the software installed in many shelters and services across Canada, but did not include all transitional housing and women’s shelters as they do not use this software to gather data (Segaert, 2012). The implications of this are considerable as this means that the actual numbers are likely much higher than what is being captured currently. Although the richness of Segaert’s results offers a tangible portrait of visible homelessness, the lack of data about the people who do not use shelters but do not have a safe place to stay—sleeping in peers’ home, abandoned buildings, vehicles or in the street—cannot be overlooked. The magnitude of this fact is alarming. This survey, even with its limitations, uncovered the following picture:

- 397 emergency shelters with 15,000 beds in Canada
- Approximately 150,000 individuals per year used them (2005-2009)
- Average age: 37 years old
- ¾ of them were male, ¼ were female
- Average length of stay was 13.9 for single adults and 50.3 for families

The report by the Canadian Observatory of Homelessness complements and deepens the picture. Of the 35,000 people experiencing homeless on a given night in Canada, almost 3000 are unsheltered and more than 7,000 stay in shelters for women/families fleeing domestic violence (Aday & Andersen, 1974; Stephen; Gaetz et al., 2017; Stephen Gaetz, Gulliver, & Richter, 2014). Although there has been a decline in the number of shelter users in the last 10 years, the
national occupancy rate has increased by more than 10% (Stephen; Gaetz et al., 2017; Stephen Gaetz et al., 2014). See Figure 1:

**Figure 1**

![Figure 1 Image](image)

Gaetz et al., 2013).

**b) Youth experiencing homelessness**

Not all types of homelessness have the same implications or the same surrounding circumstances. It is important to differentiate them and clearly distinguish the forms taken for specific populations to stay away from homogenizations that do not take into account the diversity of people experiencing homelessness. Women, people who identify as LGBTQ2S, youth, seniors, families, veterans, visible and ethnic minorities, First Nations, Metis, and Inuit (FMNI), and newcomers are experiencing homelessness (Canadian Observatory of Homelessness, 2016). In 2016, the Canadian Observatory of Homelessness launched the definitions of youth homelessness to recognize how distinctive is from adult homelessness and to emphasize that the solutions needed are different (Canadian Observatory of Homelessness, 2016). The words *youth homelessness* have a strongly attached stereotype, or an image that does not identify with the individuals under this situation. The typical image that comes to mind at the mention of *homeless youth* is that of a young boy or girl, tattooed, sitting in the street, untidy, panhandling, dressed in baggy clothes, and with a sad deep look. The image of a young boy or

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1 LGBTQ2S stands for lesbian, gay, bisexual, transgender, queer, and two-spirited.
girl, reading a book aloud to a four year old child in a library, both clean, and with a strong and determined voice, may not be the image that typically comes to mind. Without knowing more about them it might not be easy to identify the two descriptions with the same concept of youth homelessness. Why do the images representing people on the margins not evolve and change in social discourses while the reality does? It seems that there exists a breach between two identities or between two representations: the individual and the social – between the social values and the individual lives, which is reinforced by a compilation of stereotypes.

When I started this study, homeless youth was defined as youth under 25 who experience precarious or no housing in a variety of ways: living in the streets, use of shelters or temporary institutional accommodation, sleeping in peer’s homes, abandoned buildings, vehicles, or who double-up sharing a space with other families or individuals (Homelessness, 2012, 2016). However, at the end of 2016 this definition was adjusted to the following:

“*Youth homelessness*” refers to the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence” (Homelessness, 2016, p.1).

The complexity of youth homelessness is huge. It is a social failure revealing how an organized society is not able to support such a vulnerable group. The lack of economic or social resources often goes accompanied of lack of experience in living independently, which results in a shortage of life skills to go through this life stage (Homelessness, 2016). Experiencing homelessness is a stressful situation that has a strong impact on the mental and physical health of youth (Stephen; Gaetz et al., 2017; Stephen Gaetz et al., 2014; Grant, Shapiro, et al., 2007; Greene & Ringwalt, 1998; Homelessness, 2012, 2016; Hughes et al., 2010; Karabanow, 2004). Despite the interventions and efforts put forth to address this grave situation, the numbers continue to be striking. At least 10,000 homeless youth are homeless in Toronto alone each year, or 2,000 on a given night, and they have a mortality rate 40 times higher than their housed counterparts (House, 2013). Half of them come from low-income families and the other half from middle-upper income families (House, 2013). Most of them do not finish high school (56% of boys have grade 11 or less, and 60% for girls); for many the primary reasons for becoming
homeless were emotional, physical, or sexual abuse (70%), and housing issues (25%) (House, 2013). For the most part, the underlying cause resides outside housing issues.

A study carried out in the Canadian West showed that the number of homeless youth increased between 2004 and 2006 due to the economic growth in Alberta which put high pressure on affordable housing and caused a worsening in numbers of street-involved youth in comparison to adult’ homeless (Public Health Agency of Canada, 2006a; Worthington et al., 2008). The recent study conducted in Calgary described the general profile of youth experiencing homelessness (see the Figures 2-4).

Figure 2

![AGE DISTRIBUTION (Worthington and McLaurin, 2013)](image)

Figure 3

![GENDER DISTRIBUTION (Worthington and McLaurin, 2013)](image)
Youth experience a unique form of homelessness. At this developmental stage of life, youth need support and guidance; they are not usually living independently, hence this forced phase does not come without overwhelming challenges. Furthermore, youth who get pregnant and become parents have an extra need for support. They have to face a situation (parenting) which demands their strength, independence, responsibility and balance, when they may not still have achieved it due to their young age (Crawford, Trotter, Sittner Hartshorn, & Whitbeck, 2011). Moreover, the social, family and personal factors that contribute to homelessness eliminate some sources of support and are transformed into risk factors. Some of these include mental health issues such as depression, the lack of a supporting family or the existence of a situation of abuse within the family of origin, substance use, and low family income (Crawford et al., 2011; Karabanow, 2004; Novac, 2007; Toronto Public Health, 2017).

The main reasons for youth for experiencing homelessness are leaving home because of family conflict, abuse, or intolerable conditions (Hughes et al., 2010; Morrell-Bellai, Goering, & Katherine, 2000). The main place of physical abuse has been identified as the family-home; and the type of violence experienced differs for boys and girls: males mainly report physical abuse while females report sexual abuse (Karabanow, 2004; Tyler & Cauce, 2002).
Some authors have studied what comes first, the experience of homelessness or the experience of some kind of abuse – physical or sexual. The results from different studies are in agreement that, on average, boys and girls became first street involved before trading sex, however most experience family problems before becoming street-involved (Saewyc, Drozda, Rivers, MacKay, & Peled, 2013). Youth experiencing homelessness describe their housing situation in different ways. They use different types of housing depending on the economic and social resources available. They can be unsheltered (living in the streets or unsafe places); emergency sheltered (in different type of shelters e.g. for families or women experiencing family violence); provisionally accommodated (with no security); and at risk of homelessness (they are not homeless outright but they are in precarious and sometimes unsafe situations) (Smith, 2007; Canadian Observatory of Homelessness, 2012; Canadian Observatory of Homelessness, 2016). The numbers for youth at risk of homelessness, or provisionally accommodated, are still unknown. The numbers of visible homeless are more precise. In a recent survey it was reported that 47% of the participants were living on the street; 33% were not but had lived on the street in the past; and 20% were involved in some way with street culture (meaning they spent most of their time on the street) but did not live currently but had lived on the streets before (Worthington et al., 2008).

c) Who are the young parents without a home

The situation of young parents experiencing homelessness is also poorly understood. This type of homelessness is considered invisible homelessness, the number of young people who are street-involved can be estimated, but the number of parents who are surf-couching, staying at family or peers, or navigating from the shelter system to community housing is far from being known in Canada (Canadian Observatory of Homelessness, 2012, 2016). There are no estimates of the incidence of pregnancy (Scott, 2017). In the USA numbers show the existence of parenting without a home. Families with children sum up to 43% of the homeless population; of these 53% are young and single women often with experience of sexual abuse (Cunningham & Henry, 2007; Novac, 2007)). In Toronto, it is estimated that about 2,000 young women use shelters in a year (Homelessness, 2016; Novac, 2007). The study carried out by Allison Scott on the West coast of Canada (Scott, 2017) showed that the rate of pregnancy among homeless youth is much higher than their matched housed young women: 14% of single homeless youth, and 34% of
family homeless youth, were pregnant while only 6% of the housed. Aside from these numbers, the lack of precision in estimating how many young parents are experiencing homelessness cannot make us ignore the gravity and implications of this situation. Precise data and statistical analysis help to draw attention to the need for shelter policies and allocation of health resources; however the difficulty with gathering data on young parents experiencing homelessness does aggravate their invisibility and marginality. For this reason, health care researchers should invest their methodological skills to develop and implement new, and more sensitive, research approaches that are able to fill in this gap.

Some studies have examined the social patterns of young homeless parents in North America and have found that there are repeating patterns in their characteristics or behaviors (Novac, 2007). Trends show that youth who previously were in the foster care system are more likely to have their own children in foster care too; moreover, their rates of custody loss are higher than their housed counterparts (Greene & Ringwalt, 1998; Novac, 2007). Patterns of abuse, fragility or dysfunction, in the family of origin are also found: more than 60% of street youth reported their parents verbally abused one another, almost 20% experienced homeless at some point while living with their families, over one third reported that their parents had been jailed at some point (Public Health Agency of Canada, 2006b); and in particular young mothers have often experienced sexual abuse (Cunningham & Henry, 2007).

Women in abusive situation, who do not have enough income to find an independent place to live, do not always leave their environment. And if they do it they may use a shelter, sleep in the streets, couch-surf, or find another housing option, usually unstable and shared (Cunningham & Henry, 2007; Homelessness, 2012, 2016). A new style of housing is being normalized for low-income families usually composed by a single mother and her children. Exacerbated by the recent economic recession, low-income families experience a different form of housing called “doubled-up”. This consists of a family, usually a single parent with children, sharing the home with friends, relatives, or acquaintances. Due to the high levels of instability that it implies, this is considered a form of homelessness. Five years ago the number of families living doubled-up increased an 8.5 in the USA (where data is available) in comparison to ten years ago (Helms, 2017). Living double-up may be not an ideal choice but it is the most stable option for low-income parents with children. However, this may not be stable enough to provide and cover all
their needs. This way of sharing housing implies a change in family dynamics and in childbearing; support for the parent who works and leaves children at home may help her/him, but two or more families sharing housing codes (rules) and spaces may lead to conflicts and sanitary problems that can add tension in their lives. However, for low-income families the benefits of doubling-up override the detriments of other housing options such as shelters, couch surfing, or the streets.

In the 80’s the number of homeless families suddenly increased mainly due to the macro social and economic factors. The heightened difficulty retaining permanent housing and finding new employment after job loss triggered a type of homelessness not frequently seen before. Parents with children faced a situation with negative consequences In the USA, the Housing Act in 1949 targeted a goal of affordable housing for every American family and through the following years several federal funds focused on programs to reduce the number of homeless families and to attend their urgent needs in terms of emergency transitional shelter (Rafferty, 1990; Rafferty & Shinn, 1991). However, transitional shelters do not deal with health problems and health care issues leaving these uncovered and requiring of a broader and deeper plan.

In 1991 Bassuk presented the results of her research on the use of shelters by homeless families; her results indicated that homeless families need more than a shelter, they need a community, strong and stable relationships, and equitable access to health care, child care and education. In relation to those needs there are the society’s views on homelessness and how it may be presumed to be linked to addiction, to psychiatric illness, economic misfortunes, personal disabilities and other aspects that can be qualified as moral shortcomings (Bassuk, 1991). In order to analyze and understand how ongoing policies and services fit the reality of young homeless families, it is crucial to explore societal views on homeless young parents and to understand the implications of these views for how these parents use the available resources.

d) Teen parenting

Adolescent pregnancy has been associated in the literature with some adverse maternal and fetal effects. For mothers, anemia, pregnancy induced hypertension, premature labor and delivery, and higher incidence of sexually transmitted diseases, are the primary adverse health outcomes related to their young age and associated circumstances (Malamitsi-Puchner & Boutsikou, 2006).
For babies, poorer health outcomes include low birth weight, infection, sudden infant death syndrome, and increased morbidity and mortality during the first year of age (Malamitsi-Puchner & Boutsikou, 2006).

The factors related to increased odds of a teen being pregnant include both individual level and social/structural level factors. According to the literature, the individual or family related issues are feeling abandoned by their family of origin, experiencing emotional abuse from one’s mother, living in a single parent household, early dating, smoking, or alcohol and drug abuse (Malamitsi-Puchner & Boutsikou, 2006; Thompson, Bender, Lewis, & Watkins, 2008). The social/structural factors are poverty, belonging to an ethnic minority, or dropping out of school (Malamitsi-Puchner & Boutsikou, 2006; Thompson et al., 2008). The health outcomes and factors do not differ much from the ones described for young mothers experiencing homelessness. However, the incidence and the ratios for these indicators are much worse for the non-housed mothers and children, putting them at a particularly high risk. Furthermore, homeless youth are at a higher risk for teen pregnancy (four times more), which makes them more vulnerable than their housed counterparts (Berry, Shillington, Peak, & Hohman, 2000; Thompson et al., 2008). A study conducted in 2004 in Canada, found that young women who had experienced pregnancy were more likely to have experienced sexual abuse, to have initiated drug use, or to have run away (or been kicked out) than her housed counterparts (Haley, Roy, Leclerc, Boudreau, & Boivin, 2004). Other related factors were sexual risk behaviors (like less use of contraceptive methods or sex trade), low motivation for academic success, less interfamilial support, and single-parent families (First Steps Housing Project, 2014; Scott, 2017; Talashek, Alba, & Patel, 2006). Research done in understanding the context of teenage pregnancy can easily take a judgmental stance. The focus on substance abuse, sexual behaviors categorized as “risky”, and the link to low academic success or single-parent families, creates a portrait of somebody who can easily be seen as deviant from what is expected from youth. The way research frames these results does not construct an image of young mothers as people who need more compassion and care from other people in their lives and from society, to overcome their situation. From a relational view, in some way they are presented as responsible from their situation due to what is seen as they individual choices (risky sexual behaviors, low motivation for academic success, drug use, or running away from home). On the other hand, belonging to a single-parent family, experiencing abuse, or having minimal family support, are conditions that
seem to be presented as a set up for failure\(^2\) instead of as a likelihood to need extra support from others—teachers, nurses, and agents in organizations of power. The ways research results are shared and disseminated contribute to the construction of *mothering at a young age*. The objectivity that research claims to pursue fades as it reinforces marginalizing discourses of young motherhood, worsened by homelessness.

The central characteristics of young mothers experiencing homelessness versus their housed counterparts are the associated individual, social, and family factors which puts them in a more vulnerable position and demonstrates the need for specific support, encouragement, and nourishment. Their complex profiles, individual characteristics, and frequent lack of stable support from their family of origin, worsens the precariousness of their situation. Moreover, the implications of not devoting adequate attention and resources to improve the experiences and lives of homeless young families are diverse and severe. The health of the youth and the children are impacted, and the economic cost of this in terms of associated justice procedures (incarceration and custody issues), and in terms of health costs, are two co-related concerns that cannot be ignored along with the social and individual negative consequences. More recent studies on the health of young mothers and their children are shifting their focus towards social disadvantage and adversity, moving away from views which frame their worse health outcomes resulting from their young age (Macvarish, 2010, 2014; SmithBattle, 2009; Wall, 2013).

All these aforementioned factors highlighted the links between social issues, pregnancy, and homelessness, but there is still a lack of understanding of the complexity of pregnancy in youth when homelessness occurs—either before or after. The existing evidence does not explain whether the risk factors occurred first, or if is pregnancy that came first. This makes determining cause-and-effect relations difficult and disappointing. Yet, homelessness and pregnancy in youth are two extremely complex social situations that require an understanding that is able to capture the nuances and interplay of not only factors, but basic social components such as behavior, values, views, structures of power, marginalization, and tendencies to accept and reproduce existing social inequities. Hence, the comprehension and understanding of homelessness and

\(^2\) In this case understanding ‘failure’ as what is socially seen as unacceptable and undesirable.
pregnancy in youth requires a more sophisticated framework. It needs a relational view on how individual behaviors and social structures (e.g. values and views on class, gender, and youth, or the organization of the health care and education system) are connected. A positivistic approach based on objectivity, neutrality, and causality relations has severe limitations in studying young parents experiencing homelessness, which has repercussions for policy making and resource distribution aimed at supporting young people in this situation.

The problem: access to, and use of, health care resources

To be a young, homeless mother is to simultaneously occupy three social positions that are burdensome in themselves. As I presented in the previous pages, young mothers experiencing homelessness (HYM) are an extremely vulnerable population in Canada that needs extra support to succeed in parenting and in providing care for their children. Contributions from research are crucial to construct a multi-layered, informative and fair portrait of what are the conditions surrounding parenting and youth homelessness; so far, the focus on causal factors reinforce a judgmental view on young people instead of revealing the unequal social structures that reproduce inequalities. Moreover, the protective factors of parenting are understudied. For homeless youth, being a mother and having a child to protect and rise may trigger resilience and give reasons to fight and stay away from the streets. When they decide to raise their child, this becomes the most important focus in their lives, and they make efforts to provide the care the child needs (Scott, 2017). However, due to experiencing homelessness, and due also to their young age and lack of skills for living independently, parenting requires extra support to succeed and to diminish the negative health outcomes that this population is susceptible to—higher prevalence of asthma, anemia, overweight, upper respiratory tract infections, mental health and developmental disabilities (Grant, Shapiro, et al., 2007; Greene & Ringwalt, 1998). These health inequities add to the urgency of providing adequate, accessible, and efficient resources, while staying away from judgmental, and detrimental, views on their situation.

Young homeless mothers experience physical and mental stress while caring for young children, making more complex the process of extricating themselves from homelessness without extra support (Webb, Culhane, Metraux, Robbins, & Culhane, 2003). Young women in these
circumstances may have fewer resources to draw upon and not all of them will be able to take care of their children; in these cases, family members or the child welfare system will become involved. In a study done in 2003, 37% of children with mothers experiencing homelessness were involved with the child welfare system (Culhane, Webb, Grim, & Metraux, 2003); and similar results were found in New York City where 35% of homeless families had open child welfare supervision (Lockman, 1996). However, none of these results focused on young homeless mothers, there is gap in the specific information about youth and their children (Devan M Crawford et al., 2011), nor have the relations between experiencing homelessness, receiving social, housing, or economic support, and living with their children (custody loss) been studied. The dearth of research in this area highlights the shortcomings of a framework centered on the negative outcomes of pregnancy at a young age, and its focus on inability to parent, instead of the failure of a system to provide appropriate support.

The situation for homeless young women regarding how they take care of their children differs in some ways. Almost a quarter (23.4%) of young homeless women do not have custody of their children (with the emotional implications this has for them and the children) although they originally planned on keeping and raising the babies (Devan M Crawford et al., 2011). Furthermore, of the ones who do have custody 21% reported that their child was living or being taken care of by their family – mothers, fathers, stepmothers, or mother-in-laws among others (Devan M Crawford et al., 2011). In order to succeed in parenting, they need strong support and resources to overcome the difficulties and adversities they face. The main factor positively associated with better stress coping for homeless youth is social support (Daniels & Moos, 1990; Unger et al., 1998). Social support determines the use of problem-focused coping strategies instead of emotion-focused ones, and problem-focused coping strategies diminish directly the symptoms of poor physical and mental health, and substance-use disorders in homeless youth (Daniels & Moos, 1990; Ottaway, King, & Erickson, 2009; Unger et al., 1998). However, social support for young homeless mothers remains an understudied area. From the studies done on homeless youth, the relevance of social support is presented as one of the strongest protective factors against stigmatization. Homeless youth perceived stigmatization, related to panhandling, homeless status, or sexual orientation, as affecting their mental health and coping strategies (Ottaway et al., 2009). Whether this is aggravated by mothering at a young age remains
unsupported by evidence, although reflecting on this situation points out its possible implications.

The stigmatization suffered by homeless youth is present through the different social structures and systems which frame their daily practices, such as health care, social welfare, education, and legal system (Ottaway et al., 2009). The agents in these systems embody its values and views to act and perform according to the institutions they represent (Bourdieu & Wacquant, 1992), but whether the ways health professionals provide care to homeless youth is related to the stigma perceived by youth (and specifically by homeless young mothers) has not been explored yet. Nevertheless, a recent study on the relationship between providers and adult clients experiencing homelessness show that the relationships are negotiated in the broader social and health framework (Oudshoorn, Ward-Griffin, Forchuk, Berman, & Poland, 2013). In this study the authors shown that the structure of the site, and how the provision of health resources is organized, is related to the relationship established between providers and clients (Oudshoorn et al., 2013). Understanding how housing instability, mothering, and youthful age make a difference in how this population accesses health care resources is the gap I focused on in this dissertation.

Mothering at a young age, while experiencing homelessness, is not an individual situation free of ties with the social world. The stress caused by the lack of resources, and the impact of the system of values that stigmatizes young motherhood and homelessness, might relate to how this population can access health care resources. This area has been understudied to date, with prior research focusing on the causality of what is seen as individual risky behaviors. When a young mother experiencing homelessness accesses the health care system, her individual and social identity may interfere with the services she will get. Her identity is her social being, that signifies where she is located the social space (Bourdieu, 2000). But this identity does not stand alone in her physical existence, in her body, it relates and interacts with a particular understanding of child care, mothering, and youth that structures the system of services offered and provided. To understand the complexities of the social world, the values and norms, I wanted to be attentive to the position that a homeless young woman occupies when mothering. The problem may lie in the construction of these three concepts (mothering, youth, and homelessness) and the interplay with access to health care resources. Understanding how health care resources are provided and what
the homeless youth receive, embedded in the social field, has been the main focus of this research.

Related questions

The large body of literature revealing the complex situation and the threats that homeless youth encounter, joined with the reality and narratives that I observed, experienced, and listened in my practice in Spain working in a group-home with foster children and working in Canada with a research study with homeless young mothers, have elicited the following questions:

1. What are young homeless mothers’ accounts of their use of, and access to, health care resources?

2. What strategies do the young mothers experiencing homelessness, or at risk thereof, use when they perceive that the custody of their children is at risk?

3. How does the social structure (external views and values) relate to their health practices, and how do they internalize this external structure?

4. Which are the resources (capital) that homeless young mothers value, or pursue, and how these are related to their position in the social world (positions and predispositions in the social field)?

5. How do the mothers account for the endurance of prolonged exposure to marginalization?

This study aims to describe how young homeless mothers use, and access, health care resources; and to understand the relation between their accounts of this experience, their social position, the social structure (values, views, expectations), and their habitus (the internalization of the structures, actions and practices, and predispositions). It also illuminates the complex relation
between being a mother and using health-care resources when the custody of children is perceived to be at risk and they experience social marginalization. It offers insights into whether these issues may deter health care access and if so, in what capacities.

**Bourdieu and an arts-based approach**

To understand the complexity of this social problem, Pierre Bourdieu’s theory of practice will frame the development of the research and inform the design, methods, analysis, interpretation and representation of the results. Bourdieu’s theory and concepts provide a view of the social world based on the relations that exist between the agents, the positions they occupy, their practices, and the structures that modify their acts at the same time those structures are modified by what agents do in their daily life. The relational view is a powerful lens that allows capturing the strengths and weaknesses of unequal social relations, and identifies the complex and dynamic nature of these relations. It is grounded in understanding the processes of trading forms of capital for more powerful and more suitable social positions. In the case of homeless young mothers this approach has not been used to get a whole picture. This lens is not only innovative as it has not been used before in this field, but its richness relies on two key aspects of Bourdieu’s theory developed in his later writings: the transformative practice, the creative capacity of humans to modify structures under certain circumstances, and the need of grounding research and theory in the experiences of agents.

A participatory approach based on a discursive montage and arts-based methods will allow the achievement of the aims and will maintain the coherence with the theoretical framework based on Bourdieu’s work. Arts-based methods generate data, re-create the identity of the participants through the reflexive and creative process, and give participants an opportunity to communicate with their social worlds. Furthermore, the discursive montage will allow the analysis of the media artifacts that are an expression of the social structures that rule and organize the field, providing an understanding of the relations between social meanings and the individual.
Chapter 2
Literature Review: Mothering at a Young Age and Experiencing Homelessness, or being at risk thereof, in Canada

Introduction

Homelessness has been studied from different perspectives. In the Western society, the place where we live is very important and defines, socially and individually, how we are seen, our preferences, and some of our values. Our home is the place where we tend to feel safe, the space we fill with what we need (or think that we need). In our home we get surrounded by what we own and this gives us a sense of safety. Our home is also where we receive the people we relate to, the people we care about, the people who we want to have a good image of us and think well of us. But, what happens when a person does not have a home? What happens when this person does not have a place to belong? Who does he or she become? A person without a home, how is he or she seen by others? What social opportunities does he or she have? Where does this person feel safe? What does this person own? What does he or she show and share with others? Are there any “others” that can relate and get close to a person who cannot offer a private place of their own to meet? Can a person who does not have a stable place to live be trusted? Can he/she access health care resources in the same way as a housed person? These questions indicate how socially vulnerable people are when experiencing homelessness and how exposed they are to being treated differently due to the position they occupy in society. Not having a place to live means missing a meaningful piece of the social and individual identity; it means occupying a social position that lacks many of the common goods that most people spend much of their lives pursuing.

Having a home is an essential part of life which has different implications during different developmental stages of a person. Youth are transitioning from late childhood to adulthood (for the purpose of this research, we will refer to youth as between sixteen and twenty-four years old) and they need guidance and support until they acquire sufficient live skills to live on their own. In Ontario youth are legally considered as mature enough to withdrawn from parental control at 16 years of age (Ontario Human Rights Commission, 2007), consequently in some circumstances at the age of 16 youth can be face the challenge of taking care of themselves alone and without
much support. When they do not succeed in finding housing, young people face a situation of homelessness. In this case, young people are vulnerable and search for emotional, social, and economic resources needed in order to survive. They will develop behaviors and practices to find these resources. Their practices may have common patterns which will help to understand their situation and needs. What they do, what they look for, what they are able to find, and how are they seen and portrayed, is the starting point to understand the complexities of young people experiencing homelessness.

The next concept that characterizes this population is *mothering*. What a mother is, and what a mother is expected to do, have some common traits in Western culture while rooted in the gendered conceptualization of social roles. The image of what it means to be a mother is based on gendered and socialized constructs that unveil what a mother is and clearly points at what a mother is not—in terms of what is she expected to do for being seen as mother. This concept of motherhood has been studied from distinct theoretical traditions including feminism, post-feminism, structuralism, or feminist ethics. However, from a social perspective, there are structural characteristics related to mothering that may not always occur or be available for all mothers; what happens, and what processes occur, when mothers have characteristics that are not linked to the normative social conceptualization of *mothering*? A woman of young age, and without a home, might not possess some of the basic resources she needs to raise a child. A young woman with no home does not occupy an advantaged position in the social world, and it prompted me to ask the question, how she relates to the institutional structures surrounding her—such as the health care system—and how she finds the resources to move forward in her endeavours.

Homelessness, youth, and mothering. These three situations at the same time place young mothers experiencing homelessness in a controversial social position. In this chapter I explain the details and implications from a scoping review I completed on the topic. This review shows the landscape of recent scholarship published in English language since 1998; the aim was to summarize the results of studies conducted on the health of young mothers experiencing homelessness in North America (24 years of age or younger). The initial approach was a systematic review, searching Pubmed, Cinahl, PsicINFO, Google, and Google Scholar, searching the literature published since 1998 in North America in English.
The following broad strategy was used to initially search the databases: (“street children” OR “street youth” OR “homeless youth” OR “homeless children” OR “runaway children” OR “runaway youth”) AND (“motherhood” OR “mother” OR “mothering” OR “pregnan*”). The inclusion criteria were: (1) participants were 24 years of age or younger, (2) participants were mothers with or without custody of the children, (3) published in English and in North America, (4) quantitative, qualitative, and mixed methods approach, (5) focusing on any aspect of participants’ physical, mental, social wellbeing, and (6) participants met the homelessness criteria by the Canadian Observatory of Homelessness (2012). After duplicates were removed, titles and abstracts were reviewed and 2 studies met the inclusion criteria; this low number of literature aligns with previous systematic reviews on homeless youth (Coren, Hossain, Pardo-Pardo, and Bakker, 2016). Due to this low number of papers I modified the approach to a scoping review, following an iterative process of checking references from included studies (Grant and Booth, 2009). I focused the search on three areas: homeless youth, homeless mothers, and young mothers’ health. After this, I ran searches that appropriately combined the aforementioned keywords for each topic with “health” OR “health care access” OR “health care utilization” OR “health care system” OR “health care use”. These terms were omitted in the initial approach to avoid excessive specificity and allow for a broader scope. The papers included were reviewed guided by the following questions: (1) what is the impact of homelessness on young people’s health?, and (2) how is the social organization related to young people’s—and young mothers—experiencing homelessness access to, and use of, the health care system?

The impact of being homelessness: Vulnerability

The vulnerability of young homeless mothers and their children is evident in the increased health risks to what they are exposed, and also in the worse health outcomes they have compared to their housed counterparts. As I present in the following pages, these two inequities are related to the lack of resources they have and to their practices and opportunities to navigate the system. In this section I present the main results of studies done on the relation between the health of young homeless families, their practices, and the health care system.

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3 Families are defined by Statistics Canada (S. Canada, 2015) as a married couple and the children, if any, of either or both spouses; a couple living common law and the children, if any, of either or both partners; or, a lone parent of
The health impacts of homelessness on young parents and their children have been widely described in the literature. This social problem results in worse health outcomes than their housed counterparts, which may in turn require further health care utilization. Approached in a plain and humorous way, but not less poignant and smart, Ferguson and Ferguson (2007) narrated that:

“The secret to a healthy life in Canada is to pick your parents well. If your parents are financially secure, reasonably attractive and in fairly good health, with straight teeth and no incipient mental illness, well, congratulations. (...) you have a fairly decent chance at a longer-than-average life expectancy.” (pp 211-212 in Ferguson, 2007).

According to the published literature, health disparities of homeless families are evident in the higher incidence of mental health issues, developmental disabilities, lower-birth weight rates, respiratory tract infections, scabies, lice, tooth decay, asthma, anemia, overweight, diaper rash, and other infections (Bassuk, 1991; Berti, Zylbert, & Rolnitzky, 2001; Grant, Bowen, et al., 2007; Grant, Shapiro, et al., 2007; Menke & Wagner, 1997).

A study conducted on 2007 in New York described the health disparities and health risks of homeless children, from newborns until 19 years old (Grant, Bowen, et al., 2007; Grant, Shapiro, et al., 2007). A sample of 3,380 children was surveyed identifying several health problems with a higher prevalence than their housed counterparts: asthma, iron-deficiency anemia, overweight and obesity, otitis media, mental health concerns, and developmental disabilities. Otitis media had a higher prevalence than the housed children between 3 to 71 months of age. The asthma prevalence was 31.5%, almost double that of the housed counterparts (Grant, Bowen, et al., 2007; Grant, Shapiro, et al., 2007). Dust mites, cockroaches, and indoor molds are common
asthma triggers found in shelter housing (Berti et al., 2001). The iron-deficiency anemia prevalence for children younger than 3 years old was more than double (19% versus 7%); overweight and obesity between 6 and 19 years old was 46% versus 30% (Grant, 2007; Bredesen, 2013). Another study conducted in Halifax on homeless youth showed that youth who rated their general and mental health as poor, reported more mental health symptoms than the ones who rated their health higher, and that their engagement in sexual activity occurred at an earlier stage (Hughes et al., 2010). Homeless girls are in a particularly vulnerable position in relation to their health. Recent studies show that their risk for sexually transmitted infections is higher (Hughes et al., 2010; Karabanow, 2004), and their pregnancy rates are higher that their housed counterparts (Greene & Ringwalt, 1998).

At the same time, adolescent mothers, and their children, are at risk for negative health outcomes, not because of their age but because of the poverty or lack or social and family support sometimes associated with it (Thompson, 2016). On the needs of homeless families, including adults, Bredesen and Stevens carried out a photovoice study that confirmed previous findings on the perceptions of their own health status. Homeless families’ needs were food, shelter, safety, and health. However, food, shelter, and safety came first and their children’ health was put ahead of their own in terms of using health care resources or finding health insurance (Bredesen, 2013).

Agency and structure

As it was explained in the previous chapter, teenage pregnancy has been linked in North America to living in a low income community, having low educational achievement and dropping out of school (Coley & Chase-Lansdale, 1998; Stouthamer-Loeber & Wei, 1998, Thompson, 2016). Young women experiencing homelessness are almost five times more likely to become pregnant and also to have more than one pregnancy during her youth (Greene & Ringwalt, 1998; Whitbeck, Hoyt, & Yoder, 1999). There are common historical traits among this group, they describe complicated relationships with their foster care families, families of origin, and current partners; they describe experiences of violence and loss, but above all: hope for a better future for themselves and their children (Saewyc et al., 2013). The reasons described for being homeless are related to not being willing to contact their families of origin or foster care families,
and a desire to escape violence, abuse (emotional, physical, or sexual), and neglect (Robertson & Toro, 1999; Tyler & Cauce, 2002). The gendered patterns of their past experiences are at the same time predictive factors of early and unplanned pregnancies (Haley et al., 2004); the practices from which they run away may also be being reproduced when they are forced to take care of a child by themselves, without a partner (or with an abusive partner), and with few resources (Berry et al., 2000). However, becoming a mother may move them to make changes in their lives to protect and keep their family together (Novac, Hermer, Paradis, & Kellen, 2009).

This description of the past, the present, and the possible future of young mothers experiencing homelessness, or at risk thereof, and their children, depicts a complex social problem which does not exclusively depend on individual factors and decisions. In the experiences of homeless mothers we frequently find a difficult and troubled past; in their present some of them live to keep the custody of their children at the same time that they seek a better future for their children. In the meantime, they need social, economic, and cultural resources to thrive while facing the social stigma surrounding the social construct of young and homeless motherhood. This is the daily life expressed by some of these young women I have met. In order to understand the complexity of this picture the studies done in this vulnerable group on custody loss, stigma, strengths, and access to the system, are presented in the following section.

a) From custody loss to mothering

When homeless youth become parents, a new challenging life begins for them; they face a whole new double sided situation: on one hand being a parent, and on the other hand living independently, organizing and maintaining a caring environment for the child in a way that satisfies the public institutions that will monitor them. In Ontario, child welfare agencies may supervise, under court order or with the consent of the parents, whether the mother (or the family) can provide for the child/baby needs (OACAS, 2013). If the child welfare workers assessment results reporting that parents are not able to provide the minimum care for the children, firstly the child welfare might seek out relatives or close persons to provide care in a short term basis and parents may temporally lose the custody of the child; secondly, if kinship care with a close person is not an option, the child will go to a foster family or group home (OACAS, 2013). Young homeless parents struggle to find a place in the social world, although the cause of being homeless is different and some of them were homeless before they were
pregnant while others were housed, all of them have in common that, if they do not want to lose the custody, they must find a way to organize and take care of their child with the resources available (Connolly, 2000).

In the cases where mothers and children are separated because of homelessness, the distress caused to women and children are vast (Scott, 2017; Smid, Bourgois, & Auerswald, 2010). The impact of losing custody once, or more often, may have a negative impact on mothers:

*I started doing speed when I wasn’t living with my daughter anymore.* (Smid, 2010, p.148)

Studies of custody loss reveal several negative outcomes associated with it. Zlotnick, Robertson and Tam (1999;2003) found that women experiencing homelessness who did not have all their children with them were more likely to be homeless for a longer time, have substance use disorders, and recent substance use (alcohol or drugs). In their 1999 study, these authors noted that 7.8% of lone women remained homeless after the 15 months follow-up, while 100% of women with children eventually found housing (Zlotnick, Robertson, & Lahiff, 1999). On a later study, women living with their children were more likely to exit homelessness than women not living with them (before a year), independently of current alcohol disorders (Zlotnick, Tam, & Robertson, 2003). We could argue that the relation between substance abuse and custody loss is unclear in terms of cause and effect; however having custody of their children, and living with them, is not only related to exiting homelessness but might play a protective role.

If we look at the reason for losing the custody of the children in court, the most common reason to place them in foster care was alcohol or drug abuse (Zlotnick, Kronstadt, & Klee, 1998). Although these data come from a study in the USA, dated almost 20 years ago, data in Canada may be similar due to requirements mothers and fathers must show in order to keep the custody. Health care professionals have the duty to report if there is a substantial risk that a child will suffer physical or emotional harm caused by failure to supervise and protect (Services, 1990).

Motherhood at the margins of social life, with almost no social and economic and cultural capital, is on the threshold of potential failure (Brown & Bloom, 2009; Connolly, 2000). But, what are the essential aspects of mothering that are at stake? Brown and Bloom explain that
parental authority is a type of capital, it is a valued resource, an essential aspect of maternal identity for working-class families (Brown & Bloom, 2009). Mothering includes being a loving figure and also being a moral leader.

Mothering, as a homeless youth or as a housed adult, still has a common core. Participants in the study conducted by Ottaway, King and Erickson (2009), engaged in their project through the production of web-based storytelling. Some young mothers expressed their experiences as follows:

- Hungry—eating more than usual
- Amazement—at the new life developing
- Happiness—at the thought of becoming a mom
- Scared—at what's to come
- Betrayed—feeling of this life taking over
- Pain—bringing the child into this world
- Love—for the child you created
- Loneliness—especially if you have to do it on our own
- Strange—about the new feelings
- Nervous—what am I going to do now?

Stereotype—all teen moms are the same different. (Ottaway, 2009,p.23)

Related to this, I question how young mothers experiencing homelessness access and use health care resources, in relation to housed young mother or adult mothers. How social structures—which include values and views, as I explain in the next chapter—situate a mother in a specific position in the social world.
They have nothing but their future and their hopes

Although experiencing homelessness is an extremely stressful situation, the literature shows that it may not be a permanent status. Research has linked the fact of being young and homeless with being resilient in many different ways. For homeless youth with histories of maltreatment, social connectedness and self-esteem have been identified as predictors of resilience (Dang, 2014). Social connectedness includes family boundaries, school connectedness, and peers (Dang, 2014). When social connections can be improved, the chance of being more resilient improves (Kolar, Erickson, & Stewart, 2012).

Being a mother may be a motivation to exit homelessness. Pregnancy narratives of homeless youth are linked to hope for change, to leave behind the present poverty and past traumas (Karabanow, 2004; Scott, 2017; Smid et al., 2010). Mothering can be a trigger to change the lifestyle, or certain practices, in order to stay with their child (Asante, Meyer-Weitz, & Petersen, 2016; Crawford, Trotter, Sittner Hartshorn, & Whitbeck, 2011; Gelberg, Browner, Lejano, & Arangua, 2004; Scott, 2017; Smid et al., 2010), Pregnancy and taking care of the children sometimes is a primary motivator to change attitudes and behaviours, or at least it is lived as an opportunity for transformational change (Scott, 2017; Crawford, 2011; Gelberg, 2004; Smid, 2010). Although not all homeless mothers maintain custody, the desire to keep their child can transform their personal lives as well as their hope to become stable parents (Ruttan, Laboucane-Benson, & Munro, 2012; Smid et al., 2010). The study conducted by Smid, Bourgois, and Auweswald (2010) adds comprehension to this issue:

My biggest fear was that I would be even halfway as evil to my kids as my parents were to me... We were convincing each other like, 'No you'd make a good parent.

And for me it took meeting my little sister again and her telling me, ‘Look, you took care of me when I was a little baby and Dad was evil and Mom was on drugs. And you came to the house even when you ran away and snuck in during the day and cooked for me and taught me to read.' (Smid, 2010, p.145).

Nevertheless, the desire to end homelessness does not always translate into success. Most homeless young mothers do not have the skills, support, or resources to leave homelessness (S.
D. Scott et al., 2012; Smid et al., 2010). The structural concerns of poverty and the lack of social and cultural resources restrict the social mobility of these youth.

The elements identified in the literature which are related to ending homelessness after becoming a parent focus on social support, whether from family, peers, or professionals (Karabano, 2004). With the development of new strategies and support from professionals or others, some mothers are able to end homelessness. However, although receiving support may improve the chances of moving away from homelessness there is not enough understanding of how homeless young mothers situate in the social world and how they access the resources offered (and specifically, health-related resources available to them and their children). Understanding these relations from the perspective of young mothers experiencing homelessness may generate an opportunity for designing interventions tailored to the needs of this population.

c) The chance for change or for perpetuating a situation: Stigma

The perception of health needs by homeless young parents focuses on food and nutrition, housing, safety, support and resources, healthcare access, lack of control of their lives, and stigma (Bredesen & Stevens, 2013). Their expressed health concerns not only included the risks or problems related to physical illnesses, but also to the ways of acquiring health care resources, to get transportation to attend medical appointments and how to distribute the monthly income in order to always have some money to pay for drugs should the need arises unexpectedly (Bredesen & Stevens, 2013).

Some researchers have focused on the concept of stigma and how it impacts or relates to different aspects of the lives of people experiencing homelessness (Bredesen & Stevens, 2013; Gelberg et al., 2004; Kidd, 2004, 2006, 2007; Schissel, 1997; Sloss & Harper, 2004). In these studies, there is clear evidence that stigma is present in the form of actions and reactions taken by a group of agents when interacting with a stigmatized group. In this case, stigma implies being hurt by how people react to them (insults, being afraid of them, blaming, undervaluing, surveilling, and presupposing they are lazy or dangerous (Asante, 2016; Kidd, 2004; Kidd, 2007; Schissel, 1997). Kidd, who has been studying stigma in homeless youth for more than a decade, explains stigma as the perception of discrimination based upon negative stereotypes.
The experience of stigma can impact negatively on the relation between health care providers and homeless youth (Gelberg et al., 2004; Sloss & Harper, 2004), and it is perceived to be a barrier to seeking health resources. Moreover, experience of social stigma is not only linked to homelessness in general, but can vary based on ethnic background, sexual orientation, subsistence activities (such as sex trade), or the total time spent living on the streets (Asante et al., 2016; Kidd, 2007). As a consequence of the perceived stigma, not only does this affect their actions, but it affects their mental health too: the greater the stigma, the worse their feelings of loneliness, suicidal ideation, the sense of being trapped, and the lower their self-esteem (Asante et al., 2016; Kidd, 2007; Toolis & Hammack, 2015). The studies done on stigma do not always use a social approach, and consequently the understanding of the intertwined social concepts is missing. The results show the impact of stigmatization and captures the cause and effect relationship between two agents; however, the complexity of the practices adopted by homeless youth, in order to gain a better social position which allows them to access some of the resources that are out of their reach due to the stigma created by the structure, is not studied. The use of a social theory to approach the problem of health inequities for homeless young mothers when accessing the health care system will provide new results that help to understand the reproduction of inequities.

Another interesting aspect linked to stigmatization and where are young homeless mothers are socially positioned, is the notion of “being invisible”. The individual construction of homelessness youth has a component of “invisibility”. Visibility and invisibility is an attribute of modern homelessness in light of historical change. Harter et al. (2005) studied how American homeless youth embody invisible subjectivities that are rooted in structured environments, socially and historically. According to Harter et al. (2005), subjectivities are structuring possibilities of the social which occur before agents act in the particular experiences they encounter. Harter et al. (2005) studied the social rules and resources which enable the invisibility of homeless youth, and also studied the structures which constrain their practices. Their analysis, using Giddens’ theory, shows that social structures reproduce the invisibility of homeless youth while youth also cultivate their own invisibility in an effort to avoid social stigma and consequent marginalization. Invisibility is linked to stigmatization and shows up in the shape of hidden homelessness, in precarious forms of housing different from living in the streets, and in their physical appearance (youth may not physically appear “homeless” to avoid this label). They
are not directly seen as what may be understood as “homeless” as they don’t live in the streets, they live from friends’ home to friends’ home, or from couch to couch, they have social boundaries, and their discursive patterns and practices reproduce their invisibility. Invisibility is linked to the notion of stigma. Stigma is the process of defining and labeling groups as non-desirable, what is linked to be an “outsider” of the dominant social group (Goffman, 1978, 2009). Being invisible is a way of avoiding being labeled as “homeless” and consequently avoiding being stigmatized. Families experiencing homelessness tend to protect themselves from being labeled as homeless. Some people without homes are very visible, i.e. people with mental health problems or substance abuse issues, and these characteristics have become dominant stereotypes which contribute to the invisibility of homeless youth who do not correspond to that description, the dominant stereotype being a dangerous, trouble-maker, deviant, untrustworthy, and young (Harter, Berquist, Scott Tittsworth, Novak, & Brokaw, 2005). The social discourses circulating in the community about homeless youth function as structures of restraint, reducing their visibility. These discourses embrace the social context within which individuals develop they own narratives and shape them (Harter et al., 2005).

Harter et al. (2005) supported the argument that social structures function as control strategies for containment of youth experiencing homelessness. Social relations structure stigmatization of homeless youth through the language and produces definitions such as “street-smarts” or “not in my backyard” (otherwise NIMBY or nimbies), which functions to reduce the public visibility of those who are considered ‘deviant’. NIMBY discourses, or street-smarts, function as strategies for containment of the public space (Harter et al., 2005). The art of being street-smart includes the behavior of being invisible; the rules to be street-smart are informally shared through the daily life, and can also be found in the World Wide Web (e.g. Wikipedia). These informal rules are a way of hiding homeless youth which is legitimized by the young people.

The social conceptualizations of what it means to be homeless is part of the social structure and it determines in some way how individuals experiencing homelessness understand the social implications of being homeless (for example, where they shall go or sleep, what help they can get, where they can eat, or whether they can choose what they eat). Nevertheless, the meaning individuals attribute to this condition does not necessarily correspond with the socially attributed meaning. The social identity ascribed to an actor may not correspond with the meaning he/she
attributes to the self (Hewitt, Snyder, & Lopez, 2002). Agents from minority or marginalized groups frequently face dilemmas that require them to choose between their own values or what others expect from them (Erickson & Butters, 2011). What others expect from them is linked to the stigma of being a homeless person. Goffman described the different strategies which can be used to minimize the negative consequences of being labeled as “homeless” (a clearly stigmatized status). Being homeless often is a synonym of being dirty, smelly, violent or untrustworthy (Goffman, 1963). The process individual agents go through in order to cope with the stigma and not to be labeled is part of the process of building their own identity (Snow & Anderson, 1987). According to a study conducted by Boydell, Goering and Morrell-Bellai, identity in individuals experiencing homelessness is a process beginning in what is seen as the past, continues in the present, and includes the future (Boydell, Goering, & Morrell-Bellai, 2000). These authors treat the self as active being constructed through three identities: their former identity; the present self which may avoid the identification with the stigmatized concept of being homeless; and the future self, which is seen as a non-homeless identity. Participants constructed positive future distancing themselves from homeless people. However, the participants of Kidd and Davidson’s study (2007) constructed their identities through the relationships with other homeless people. The differences between the studies of Kidd and Boydell may be due to the age differences of the participants and the number of years spent experiencing homelessness.

The study of identity on people experiencing homelessness focuses on the social micro organization and on individual experience. However, the focus on the construction of the inner self in relation to the stigmatized social concept of what being a homeless person means does not help us understand of how the micro and the macro connects and relates. The connection between structure and agency, the understanding of how and why the individual’s daily life unfolds in relation to the social world needs another approach different from studying identity construction or the selfhood. Erin Toolis and Philip Hammack studied how homeless youth construct redemptive narratives, grounded in agency and resilience, and resist dominant narratives about people experiencing homelessness (Toolis & Hammack, 2015). This study showed how in the construction of a narrative of resistance, youth affirm their value and knowledge, and restore their identities (Toolis & Hammack, 2015). This resistance to a stigmatized view, and the reaffirmation of the value of their own experiences, is what has been
linked to resilience (Bredesen, 2013; Toolis, 2015). David Farrugia (Farrugia, 2011a, 2011b, 2013a, 2013b, 2015; Farrugia, Smyth, & Harrison, 2016; Farrugia & Woodman, 2015) focused on how youth experiencing homelessness manage their relationships as a way of relating social structures and individual discourses. Beck’s theory (Beck, 1992) framed the initial research of Farrugia, situating people’s relationships as responses to the social conditions of belonging to a specific group, people experiencing homelessness in this case. According to Beck, relationships occur between inter-subjectivity and contemporary social structures. Homeless youth’s relationships are affected by two key situations: first their struggle for resources and secondly by the stigma associated with “being homeless”, which includes irresponsibility and dangerousness (Farrugia, 2011a, 2011b). However, our own identities need to be positively constructed in order to survive and have a positive identity.

The study of how homeless youth relate to others can be analyzed from the position they occupy in relation to the social world. This means that when they are labeled as homeless they know what it means and to what negative meaning this is linked to. A crucial contribution of Beck’s perspective to understand young people experiencing homelessness is that the insecurity of the social world pushes the construction of reflexive subjectivities (Beck, 1992). The instability and insecurity of the material conditions force youth experiencing homelessness to develop strong relationships with their own self (in a reflexive way), and also with others, in order to survive (Farrugia, 2011a, 2011b; Farrugia et al., 2016). His results established a new framework to understand the link between the social macro and micro level, describing how the relationships of youth experiencing homelessness are managed in order to deal with the social structure. The relationships of homeless youth as a response to the social organization are self-protective and help them make sense of their situation. Farrugia (2011a) organizes the relationships as “choosing independence”, “making family” and “making home”; management of these is a way of constructing an identity which is diluted by the insecurity and stigmatization of the situation. This construction is part of a reaction to their experiences in two ways; first, as a detachment from not having a home and protecting themselves from belonging to the group of homelessness; and second, building a new home to create what they lost or never had. Both of these processes are done reflexively by youth as a conscious and rational response to their past and to what they want. These results supported a previous study from Roschelle and Kaufman on how homeless kids manage stigma (Roschelle & Kaufman, 2004). The study conducted by Scott (2017) also
supported these results and the importance of belonging when young women feel isolated or rejected is huge. Young women described the desire for a child as a means to build emotional bond and a family (Scott, 2017).

To end this section, it is important to highlight that when studying the situation and the implications of homeless young mothers there is a tension between promoting change and perpetuating marginalization. Bredesen & Stevens (2013), and Tarasuk, Mitchell, and Dachner (2014) found that when people experience homelessness they accept the lack of control and the lack of choice socially linked to it. The structure of the public services does not include “choice” – where to stay in a shelter, what to eat if they are given snack food or meals. The structure relates to the individual practices of homeless young women, but how this affects their health and the health of their children remains to be understood.

d) Stigma and the hyperghetto

The Canadian sociologist Erving Goffman described stigma from the symbolic interactionist point of view. He classified stigma in different types and described the social reactions to stigmatized individuals as well as the mechanisms used to cope with the lived experience of stigma (Goffman, 1963, 1978). Goffman’s approach to stigma was based on the social exclusion experienced by individuals, but in the description of the different types of stigma he did not focus on the living space nor did he mention that the place of residence can deprive individuals of social acceptance. The territory or place of residence, in the actual post-modern society, can have an integrating or an isolating power, and the phenomenon is stronger in big cities. The ghettoization and gentrification of Toronto has been widely described and analyzed (Keatinge, 2016; Komakech, 2016; Whitzman and Slater, 2006; Hackworth, 2005). In Toronto we can find ethnically defined business-improvement areas and also visible minorities residing in specific areas due to income constraints, family composition, and cost and discriminatory constraints in Toronto’s rental housing market (Hackworth & Rekers, 2005; Keatinge & Martin, 2016; Komakech & Jackson, 2016; Preston, Murdie, & Murnaghan, 2007). In Toronto, as in other Canadian cities, the clustering of visible minority groups and the concentration of poverty in some spaces revealed the existence of ghettoization (Walks & Bourne, 2006). It is not being visibly identifiable as a minority what is linked to segregation (as wealthier members of minority groups are more mobile when it comes to choose a place of living), but is the fact of living in a
specific space that is linked to marginality and stigmatization (Walks & Bourne, 2006). However, when it comes to the marginalization linked to the place of living, not having a home and being homeless means living in a more marginalized situation than living in a segregated area. The extreme of social marginalization and stigma is not about having a space; it is about not having a space for living when you are supposed to have one.

Bourdieu’s approach to stigma is based on differences, based on the acceptance and validation of these differences, and based on the distribution of practices and capital through social organization and rules. In the next chapter I describe how Bourdieu’s Theory of Practice gives meaning to social differences in terms of resources, social position, and practices or living styles. However, linked to the marginalization of spaces and stigma, what is more interesting is the approach used by Wacquant some decades later. Wacquant approaches the marginalization linked to residential space in a slightly different way than Bourdieu and Goffman, although his thoughts have some roots in both previous sociologists (Wacquant, 2007). The “territorial stigmatization” of the XXIst century, according to Wacquant (2007), takes the form of a hyperghetto. A hyperghetto is a space which now has more virtual than physical implications and characteristics. Some decades ago, a physical-local ghetto was linked to stigmatization, but at the same time that space also provided a strong positive identification in its habitants (as in the case of black ghettos). At that time, moving out from the neighborhood was a strategy that could work as a protective factor against marginalization, whether the economic resources were available. However, hyperghettos are an expression of the advanced marginalization of post-modernity, and differ from previous forms of marginalization in the way that they exist in the context of class decomposition instead of class consolidation (Wacquant, 2008). Class decomposition translates into a blurry social structure for classes in relation to the marginalization and stigma linked to the place where an individual or a family lives. In the case of homeless youth nowadays, class decomposition can be seen when experiencing homelessness means not having stable and appropriate housing but does not mean that they all come from a low social class (Wacquant, 2010).

Wacquant brings two interesting points which can be applied to the situation of homeless young mothers in Toronto. Class decomposition and the marginalization associated with not having a home (the stigma associated with the space in which you live) help us to understand and
contextualize the territorial stigma of the virtual ghetto of homeless young mothers. This cannot be comprehended using only the stigma concept developed by Goffman, or using Bourdieu’s concepts (seen in the next chapter) (Goffman, 1978, 2009). Focusing only on the marginalization associated with poverty or low education level does not capture the complexity of the actual situation of young mothers experiencing homelessness, in which the stigma is rooted in the social space occupied but also on the physical space where they live. I draw on Goffman, Bourdieu, and Wacquant and their conceptualization of space and stigma for the study of the lives of young mothers living in the margins (in this project).

According to the literature reviewed, what young homeless mothers experience when using the health care system and feel that the custody of their children is at risk is far more complex than what can be labeled as stigma according to Goffman’s formulation (Goffman, 1978, 2009). The strategies they develop to take care of their children’s health are not only a response to the social stigma linked to being a young mother or to being homeless. The results from this study help our understanding of their practices in relation to social structure.

e) Resources: Accessing the health care system

Youth experiencing homelessness deal with survival on a daily basis. Finding a place to sleep and finding food are their primary needs, while physical, mental and spiritual concerns are put in a second place (Karabanow, 2004). Their access to health care in North America has been described as difficult and without continuity; parents struggle with seeking shelter and food and health becomes a lower priority (Elliott, 2013). Moreover, the relationship with the health care system and with professionals is complex and the risk of getting a negative assessment in relation to the care they can give to their children may prevent them from contacting the system. In a study conducted in 14 European cities examining barriers to accessing health care services by homeless people with mental health issues, Caravan et al. found prejudice (stigma) among the main identified barriers (Canavan et al., 2012). Prejudice (linked to stigma) in the services and negative responses by health professionals towards people experiencing homelessness were regularly highlighted (Canavan et al., 2012).

In studies of the perceptions of people experiencing homelessness, prejudice on the part of health professionals is a common finding. Bhui and colleagues reviewed the literature on the adequacy
of care given to people experiencing homelessness and mental illness, from the users’ perspectives (Bhui, Shanahan, & Harding, 2006), and their findings indicate that social exclusion is replicated in the health care system. Stigma, prejudice and the inadequacy and complexity of services were the main identified barriers to health care. These findings are consistent with the studies conducted from health professionals’ perspectives, although people experiencing homelessness also identified dissatisfaction with the degree of health care received based on a mismatch between expectations and provision (Oudshoorn et al., 2013). Although these findings are specific to homeless adults experiencing mental illness, it would be interesting to study how the situation is with young homeless mothers, when their profile differs from those who are adult homeless. The literature in this narrower field is scarce, and the difference between suffering a mental illness and being “too young” to mother while being homeless should be studied to understand differences in the use of the health care resources.

In relation to the custody of their children, homeless mothers or homeless pregnant women often become involved with the Child Protective Services. The numbers show that approximately between 20 and 38% of the homeless mothers have children living with them (Bloom et al., 2004; Devan M. Crawford et al., 2011; Smid et al., 2010), while others experience temporary or permanent custody loss. The experience of losing custody of a child is painful and overwhelming (Mill, Singh, & Taylor, 2012). Sloss and Harper (Sloss & Harper, 2004) found that street-involved mothers may delay or even avoid contacting services for them or their children due to the fear of being separated from them. The participants in the study conducted by Mill et al., (2012) in Alberta, reinforced these findings; they expressed their fear of institutions and their concern about care providers reporting their situation to Child Protective Services; and to avoid this they reported to delay seeking health care. The attitudes of health care professionals have been identified as a barrier in the access to health care for homeless youth (Gelberg et al., 2004; Little, Gorman, Dzendoletas, & Moravac, 2007). Linked to this experience, homeless women put their own health and the health of their children behind in comparison to staying together but not without a cost, they blamed themselves for not prioritizing health (Gelberg et al., 2004).

The likelihood of apprehension is not only related to individual factors, it increases also in relation to systemic factors out of reach from young mothers. These include length of stay in the hospital surrounding the birth, having the baby late in the evening or during the weekend.
(Novac, 2007). These are in direct relation to the time the social worker will have to check the mothers’ ability to take care of the child; in cases where this is in doubt, the child will be apprehended as a precaution (Novac et al., 2009). The apprehension of a child is a risk for homeless young moms. They must develop adaptive strategies to cope with this, avoid it, or overcome it. How they act and behave in response to the social expectations and demands expressed to the social welfare system, and how they act and behave in respect to their own identity is a field not explored in the literature, which is key to being examined in this research.

Access to health resources while mothering creates barriers for homeless young mothers, the most commonly reported being the fear and distrust of being reported by health care or social service providers to Child Protective Services (Smid et al., 2010). The following quote from the aforementioned study identifies this:

> You can’t get all excited when you’ve got worries and things you’ve got to take care of... like making sure they don’t abduct your children if you don’t live the way they want you to. (Smid, 2010, p.146.)

Previous experiences in the foster care system also may determine what homeless young mothers want (or do not want) for their child. For youth who grew up in foster care, the risks of their children going into this system may not outweigh the benefits (Smid et al., 2010).

> I don’t want my daughter to go to foster care even for a day... When I was a kid, you never knew when the stranger who was driving by was going to call the police and get your parents arrested. And I’d been taken away when I was a little kid and I hated that. That was the worst thing that ever happened to me... I’d been through a lot of abuse but that was nothing compared to having my family taken away from me (Smid, 2010, p. 147).

The challenges experienced by young mothers when experiencing homelessness include finding housing, employment, satisfying the conditions of the system, and assuming their roles as mothers on top of all their concerns. A research study done with mothers emerging from prison shown that the problems that mediated their incarceration – poverty, lack of education, unstable housing, lack of social resources, underemployment, and drug abuse issues – were the same
problems that they had to face on parole when trying to succeed in mothering (Bloom et al., 2004). Their past experiences in terms of abusive or violent relationships and marginality may increase their needs for resources to mother (Bloom et al., 2004). Although the population is not the same as the ones I focus on, the environment and field are similar; the problems they face coincide and position those women also in a disadvantaged social place (Brown & Bloom, 2009). However there is a lack of studies targeting young homeless mothers and their children (Altena, Brilleslijper-Kater, & Wolf, 2010), as well as an absence in research studies that contemplate the complexities of the social world and how dominant structures may affect the actions of marginalized agents when taking care of their health.

There are many theories regarding access to health care which illuminate inequities to access as well as contributing factors. Health care systems have focused on equity of access since the 1950s. The Andersen health care utilization model was one of the first models developed in the 70’s which, after further development, is still applied today (Aday & Andersen, 1974; Andersen, Davidson, & Baumeister, 2013; Goddard & Smith, 2001). This model sees health policy as the main factor affecting access to health care, which is also determined by the population’s need, and by predisposing and enabling factors (Aday & Andersen, 1974). Characteristics such as race, age, or health beliefs (predisposing factors) interact with enabling factors (social or family support) to determine use and access to health care system, which is also affected by health policies (Andersen et al., 2013). Access to health care is measured through empirical indicators that aim to show that health outcomes (such as acute or chronic illnesses) may affect populations’ needs and beliefs (Andersen, 1995). However, this approach does not consider the effect of socially dominant views and values on individuals experiencing marginalization. The findings from this approach offer an interesting perspective on how populations’ access to health care can be affected by health outcomes and by the allocation of resources, however it fails to provide an understanding of how social structures, and individual meanings, can be embodied to the point of an individual not following what is considered ‘normal’ thinking and behavior—such as consulting a family physician in case of need.

Further related research has used various approaches—quantitative and qualitative, evaluative, epidemiological, sociological, and psychological among others (Dixon-Woods et al., 2006). However, although the existing literature on health care access has made a vital contribution to
the area, the theoretical approach used leaves out marginalized populations and groups that do not have the knowledge of the dominant (social and cultural capital, in Bourdesian terms).

Existing approaches used to date are based on measures of access, and assumptions on culture, that only correspond with part of the population: who know the health care system, who share the same conceptualization of health/illness/health care professionals, and who manage to navigate the system without getting lost. As an example, use of health care resources (health care utilisation) is sometimes employed as a measure of access (Dixon-Woods et al., 2006). So, while frequent consultation with one’s family physician can be interpreted as “adequate” use of the resources, this characterization can be misleading – we need to understand the difference between “use” and “reception” of care. The complexity of the process of accessing, using, and receiving care is simplified to an objectification that does not include the particularities and needs of vulnerable populations. As Wyke et al. demonstrated, higher physician consultation can be explained by greater need or inadequate care (Wyke, Hunt, Walker, & Wilson, 2003).

Another critique of the approaches used in most of studies on health care access is that the health care system is organized around conceptualizations of who can access care and who cannot. In this conceptualization, health care is organized around the category of “candidacy” (Davison, Smith, & Frankel, 1991; Dixon-Woods et al., 2006), which means that people’s eligibility for medical attention is not always defined recognizing the social universe of populations that have a different daily life, with fewer resources (Field & Briggs, 2001; Shipman, Payne, Dale, & Jessopp, 2001), or different sets of norms and values than the dominant group. In summary, the approaches used to study use of, and access to, health care resources is built, and builds on, the situation and context of the population who already has better access to a system that has been designed for them and according to their lives, practices, and values—using Bourdieu’s concepts, the health care system is rooted on the field of power, where the marginalized have not been granted the power to access and navigate it. In light of this gap, this study is designed to bring understanding to the access to, and use of, health care resources, by putting the vulnerable populations at the centre, not at the margins.
Hearing, listening, learning, feeling, and dialoguing with Bourdieu

Before ending this chapter I would like to reflect on some of my past experiences that link with this review and with the theory I used in this study. When I was sixteen years old, I began working in a group home with foster care children. For five years I spent most of my afternoons with them teaching them how to play guitar, playing in the grounds, reading, or just wandering around. I saw how children and youth experience violence, how their young bodies accumulate experiences which belong to adulthood, how suffering can be borne while the hope of a better future still burns, and also how much support and resources they need. They live in the margins of the society, owning nothing more than their longing for a place where they belong, where they can be respected. A few years ago, I was lucky to be part of a research team at the St. Michael’s Hospital who were conducting a study which included young mothers who had experienced homelessness and were in contact with the foster care system at some point in their lives—the Picturing Foster Care project. Using photo-voice, they shared their experiences of the child-welfare system and brought their shadowed lives to the light. During the time I have been involved in this study, I have had the opportunity to listen to the different stories of these young women and reflect on the distance that sometimes exist between their views, the views of the health care and social service professionals, and the views from the society (others who are not young mothers) on how they live, how they organize their daily life, what they need and what we think they need. Moreover, my personal experiences make me very sensitive with what young mothers experiencing homelessness face too. I’m a mother of two adolescents, and I have been raising them alone since the youngest one was born. In twelve years our life had been plenty of a wide variety of circumstances that has given us dozens of stories to tell.

When I was collaborating in the Picturing Foster Care project, the experiences narrated by the mothers merged with the learning from the group home and with my reflections. My interest in understanding how can it be that being a young homeless mother is seen as an individual choice, how they are so invisible, why it is so difficult to change this situation, how their health can be

4 Picturing Foster Care. Ref. 119431. PI: Dr. J. Parsons. Funding Agency: CIHR.
improved, what can be done to provide them better health care, and how the social structure relates to their behaviours and situation -- all these questions danced in my mind until the design of my own study was shaped. To understand the complexity of the different aspects that balance these pieces, I needed a strong and also complex social theory which looked at the social structures, values and resources, at the same time that incorporated the practices of individuals and groups recognising its subjection to the rules but conserving the creativity which allow change to happen. Bourdieu’s theory of practice, and concepts, provided the robust theory where my study could be grounded.

A broader understanding is needed of the dominant patterns of the accepted and predisposed practices of young homeless women who are positioned in the margins of the society. The understanding of the patterns of young mothers, and their particular experiences with the health care system or social services, inform ways in which they relate to such services. Only with this complex understanding, can a modification of the current organization of the health care resources take place to achieve the goal of improving the health of homeless youth and their families, in a sustainable and equitable way.

As the results from this literature review show, we know little regarding how institutions and authority (social structures) impact and shape homeless young mothers regarding their practices and decisions and possibilities of change. The relations existing between the risks of custody loss, finding housing, taking care of their children, and accessing and using the health resources available, have not been explored or analysed widely and in depth. Mothering when a woman is young and is experiencing homelessness—or is at risk of it—is a complex situation in which the social structure and individual needs intersect in order to maintain the collective and the social equilibrium. The understanding of this situation, with the last aim of providing tailored interventions which will benefit these women and will help with better allocation of the health resources, demands a social theory to ground the research. In the next chapter Bourdieu’s theory, as well as the concepts used in this study, are detailed.

Conclusion

The literature reviewed concerning homeless youth, and homeless young mothers specifically, identified some important gaps. There is scarce research on the social understanding of how the
existing structure relates to the practices of homeless young mothers, and the relation between stigma and the access and use of resources is shown as important to be studied.

Studies aiming to provide data on the number of homeless young parents in Canada have several limitations which are very difficult to overcome. The different provisional housing systems and the use of different types of shelters (not only homeless shelters but those used in cases of gender-based violence) make difficult the estimate real numbers. Moreover, the desire of young parents to be invisible and not to bring attention from authorities that are perceived as ‘surveillance’ contributes to making an accurate description of the phenomenon difficult. However, the recognition of these limitations do not stop bringing less attention to the needs of young homeless parents in Canada but the opposite.

The literature reviewed on young homeless parents focus mainly on two subfields: the understanding and description of the socio-economic factors directly related to the cause of homelessness, and the comprehension of the individual experiences. The theory built on the study of homelessness and its health related inequities may support the development of programs and resources for homeless young families. In this sense, the epistemologic and ontologic assumptions of research are a clear guide of how the results will inform the development of social and political action to improve homeless youth conditions. The continued incorporation of young homeless parents’ views on the construction of theory will ease and strength the assertiveness of the decision making of sustainable and effective resources, plans, and programmes for young mothers at the margins.

The literature showed that the profile of homeless families do not always match the perception of society about them. Policies and services offered to them tend to address the immediate and more visual problem of “sleeping in the street”, however young mothers and fathers are not so visible and their needs are as much related to social and emotional support as to guidance towards healthy and safe habits. There is a gap between the social perceptions of what they need or who they are and their reality. The understanding and analysis of the social structure surrounding homeless young parents will help to identify the tensions between the social imaginary and the individual experiences and reality.
The limitations of current theoretical lenses, identified in this review, open a possibility to deepen in the relational study of the practices of young parents experiencing homelessness in Toronto when accessing and using the health care system. The continuous development of the link between theory and political actions is urgently needed to adjust the ongoing support, programs and policies for young homeless parents. A perspective that keep together the theory produced in the academic field and the research developed in the field will allow a further move in the area of social studies. I want to contribute to this through a discursive montage—an arts-based approach and an analysis of the media—to benefit both the academic community and the young mothers experiencing homelessness, or at risk of, in Toronto. Not less important, the results from this study can inform decision makers to better tailor the ongoing interventions. The question of how young mothers and young parents act in order to maintain an equilibrium between the health care services and their individual needs and identity, and how do they solve the tensions between these, informed the development of this study. This question was rooted in the understanding of the relational social map and the articulation of the macro and micro realities.

In the next chapter the theoretical perspective that frames the proposed research is presented and linked to the methods chosen, being coherent with the aims of the study and my understanding of the social world.
Chapter 3
Theoretical Framework: Bourdieu’s Theory of Practice

Introduction

After presenting the problem and the summary of the existing literature related to the understanding of the situation of young mothers experiencing homelessness and how they use health care resources, in this chapter I will explain the conceptual foundations that will underpin the full development of this project based on Bourdieu’s theory of practice (1977). This theoretical framework is the lens from which I had examined the phenomenon of inquiry; it informed the conduct of the research, as well as the interpretation of the results and their implications. Bourdieu’s sociological theory will be used to explore the entangling tensions, ruptures, and reproductions of the health inequities experienced by young mothers living on the margins of society.

The theory of practice (Bourdieu, 1977) tackles the complex relation between the individual practices of agents in relation to social structures and the distribution of power for agents in distinct social positions. This theory proposes an analysis of data obtained through different methods with equal epistemic consideration (from survey data to ethnographic observations) and aims to map the dynamic social relations established in a field. The main concepts in the theory of practice can be used as tools to support analysis of the relations between formal structures and individuals’ dispositions and will help to understand mechanisms of social inequities and social change for homeless young mothers.

The use of Bourdieu’s theory of practice (1977) in this project will assist in understanding the social world, how it can evolve, and how it has evolved in the particular case of young mothers experiencing homelessness when accessing health resources. This will open a window to foster change to improve the access to, and experience of, health care for these mothers. In the following pages I will examine the theory of practice, its main concepts and limitations.
Bourdieu, the sociologist

Pierre Bourdieu (1930-2002) has been one of the influential figures in the social sciences during the XXth Century. Along with Durkheim, Weber, Goffman, Foucault, Habermas, and Giddens, Bourdieu lead the construction and evolution of sociology. Their works focused on the deep study and the understanding of the social interactions, organizations, and the development of societies; from structuralism to constructivism society and its organization have been analyzed in depth until the present days. The contribution of Bourdieu to sociology is well-known; his main contributions are his theory of practice and questioning our freedom of thinking as researchers, as academics, and as individuals.

Pierre Bourdieu’s theory is one of action. In his theory he offers a critique to the taken for granted idea of free choice. He positions agents relationally in social space, in which structures are formed by somewhat autonomous small worlds, each with its own sets of rules. Agents struggle to influence these rules and in doing so, participate in the structuring of social space. In that sense, while these individuals have agency, their freedom of choice is exerted within limits. His view of the social world described it as a system of relations in which agents’ positions predispose them to act in a certain way and also predisposes them to accumulate valuable resources. These resources can be traded either for a more powerful position or for maintaining the social position currently occupied. In this sense, what agents do and how agents behave is not a choice but an embodied learning of the social structure that exists independently of their will. Agents behave to keep their place in the social world or to get a better one. They behave according to the rules that are silently accepted. However, there are individuals positioned in less powerful places in this system who might strive for breaking the structure that perpetuates their marginalization. At the core of Bourdieu’s theory is the understanding of the relationships that are the expression of these tensions derived from the unequal distribution of power and resources; these relationships will unveil the comprehension of how inequities are maintained or how they can be broken.

The theory of practice provides strong tools to understand both the complexities of the perpetuation of inequities and the behaviors of individuals, in the margin or in more powerful positions. Bourdieu’s theory of practice— with his antidualistic conception of knowledge and
reality—focuses on the relational nature of individual practices, the social structure, and the organization and distribution of capital (resources).

The theory of practice

Bourdieu developed a theory of practice to explain the relations of power in the social world, contributing to an important shift in sociology. Early in his career, he studied Algerian society through ethnographic field-work, and he became deeply challenged by the relationship between individual suffering and social structure and subsequently sought to better understand this relationship. The concepts of field, habitus, capital, and symbolic violence were among the key concepts he developed to relationally understand how the social world functions (explained later in this chapter); these concepts also allowed the comprehension of how the agents embedded in the social world negotiate the tensions between their individuality and the social rules and structures.

Besides, Bourdieu’s theory of practice is a critique of methods and approaches in the social sciences and it explains the reproduction (perpetuation) of the hierarchical organization of society in terms of the distribution of capital and resources (Wacquant, 1998). The theory of practice is an analysis of the modes of domination that are implicit in the social recognition of symbolic capital. Furthermore it is an analysis of distinction, an analysis of how the recognition of some capital accounts for the incorporation of the social rules and structures in the practices of individual agents (Bourdieu, 1977; Wacquant, 1998). As it will be explained later in this chapter, some types of resources are socially recognized as more valuable than others; individuals tacitly accept these values, although this acceptance acts in some cases to perpetuate social inequities.

The relations existing between social structures (such as the health care system, the education system, or the legal system) and the practices of individuals (such as health care strategies, patterns of use of the health care system, education received, cultural tastes, or hobbies) explain the power that resides in the distribution and legitimization of resources/capital (Bourdieu, 1977). This point contributes to the understanding of the strategies created and adopted by people living in the margins to help them survive and to give meaning to their experiences. The knowledge of the strategies used by individuals also allows for an understanding of constraining social structures and potential modifications. To summarize: the theory of practice maps the
social world in terms of the existing relationships between individuals and the rules and values within a field of practice; it is an explanation of the hierarchical social organization (legitimized by the individuals independently of their social position they occupy) and how this hierarchy tends to be historically reproduced.

At the core of Bourdieu’s theory of practice is the human condition of striving for dignity (Wacquant, 1998). The relational examination of the social world turns around the human search for dignity. It encompasses the struggle against marginalization and the social inequities that intensify suffering (Bourdieu & al, 1999); it is the struggle to have a position, a name, a role, and a place to belong (Wacquant, 1998). As seen in the previous chapters, young mothers and their children experiencing homelessness suffer the consequences of living in a precarious and disadvantages situation in terms of worse health outcomes, but their main fight is to move forward, to adapt to the different social pressures, and to find a place in society. The proposed research will focus on the intersection of the social expectations put on the young mothers and the strategies they use to maintain their social place (and consequently to take care of their health and their children’s). Bourdieu’s theory of practice will support insights into the practices of young mothers experiencing homelessness. The strategies they use to access and use health services may be related to the structures of the health care system (resources offered, times, health professionals available) but these strategies may, in turn, affect and modify the provision of health care services. This interplay is central to the aim of this study.

A further distinctive element of the theory of practice, which will be explained in the next chapter, is the strong link between the production of theory through research and the use and implications of the research for the social agents such as participants, decision makers, and members of the community. Bourdieu’s epistemologic thoughts recognized the non-dualistic nature of different research methods and he argued that research methods do not need to be opposed (Bourdieu, 1977). The construction and classification of the knowledge produced through research was criticized by Bourdieu, and he showed his concerns with intellectual practices that did not include a reflexive practice (Bourdieu, 2000). He defended that the reflexive practice will help to diminish the effects of thinking according to established ways in academia (Bourdieu, 1977, 2000; Bourdieu & Wacquant, 1992). His critique of the scholastic reason aims for a reflexive practice and calls for an awakening of the relation between the social
sciences and politics (Bourdieu, 1977). This means that we academics and intellectuals should question the final aims of our research in terms of how our practices may be restricting the application and power of research. Bourdieu’s concepts are tools to map the social world and create an understanding of the complexity of different factors that create and modify relations between individual agents and groups. His formulation of the social world focuses on the relationships that occur between agents who occupy specific social spaces; these spaces, or spaces of positions, are defined by the different types of capital which individuals and groups possess, mainly in the form of social capital, cultural capital, or economic capital – all of which can be traded for symbolic capital. Symbolic capital is the type of capital that gives the power to transform individual positioning in social space and to be socially recognized. This last and valued form of capital is created when social, cultural, and economic capital are socially legitimized, recognized, and highly valued. The social position occupied in a field predisposes agents to an infinite range of practices; at the same time this designation of practices limits (or guides) the possibility of “choice” regarding life-styles, tastes, and preferences of daily life. Nevertheless, Bourdieu went beyond a deterministic view of practices, and grounded it in the creativity that agents develop from their reflexive capacity and social suffering (Bourdieu, 1996b; Bourdieu & Wacquant, 1992; Grenfell, 2014).

During most of his life he reflexively examined his own social tensions while developing a theory of practice and the main concepts mentioned above. However, in his later works, Bourdieu focused on the importance of using theory across the different social positions. This final direction was his theoretical legacy to those whom he called the dominated. He argued that the habitus and capital of academics, which include the production of theory and knowledge, should be taken by the dominated as a way to breach symbolic violence (Bourdieu, 2001).

Main concepts

The concepts developed by Bourdieu in his theory of practice are articulated to give a deep and relational understanding of the social world. The concepts that will be described in the following pages intertwine to help the comprehension of the incongruences of the social inequities, the suffering of individual agents, the absurd perpetuation of actions and rules that instead of evolving seem to be more deeply rooted in the modern culture. To understand the meaning of
these concepts in Bourdieu’s theory of practice it is important to know that he never accepted the
distinction between theory and methodology (Bourdieu, 1996b). In other words, he argued that
theoretical concepts are themselves generated within the social world and by the practices of
individual agents. Thus, the main concepts of the theory of practice are thinking tools that come
from the social world and that can be used to better comprehend social doings. Habitus, field,
and capital are theoretical concepts that reflect the abstract connection between mental schemes
produced through the continuous exposition in the social world and the actions and behaviors of
individuals. These concepts were used by Bourdieu not only as descriptive terms but as tools to
explain the embodied and objectifiable acts of agents. One of the main underlying assumptions
for the relational nature of these concepts, it is that individual behaviors, tastes, education and
other social aspects of life, correspond with the social position they occupy in a group and with
the unconscious values and norms learned through socialization. These entangled relations shape
the habitus.

a) Habitus

Recently I went to listen to Il Concerto Grosso di Natale, by Corelli. The orchestra nicely
followed the music scripts and the conductor’s signs to create their final interpretation. In music
the individual interpretation of a musical piece is similar in some ways to how habitus is shaped
within a person. Habitus are durable and transposable dispositions generative of practice
(Bourdieu & Wacquant, 1992). In music, the internal schemes learned and accepted by musicians
are very close to the social ones. There are well accepted structures that organize the
interpretation and distribute the roles of the distinct instruments and voices, harmonic schemes
that are interiorized by minds and bodies and give shape to the complex music coming out from
hands and mouths. Musicians know that the place they occupy in a group, and the instrument
they play, predisposes them to play/behave in a certain way that is accepted without questioning
by all the members of the orchestra. Every instrument has its function and its way of contributing
to the final piece; this lasts for the whole interpretation and is transposable to the interpretation of
another different piece in another moment. The role of oboes is durable for the whole concerto
and for the future interpretations of the same concerto, and it is also transposable to the
interpretation of Grieg’s Peer Gynt suite or Mozart’s G-minor concert. Habitus involves the
translation of rules from the social world into individual acts, in a similar way that the music
scripts are translated into notes that are impregnated with the individual character of the interpreter.

When playing, musicians do not randomly choose the notes, they follow the script written by the composer (even jazz musicians do) and they keep close to the harmonic structure. Although they play what is written, in their interpretative play there is the creative and distinctive flavor of their own particular style. Without being said nor stated nor consciously accepted the internally accepted rules of music guide the interpretation of a piece; however sometimes the individual creativity embedded in a specific moment may lead to a completely new interpretation of the same piece that will require new rhythms, different instruments, and a marked different style. In this sense, habitus is similar to music. The practices of individuals are guided by the place they occupy in society and by the almost unconsciously accepted rules and schemes of what has to be done, and how. The mental structures that originate outside the individual generate the individual practice; it is the sense of the game, what goes without saying, it is the social embodied in a person.

In Bourdieu’s sociological theory, every key concept is meaningful in relation to the other concepts. Habitus is one of the concepts at the core of his theory and it needs to be understood in relation to field and capital, which will be explained later in this chapter. Habitus is defined as:

“The system of durable, transposable dispositions, structured structures predisposed to function as structuring structures” (Bourdieu, 1990, p. 53).

This definition introduces the complexities of habitus. Habitus is a system, a stable structure that also structures social structures, and it is a system of the practices of agents who occupy a differentiated place in the social field and accumulate distinct types of capital. As a system of practices and behaviors it allows us to understand how an actor in a social position is predisposed to act in a certain way according to the field in which the agents are situated and according also to the capital they accumulate. Further, it allows that social structures are reinforced and shaped as part of the very practices that they generate. According to the previous definition, agents’ practices are not independent of social structure but are rooted in the values and norms legitimized by the field.
The beauty of this concept is the embedded duality it depicts: habitus comes from the social structure but has the strength of modifying the structure also. How can this be possible? To understand first the abstract way that habitus shapes agents and the social world, imagine how you can describe what water is. Water flows and moves, takes the shape of what holds it, it is there but it has no constant shape. You can touch and see water, but you cannot only describe it from what you see, from the shape of its container, from the color you perceive. If you want to describe it you need to go to its detailed composition and analyze what it is made of and how it behaves in different contexts. When water flows in the river and through the stones, it acquires shape and finds its path due to the stones at the river shore, but at the same time water itself changes and carves those stones. Water shapes the stones and the stones shape the water. Habitus and water are systems that can be approached in a similar way. The habitus of a group of agents in a social position will depend on the field, but at the same time the habitus of agents may change the way the group organizes.

The Bourdiesian concept of habitus transcends the dualism of its trends (Bourdieu, 1977): rigidity and flexibility, determinism and creativity. The rigidity of practices that are predetermined by the values, norms, rules, and social expectations of the individual agents who occupy specific social positions is softened by the capacity of agents to creatively act in their own way. To have a clearer view of how the relational concept of habitus can support the understanding of health-related behaviors, the study conducted by Cockerman may add a detailed and grounded example (Cockerham, 2000, 2005). Cockerman used the sociological theory of Bourdieu to analyze the health lifestyles of middle-aged, working-class males in Russia, whose mortality is greater than any other group. He analyzed why heavy alcohol consumption and smoking were part of the lifestyle of this group and why this was so difficult to modify (Cockerham, 2000). His results showed that the norms of the Russian society predisposed these men to tastes and practices that adversely affected their health. Their unhealthy practices can be seen as reflecting a habitus of middle-aged men, positioned in society as working males. It was not uncommon that alcohol consumption took the form of drinking strong doses in a short period of time in the company of others; and in a meeting of these characteristics the man was expected to drink as the others. This does not mean that when men are workers and middle-aged they will drink and smoke only because they are in their forties and they are industrial workers. This means that a man in this position (in relation to the men who are not) has
a predisposition to reproduce the action of drinking and smoking in certain social situations. This example is admittedly a simplistic and reductionist approach to describe what habitus is, but it is a start to understand its complexity.

There is an ongoing debate on Bourdieu’s probabilistic perspective on the dispositions linked to habitus. He sometimes referred to predispositions in probabilistic terms: *Habitus emerges through primary socialization from a practical evaluation of the likelihood of the success of a given action in a given situation* (Bourdieu 1977 in Swartz, 2013, p. 90). This idea is critiqued for being interpreted as based on cause-effect deterministic relations; however I would argue that such appraisals are superficial and misleading. In the context of his theory, Bourdieu was discussing tendencies and not causal relations based on the idea that the future is never played out, future is always in the making: *Habitus is not destiny* (Bourdieu, 2000, p. 180). In the mathematical field, probability theory is central to decision making and game theory; it applies when there is an absence of evidence of what will be the outcome (Hajek, 2012). Probability offers an understanding of what is likely to happen in a situation, but it does not determine what is going to happen. Probability theory might inform decisions on the basis of the different possible results given a situation repeated several times, but probability is always based on uncertainty (Hajek, 2012). Bourdieu’s view on habitus when using probabilistic terms brings up a subtle and important aspect, which is that habitus does not determine what people will do, rather there is always space for change.

Habitus is the social embodied occurring when the context (history, economy, and politics) becomes part of the individual at the unconscious level (Bourdieu, 1977). Agents embody the field they are in and they predispose themselves to act in a distinctive manner aiming to behave in the way a person occupying their position does behave. It is like doing something because there is no other choice, but at the same time it is like doing something because this is what is best to do (Bourdieu, 1977). This aspect of *predisposition* has been critiqued by theorists arguing that it is so deterministic that it constrains the possibility for social change; it has been seen as a reflection of a static society in which inequities are rooted like a malignant plant. Critics argue that if agents are predisposed to practice in a certain way, they do not have any choice and consequently they do not have agency (Maton, 2008). However, there is a different reading of this concept based on the Bourdieusian creativity of habitus. How creativity relates to social
immobility and to social change will be explained in the following pages through the links between habitus, field, capital, symbolic violence, doxa, and hysteresis.

b) Field

Field refers to a structured and relational system in which agents occupy positions that are relevant in the way they relate to other agents’ positions. In Bourdieu’s words:

“To think in terms of field is to think relationally. A field may be defined as a network, or a configuration, of objective relations between positions. These positions are objectively defined, in their existence and in the determinations they impose upon their occupants, agents or institutions, by their present and potential situation (situs) in the structure of the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relations to other positions (domination, subordination, homology, etc.). (Bourdieu, 1992, p. 97)

A field is organised in terms of activity; in the field individuals occupy different positions and act consequently in relation to their positions. This means that there are some rules and an accepted organization that structure the activity in the field. These rules and structure are accepted by the individuals as universal although they were arbitrarily and previously set by some members of a group according to particular criteria. The structure organizes the field; it organizes some of the individual’s behaviors and tastes and also organizes the relation between people. The social structure that is embodied and that will give shape to the habitus depends on the position occupied in the field. The position is meaningful in relational terms, meaning that one is only positioned relative to others within the schemas of that field.

The ways individuals behave align with accepted and legitimized structures and seeks to maintain the social order: everyone knows (or has the sense) of what he/she has to do. However, this acceptance does not go with struggle, it is not a silent and resigned acceptance. There is a feeling of tension, fight and suffering as a result of the will of breaking unequal rules; this struggle is also a main characteristic of Bourdieu’s theory of practice. These can be seen when individuals who are less well positioned in the field struggle to modify the rules, and the ones who are better positioned struggle to maintain them. It can be seen as a game of power, where
the positions in the field are linked to a differential distribution of resources (capital) that are more or less valuable in terms of social power. Resources (capital) have value and enter into relations of power. In this way, social position and capital each confer power to individuals, who relate to others and behave in the social group according to a universally accepted structure. Again, they embody the social and they know what do without knowing.

What capital is, the different types, its distribution and how it can be traded for a better position, is aligned with the specific field to be analyzed. This other important concept in the theory of practice, capital, will be explored in the next section.

To describe how the relations in a field occur, and how the structure legitimizes the agents’ practices, Crossley compared it to a field of magnetic forces or to the game played in a soccer field. Both examples show how some kinds of forces rule the field and how the elements accept and usually behave according to those forces (Crossley, 2008). If we get back to the example in the previous section, we see that musicians行为 according to their place in the orchestra. Their positions predispose them to play the piece in a certain way and to support or lead the other instrument. A bass is not expected to play the melody of the first violin, and flutes are not expected to give the rhythm and mark the tempo of the piece. In the same way, the cellist is not questioning why he cannot play the notes that the oboe is playing, he accepts that and play according to the distribution of roles in the orchestra. The situation in a jazz ensemble might be a closer analogy though: the pianist knows without knowing what he can do on a melody, as well as the bass knows without knowing where his/her limits are. It might look like there is no structure but there is; improvisation and flexibility are the strategies that organize a piece within a robust invisible structure. To trespass the limits would completely break the established equilibrium and create an unmanageable tension that, if it persisted, could disrupt the interpretation. The musician could be expelled, or in a few cases the group might evolve and change their organization to evolve different rules.

In the case of young mothers experiencing homelessness, external social structures will shape their health practices. Being mothers, being young, and not having a stable place to live, place them in a marginalized position with its distinct embodiment of social structure. The health practices they develop to take care of themselves and their children may be restricted by external
expectations and rules, but also by their individual skills and resources. Others expect mothers to behave and act in particular ways; any deviation from these expectations will be interpreted as a lack of parenting skills. In the health care system, the health care professionals occupy a more powerful position and are in possession of the knowledge to evaluate the health and parenting practices of young homeless mothers. The exploration of the entangled and complex relations between homeless young mothers accessing, navigating and using health services, and the exploration of the relations between the social embodied and the legitimized structure of the health system is the most fascinating aim of this study. The exploration of the social embodied and the health system structure granted me a deeper understanding of the struggle and tensions felt by young homeless mothers when taking care of their health and the health of their children.

c) Capital

According to the Theory of Practice (1977), individuals and groups accumulate capital, which are resources implying some kind of power, and trade it for symbolic capital in their pursuit of a better position in the field of power. The capital accumulated by agents can be grouped as social, economic, and cultural capital (R Moore, 2008). The exchange of capital is pre-reflexively enacted in the social field and is a part of how agents behave in daily life. Further, capital exchanges are embedded in what we know as “life-styles”. The different life-styles are not independent from each other but inter-related, with blurry limits. To be properly understood, a lifestyle should be contextualized within a field or in the intersection of distinct fields. Individual attributes – gender, abilities, or skills, among others – can make a difference in the way an actor gains capital and in the value attributed to this capital. Capital distribution, as power, is unequal; and it is also unequally valued in every field, and when more than one field overlaps, then the legitimization of capital changes. Hence, the valuing of certain forms of symbolic capital may not be the same in the overlapping of fields than in it is in each of them.

The tensions experienced in the overlapping of fields are illustrated in the daily lives of young mothers experiencing homelessness in a North American city such as Toronto. In this particular cultural context, education is cultural capital and it helps an individual to move to a better social position; although not a guarantee of anything better, being educated may help to get a more skilled job and a better salary than a person who is not as highly educated. Education is a form of
cultural capital that is strongly linked to the occupation of an advantageous position in the field of power.

Bourdieu argued that expectations put on social mobility caused by the acquisition of cultural capital are not as strong as the enduring pre-disposition of inherited habitus. Capital, predispositions, and habitus are constantly interrelated and interdependent; likewise, fields rarely exist independently and they tend to overlap. These intersections create unexpected or unpredicted movements and relations between agents, symbolic capital, symbolic violence, habitus, and pre-dispositions (Bourdieu & Wacquant, 1992). This intertwining of different concepts can be seen in detail in the lives of young mothers, homeless youth, or children of homeless families. Imagine the case of a girl experiencing homelessness and going to school; a girl who is talented, hard-working, and has hopes for the future. The cultural capital that can be acquired through excellence in math, or science, or arts, is constrained by her social position of experiencing homelessness and not having a permanent home. Poverty and not having a stable place to live may condition her participation in social activities with her peers. Children usually go to their friends’ homes to spend some time together and it may be embarrassing to bring friends over to a group home or a shelter. Moreover, when it is time to do some homework, concentration may be negatively affected by an unsuitable workspace. The lived reality for homeless families in North America is not related exclusively to the place where they sleep, it is a reality that positions them in a wider social space which makes them vulnerable and predetermines some of their life-styles. These life-styles, according to Bourdieu’s theory, are not a choice. Behavior is conditioned by social circumstances on a given moment and from the social and individual past.

d) Social capital and homeless youth

In the case of homeless young mothers, it is interesting to go deeper into the question of what constitutes social capital. Bourdieu defines social capital as a network of social obligations and connections for an individual belonging to a society or group, but what are the social obligations and connections of homeless young women? Their social network focuses on their peers but when they become mothers, new social links appear for them. Does this new situation position them differently? According to Bourdieu (1977), no capital makes sense by itself, it is the relational aspect between social, human, economic, and symbolic capital that makes sense.
Svetlana Stephenson studied the use and creation of social capital by street children in Moscow (Stephenson, 2001). Her findings showed that street children get involved in subcultures and groups as a way to get access to important networks and resources. Children, as social agents, create social capital and use it to progress inside their group and into the broader society. Their social background, their experiences during their infancy or with their family of origin, are used as symbolic capital to legitimize a better position in the group (Stephenson, 2001). What is interesting about them is that they do not want to be associated with the stigmatized world of homelessness, and they use a normative code to legitimize ways of living differentiated from the ones associated to homelessness: not begging, not stealing, and dressing well among others (Stephenson, 2001). Thus, if street children are organized to be differentiated from street adults, it will be interesting to investigate whether this pattern coincides with homeless youth in Toronto.

In the particular context of young mothers with low incomes, Dominguez and Watkins studied the social capital of African-American and Latin-American low-income mothers and how they used it to leverage or to get support (Dominguez & Watkins, 2003). Their findings showed that the accumulation of social capital is not directly linked to a better position in society nor linked to the possibility of social mobility. Although it can seem contradictory at first, social capital can serve to reproduce social inequities or can also be a window to social mobility. Social capital can take the form of support networks with strong ties giving emotional support, a place to stay in case of need, or help with child rearing and, although trust and support are important in day-to-day life, they also are a form of social control acting as constraints for individual freedom or social mobility. On the other hand, social capital can also take the form of interclass networks that can provide an opportunity to “move ahead”, to find new work, to receive encouragement and messages of “moving ahead”. These results are supported by Michelle Dang who found that homeless youth without peer support, but with social connectedness, are more likely to leave street life (Dang, 2014).

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5 Bourdieu refers to social reproduction when analyzing the relation between education, family, and social class and how this explains the repetition of the social inequities (Bourdieu and Wacquant, 1992).
The interesting fact in this entangling map is that social capital, for low-income mothers, cannot be directly traded for symbolic capital. The underlying assumption is that the symbolic violence associated with the social position and social capital reinforces the reproduction of inequities. This means that the social capital that takes the form of social support from individuals in their same social positioning (like peers), may predispose them to repeat the same practices that constrain their mobility. As Dang (2014) described in his study, social connections to people who are in a more powerful social position predispose homeless youth to leverage from street life.

Instead of adopting different practices that may position them in a more powerful social place, they repeat their customary ones. This is a clear form of symbolic violence, the acceptance of the repetition of the practices that do not allow them to improve. In the next section this will be explained in more depth.

e) Symbolic violence: motherhood

The concept of symbolic violence refers to a form of violence that operates symbolically upon an actor, often through his or her complicity (Bourdieu & Wacquant, 1992). It can be found in the relations between agents and in the characterization of some concepts, situations, characteristics, or skills. Motherhood is a social concept build upon values and meanings, which are rooted in the social organization and the distribution of power.

McDermott and Graham conducted a systematic review on the experiences of young mothers in United Kingdom (UK) suggesting that, as a response to their socio-economic circumstances and to their social position, they develop resilient mothering practices (McDermott & Graham, 2005). McDermott and Graham summarized the two main constraining forces on young mothers as poverty and stigma. They posited that these two elements, in conjunction with the young mothers’ reflexivity, gave rise to practices that acted as resilient responses, which in turn helped young mothers to stay positive and move ahead. However, before describing these resilient practices, it is important to show how the construct of being a young mother in the UK is manifested in public discourses. What is being published about young mothers in the UK (and we could argue that it may be quite similar to what we see in North America) is related to the problematic of being young when becoming a mother. Being a young mother is constructed as a
‘problem’ that is linked to poverty, worse health outcomes, low education level, drug abuse, and/or abusive relationships. Conversely, it is not common to read about positive outcomes of teenage pregnancy. Being a young mother is also usually presented as a risk for young women that may impede their professional development and progress in the education system. The association to the construct of ‘being a young mother’ could be summarized, in McDermott and Graham words, as: *a group at risk within society, and a risk to society* (McDermott, 2005, p. 60).

In a context in which being a young mother is socially problematized mothering is not neutral; the image usually shown has its roots in the prevailing moral, political, racialized and economic discourses. What a ‘good mother’ is, and what she needs to do to be a ‘good mother’ does not seem to include what a young mother with low economic resources can offer. However, McDermott and Graham (2005) found that, in opposition to prevailing discourses of mothering, young mothers build their experiences and organize them through resilient practices. Young mothers make sense of their lives, but their practices are still constrained by class, gender, and where they live (Mitchell & Green, 2002). They build a new resistant counter discourse that shows them as ‘good’ mothers, dedicated and accomplishing the needs of their children although they recognize their social position is different and they do not have the resources “other” mothers have. They reject stereotypes of teenage mothers and are resistant to the stigma imposed on them; when doing this they create an opposing view to how they are seen based on what they do and how they feel (McDermott & Graham, 2005). They see themselves as good mothers. The literature review conducted by McDermott and Graham found that the “good” mother identity consists on feeling positive and proud about how the mothers are bringing up their children. It is also linked to having a relationship which provides love, a valued identity, social status and social recognition.

The symbolic violence embedded in mothering is overwhelming: it is not easy for young and economically disadvantaged women to find acceptance as “good” mothers, yet, ironically their way to seek a better social position is through motherhood. One might ask, can an adolescent woman be a ‘socially good mother’ when her starting point is far away from what the social norms establish? How can she move on when her lack of social capital only compounds her disadvantage and when she has already been positioned as ‘a risk to society’ and part of a vulnerable group at risk? Their resilience can be seen as a way to find a better position in the
social system, but is also an expression of the symbolic violence which may perpetuate social
reproduction. This may sound contradictory but it is not. For some young girls in a vulnerable
social position, if being a mother is seen as a way of gaining social recognition (McDermott &
Graham, 2005), then this implies that one of the ways to gain value in society is through the
repetition of some of the practices that make it more difficult for them to change their social
position. Basically, being a young mother may make it more difficult to acquire more education.

At this point, the concepts of doxa and hysteresis will be of help to tie in the further complexities
of young mothers with low resources – homeless and/or economically deprived.

f) Doxa

The concept of doxa stands for the relational experience of the social reproduction of inequities
and symbolic violence, the experience and expression of what is beyond question in a group. It is
the taken-for-granted knowledge in a particular social context; it is so taken for granted that it
supports social reproduction and the accompanying symbolic violence by establishing social
boundaries and individual understandings of where individuals belong. As we have seen in the
previous chapters and sections, research done on youth experiencing homelessness confirms that
in relation to their housed counterparts they lack economic, social, and in some cases cultural
capital. In their daily practices we also see that they experience struggles to find employment and
to maintain their mental and physical health. When it comes to young mothers experiencing
homelessness, reality impacts their children in an alarming way. We may question if these
existing differences and distinctions are observable for other social agents and whether or not
homeless young mothers adapt their practices to adjust the ways they are socially visible.
According to Bourdieu’s social theory, agents tend to conform to the taken-for-granted social
order, agents in a social place try not to ‘fall out of line’ as they do not want to be the ones who
behave differently from others (Bourdieu, 1977). In the case of homeless youth, the question
becomes one of whether they are complicit in their own marginalization by adhering to implicit
assumptions about their place in the social world.

The doxic assumptions embedded in social order contribute to the normalization of the rules and
values that maintain equilibrium. The relation between the agents’ aspirations and the objective
possibilities they have to change their social position creates a “sense of limits” otherwise called
“sense of reality” (Bourdieu, 1977, p. 164). The experience of this reproduction of the system is called doxa and it implies taking for granted the limits of possibility for thought and action. In other words, a social agent experiences that he/she is doing the only thing that can be done and at the same time he/she is doing what should be done. The experienced adherence to practices is reinforced and duplicated by “instituted discourses” (Bourdieu, 1977, p. 167); in other words, the discourses, the language used, the sayings, the images used, are all structured supporting the corresponding habitus.

Bourdieu’s explanation of the concept of doxa suggests the possibility of competing discourses between the subjective and the objective structures. But what is more interesting with this concept is the unveiling of the relations between the steadiness of the social equilibrium and the rupture of the doxic relation. This means that the social equilibrium gained by the acceptance of the distribution of roles and practices may experience a tension when some individuals question or do not accept any more the values that generate the practices. This rupture may generate a critical discourse around the tension in the doxic relation, usually beginning with a self-reflective process that leads to questions and a change in the way of living or a change of values.

In his studies, Bourdieu presented how doxa is questioned through crisis, although he argued that crisis is not a sufficient condition for generating critical discourse (Bourdieu, 1977). At this point it is important to contextualize Bourdieu as a critical realist, who supported the arising of critical thought and reflexivity as an element of pushing back the limits of doxa by the dominated groups. So when reflexivity- and self-reflexivity- and critical discourse are not only elements to question the structure but elements that have the ability of modifying doxa and habitus, they become intrinsic elements of both the research process and the daily life of the agents studied.

In view of the above ideas, young homeless mothers require the symbolic means, the expressed rationalization to reject what is being imposed through doxic structures. Seeing it in an example, personal experiences which are recognized in the public objectivity (like sharing personal experiences expressed through art) undergo a change of state, bringing legitimacy, authority, and

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6 A doxic relation gives meaning and sense to a practice, legitimizes a social role. The doxic relation to the social world pre-disposes individuals to accept without question their culture (Lane, 2000).
power to the capacity of individuals in a more vulnerable position (Bourdieu, 1977, p. 170). The individual experiences of young homeless mothers that can be shared with people from the community (families, social and health-care professionals, and decision-makers) in a format that can be accepted and recognized (such as through art) may have the capacity to change and widen the value given to how they take care of their children. This may reinforce the paths leading to public recognition of personal experiences. The question is how these private and personal experiences can be objectified and legitimized. This will be further discussed in the next chapter, in which it will be argued how methods, theory, and practice are linked through the use of arts in research.

Doxic assumptions are present whenever symbolic violence is exerted. Although in this section I focused on young mothers, the health care system is a field in where symbolic violence and doxa might be visible and might overlap with the field of power. The health care system, and nurses as some of its agents, has a rigid and robust system of values that arranges the provision of resources based in the organization of the general population in different grades of health, illness, or physical and social risk factors. In this dissertation I take a close look at how the encounters between health care providers and young mothers might (or might not) reflect symbolic violence and taken-for-granted knowledge internalized within the health care profession.

## Gender and Bourdieu’s theory

Now that the main theoretical concepts from Bourdieu’s sociological theory have been presented, the next task is to further refine the theoretical approach to the research problem and purpose. Being a young mother is socially distinct from being a young father; furthermore, the embodiment of the social structures for young mothers and fathers may not be the same as the social structure that traditionally embellishes and strengthen the figure of mothers. It is of importance to understand how Bourdieu treated gender in his theory in order to use it more accurately in the study. Gender makes a difference in lone-parent families in Ontario. Mothers parenting without a partner represent 80% of the lone-parent families in Ontario (S. Canada, 2011). In the case of young mothers experiencing homelessness, the numbers of young homeless families are not well known although it is expected to be equal if not higher than their housed counterparts (S. Canada, 2011).
To be a mother or a father is a gendered position inextricably linked to the values, culture, and social norms of a group. In this sense, the practices of mothers and fathers may differ, as well as the types of capital and the symbolic violence existing and occurring when they take care of their children’s health. To obtain a comprehensive view of the use of the health care system for children experiencing homelessness and living with their families (including mothers and fathers without partners, or couples) it is necessary to describe and understand fathers’ reality, but this is beyond the scope of my research. However, the previous approaches found in the literature that study the practices and social relations of men and women using gendered concepts and Bourdieu’s sociological theory are informative and will be described in the following pages.

Men and women embody practices while struggling to maintain their position of power and legitimize it with capital that may be symbolic capital at its best (Bourdieu & Wacquant, 1992; Rob Moore, 2004; Thompson, 2016). Bourdieu dedicated part of his work to a detailed analysis of the role of class in individual’s lives, but did not dedicate the same in-depth analysis to gender and how it modifies interactions and relations in the social space. Bourdieu (Lovell, 2000) saw gender as a condition that allowed women and men to bear capital instead of accumulating it, while all the implications coming from the embodiment of cultural, social, or economic capital were neither explored nor analyzed (Bourdieu & Wacquant, 1992). Moreover, when fields overlap, and consequently embodied capital evaluated within a social different structure, Bourdieu’s theory does not offer a detailed clarification or reflection on the modification experienced on the social rules (Bourdieu & Wacquant, 1992). He recommends grounding examination of the interrelation of different fields in the empirical analysis of the embodied practices (Bourdieu & Wacquant, 1992). Feminist authors strongly criticized his lack of focus on gender arguing that his thinking was deterministic and reflective of masculine domination. Other post-feminist authors such as Fraser, Lovell, and Thorpe, worked to show that in some studied fields – such as adventure sports or environmental work– specific types of capital are converted into symbolic capital when embodied (Fraser, Bourdieu, & Lovell, 2007; Lovell, 2000; Thorpe, 2009).

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7 Bourdieu used the term “bear” to highlight the attribute of gender that explains that some capital might become symbolic due to the mere existence as a man, woman, or other; this is differentiated from the types of capital that are accumulated with the purpose of moving to a more powerful social position.
Holly Thorpe focused most of her work on youth and adventure sports and studied deeply the accompanying social structure and relations. She focused on the relations between gender and Bourdieu’s concepts of field and capital and examined the main forms of power that organize sport and physical culture. There are some parallels between Thorpe’s work on the snowboarding field and young homeless parents, so the analysis of her work on gender and Bourdieu’s theory will help illuminate the strengths and limitations of Bourdieu’s theory in relation to gender.

In the snowboarding field, skills and knowledge do not position boys and girls in the same location of power. The experiences of women have a double nature of constraint and freedom that calls into question the relationships between gender, agency, structure, and reflexivity (Thorpe, 2009). The sport culture is a field in Bourdieu’s terms, is a social space in which individuals occupy different positions, relate and interact producing the accumulation of capital that must be legitimized through a common set of beliefs (Thompson et al., 2008). In recent years women have been gaining social positions that they have never occupied before due to masculine domination in the field. More and more women are seen as film-makers, journalists, event organizers or as feminine characters in video games (Thorpe, 2009). The experiences of these women are double-sided; they are simultaneously liberating and constraining. On one hand, snowboarding is a sport that frees women from the struggle to be feminine in their daily lives (work, studies, and family, among others) and is a way of constructing their identity; wearing the baggy clothes and going out to snowboard only for the pleasure of doing it is an experience of freedom, it is a space where they can be “just what I am” (Thorpe, 2011a).

Thorpe’s Bourdieusian study of gender and snowboarding is informed by Lovell’s notions of practice. Lovell questioned whether gender differences in the legitimization of capital could mean that gender is a form of capital in itself, and that this can be traded for symbolic capital (Lovell, 2000). In Bourdieu’s terms, symbolic capital is the form taken when economic, cultural or social capital is recognized as legitimate and not gained randomly, while gender is a condition that allows agents to bear capital but not to accumulate it. Gender is a condition that facilitates the development of different strategies to accumulate social, cultural or economic capital but does not accumulate or constitute capital by itself (Bourdieu and Wacquant, 1992). In this sense, Lovell and Thorpe present gender as a form of cultural capital tradable for economic or social capital; its distribution is unequal (as with other forms of capital) (Lovell, 2000; Thorpe, 2011b),
it is not available to everybody although is linked to a characteristic inherent to the fact of being human (either as personal choice or as a social external embodied structure), and it is a result of the relations between positions in the field and different types of capital (Bourdieu, 1989). What is also unequal is the trading for symbolic capital by male and female snowboarders (a situation that may be extended in different degree to other fields in the social world). Although Thorpe bases her analysis in the gendered embodiment of capital while she criticizes Bourdieu for not taking into account gender in the distribution of capital, this inequity is presented as a result of the relations between the different positions occupied by men and women in the field. This slight difference, which does not make the inequality less unfair or less painful, gives a relational and flexible view of the social space.

The relations of power and misrecognition of capital are symbolic violence in themselves; it seems that symbolic capital is a more legitimate form of capital than gender capital (Bourdieu & Wacquant, 1992; Thorpe, 2011a). But, does gender capital include femininity? Femininity, according to Thorpe (2011), is a form of capital that likely implies the loss of another type of capital, what Bourdieu refers as a double bind experience. The results of her work showed that although some women are able to accumulate both symbolic and feminine capital at the same time (including their femininity, sexuality and public image), and then convert it to economical capital, they are only a few and this generally constrains the balance between the different kinds of capital. Committed and high skilled women may be seen as “as good as boys” but not seen as beautiful and “cute” girls, while the ones that are seen as feminine are not respected for their professional development.

In this analysis of the snowboarding field where capital and symbolic violence construct the relations among agents, the position occupied by agents explains their predisposition to act and practice a specific habitus. Thorpe shows that the position occupied by agents puts them in disposition to experience the conflicts explained above. The field is fragmented and divided according to the commitment, age, equipment, ability, body disposition, skills and clothing styles, and consequently the ways of acting and realizing the embodied gender and femininity are

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8 The term ‘misrecognition’ refers to a false consciousness, is a cultural phenomenon that embodies cultural norms and taken-for-granted assumptions in the daily and social life of individuals (Bourdieu and Wacquant, 2005).
as different as classes are in the field (Thorpe, 2011a, 2011b). As an example, the situation experienced by snowboarders is not the same for young women who are beginning to snowboard and aim to develop and progress at the professional level, than for women who are in their 30’s and experience snowboarding as a way to free themselves from their embodied and gendered habitus. In Thorpe’s analysis we can see how the social position may lead to experiencing gender in a double way: as constraining and liberating at the same time. Gender is not seen as a determinant, individual capital is gender-neutral but the strategies to gain symbolic capital are born from the gendered and embodied capital and defined by the position in the field according to skills, commitment and lifestyle. Gender works as a colored lens that modifies all the colors and images seen through a glass. The same images are seen but all its colors are affected in one or another way depending on the colored-lens.

Being a mother or a father is a concept embedded in the social construct of family. According to Bourdieu’s theory, family is a realized category, a construction of social reality that reproduces the social order (Bourdieu, 1996a). Family has been arbitrarily constructed in a way that seems natural; its legitimization is based on the misrecognition of the symbolic violence exerted on men and women (Bourdieu, 1996a); symbolic violence in terms of the taken from granted roles and attitudes attributed to family members by gender. Family transforms caring and love into dispositions, which are translated into daily practices – gifts, visits, talks, payments or money. These dispositions tend to be guaranteed and supported by the formal structure, which can be defined by the state and the legal minimum requirements defining what a father or mother has to do. This is reflected in what men and women must do to keep the custody of their children.

Social expectations, such as fathers providing a monthly wage, not consuming any addictive substance, protecting and caring for their children (defining and limiting this definition), having a stable place to live, or providing a clean space, may collide with the individual expectations of young parents experiencing homelessness.

The formal structure may have methods to control how a parent who lives in the margins can fulfill the established requirements to take care of a child; control may be executed within the health care system when health care professionals come into contact with young parents experiencing homelessness. This is a point to be explored in this project, and to see how the
formal structure is related to the practices (habitus) of homeless young mothers; and, linked to that, the symbolic violence, legitimization of capital, and the dispositions of the place they occupy.

In the case of youth, becoming a father or a mother is an embodied acquired characteristic linked to the individual and social identity, which may have important effects on the individual and social life of youth experiencing homelessness. Parenthood may, or may not, enable the potential mobility of an actor in the social world, creating new symbolic violence and complex relations inside a structure which legitimizes parenthood through the regimes of legal and health organizations. After considering the role of gender, symbolic capital and violence, through the examination of Thorpe’s work and Bourdieu’s theory, the question of how gender is embodied and how it shapes the world of youth homelessness when they become parents remains unanswered.

Conclusion

Bourdieu’s theory of practice (1977) provides a unique, although not perfectly accommodated, lens to approach the understanding of how young mothers experiencing homelessness in Toronto use and access the health care resources while they struggle in this complex situation. The concepts of habitus, field, capital, and symbolic violence will be used for the understanding of the social inequities reflected in young homeless mothers’ health practices.

The field of health, and specifically the health care system, is a reflection of the social organization that shapes the behaviors of individuals. The field of health is much broader than the health care system, but both are related and dependent. Access to, and use of, the health care system by young mothers experiencing marginalization is dependent upon how mothers are positioned in the field of health. The dominant social construction of a “good mother” organizes the provision of health and it relates to ideas of health. Although the behaviors are not completely determined by social rules, the position occupied by individuals within the systems predisposes them to act in certain ways that maintain the social equilibrium. Young homeless mothers are positioned in a strongly marginalized situation and their embodiment of the social structure will result in distinct health practices; the relationships between their practices and the social structure are explored in the field of the health care system. Also, the tensions that may
result from living in the margins and its relations to the strategies of control developed by the health care system are presented as part of my study. For this reasons, the Theory of Practice is used as a tool to map and understand the complex and dynamic interplay of field, habitus, and capital.

This theoretical approach, with its strengths and weaknesses, supports analysis of the situation of homeless young mothers recognizing the complexity of the inequities lived in the social world. This theory situates the recognition of the relations in the system in the dynamic creation of the reproduction of misrecognized practices, in other words this theory helps to understand how the practices that are better valued in the social world are not equally valuable for everybody and they are exclusive of the agents occupying a specific social place. In order to understand the possibility of social change and its mechanisms, we need to go further into the bonds between theory and methods, which will be seen in the next chapter. Bourdieu’s theory of practice lead the development of the study’ methods, forcing accuracy in order to get the aimed results but at the same time forcing the balance between my academic interests and the respect for the participants lived inequities.

Based on the work of Bourdieu, Wacquant, Thorpe, Lovell, and Pink (Bourdieu, 1977, 1984, 2000, 2001; Bourdieu, Accardo, Balazs, & Ferguson, 1999; Bourdieu & Wacquant, 1992; Lovell, 2007; Pink, 2001, 2011; Thorpe, 2009, 2010, 2011b, 2014, 2016b; Wacquant, 1992, 1998, 2008, 2010, 2016) in the next chapter I will present the methods chosen for this project to reach the aims and stay coherent with my position and approach to the purposes and means of research. It will be linked to the use of arts-based methods (or we may argue that they are methods-based art) as a way to the theory of practice and justice, as a way to use art as activism, art as a methodology.
Chapter 4
Design and Methods

Introduction

This chapter outlines the methodological approach I used in this study, discusses the theoretical underpinnings of this approach, and describes how I conducted the study. In the following pages I explain the design and details of the methods used while generating and analyzing the text, stories, images, art, and social artifacts included in this study. Bourdieu’s theory of practice, as well as the work of Janet Parsons, Sarah Pink and Holly Thorpe (Bourdieu, 1996c; Parsons, Heus, & Moravac, 2013; Parsons, Bond, & Nixon, 2015; Parsons & Boydell, 2012; Pink, 2001, 2011; Thorpe, 2009, 2010, 2011a, 2011b, 2014, 2016b; Thorpe & Ahmad, 2015), set up the ground for designing and conducting the creative approach used. The vulnerability and invisibility of young mothers experiencing homelessness demanded a tailored, respectful, slow, and delicate approach that ensured the success of this research—understanding success as not only creating academic knowledge, but making an impact for the population.

The methodology of the study was qualitative inquiry employing a critical arts-based methods approach. The design was a discursive montage (Bourdieu, 1989; Bourdieu & al, 1999; Bourdieu & Schultheis, 2012; Bourdieu & Wacquant, 1992; Toronto Public Health, 2017), which included an analysis of the media and a graphic elicitation through artwork created during the research process. As an observational, reflexive, and interpretive strategy, I used sketching. The description and details of sketching as a research strategy to deepen my reflexive process, to see in more detail, develop a connection between mind and body, and to strengthen the interpretation of the participants’ accounts is explained in this chapter.

These methods, all described in the following sections, are articulated to capture the complexities and subtleties of the unexplored mechanisms of unequal access to, and use of, the health care resources by young mothers. The design and methods of this study come from my own self-reflection on studying the works of Bourdieu, Pink, Thorpe, Denzin, Angus, Farmer and Parsons, and are rooted on my previous research on health issues with marginalized or vulnerable populations. (Angus, Kontos, Dyck, McKeever, & Poland, 2005; Angus et al., 2012; Bourdieu,
The choice of using a critical arts approach designing a new technique—explained further in this chapter—pursues the building of a bridge between theory and activism following the steps of Pierre Bourdieu, Soyini Madison, and less well-known authors who with their thoughts and work carve a new path for social and health research that reflects the needs of vulnerable populations.

Methods, creativity and social change

a) Habitus and social change

In Bourdieu’s formulation, the concept of agency, understood as the capacity and ability of an individual or group to act and produce social change, either at the micro or at the macro level, was constrained by the properties of habitus and predisposition (Bourdieu, 1999a; Bourdieu & Wacquant, 1992). The limited range of possibilities contained in the concept of habitus could be criticized as being deterministic, as it was previously seen, but in Bourdieu’s later work he focused on the creative side of habitus. The creative habitus may occur when some agents suffer as a result of the tension between the social structures and their habitus. When this happens, they try to seek a balance between the position they occupy and a better position they want to achieve through improvisation but without breaking the existing structure (Bourdieu, 1999a; Bourdieu & Wacquant, 1992). Thus, individual identity may be re-created to adjust and diminish the above tensions. Improvisation is always enacted in practice; its distinction raises the question of whether improvisation might speak of a difference in the degree of agents’ consciousness. Although the small change that an individual can make in his/her practice is not powerful enough to cause a structural change, it is valued when it recreates reality at an individual level, when it recreates the practice immersed in a habitus, and as a consequence, recreates in some way the social reality that reinforces the macro social structure (Bourdieu & Wacquant, 1992). This connection between the individual and the social structure makes possible the modification of both.
b) The co-existence of subjectivism and objectivism

Creative habitus relates to the theory of social justice. Based on Bourdieu’s late work on social suffering (Bourdieu & al, 1999), Nancy Fraser provided a theory of justice from multiple theoretical perspectives exploring a position situated in critical realism as an alternative to post-positivism and post-modernism (Lovell, 2007). Bourdieu called himself a realist, and realism describes the world while negating the dualism between objectivism and subjectivism; therefore, what has been seen as dual views (the structures that exist independently of our conscious knowledge and recognition, and on the other hand our own relative understanding and experiences of these structures) co-exist in the same perceived and objectively described world (Lovell, 2007). In this appreciation, social objects are recognized as immersed not only in a complex structure but in an enriched one which includes the individual reality. Bourdieu examines the almost invariable nature of objective social structure and the more malleable individual subjective experience to understand the complexity of relations between these two (Lovell, 2007). As a researcher, to be coherent with this approach to reality in which objectivity and subjectivity coexist, the choice of methods is an expression of the value and aim of the research. According to Bourdieu and Wacquant (1992), when a researcher is pursuing a theory that explains the social reality, then the recognition of the co-existence of objective structures and subjective experiences demands a research method that is grounded in a concern to depict the conditions of living for participants. While the production of theory may be a goal in itself in the academic field, Bourdieu argues that theory and its epistemology is not the object of the research. According to this perspective, researchers should not make theory more important than the problem studied in itself.

“Research without theory is blind, and theory without research is empty” (Bourdieu, 1992, p. 162).

c) Bourdieu and research methods coherence

Theory of practice grounds theory in research, and research in practice. Bourdieu rejected the dichotomy between theory and methodology (Bourdieu, 1996b). Based on this perspective, the ontology of the object of research has two dimensions that must be approached coherently. Bourdieu used different research methods in his research, quantitative or qualitative designs, and also mixed methods. He used quantitative and qualitative methods under the same project as long
as the aim of understanding and mapping the social world was achieved. He used statistical descriptive and inferential tools to illustrate and discover social inequities while also using in-depth interviews and ethnographic methods to understand the relations of power between individuals and social structures (Bourdieu & al, 1999). He did not publish a detailed discussion of his analytical techniques of qualitative data analysis, although according to his written work he did not adopt the better known techniques of text-data analysis (e.g., discourse analysis, thematic analysis, or grounded theory approach) (Glaser, 1992). His analysis of qualitative data was focused on the construction of the social map illustrating the complexity of social relations, practices, social rules, and his developed concepts. Moreover, Bourdieu gathered and analyzed a range of data: pictures, ethnographic notes, interviews, and documents from different sources. In each case analysis was intended to support the understanding of the social rules and their relationship to individual practices (Bourdieu & Schultheis, 2012).

Bourdieu argued that methodology and methods are only means and not ends in themselves. He described and recognized social inequities in terms of factors related to social outcomes, but also used the discourse produced in individual stories, which were lived and constructed through interviews. While traditional quantitative methods of data generation and collection, which are widely used, may capture objective and measurable inequities (for example, distributions and relations of income inequities, gender differences, and health outcomes), qualitative methods and methodologies can illuminate the individual experiences of agents, the meanings they give to realities, how they describe and construct what happens to them in relation to their previous experiences and their historical-economic contexts, and also the social structures underlying their behaviors (Bourdieu & al, 1999). Although these methods alone are useful to describe and understand a complex issue, they are not very powerful in terms of connecting theory to the recreation of reality that may trigger the creative habitus Bourdieu previously described. The description alone of the individual experiences is not linked to social change. However, when the expression of individual experiences is done through art, another space is created in which the participants can identify and reflect on their lived experience and express it in the way that it is meaningful for them (although they may not correspond to the dominant views). The creativity implicit in producing art, even amateur, opens a possibility to show a view of individuals that differs from the often stigmatized and general social view of them. This creative expression of
the self may allow new paths of communication and change for both the individuals producing it and other social agents.

i. **Arts-Based methods: re-creating identity**

The theory produced through research may be implicated in the reproduction of dominating structures and the dominated practices in the sense that theory creates an intellectual understanding of the social world (Bourdieu & Wacquant, 1992). This ontological meaning of theory and research (building a theory or contributing to the core of knowledge) is meant to exist and cannot be avoided as it is one of the aims of research in itself. However, the research methods chosen lead to a type of results that may impact not only the academic field but the lives of participants in different ways. The theory produced, as part of the results from a study, may have an impact in participants’ lives, and this not only depends on the results but also on their (participants) active engagement in the research. Shared research leadership by some members of the community seen in user-led, user-controlled research, or survivor research, has different implications for the participants than when they are only subjects to be observed (Faulkner, 2004). The principles of participant-centered research include different levels of power for users and participants when they get involved and manage part of the research. However, the key point in the choice of methods is to allow the re-creation of the reality that takes place when participants present themselves through their stories. The process of telling their own story is an act of presenting themselves in a certain way; after, it is the responsibility of the researcher to analyze and interpret this, in relation to the fields of the agents (Bourdieu & Wacquant, 1992).

It is in the consequences and implications of the active involvement of participants in research where we may find a breach in the social determinism attributed to Bourdieu. Bourdieu saw an opportunity for change in the creativity and reflexivity of individuals, which is linked to the way individuals present themselves as part of the habitus. I argue (based on the works of researchers using arts-based and participative methods) that research methods that use arts may contribute to a re-creation of the self, the presentation of the self, the effect of which is yet to be understood. Some research methods use art to foster the expression of experiences and social inequities in a way that may be shared and admired by other members of the community as well as by decision-makers; this opens up an opportunity for social validation of minority social experiences to
occur, which is not only a knowledge translation method but a strategy to imbue the narratives of the agents with power.

The incorporation of arts-based methods in research has allowed social sciences to generate, interpret, and communicate knowledge using arts (Knowles, 2008). Drawing, painting, dancing, taking photographs, creating collages, are all ways of expressing the individual reality. Arts-based methods convey experience when words are not flexible or accurate enough, when words may constrain the expression of what is lived and when consequently words may reproduce what the individual is predisposed to say. Arts connect the inner and powerful creativity with the external world; arts connect the subjective interpretation of the social at the micro level with the social identity that exists at the macro level. Inner creativity has the ability to express how the individual makes sense of the social world by offering a medium that moves beyond words and discourse. Creative expression may indeed facilitate the re-construction of individual identity and reduce the tension between social expectations and individual goals (Stuckey & Nobel, 2010).

The use of amateur artistic practices as a research method draws on creation of images as a practice rather than a form of representation, and hence views images as part of the social world instead of picturing (Crang, 1997; Pink, 2011). A key perspective to understand the relationship between amateur photography, practice, and place, is based on how place is conceptualized. Bourdieu initially conceptualized it as linked - in the social space - to capital (symbolic, social, economic, and cultural), and to habitus and predispositions (Bourdieu, 1977). In his work studying photography as a cultural field, he argued that it can be a way of preserving the present and reproducing moments, whereas for some agents it is an opportunity for aesthetic judgment (Bourdieu & Whiteside, 1996). The form of amateur photograph is a way of “catching” and “sharing” to express the structure of perception (Bourdieu & Whiteside, 1996). Pink (2011) framed the relation between amateur photography and place on Bourdieu’s theory, understanding that individuality and also social order result from practices and habitus, but she added (based on the work of Schatzki and Ingram) “practices are the fundamental unit of social existence” (Schatzki, 1996). In her work, she used amateur photography to explore the relationship between photography (non-professional) and the constitution of place, in which the practice of photography is not a way of communicating but of putting together individual realities, past experiences, thoughts and beliefs, to constitute a type of “urban identity” (Pink, 2011). Her
research approach and Bourdieu’s theoretical view provide a frame for understanding the use of amateur photography as a tool to illuminate the link between habitus and the social field. In the case of other visual methods used in this study—collage, drawing, sketching, and painting—the artwork made can be seen as a product in relation to the process of creating it (Parsons, Gladstone, Gray, & Kontos, 2017). The concepts of product and process in arts-based research are not opposite nor can they be separated, existing one in relation to the other. Participants explore experiences, meanings and ideas, in the making of the arts-based research study, being agents in the creation of their artistic piece (Parsons et al., 2017). However, the artwork (the product) is not a passive result. When the artwork is presented to a different audience, they will have the opportunity to engage in a process of exploring the experiences, meanings, and portraits, conveyed in the artistic piece (Parsons et al., 2017). It is in this sense that arts-based research product and processes are equally relevant to understand a social phenomenon such as young mothers experiencing homelessness, looking at the open possibilities of what can be done with the artwork.

d) Reflexivity and identity

The practice of reflexive sociology is a key point for Bourdieu. It is essential for the investigator, it is needed for the agents of the broader field and also it is provoked during the data generation and during the interaction with the research participants (Bourdieu & Wacquant, 1992). Bourdieu suggested that tensions between habitus and field may give rise to agents’ reflexivity (Bourdieu & al, 1999). Based on the implications of arts-based methods to express and connect experiences and social rules (the conscious and the embodied sometimes unconscious), the tensions and contradictions between both can be expressed (Parsons et al., 2013; Pink, 2011). Artistic expression brings an opportunity to present the self differently than what is socially constructed (Pink, 2011). When a person engages in artistic activity, a reflexive process begins that has potential to express the suffering arising from contradictions experienced in one or more fields (along with the resultant symbolic violence). Reflexivity may stimulate re-construction of individual and collective identity (Bourdieu & Wacquant, 1992), which in turn could be a trigger for changes in their practices, a creative habitus that can modify the structured structure of the field, in Bourdieu’s words while interviewed for the documentary by Pierre Carles screened in 2001: “Do a little to change things, to break the laws”.
Purpose and aims

The purpose of this critical arts-based study was to provide an understanding of the mechanisms of accessing and using health care resources by young mothers experiencing homelessness, from a social and critical perspective. The main aim was to explore and describe the health practices of these young mothers to use and access health care resources in Toronto, Canada; and to deepen the understanding of how these practices relate to social organization. In pursuing this aim I sought a close examination of how the concept of young motherhood is constructed through the media and how this relates to the practices of young mothers (daily and health practices) and to the available health resources.

The secondary aims oriented the research to analyze and provide an understanding of the behaviors and actions (health practices) taken by the participants to take care of their, and their children’s, health. For doing so I used the Bourdieusians’ concepts of habitus, capital, field, and symbolic violence:

- To identify and describe the young mothers’ health practices in relation to their habitus.
- To understand how social structures relate to young mother’s health practices and social positioning.
- To explore the resources that homeless young mothers have and how these are related to their use of, and access to, the health care resources.
- To foster a potential for transformation of practice through the re-creation of the stories of the young mothers through art—collage, painting, and sketching.

Although through the design of the study I wanted to provide an understanding of the social mechanisms underlying the unequal access to, and use of, the health care resources, this was not the only goal. With the design I also pursued an additional goal of developing and appraising an arts-based approach that had two elements: first that it took into account that the understanding of the social world requires the inquiry to look into the meaning provided by the views of people
in different social positions. And secondly, that the approach requires a deep respect for the participants, acknowledging their vulnerability and desire to not being surveilled. In terms of methods of data collection, and development of the research, this translated into specific adjustments and modifications to the original design as the study progressed I explain this approach in more detail in the next section.

Design

The methodology of this study was qualitative inquiry with a critical arts-based approach. The design included a combination of two methods which targeted the different aims: (1) an analysis of the media (printed and online) and (2) a graphic elicitation through participants’ artwork created during the research process. The discursive montage, based on the works of Bourdieu and Thorpe, pursued analysis of different perspectives on the phenomenon of young mothers experiencing homelessness, including the constructed views in the media (Canadian free-access news, social media, and Internet-based).

The discursive montage was a methodological choice of Pierre Bourdieu aiming to bridge the gap between objectivism and subjectivism, which translated into quantitative and qualitative approaches (Bourdieu & Wacquant, 1992; Dean, 2017). Bourdieu’s discursive montage was characterized by the inclusion of heterogeneous material in the form of documents, images, interviews, reports, journals or news among others, into his analysis. One way of understanding how the discursive montage functions, would be by analogy of polyphony in a literature piece, in which different voices, using sometimes conflicting speech genres, are brought in to the narrative and are articulated around a main theme and plot (Lane, 2006). This was mastered by Bourdieu in Distinction (1984) and by him and colleagues in The Weight of the World (2000). In their work they eleganty brought together distinct, and sometimes conflicting, views and experiences on social suffering in contemporary societies. In Distinction, the style of the discursive montage establishes a dialogical relationship between conflicting voices (Adlam, Falconer, Makhlin, & Pinfield, 1997); it contains graphs, charts, survey, interviews, maps, excerpts from magazines, photographs, and interviews (Bourdieu & Wacquant, 1992). Otherwise, in his later works this methodology was intended to promote understanding of complex relationships in the social world.
“Discursive montage” allows one to offer at once the scientific vision and the immediate intuition that this vision explains but also typically excludes” (Bourdieu, 1992, p. 66).

In the same way, Holly Thorpe has employed discursive montage in her research to engage in conversation with her insider cultural knowledge as well as her observations and interviews conducted in the snowboarding field (Thorpe, 2010). To do so, Thorpe not only gathered evidence from the aforementioned methods, but she also analyzed other cultural artifacts such as magazines, films, websites, YouTube videos, and other social media (Thorpe, 2010, 2014; Thorpe & Ahmad, 2015). To do research with young mothers experiencing homelessness, I drew on print and social media, the participants’ accounts including their artwork, and my sketches and reflections (which I describe later in this chapter), to construct a multidimensional social understanding of the power and tensions in the relationship between young mothers and health care providers.

To see, to record, to photograph: I have never accepted the separation between the theoretical construction of the object of research and the set of practical procedures without which there can be no real knowledge. (Bourdieu, 1992, p. 33)

Firstly the analysis of the media aimed to understand the social positioning of young mothers while describing and deepening in the social organization and structures within which homeless young mothers are embedded. It allowed me to identify the expected behaviors and legitimized practices for mothers and youth based on the narratives within the media (printed and online). The narratives available in the media, including social media and news items, contribute to the constructions and reinforcement of master narratives in a given place and time (Atton, 2001; Burgess, 2012; Champagne, 1999; Couldry, 2003; Hesmondhalgh, 2006; Miegel & Olsson, 2012). Secondly, the graphic elicitation focused on the views, representations and constructions, of young homeless mothers. This last approach allowed for a detailed description of the mothers’ individual health behaviors, their previous experiences with health care encounters and the meanings given to these experiences and behaviors. The results from the two methods gave a unique and profound, although not complete, understanding of the individual health practices of young homeless mothers in an urban Canadian context. What was used as an elicitation tool was the artwork the participants created using mixed media and collage techniques.
a) Media analysis

The media analysis included the news and other publicly available items about young mothers experiencing homelessness in Canada, including social networking, social curation and blogging, as well as print media (that which was paper or online accessible with no cost) and reports. The cultural artifacts were gathered from six sources:

1) three most read newspapers in Ontario: the Globe and Mail, the Toronto Star, and Metro (Canadian Newspaper Association, 2015).
2) Webpages
3) Social media—facebook, instagram and pinterest
4) Art initiatives—accessible online
5) Online access videos—YouTube and Vimeo

The Internet-based sources are among the most popular social media sites used in the 2012-2013. (eBiz/MBA, 2014).

The inclusion criteria for the artifacts were: created or written in the English language in the last 7 years (since 2008, included); accessible in the public domain; and which focused on or tackled an aspect of young homeless parenting in Canada. The search was done using the following three groups of terms in both the search engines available in the aforementioned media and in the following internet searching engines: Google.ca, Bing.ca, Yahoo.ca, and Ask.com

- homeless, homelessness, no fixed address, couch surfing, or doubled up.
- youth, young, teens, adolescence, adolescent, and teenagers.
- parents, mothers, fathers, foster care, and child apprehension.

A total of 25,463 news items were identified from the newspapers and 45 were included in the analysis. I revised the titles, images, and leads and excluded them if they did not refer to young

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9 I understand cultural artifacts as anything that gives information, or presents a view (in this case homeless young mothers), about the social field.
parents experiencing homelessness or at risk of it. In relation to the other sources, 10 web pages, 11 art initiatives, and 16 videos were included.

The analytical process was structured in three overlapping phases. The first phase consisted on a thematic analysis of the topics appearing in the headings, body text, and images (Braun & Clarke, 2006). In the next phase I focused on connections, and disconnections, between the themes identified, the stories narrated, and the portraits in the images. The third phase consisted in a relational approach to the collected stories using Bourdieu’s concept of capital and symbolic capital as analytical tools. A more detailed description of the analysis is in the next section (analytical process).

The software used as a support for the analysis was NVivo11. The files were stored in the secured and protected network at St. Michaels’s Hospital, the computer used was encrypted, and a backup was made at the end of every working day.

b) Visual creative methods: the graphic-elicitation

The graphic elicitation (GE) is a visual method previously used in arts-based research. Arts-based research is an ‘umbrella term’ including different methods which use some kind of art form at any point in the research process (Finley, 2008; Knowles, 2008). The GE generally consists of using visual methods in the context of an interview/s to not only give insight to participants’ interpretations but also to allow a creative way for participants to respond to their experiences (Bagnoli, 2009). Using art in the research process creates a space for resistance to master narratives, a space in which the participants can portrait themselves, externalize, and give meaning to experiences, without necessarily using words (Finley, 2015). This poses a challenge as dealing with data that are neither numbers nor text are not commonly used. The use of visual artifacts with participants presents an opportunity to elicit a narrative that might trigger a connection and reflection (by them) with elements and meanings that would not appear in an in-depth interview.

When doing research with young people, visual arts-based approaches complement and expand the understanding of young people’s lives (Farmer & Cepin, 2015; Heath, Brooks, Cleaver, & Ireland, 2009). Recently, social research on youth has shifted towards researching with children.
(Farmer & Cepin, 2015; Mayall, 1998; Qvortrup, 2009b). The epistemological implications of this are important; it is key to develop methods that are grounded on the conceptualization of youth that recognizes them as genuine participants and not as objects to be researched. It is in this sense that visual creative methods, understood as youth being the creators of the visuals, engage youth in the research process in a different level than other research approaches. An important element in this approach consists of giving the opportunity to create a dialogical space for the participants and the researcher to discuss, question, learn, and address aspects of the research (Farmer & Cepin, 2015; Mayall, 1998). Employing an arts-based approach with youth people has an added strength; it opens up the possibility of communicating layers of experience that are often difficult to articulate through dialogue and difficult to capture through observation (Farmer & Cepin, 2015; Gauntlett, 2007). This was a crucial aspect when doing research with young mothers experiencing homelessness. On one hand, there were aspects of our conversations (between participants and researcher) that brought up painful stories or difficult situation to make sense of. On the other hand, studying the relations between the social structure and its individual internalization needs to connect with forms of expression that are not rooted in the conscious level. Art, as a creative form of expression and communication, is a strong tool when doing research with young people.

I offered the participants mixed media and collage materials to start the creative process. Mixed media comprises drawing, sketching, watercolor, ink, and color pencils. I wanted to foster creativity, and collage and scrapbooking techniques were encouraged in case participants felt “scared” of drawing. Drawing methods have been used in research to support expression of matters that are difficult to express verbally. The underpinning assumption is that methods using creativity, and that explore the non-linguistic dimensions represented through visual methods, can generate new ways of understanding the social (Bagnoli, 2009; Finley, Denzin, & Lincoln, 2011). In some cases, drawing has been used during the interview process, not constituting data but as a way to facilitate the dialectic process of the interview. In those cases, drawings were not interpreted and they act as openers and connectors to the participants’ meanings of experiences (Lazar, Feng, & Hochheiser, 2010). However, in this study there was a focus on the creative process of the participants being one of the most important elements. The whole process of producing the artwork enhanced participants’ reflexivity to get a wider picture of the individual
layers of experience, in relation to the social field (Bagnoli, 2009; Morrow, 1998; Parsons et al., 2017).

c) The graphic-elicitation through participants’ artwork

The graphic-elicitation consisted of two in-depth interviews (one at the beginning and one after a minimum of two weeks). The elicitation interview came last, in which I used participants’ own artwork as the visual element to elicit new narratives. The artwork pieces were created during a set of workshops designed specifically for young mothers living on the margins (homeless or at risk of); the workshops provided them with the materials, new techniques, skill development, and a safe space they needed. The situation of young mothers was fragile; young mothers were precariously housed and most of them were experiencing economic and social difficulties. Because of their vulnerability and situation, it was unfair and unrealistic to ask them to draw, paint, or collage without providing a safe space in which to do so. For this reason, I designed an art program for young mothers at risk, with the support of six organizations who provided physical space, material and human resources.

i. The arts program

The arts program was designed for young mothers who were homeless or were at risk of being homeless. The program lasted 9 weeks, mothers could just drop-in, and one professional and two emerging artist volunteered their time to work with the young mothers—I also participated in the workshops as a urban sketcher. The artists offered them to develop their artistic skills and to teach them new art techniques. Thanks to the partnership, child care workers and volunteers took care of the babies and children while mothers engaged in drawing, painting, and collage. After a 2-hour window to work on their art projects, we offered them lunch. Lunch was cooked onsite; we designed a balanced menu respectful to possible diet restrictions (see Appendix 6).
Lunch after the workshops included carbs, protein, salad and fruit, water and bread. It was never less than delicious. Picture taken after one of the creative sessions. January 2016.

When I designed the program, I thoroughly described the content for each session. I planned a theme to work on every week and what art techniques we were going to focus on. I even included a warm up activity and some circle time with the children at the end. However, the first day of the workshop was revealing in an unexpected way. Mothers were a bit tense and two of them presented themselves as “I am not a creative person, but I liked to draw when I was a kid”. The babies and children were very attached to them, and we (the staff and I) realized that we would need more than one week to overcome separation anxiety. During the years I have worked with youth, and with vulnerable populations, I have learned that in situations where the power imbalance is perceived as high and I am the one who seems to have more authority, adapting to the others and being humble helps to balance the dynamic. So I did not follow the planning or the guideline that I had. Instead, the mothers and I talked about art, about creating, about their babies, and we planned what we would do that day (in terms of art). During the following weeks I followed the same structure: a flexible, not aggressive, open structure. The artists, staff, and I worked in the workshops with the young mothers using their choice of techniques and with no
rules aside from respect and confidentiality. Hence, the workshops ran smoothly for the 9 weeks, with growing attendance, which was quite consistent despite the winter weather.

The program was opened to all young parents on the margins who wanted to attend, attendance was not closed to the participants of my research, nor must the research’ participants attend the workshops. I set up the program and, after that, participants were invited to come; but the participation in the program was not mandatory, furthermore participating in the program was not linked to the study, although the program started as a consequence of conducting this research. The program’s aim was to provide a safe space for young mothers in which they had all the resources they needed to be creative, and this included food, art materials, child care, tokens, artistic guidance, and a non-judgmental environment. These resources—tokens, food, a cook, child care workers, art materials, and a physical space—were provided by the successful application of two grants at the University of Toronto (Bertha Rosenstadt at the Faculty of Nursing and U. of T. Community Development Grant), by the members of the partnership developed for the purpose of the program, and by generous individual donations. The partnership was developed at the early stage of the study. When I contacted most of the organizations working with young parents experiencing homelessness, or at risk thereof, to explore the possibility of recruiting participants, some of them expressed their interest in supporting a program that would engage young mothers. I met with the interested organizations for three months, I talked to the providers in contact with the young mothers, and everything pointed towards the need for an engaging program for young mothers living on the margins. Then, I decided to modify my plan and adopt a more flexible approach that could benefit the young mothers and would put them at the center.

I also ran the program in two different locations to make the access easier for the mothers. The first location was in the west end of the city while the second one was in the east end. In this second location, workshop’ participants were much younger and vulnerable than in the first location. Before starting the program, I went to the organization for several weeks in the morning and in the evening to get to know the staff and some of the young mothers who frequented there. After a few weeks, I got to know staff and young mothers, and they got to know me too. I explained them both the study and the program, and most of them were excited about the possibility of attending the art program; some were interested in the study, but not all. In this
location I ran fewer sessions but the sessions were three times longer than in the first location. The enthusiasm of the young mothers was rewarding.

ii. The artwork

The participants in the study were asked to create at least one piece that was related to any aspect of being a young mother. I ask them to work on a piece that expressed in some way how their lives are, or were; what gives them strength or makes them suffer; anything that they think relates to being a young mother. The assignment was completely open, and I told them that if they did not know what to do, they could just explore new techniques with no other purpose than to enjoy the creative time. However, this did not happen. Some of the participants were hesitant about what to do, but they experimented with different techniques, styles, and topics. They used pencil, charcoal, ink, watercolor, acrylic, collage, color pencils, and textiles, and their media of choice was watercolor and collage. They were given the choice of working on their piece in any place they wanted, and they were given material to take to the place where they were staying. But none of them choose this option and all participants came to the program in one or the other location.

Every participant created some artwork, in fact most of them created several pieces. They owned the pieces and took them and they gave their consent to me to take a picture of their work and use it for purposes of this research and for dissemination. In one of the locations, at the end of the research process we created a poster with one piece from each of them and made an exhibition for the staff (see the image below). This created huge pride among the entire group.
Figure 6

iii. The interviews

The interviews were semi-structured, individual, audio-recorded, and lasted between 0.5 and 1.5 hours. Two interview guides were designed for the purpose of the study to help direct the interviews in case it was necessary (see Appendix 5); however, the interests and focus of the participants often guided the conversation. I used techniques encouraged by narrative researchers (Bagnoli, 2009) and by Bourdieu in Understanding (Bourdieu, 1999, p. 607-626). Bourdieu’s approach to interviewing was based on non-violent communication and on the awareness that interviewing is a social relationship (Bourdieu, 1999b). His writings on interviewing detailed and reflected on the importance of being aware of the intrusion that the researcher might cause; he was concerned with the effects that the interviewer can have on the interviewee without knowing. His techniques, although he did not agree with the so called “methodological writings on interview techniques” (p. 607), were based on a continuous reflexive process of the interviewer to develop the following main skills, among others: ability to diminish the asymmetry and distance through awareness of each capital (linguistic mainly); use of the appropriate verbal and nonverbal language; awareness of affinities between both interviewer and interviewee. With these, Bourdieu emphasized the use of non-violent communication, up to the point that interviewer and interviewee are interchangeable in an interview (p. 610). Building a relationship contextualized in the research process translated in me answering questions about my family, my doings, and my background whenever they asked me so. Being aware and cautious with my non-verbal language, and learning to speak more like they did (which was not easy for me due to my accent) were techniques used to develop non-violent communication. When they chose to sit on the floor to the interview, to better hold their baby, I did so. Whether they choose to read to their children in the library while doing the interview, I did so and also read to the children. Consistent with Bourdieu’s approach, although asymmetries cannot disappear, it can be acknowledged and diminished. The interviews took place at a location of their choice. Whenever possible it was in a private room at any of the two organizations where the art program took place; nevertheless some of them chose to do the interview in the library or an open space. In the first interview I asked them to tell their story, how an ordinary day looks like for them, who or what helps them or does not help them, how they envision their future, what health issues worry them, what they do when something is not well with them or their child, and I also asked them to tell me some health stories.
As a follow up with the first interview, the elicitation interview took place within a 2-week period (a maximum of two weeks between the first and second interview). In the elicitation interview, participants were invited to talk about their art piece; they were asked to explain what the artwork represents and how it connected with their lives. Four out of the 14 participants only did one interview: one got accepted into college and was not able to come downtown anymore; the second one engaged in some travelling with her children; the third one was lost to follow up, and the fourth one joined the study almost at the end of the process and chose to do one long interview after creating some artwork. Young mothers usually did not want to give personal contact information; they employ strategies to stay invisible and to not be easily tracked at all levels. As we agreed, I did not contact them but they contacted me when they wished to. This way they felt safe, they were sure I could not exert any surveillance on them, and I could not find them, but they could easily find me in they needed to. This strategy protected them and made them feel completely free to participate or not, but otherwise I could not contact them if I did not hear from them for some time. Two young mothers did not do any interview but wanted to share their artwork and the story linked to it; these ones were not counted as study participants but their work and story were included. All of them equally gave their written and verbal consent.

The audio files were transcribed verbatim by me and by a professional transcriber. The audio, visual, and written material (documents and files) will be kept for a minimum of 5 years after the dissemination of the results and knowledge translation strategies are finished. The documents and files are stored on the secured network on site at St. Michael’s Hospital as the analysis was done there. A backup copy of all the files was made according to the frequency of the files update. The transcribed text from the interviews was anonymized to the possible extent eliminating any name and changing any identifiable detail such as number or gender of the children, names of streets or subway stations. Confidentiality was assured by assigning each participant a unique alphanumeric identifier, and a unique linking log file was kept in a locked storage room at St. Michael’s Hospital, separately from the study files. The analysis of all the collected artifacts started as soon as the transcription was completed; this concurrent analysis,

10 Their artwork was included according to the aims of the study: to understand the relation between the young mothers’ accounts and their social position. Including the visual accounts of mothers who did not want to narrated their story but wanted to share their account gave an enriched contextual understanding of the field.
along with my detailed and continuous reflexive process, allowed me to re-direct the methods of collecting and generating artifacts. This process enhanced the coherence between the design and the aims of the research.

d) Participants: profile, sample size, and inclusion criteria.

The participants in the project were young mothers who had their first child between 16 to 24 years of age. They were experiencing homelessness, or were at risk of experiencing homelessness during their pregnancy or while mothering, in Toronto, according to the definition\(^\text{11}\) of the Canadian Homelessness Research Network (Homelessness, 2012).

The profile of the participants was, according to the aims and the literature published in the field:

- Young mothers:
  - With custody of their children.
  - Experiencing homelessness (according to the definition of the Canadian Homelessness Research Network, 2012).
  - Age of first pregnancy: 16 to 24 years old.
  - Actual age: 16 to 26 years old.
  - Living in the greater Toronto Area (GTA).

Initially I set the actual maximum age of the participants at 24. However, after getting to know the young homeless mothers I realized that criterion was not completely appropriate. When the mothers’ physical appearance was younger than their chronological age, they referred to being

\[\text{(Homelessness, 2012, p. 1).}\]
treated in the same way as other ‘young’ mothers. Moreover, participants who had their first child when they were teenagers and they did not have another baby, referred to also still being treated currently in the same way as they had when they had their first child. For this reason I modified this point.

Participants were included if they: 1) fulfilled the profile, 2) expressed willingness to participate in the study giving verbal and written consent, and 3) were fluent in English (both spoken and written). The exclusion criteria were not fulfilling at least one of the inclusion criteria.

Thirteen participants were included between the ages of 18 and 26, they had their first pregnancy between the age of 16 and 22; and they fulfilled all inclusion criteria. Because sample size requirements do not apply to qualitative inquiry, there was not a minimum preset number of participants. No more participants were included as the amount of text and visuals gathered was extensive and extremely rich at the end of the research process with these participants.

e) Recruitment

The recruitment process was a key phase in the study. Young mothers experiencing homelessness are not easy to find; moreover their lack of resources and unstable housing makes it difficult to engage in research that requires an ongoing commitment. At the beginning of the study, I had planned to conduct the art workshops at St. Michael’s Hospital and only for the research participants. However, young mothers expressed not feeling comfortable coming to a health care setting. Also, initially I had hoped to identify potential participants through recruitment liaisons at St. Michael’s Hospital (social workers working in perinatal care, including Labour and Delivery, Pre-Natal Care Clinics, etc.). However this initial approach did not seem to work well, and seemed to be influenced by pre-existing relations between those recruiting from the circle of care and their clients. As a result, after several months had passed, I adjusted the recruitment strategy. Information about the study was physically posted in the organizations working with either young mothers or homeless youth in downtown Toronto. I designed a card for recruitment purposes (see Appendix 2), and after REB approval was granted for the amendment, I distributed it and posted it at health care centers, centers for homeless youth or young mothers, and family shelters. Young mothers who saw the study information self-identified as potential participants and contacted me for further details. Word of mouth worked
quite well, and the youth who were first contacted brought peers who were in a similar situation. All the participants who contacted me and met the inclusion criteria participated in the study.

Potential participants contacted me by phone, text, or they came to the centers on the day they knew I was there. After I further informed them in detail about the study (aims, implications, expected participation, engagement, and rights), they indicated understanding and gave informed and verbal consent (see Appendix 3), I included them in the study.

**Analytical process**

The textual and visual data were analyzed using a dynamic process of data abstraction through a relational approach, using Bourdieu’s concepts of field, capital, and habitus as thinking tools (Bourdieu, 1977; Bourdieu & Wacquant, 1992). The analysis was organized in three connected stages, based on Bourdieu’s analytical principles (Bourdieu & Wacquant, 1992). As a preliminary phase, I organized the data through a detailed open coding process with the aim of segmenting the textual data to identify themes brought up by participants, and form initial tentative interpretive themes that responded to the research questions. This first phase served as a preparation to deepen engagement in the data. After this, a relational analysis was performed in these two moments: an understanding of the structure of the relations between the participants and institutions with a form of authority; and an analysis of the habitus of participants (the system of dispositions acquired by internalizing a social and economic condition) (Bourdieu & Wacquant, 1992).

**a) Relational analysis**

The word *relational* has different meanings in sociology and health care research; it has been used in network analysis and it has also been related to content analysis (Emirbayer & Goodwin, 1994; Mische, 2011). However, Bourdieu’s approach falls far from these and other uses of the term *relational*. Pierre Bourdieu’s idea of a relational approach is seen in his Theory of Practice as well as in his work (Bourdieu, 1977, 2001; Bourdieu & al, 1999; Bourdieu & Schultheis, 2012; Bourdieu & Wacquant, 1992). One of his main principles, in which he bases all his work, is the search to overcome the reductionist views—including structuralism and constructivism—that split *object and subject, intention and cause, materiality and symbolic representation,* or
structure and agency (Wacquant, 1992 p. 7, 1998). Bourdieu’s approach focuses on creating an alternative way of thinking to study the social world specifically avoiding the positivist views that focus on material structures, and the constructivism that focuses on cognition and interpretation (Bourdieu, 2000, 2001; Bourdieu & Thompson, 1991; Bourdieu & Wacquant, 1992; Wacquant, 1998). Bourdieu’s thinking focuses on activating the techniques and methods that can be used to understand an object of knowledge, while avoiding practices that are closer to the researcher views than to the nature of what is being studied (Bourdieu, 1992, p. 224-227). In his approach, the social universe exists in two ways: first in the social positions occupied by individuals, based on the distribution of types of capital; and secondly in the mental and bodily schemata of individuals. In this view, social facts—such as young motherhood and youth homelessness—are not only the objects of study but also the objects of knowledge (Bourdieu, 1977; Wacquant, 1992, 1998). In other words, a social fact can be objectively studied based on the social structure (the spaces of positions) and the distribution of the resources, but it also needs the study of lived experiences of individuals in order to understand their perception (dispositions), which is nothing else than the structure from inside (Bourdieu, 1977; Wacquant, 1992, 1998). This approach is translated to specific analytic lenses which focus on both the relations of power and the relations of meaning (Bourdieu, 1977, 1989; Bourdieu & Wacquant, 1992; Wacquant, 1992, 1998). The relations of power can be seen in the analysis of the different positions in the social field, while the relations of meaning are seen in the interpretations, stories, and views of individuals differently positioned in the social field (Bourdieu, 1989).

*Points of view are grasped as such and related to the positions they occupy in the structure of agents under consideration (Bourdieu, 1989, p. 15).*

The emphasis on *relations*, and not on the mere understanding of the hierarchical social positions or the interpretive meaning of agents, is at the core of Bourdieu’s approach, and also it is the key to conduct a relational analysis (Bourdieu, 1999a; Bourdieu & Wacquant, 1992; Grenfell, 2014; Wacquant, 1998). It is in the *relational* lenses that his theory is innovative and breaks apart from narrower approaches that see a social problem as a result of factors such as income, gender, race, or class. Using the *relational* lenses, a social problem is not a result of social determinants, but it exists in relation to other social facts or circumstances and it has to be understood as relations in
the field. A social phenomenon exists in relation to others; to facilitate the understanding of the application of this way of thinking, a set of theoretical tools is needed.

The relational way of thinking shows the social space as a system of relations, which can easily go unnoticed without a dual analytical lens through Bourdieu’s thinking tools (Bourdieu, 1977, 1989; Bourdieu & Wacquant, 1992; Wacquant, 1992, 1998). The concepts developed in the theory of practice are the thinking tools used in the relational analysis. Field, capital, and habitus, are interrelated and interdependent concepts that allow us to understand, and construct, a social object and the structure of the game—the rules that order a field (Bourdieu, 1992, p. 17).

A field consists of a set of objective, historical relations between positions anchored in certain forms of power (or capital), while habitus consists of a set of historical relations “deposited” within individual bodies in the form of mental and corporeal schemata of perception, appreciation, and action (Wacquant, 1992, p. 16).

The analytical process in a relational approach uses concepts to identify the relations between how the agents think, interpret, behave, feel, and experience the objective structure in a specific field (Wacquant, 1998). Using this way of thinking allows the researchers to get a unique and deep understanding of inequities, to recognize how the field and distribution of capital are linked to the agents’ practices. This way, the system of relations exposed as a result of a study can show a different understanding of a social fact. As an example, Gabriel studied early childhood through a relational approach (Gabriel, 2014). He elegantly did a dissection of the evolution of early childhood and analyzed the relation between culture, nature, and society, in the construction of early childhood (Gabriel, 2014). With this work he overcame the traditional academic division between biology and psychology to provide a sensitive perspective on early childhood, integrating affective and cognitive aspects of social learning in different cultures. Similarly, Serre & Wagener used a relational approach to study the mechanisms of social domination in France, using cultural capital as the thinking tool (Serre & Wagner, 2015). These authors exposed the nuances of cultural capital moving away from the substantialist definition that identified cultural capital with educational degrees and cultural practices (Serre & Wagner, 2015). Their relational analysis, using Bourdieu’s theory and approach, resulted in a unique perspective of capital as a social relationship that introduces relations of domination between people who have it or who do not (Serre & Wagner, 2015). The relational way of thinking
permitted me to analyze educational capital not as valuable in itself but dependent on inherited
cultural capital or other dispositions acquired during the social trajectory of individuals.

b) In this study

The relational analytic approach is so broad, deep, and exhaustive, that at some point one must
make a choice as to the concepts that matter at that moment. In my study, I focused on the
concepts of habitus and capital, which inevitably—during the analytical process—took me to the
concepts of symbolic capital and symbolic violence (Bourdieu, 1989, 2001; Bourdieu &
Wacquant, 1992). I used these concepts as thinking tools following the thoughts and descriptions
that Bourdieu, Wacquant, Serre and Wagner, Gabriel, and Moore did in their work (Bourdieu,
Using a concept as a thinking tool means to grasp its relational and open meaning (existing only
in reference to other concepts) and to question myself whether the interpretations, feelings, and
experiences—the mental schemata—of the participants corresponded, or were linked, with the
space they occupy in the social field (Bourdieu & Wacquant, 1992; Wacquant, 1992, 1998).
There was a dynamic reflexive process, nonlinear; structure does not go first before capital, or
before the embodied scheme. It is a process that is structured on reading, observing, reflecting,
questioning, untrusting and interrogating what I see, and looking again at text and images with
more questions and doubts than before. However, although it is not a linear process, and because
there must be a starting point somehow, I immersed myself first in the analysis of the media as
an approach to the relation between the field of power and the field of health care, and after to
the social division and structure (Bourdieu, 1992, p. 104). After this, I moved to the analysis of
the participants’ dispositions; not without getting back to the media artifacts to question it in a
different way, deepening the analysis of the social division and structure in the participants’
accounts. Following Bourdieu’s views on the risk of drawing involuntary distinctions between
agents and structures, or between objects and relations (Bourdieu, 1992, p. 15), I focused on
grasping the social relations inherent in the participants’ narratives. The concepts—my thinking
tools—along with my concurrent reflexive process, were my tools in this analytic process.
Reflexivity (which I explain in the next pages) was based in my sketchbook containing notes,
thoughts, and sketches. The underlying principle of sketching, linked to Bourdieu’s view on the
researchers/sociologist, is that I do not sketch concepts or things that I already know what they
are. I sketch shapes, lines, and shadows, which aim to guide my thinking while moving it away from preconceptions and pre-known constructions.

*If it is good to recall, against certain mechanistic visions of action, that social agents construct social reality, individually and also collectively, we must be careful not to forget, as the interactionists and ethnomethodologists often do, that they have not constructed the categories they put to work in this work of construction (Bourdieu, 1992, p. 10).*

c) The artwork

The artwork worked as a cultural product in the context of the research that represented an embodied performance of identities and an account of how these were situated in the field of power, in relation to the different fields the participants were in—health care, social work, and education (Pink, 2001). Moreover, artwork also was a performance of the habitus and social structure, and artwork was in itself a practice through which participants negotiated how they see themselves (Holliday, 2000; Pink, 2001, 2011). The thought and reflexivity put into the creative process by the participants constituted a performativity process. They constructed an image of their accounts and elaborated a narrative that explained it; not just during the elicitation interview but during the creation of their pieces. Artworks permitted the capture of the construction of social reality, individually or collectively done, and it allowed me to study the dynamic creation of the points of view in relation to the internalized social values/structure (Bourdieu & Wacquant, 1992). Moreover, in this study some participants engaged in a dialogue with other young mothers, they discussed the experiences and interpretations expressed in their artwork. So in a way, the pieces are a social performance within their own group. It is in this sense that the analysis of the artwork started during the elicitation interview and I was not the only analyst. During the elicitation interview the participants and I discussed their self-representations and interpretations, with a focus on their reflexivity. This analytical process was partially based on Holliday and Pink’s work, who developed the idea of visual material as a perspective on the social world from a specific position (Holliday, 2000; Pink, 2011), which aligns in some way with Bourdieu’s perspectivism and negation of the exclusivity of text as the unique source of data (Bourdieu, 1977, 1989; Bourdieu & Wacquant, 1992). In this study, participants and I engaged in an interpretation and construction of their accounts during the creation of the artwork
and during the elicitation interview. This co-constructed analytical approach for participants’ artwork has its novelty based on the analytical process that accompanies the creation of the art piece.

The artwork and the narratives accompanying it were seen through the Bourdieusian relational lenses using the concepts of habitus, capital, and symbolic violence (Bourdieu, 1977, 1984, 1989; Bourdieu & Wacquant, 1992). The artwork provided an interpretation of the participants’ accounts with a perspective and intensity that text did not give.

Who was I? An artist, a researcher, an immigrant, a single mother, and a nurse

These seem like too many hats to wear at the same time, but the reality was I was all of this. For the mothers who contacted me without knowing me, I was a nurse researcher who could draw; for the mothers who already knew me I was a drawer who was doing a research study and was a nurse. But no matter what, I was a nurse and an immigrant single mother. I have a strong accent when I speak, my physical appearance does not always tell my age, and I frequently talked about my children when they were talking about theirs—although my oldest was 14. All these elements presented a part of me even if I did not explicitly say so. In some ways I shared with them some of the struggles, and in other ways I was a source of information. This meant that when engaging in conversations during the time that I was conducting the study (from September 2015 until July 2016) I shared hints, information, or resources that could be useful to them. I recognize that my youthful physical appearance, and my personal situation, helped me to gain their trust and to build a relationship with them. Otherwise, I would have probably needed extra collaboration to carry on with the study. As Bourdieu wrote in his discussion on interviews, interviewing is a type of social relation in which the interviewer must try to reflexively understand the exerted intrusion and power (Bourdieu, 1999b). In the interview relationship, the interviewer aims to reduce as much as possible the symbolic violence (p. 609) setting up a relationship through non-violent communication. Non-violent communication is based in diminishing the distance between interviewer and interviewee, close ties and affinities—mothers and social situation—help to diminish the symbolic violence, the power difference rooted in the possible fear of participants of being turned into an object (Bourdieu, 1999b).
Spending time with young mothers in different centers, and meeting with the providers working with them, gave an insight on the relationships established in this field. Drawing and painting for hours with young mothers and volunteers—experimenting with techniques and colors, succeeding and failing, talking about situations and experiences—not only provided me with details that helped me to understand how their daily lives collide with the way health care resources are organized, but it added depth in my understanding of the contradictions lived by young mothers. Hearing and seeing the interactions between mothers, artists, and providers from the organizations, was crucial but it did not come without a continuous reflexive process. A sketchbook was the tool I used for staying reflexive.

a) Sketching life: sketches and my reflexive process

During all the research process (starting when writing the dissertation proposal and without an actual end until this dissertation is defended) I have been keeping a sketchbook as the essential and unique reflexive tool. In my sketchbook—a hardcover pocket size notebook with mixed media paper—I sketched, drew, and wrote my thoughts, ideas, reflections, and observations.

Figure 7

*My sketchbook and I*

I drew what I saw – people, places, and objects. I drew to *see*, although sketching was my way to *see* while I was looking. When doing research, I tend to look and be alert to what is happening,
how people interact, how the space affects relationships, and how the social values are present in relationships. I am eager to understand why things are the way they are, and what mechanisms lie behind. However, looking with my eyes brings me to interpret things almost right away, or at least an interpretation crosses my mind. I consciously know what the goal of the study is and what my questions are. And although I acknowledge that my interpretation of the findings will come forward, I still see text as a limited form for understanding the complexity of the world, which is not composed only by words, but neither can the words fully represent it. Drawing can connect perceptions and thought in a different way (Kantrowitz, 2012). There are some things that can be better captured in words to provide information, some others best photographed or video recorded, yet other experiences are better sketched or drawn. Like Andrew Causey, I see sketching and drawing as another way of collecting, gathering, and presenting information (Causey, 2017). Sketching and drawing is a way of understanding the world, the space and how people relate in that physical space. Using it as a research tool helps to make sense of what I see, to capture what is happening, to remember a situation and be able to go back to the place I was with the people who were there.

Sketching is a process that connects the body and mind; while the hand moves to capture a shape or shadow, the mind cannot do much more than wait until the hand finishes. The movement of the hand engages with what is being seen, the eyes connect with the hand in an attempt to capture a moment, far from aiming to perfectly reproduce the moment. One thing that makes sketching so special to me as a research tool is the process that starts with choosing what catches my attention and ends up with its vivid image on the paper. I enjoy every step of the process; it implies being present in the moment, looking and admiring. The process starts when I pack my tools (pencils, ink pen, eraser and sharpener, brush, watercolors, and sketchbook), and I look, sit, observe, tilt my head, look again, focus, un-focus, and draw. When drawing objects I try to catch the essence of the appearance, the unnoticed shape, the changing colors, the subtle light, the distinct details, the surprised invisibility of city buildings. When sketching people, I like to capture their gestures, their expressions, their looks, their wrinkles, their clothes, all that belongs to them and that tells about their lives, their feelings, their context, the place they are in, how they feel in there, what they express with their body. It is a process to get to know the space, the people in there, and how they relate to the space. As a repeating and absorbing ritual, observation and drawing alter to construct a representation of reality. First quick lines are drawn, then shapes
give a perspective of what will appear in the picture, and lastly shadows and lights give life to the unique and unrepeatable moment.

In some sense, sketching is similar to critical inquiry. The process of qualitative inquiry looks at the phenomena zooming in some agents or elements while being careful on the relational figures included in the picture. When sketching, through the process of capturing what is present in the space I become aware of invisible details and shapes that I never saw; in the same way, when doing qualitative inquiry what seemed invisible is included in the full picture and suddenly relates to the rest in harmony. In the following pages I include some of the sketches and drawings, with some notes, to illustrate the nature of this tool.

**Figure 8**

*Figure 8: A bottle of distress ink. Participants experimented with blue and red ink. There was lots of material, but it was fun using this ink and creating fancy and colorful effects, even when inspiration seem to faded. (From my sketchbook).*
Figure 9: Strollers were an important and protected possession. A couple of times I witnesses incidents with the strollers, losing it or getting it damaged were huge losses. Strollers were also a barrier for commuting in Toronto. Going into the streetcar or the TTC with the stroller and by themselves diluted their wanted invisibility. (From my sketchbook).

Figure 10: Sketch after an interview with a participant in north-west Toronto. Initially we agreed to meet closer to the subway, but the difficulties of transportation made it more complicated. So I hopped on two buses to meet them. We walked around the mall with her child, went shopping at a big retailer store, and had lunch at a hamburger place. (From my sketchbook).
Figure 11: *A child’s shoe. This shoe did not belong to any of the participants’ children, I saw this shoe on a pool’ bleacher on an evening after being all day with the participants. Transportation is a big issue for them, for attending health appointments or for going to school, they always choose walking versus other ways of transportation. It is cheaper and people bother them less. However, this is a deterrent for seeking health care. Shoes are so important! Shoes and strollers carry all the young mothers’ weight, physical and emotional. One story from today: when the mom was coming to the workshop with her baby on the bus, the baby started crying. He cried for a while when the bus driver asked her to leave the bus if the baby did not stop crying. She explained that this is not the first time this happened to her, other mothers agreed, travelling on the TTC is an issue as drivers and passengers keep an eye on them and feel justified to judge them for being mothers. Would this bus driver have said the same to a 40 year old mother, well dressed, with a crying baby? Would this bus driver have said that to a 30 years old mother with her partner and a crying baby? It is hard to imagine, and I have never heard of a case. Young mothers are vulnerable when in the public spaces. The others are in a clear position of superiority pushing them to the invisibility that ignores their existence and smashes their confidence. The public spaces push young mothers to invisibility and dispossesses them of the legitimacy of motherhood, it is a marginalizing social practice.*
Figure 12: Coffee-shops, fast food restaurants, libraries... these are the spaces where they find a space to spend some of their time. They are worried about having a healthy diet, but finding a grocery shop that is not too expensive, and choosing what to buy and what to cook can be a big issue.
Figure 13 and 14: Creating time was not exclusively time for painting and drawing, it was time for exploring other’s skills, time for connecting, and time for talking about their children’s health, where to buy non-expensive food, where to get clothes, or get to find a free dentist.

Figure 15: Cooking was a big thing. Giving good food to the children was and how to do it was a concern. (From my sketchbook).

Figure 16: What does young mean? There are different types of marginalization, different aspects that lead to marginalization, different marginalized positions. And age might not be a deterministic factor; but being seen to be young might be it. (From my sketchbook).
There were basic strategies I used for the reflexive sketchbook:

- Be “mindless”. Try to see without using words, without categories or labels.

- See the whole before the parts, see with no structure. Try to grasp just the moment.

- *Draw to see, not the other way around* (Causey, 2017, p. 41).

These strengthened the rigor of the visual process (Causey, 2017).

**Ethics**

Approval from the St. Michael’s Hospital Research Ethics Board (SMH-REB), and University of Toronto, was obtained before starting the data collection phase—see Appendix 1. An amendment was submitted to SMH-REB to adjust the recruitment process and change the location of the art workshops.

I informed the participants that if a story emerged that uncovered any kind of abuse, danger or hazard for the children or for themselves; I would have had the obligation to notify the pertinent authorities. However, they were also reassured that all that was heard and said will never be used out of the project and will always be anonymized and that confidentiality will be guaranteed by all means.

To guarantee the anonymity of the participants, their files, pictures, and any document related to them will never contain their name or identifiable data; each of them will be coded according to a linking log, which will be kept separately from the documents (also saved on a secure project-specific drive on the St. Michael’s network, and accessible only to the investigators). To guarantee the confidentiality of the participants, the text data and images generated for the purpose of this research, as well as the information gathered, will never be used for purposes other than dissemination purposes, with the participants’ consent.

As young homeless parents are a vulnerable population - in the sense that they can be stigmatized and abused and their lived experiences are hard – there was the risk that participants
may experience emotional distress during participation in the study. If that happened (which did not), thanks to the network in which this study was rooted (AHRC at the St. Michael’s Hospital), they would have been offered relevant professional support services at St. Michael’s Hospital.

Timeline

The study began after approval from the Ethical Review Committee was granted on July 2015. However, as the recruitment process had to be reviewed and revisited, an amendment was submitted in September and this final approval was granted in October 2015. From September until December I established the contacts and built the relationships and partnerships that gave me access to the young homeless mothers. In December I started the interviews and the art workshops took place from January 2016 until July 2016.

Conclusion

The methodology of this project was qualitative inquiry with a critical arts-based approach. A media analysis of the cultural artifacts and a graphic elicitation through participants’ artwork aimed to provide the different narratives and accounts to understand the social mechanisms of an unequal access to, and use of, the health care resources. The analysis of the structural forces that relate to the social position occupied by young mothers experiencing homelessness in Toronto was guided by Bourdieu’s Theory of Practice, key concepts such as habitus, capital, and symbolic violence, were used as analytical tools. To enhance the rigor of the study, grounded in Bourdieu’s tenets of reflexive practice and in the ontological and epistemological views on the visual dimension of reality, I kept a reflexive sketchbook throughout the whole study.

The use of an arts-based approach—visual elicitation through the participants’ artwork and my reflexive sketchbook—had a double intention. Beyond mere research methods to provide data it pursued to activate the creative side of the young women participating in the project and. Under the assumption that creativity allows one to express individual experiences in a way that words are not able to, young women graphically illustrated their experiences and life conveying their individual accounts. Their impression and expression of how they see themselves and how they act and behave can be a tool to share their stories with health care professionals, decision makers,
and members of the community, who may get to know and also appreciate young mothers experiencing homelessness in Toronto.

After explaining this, the link between theory and activism rises from the methodology and methods that will be used in this project. This research resulted in the production of academic theory and also gave a space for young mothers experiencing homelessness to create and express, to re-create their image, and to share this with the society to open a door to changing the view of who they are.
Chapter 5
Social Positioning of Young Mothers through a Media Analysis

In this chapter

Following work by Pierre Bourdieu and Holly Thorpe (Bourdieu & al, 1999; Bourdieu & Wacquant, 1992; Thorpe, 2010, 2011b; Thorpe & Ahmad, 2015), in this chapter I present the results of an analysis of the media on young mothers experiencing homelessness in parallel with my reflections on the initial experience of recruiting participants. At the end of the chapter I will use the Bourdieusian concept of symbolic violence to understand how the young mothers were positioned in the social world.

For the initial analysis of the different artifacts found in the media, I draw on Bourdieu’s key concepts—capital, field and habitus—for explaining and understanding the social views on homeless young mothers. I consider how the habitus-field complex can illustrate the implications of internalizing these views. Likewise, the Bourdieusian concept of symbolic violence helps to examine the different presentations of self, by young mothers, in the hope of improvement of their image as good mothers. Symbolic violence is a process of social reproduction that explains how the individual behaviors of young mothers result from the internalization of the social structure that frames a young mother as a person with a ‘mismanaged life’ (McRobbie, 2004).

The analysis of the artifacts found in the media, and my reflections, convey the visualization of a social structure that sees young mothers experiencing homelessness as rare and deviant. There are not many accounts of young mothers experiencing homelessness in the media, and when they do appear, their representation is tinted with negativity and it is shown as a consequence of social determinants such as being an immigrant, coming from an unstructured or dysfunctional family, or as a result of substance abuse. As part of this constructed image, which ignores the complexity of reasons that contribute to this situation, there is an almost complete invisibility of the young mothers. During the research recruitment process, and while building a relationship of trust with

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12 According to the Canadian definition of homelessness, the term of “experiencing homelessness” includes people at risk of experiencing homelessness and/or people unstably housed.
the organizations that work with homeless youth and young mothers, I encountered and experienced how invisible young mothers are. As you will see in this chapter, the mothers I encountered were silent and invisible in a different way than the way their presence was silent in the media artifacts. In my experience, the young mothers were protected by the service organizations, and at the same time the mothers themselves learned not to trust others (such as researchers) who may have the capacity of affecting their lives through judgment. Almost in opposition to this, my interpretation of the portraits in the media shows that young mothers are only visible to illustrate the negative aspects of their lifestyles or to show an unexpected story of success. These portraits are reinforced by how Statistics Canada reports the facts about youth and mothers in Canada (Luong, 2008). The structure that organizes social life is reflected in the public media, as well as the norms that rule the world and the value attributed to specific behaviors. However, I found two examples (not in the press media but on YouTube and a public blog) of a counter-narrative that problematizes the construction of a young mother. Through these artifacts I see the active construction of young mothers in opposition to a mother and the impact of this action on the individuals (the action of mothering at an older age instead of at a young age).

As a summary, in relational terms, I will argue that young mothers are differently positioned from not-so-young mothers. Their image is constructed as weak in mothering skills and struggling. They are categorized as deviant, visible only in the negative sense, or visible as cautionary tale to instruct adolescent women on the perils of unprotected sex. The relationship between this type of created invisibility and the difficulty to find them for this study relates to the Bourdieusian concept of symbolic violence. In this chapter I will explore the relationship between how the concept of young mother is constructed (by the language and images of public access) and how some of the young mothers accept the invisibility caused by being in a marginalized position.

a) Why an analysis of the portraits in the media?

In his work Bourdieu used a multiplicity of methods, not limiting his analysis to interviews and to his detailed observations. In his studies he interviewed citizens, collected different types of documents, took pictures of the physical spaces, observed public spaces and individual interactions, and gathered news published in newspapers and on TV (Bourdieu, 2001). His idea
that individual behaviors are shaped by a major social order, which unconsciously predisposes us
to live a specific life-style, led him to analyze all the sources that in one way or another
demonstrate this social order, values, and patterns. Following Bourdieu’s approach to include all
the social artifacts that bring meaning, Holly Thorpe drew on the discursive montage to
understand the complexities of the gender relationships in the snowboarding culture (Thorpe,
2009, 2010). Thorpe travelled to six different countries to gain “insider cultural knowledge” of
snowboarding (pp. 180 on Thorpe, 2010), observed the natural setting of snowboarders, and also
gathered cultural and virtual artifacts from the sources that added meaning to the snowboarding
culture (e.g. magazines, videos premiers, films and websites.

Bourdieu and Thorpe both used discursive montage (DM) to illuminate the relationships
between social structures and individual practices (Bourdieu & Wacquant, 1992; Thorpe, 2010).
These relationships are somewhat difficult to discern using observation and interviews. Social
organization transpires, in part, through different communication media, which form a clear
channel for constructing the dominant narratives that take the form of master narratives. The
value given to economic, cultural, and social capital is disseminated through public channels of
expression (media), and these channels have the power to normalize the practices of people in
certain situations and social positions. In the media we find representations and ideals of how a
mother should and should not be and act, and this representation in the public domain creates a
common narrative about this group of women. It is in this sense that media have a clear impact
on society and they exert power (Sapiro, 2010). The journalistic field has the ability to produce
and impose on the public a specific vision of a social group rather than simply informing the
citizens. Journalists’ concerns, interests and economic forces, may result in creating a media
phenomenon that tends to lie between a captivating story and drama (Sapiro, 2010). Journalists,

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13 The term narrative (also master narrative and counter narrative) is used in the terms of Freeman (2006),
construction of individual and public identities as individuals understand themselves and their lives through the
stories they tell (Freeman, 2006; Smith, 2007; Smith & Sparkes, 2008). Narratives are shaped by the social structure
but are not completely determined by it. A narrative is a construction built over time that is based on the inheritances
and predispositions from the social place occupied in a field (Freeman, 2006; McAdams, 2006; Taylor, 2006). It is
in this sense that narratives can be considered as durable and transposable, hence related to the concept of habitus
(Taylor, 2006). The study of the narratives—master and counter narratives—allow for the understanding of the social
and individual changes that (Fleetwood, 2016; J. A. Parsons et al., 2015; Smith, 2007).
as agents in the journalistic field, reproduce elaborated pre-existing narratives that come from social values, which are already circulating in various fields.

The journalistic field that journalists create, and are immersed in, is not independent from the rest of the social world; all the individuals in the field compete by exercising the power they have according to where they are positioned (Bourdieu, 1996a). The media press I looked into to conduct the analysis that informs this chapter (the Toronto Star, the Globe and Mail, and the Metro) has distinct target audiences and they compete to capture the attention of the readers. Hence, the representation of the young mothers created by the press demonstrates how the young mothers are seen (and constructed) by the people who are socially distant from them. The individuals and groups, as well as what Bourdieu refers to as the state, actively construct the concept of a young mother while they talk about it in the media or public documents.

With the aim of understanding how the young mothers are socially positioned, in the next pages I will analyze the portraits of young mothers experiencing homelessness, or with no stable housing, to capture the transmitted values and social norms. I will reflect on my experience during the first stage of the research as a tool to deepen this analysis and reach the aim.

b) How was this done?

Early in the 21st Century – the Digital Century – the public domain has been extended to the virtual field. Consequently, the news media delivers daily news to the public in the form of print media, broadcast news, online papers and social networking such as twitter or facebook. Until a decade ago, print media, radio and television were the only channels to deliver information, but now social media as well as online sites and publications cover a new dimension of our daily life where we share information and represent ourselves to others, thus building another image that exists alongside with the non-virtual one. When I looked for the news and portraits on young mothers experiencing homelessness in Canada, I needed to include both virtual communities (social networking, social curation, and blogging) as well as print media (paper or online-accessible) to have a more complete picture of the young mothers in the social world which aligned with the current social reality.

To find news and excerpts on young mothers experiencing homelessness, I targeted five types of media which include the current most frequently used forms of expression, by youth:
1) The three most read newspapers in Ontario published in English in Canada—according to Newspaper Canada (2015). Daily newspapers in Canada continue to be strong news brands with 8 in 10 Canadians reading every week, the three most read newspapers are the Globe and Mail, the Toronto Star, and Metro Toronto (in Ontario) with a weekly publication of 2,149,124, 2,397,691 and 1,103,886 respectively (Newspaper Canada, 2015).

2) Webpages—excluding associations and foundations supporting homeless youth,

3) Social media—facebook, Instagram and Pinterest,

4) Art initiatives—and their free-access art, and

5) Free online access videos—YouTube and Vimeo.

In the search I used all the possible combinations of the terms homeless or homelessness, young or teen or youth, and mothers or mom. For the printed media, initially all the news and writings published in English in Canada during the last 3 years, with a focus on any aspect of young mothers with experience or risk of homelessness, were included for further analysis. However, after an initial search was done, news published since 2008 were also included due to the low number of browsed items. The number of published news items was not high (see Table 1 and 2), so including news published since 2008 allowed for a wider and deeper view on the topic. During the search, some papers describing and analyzing this phenomena in depth were browsed but were not included as they were published in the USA (specifically in The New York Times and the Atlantic) or in the Middle East (in Aljazeera News, online edition). Nevertheless, although these were not included in the present analysis, they showed the contradiction in the different way and style of presenting the news on young mothers in different social contexts.
Table 1: The search:

<table>
<thead>
<tr>
<th>KEY WORDS</th>
<th>THE GLOBE AND MAIL</th>
<th>TORONTO STAR</th>
<th>TORONTO METRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>homeless young mother</td>
<td>544</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>homeless young mom</td>
<td>147</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>homeless youth</td>
<td>736</td>
<td>101</td>
<td>82</td>
</tr>
<tr>
<td>teen (mom OR mother)</td>
<td>1898</td>
<td>48</td>
<td>14</td>
</tr>
<tr>
<td>young mother</td>
<td>25130</td>
<td>258</td>
<td>75</td>
</tr>
</tbody>
</table>

The number of results retrieved in the search from The Globe and Mail appears significantly higher than in the rest of the newspapers; however this number does not reflect how many news items were really talking about homeless young mothers. The search engines retrieved news were the key words appear but did not focus or mention young mothers experiencing homelessness -- the databases for print media do not operate in the same way that of the scientific databases.

Table 2: Selected news:

<table>
<thead>
<tr>
<th></th>
<th>THE GLOBE AND MAIL</th>
<th>TORONTO STAR</th>
<th>TORONTO METRO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>News from the search</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25130</td>
<td>258</td>
<td>75</td>
<td>25463</td>
</tr>
<tr>
<td>News selected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>13</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td>News about young mothers in a disadvantaged socio-economic position</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>15</td>
</tr>
</tbody>
</table>
It is surprising how few news items focus on young mothers experiencing homelessness – less than one article per year. However, as I will show later in this chapter, some pictures in the news about homeless youth show in the images a young mother who has experienced homelessness (in 4 cases). It is interesting how young mothers experiencing some kind of homelessness are not the main focus of the written text or in the title, but they appear in the image associated to the text. Thus, homeless young mothers exist and the press media is aware of their presence, but there is a lack of interest in talking directly about them. In the analysis we will look closely at this and the meaning attached.

Aside from the news, I also searched web pages, art initiatives with results available online, online videos (YouTube and Vimeo), blogs, Instagram, and Facebook for publications and posts on young mothers experiencing any kind of homelessness. The keywords used in this search were the same ones used in the media press. However, what was found in the social media (excluding pinterest) was not included because these were already found in the web pages or art initiatives (Figure 17).

**c) The analysis**

To analyze the text and images I structured the analytical process in overlapping phases. The first phase consisted of a thematic analysis of the topics and portrayals appearing in the titles, in the body text, and in the images. With the thematic analysis the aim was to identify the recurrent themes and how the mothers were portrayed (in terms of use of language in the text and elements in the images). On the second phase I looked for connections, and disconnections, between the themes, the portraits in the images and how the narratives/stories were presented in the text. Here I considered the meaning of the language used in relation to who is telling the story and for...
whom it is being told. The third piece of the analysis consisted in interpreting the stories told in
the different media types using as analytical tools my initial reflections in the research process
and the Bourdieusian concept of symbolic violence. These two tools helped in understanding of
the marginalized social place that young mothers experiencing homelessness, or unstable
housing, occupy in relation to other mothers and youth.

The different types and nature of the media analyzed required an immersion, with long hours
navigating the world-wide-web until a sense was gained of what, where, and who the social
messages were from. Although it may seem that the analysis was a straightforward process,
organized in discrete stages, this was not the case. The analysis comprised a back and forth
process between evidence and contradictions, identifying, understanding, and putting the
findings together in a comprehensible manner. To support the analytical process I used the
software NVivo9, ten large files containing images and texts, a notebook, and a reflexive graphic
diary. The notebook and the graphic diary had the purpose of keeping my thoughts and
observations related to this process in the form of text and sketches. All these tools were crucial
in the process (Causey, 2012; Pink, 2001; Thorpe, 2016a).

The results of this analysis will be presented in the following form: a description of the browsed
artifacts; an interpretation of the social position occupied by young mothers in the social world,
and the visualization of the normalizing social structure that creates a representation of
mothering at a young age (constructs), and a counter-narrative, on what a young mother is
through the use of the media.

A description of the media

Of all the news retrieved, 10 referred (directly or indirectly) to young mothers in a socio-
economically disadvantaged position; out of these, 6 indirectly mentioned young mothers, and 4
directly focused on them. Of the 6 that indirectly referred to young mothers in a disadvantaged
position, 2 presented a story; 3 communicated the impact of available resources; and 1 presented
the results of research (KT – knowledge translation). Of the 4 that directly focused on the group
of interest, 2 narrated a story and 2 presented research results (see Table 3).
The news that directly talked about the young mothers as a result of research reflects the impact that research can have in constructing a general image of a group. The communication of research results brings to the readers not only the specific finding but the researchers’ social paradigm. The researchers’ view on the social world is a tool that has the capacity of shaping the views of individuals/readers on a problematic issue. There are elements that prompt readers to envision young mothers in a certain way. For example, research results may focus on individuals or on structure; the results may emanate from linear thinking that explains a complex situation as a result of poverty or lack or education, or they may originate in relational thinking that explains the situation experienced by young mothers as a result of social organization that positions these mothers in the powerless margins. These differences are illustrated in two media news items focusing directly on young mothers living on the margins. One of these news items (“A new lens on an old problem”, ID 26) raised awareness on the complexity of the issue while showing a completely different image of what the other news presented (“Developmental delays in children of teen moms explored in Toronto study”, ID 21). In the next section I will explain the main themes and messages conveyed in the selected news items as well as an interpretation of their meaning, but I would like to highlight the key importance of sharing the research’ results with the media, even in different channels including social media, if the aim is to create an effect.

Table 3 Selected news

<table>
<thead>
<tr>
<th>Artifact ID</th>
<th>TITLE</th>
<th>SOURCE</th>
<th>DATE</th>
<th>FOCUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Why immigrant kids become homeless: study finds cultural clash with parent is the top reason</td>
<td>TStar</td>
<td>2015</td>
<td>Indirect - KT</td>
</tr>
<tr>
<td>21</td>
<td>Developmental delays in children of teen moms explored in Toronto study</td>
<td>TStar</td>
<td>2013</td>
<td>Direct - Research</td>
</tr>
<tr>
<td>25</td>
<td>Baby in care, parents jailed</td>
<td>TStar</td>
<td>2008</td>
<td>Indirect - Story</td>
</tr>
<tr>
<td>No.</td>
<td>Title</td>
<td>Source</td>
<td>Year</td>
<td>Type</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>26</td>
<td>A new lens on an old problem.</td>
<td>TStar</td>
<td>2008</td>
<td>Direct - KT</td>
</tr>
<tr>
<td>28</td>
<td>Jessie's - The June Callwood Centre for Young Women</td>
<td>TStar</td>
<td></td>
<td>Indirect – On resources</td>
</tr>
<tr>
<td>41</td>
<td>Agency looking to open London home for young moms</td>
<td>Metro</td>
<td>2015</td>
<td>Indirect – On resources</td>
</tr>
<tr>
<td>42</td>
<td>Hamilton centre helps young moms with both child care and school</td>
<td>Metro</td>
<td>2014</td>
<td>Indirect – On resources</td>
</tr>
<tr>
<td>43</td>
<td>You think I did this? Bruise checkup launches nightmare hospital visit</td>
<td>Metro</td>
<td></td>
<td>Direct - Story</td>
</tr>
<tr>
<td>44</td>
<td>Teen moms rise above struggles</td>
<td>Metro</td>
<td>2008</td>
<td>Direct - Story</td>
</tr>
<tr>
<td>45</td>
<td>Perception clashes with reality for Edmonton's teen moms.</td>
<td>Metro</td>
<td></td>
<td>Indirect - Story</td>
</tr>
</tbody>
</table>

The search in the sources different from the media press resulted in retrieving interesting and rich artifacts, however I selected very few to include in the analysis as most of them were not produced in Canada or did not mention young mothers experiencing homelessness or who were marginally housed. Most of the artifacts focused on homeless youth and mothers did not appear; most of the artifacts were not produced in Canada or it was no clear where did they come from. The artifacts included were 6; 2 YouTube clips and 2 blogs from social media. In relation to the formal documents, a report from Statistics Canada on mothers in Canada was included as well as a report on the description of apprehended children. Table 4 shows the number of browsed and retrieved artifacts for each category.
### Table 4: Sources searched

<table>
<thead>
<tr>
<th>SOURCES</th>
<th>BROWSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEBPAGES</td>
<td>11</td>
</tr>
<tr>
<td>SOCIAL MEDIA</td>
<td>NA&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>FORMAL DOCUMENTS</td>
<td>6</td>
</tr>
<tr>
<td>YOUTUBE</td>
<td>24</td>
</tr>
<tr>
<td>BLOGS</td>
<td>14</td>
</tr>
</tbody>
</table>

<sup>14</sup> The accounts on social media (Facebook, Instagram, and Pinterest) were uncountable due to the format of the search (there is no database that produces a list of posts).
In Facebook, Instagram, and Pinterest the accounts under the #homelessmom or #homelessmother or #youngmother or #youngmom retrieved images of homeless youth or children living in poverty (see Figure 18). The private accounts were not considered or reviewed.

**Figure 18**: A composition of public images from Pinterest

No webpages were selected; I found webpages related to arts-based projects with homeless youth but which did not mention or include any young families. The number of videos and clips found were significantly high in comparison to all the other media. The videos were uploaded by either small news channels or YouTubers with a significant amount of followers. The YouTube clips retrieved were mostly uploaded by media channels in North America. Although none of the videos seemed to be published in Canada, the portraits and stories about the young mothers were common with the Canadian media press. Most of the clips were stories of unexpected success of young women who were accepted into or graduated from college or university (this aligns with a common narrative found in the press media, which I will detail in the next section). The image that highlights the negative aspects is also dominant in the YouTube channel. When I wrote ‘homeless young mother’, the first video that appeared was about the mother who left her children in the car while going for a job interview and got arrested, reinforcing the view that young mothers might not be responsible enough or lacking mothering skills.
After this overview of the search results in the next section I will present the common patterns in portraits and messages, along with an interpretation of the meaning attached.
Social positioning of young mothers, master and counter narratives

In this section I will explain and interpret the common themes in the media press’ stories and how this informs the social positioning of young mothers. The stories in the media press, as well as the research results reported or the calls for resources, actively construct the social category of what a young mother is. What makes it to the news (related to young mothers) becomes a representation formed of what refers to young mothers. These two words –young mothers-- carry meaning which is built in relation to the one word mother in a very distinctive way. What is said on the social concept of being a young mother can be considered as an active agent in constructing it as differentiated from mother; what is said also draws from the social ideal and acts as a principle of construction (Bourdieu, 1996a), as a way of making public an image that is not known in detail or that wants to be reinforced. It is in this way that I am interested in finding what is said under the social category of a young mother, in the understanding that these words are a social fiction that only becomes a social reality when we find a public 15 narrative referring to them and hence creating a social concept.

There is distinction in terms of which stories make it to the news. In the 10 selected articles, 4 of them told stories about young mothers; 3 presented the impact of available resources; and 3 shared research results. These three themes tell about what lifestyles, characteristics, and practices are accepted, known, or valued about young mothers. The news items (independently of whether they tell a story or present research results or the impact of available resources) share common elements and they construct an image of a mother who struggles, is pushed to the margins, is likely lacking mothering skills and yet can surprisingly be successful in terms of education achievements. The three themes in the news (stories, resources, or research results) shared the following narratives: 1) a story of a successful young mother; 2) a story of a young mother lacking mothering skills; 3) a story of a young mother experiencing visible marginalization. In the next pages I will describe these three narratives throughout the text and

15 Public narrative refers to narrative present in free access media, which is accessible to everyone without any cost or request to be admitted in a closed group.
images in the news (independently of whether they focused on reporting research results, telling a story, or showing resources’ impact.

First voice experiences of being singled out or being questioned about the mothering skills reflect the damaging views on what a young mother is. The example of a young mother who went to the emergency room because her baby was sick, and she (the mother) was held in the hospital for days until the suspicion that she was not taking good care of her baby was cleared up, illustrates a common situation.

*ID43.* *M* said she’s certain her status as a young single mother on assistance influenced the decision to contact Child Welfare System – and prompted some staff to assume the worst. […] “I started feeling bad about my own mothering,” she said. “My daughter has a bruise, and I have no idea. How good of a mom am I if I don’t know?”

In another example of marginalization experienced in a public space such as public transportation, a group of young mothers travelling through public transport when riding a bus to school were accused of using stolen bus passes. However, their travel was actually organized by the organization providing support to their schooling program. The social image of a young mother, who lacks economic resources, goes far beyond an ideal and interferes in their individual daily lives.

*ID45.* “His perception (transit officer) is, “You’re a teen mom, you can’t possibly be going to school and you can’t possibly afford a bus pass,” explains M, who’s 40-year-old organization offers teen parents outreach programs”. She says there’s an inspiring side to their stories that society rarely sees, that often their babies are the single best things to happen in their lives. “There are many teen parents who’ve had a lot of life challenges, and having an early pregnancy is often the impetus for them to take a look at their lives and say, “OK, now is the time to do something different.”

These narratives about concrete experiences bring up the elements that appear also on the stories of success: their lack of capital/resources and the social perception that they are “lost”.
a) A story of success

The story of a successful young woman is one of the main narratives in the news that refer to young mothers experiencing housing issues; the common story is the one of a young mother who, with the support of an organization, graduates from university or college. This story intertwines with the resources available for young mothers and with the narratives of experiences of social stereotypes that make visible the social ideal of what a young mother is. The organizations that provide child care and housing-support, to help the young mothers to find a stable and safe place to stay and to have time to go to school, shared through the media their impact on young women’s life. The following excerpts from the media press summarize this story, which show the high value attached to obtaining a degree and the importance of this achievement for society.

*ID44.* In June, LK, 25, will graduate from Centennial College’s three-year creative advertising program. In the audience will be her seven-year-old daughter E. Getting by with two part-time jobs and student loans, K has won awards and accolades for her volunteerism and leadership, including being honoured as a YWCA Young Woman of Distinction in 2002. She left home at 13. When she found out she was pregnant at 17, she was worried. For some young women, becoming a mother is a turning point in their lives, giving them direction and purpose. They draw on inner strength and community resources to cope with the challenges of teen parenting. K says this is the case in her life. She dropped her old friends and set her sights on getting “a good job and making good money.” To do that, she had to finish high school at the City Adult Learning Centre, a special all-adult high school run by the Toronto School Board, and found herself getting much better marks this time around.

This story has all the elements that appear in four more stories of success; a young girl who is described as struggling (or “lost”) changes her life when becoming a mother and, against all odds, successfully finishes an education program. Although this is an oversimplification of a complex story, I would like to highlight the elements of being lost and being brought back to society, and most importantly, considered socially successful, when they graduate. The meaning of getting an education in these examples could be interpreted in two ways. On one side, there is the value attached to education for a young mother, and on the other side there is the element of
unexpectedness that speaks to the predispositions of this group. The socially valued capital of education, which has the power of bringing the youth back to what is accepted as “good”, bringing back the youth considered to be lost due to mothering at, what is generally considered, a young age. The normalizing power of education is extremely high and it shows the structuring power that it has on the social individuals. When in the news we repeatedly read that the young mothers were lost and were presented as marginalized and with no resources (see following quote form ID19), the pathway that shows how to be brought up from failure to success is education (see following quote from ID42).

ID19. CC, 22, has lived at the edge of homelessness since she came here alone from St. Lucia in June 2012. She only knew of a cousin in Toronto and stayed at her one-bedroom apartment for a week before moving into a women’s shelter. Like more than a quarter of the newcomer youth interviewed by researchers, C is a parent. Being a single mom and visible minority on social assistance, she said she often faces discrimination from landlords and employers, making life that much more difficult.

ID42. It wasn’t always easy for VB to go to school. The mornings were early and the bus rides long, especially with her two-year-old son in tow. “I was always late,”, said the 22 year-old. “It was very hard”.

This pathway to a celebrated success is described as difficult and full of obstacles, but is also crystal clear:

ID44. Her survival pattern was simple: She put M in day care at the school at 7:30 a.m. and spent the entire day on campus attending classes and getting work done. She picked up her son at 6:30 p.m. and headed home, where he was fed and played with until bedtime.

This survival pattern is presented as a successful practice for a young mother. I question myself how this “survival pattern” would be presented as successful for a mother, or as I infer from the relational construction of mother versus a young mother, how this would be presented as successful for a mature mother. The value attached to education is socially presented as powerful because it has the power to diminish the marginalized view of young mothers. Nevertheless,
pursuing an education at the cost of spending time with their children is only socially valued when mothers are of young age. This speaks of the position that young mothers occupy in the eyes of society (of others), young mothers are seen as young and as such should pursue an education, but they are not essentially seen as mothers. This finding aligns with the artwork, and participants’ interviews analysis, which will be presented in the next chapter. Moreover, in this narrative the young mother is presented as diligent and industrious, which confronts the view on young mothers as persons with a ‘mismanaged life’ and undisciplined (McRobbie, 2004). This narrative reinforces the high value of education, which not only opens up to a better social position but frames youth as successful and strong. However, this notion about the value of education in young mothers is problematized when young mothers are shown in the media press as lacking mothering skills or impacting negatively in their child development:

ID21. If the children are the offspring of teen mothers, the inner-city Toronto pediatrician’s first course of action might be to suggest going to the library to read books together. That’s because children living in poverty, especially those of teenage mothers, are less likely to be exposed to the kind of stimuli that enhance verbal, non-verbal and spatial abilities. [...] younger mothers are more likely to be poor and unemployed, have less education, fewer social supports and be single parents. They are more likely to drink alcohol and smoke, less likely to breastfeed and tend to have fewer appointments with health-care professionals when pregnant.

This apparent contradiction between the time a mother needs to spend with the baby to bond, and the time a young mother needs to spend to get an education and come out from the margins, gives an image of how the social construction of a young mother positions them in an extremely vulnerable social place that forces them to develop individual practices to achieve their aims at the same time that they need to balance their stability as young women and as families. There is a contradiction between what is expected from a mother who takes care of her children and what is expected from a young woman who is expected to finish her high school diploma. These contradictions are based on how the social concepts of mothering and youth are constructed and what is the paradigm that surrounds this construction in the general social world. In the next section I will reflect on what are the mechanisms that result in this contradiction. I will explore
the relationship between the individual practices of the research participants and the structuring power of education in the next chapter.

b) Reinforcing marginalization

Through the previous quotes I have brought up the social value of education for the young mothers; however this is not the only feature I infer from the stories of success and resilience found in the media press. The notion of unexpectedness that is implied in the extra-ordinary success of the young mothers speaks to the stability of the marginalized social place they occupy. I interpret this aspect of doing something extra-ordinary as a symbol of doing something that was not expected in terms of the social ideal of what a young mother does.

The dominant social view relates to the young mothers’ predisposition to stay in a situation of marginalization in which they do not achieve an education and they have a low income for long term (if not forever, including their children likely inheriting this marginalized social situation). This is not as deterministic as it may seem. Young mothers with low resources may have predispositions to act in ways that ultimately hold them in a marginalized position. In Bourdieusian terms, individuals from a social group are predisposed to act, behave, think, or practice in a certain way in relation to their social position (Bourdieu, 1984). Bourdieu theorized that people’s aversions, or affinities, to pursue an education, play a sport, or other behaviors, are directly related to what has been instilled in them, during their childhood, through their close family and environment (Bourdieu, 1984). The story in the press about a successful young mother illustrates how the unexpected happens and how the hard perseverance and tenacity of young mothers may overcome barriers; but this speaks in parallel to the social position they occupy: their meager capital (social, economic, or cultural) displaces them to the margins, from where there are not many expectations that they will be successful. In Western society, social, economic, and even cultural capital support success in school. Families contribute these capitals to support their children’s educational pursuits, and youth/children without families to help them are at a disadvantage unless social services or organizations make other supports available. Scarce cultural, economic, and social capital clearly positions them on the social margins, and education is marked as a way out. The predisposition of young mothers to prioritize mothering to education (or to prioritize other lifestyles to education) seems to be part of a described reality
which is supported by the way the experiences of these young women are reported in the media press.

The predisposition of not getting an education is not only seen in the media press, but Statistics Canada also describes it through their reports on teenage motherhood. However, it is worth noticing the active character that a report from Statistics Canada has on the social construction of youth mothers, as Statistics Canada speaks from a position of power. The report explains how teenage childbearing – before 20 years of age – has strong negative socio-economic effects on women (Luong, 2008).

*Teenage childbearing has been shown to have negative and long-term effects on women's socioeconomic outcomes. Overall, teenage mothers in Canada had a lower probability than adult mothers of completing high school and postsecondary education, even after controlling for family background and other characteristics. Teenage childbearing and education are significantly related to a woman's labour market participation. In terms of labour force participation, the results suggest education matters more than family background—women with similar education had similar likelihoods of being in full-year full-time employment. Only women who were teenage mothers with a postsecondary education were more likely to be working full year full time during the reference year than women who were adult mothers with similar education. And although the mean wages for teenage mothers were lower than for women who were adult mothers, teenage mothers and adult mothers with similar education were almost equally likely to be living in low income (Luong, 2008, p. 39).*

The reporting of the data analysis presented by Statistics Canada, and published by Luong, portrays a young mother who will likely not pursue an education and hence will earn much lower than an adult mother. The numbers from this report reinforce the social value attributed to education as a crucial form of capital for youth; as well the numbers confirm that education is linked to the income young mothers will earn in the future. However, although interesting, it is not the confirmation of the impact that the lack of cultural capital (college or university degree) has on young mothers, but what I would like to highlight is the focus of the report on the negative impact of teenage mothering and how the image of young mothers is constructed
negatively by the state through Statistics Canada. The idea that we may draw from this report, in plain language, will probably be that teenage mothers are uneducated and will be poor when they grow up. This message may have an effect on the construction of the social ideal of what a young mother is, and is not; this message describes young mothers as socially positioned in the margins at the same time that actively modifies their public image. The misleading idea is not the data that informs the report; it is the reading that links poverty only with the lack of education due to young motherhood. This approach ignores the lack of social support, and the marginalization, experienced by women who desperately need this. This approach, although not wrong, reduces the complexity of this phenomenon to a lack of cultural capital. In this case, the report from Statistics Canada is an example of the structuring structure that is a key piece in the organization of the social world. The implications for policy and distribution of resources are huge. This interpretation of what is causing poverty, in families in which women embraced motherhood at a young age, focus the distribution of public resources on guaranteeing an education for them. Consequently, omitting the marginalizing social views that made their day to day lives difficult, and being blind to the isolation and lack of support the young mothers have, the problem will not be solved. Just the opposite, the focus on education may have a drastic impact on young mothers who are by themselves. They will have to mother their child and find the time to attend school, with low social support. In the next chapter, the interviews and artwork will show the views of participants on this issue.

In this section I have presented the different types of stories narrated in the media press and how the common elements in the stories and in the Statistics Canada report (actively) construct the social concept of a young mother and can act as a structuring force. My interpretation of the narratives positions the young mothers in the margins in relation to older mothers (mothers). The stories of resilience, and implied surprise, of young mothers who although not having resources have made it to graduation speaks to the social value attached to this behavior (practices) and to education (capital). The stories of experienced marginalization portray a young mother who is not always accepted when in public spaces, such as public transportation or the emergency room. Lastly, the stories of the impact of resources invested in young mothers (which might result in them getting an education) speak of the structural power that is enacted through institutions in order to turn the ideal young mother into a reality. In the next section I will explore and reflect on the question about what does the implied value of education tell us about their social position
based on their condition of being young and mothering, using the counter-narrative found in the media.

c) A narrative of resistance: Bloggers and You Tubers.

In this section I will present different narratives than the ones found in the press. In the social media individuals and groups are able to express their ideas and experiences without the constraints of what is socially acceptable. Social media allows for sociality and creativity with different boundaries than the ones applicable to media press (Van Dijck, 2013). In the social media there is a story that does not align with the message that the media press shares. There is a view on young mothers living on the margins that shows a resistance to being portrayed as different, a resistance to being questioned for being a mother. Virtual media, smartphones, devices, and computers provide the young mothers with an opportunity to express in creative and more anonymous ways their thoughts, feelings, experiences, and attributed or constructed meanings. In so doing, a narrative of resistance is formed although not visible for all the members of society. We could reflect and argue that the media production and consumption that has been described decades ago in European and North American society, has experienced a radical change and it is being expanded by the introduction of the social/virtual media. In terms of cultural capital, Bourdieu considered the evolution of media production—television, radio and press—as part of cultural production, hence cultural capital is contextualized in a given time (Hesmondhalgh, 2006). Bourdieu (1992) conceptualized media as a field and discussed the relation between media and the field of power; this means that, in the theory of practice, Bourdieu explained how media has the ability to influence what is valued as capital in other fields. In the case of Internet-based media, Bourdieu’s theory of practice seems to be limited to explain how social media, and other Internet-based media, relates to the social field (Couldry, 2003). However, the impact of social media, and Internet-based media, on society has been described as high, particularly in younger generations (Burgess, 2006; Burgess, 2012; Light, Griffiths, & Lincoln, 2012; Miegel & Olsson, 2012; Thorpe, 2014).

Youth use social media (such as blogs, Facebook, Instagram or Snapchat) to construct their identity and present themselves online, even though their constructions do not align with dominant narratives (Light et al., 2012). In social networking sites, as well as YouTube, youth find a space to describe creative practices that emerge from their everyday lives (Burgess, 2006;
Burgess, 2012; Light et al., 2012). The ‘ordinary’ cultural participation comes from the democratization of technologies; when cultural participation intersects with everyday life (Atton, 2001). Through the different social media platforms, youth find a channel to not only communicate but to express and create a public image, a self-representation. Jean Burgess (2006; 2012) examines cultural studies and digital story-telling to explore the creative process embedded in the social media. For her, creativity is “the process by which available resources are recombined in novel ways” (Burgess, 2006, p. 206). In social media, youth who are not in an advantaged, or elite position, can create and share stories that are different from the popular culture; youth become producers of stories instead of passive consumers (like in the case of media press). YouTube, Instagram, or weblogs can make possible a different type of storytelling.

There is a view in the media that does not accept the marginalizing idea that young mothers who are experiencing housing issues, lack mothering skills, are lost, and need to go to college or university to be considered successful. In opposition to the normalized and negative views I previously described in the media, there is a counter-narrative that questions the legitimacy of the marginalizing perspective. The counter-narrative is not easy to find and the stories are not numerous, but it shows an expression of a resistance toward the dominant view. The only video in YouTube that showed a narrative of resistance, a counter-narrative was published by a well-known YouTuber (@JoshPalerLin), who realized a social experiment in early 2016. The social experiment (“Rich mom VS homeless mom experiment!, 2016”) consisted in a young mother (in her late teens or early 20’s) who was asking for two dollars in the streets of a North American city. Firstly she was dressed in nice clothes representing upper class and afterward she was dressed in baggy old clothes representing homeless. The video with a hidden camera shows several citizens helping her with a few dollars while she was dressed as upper class while almost nobody helped her while dressed with the baggy clothes. What is meaningful from this is that the only example that questions the idea that young mothers are judged by the way they look, and by the linkage between the appearance and homelessness, does not come from the public media but from an individual, a YouTuber, and it does not belong to the message that does not belong to the social ideals and norms.

The themes identified in the texts and images of the webpages and clips that were publicly accessible online were distinct from the themes identified in the print media. The themes focused
on expressing and describing the daily life of youth (only mothers in some cases, or all youth experiencing homelessness in others), narrating the daily struggles (food and shelter), the personal circumstances that led them to their situation, and what gives them strength and a purpose. The first person narrative in the clips and writings give a direct message in a personal way. There are multiple projects, community based or research projects, which used art as a form of expression to share their experiences. Most of the art created by the youth are not available online, though the pictures and poetry accessible show artistic and creative pieces that do not always speak to a social position of marginalization. Nonetheless, the suffering embedded in their words and images speaks of the social tensions in the social world.

On the blogs, there is a public blog (Blog 1\textsuperscript{16}) of a young mother who narrated her story time after she did not have a stable place. She beautifully explains and reflects on a dominant view that has the power of structuring society. This is the dominant view that is expressed in the media press. Structuring society means that an idea that is almost random, based on cultural beliefs and that is rooted in the past, is commonly accepted and has effects on the way individuals behave. The structuring structure is similar to, citing Bourdieu’s example, the soccer rules that all players accept without further questioning. Following the same example, I could imagine a different sport in which the goalie only uses his hands but never his feet, in the same way that I could image a world in which it was absurd to question the mothering skills of a mother due to her age, her immigrant background, or her appearance. This distribution of what is valuable in a mother, or in a young woman, affects the way an individual lives, acts, and experiences reality.

\textit{IDBlog1:} “I assumed my young-mom insecurity would quietly die as I got more comfortable as a mother, as a woman-and, for the most part, it has. Except there’s still this society-conditioned narrative buried somewhere in my brain, and with just the right trigger, the insecurity takes a few rejuvenated breaths and proceeds to squeeze the air out of me like a day-old birthday balloon”…”But that doesn’t stop the story from continuing to be told-whether it’s in advertisement, or TV shows, or mom blogs. There’s an image of “mom” that a lot of us don’t fit into, and in my most vulnerable moments, I

\textsuperscript{16}This blog was accessed on February 2016. In December 2016 I tried to access it again but the link had been deleted.
use that story, that image, as a standard to fall short of. It’s silly and unproductive, but it’s true. Wouldn’t a “real mom” have special tricks for getting out stains? Wouldn’t a “real mom” wear something more conservative?... And so I remind myself: I am a real mom.”

In this blogger I see the image of a real mom in opposition to what she felt (at some point in her life). The divergence between the ideal of a mother and what she is not strikes me in this passage. It is being a mom versus being a young mom, the mother in this blog reflects on the contradiction that she experiences, she feels like a mother but she is questioned as such because of her young age. Youth is a social concept that implies that young people behave and act in a certain way which does not include mothering; the dominant view that structures the social lives suggests that youth might not bear the economic and social capital recognized for mothering and fostering a family, but this constructs the concept of a young mother which is experienced by individuals in unique ways. Through the narrative of this blogger, I see the resistance to being seen as not a real mother because of being younger, a counter-narrative that speaks of a young mother who is a mother, without the implications of being young. A mother who claims the title of a mother and all the social values attached to it, and after feeling discredited she is prepared to push back.

Young mothers are placed in the contradiction of being “humans to be” due to their condition of being youth (teenagers/children) and being a mother. Recent studies have documented that middle, high-class, and less-privileged mothers accept intensive parenting practices (spending most of the time with their children) as the ideal standard (Fox, 2009; Wall, 2010). Studies about less-privileged mothers also found that they resist the negative stereotypes of the “welfare mother” through practices of mothering that follow the social ideal, although their lack of resources experiences resulted in a less intense approach to parenting (Lareau, 2011).

d) Young women and symbolic violence

However, in the previous piece written by the blogger, the resistance to the dominant narrative does not come without contradictions. In the blog excerpt above, it is not only the opposed
portraits that tell us about the social order embodied, but it is her own internalization of the image of a real mom to misrecognize herself and to be complicit in her own displaced social positioning. Bourdieu forged the concept of symbolic violence to name the violence that is misrecognized as such; it is a type of violence that is accepted by the group living in the margins because they share the thoughts and values learned (or we could say inculcated) through their socializing process ((Bourdieu, 1984; Bourdieu, 2001).

What I call symbolic violence, a gentle violence, imperceptible and invisible even to its victims, exerted for the most part through the purely symbolic channels of communication and cognition (more precisely, misrecognition), recognition, or even feeling. This extraordinarily ordinary social relation thus offers a privileged opportunity to grasp the logic of the domination exerted in the name of the symbolic principle known and recognized both by the dominant and by the dominated. (Bourdieu, 2001, p. 1-2).

In the views on young mothers in the media press, the social media, and Statistics Canada, the social relation that exists between young mothers and the social world is defined as tense and contradictory. The dominant views, accepted and actively constructed by the different types of media, show a young woman with little social support, minimal education, almost no income, and who may likely have been struggling with addiction, abuse, or homelessness. The dominant view characterizes a young mother as an unrecognized mother, a minority among mothers, a questionable mother, and a non-desirable situation. Surprisingly, the dominated views coming from the unique experiences of young mothers are an expression of the unconscious acceptance of their social displacement. The resistance shown when identifying themselves as mothers, is built on the acceptance that they are not the same. What is the mechanism that positions young mothers in the margins, dominated, and accepting this displacement? Which mechanism could contribute to trigger this symbolic violence?

The montage of realities presented until now needs the understanding of the role of institutions providing services to young mothers. During the convoluted journey I experienced to gain access to the young mothers in this research study, I built a relationship with the service providers which gave me a deeper understanding of their acts. After I received the research and ethics board approval in July 2015 I started the process of inviting young mothers to participate in this
project; the recruitment process turned far away from being a straight and plain path to a misty maze. Reflecting on my experience, which I have done throughout the process, helped me understand the role of institutions in the social relations.

When I started this research study I felt like I was trying to find a ‘good’ spot to sketch the young mothers, however I did not succeed. It did not matter wherever I was looking from I could not see them well. They were not visible, not accessible. I tried different spots, I tried being close, then further, I tried to look at them directly and from the side, but no position was good enough as I could not see the young mothers although they were there. I contacted health care and social workers at the main health and social institutions in downtown Toronto, I contacted also the organizations that provide resources to young parents and street involved youth in Toronto, but it seemed that suddenly there were no more young mothers in a vulnerable position and struggling to find a stable place to live. The people at these institutions showed kindness and interest in the project but it was more than difficult to find a young mother who could be approached to participate in the study. During two encounters with social workers who showed much motivation to be involved in the study, they explained the difficulties that the young mothers expressed to come downtown to their appointments in the clinics. [...] I needed a new physical space and, above all, the support of the organizations they were in contact with. [...] Later I found myself sitting in a table discussing with four organizations providing services to young parents in Toronto. We met almost weekly for three months reflecting on the needs of the youth and analyzing what creative program could serve their needs (mothers) with the resources they had available and without losing the individual goals of each organization. Soon, my research project was the least of their interests while the opportunity to offer to the young mothers a safe space to be creative while their babies were close to them became their priority. The creative workshop I was offering as part of my research was seen as a potential beneficial activity for the whole community of vulnerable young parents. This was the way to find the hidden young mothers. (From my notes, 2016).

From my experience, the young mothers embodied the condition of being vulnerable. They showed low trust when I presented myself as a researcher, in the same way that the contacts in
the organizations providing resources to the young mothers showed reluctance to let me contact
the mothers. My interactions with the service providers were a story of building trust during a
period of 3 months. The service providers and I prepared, negotiated and created useful outputs
(and “useful” was a term defined by their position and values) for the creative workshops, part of
my project. The providers did not facilitate access to the young mothers; under the narrative of
protection and lack of trust in research, the invisibility of the young mothers was reinforced. It
seemed natural and accepted by both the providers and the moms that being silent, socially quiet,
was safer and better. It is the acceptance of this view that is violent and contributes to reproduce
(repeat) part of the marginalization they suffer.

*Young mothers* is a social construct, and as such is defined based on historical and cultural
underpinnings. However, as a social construct it shows contradictions and its definition is built
on an ongoing basis: in Statistics Canada (2015), a young mother is defined as a woman giving
birth aged 15 to 19, but according to the Ontario Age of Majority and Accountability Act (1990),
and in concordance with the children’s rights (Unicef, 1989), a child is defined as a person under
the age of 18 years. Hence, a young mother aged 18 or less is considered a child and a mother
and her situation is problematized. As I have presented in this montage, the narratives in the
media focus on portraying young mothers in terms of their low income, academic success, drug
abuse, or other statistical and sociological data. This approach focuses on youth as a construction
instead of on youth as an experience, which corresponds with the common research approach
that focuses on evaluating young mothers and their children, casting them as lacking skills based
on the society’s view of teen motherhood as a social threat (Romagnoli & Wall, 2012). Under
this approach, my experience contacting the service providers reinforced the general views on
young mothers. However, to understand the complexities of being a young mother and how this
relates to their health practices requires their individual stories. In the next chapter I will present
the results of the interviews, elicitation interviews, and the creative workshops.

Wrapping up

The distinct views on young mothers I have presented in the previous pages show the dominant
order (structuring structure) that in a subtle way speaks of the abnormality of being a mother at a
young age. The ordinary narrative on the negative consequences of teenage motherhood and the
links to marginalizing situations such as poverty, immigration, or homelessness, tells the marginalized position they occupy. The stories in the media show that the structural violence occurs because they are young and conceptualized as powerless instead of being conceptualized as mothers. At the same time, I presented expressions of the experiences of this marginalization which are embodied and unconsciously accepted. The narrative of resistance and the initial phase of the recruitment process represent the effects of the structuring structure in the individuals’ behaviors (structured structure).

In the next chapter I will present the young mothers views on their experiences and how their individual health practices relate to their social position and the construct of a young mother.
Chapter 6
Health Practices of Young Mothers and a Health Care Gap

Introduction

This chapter attends to the practices of young mothers with experiences of homelessness. Excerpts from interviews, pictures, and artwork, done throughout this study, form the basis of my analysis. As a start, I offer insight in describing the main characteristics of the participants in terms of the support they have, as well as their housing and family situation. In this instance, my analysis focuses on how they organize their days and what activities do they do. In the section, The daily life: caregiving, programs, and text-books, I describe the daily context of the mothers’ activities, which are necessarily oriented towards specific concerns. In examining what they are doing, I pay attention to the relational aspects of their activities, the meaning, and expectations, attached to practices. In the next section, Access to, and use of, health care resources, I describe the mothers’ accounts of the challenges and strategies involved in obtaining and benefiting from health services for themselves and their children. As for this, young mothers do not frequently have a health care provider of reference (to consult). Furthermore, their interactions with health care resources are accompanied by experiences of marginalization or being ignored, which negatively impacts access to, and use of, health resources.

In foregrounding what is the context of their daily activities, and what are the young mothers’ strategies to access health care resources, the narratives that follow in this chapter offer a sense of complexity that locates the individual actions in the broader social context. Overall, a paradoxical gap emerges in the health care system; a system that is conceptualized to provide care to vulnerable populations becomes a reflection of the social marginalization. At the end of this chapter, I examine young mothers’ alternative pathways to care. In their narratives they resist the negative social views on being a young mother and experiencing homelessness, and construct a new view on what it means to be a good mother. Central is the idea of social positioning and how it relates to the health practices of the young mothers. In reflecting on my experience in this study, systemic elements related to the young mothers—and their children—their health practices, as well as their social position, come forth for consideration across the chapter.
The participants

The thirteen participants were aged 18-26 at the time of interview (four were 19 or older and nine were 18), and had their first pregnancy between the age of 16 and 22. All of them were interviewed and participated in the creative workshops with varying consistency; some came to the workshops every week during the study period and also for months after the study ended, while others only came for a few sessions. I did a total of 21 individual interviews, 9 of which were elicitation interviews using their creative pieces as a point of reference for discussion.

All the participants had custody of their children and lived with them. On the table in Appendix 7 the details of the socio-demographic profile of the fourteen participants can be found: social support, family and housing situation while participating in the study; income; whether they had a family doctor; structure of the household where they were raised; and whether they were a visible minority. The following figure provides an overview of the main traits.

Social support was categorized as “low” or “very low” based on their descriptions of who they could count on in case of an emergency or need. “Very low” meant that they could not count on anybody in case of need, or they could only count on one or two people but they were not sure if they would be available. “Low” meant that they felt they could count on at least one person that
would support them for sure in case of need. During the study, four of them did not have a family doctor, four found one recently after not having a family doctor, one was unknown, and five had a stable family doctor. The housing situation of the participants ranged from: living in a shelter -- either a women’s or family shelter (two of them); to sharing a space or apartment with their mother and siblings (four of them); independently housed (two of them); or living with their partner (five). The two who were independently housed through the housing services struggled to pay the monthly rent, and one of them experienced a housing crisis at the end of the study when she had to find a new place due to inability to pay the rent. In terms of their family situation: four of them saw their family but they were not supportive at all; in one case their family were not supporting and were not present in their life; in one case her family rejected her but now she was starting to (re)connect with her mother; five had a supportive family but lived overseas or far from the city and had no family here; two had a supportive family (at least one family member); and for one her situation was unknown.

Their income was categorized as low or very low. Very low was defined as at least one day a week when they did not have money to get food or diapers for their children, or their housing condition was the result of not having enough income to afford stable and safe housing. Low income was defined as struggling to pay rent or groceries on a monthly basis, but still managing to do so. Of the 13 participants, one was working part-time, 4 were unemployed and looking for a job, two were unemployed and with no social assistance, and 6 were receiving social assistance through the Ontario government. In relation to their family of origin, all of them grew up with at least one of their parents until they were twelve years of age. Seven participants grew up in a single-parent household, five in a two-parent household, and two did not comment about this. Eleven were from a visible minority while three were not.

The young mothers participating showed a variety of profiles that may seem disparate at first sight; some are in a shelter while others live with a partner, some have low income and support from a relative while others have no income and almost nobody to rely on; some are going to university or college while others are struggling to finish high school or quit high school before the end of the study; and some never had a loving mother while others every morning remembered how their mother cared and believed in them. The differences in their profiles raise the question of how similar their health practices can be, and how different their experiences can
be based on the different types of resources they have and the dynamics they have learned during childhood. These questions are rooted in the main question leading this thesis, how are the young mothers’ practices related to their social position of being young and mothering? The individual perspectives will bring their representation of the social world. The connection between the different points of view and the social position participants occupy will bring a full picture, on the basis of Bourdieu’s theory which rejects the notion of a universal subject versus a relational understanding of individuals and social order (Bourdieu et al., 1999). He argues that to understand complex situations in which different, even opposite, points of view conflict, a multilayered representation is capable of articulating same realities (Bourdieu, 1999a). A multilayered representation is constituted by the points of view of people in different social positions, including the vision created by media (Champagne, 1999). Bourdieu saw individual views as able to make visible the positional suffering—*la petite misère*—in almost opposition to the material suffering of poverty—*la grande misère*—(Bourdieu, 1999a). According to Bourdieu, when analyzing social inequities, the focus on material poverty can omit, or shadow, the suffering of a social order which is much more complex to address than poverty. In this study, the views of the participating young mothers make visible the relation between the social order and the poor use of health resources. With the analysis of the different types of data, using the concept of capital and symbolic violence, I present my interpretation of the results to examine the relation between the views on young homeless mothers and their use of, and access to, health care resources.

### Health practices: patterns and intersections with family and education

Introducing directly the health practices of the participants without contextualizing what their daily life looks like, and what the concept of health means for them, is somewhat forced. Health practices, as other practices, are rooted in time and space. The understanding of the relations between individual actions and the constraints and possibilities embedded within a given time and space is part of Bourdieu’s relational approach. In this approach, what we see as individual actions are a result of the intersection of the social structure (expressed in a specific moment and place) and an individual view of the social. The individual actions, and the commonalities and differences in them, belong to the health practices which are at the interplay of structure and
agency (Veenstra & Burnett, 2014). Health practices are performed with a purposeful intent although they are not always conscious; practices are acts done by individuals to solve (or prevent) a health issue and are related to the perceived capacity of the individual of being able (or of being allowed) to act in a certain way. In this section, I introduce you first to the context of young mothers; and then I present their health practices.

a) The daily life: caregiving, programs, and text-books

Although their profiles may differ, the participants shared a situation of vulnerability due to their low income, more or less unstable housing, sometimes traumatic past and social isolation or low family/social support. In their stories they explained how they are in the process of renegotiating their identities along with incorporating new practices. Some of the participants incorporated a set of mothering practices in their life, while others explain that becoming a mother has been an opportunity to change their life-style. The participants who incorporated the mothering practices to their previous life-style live with their family of origin\(^\text{17}\), although they are not always supportive; there is an overlapping between what it represents to be a mother and the life they had before having their child. Otherwise, participants who are by themselves, with no or very few family supports, explained that now everything changed and they are living a new life. When I asked them to narrate an ordinary day in their life, their stories have three common elements that appeared consistently: taking care of their baby, attending free programs, and going to school. These three elements filled in their days in different ways. For some of them, the previous situation of vulnerability aggravated the impact of mothering on their lives, while others developed a strategy to make a change in their life-style (such as moving out from home when they did not feel respected or safe and finding a more stable place). In the next section I explore their daily routines.

i. Caregiving

Daily routines and life-styles appear in the stories of an ordinary day. In these stories participants explain what they do daily; this is an expression of what actions they have incorporated in their

\(^{17}\) In this case, the term “family of origin” includes foster parents and grandparents.
lives to feel good and to stay healthy—which relates to what they feel they can do in this specific time and place. Daily life and health are intertwined and inseparable, routines individuals do help to understand the meaning of health and the value of the health practices. The stories of the young mothers present an ordinary day packed with school tasks, taking care of the baby, commuting in Toronto with a stroller, attending free programs, going grocery shopping and cooking, house-keeping, and taking care of siblings or their mother. In the following excerpt, Addison explains what a weekday looks like. She wakes up, takes a shower, wakes up her little brothers and her baby, prepares them breakfast and takes them to the school bus stop. After that, hours go fast. She attends high school at one of the centers that provides child care while she is in class, and her time at “school” is the most quiet time of her day. There she finds a space to read and work on her school assignments, at the same time that she can talk to other moms in similar situations. When she gets home at night, there is no time to do homework or other activities. Cleaning, grocery shopping, and cooking for her brothers and baby, fills in Addison’s evening. Sometimes, her baby’s father comes over, which she describes as more work to do in a day that is already packed.

And ordinary day, I wake up, I jump in the shower, wake up my brothers so they can get dressed for school, and then I get dressed and I wake up my baby and get (my baby) dressed. Then I take my brothers to the bus stop and I come to school on the subway. I will pick them up from the school bus after. When they come home I will cook food for them so they can eat whatever. When it’s time for bedtime I’ll put them to bed if my mom is not home yet. And then I have to clean the whole house and I have to cook for her (the baby’s) father and then I have to try to ignore my mom. I don’t get help at all because he (baby’s father) doesn’t get home till 11:30, if he is coming over. And my mom likes to go out a lot so I’m home, and I have to do all the dishes, the living room, my bedroom, and clean it all. We have a dog, and her father is allergic to the hair, so I have to vacuum and sweep often. She gets really fussy at night. So, it’s, it’s hard. (Addison).

In this story Addison presented herself as the caregiver of younger brothers, her baby, her mother, and the baby’s father. Her story of an ordinary day is a story that resembles of an abnegated woman who puts first everybody else before her; little space is left for her and all she does falls into the social construction of a caregiver: dressing children, taking them to school,
putting them to bed, cleaning, cooking, and doing the dishes. The only activities she does for herself are involved in attending school. She talked about her mother, her little brother, and her baby’s father, but did not feel that any of them supported her but just the opposite; they were who she was taking care of. While grandmothers or partners could be a support, here they are not portrayed as such. This is the auto-portrait of a traditional dominant view of a female caregiver, which is not unique to Addison and is shared by other participants (Ava, Grace, Mary, and Abigail). Their days are dedicated to caring for their babies and the extended family, and they adopt the role of the caring mother who assumes responsibility of the family at a very young age. However, although this story may not sound strange in that the narrator is a mother, in Addison’s story there is a dissonant element; the narrator is a minor high school student who is already adopting a role usually performed by older women in society. This seems like a distorted portrait when I think of an 18 year old high-school student; or maybe what seems distorted is a mother going to high school; but this is based on my own acceptance of the social ideal that mothers should focus completely on their child. What is unique in this story is the narrative Addison shows when describing an ordinary day. It is the image of a caring, responsible mother who dedicates all her time to others, although is not necessarily presented as an individual choice. This is a narrative of embodied mothering, corresponding to a social ideal, in terms of her performed actions.

The narratives of these participants reflected an idealized image of the embodiment of motherhood but they contrast markedly with what is valued in the life-style of an 18 year old girl by others the same age. In their stories the image shown is not unlinked to tension or suffering attached to this. In the reflections done with their artwork they bring up a different message, the disruption occurring between the value of being a mother and caring for their family while not finding the safety and support that family is expected to provide.
Something that makes me happy, and that makes me feel more like a woman, is when I raise my head, I walk, and I know my plans for my future. I know I want my apartment, and I know what I need to get there. Then, I feel good. I feel good, but then when I get in my house it’s like the whole air there is just negative. And I know that I don’t want that for my baby. Abigail, February 2016.

In this colorful and symbolic creative piece, along with her words, Abigail reflects on the social suffering tied to the uncontrollable circumstances her life is rooted in. Hoping for a better future, free of the actual constraints, makes her feel strong and full of agency. But the weight of the reality drowns her hopes. In her creative piece she expresses the power experienced from being a mother; as a mother she feels strong, bright, *dripping gold*—an analogy for being a queen, respected, powerful, and owner of her future. In this creative piece I see the representation of how motherhood confers her strength and motivation to aspire for a different future for her baby.
than the present she has inherited. It is the representation of the power of becoming a mother when living in an adverse context.

ii. Programs

The second element in the daily lives of the participants is attendance at specially designed support programs. The youngest participants attended these programs usually in the same center where they attend high-school; older participants who are not entitled to use these resources (only offered for 19 and under) look for programs at the community centers, the public library, health centers or at non-profit organizations. The programs they attend are diverse, some focus on developing parenting skills (child development, child playtime or family support) and others offer activities that engage young mothers (i.e. yoga or physical activity).

Attending these programs has several benefits for the young mothers. In most of the programs they get food vouchers, TTC tokens and diapers; moreover they have the opportunity to connect with other young mothers. Participants discussed the reliance on the provision of food and tokens from these programs, which they referred to as a way of avoiding extreme struggle. In the following piece, Ava explains how she relies on the diapers and food vouchers she receives at
some programs. These resources help her to avoid extreme struggle. The survival strategies young mothers use are part of their health strategies. To ensure a healthy intake for their children when they do not have the money to buy it, young mothers identify and attend the programs that are able to help them in some way.

*Sometimes there’s a struggle. My mom is who helps, and then there are also the programs that I go to. Sometimes, the programs I go to provide a grocery voucher. There would be probably a weekend that I only have food for two days. And when Monday starts I don’t have anything to give my son, like his full lunch for instance, his fruits, and it is difficult to make sure he has vegetables or a full packed lunch. So I look forward to go to those programs because they help me. For example, yesterday I was running out of diapers, and today I do not have the money to buy diapers for my daughter. But I know that if I go to that program I go to, they would be able to provide diapers for me. So then I’ll receive my money to restock on more diapers. I am really thankful for those programs, you know? And those resources help me sometimes and I don’t struggle to the point where I don’t have anything. I make sure that that doesn’t happen (Ava).*

The younger mothers can access easily the programs at the centers providing support to mothers under 20 years of age, which are available after school in the same location. This makes it very convenient for them as they do not need to travel and they do not need to spend time finding a program. The oldest mothers who cannot access these programs find out in the community similar spaces that provide them with similar resources. However, during the research process I walked with the participants and they showed me the places where they find a safe space to get material resources, support, or simply a quiet space, and I learned that the resources available to mothers over 19 are scarcer and require more effort to access than the programs for younger mothers.
The programs also provide a space for meeting with other young mothers with whom they can share similar experiences. Mary details the importance of connecting with young mothers alike. She narrates how the social isolation that young mothers experiencing homelessness experience is smoothed by the opportunity of being among mothers like them.

People can talk and share their stories, and I think that this is a big part of it. When you go to a center, like here, this is good because you find other people who are just like you. You can talk, even if it’s about like what you did last night or, even if it’s about what you’re going through, what you’re struggling with. It can be anything. Groups where you can talk it’s like you get off your mind, you can connect with somebody else, get someone else’s opinion, learn from them. So I think that talking, hearing other people’s stories, and being able to connect with them is a big, big, big thing (Mary).

Participants strongly value the opportunities to network with people in a space where they do not feel judged and where they can share experiences and thoughts, or simply relax. As I will explain in the next chapter, the need to connect and socialize is one of the values that young mothers appreciate the most from these spaces. Some of the programs offered are highly valued if these provide a space where they can express and simply be there. Some of the programs offered are also valued because of the material benefits they can get there (i.e. food, vouchers, tokens,
diapers) but the mothers do not necessarily highly value programs where they only expect to get material resources. Furthermore, programs that focus only on mothering skills are sometimes perceived as a way of imposing a mothering style that does not easily align with their life. A few participants explained that they attend these parenting programs because in some way they are required as a condition for school attendance, to transition to housing, or to show that they are engaged in acquiring the skills for being a good mother and consequently look better in front of the social services to avoid raising warning flags that might threaten custody of their children. This finding is supported by previous research (Romagnoli & Wall, 2012), whose participants (young mothers in Ontario) attended parenting programs at Early Child Centers in order to access public housing services, which in turn was dependent upon their compliance to state-regulated motherhood (Romagnoli & Wall, 2012). However, in my study participants referred to the programs as an appreciated resource. Sonya explains how she appreciates and values some programs, she finds in them not only a source of resources—and a way to eat—but a safe space. For her, the alternative of being there is being in the street or staying at the shelter, which she describes as unsafe and unwelcoming.

*On Mondays and Tuesdays after school I go to a program here, right? And Mondays and Tuesdays I just stick around and hang out here. I check out the swap shop and then at 4:30 I eat my dinner here. After dinner, on Mondays, I come to program which is prenatal classes. And on Tuesdays it is “food for two”. So, they tell us like what we should be eating and how to make baby food and stuff (Sonya).*

The participants in this study who did not have close relatives, or did not live geographically close to relatives, expressed feelings of isolation. As with the other participants, their days were filled with time for their children, housekeeping, and going to community programs, but they also highlighted the need to go out and connect with others. The participants who were in this situation were the oldest in the group, whereas the younger participants were in high school and could build their networks there. The oldest mothers dedicated some of their time to their children, looking for a job, or finding a way to connect with other young mothers in the community. They had their first child when they were teens, but now had one or more children, and in their stories they described doing what is known as “intensive mothering” (Caputo, 2007; Lareau, 2011). Intensive mothering is an intensive parenting practice, is child centered, and
usually goes at the expense of the mother’s needs. The older mothers dedicated their time fully to the children (and their family if they had a good relationship with them). Only one of the older participants went back to school to pursue higher education. In the following excerpt Grace narrates how she dedicates all her time to her children and does not dedicate time for herself except when she goes to a program. In her narrative she also tells how she has embodied intensive mothering; how her focus on the children (her children and stepchildren) has been driven by ideological emphasis on mothers as central to early childhood emotional and social development. This finding supports Romagnoli & Wall’s (2012) results on how the idea that intensive mothering is necessary to early childhood development.

*I am a homebody. I don’t go out as much and when I do I mainly go to programs in the community or around the GTA area, just for having time for myself, you know? [...] I’m home for the whole day pretty much.[...] It’s a lot of work to do all by yourself and then have to be the mother who plays and have some time with her kids like intimate times, but then you never get a break for yourself because you feel that you are constantly doing things. [...]My body is trained to do it so much it doesn’t bother me anymore like it used to bother me.. I am so tired that I don’t even question it anymore, I just do it. Because it’s become a part of me. But I learned that as a mother you have to sacrifice, even if it means you have to sacrifice your time sometimes. That’s what you have to do and I am okay with that. (Grace).

All the oldest participants (except the mother who went back to school) expressed isolation and the need to connect with others. The programs for young mothers, offered separately from high-school, were used as a way to escape and connect. As an example, Kishori goes to available programs to get out of the house and connect with others.

*That’s why I am going outside, for going to any program, I like new things. (Kishori).*

So far, taking care of their children and attending programs for young mothers (mainly to acquire parenting skills) were the activities that occupied their ordinary days. But for the younger mothers, and for one older than 20, what structured their life was attending high-school.
iii. Text books

Young mothers participating in this study attended high-school in special programs offered by the Toronto District School Board (TDSB)\(^{18}\) in conjunction with non-profit organizations that provided services to young mothers. These programs consisted of small groups taking place in a location that provided free child-care, meals, and other resources like the programs that have been described above. Going to school was of great significance for the participants, not especially for the amount of time or effort they needed to invest in, but for the expectations they put in education and the meaning attached to graduation. Graduation represents (for most of them) a way to achieve future goals, which are envisioned as requiring educational credentials. See some notes made anonymously by six participants, under the question *how do you envision your future?*

*My goal is becoming a pediatric nurse working in the ICU.*

*My dream for the future is becoming a real-estate agent.*

*My dream for the future is having a healthy, happy family.*

*My dream for the future is to become a lawyer, or a child youth worker, and become a foster parent and change lives.*

*My dream is to be a successful criminal defense lawyer by the time I am 26 years old.*

*My dream is to be a child youth worker.*

These statements could represent actual future goals, or they could represent an internalized acceptance of what the mothers understand as socially desirable goals for social mobility in the future. But looking at their stories, and how they see education in their lives, there is the acknowledgment that the social value given to education is one of the most powerful resources they can get to move to a better social position. Mary beautifully reflects on this. In the next lines

\(^{18}\) 6 out of 13 participants were in high school while participating in this study; and 3 were in high school while they were pregnant.
she explains how she sees education as the capital that can push her to a better social position. Her hope for a better, and different, future for her baby gives her the strength to pursue her dream. A dream that belongs in the social imaginary and it is internalized by individuals, in this case the young mothers.

And even when I feel myself like getting sad, I know I have to keep going no matter what. Because I have someone else to take care of. So, in that way, she’s definitely my strength for those things. You know, there’s no giving up. If I don’t go to school I am going to have a regular life, I am going to be working in a clothing shop. There is nothing wrong with that but, I have big dreams. And looking at her helps me get to those dreams for sure (Mary).

However, during the interviews and workshops, the participants engaged in a reflexive process sharing their thoughts with their peers. In the process of building their narrative they found the contradictions emerging from their marginalization, past (dispositions), and dreams for the future (social ideal). In the following fragment Abigail goes through her dream and what she needs to accomplish it. In the narration of the desired future she realizes of the difficulties that to achieve it and how hard these are to overcome. At this point, she fell in a deep silence. She realized that there were not many chances to accomplish her dream, and her hopes vanished.

P: I am in school now, I plan on finishing school and I’m planning on pursuing my dream job which is doing forensics, forensics technician. So, I might have to go to school in Kingston for that I am very excited.

I: Wow, how did you choose being a Forensic?

P: I guess it was the TV shows I watch, and all those criminal shows. Yeah. I really, like it. [...] {Laughter-Silence-Looking down}.

P: I think if I had schooling done and if I took it more seriously, also back before I had my child, then I think I’d be more happy about that, because now it’s kind of stressful being in school and then I have to take her (her child) to day care every day and... I’d have my schooling done and then I would be able to spend more time with him. And get a job, maybe work on the weekends [Um hmm]. Plus his dad works throughout the day.
Yeah, everything would be much more different. I am going to go to college, and once I graduate college...

I: In Kingston?

P: Yeah, and once I graduate college I am going to go to work. {Laughter} And then I am going to work and make my family happy. I am going to prove everyone wrong, everyone who said that I couldn’t do it or who doubted me. It’s going to be awesome.

I: Are you going to move to Kingston?

P: I don’t know. I don’t know. Another thing is that my boyfriend is going to be in school too, so we will probably be in school at the same time so then it’s like what am I supposed to do with my child? {Long silence} (Abigail).

In this narrative she clearly states that graduating, then finding a job, and moving to her own place is what will make her (and her family) happy. The suffering and oppression she expressed earlier in this interview before getting to talk to her future materialized in this elaboration of what the ideal future may look like. In this ideal future, she acknowledges that education is a socially valued credential that can open access to a better position. She sees that graduating is a way out of her past and present – linked to a non-supportive family and a boyfriend that makes her think what is he giving to her. However, she is also aware of the responsibilities she has accepted with her family and how this imposes challenges to educational attainment and an improved social position. The silence intertwined in this conversation was heavy and dense. When she was narrating this I saw in her face contained emotion, and I felt the urge of feeling the gap and talking to her. However, I was silent too as an attempt to reduce the effects of what I represented for her. I interpreted what was behind her lack of words as the fade of a dream that belongs to youth; a dream that seems to slip out from the young mothers who are trapped in a circle that might easily perpetuate their lack of resources and, consequently, their marginalized social position. I saw in this silence a painful realization of the complexities and cruelty of the social pathways out of marginalization. Nevertheless, silence interpretation is not a direct process. The structure of talk and interaction in interviews includes silences. These can only be understood from the researcher’s epistemological and theoretical orientation without giving
privileges to neither structure nor agency (Poland & Pederson, 1998). The meaning of silence within an interview can be imprecise but it is of huge value because of its reference to what goes without being said. In the interviews, participants presented their stories in a certain way as an active construction of the self, the underlying reasons of why did they do it this way it is key (Poland & Pederson, 1998). During the interviews, following Bourdieu’s reflections, as a researcher I aimed to exclude any type of symbolic violence that I could exert on the participants (Bourdieu, 1996c). However, I acknowledge that because I presented myself as a nurse, a researcher, an artist, and a mother, this presentation might exert some kind of pressure on participants. A power imbalance could have existed in some interviews as, although I am a single mother, I hold a position at the University and at a Toronto hospital. The pressure of showing that they know what is expected of them as youth and that they pursue that social ideal was present in some interviews. Abigail’s interview and her silence particularly, might be showing the contradictions that participants experienced. However, whether she wanted to present herself as pursuing the social expectations of being in high education, or whether she wanted to attend high education in her aspiration of upward social mobility, is unclear. Based on Bourdieu’s reflections, what is clear from this case is that the social order creates social suffering in young mothers whether they internalize the structure consciously or unconsciously (Bourdieu, 1996c).

Going back to the stories, there is an alternative narrative given by a young participant in similar conditions as Abigail but with the outstanding difference of having a mother that emotionally supports her. Her mother works and is out of home most of the day, so Mary is by herself with her baby, but she feels accepted and respected. Her story has the common element of hoping to graduate to guarantee a better future, but her attitude towards it is slightly different from the one I presented before. Mary not only has the emotional support of her mother, but they want to break the cycle of inequities and suffering both of them experienced.

She was upset but she wanted to tell me she was really supportive of whatever I chose, because my mom raised me on her own so she didn’t want me to have to go through the same thing of struggling and having to raise a baby. But she told me that if that was my final decision, she would support me the best she could. [...] And then it’s 9:30 pm and I am exhausted but then I start my school work (Laughter). So, then 9:30 I start doing my
school work until like 11:30-12:00 am and then I am weird sleep rat I can’t really sleep until 1:30 in the morning and in between that the baby is eating (Mary).

During the research process and the discussions and reflections done, she created a representation of her strength to achieve the future she envisions and change the dispositions she inherited from her mother, and that she does not want for her child.

Figure 23. Mary, Feb 2016.

I want to be successful because of me, but more because of her. I want her to have a role model, I want her to be successful and grow good and be loved and all those things. So she is definitely what I thought right away, my world. And then I used the world obviously, because my world and the foot represents her, because I knew it would be a creative way to represent her (Mary).

At the end of the study, this participant successfully graduated from high school and, among others, was accepted into university. Some participants quit school and moved with a member of the family who could help them; others did not finish high school but were aiming to continue in September 2016.
We celebrated with young mothers the end of the school year. Graduation is one of their main goals, the hopes attached to it and the effort put in succeeding is proudly celebrated.

Figure 24. A High School Graduation, Summer 2016, Toronto.

All the younger mothers aimed, and incorporated in their daily routines, the pursuing of education. In doing so they embodied acceptance that one of the most valued capitals in the social world is obtaining a degree or graduating from high school, and they incorporated this in their lives: they were mothering and attending school. They went every day to class pushing a stroller and wearing a school back-pack. This embodiment of a social ideal that conflicts with the social ideal of motherhood created in some of the participants a different view of the world that was reflected in their health practices. In the next section, the participants’ health stories, along with their creative work, will be analyzed to understand how health attitudes and behaviors are related to their daily lives and to the social structure. I examine their stories to understand how the embodied social structures (which dictate what is expected and valued in a young woman) affect the individual and the society.
iv. Social positioning and the creative habitus

Bourdieu’s concept of habitus, as I explained in chapter three, is a set of acquired dispositions, perceptions and appreciations, which shapes and gives meaning to our practices (Bourdieu & Wacquant, 1992). Habitus involves the recurring beliefs, values, behaviors, tastes, dress or speech of individuals in a group similarly positioned in a field. Habitus is a result of the social structure but at the same time has the ability of transforming it; it is a concept that challenges the idea that human actions are reduced to subjective or external constraints (Swartz, 2002). The embodiment of the social place that individuals occupy, otherwise seen as the interiorization of the social place one belongs to, results in a set of actions and beliefs that belong to habitus. However, habitus is as dynamic as humans, so when an individual or a group experiences a contradiction due to a conflict between the social structure and their social position, then habitus may adapt and adjust to the world (Bourdieu, 2000; Wacquant, 2016). Habitus can generate personal resistance, social innovation and structural transformation, but it needs a trigger, a crisis, a critical moment (Bourdieu, 2000; Wacquant, 2016). The modifications of behaviors, based on the tension between dispositions and circumstances, I call creative habitus. It occurs when the transformative capacity of habitus is enacted based on the inherent creative capacity of social individuals:

It is this disposition (a sensitivity to order) which means that objective changes to which others remain insensitive can be translated, for some agents, into modifications of behavior in various areas of practice. (Bourdieu, 2000, p. 187)

In this section, I offer an analysis of the changes in young mothers’ practices in relation to their social position and dispositions. This is in the light of what Bourdieu postulates in Pascalian Meditations (2000) when he postulates that habitus sometimes is not coherent with the place that individuals occupy because of the context, the situation, and the coexistence of different fields. So far, I have presented what an ordinary day looks like for a young mother. School, housekeeping duties, baby care, and attending programs that aim to build their mothering skills (in order to be better valued by the governing structures that facilitate child custody and housing) are their main activities. During these activities they interact with schoolteachers, peers in class, social workers, nurses, people on the public transit and in libraries, and family members or neighbours. In the analysis of their stories about daily interactions there are two different
elements that appear: first, the meaning of the interactions with others for the young mothers, and secondly the valued capital by mothers and in the social field—in Bourdieu’s terms, the field of power. In this section I examine and reflect on these two elements to understand their actions using Bourdieu’s theory. First, I will examine what the meaning of the interactions indicates about the social positioning of the young mothers. The meanings young mothers attach to interactions, which is seen in the way they present the stories, have implications for their individual behaviors and indicate how they position themselves in the social world. Second, I focus on the educational and social capital in the forms of high school graduation (and college or university degrees) and in the form of having a supportive family or other positive connections. Through my interpretation of the stories’ analysis, I discuss the embodied values of education and family (which are part of the social structures) to see what the internalization of the structure looks like in the daily lives of young mothers.

To be positioned in the social field as a young person, it is not enough to simply be of a young age—there is the need to also behave as a young person. Within descriptions of the daily lives of the participants are embedded two socially expected characteristics of youth: attending high-school and the hope for a bright future and better life after graduation. These two aspects show that participants see themselves as young and they make an effort (either conscious or unconscious) to be seen as youth while acting as such. At this point, I asked myself whether they are choosing to be seen as youth or whether they already feel they belong to youth, and why do they want to be seen as youth? To answer these questions, I will look at the previously discussed daily routines. If the elements in their daily routines that identify them with youth are school and the hopes to have a better life when they grow up, it seems that their choice of going to school is not such but it is the way marked by the social structure to achieve something else. Attending and graduating school confers a positive image that allows them to be seen as committed young mothers who invest in their future and make an effort to belong to the social world (according to the social ideal of what a young woman should do). This is based on the fact that social and housing services encourage them to attend high school, and if they enroll in a special program for young mothers they get benefits in the way of help to find housing, food vouchers, tokens, and support to learn new mothering skills. So, young mothers go to school and position themselves as youth to align, in some way, with the social expectations and social order.
Nevertheless, there is more that speaks of their social position; participants also explain in their stories that a big part of their daily life consists also of childcare and housekeeping activities. These activities and routines link with the gendered and traditional view of women and mothers, as a female position of an adult caregiver in the organization of western society. So in this sense, participants are simultaneously positioned as mothers and as youth. At first, after doing the media analysis, I thought that this was a contradictory position to be adopted by an individual, creating tensions in social positioning because the social world does not seem to have a positive image of the construct of a young mother (as I explained in the previous chapter). However, after the analysis of their stories and after understanding their daily practices (part of their habitus as an expression of their position in the social field, in Bourdieusian terms), I questioned whether these dispositions (to mother, to be a caregiver, and to attend school) are natural dispositions or are they altered by an external force, which could be either chosen or imposed—(when I say natural dispositions I do not refer to a genetic predisposition to act in a certain way, I mean that there are inherited dispositions acquired in early childhood in the family microcosm that organize how individuals conceive their behaviors and interactions, also referred to as primary habitus (Wacquant, 2016).

To answer the question of whether the disposition to mother, provide care to close family, and attend school are natural or altered by an external force, I consider the most common behaviors in young mothers in general, not in the participants in my study exclusively. Recent analyses show that young women from low-income households that perceive that they do not have many chances of progressing economically are more likely to have children than young women who do not perceive that (Kearney & Levine, 2012; McKay, 2012); there does not seem to be evidence indicating that young women with low-resources are more likely to graduate from high-school than young women from high-income households. Recognizing also that in the participants’ stories, none justify why they mother but they do justify why they go to school, I interpret that being a mother is the social position the participants see themselves in, and they adopt a modified position of youth to acquire a more powerful social place. This modified position is based on the search to accumulate valued capital in the field of power. The modified practices do not need to be adopted consciously but it is a result of a personal resistance to the experience of occupying what Bourdieu calls an awkward position (pp. 163 in Bourdieu, 2000). This is the improvised, plastic, and flexible aspect of the concept of habitus; and it can happen through
practical reflection of the agents or without further thought (Bourdieu, 1977; Wacquant, 2016). This is a key point in the analysis of the participants’ stories to understand why they act the way they do and why they adopt some health practices (described in the next pages).

As a last reflection on this point before moving to the second element identified in the participants’ stories, it is important to highlight the idea of the social construction of youth as a structuring minority. Youth is a concept that does not seem defined solely by the attribute of “age” and understood in a detached manner from the specific fields of practice to which the notion is being applied. It seems to be linked to the way individuals behave; being positioned as youth can bring social benefits but can imply the renunciation to other positioning such as being a mother. As Bourdieu stated, “youth is just a word” (Bourdieu, 1993, p. 94); the construction of ‘youth’ varies in relation to rules that are constitutive of a particular field. The same concept, ‘youth’, is linked to different rules and values in different social universes (Bourdieu, 1993b). This differentiation is clear when looking at the concept of ‘youth’ in different cultures, however it becomes blurred when looking at young people that navigate two, if not more, fields simultaneously. The rules of the field of power might have stronger implications in agents’ lives if the systems (in this case the health care system) mirrors and absorbs the values from the field of power. As a result, the group of young people who do not follow the rules become a minority, a structural minority, with consequences in their conflicting future possibilities. In the case I am studying, I would say that young mothers adopt (or it would be better to call it accept) the position of youth as an expression of the creative habitus, in order to survive and adapt to the external social structure. This creative habitus takes the form of an internalized structure and will affect other aspects of their habitus (and practices), in particular the health practices that I present in the next section. The idea of youth as a structural minority will be discussed in depth in the last chapter of this thesis. For now, I move to the second element identified in the participants’ narratives.

v. Social positioning and the fight for capital

After looking at what are the valued forms of capital by the participants, education and family stand out as the most valued. Capital, in Bourdieu’s terms, is a key concept needed to understand the individual behaviors, which might pursue the acquisition of specific types of valued capital to be in a more powerful social position. Specifically, social capital is conceptualized as a set of
processes that allow acquisition of other forms of capital such as cultural capital, which in the case of the young mothers is a desired form of capital that takes the form of high school or university/college degree. (Bourdieu, 1993a, Morrow, 1999). For Bourdieu, social capital entails social networks, connections, and the exchanges and obligations in social interactions that give access to other resources (Bourdieu, 1993a). In the participants’ stories, the interactions and the support (or lack of support) given by their families, as well as the search for connections in the programs they attend, are the key to understand the relation between capital (the resources needed) and their behaviors and social positioning. Following Bourdieu’s theory, the vital point lies in the relation between these three concepts in the daily lives of the participants, and not the contents and details of the accounts of these concepts in the participants’ stories.

Participants looked for meaningful social connections for several reasons. In their stories they explained that they wanted to connect with other mothers to share available resources and mothering skills; they went to programs to gain mothering skills and connections to providers who can “certify” their “ability” to mother when the custody of their child is at risk; and they also went to programs with the aim of finding material resources they lacked (i.e. food vouchers and diapers). They also narrated how they looked for support in close family members or neighbours to gain help in the caring of their children and in the housekeeping activities. In all these types of connections (gained through programs, school, or family), young mothers used their personal interactions to acquire other types of capital they needed: cultural capital, economic capital, and symbolic capital. They gained cultural capital in the form of formal education (school, college, or university), or in the form of informal education (workshops on mothering skills such as bonding, playing with children, or child development). Economic capital was the one gained the least, but getting diapers, food vouchers, clothes, or tokens, allowed the participants some relief from daily struggles to obtain supplies. The final capital gained from social connections, is symbolic capital. The value of symbolic capital, for Bourdieu, is determined by the logic of the field at a specific point of time, which in this case is the value attached to a young mother who goes to school and attends programs. This may be interpreted as the transformation of cultural and social capital into symbolic capital; a higher status than that of a stay-at-home lone young mother on government assistance only, which might also be interpreted as a young woman who does not invest in her future or the well-being of her children (McKeever & Miller, 2004). In this sense, not having a supporting family, or a network of
neighbours or contacts, carries a symbolic burden of which young mothers are aware; they need this support from networks to gain the cultural and economic capital that have a vital symbolic value in the actual social world. As it is seen in Bourdieu’s theory of practice, symbolic capital is inextricably linked to symbolic violence. The non-voluntary acceptance by young mothers of the capital that confers power is the effect of their marginalized position in the social field. And I say non-voluntary as there is no choice for them; because of their learning during their childhood and because of their experiences as youth with others, they are predisposed to accept and embody this symbolic violence.

In this section, through the relational analysis of the participants’ stories of their daily life routines, I have shown the tensions lying on the intersections of the positions occupied for being a young mother. The ordinary days of the participants are spent in a mix of what a teenager is expected to do and what an adult caregiver mother has been doing in the Western traditional culture. Organizations and community programs offer them support and resources to promote these patterns, and young mothers experiencing marginalization in public spaces and also by family members and close relatives, and who are willing to keep the custody of their children, adhere to this social and violent expectation to gain respect and more resources—such as housing, goodies, or connections with health providers. Bourdieu’s approach to human suffering is key to understanding whether the actions of young mothers respond to their internal agency, respond to the internalization of the social structure, or respond to the mechanisms triggered by both the social structure and the individual agency. Their predisposition to mother and the embodied social ideal of what it means to be young results in a creative habitus that pursues the acquisition of social capital (networks and supporting family) and cultural capital (school and higher education) to gain symbolic capital that may put them in a more privileged social position. In the next section, I present the practices of the participants to access and use the health resources and how these relate to the social positioning I have described in the previous pages. Health practices are part of the behaviors and actions occurring in daily life, and as such health practices also reflect the embodied structure and violence resulting from this internalization. Health behaviors are sometimes studied in isolation from the relations between individuals and the big social, and this ends in an oversimplification and an omission of the understanding of attitudes and actions of marginalized groups such as young mothers or homeless youth. Following the theory and research of Bourdieu and Wacquant, I use their conceptual tools to understand the mechanisms
that put young mothers in a marginalized position when accessing and using health care resources.

b) Access to, and use of, health care resources

After analyzing how the daily life of the young mothers related to their social positioning in a specific time and place, as well as the relational implications of having a child at a young age with limited resources, I turn to how this is linked to their access and use of available health resources. I have presented in the previous pages that the participants’ lifestyle includes going to school, providing care to their children and relatives, and attending programs that might confer symbolic capital. Moreover, I argued that this lifestyle is beyond the limits of the objective possibilities (in the existentialist way) and it is moderated by an intricate social order that undervalues, and negatively characterizes, women mothering at a young age. However, what remains unresolved is whether there are commonalities in how young mothers with low resources use health care services, and whether what they do is related to the organization of the social world (in terms of valued capital, predispositions, norms and values, or individual conscious/unconscious choice). I am interested in the whereabouts of individual actions related to seemingly arbitrary social organization. In this section, through the stories and creative pieces of participants I explore and deepen the understanding of what and why the participants do if they need help with a health issue.

The social order, structure, and organization, is unequal, unbalanced, disparate, and arbitrary; and due to the permanence and repetition of inequities in different moments of history around the globe, it seems it is likely to always be unequal. The use of the term arbitrary for the social order, or to refer to the distribution of capital, refers to a normativity that is not based on rational and thoughtful arguments. It is an order based on an evolution and validation of characteristics linked to power. Bourdieu theorized that some capital is distributed in an arbitrary way in the sense that the symbolic value attributed to some sorts of capital in the field of power does not follow a logic rule and it could be subjected to a change given a crisis (Bourdieu, 2001; Bourdieu & Wacquant, 1992). In the field of health care, we find an example in the relationships between providers and patients in which both embody the normativity of the social field. The distribution of power we are used to, and that confers predispositions to both providers and patients to act in a certain way, is unbalanced and does not follow a conscious logic. However, it is validated and internalized
(with more or less intensity) by individuals. The normativity of the social field is transferred to the health care field and hence its inequities are transferred too. It is the understanding of how habitus in the health care field relates to the social world that will form a representation of the mechanisms of inequities in access to, and use of, health care resources by young mothers experiencing homelessness. After this theoretical reflection, the practices of the participants will show a deeper aspect of the concepts mentioned. When there is a health concern, either an acute situation such as a cough that seems to get worse, high temperature that does not resolve, or a less urgent situation like a child that sees not to eat enough or who might not be gaining weight as expected, what seems to me as the simplest action is to visit the family doctor for advice and treatment. I, as a nurse and a mother, view this situation from a particular point of view that is clearly more advantaged than that of the participants. I know how to navigate the health care system (although as a new-comer in Canada with a strong spoken accent there are other barriers I encounter and short-cuts in the health-care access journey I have not learned); if I have a doubt about where to go I can contact other health care providers whose knowledge is broader than mine. For most of the Canadian population, access to Ontario health resources can be easily made through a family doctor, a nurse practitioner or a community health center if the individual has a valid Ontario health card. However, 14% of Canadians do not have a family physician (Béland, 2002); in particular six of the thirteen participants in this study did not have a family doctor at some point after they were pregnant – and four of these did not have one still, months after giving birth. It is not only the numbers about whether they had a family doctor that raises concerns, it is the challenges to access a family physician, or the emergency room, based on the mother’s perception of the marginalization they are subjected to. The participants described instances of dealing with health issues while they were involved in this study, and also told stories about previous encounters with health care providers. They told of strategies to avoid feeling brushed-off and judged. In the following pages I describe what they do in case they need further help with a health issue, whether they have or do not have a family doctor (none mentioned nurse practitioners), who and what helps them in a health situation, and how their previous experiences relate to their actual behaviors.
i. The baseline: Do you have a family physician?

I was interested to know what the participants did when they identified a health issue; however, after getting to know them during the recruitment process, and after I saw how an ordinary day unfolded for them, I began to rethink my assumption that they routinely went to see their family doctor, with whom I thought they might have a relationship of trust. Their health stories bring up their resilience and skills to find a way to get health care while avoiding one of the things they fear the most: being questioned or judged for being a young mother. The participants who were under 18 years of age, and one of the older participants, had custody issues with their children and they expressed concerns about getting in any type of trouble that could put them in a vulnerable situation in the custody process. They knew that health care providers have the power to contact social workers, and that any question around their mothering skills could be seen as a weakness impacting their custody process. Furthermore, participants who did not have custody issues also had experiences of feeling judged, or brushed off, and they were hesitant to repeat the experience. During the interviews I only captured once the expressed fear of getting in trouble with the child welfare services (quote it is presented later in the text), however participants and workers in the programs described this as one of the main barriers to see a family doctor, a nurse, or to go the emergency room.

There were very few participants who trusted their family doctor and who considered them as their main point of reference in case of need. These participants, after trying to solve the issue by themselves or after asking a person who they trusted enough, went to see the family doctor if they thought they needed further help. Neeta explained the story of when her baby had a strong cold that got worse after a few days. Following her struggle during her pregnancy to find a family doctor she goes to see him when in need.

_We just did some home remedies, they have, they do something so we did that, and he was okay like 5, 6, days he was okay, so we didn’t do anything but now he, he’s caught cold again it’s like [Yeah] last Thursday, Friday, he got cold, Saturday, Sunday he was okay but Monday night the whole night he was crying, he didn’t sleep with his cough, he had severe cough [Yeah], so yesterday we went to meet his family doctor, yeah (Neeta)._
Neeta had a family doctor at the time of the study but she did not know how to use the health care system when she arrived in Canada. What helped her (as well as others in similar circumstances) to figure out and later navigate the system was going to the health care center in their neighborhood. All of them connected with health care centers either through neighbours or through the support centers for youth.

Two participants, born in Canada, had the same family doctor since they were children. They used part of the same resource network that their mothers had, which made it much easier for them.

_Yea, he was my family doctor since I was born. He knows me well. I’m Canadian. I was born and raised here, so. I haven’t left my area. I’m living where I grow up, I spent my whole life here. So I’m around the same people that I’ve always been around. I have a big support system (Gina)._”

Gina, and also Ava, had not moved from the neighborhoods they lived in since infancy; they did not need to build a new resource network after their pregnancy. _Yeah, and she was my mom’s family doctor when my mom first came to Canada, yeah [Oh wow] in the 1991 [Oh] yeah, so she (the doctor) is still here (Gina)._ Both of them had some kind of support from their mothers (both coming from a single-parent household) and relied on this to enhance their resources. From the stories of these mothers (Ava, Gina, Jenn, and Neeta), not only the health stories but in their full narratives, there is the consistent presence of the image of a loving mother (or grandmother) embedded in the health stories. The participants valued what their mothers did for them, they used the home remedies they learned during their infancy, they remembered them, they felt accepted and secure now in the way they are and they related it to the memory of/or the presence of their mothers. Ava, Gina, and Jenn were born in Canada, but Neeta was not. All of them had their mothers’ emotional support and all of them found support in their family physicians. This suggests the strong link between having family support—feeling accepted and loved—and having a better access of the health care resources.
Flowers, they bring me back to my family. The bright colours, the early morning sun rising; I remember my grandfather, grandmother, my mother. The memories. It’s calming (Kavita and Kishori)

However, going to see a family’ doctor is not what most of the participants in the study did when they had a health issue. Participants either did not have a family physician or if they did, they expressed that they didn’t really like them.

I: Do you have a family doctor?

P: I go to Sickkids for her, I don’t have one for me.

I: And if something happens, now imagine that you have suddenly fever?

P: Um hmm, I go to the emerg.

I: You go to emerge?

P: Um, I have a doctor but I don’t like him that much. I don’t because the family doctor I had from before I have my baby. I don’t really feel comfortable with him. I feel it’s not the same, so I am looking for a new family doctor. (Addison)
Participants acknowledged, although indirectly, that having a doctor would be good for them. During their pregnancies, obstetricians and providers at the hospital recommended them to find a family doctor, but they feel reluctant to do this based on their past experiences. At this point, it is critical to understand these practices to read an excerpt of the health story of Sonya, in which the fear of being judged is so strong that it pushes her to find an alternative, more suitable source of health care.

Yeah, I have a family doctor, right on Parliament clinic, Dr. M., but he doesn’t know I am pregnant. I haven’t gone to him, I have been going to Planned Parenthood. I don’t know why, because I was just..., I don’t want to be judged.

I: But did you tell the doctor, or...?

P: No, he doesn’t know anything, I haven’t even been there for like months. But my doctor at Mount Sinai, the one who’s caring for me right now, she does. Because she is just going to care for me while I am pregnant. She told me I should go see my family doctor and let him know, because the baby will need a doctor after he is here. So, she said I should go see if they are accepting patients. So, I should do that one day after school just walk over there or during my lunch break yeah (Sonya).

For Sonya and Addison (Sheila, Abigail, and also Tina) there was no previous trust relationship with a health care provider and they avoided any possibility of engaging in a judgmental or conflictive situation with health care providers. Of them, only Tina connected with a physician through one of the centers supporting young mothers during the course of the study. In that center, there was a physician and a nurse available at least once a week, who offered follow up to young mothers who need it. This was a valuable resource for the young mothers attending school there, although provisional. In the cases of these participants, they also had in common that their relationship with their mothers (all of them came from single-parent households but Sonya) was non-supportive or absent. The lack of a supporting relationship with their parents compounded the impact of negative experiences with the health care providers. The lack of family support relates to the poor connection in the health care system, the two different forms of social capital are intertwined in the young mothers’ attitudes towards health care providers.
In the absence of a family doctor and a nurse practitioner, when participants needed health care they went to the emergency room. The ER (emergency room) is seen as a fast and anonymous solution when young mothers need care and they are not able to find another pathway. Unfortunately, their experiences in the ER were not much different from their experiences with other health care providers.

ii. The emergency room: Being brushed away, again.

When I first listened to the health stories of the participants who went to the ER, I naively thought I was going to hear a story of a positive experience. The fact that they did not trust a family doctor and they went to the ER as a suitable alternative made me think that the anonymity that the ER could provide, would benefit them. However, participants who went to the ER also narrated their stories in a way that fear of being judged, along with experiences of being brushed off, was the main topic. My thought about being anonymous in the ER started fading. Participants used the ER as the last alternative to not having a trustful health care resource available. Despite this, going to the ER still was perceived as being at risk of judgment. As an example, Tina explained how her concerns about keeping her baby’s custody shadowed her encounters at the ER.

*Because I am young, people look at me like I am irresponsible and they think I don’t know what I am doing. They think: “oh, she is young”. Like, how is she going to take care of her baby? And everything like that. So, a lot of times I am worried that if I bring her to the emergency room for any little thing I think they are going to call CAS and be like: oh! this is bad parenting, for every little thing. Even though I am not, and I am just making sure that she is okay, which is why I am here, you know? So I feel that’s what my biggest worry is, that someone is going to call CAS for something like that, for false things that I am not doing (Tina).*

In her health story, Tina characterized the embodiment of being a risky subject; she embodied the constructed image of a teenage mother as parentally and socially risky. This is a different disposition of being a subject at risk; being a risky subject means that her actions can harm society or, in this case, can harm her baby. This image of a young mother who can put her child at risk corresponds with the social construct that teenage mothers are immature and almost
feckless, a construction that aligns with the media stories seen in the previous chapter; a construction that has been adopted by the structures in charge of protecting children and youth (such as CAS). The relationship between being a risky subject and being a young mother has also been described in the literature by Jan Macvarish in her work with teenage mothers with low resources (Macvarish, 2010). She theorized that the problematization of young mothers, who are seen as incapable of adequately caring for a baby’s physical or emotional needs, goes beyond seeing them as *at risk* but as *a risk* for their children. The social construct of being a *young mother* not only poses the problem as them being marginalized, but it also poses that they might not be good for their children, and consequently they might be watched or judged by health care providers, child welfare or social workers, who will assess this risk. Sheila narrates what she experiences when she goes to see the social worker:

> Even just a day I am not feeling well they will point it out: Oh, you are looking a little rough, an, they kind of make it feel like they are judging me and they point out how young I am and where I am living. They ask the same questions repeatedly and I tell them “this is where I am living, this is where I am living, my baby can come home where I am living”. It’s a suitable environment and they almost argue me on it. So, that’s one thing I don’t like about the social workers. [...] The social worker, I think it’s because of how young I am, but I have also explained to her my living situation and my living environment and she always comes back to where I am living and to my appearance, whether I am wearing make-up or not, or whether I am wearing a winter coat or multiple sweaters like my comfort, she always points out little things that I am not too crazy about. (Sheila).

The stories of feeling judged, and sometimes surveilled, at the ER extended to other settings. At the clinics or with the family doctor, participants narrated similar stories in which they felt questioned and brushed-off because of their young age. One of the participants symbolized the experience of feeling surveilled and judged in a piece of artwork. When she showed it, other participants discussed with her this matter and shared their related views and experiences. All the participants who were there agreed they had similar experiences and feelings of surveillance.
The Anonymous’ piece shows three sets of eyes in different colours wide open, focused on you, and reflecting the light in the iris. This artwork makes us feel on the spot, almost surrounded by others’ eyes. Participants narrated different experiences in which they feel this way, and these extended to the interactions with health providers or with other patients while they were in a health service physical space (e.g. ER or clinics). Mary, who was present in the discussion, narrated during the interview this experience and feeling. In the following excerpt, Mary explains the experience of being judged, surveilled, or watched. In her narrative she interestingly relates this to being seen as different from other youth, or other mothers, bringing up again the central idea of social positioning. The following passage is longer than the previous ones, but it presents in a unique way the relation between social positioning (she is “too young” to mother),

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19 This drawing was made by a participant anonymously. She gave her written and verbal consent to share her drawing for dissemination purposes.
predispositions (both mother and daughter are young mothers), social suffering (feeling of surveillance and being watched), and symbolic violence (accept her difference and justify her possibilities of success).

*People stare at you like you have five heads {Laughter}. Even though it’s something I think it’s so common. And even that before women had babies so young. Like 12, 13, 14, 15 years old. And they are still having babies in other countries when they are young. But here in Canada it’s different. There’s people who look at it like there’s a way you have to go through life, like, you have to, you know? Finish high school, go to university, fall in love, get married, have kids. That’s the typical. And that’s, I think there’s nothing wrong with that, of course. That’s probably a successful way to do it, but not everyone’s life is like that, right? So some things are jumbled but that doesn’t mean you won’t get the end result of success, happiness, family love. Those things will come doesn’t matter in the order that they come in. , I know people that stare at you and they judge you because there’re lots of teen moms who are not good examples of teen moms. But there’re also lots of adults that are not good examples of being a parent, so it’s not fair to judge. But people do it anyways. And people always stare at you or people always say: oh my Gosh, you are so young! How old are you?. Because they are nosey. And you say: I am turning 19 and my son is 4 months old. And they say: wow. But there’s nothing you can do. I was at a wedding on the weekend, and my mom had me at 24, so she was older than me now, but now she’s 42 and I am turning 19, so me, my mom and my baby were at the wedding at one point, and someone who I don’t even know said: wow, isn’t this weird 3 generations in less than 40 years. And I was like “huh”, and he was like: “yeah, it’s weird that you guys are so young and it just keeps repeating”. My mom was like, “what?”. No matter what, anywhere you go, you are going to find people like that. Because they are not used to it or it’s just that people are judgmental in that way (Mary).

Anonymous’ artwork, as well as Mary’s story, illustrates the experience of being surveilled and singled out because of being different. Multiple open eyes staring at them along with others surprised by their young age (highlighted by the repetition across two generations) are tied with the participants’ experiences with health care providers. Sheila and Mary explain how, from their social position, others are entitled to infer whether they are able to mother (in the recognition of
the divergent life’ trajectory). As I briefly mentioned before, it does not surprise me how Mary elaborates a rationalization and normalization of their situation based on the possibility to achieve success, defining it in the general terms of “happiness, family, and love”. In her story she makes it clear that the social construction that sees a young mom as a bad mom is not based on individual realities but on the social constructed relation between age and skilled motherhood. This corresponds with Bourdieu’s conceptualization of the distribution of symbolic capital and with symbolic violence—when the external values are interorized. Symbolic value is given to being an older mother while negating any value to young motherhood. Bourdieu writes about the effects of symbolic value on the practices of individuals and on the mechanisms of symbolic violence (Horvat, 2001). The internalization of the symbolic values alters the behaviors and actions of individuals who tacitly accept the values that marginalized them. Interestingly, the effects of the natural acceptance of the value symbolically attached to older motherhood are translated to the health care field. Symbolic violence is rooted in the young mothers’ homelessness experiences, is rooted also in their disposition to be young mothers, but it is also rooted on the organizations that are complicit—including the health care system (Horvat, 2001). The experiences of being watched or surveilled when commuting, or in other public spaces, are transferred to the encounters with health care providers. When the health care system should be a non-judgmental space of inclusion and respect, it becomes a non-welcoming space. This brings me back to what I was questioning previously: whether the type of interactions with health care providers occurs exclusively in the specificity of the health care field. The stories and artwork of the participants showed that the situations in which they feel judged or surveilled when using health care resources are not isolated from the experiences in the social life. The poor and negative value attributed to mothering when of a young age is transferred from the general social field to the specific health care field.

Judgment and surveillance may go together with dismissal or disregard. Stories of feeling judged by the health care providers go along with experiences of being brushed off. Participants gave multiple examples in which they went to see a health provider, they explained their health concern, and they were treated as if they did not understand what was happening or

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20 “Brushed off” is the term used by the participants.
what the treatments were. Participants perceived they were treated as ignorant, inexperienced, or that they were over reacting due to their young age and, consequently, low mothering skills. As an example, Kavita took her child to the ER when he had a rash accompanied with breathing difficulty. She explains how the doctor saw the child, gave him some hydration treatment and hoped he would be better in three days. Almost all the participants explained a similar story, they went to a family doctor or the ER and they perceived that the providers did not pay too much attention to them or did not hear or answer their request. This is Gina’s account of a similar experience:

*I went to Humber the last time. So it was close to my place. Doctor told me to give him Pedialite, and they gave me distilled water as he was to drink Pedialite. This is the last time he was sick, and I’ll never go back there. [...] Then, the doctor is going to say, ”give my child Pedialite”? And give me distilled water instead, and say “this is Pedialite”? They did not say anything, and I taste it. No electrolytes, it was water. It was not salty. Pedialite, in that way, Pedialite is salty. I guess they assumed if he can hold down the water he can hold on anything. But I had Pedialite at home and I know it is supposed to taste salty (Gina).*

All the participants, with no exception, had health stories about feeling that they were treated as unskilled, unable to mother, or that were questioned as such. The narratives speak of a view imposed on them that goes back to when they were pregnant. The point of view of health care and social work providers, family, friends, boyfriends, or simply from others in public spaces, is a view that relates to the wide normative social structure that contributes to the social world organization. In the description of the others’ views I see the strong structural forces described in Bourdieu’s work that are tied to individual practices—and habitus—without determining them.

The participants’ use of the ER is related, in some cases, to the absence of a family physician or a nurse with whom they had a non-judgmental relationship of trust. As I presented in the previous section, lacking family support, social connections, and experiencing homelessness are elements that affect the patient/provider relationship. However, participants uniformly recall being brushed off or feeling judged in short encounters at the ER or in other health care settings. The judgment on young mothers experiencing homelessness is easily translated to judgment on
some encounters with health care providers. However, getting the idea that health care providers are judgmental and this goes in detriment of an equal access is the wrong conveyed message. Expectations put on providers to provide a kind face would probably not succeed (Wen, Hudak, & Hwang, 2007). Oudshoorn, Ward-Griffin, Forchuk, Berman & Poland discussed the need to focus on the agency-structure dialectic when studying the impact of client/provider relationships on using health care resources for people experiencing homelessness (2013). They interestingly showed how providers’ actions are limited, and also strengthened, by the health care structure (Oudshoorn et al., 2013). Health policies on resource allocation, evaluation of health and performance outcomes, or assessment of treatments attrition, shape providers attitudes and practices. Nevertheless, there is a difference between studies on homeless populations, such as Oudshoorn et al. or Wen, and studies with homeless young mothers. The difference is on the structural organization of the health care system regarding services provided to vulnerable populations. In the case of people experiencing homelessness there exist tailored services (Toronto Public Health, 2017), however in the case of young mothers experiencing homelessness the only kind of specific resource available is the HARP team\textsuperscript{21} during pregnancy, although it is not specific for young women but for homeless pregnant women. The lack of specific services or specific support for these young mothers is a structural inequity that has strong consequences on the provision of services as well as on the mothers’, and children’s lives and health. Bourdieu explains the mechanism that explains this structural inequity based on the actions performed by the public system:

\textit{The State}\textsuperscript{22} makes a decisive contribution towards the production and reproduction of the instruments of construction of social reality. As an organizational structure and as an authority regulating practices, it exerts a permanent action of formation of durable dispositions, through all the constraints and disciplines that it imposes uniformly on all agents. In particular, in reality and in people’s minds it imposes all the fundamental

\textsuperscript{21} The HARP team (Homeless At-Risk Prenatal) is comprised by five Public Health Nurses and two Registered Dieticians providing prenatal visiting and support to homeless pregnant women in the City of Toronto (Toronto Public Health, 2017).

\textsuperscript{22} Bourdieu refers to the State as source of symbolic efficacy performed through the functioning of the educational system, and that I make extend to the health care system (Bourdieu, 2000, p. 175).
principles of classification—sex, age, ‘competence’, etc.—through the imposition of divisions into social categories (Bourdieu, 2000, p. 175).

The implications of the organization of the resources available are a part on the social construction of young mothers experiencing homelessness. Kind and non-judgmental providers are not enough for a fair access to health care resources in the same way than health care services cannot be exclusively based on individual attitudes and skills. The absence of a tailored resource for young mothers relationally situates them in a limbo space as they do not fit in with resources built for older mothers. Health care organization does not contemplate a specific resource for homeless young mothers, and health care resources do not contemplate the specificity of this vulnerable population. The marginalization and invisibility they experience is reflected in the health care system and respective service policies. Young mothers experiencing homelessness are either treated as youth or as mothers, when none of these simplistic categories takes into account their needs nor recognize they are mothers independently of their age or situation.

This conveys to set up the context for interpreting three rich pieces of artwork, and linked stories, of the participants. So far, the participants’ stories constructed an account of how their own sensitivity to others’ views shaped their behavior, rooted in the social values and health care system organization of the resources. However, the artwork was a unique way of expressing the duality of how they are seen and how they see themselves. Deepening and adding another dimension to the stories. Participants expressed through art what I interpret as their experiences of the social order and their experiences of the symbolic value attached to mothering at a young age. The artwork was visually compelling and added not only intensity in their stories but added the power of symbolism and emotion when words fell short. In the following pages I include more artwork than previously. The reason for emphasizing now artwork versus narratives is to use the ability of art to express the evolving identities, or the social suffering emerging from the tensions between capital, habitus, and field experienced in different ways by the participants. How these tensions are translated, and reproduced, in the health care field is fundamental to gain an understanding of the inequities of access to, and use of, health care resources. Although research using a quantitative approach is still the gold standard for health policy research, artwork brings a deeper understanding of inequities in healthcare resources use and access.
In this artwork, one of the participants\textsuperscript{23} nicely and clearly symbolized the participants’ narratives of not fitting in the ideal of mothering. She chose the representation of a dualistic experience, the social imposition of a deviant behavior and the recognition of resistance in the inner, and contradictory, acceptance of being a young mother.

Figure 27. “Only You Matters”.

\textit{Chris. January 2016}

So, our assignment was to capture what is like to be a young mom, so what I did is I divided the whole paper by the 2 triangles, and in the top one I put a shaded dark, I put a silhouette of a man scolding a young mother who has a big pregnant belly. And that’s like, a lot of people look down at young moms, a lot, a lot, and they give faces, and everything. So that’s the top. But then in the bottom triangle, the only thing that truly matters is your happiness with your

\textsuperscript{23} This participant who did not engage in the individual interviews, but participated in the workshops, agreed to record the meaning of her creative piece and expressed her will of including it in the study for analytic and dissemination purposes. She gave her written and verbal consent.
child. So this is the silhouette of a mom holding the baby with her head wrapped around him.
And that’s all that matters, and she is happy (Chris24).

Through this piece Chris symbolizes her experience of being scolded for being a young mother when being a mother is what brings strength and happiness to her. This initially links to their social position and symbolic capital described earlier in this chapter, but it also brings us to the questions of what are the mechanisms that support unequal access to, and use of, the health care resources, and how their health practices relate to this. In the case of mothers experiencing homelessness, their attitudes towards health providers are shaped by how they can impact their lives and the custody of their children.

In the next two pieces of artwork Ava and Sonya capture the internal isolation experienced while mothering at a young age with low resources; this resulting from the duality of the internalization of the social ideal of mothering and the clash of past and present while aiming for a better future (their mothers also were young mothers but they want a better future than their mothers had). Both pieces express how becoming pregnant during adolescence is a tremendous stressor exacerbated by the lack of family and social support. They struggled to have a stable place to live, and their mental health (along with their physical health) is at risk. However, they find strength and resilience in being with their child and hoping for a better future, free of marginalization and poverty.

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24 This participant participated in the workshops intermittently, she did not give details about herself and she was not there to participate in the interviews. However, she expressed her will and consent to share her creative piece and what it represented for her.
Figure 28. Young Mother.


*We all have problems but for young mothers is worse. I didn’t put glitter, I just put stars. I just used like purple and blue paint and put some star. It just represents life itself (Sonya).*
Life continues… I won’t be stuck here forever. I painted the blue background because it’s the sky, you look up in the sky and it’s like kind of not so much daydreaming but it’s beautiful like it’s nice, it will take you away in a positive way, not negative, so I put the blue background. And then, I used the orange and yellow to spell out life, because those are the bright colours that I like. And then the purple and kind of more darker shades in the middle to kind of like that’s where I am, that part where I say is stressful, sad, or going through anything is like in the middle because it’s there but it’s going to release, and that’s why the blue kind of sky colour is around it (Ava). March 2016.

These three pieces of artwork keep the visual and verbal content in balance. What words cannot convey and evoke these watercolor paints do. These pieces allow us to see illuminating the invisible, instead of looking at the data. The theoretical concepts might be interpretatively brought into being when seeing young mothers’ visual reflexive expressions of their health practices to use the health care resources.
As a summary, the concept of habitus deepens the understanding of what health care resources young mothers experiencing homelessness use. These health practices result from a complex intersection between: the value attached to be a mother when they have low resources (and experience homelessness), the divergent social place where they are put because of the unaccepted trajectory, and the lived contradiction of looking to socially move upwards when repeating the inherited circumstance of mothering at a young age. Their actions and practices are rooted in the social ideas that they have internalized and are oriented to a future that does not fit all social agents. However, the resulting unequal use of the health care resources is not only a matter rooted in the present and in their health practices. The low access to, and use of, the health resources comes also from the organization of the health care resources. The health care system ignores the distinction of young mothers and actively constructs an image of a young mother who does not fit in the available resources.

In this section I have analyzed the health practices to access and use the health care resources, and the social and individual meaning of going to the emergency room and interacting with a health care provider using the Bourdieusian concept of habitus. Young mothers experiencing homelessness occupy a marginalized position due to what is considered a deviant trajectory from the social ideal of who are youth and who are mothers, but this does not explain the participants’ actions. It is the intertwining of this with the inherited symbolic value of mothering dramatically colliding with the hopes put in upward social mobility (which seemed ruined by the pregnancy). Nevertheless, not having a family physician or a nurse does not mean that the participants’ only health resource was going to the ER. In the next section I will describe and analyze their alternative pathways of care.

Alternative pathways of care as a way of resistance to the ideal of a mature mother

As I have presented in the previous sections, the ways participants use health care resources relates to a complexity of factors, circumstances, and values. Their ordinary days are informed by the social norms and values attributed to a constructed ideal of what is a mother; what they do in their ordinary day is related to how they act when they have a health problem, and all these are shaped at the same time by their acceptance and embodiment of the social problematization of
being a young mother. There is no linear relation between these but they form a net of forces carving a pathway for youth. In the previous chapter, through the analysis of the media I explained that there is a dominant discourse (that takes the form of a master narrative) that portrays young mothers as deviant, unskilled, too young to mother, and risky subjects who need help to take care of their children. So far in this chapter, in the health stories young mothers explain that they silently accept this social position (too young to mother) and they avoid any encounter with health professionals that may result in judgment, surveillance, or being brushed-away. This internalization of the social values (rules of the field in Bourdieusian terms) is reinforced and altered by what they learned or saw in their family practices and values (predispositions) and by the marginalizing experiences they had because of being seen as unskilled or too young. However, this is not a full analysis of their world. There is one more element in their stories that I present in this section and is important to understanding the health behaviors of the young mothers with limited resources. In this section I explain what the participants do when they have a health issue and they don’t have a family physician and they perceive that it is not worth going to the emergency room. In this situation, they build an alternative image of a strong mother who has the skills to take care of the baby although these skills do not fully correspond with the social ideal.

In the following pages I show that participants constructed a slightly alternative approach to parenting that is noticeable in their health practices, which include a different way of using the health care resources. As it has been shown in previous research with young mothers with low resources, they resist marginalization by constructing an alternative image of mothering (Wall, 2010, 2013). The participants explained the alternative ways for taking care of their own health and the health of their families and reflected on it on the basis of the treatment received and the experiences they had of being judged by others in previous health care encounters. In their narratives they constructed an alternative view using fewer health care resources. In these behaviors, I see a pattern of resistance to the dominant social ideal of what is a mother and what is youth. This pattern of resistance occurs at the intersection of at least two social positions: first they are young, so the structure does not fully accept a teenager mothering, and second they are mothers and they feel proud and strong as such. The Bourdieusian concept of habitus explains this complex relationship that results in a series of health behaviors that also do not follow the expected health behaviors of a mother.
a) There is another way

When they did not think that they needed to go to the ER, but they still needed help, if they already knew another health care provider then they contacted them, however unfortunately this happened rarely among participants. They contacted the HARP nurse (homeless at risk prenatal, program created in 2007), Telehealth, community health centers, or social workers; these are the resources they used in the case that they did not have a family doctor and they did not want to use the ER. The experiences with these health care providers vary, with the HARP nurse as the only health care resource that the participants did not have a negative experience with. The relationship with the HARP nurse was described as personal, close, and non-judgmental. Telehealth is also an appreciated resource.

So, I call my sister, she has a baby, and let her know, and if there is anything that she knows then she tells me. And if she doesn’t, because she doesn’t understand or she doesn’t know what to do, then I call Telehealth. But most of the time like, I try to heal it myself (Tina).

Young mothers discussed more than once using Telehealth instead of going to the emergency room or going to see a doctor. The feature they really liked about it was the anonymity it provided, they appreciated that the person on the other side of the line could not see them and was not able to see their place, their appearance and where they were staying. They expressed concern in relation to a physician or a nurse coming to visit them, as they could be judged because what their place looked like or whether it could look untidy. Social workers were mentioned but it was not a resource that was valued; and community health centers were used and valued, but only for the participants who had a network (either a friend or a worker at a resource center for youth) and were told about these.

Most of the participants used their knowledge of traditional Western medicine or other remedies learned from relatives. They applied natural remedies/therapies for what they considered minor issues. As an example, Abigail did not have a family doctor when the study started, so she relied on her instinct and knowledge and used natural remedies to deal with her child’s sickness; in her case her mistrust in doctors extended to health promotion practices such as vaccination. She considered vaccination as something unnecessary and did not vaccinate her child.
When he gets sick I usually stay home and give him teas, because I don’t really mess around with medicine. And he even hasn’t got his shots because I don’t believe in that. So, I would try natural remedies to cure his pains or sicknesses, and even for myself too (Abigail).

When participants explained the use of teas or natural remedies, they rationalized these actions in what they have learned from their families during childhood or nowadays, and some of them explain that they do not believe in scientifically proven treatments. Their narrative is constructed in a way that they show how they care about their children although it is not through the use of the habitual or expected biomedical approach.

I: And if they have a cold who do you call or who do you ask?

P: No one.

I: No one?

P: No. I just do it.

I: Wow.

P: Yeah, because like I grew up in Jamaica so the practices that we have there are that we give them tea and herbal medication and not necessarily, you know, scientifical medication that they would have to form in a pharmacy and stuff, so I give her tea when she’s sick. When she has a cold I don’t give her medication, I give her mint tea, but I don’t leave the tea bag into long, I just give it a dip (Grace).

This self-construction of the resistant young mother is also present in Romagnoli and Wall’s work (Romagnoli & Wall, 2012; Wall, 2010). In their research, participants constructed a portrait of resistance to the dominant ideal of the young unskilled problematized mother. Their narratives constructed an image of a mother who, although she does not practice intensive mothering (full time dedication), loves and cares about her child. In this construction they were not only resisting by presenting an alternative image, they were also questioning at the same time the benefits of socially accepted mothering practices. Aligning with these results, the participants in my study also presented themselves as caring mothers although they did not use drugs (like
acetaminophen or ibuprofen) as first choice, or they did not use health care resources immediately. When they describe this in the health stories, there appears the concept of a *bad mom*.

**b) A good mother**

As for the relational characterization of practices of resistance (of adult mothers), there is the concept of a *bad mom*. These words (bad mother) do not appear often literally in the participants’ stories, but the concept does. See Grace’s words:

> Yeah, I talk to my doctor all the time about it but I just feel that I am stressing myself. If I go to the doctor and, and he’s hearing the same thing from me, then I feel a little disappointed in myself because I can’t get her to eat properly. And I try so much! I literally broke down and cried once over it because it was getting to a point where I just felt like a bad parent, like no matter what I gave her she wouldn’t eat and I couldn’t get her to eat proper. It was just so stressful for me, I would have to sit and feed her whatever she was eating and she just wouldn’t eat it. (Grace).

Grace feels she is a bad parent because she is not able to solve her daughter’s issue with food/eating. She went several times to the doctor (interestingly, she did have a family physician), she talked to him about how the eating issue did not improve despite her efforts, making her feel like a bad parent. From her story there does not seem to be any reaction from the health care provider to diminish her feelings of failure as a parent, which in fact does not help much the relationship between patient and provider.

This discourse of resistance infiltrates the stories about the daily life as well as health stories. Two of the participants in the workshops reflected and worked around this idea and concept, working together to communicate this creatively (not without a big effort, and experiencing frustration and difficulties to make this artwork powerful).
All my older siblings, my aunts and uncles, and my grandma, they just tell me: “oh, oh, why did you get pregnant?” or like, “oh no! do this or do that”. They tell me what I should or shouldn’t do and how I should raise her. It is very annoying to me because I am an old person and she is my daughter, you know?. If I want, if I ask, if I come to you for help, then okay. But don’t try to tell me what to do because it’s my time to raise my child. You all had your kids and you raised them how you want them to, so let me raise my daughter how I want to. I am going to do what I want to do with her (Tina).

Tina also wanted to add words around the drawing symbolizing what she is told and what she wants to do. But she ended up not adding the words around the drawing; so I did not know what words she was planning to use. However, what she was saying is that she shows how capable she feels of mothering, she validates her portrait of a mother and, these two participants showed how
able they are to raise their children against all odds. This artwork also makes me reflect on the importance to the participants of creating a positive and strong portrait of them as mothers unlinked from their age. Youth is not an important element in here, their child and themselves as mothers is what permeates their artwork as well as what they wanted to communicate and express. This last portrait does not bring any hint about the age of the artist, or about what it would be to characterize a mother as young. This is an image of a mother with her child at the center of her life, an image that, coming from the participants, is an image of resistance to how they feel they are seen. Their different way of taking care of their children and of using the health resources builds on their portrait of being a good mother while not following the normalized social practices, and proudly defending their image of being a young mother.

Then there are people who are like... you know, I’ve had people tell me: “oh, you’re going to places where I can see you”, you know? This is not a setback, it’s just things happen in different orders for people. People have to stop their lives when their 30 something to have children and then they get to continue their life. So there are perks, and there are downfalls and ups to everything, right? So, just go with it. (Mary).

To conclude this analysis of how the participants’ stories and artwork addressed their practices of resistance to an imposed social structure that undervalues and marginalizes youth who are parenting, I share my reflections on something that caught my attention when I was running the creative workshops and the interviews: that is, how the young mothers dressed and moved. In Bourdieu’s understanding of capital and habitus, dressing and appearance (linked to social behavior) are an expression of both. Regarding appearance, there is a part of it that it is what it is, if they are young it is very unlikely that their skin, hair, or hands will look like those of a 40 year old; however, there is a portion of appearance that is behavioral and that can be masked or modified by apparel and other make-up techniques. The relational approach suggested by Bourdieu’s concepts of habitus and different forms of capital are essential tools in theorizing and understanding the resistance that young mothers show in their stories, the creative habitus resulting from the conflicting position of being young and mothering, and how this conflict is embodied.
Their dressing style and appearance is an important element that was only highlighted twice by them in their stories, but over time I came to see this as a very significant element of their embodied resistance to the discourse of the ideal mother. Appearance and clothes are crucial capital to facilitate navigation of the social world in Bourdieu’s theory. They position individuals in social space and show an image to others that speaks of the social space they come from. For the participants, how they look and how they present themselves to others triggers a reaction (usually judgmental) about their situation. This is described by several participants in different ways and they explain they have experienced multiple situations in which people judge them only by their appearance. Their young bodies show their age, and they often dress in a youthful style characterized by baggy clothes, sweaters, track pants, running shoes, or hoodies. Gina, who was older at the study time, explained that the way she dresses is a choice of hers and it is not influenced by social fashion trends. Her reflection is unique; she elegantly makes an argument compounded with the strength inherited from her mother with the attitude of resistance towards judgments experienced because she looks young and she is mother. She explained to me how she chooses to dress in a youthful style to show her confidence and her confidence in what she is; this practice might create a reaction from others who are surprised (or wonder) how she can parent being so young. The negative perception of others that young women do not possess sufficient parenting skills is apparent in this example. Interestingly, Gina makes visible her resistance (an act of resistance in this case) and explained that this is due to being brought up by a single mother who taught her to love herself.

I grew up with my mom, in a single parent household. But I grew up loving myself to a point where, I believed I was beautiful inside and out, so I don’t care, I look like this, and this is me. You will see everyday track pants and a sweater. And I love it. It’s winter. I’m warm, I’m not going out in a miniskirt because it looks cute. I don’t care if the miniskirt is made out of wool. The wool is not going to cover nothing to keep me warm, I’m all about the warm. Now I’m warm and I’m happy. And I have people that come up to me and they go: Oh my God! So young! How do you manage? (Gina).

As in Bourdieu’s theory of practice, capital is instilled and rooted in family (Bourdieu, 1996a).
What I have explained until now is important to understand not only their stories but remarkably the changes in their social position across time when they still experience low resources. Being a young mother is something that will not disappear when they get to their 20s; if they still have limited resources it may affect their lives and views for the years to come, it is linked to the endurance of their practices mixed with the hopes for a better future.

c) The future

The participants envisioned themselves in the future having a place to stay, a place where they live with their children, and they see themselves going to college or university. They picture themselves finding a job after, being financially stable, and some of them mentioned that they wanted to be healthy. These were the main features when they were picturing themselves in the future.

All, all I keep envisioning is my, my apartment, myself, my child, my bed (Aquita). I will be more financially stable, probably, probably working or a big enough, a bigger apartment maybe, yeah like just everything flowing well like you know (Tina).

Again, and not surprisingly, this vision aligns with the marked pathway that is socially accepted and that questions them as mothers.

I know I will still be a good mom, and then my kid will be going to school and maybe I will be I don’t know like doing my post-secondary or something yeah. And who knows maybe I will have more kids {Laughing} (Sonya).

What is interesting in their stories and artwork is when they reflect on the future in relation to their present instead of when they elaborate on how they picture themselves. The key element is hope, hope for a better future.
This piece from Abigail is the image of the hope for a better future. Although it might not be fully appreciated in this picture, the word “believe” stands out in 3D glue as the aim for a better future stand out over the dark city in a fired twilight before the night comes. Belief is a strength that lights up their actual life and that has its roots in the love for their children (the 3D heart on top of the words). The future is something that worries them. Participants aim for a more powerful and respected position in the future and they orient their practices towards that, they go to high school and they keep up with the family expectations of taking care of siblings and parents (if they have them). Nevertheless, the embodiment of the structure that was present in their stories and artwork is accompanied by a reaction in the way they mother. The way they care for their children, and how they use health resources, is a reflection of their reaction to how they are seen and treated because of mothering at a young age. They aim for a change (internally or
external) and they react constructing a different portrait of a young mother who cares about her children although in a different way. In the following collage one of the participants reflected this.

![Collage](image)

**Figure 32. You Don’t Become Better by Being the Same**


In the conversations with the young mothers, linked to the experiences of being judged, feeling brushed off, or not being good enough for the social ideal, they also reflected on the possibility of this marginalization being transferred to their children in the near future. Their reflections went around the idea that when they will grow older they might still be considered young mothers, although they will be of older age. On one side they were hoping for a better future, but they reflected on whether being a young mother would impact their children’s lives. The older mothers in the group discussed this issue between them, and Gina brought it up in an interview.
My child does not know that this is not normal yet, she has not been in society yet, she does not understand that, that this is not how society views it as good or bad, but she is happy, she is socially happy. So society has not affected yet, so right now is the perfect time to be with my child, I like it. So when she starts school she will see (Gina).

Her story aligned with Ava’s reflections. Ava’s oldest child was in school, and as soon as the child started going to daycare Ava experienced a different treatment there, because of her age (or youthful appearance) others assumed she was lacking skills in relation to an older mother.

When I was able enough to start bringing my daughter to daycare and bringing her to school like you know, there is always like those teachers they, they think that you know, you don’t know what you are doing but it’s just like I know I am young but I do know what I am doing. [Laughter] And that’s my child you know, but like sometimes like certain remarks or they think that they have to like give you so much like kind of like feedback you know, but it’s kind of like it, you can always take constructive criticism but it’s like how the tone and how they are speaking to you and what they are telling you, they think like you know, you don’t have a clue of being a parent but that’s not the case [Laughter]. [Yeah] Yeah, so, I would just say in those areas like day care and school they kind of think young mothers don’t know what they are doing but other than that I don’t, I don’t let it bother me because I know I am fine and they are good [Um hmm] and nothing is wrong (Ava).

Participants aimed to do differently in their lives, but the attitude of “changing the world” that I see in the stories of the younger mothers did not appear in the stories of the oldest mothers.

So, my future to be definitely better than the present, but like in a positive way because I have my children to raise so like I just don’t want to be around anything that’s going to bring me down […] We all go through changes in life but, but what I want to look forward to when I say “life continues” is dealing with those changes in a positive way, like all the time positive way, never, never do or act out negatively when you are going through changes that you know, you don’t like or that kind of you drastically so that’s why I put the life continues, like for sure in my future it will be better than my past and my present, yeah (Ava)
Their aim for the future is to find an internal balance against the hostility encountered in the past and present. There is no conscious narrative of fighting for an active change in any of the oldest participants, although this does not mean that there has not been a change. While the youngest mothers in the study were sometimes worried about how they would be perceived in the future, and whether graduating from high school and getting a higher degree will give them the chance to be seen differently in the social world, the oldest participants said they experienced little change in how they were seen. The change they mention was in their acceptance that things were like this and there were not much that could be done. The reflections of the participants (either in their teens or in their 20’s) take us to further explore the concept of agency and youth and how this impacts their health in the actual socio-political circumstances. I discuss this crucial finding in the next chapter.

**Summary**

In this chapter I have presented my analysis of participants’ stories and their artwork guided by my initial question: “what are the health practices of young mothers and how are these related to their social positioning?” Using a relational approach to understand the complex relations between the social structure and the different practices of young mothers, I have built a description of how their health care practices are an expression of resistance to the social order that undervalues young mothers and sees them as deviant. The social positioning of young mothers can be understood through their stories of their daily life, in which participants explain that their routines focus on taking care of their children (or extended family if they have some), attending school, and going to programs with the aim of gaining symbolic, social, and economic capital (networking with providers and other young mothers, acquiring material resources, and gaining a reputation of a dedicated mother learning needed skills). The analysis of their stories and artwork, and my experience during the study, showed that their practices and behaviors are partly a reaction to the contradictions inherent in occupying two social positions: youth and mothering. The norms and values of the social world push the young mothers to stay on the expected pathway; while young mothers value mothering and find strength in their children to strive for a better future. This contradiction results in the social suffering expressed by the young mothers, and also results in an adaptive creative habitus. In the creative habitus they adapt to the social expectations (school and mothering workshops) while caring for their children.
The way participants used health care resources was characterized by an avoidance of interactions with health care providers and a lack of a family physician/nurse. Previous experiences that made them feel judged or closely monitored are part of the underlying reasons that justified this behavior. However, the embodiment of their marginalized social position, as deviant youth or unskilled mothers, also affects their health behavior. Their predisposition to accept the contradiction and suffering above mentioned, strengthens the relation between the embodiment of the marginalizing social structure and the present circumstances, all resulting in the health practices that may not always benefit their health and the health of their children. Interestingly, participants developed an alternative way of using the health care resources and a distinct, silent, and autonomous way of taking care of their and their children’s health. These alternative practices are linked to a resistance of the concept of good mother and brings up their constructed portrait of a young mother as a loving, strong, resilient mother willing to raise their children with much less resources than most of the mothers in Canada. During the participation in this study young mothers reflected on their future, exploring how they envision themselves in the future and how this relates to their daily lives; in stories and artwork there appears a fear of the reproduction for their children of the suffering and tensions they experienced based on the inheritable predispositions.

In the first chapter the analysis of the young mothers’ media portraits showed an image of a risky, unskilled, young mother who needs help in order to get back on track through attending school and learning mothering skills. The portraits speak of the marginalized social position the young mothers are pushed to by the way society sees youth and mothering. However, in social media and blogs, young mothers find a way to affirm themselves as mothers who love and raise their children as any other mothers do. This discourse of resistance is widened and enriched in the results of this second chapter. The views on young mothers, which intersect with their health practices and with their experiences and artistic expressions, reveal a health care gap that fails to address the needs of youth and mothers who are in need because of their low social and economic resources.

In this study I have highlighted the voices and artistic expressions of young mothers that point to the failures of health care services to address their complex needs. Young mothers with low resources have developed an alternative set of practices to use health care resources in a big
metropolis like Toronto, in relation to mothers with social and economic resources or who are older. These practices mainly include not having a family physician and avoidance of interactions with health providers for fear of further experiences of being judged or brushed-off due to their young age; they rely on their knowledge and intuition to handle non-urgent health issues. This behavior is grounded in the embodied contradiction of being seen as too young to mother, unskilled and unprepared, yet still loving and caring for their child while simultaneously striving to acquire symbolic capital--education, connections, and mothering skills’ workshops--to be better valued and consequently better positioned in social spaces(social workers, housing system, and health care providers).

These results show a health care gap among youth living in the margins in Toronto and deepen understanding of the social and individual factors that contribute to the mechanisms generating this gap. Precarious housing, lack of social support, and poverty are factors directly related with the impact of the inappropriate design of the health care resources that are actually offered to young mothers in need. In front of this situation, which is clearly impacting the young mothers’ health promotion practices and management of acute health situations, I question what can be done, and what can be changed to stop the endurance of this gap in health care. What are we doing as nurses, and is there a chance for health providers’ actions to stop reproducing the symbolic violence of the structure? In the discussion (next chapter) I reflect on these questions; the implications of the results for the health care system; the impact of using art and creativity in research; and a reflection on the benefits and limitations of using Bourdieu’s theory in the study of vulnerable populations from a nursing and youth studies perspective.
Chapter 7
Discussion

Forewords

The hood tends to breed

The innocence out of many.

Making them able to fit into the boxes. Shipping ready

To the land of Nowhere for No-ones who aspire to be nothing

But the stereotypical hood teen.

Who grows up to be the stereotypical hood mean,

Fool who’s still roaming the streets

Where they were anything but free.

Hiwot Adilow (p. 175, Adilow, 2012).
Summary of the results

The results of this study situate the health practices of young mothers in relation to the social structure. In the previous chapters, I argued that the health practices of the participants are the embodiment of social values that marginalize young mothers with experience of homelessness\textsuperscript{25}, or at risk of it, on the basis of their deviant behavior, which is mothering at a young age. In chapter 5 I showed that young mothers are depicted in the media as unskilled and immature due to their physical age, and such mothering is portrayed as a mistake that will interrupt the pre-established flow of youth (graduating from school, then acquiring further education and or employment). Later, in chapter 6, it became clear that the health practices described by the participants are based on an avoidance of situations in which they feel judged or dismissed (due to their visibly young age), which results in minimizing encounters with health care providers. I argued that these practices are rooted in two issues. First, the young women’s past experiences with the health care system echo and reinforce similar experiences in public spaces (public transport, parks, day care and primary schools, or shopping centers), in which they are treated as persons too young to mother who lack the knowledge and resources needed to achieve the social standard of a good mother. Second, their health practices are related to their inherited and learned habitus (in the past, within the family system), which seemingly predisposes them to replicate their parents’ social situation – low income, low education attainment, and limited connections to social and health resources.

The health practices of the participants aligned with their daily practices (going to school, attending social or community programs to improve mothering skills, housekeeping

\textsuperscript{25} As a reflexive note, after this study I would argue for next studies to use the term mothering with low resources instead of homeless mothers. The relational approach taken in the analysis provided an understanding of the situation of these mothers, which makes sense using relational terms. Mothering with low resources means that they have less resources than other mothers; it means that they are positioned differently in the field of power and in homologous fields such as health care (Bourdieu & al, 1999; P. Bourdieu & L. J. Wacquant, 1992). However, I started this study focusing on young mothers with experience of homelessness, or at risk of, so it seemed incongruent to change the term used at the end of the study. However, it must be taken into account that as a result of the study, the relational view on this social fact strongly recommends the use of young mothers mothering with low resources instead of young homeless mothers.
duties and taking care of their children and other family members if they have any). The practices in the participants’ stories speak of their marginalized position in the field of power, which in Bourdieu’s theory of practice means that there is a system of relations in which agents compete for a better and distinct social position (Bourdieu & Wacquant, 1992). Young mothers occupy a disadvantaged position in relation to older mothers or young mothers with more resources, and they struggle to acquire forms of valid capital that might situate them in a more powerful and respected social position. These valid and accepted forms of capital take the form of high school diplomas (or higher education degrees), social connections (including key providers that link them to social/health services), and daily “goodies” (tokens, food, gift cards, or diapers). Their health practices are the internalization of this social structure that does not accept them as mothers because of their physical age, while they strive to be seen as mothers and to feel and act as such. Their contradictory social location creates enormous social suffering in young mothers with low resources, by deterring their use of the health care resources to which all mothers are entitled.

a) Health practices and habitus

As an additional result from this study, the relational nature of young mothers’ health practices is shown within the development and growth of a counter-discourse and a counter-practice of being a young mother while not being seen as such. The expression of this counter-discourse is silent and almost invisible, taking the form of social media, blogs, and YouTube clips. The artwork done by the participants illustrates the strength, power, and resilience of young mothers, illustrating the theoretical concept of creative habitus (Wacquant, 2016).

The Bourdieusian concept of habitus rejected objectivist and subjectivist views developed by previous thinkers (Swartz, 2002). Bourdieu’s approach uses the notion of habitus to overcome a view that framed agency as an individual action, a rational choice, or a response to social norms (Bourdieu & Wacquant, 1992). The Bourdieusian concept of habitus has a collective dimension and a unifying and conservative force (Swartz, 2002); individual behaviors have common patterns that situate individuals in the social collective. The behaviors tend to reproduce the social order while simultaneously
resisting and adapting to it. The study of young homeless mothers’ health practices, in relation to the social order and field, showed that their practices adapt to the structure without fully conforming to the social values. In other words, they resist the way society frames young women who are mothering and experiencing any type of homelessness. Studies on motherhood have explained that mothers acknowledge the social mandate to parent the ‘right’ way, which is conceptualized as intensive mothering (Budds, Hogg, Banister, & Dixon, 2016; Macvarish, 2010; McKeever & Miller, 2004; Romagnoli & Wall, 2012). Low-income mothers resist dominant views on poor mothers as bad mothers by claiming they are actually responsible mothers who protect, prioritize, and provide for their children (McCormack, 2005; Romagnoli & Wall, 2012). Due to social views that low-income mothers cannot be good mothers, they made efforts to avoid the attention of social services, by showing that they are responsible and they do align with the discourse of intensive mothering (Cherlin, Cross-Barnet, Burton, & Garrett-Peters, 2008; Romagnoli & Wall, 2012). However, low-income mothers also constructed an alternative discourse about good mothering (McCormack, 2005; Romagnoli & Wall, 2012; Wall, 2013). The present study confirmed these results; additionally it identified and analyzed the implications of the alternative discourse of being a good mother on their health practices. Young mothers experiencing homelessness presented themselves as caring, good mothers who solved their children’s health problems using their knowledge and intuition. Their lack of social and economic resources was reframed as a source of strength rooted in their love for their children. The adverse context (mainly characterized by non-supporting families, low-income, and developmental needs) was reinforced by the social structure which constructed them as almost a failure.

Bourdieu’s concept of habitus, as I have presented in the previous chapters, has an adaptive component that is related to the social suffering experienced by a group of people as a result of intense tensions in the social field (Bourdieu, 1977; Wacquant, 2016). In this component, the structuring structure of habitus (aside from its structured structure, which was clearly explained in Chapter 5) becomes visible. The practices in habitus can adapt to the situation at a specific point in time, ultimately resulting in a modification of the social structure. However, although Bourdieu’s theory did not specify the circumstances under which this might happen, this study points out that creative
habitus exists in the lives of individuals but remains hidden to others. The creative habitus may require actions from other social agents, who are in different positions than the young homeless mothers, to alter/change societal values. In other words, young homeless mothers might benefit from their lives and habitus being visible to others, as it may trigger an initial structural change. The visibility of their alternative narratives, as well as of their social suffering, and the failure of the system to avoid the reproduction of the attached inequities, might be a key to alter their creative habitus to a level that modifies the values and norms. In a relational understanding of the social world, acknowledging the relations between being of a young age, mothering, and having low social support, no stable house, and very low income, provides an understanding of the dynamics of the field of power. More specifically, the relations on the field of power have some homologous relations in the field of health care. The causes of a transformation in the field are due to the power conferred to capital; which maps the relations of power between young mothers and health care professionals. A different construction of a concept, such as young mothering with homelessness, may be an opportunity to re-define the capital attributed to young mothers.

*Social agents are endowed with habitus. [...] In other words, the agent is never completely the subject of his practices (Bourdieu, 2000, p. 138).*

In the era of the Internet of things, and big data, it is not strange that alternative constructions of concepts are visible through channels of communication that challenge the authority and social power. Nowadays, these channels are based on the Internet and take the form of social media, blogs, webpages, or video channels. Hence, it is not surprising to find counter-narratives in channels that are framed as alternative, or even subversive when challenging powerful political ideologies. Although it is adventurous to theorize what Bourdieu would say on this, I see these channels as a collective construction of meanings that do not follow the dominant narratives (though these both exist relationally, one because of the other). For this reason, including artifacts from all types of media into the data analysis is key in inquiry; it facilitates the relational understanding of health practices and health inequities of marginalized populations. However, there are two important factors to consider, which might exacerbate the
vulnerability of marginalized individuals. Firstly, not all marginalized individuals have the means to express their views through these channels (due to lack of cultural or economic resources). Secondly, creative habitus cannot be mistaken with subversive ideals or alternative discourses. Creative habitus is internalized, frequently unconscious, and includes non-rational practices. Hence, it is delicate and difficult for critical social researchers to get to know and understand such behaviors and life-styles; habitus is not objectifiable, easily visible or observable. For this reason, art and creative artwork has the ability to reach where text and numbers do not. Through the creative processes that occur when painting, drawing, collaging, journaling, or taking pictures, individuals can make visible what is invisible even for them. It is the creative process, and the reflection that accompanies the understanding of their own artwork, that brings meanings and values which are in confrontation with the social structure.

In summary, the comprehension of the habitus of young homeless mothers is essential to understand the mechanisms of inequities of access, and use of, health care resources. There is a creative habitus of young homeless mothers related to their alternative narratives of being a good mother and of taking care of their own health and the health of their children while avoiding use of available health services. For researchers working with this population, it is strongly recommended to widen the type of data included in their inquiry (e.g. Internet-based media and artwork) to relationally understand the complexity of health inequities. Fostering a creative process in participants might elicit not only their habitus but also the possibility for a social change.

**Young mothers navigating the structural divide**

Mothering at a young age, and experiencing homelessness, in a social field that devaluates and marginalizes people in both circumstances, is a situation that creates stress and social suffering while it affects the mental and physical health of mothers and children. Nevertheless, there are spaces that preserve individual self-worth and resilience; these are: mothering and building supportive social capital by connecting with other young mothers and non-judgmental providers. Young mothers with low resources, who are unstably housed, are positioned within an environment characterized by isolation and
material insecurity. Young mothers’ narratives and artwork show that young motherhood is a social experience embedded in a moral world that devalues them. While they live in adverse social circumstances, young mothers find strength and value in motherhood. This finding aligns with Farrugia et al.’s (2016) work with homeless youth. They found how young people experiencing homelessness avoided and escaped social and moral demands by fostering intimate relationships that provided them with *spaces for subjectivity and resources for self-worth* (Farrugia, 2016, p. 253). However, in the case of young mothers with low resources, it is not relationships that provide them with space into which they can escape the embodied powerless social place they occupy, rather it is motherhood that gives them the strength to claim a better (and more powerful) position in the social world. Having a child can activate hope and motivation, allowing the younger participants to envision a better future than the one their parents had (or than the childhood and present that they have), for them and for their children.

a) Enduring marginalization over time

Experiencing marginalization over time impacts the sense of agency perceived by young mothers. Older participants envisioned their future with less hope and with a sad acceptance of the difficulty to achieve social mobility. There is a difference in how they envision their future depending on whether they have recently become mothers or if their children are entering school. Young pregnant women, or recent mothers, experiencing homelessness, hoped for a better future after having their baby. They expected to move up in the social world after graduating; they hoped to get a safe place to live by themselves and to relieve the social suffering.

A recent study in Alberta with young women experiencing homelessness showed that one of the primary reasons for transitioning out of homelessness was becoming pregnant; caring for their baby and re-organizing their lives to provide a safe space for the child was a motivation to keep them off the streets (Ruttan et al., 2012). My study confirms this finding. This was congruent with both the younger mothers who were experiencing homelessness who then became pregnant, and also with the mothers who were not experiencing unstable housing before being pregnant but who did so after having their child. These mothers, who were living with their families and, as result of an early
pregnancy, experienced rejection and isolation, also narrated their story of being a mother as their source of strength and hope for a future in which their children would have the supporting and caring family they did not have. Having a baby, and/or pursuing a degree, was seen as the capital that might lead them to a better future. The young mothers envisioned their future as much better than the present, for them and for their children. As a summary, becoming a mother at a young age might be a trigger for hope and resilience for women who were experiencing marginalization because of low social support, homelessness experiences, or for seeing a hopeless future. Getting an education was acknowledged as a valuable social resource.

Participants who were in their twenties, but who gave birth when they were teenagers, looked into the future with less hope than did their younger counterparts. These views of the future were related to a narrative that saw fewer possibilities for social mobility. Although age and psychological development may be factors in these views, a relational analysis ties the views of the future to a gradual acceptance over time of the social position they occupy and to a learned disposition through prolonged exposure. The participants’ stories, and my experience with running the art workshops for them, showed the changes in the sense of agency experienced over time when young mothers were exposed to prolonged marginalization. Over time, the social and relative construction of youth affects the mothers who gave birth at an early age, meaning that youth situates them in an enduring position of marginalization even when they are no longer considered too young to mother. The social construction of youth affects their sense of agency when marginalization is experienced over time. Mothers in this situation internalize their social position, their hopes for a better future fade, and the value attached to education is diminished. They begin to envision a future free of violence, in a safe place, and better for their kids than it will be for them.

The situation narrated by the now older mothers, relates to what Wacquant defined as the hyperghetto (Wacquant, 2008, 2010). The hyperghetto (see chapter 2) refers to a space with more virtual implications than physical. It is a space that in the absence of a physical shared location, like a marginalized neighborhood, stays with the affected individuals wherever they go (Wacquant, 2008, 2010). Mothers, now young or who gave birth in
their teens, who experienced homelessness, or were at risk of it, may experience the
effects of a hyperghetto for a long period of time—unless/until their increased economic
resources allows them to relate differently to others. The persistence of marginalization in
young mothers in their late twenties now, although their situation has changed and
improved (some of them have a high school or college degree, or a job) makes us
question where does the root of this inequity lie. As Wacquant stated, in urban poverty
we are starting to see class decomposition, which translates in a blurry social structure for
classes (understanding classes as linked to education and income) (Wacquant, 2008,
2010). Bourdieu’s idea that capital is not valuable eternally but it is redefined by the
agents of the field, brings up the question of what is it that is keeping young mothers in
prolonged marginalization (Bourdieu & Wacquant, 1992).

b) Young people, not youth

The social conceptualization of youth, and consequently of young homeless mothers, is
related to the inequities they experience when using, and accessing health care resources.
In the same way, the social conceptualization is related to how these young mothers
envision their future and how they behave in order to gain capital that will contribute to
the better future they hope for. The conceptualization of youth in the health care field
comes from a tradition of socially positioning youth as a minority group (Mayall, 1998;
Qvortrup, 2009b). Youth experiencing homelessness, conflicts at home, or with very low
economic resources are often conceptualized as “at-risk” youth. Within this approach,
youth are defined as non-adults but not as children; they are considered to be in a
transitioning stage that is disrupted when young women become mothers. Young
mothers, as youth, are conceptualized as not-yet-adults, and simultaneously they are seen
as divergent from other youth (Mayall, 1998). As Qvortrup (2004) described, youth are in
a prolonged waiting position, waiting to become mature and competent adults who are
entitled to parent but who are not there yet (Qvortrup, 2004). They are displaced in their
young age and treated as human becoming, as a project that omits their present moment
and being (Qvortrup, 2009a). Youth, as children, are treated as unfinished human beings
who need to follow the expected behaviors (i.e., attending high school and helping their
nuclear family).
This indifference towards the actual worlds of youth who are experiencing marginalization, like the young mothers experiencing homelessness, has an impact on their use of the health care resources as well as other practices. Health care resources mainly used by young mothers with low resources are emergency room, and community health centers, while family physicians are not a popular choice. This responds to their avoidance of situations and encounters where they may feel judged as unskilled and immature because of their young age. Their preference of choice is to manage emerging health issues by themselves, with whatever support they can glean from their social/family network. The main issue is that their support networks (family and peers) tend to be scarce and inconsistent, consequently they have to rely on the support offered by providers serving marginalized youth. The study participants’ stories and artwork described a daily life in which they were frequently treated as a humans-to-be instead of as human beings\textsuperscript{26}; in other words, they were treated as not-yet-mothers instead of as mothers. They were offered participation in programs and workshops that aimed to improve their mothering skills and they were offered economic compensation to attract them and engage them (compensation in terms of TTC-tokens, grocery vouchers, or diapers). Young mothers learned to navigate the system to acquire the capital that they needed: connections and networks. They embodied the social position of youth, of women mothering at the wrong moment, to maintain the position that gives them individual value: being a mother.

\textsuperscript{26} The term humans-to-be corresponds in the traditional views of childhood and youth, in which they are seen as a being in potential but not in present. Studies on the sociology of childhood have deepen in the relational analysis of the construction of this concept and on the implications for education, the legal system, and the political field. The construction of childhood and youth as not a yet being is linked to organization of the education system which tries to models them in the vision of an ideal adult. The works of Qvartrup, Mayall, Gabriel, and James, among others, have studied this in depth (Farmer & Cepin, 2015; Gabriel, 2014; James & Prout, 2015; Mayall, 1998; Prout & James, 1997; Qvortrup, 1993, 2009b).
Thinking relationally: structure, agency, and the use of the health care resources

The use of, and access to, health care resources by the participants in this study were the result of an intricate relation of forces in the social field. The individual actions of the young mothers involved in the study aligned with a pattern of health practices related to social views on mothering, youth, and homelessness. As Bourdieu (1989) asserted, the behaviors and lifestyles of individuals with a common social position relate and respond to a variety of power forces that pull and push them to act in certain ways. The health practices of the participants (the use of health resources and what they do when they do not use these resources) relate to a series of factors that do not depend on them as much as they are rooted in the system and in individual characteristics and circumstances. These individual characteristics and circumstances, which are not positively valued by society, include their age, mothering, experiencing homelessness, not having family/social support, personal crisis (e.g. violence at home), and mental health issues or poverty.

Similarly, the system factors that relate to the health practices of the participants are gaps in the provision of access to the Ontario health care system that overlooks the economic and socially disadvantaged situation that young mothers experience. Angus et al. (2012) conducted a metasynthesis on the forces contributing to women’s access disparities in Ontario, and their findings supported results in the existing literature confirming that the convergences of different forces (including contextual and system factors) decreased access to health care resources. The authors introduced the concept of deterrents when analyzing the different social and political forces that negatively affected health care access for women (Angus et al., 2012). Deterrents were defined as the features of the health care system that contributed to experiences that dissuaded women from using resources (Angus et al., 2012, p.12). These experiences, negative or traumatizing, influence women when seeking health care could include difficulties in scheduling, challenges in referral and timing, and situations that intensified their social vulnerability (i.e., being ignored or discriminated against in an interaction with a health provider or normative biases in program design) (Angus et al., 2012; Reid, Berman, & Forchuk,
2005). This finding is consistent with the study participants’ narratives concerning how they avoided situations in which they could have felt judged, discriminated against, or scrutinized by health care providers, other patients, or people in public spaces such as on the bus or streetcar. Relationships with health care providers are fundamental to decisions to seek or avoid care. For the participants, the lack of trust in health care providers and fear of potential negative assessments of child care skills prompted avoidance of the health care system. This particular finding is supported by previous studies done with homeless populations (Bhui et al., 2006; Karabanow, Hughes, & Hadley, 2010; Reid et al., 2005) and with women living in shelters (Woolhouse, Brown, & Lent, 2004), which found that the health care system replicates a socially marginalizing social structure, not only for adults experiencing homelessness but also for young mothers with low resources. The intersection of all the aforementioned forces – systemic and individual factors and deterrents – affects the use of health resources.

Notwithstanding the outcome of the above-mentioned forces in the field, using a relational approach to inquiry gives a new perspective to the use of, and access to, health resources by young mothers experiencing homelessness. The relational analysis of media, narratives, and artwork, showed that elements such as deterrents to health care access, individual situations, context, or characteristics of the health care system, predispose young mothers make less use of resources only in relation to the socially marginalized place they occupy. This is not only about the conditions and context surrounding an individual, it is also about the inherited daily practices, the learned values during infancy and at home, the accepted gendered role in the household, the networks and peers, the existing or nonexistent family support—and it is about the almost arbitrary social value given to these practices. The predisposition of adopting certain behaviors under the symbolic violence exerted by the social structure is a simplified and abstract scheme of the exploration of why young mothers experiencing homelessness make less use of health care resources as well experiencing poorer health outcomes (for themselves and their children). Since the social construction that frames young mothers the way it does is built into the health care system, health care providers and the facets of the system may act accordingly, thereby reinforcing the marginalization experienced by the young mothers. Hence, the inadequacy of health care services to respond to the needs of marginalized
young mothers only serves to reinforce the socially constructed deviance and to restrict their health care access. However, this is not a static cycle and transformation can occur in the health care field, either naturally or triggered.

a) Implications for nursing practice, nursing scholars, and nursing academics

One potential criticism of this study is that the views of health care providers, and nurses in particular because I am a nurse, were not included. In a relational approach, views from agents in other positions in the field of power are to be taken into account to map and understand in depth the complexities of accessing and using health care resources by young mothers with experiences of homelessness. In this case, when I started thinking about designing this study I engaged in conversations with emergency care nurses, social workers, and young mothers with homelessness experience, and it did not become clear what health care provider young mothers usually encountered first in case of need. Hence, it seemed unrealistic to capture first the views of health care providers working with young mothers when it was difficult to define who they were. As a result, I purposely left behind the views of health care providers in this study until the understanding of structures, capital, and dispositions of young mothers experiencing homelessness were mapped, although I was aware of the limiting implications. Now that this initial research has been done, the next step would be to continue studying health care access working with health care providers.

The continuation of this research should take into account, and build on, the dissemination of the results from this study into the health care field. Some would say that this would require a knowledge translation strategy (S. D. Scott et al., 2012), but I would argue that the dissemination of the results can be used as tools within an arts-based approach, in the framework of Bourdieu’s relationality (Bourdieu, 1977; Parsons & Boydell, 2012). The development of this next step in the study of health care access by young mothers experiencing homelessness is far from the scope of this chapter. However, I feel the need to emphasize that although this particular study is completed for the purpose of this dissertation, the study of this phenomenon is not if I want to make a stronger contribution to the field of health care access inequities.
As I engaged recently in a conversation with some nurses and physicians (in different moments) about the results of this study, to further understand how these results could be taken by front-line providers, I was surprised by the turn the conversation took once. Although this conversation was not representative of the discussions I was engaged in, it shows a perspective that it is still prevalent and that it completely aligns with the narratives of the study’s participants. Nurses asked me how “I managed myself in order not to reprimand the participants knowing that they had sexually risky practices and not healthy lifestyles”. The assumptions underlying this conversation, from my point of view and after finalizing the analysis, confirmed the experiences of the participants. Young mothers can easily be judged by anybody, even health care providers, even nurses. However, listening to this conversation with a relational lens, the idea I want to bring up is not only non-compassionate client-provider relationships. It is crucial to question what is the impact in nursing practices, and also in vulnerable populations’ lives, of the value given to health and healthy practices. Having a healthy life style is valued by health care providers above all. It could be inferred that having a risky sexual practice (such as getting pregnant in their teens), and not having a healthy diet or taking routine exams for the young mothers’ children, positions the young mothers in a powerless position in front of a nurse. Understanding the social value attached to motherhood for some young mothers, and understanding the dispositions resulting from the social organizations, is completely undervalued. In this case, a call is made to nursing academics who have the authority to transfer to nursing undergraduate students the importance and value of a relational view on all types of vulnerable populations. The value attached to health can be dominant and marginalizing without thinking relationally. In the health care field, nurses’ habitus includes viewing certain patients’ conditions, and care needs, in a certain way (Nairn & Pinnock, 2017; Rhynas, 2005). Nursing’s embodiment of the values and order in the health care system can contribute to the normalization of some standards and practices that can be marginalizing when overlooking the social universes outside health care. In other words, doxa reproduces the system order while reproducing inequities (Bourdieu, 1977). As it was explained in Chapter 3, the doxic assumptions limits the possibility for thought and action, in this case it limits nurses actions and consequently young mothers actions. Health practices are not isolated in the social universe of young mothers but are rooted in
fields’ connectedness. To change practices, either nurses or young mothers, we must do it from the relation between fields, health care and the field of power. This understanding will open a door for acting to reduce health inequities.

In particular, this work highlights the importance of finding ways to examine young mothers’ lives in all their complexity and to engage nurses in the conversation. Throughout this analysis, I have shown that habitus can be a tool to unveil dispositions based on gender, poverty, and lack of family and social support. In practice, this could be translated in specific recommendations for front line nurses. First of all, promoting skills based on compassion, kindness, and non-judgmental relationships, is the first required recommendation. Specially nurses in the emergency room, and This, which might seem obvious and even “soft”, has an added implication for nursing academia in terms of designing the undergraduate curriculum. The need to contemplate and instill a deep respect for people located in a different social position than the one a nurse is placed, is an urgent need. To better understand this, it is important to do the following reflection: the value of healthy practices in the field of health care can be a marginalizing force for vulnerable populations.

a) Resistance and the logic of the field

The symbolic violence present in the participants’ acceptance that they are too young to mother, or in the actions they do to be invisible and not to bring any attention from social or health care providers, does not go without resistance. Again considering the relation between the social structure and the individual behaviors, the visual media analysis, as well as the narratives and artwork, showed that participants embodied social structure through the acceptance of the construct of a *good mother* and the construct of *youth*. In their stories and artistic expressions they showed the interiorization of their difference from the ideal of a *good mother*, and how they experienced social suffering resulting from this tension. This situation is aggravated due to the lack of resources; young mothers are exposed to higher vulnerability that impacts their health care access two-fold: it impacts the relationships of trust built with health care providers, and it affects the actions they take to maintain and recover a healthy state (for themselves and for their children).
b) A possibility for transformation in the health care system

The results from this study as well as previous research lead me to reflect on how the actual health care system responds to the poor access of young mothers and their children, who are experiencing homelessness. After analyzing all the artifacts collected during the research, building a partnership overtime with service providers working with young mothers, and participating in the arts-based program with the young mothers, it seems clear that the current health care system is not designed to serve young people experiencing marginalization. Health institutions that are meant to reach vulnerable populations, children and youth among others, are actually marginalizing them. To start breaking the marginalizing cycle of which the health care system is part, resources must be made accessible to vulnerable groups. The meaning of accessibility is complex and is rooted in many different factors. However, the results show that accessibility is linked to basic aspects of the use of the resources. These aspects include: human relationships, physical places, and connections to the resources. The use of, and access to, health resources by socio-economically disadvantaged people is negotiated based on the perceived and believed right to do so, which differs from the point of view of the provider and patient (Dixon-Woods et al., 2006). The social construction of what social or medical issues patients are more likely to have is associated with professional perceptions of the effort needed to convert the health care provided into a benefit in the patient health (Dixon-Woods et al., 2006). This misleading professional perception adds to the complexity of the access to the health care system by disadvantaged populations. It also enriches the discussion of how the socially constructed view of marginalized populations as young mothers experiencing homelessness is detrimental to the relationships between providers and users and favors unequal access and worse health outcomes. Furthermore, the socially constructed views (considered part of the social structure) not only affect use of and access to health care, but it also affects the lives of the young mothers. Their identities are undermined at a moment in their lives when they are young people who need support from society to acquire needed stability. Fear and sadness resulting from negatively experienced interactions with health care providers influence their health and well-being (Reid et al., 2005).
At this point, it seems clear that the health system and human relationships can be an instrument to marginalize as well as to include. When marginalization is at the core of human experience, the community is the closest environment that can foster, provide, or connect to health care. Neighborhoods, community centers, shelters, community housing, and so on, can be the locus for providing care and promoting health. Networks, humanity, kindness, trust, respect, and non-judgmental relationships, can make a difference in health care access. But, how does this chance of change translate to the actual health system? Care provided to marginalized young populations needs to be rooted in the community with a focus on strengthening the connections of the young people with others. The young mothers with experiences of homelessness frequently do not have strong social networks; their connections to family, friends, or other supporting persons, are not always positive. The situation of poverty (relative or severe) exponentially and negatively affects their health practices and their physical and mental health, as well as their children’s. They experience difficulty in commuting and traveling in a big city like Toronto; they struggle to access different types of food at reasonable prices and they sometimes lack the role model and space to cook for them and their children; furthermore, the housing instability they experience accelerates the negative impact on their health and the ways they seek health care. Health promoting life-styles that ensure an equilibrated diet, physical activity, accessible health care if needed, a safe space free of violence to raise their children, are among the results of their non-chosen situation. The complex, unavoidable, and inherited violence exerted by the social structure that materializes in how the health care access is structures, and that is embodied by the young mothers and by the health care providers, limits the possibilities for young mothers to improve their health. However, understanding the social mechanisms that shape individual health care practices allows for a change in health care access and use.

The existing health care system does not take into account the invisible walls that keep young mothers away. The health care system, however well-intentioned its mission, should not effectively reproduce the social inequities that deteriorate physical and mental health of mothers and their children. In the acknowledgement of the lack of economic resources, the barriers to identify and access health care providers, and the negative social views, there is the need of made health care resources accessible to young mothers.
experiencing homelessness, or at risk of it. Connections to health-providers through community outreach, and basic health care could be offered from the community or organizations offering resources to them; developing links between hospital, health community centers, and the organizations providing services to young homeless mothers might be key to develop an inclusive and less marginalizing health care system. However, these connections are made through individuals who interact with the young mothers, and judgmental interactions between providers and young mothers increase the health inequities. With the results from this study showing the relations between the social structure and the poor use of the health resources, it would be naïve to aim to reduce the health inequities of homeless young mothers exclusively thorough adapting the health care system. Change is a complex social momentum that, in Bourdieusian terms, originates in lived social suffering. Social suffering was present in the stories and artwork of the participants, as well as the embodied contradictions in mothering at a young age. However, the creative habitus that takes the form of a construction of being a good mother, and being young, should be shared and heard by health providers. The argument in these lines is that, fighting health inequities demands minimum of a double action. The health care system must adapt to the constraining economic and social situation of the young homeless mothers breaking the walls that concentrates resources in the hospital and bringing them to the community and support centers. However, this is not enough; the relational analysis in this study suggests that change against health inequities requires listening to the alternative discourses from vulnerable populations. The discourse of resistance of the homeless young mothers should be heard and seen by health care providers, hospital managers, health care decision makers, and, more importantly, the general public through media.

Bring care out of the building and break the walls that divide the population into marginalized and non-marginalized groups. There is a possibility of change when health care providers go to the community to meet young mothers in need, although this necessitates a community that is friendly and accessible to the young mothers with low resources. The views of young mothers as immature and unskilled, and as teenagers who made a mistake, are at the root of a health care system that frames youth as people-to-be. Attempts to increase the available access to health care should recognize the
particularities of a group such as youth and mothers living at the margins. The implications of recognizing young mothers as young and mothering, without falling into misconceptions that undermine the effectiveness of the health care system, is at the core of a reform. There seems to be space for a transformation in the connection between the health care system and young mothers. The transformation might be in the focus and orientation of the offered resources, and the change might be in health care resources focusing on individual young women who are struggling navigating the social demands for youth who are not mothers and for mothers who are not young. The change might be in reinforcing the links with the community through specific programs targeting young mothers with low resources; and recognizing that their past experiences and present marginalization requires of bringing the health care resources to them instead of waiting for them to come. The use of social media to connect with this vulnerable population may be one strategy; in Chapter 5 social media and Internet web based ways of communications was a place where counter-narratives were expressed. This approach to communication should be reinforced and strengthened.

In summary, youth adapt their practices to the social structure, to the social ideal, but their narratives fracture when they conform to this situation and re-create a new sense of balance and resilience to maintain a sense of agency and well-being. The new sense of balance and resilience takes the form of a new set of practices, the youth conform to their situation of marginalization and accept that some elements are unlikely to change. The hopes they had when they were younger (for example about getting an education and finding a better place to live) shifted over time to hoping for an internal peace and well-being that sustains their efforts to protect their children. They now hope that their children do not go through the same process that they did; which, interestingly, is the same hope their mothers had for them when they were young.
The power and risk of practicing critical arts-based research

Arts-based research is a risky practice, especially when doing it with youth, and I would like to emphasize with youth rather than on youth. It is a risky practice as I (the researcher) cannot control how the research process will unfold. This sense of “loss of control” is something that might be difficult to understand – or might be perceived as incoherent – by some. Not completely controlling the methods for collecting the social artifacts that will be analyzed is one of the key characteristics of the critical arts-based approach I used for this study. In this section, I will discuss the lessons learned from using critical arts-based research as a methodology in relation to the research design and the collection of artifacts.

a) A brief epistemologic and ontologic reflection

From my view and experience, arts-based research is not a series of methods that uses art to generate data, and it is not a type of research that uses art to engage participants; arts-based research is a distinct approach to research that puts the participants and the population at the core and builds a design that fits the social position of the participants while being guided by the aims of the research. In practice, this approach means that when participants occupy a marginalized social position or they are vulnerable due to their individual characteristics or circumstances, research should not be driven solely by the researcher’s purposes but must adapt to the vulnerability and practices of the potential participants. The flow of arts-based research follows the needs of participants while being

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27 I use the term “artifact” to refer to the types of social or individual products that are collected and analyzed for the purposes of the study. Although some authors use the term “data”, I chose not to do so. The reasons for this decision is that, from my view, the term “data” refers to an objectification of what is included in the research that reduces what can be studied to a limited list: text and mainly images. My approach to the phenomenon accepts all that is produced in the social world as an expression of the relations between individuals and the structure of society. I consider artifacts what is written, observed, experienced, reflected, or created through an artistic way (e.g. physical spaces, printed and virtual media, documents, collages, paintings, sketches, and pictures). This ontologic view is based on Bourdieu’s idea about the researcher approaching the world without the dualistic division of quantitative or qualitative data (P. Bourdieu & L. J. Wacquant, 1992). The theorization of the idea that data does not exist (Denzin, 2013) but rather that the elements that constitute and make the social world visible are what can be used by researchers to construct a view of a specific phenomenon underpinned the development of this approach.
guided by the researcher’s views throughout the whole process. This flow makes the divides between data collection, analysis, interpretation and representation vanish (Finley, 2014)

Moreover, when doing research with youth, it is important to highlight the transformative practice for the youth linked to their involvement (Farmer & Cepin, 2015). In critical arts-based research, the creation of artwork, crafting different artistic ways of expression, is at the core of the research process and so fostering a safe space that allows the creative process to emerge is crucial. In this research, the invisibility and vulnerability of homeless young mothers (as with other marginalized populations) makes it extremely difficult not only to find them but also to engage them in a research process that requires multiple contacts. As I described in the previous chapters, gaining access to the young mothers was not easy and not fast. It was not easy to engage them in research when their lives were full of struggles and they found themselves raising a child alone while going to high school or working. Practicing arts-based research methodology gave me the flexibility to adapt to the participants’ interests by building a program that offered them the skills, resources, and space needed to create artwork. The result was a sustainable, ongoing program. The flexibility of an arts-based research approach is a reaction to the aggressive on that more structured types of research can exert on homeless youth or young mothers. It is a powerful methodology for doing research with marginalized youth if the researcher engages with the community – and note that it is not if the community engages with the researcher.

But this is not all. It is not only about the epistemology of the approach, that is, it is not only about the malleability of a process that truly and sincerely focuses on the participants instead of on the researcher. It is the unpredictability of the approach that strengthens it and makes arts-based research unique. It is unpredictable because I am studying the liminal space between social reality and individual experience, and this space is vast and unknown. As Susan Finley proposes, arts-based research and practice creates the in-between space “from which resistance to cultural homogenization and accentuations of cultural difference can occur” (p. 504 in Finley, 2015). This is a space of possibility, of creativity, where past and future merges into something new. It is a space into where
structure and habitus dissolves to foster a new production that touches on reflexivity. Individual and collective reflexivity trigger the intellectual possibility that reacts to the participants’ deep social suffering that is rooted in social inequities. The artwork created within this space, and the creation of art, suggests and inspires renewed interpretation of the social space (Finley, 2015).

Figure 33

The creative pieces done during the study visualize the results of the young mothers’ contradictory social position. Through the creative process the connection between the embodied social and the adaptive’ behaviors is shaped in a way that text would rarely convey bringing a new understanding and further questions. The internalization of the social structure and the externalization of the internal construction that is reflected in the creative pieces of the young mothers is a profound and intensive sample of the continuum between the individual and the social. The symbolism about the internalized conflict between the embodiment of youth and mothering and the results of this embodiment is expressed and captured in the participants’ artwork.

The artwork created by the young mothers, and the reflections attached to them, challenge the systemic determinism that characterizes the health system. The images of the discourse of resistance are real, tangible, and represent a new understanding of
homeless young mothers. By framing them as lost youth who become mothers as a result of a bad choice social discourse obscures the systemic structure that fractures young lives. Homeless is a strong word that frightens and creates an uncomfortable feeling in people. The labels “young mothers” “or adolescent mothers” are two words that mark them in the present and for the future; young homeless mothers are three words that have the power to change the lens through which they are seen (or not seen).

b) The front-line transformation of artists and providers

In the current arts-based research discussion, the results, representation, and impact of this approach bring wide attention. Arts-based researchers referred that arts-based practices can be employed to create critical awareness, raising consciousness, confronting stereotypes while giving voice to marginalized populations, or starting conversations and dialogues around social justice topics (Leavy, 2015, p. 13). These might occur in the last stages of the research process when results are shared with diverse audiences such as decision-makers and the community. However, this study showed that the data generation/collection stage can also have an impact that goes further than the impact that it can have on the participants. One of the key elements in this study was the collaboration, and involvement, of volunteer artists and organizations working with either young parents or homeless youth. Their motivations for participating in the artistic program varied, but, although this is my subjective appreciation, all of them were looking for a way of connecting with youth. Volunteer artists were moved by the connection with young people and the opportunity of working with them and engaging in the creative process. On the other hand, the participating organizations were looking for a strategy that was able to engage the youth in a program. Working with young mothers experiencing marginalization requires more than having resources to be offered. It requires a kind, respectful, warm and human connection, along with an activity that is appealing, with a safe an easy accessible space, accompanied by a provision of needed resources (transportation, food, and child care), and with peer participants that do not make one another feel different or displaced. These components were not easy to put together and it required an effort by all parties that resulted in a successful and sustainable program, which is now on its fourth round (June 2017). Indeed, the volunteer’
artists and members of the organizations participated and contributed with the aim of connecting with the youth, but the program resulted impacting them as well. Artists and providers created artwork that reflected the re-creation of the conceptualization of young mothers in need. As an example, the following four pieces bring the essence of their accounts of the experience of being in the program. This transformation would not have been possible without developing an arts-based study; although it might be critiqued as a terribly small impact, I argue that before doing the study there was no impact at all, and now there are six people, who are connected thanks to this collaboration, who have resources and the means to invest in the sustainability of this program (or an improved one), who believe in the transformative power of arts and might support a knowledge translation strategy. This is what I call, the front-line transformation.

Figure 34.

*Simin Keramati*\(^\text{28}\). February 2016

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\(^\text{28}\) Simin Keramati is a professional artist who volunteered with the young mothers in this project. This piece was done during one of the workshops with the young mothers and she was inspired by the experience and by them. This piece is as aesthetically beautiful as meaningful; a young mother bearing a butterfly in her belly representing the splendorous change that having a child represents for the youth as women.
Figure 35. Composition.

*Made with three pieces or artwork made by volunteers from three participating organizations. January 2016*

The intersection of creativity and artistic expression embraced participants, the researcher, and the partners and volunteers involved. The physical space reserved for the artistic practice relates to the liminal space in which the individual and the social intersect; in the study, the space in which participants, artists, researcher and providers engaged in art provided an opportunity for visualizing a different view on the young mothers. Reflecting on this experience, I see that what may emerge from the liminal space is unknown at the beginning. As art is unpredictable, and it is always in potential, using art as research becomes doing research without fully controlling and manipulating the research process, it is similar to using a flexible architecture in an unknown...
terrain, it means doing research knowing that what it will become is not fully predictable. At the same time, the lack of prediction is one of the richness of arts-based research; it is this malleability and flexibility that helps to work with marginalized and vulnerable populations who do not need aggressive and invasive research approaches. The flexibility lies on art and its process, on the relations between though, material, and inspiration, between body and concepts. When the researcher and participants work with materials, concepts, and ideas, this occurs in a space for imagining what is to be, a space for taking into account the possibilities and potentialities at a given time (O'Donoghue, 2014). As Finley, Denzin, O’Donoghue, Moreira, and Diversi reflect and show in their work, the artwork crafted in arts-based research comes from a space in which the researcher and participants do not know what will come of it (Denzin, 2013; Finley, 2014; Moreira & Diversi, 2011; O'Donoghue, 2014; Parsons et al., 2017), we engage in this process without fully knowing what is the purpose, but with the intuition that there is something that will be created. This is not to say that there is no purpose when using art in research; it is that the intuitive and uncontrolled creative process that is inherent to art can be transferred to the research process. In art, intuition is key, intuitive thinking is activated by experiences, thoughts, practices, materials, and it creates an evolving relation that is not determined by these elements (O'Donoghue, 2014).

The artwork of the participants in this study brought stories and portraits of lives situated in social constructions that shape their individual present and sketch their collective future. This artwork challenges the reductionist definitions of youth and mothering that dominate the Western world, the creation of every piece is an act of resistance against normative ideals of homelessness, youth, mothers, and poverty.

However, when reflecting on the implications of this study, the relationship between academics, researchers, and the media should not be left behind. There is a difference on how research results are shared through printed media or social media, but both are channels that contribute to reinforcing or challenging social constructions such as “motherhood” or “young people experiencing homelessness”. As it was shown in the analysis of the media, the way research results are portrayed shape how young mothers experiencing marginalization are generally seen. The way results are presented in newspapers can portray a stereotyped image and can generalize a single story that represents “young homeless mothers”. The value of academic knowledge,
which transfers a feeling of truth to the news’ readers, confers a power to the written news that can easily contribute to the reproduction of the stigmatization of young mothers in the margins. Further connections between researchers and journalists should be fostered, aiming to work on a positive and non-judgmental construction and visualization of young mothers experiencing marginalization. There is the need to raise awareness of how the social world we are immersed in pushes young mothers to the margins and how this is reflected in the access to, and use of, the health care system; for this researchers need the moral courage to make visible a group usually seen as a failure.

My last reflection goes to the importance and power of stories with images or artwork shared in the media. Public dissemination of text and visual stories, produced through academic research, contribute to fight the hegemonic dominant discourse that is based on only one story: a single story that portrays young mothers from one point of view, from the view of a person who is not young, who is not experiencing marginalization, and who might parent but not at a young age. Likewise, the power of multiple stories has the ability to break the hegemonic image coming from one single story. Besides, a single story does not take into account the social factors that contribute to marginalization, and it silences the individual lives that do not align with a dominant social view which comes from more powerful agents. There is another element that enriches multiple stories and it is the visual component. Stories illustrated, and told through images and artwork, overcome the limitations of text and might allow a deeper connection with readers’ compassion.

**Limitations**

The limitations of this study are equivalent to most of the limitations of qualitative inquiry. The main limitation is that the profile of the participants included in this study corresponded to mothers living with very low economic and social resources but who still had minimum resources in order to come downtown at least for participating in one art workshop. Although I provided tokens to facilitate the transportation, and although I went to the participants’ neighborhoods to conduct some of the interviews (on their request), the participants with no support and going through a vital crisis found it difficult to come with continuity to the
workshops. Some of them were living in peripheral zones of the city and they travelled for one hour or more to get to the program by themselves, with a stroller and sometimes in inclement weather. In order not to lose their perspective and views, I included the artwork, notes, or interviews of the participants that only attended sporadically. However it is a recognized limitation that young mothers with extremely low resources are under-represented in this study. Young mothers living in motels in the north-east area of Toronto, or sleeping in cars, were not able to participate in this study. It is of much interest to conduct a new study focusing on this extremely marginalized group with a tailored design that takes into account their mobility and precariousness.

Correspondingly, this study could be critiqued by what can be seen as a small sample. It is clear that the number is not high (although high is a relative concept that acquires meaning in a specific context); however the amount of text, images, and artwork gathered, published or created during the study, was numerous in the sense of richness and depth these brought. This population is difficult to access and it is a rarely studied group, so even a small sample I feel is an accomplishment.

The findings from this study can be transferable to other big urban areas in Canada, but rural areas, or small urban areas, might have added aspects to the particularities of health practices of young mothers experiencing homelessness. Regarding the transferability of the results, it is important to highlight that this study contributes to an understanding of the social forces that relate to the individual health practices in the specific context of a Canadian metropolis in southern Ontario (Toronto Public Health) in a given time (2015-17), with all the socio-political implications that this may have. The specific and detailed health practices that the participants narrated cannot be isolated from the social context, and these cannot be generalized or to similar populations. However, the patterns in the health practices of young homeless mothers, their practices of resistance, the modified habitus that results from the embodiment of the social ideals, and the different types of resources that they value, need, or trade, are transferable to similar marginalized populations. In other words, similar populations, in terms of marginalization and vulnerability, are groups framed by society as deviant from what the social structure determines that embody the social values and norms while lacking valued social capital. The relational approach used in this study show that people in this situation have a worse use of,
and access to, health care resources, and they might foster a reactive creative habitus to maintain equilibrium in their daily lives.

Before finishing this section, I would like to emphasize the limitation of the academic dissemination of the results. The dissemination of results in the academic field is predominantly focused on academic journals, if not exclusively. Some journals are still reluctant to publish artwork images, and the validity and rigor of the approach is often questioned. The academic habitus that Bourdieu referenced in his work two decades ago is still dominant in the academic health care field. It is out of the scope of this dissertation to discuss about the valued practices in the health sciences academic field. But I think it would not be questioned that arts-based research is still considered a ‘soft’ type of inquiry by most, and a limited source of evidence. However, a relational approach to understand the power differences of arts-based inquiry would help to understand the field of power vis-à-vis with the health sciences academic field.

Conclusion

Young mothers with low resources are often disregarded as mothers when they value mothering and feel it as a chance for change in their lives. Although this might be critiqued from a post-feminist view as a return to conservative feminine identities, in this case I argue that while our social world does not support and help enough young women experiencing homelessness, or experiencing poverty or violence at home, motherhood is a valued form of symbolic capital which gives them the power and strength to create a change in their lives—a change in terms of street involved practices, but not a change in terms of their dispositions. They look for a change, for a better future, and some look for the family and love they did not have. This look into the future, added to the social suffering, marginalization, and struggle they experience, may result in a creative habitus that adapts to the contradiction of being young and mothering in a society that does not easily accept young mothers. In this creative habitus, young mothers act like mothers but also try to complete the tasks of youth in order to fit social expectations, in other words: graduating from high school and attending mothering programs. This is not to say that education is not beneficial, the point is that the pressure added to youth to accomplish both the teenagers and mothering expectations, all embedded in the this time and place,
results in a vulnerable situation that extends through time. In other words, when education is seen as the resource that will improve their lives, it just reinforces the struggles of young mothers if it is not accompanied by other changes. The consequences for their health and the health of their children are negative and they would benefit from health resources rooted in the community and accessible to the physical spaces and times they attend. The image of a health care system that is available to all but require marginalized and vulnerable young homeless mothers seek health care when they do not have the resources, speaks of a system that exerts symbolic violence and reinforces and perpetuates the existing marginalization. The pathways to access health care resources are broken by a social order that does not value mothering at a young age when support is so low that a safe and stable place to stay is not available. It is in our hands—as health and social service providers, policy makers, or agents—to make visible the full picture of the social and systemic factors underlying disadvantaged access and use of the health care resources by young homeless mothers, and act accordingly to adapt to an ignored and denied reality.
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Appendices

Appendix 1 – Research Ethics Board Approvals

Research Ethics Office
Telephone: (416) 864-8000 Ext. 2557
Facsimile: (416) 864-8043
E-mail: eireo@smh.toronto.on.ca

May 28, 2015

Ms. Clara Juando-Prats
Department of Nursing
St Michael’s Hospital

Dear Ms. Juando-Prats,

Re: REB# 15-090 – Sketching Life: Health Care Access and Utilization by Young Mothers Experiencing Homelessness

REB APPROVAL: Original Approval Date May 28, 2015
Annual/Interval Review Date May 28, 2016

Thank you for your application submitted on 30 March, 2015. The above noted study has been reviewed through a delegated process (not by Full Board review). The views of the St. Michael’s Hospital (SMH) Research Ethics Board (REB) have been documented and resolved. Please note that no member of the St. Michael’s Hospital Research Ethics Board associated with this study was involved in its review or approval.

The REB approves the study as it is found to comply with relevant research ethics guidelines, as well as the Ontario Personal Health Information Protection Act (PHIPA), 2004. The REB hereby issues approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review of REB approval. In addition, the following documents have been reviewed and are hereby approved:

2. Consent form - ver: 5/14/2015

Furthermore, the following documents have been received and are acknowledged:

1. Individual Interview Guide - ver: March 2015
2. Elicitation Interview Guide - ver: March 2015
5. Data Collection Form - ver: May 2015

During the course of this investigation, any significant deviations from the approved protocol and/or unanticipated developments or significant adverse events should immediately be brought to the attention of the REB.

Please note that if a Clinical Trial Agreement is required, it must be submitted to the Office of Research Administration for review and approval. Any additional institutional approvals must be coordinated and approved through the Office of Research Administration prior to initiation of this research. All drug dispensing must be coordinated through the Research Pharmacy at 416-864-5413.

The St. Michael's Hospital (SMH) Research Ethics Board (REB) operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans, the Ontario Personal

Ms. Clara Juando-Prats (REB# 15-090)
Health Information Protection Act, 2004, and ICH Good Clinical Practice Consolidated Guideline E6, Health Canada Part C Division 5 of the Food and Drug Regulations, Part 4 of the Natural Health Product Regulations, and the Medical Devices regulations. Furthermore, all investigational drug trials at SMH are conducted by Qualified Investigators (as defined in the latter document).

With best wishes

Dr. David Mazer
Chair, Research Ethics Board

Dr. Philip Berger
Vice Chair, Research Ethics Board

Dr. Brenda McDowell
Vice Chair, Research Ethics Board
Appendix 2 – Recruitment Cards

Card 1 (invers and revers)

Are you a young mom (16-24 years old) without stable housing?
Would you like to participate in a research project focused on your health and the health of your child?
Do you like sketching?
Would you like to learn or improve your drawing skills?

Contact us if you want to sketch with us and participate, or if you want more information about the research project.

ART washes away from the soul the dust of everyday life
P. Picasso

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St. Michael's
Inspired Care. Inspiring Science.
Card 2 (invers and revers)

Are you a young mom (16-24 years old) without stable housing?
Would you like to participate in a research project focused on your health and the health of your child?
Do you like sketching?
Would you like to learn or improve your drawing skills?

Contact us if you want to sketch with us and participate, or if you want more information about the research project.

**ART washes away from the soul the dust of everyday life**
R. Picasso

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St. Michael's
Inspired Care. Inspiring Science.
Appendix 3 – Informed Consent and Participants’ Information

Letter of Information and Consent to Participate in the Research Study:
Sketching Life: Health Care Access and Utilization by Young Mothers Experiencing Homelessness

Principal Investigator

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Introduction
Before agreeing to participate in this research study, it is important that you read and understand this consent form. It provides all the information we think you will need to know in order to decide whether you wish to participate in this study. If you have any questions after you read through this form, please ask one of the investigators. You should not sign this form until you are sure you understand everything in it.

Why this research?
Being young, not having a stable place to live, and having a child can be a difficult and demanding situation. You may experience risks and hazards in different ways that are not easy to manage. You may need to use the healthcare resources for your child and yourself but it may not
be easy to access at times. With this research we would like to understand what it is like for you to use and access the health care system (i.e. emergency department, family physician, nurse), and we would like to offer you to participate in a series of sketching and art workshops to express yourself and improve your art skills.

**How are we going to do this study?**

This study consists of doing 2 interviews, attending three art-workshops and creating a visual diary through drawing and sketching, writing or doing a creative collage with other young mothers.

You will be interviewed twice about your experiences. We will audio-tape the interviews and transcribe them and analyze them later. They will take place in a private room at the Applied Health Research Centre of the St. Michael’s Hospital or at a safe, private and quiet, place of your choice, and will last between 30 and 90 minutes each.

After the first interview you are invited to attend three art-workshops. The workshops will be held in a safe space to create and learn new drawing skills, and the most important, to express yourself. We want these workshops to be an opportunity to capture what matters for you and express it.

The workshops will be a maximum of two hours long and will take place also in the Applied Health Research Center, at a local community organization, or at a resource center for youth. We will try to schedule the workshops at times that are convenient for all. We will give you drawing material to create a visual diary, and during the workshop we will learn some drawing techniques and we will share our art with one another.

At the end of the project, you and the other participants will decide if you want to share some of the art created with the community or if you want to keep it for yourself.

**What about my name and my data?**

Your name (or any data that can identify you) will not be appear in any publications or be collected alongside study data.

We will destroy the audiotaped recordings and other data five years after we publish the study results. No data will ever contain any name or identifiable information about you.

We will assign identification numbers (ID #’s) to the electronic files (i.e. audio tape recordings, transcripts, and sketches). In doing so we ensure that your name does not appear anywhere. We will keep all paper forms in a locked filing cabinet in a secure location at St. Michael’s Hospital. We will keep the data stored on the computer in files that are encrypted and/or password protected. The only people who may see your name are the study investigators and the St. Michael's Hospital Research Ethics Board, who may look at study records (such as the consent form), for the purpose of monitoring the study.

The data provided by you may be used in academic publications; for example, we might use a quote by you and say in the publication whether the quote was from someone with your perspective (e.g. a young mother). Your identity will not be revealed.

The Research Team will keep all of your answers/comments confidential to the extent permitted by law. This means that we are obliged to report any abuse of your child, should you reveal this. The Research Team will do their best to protect your confidentiality; however it cannot be guaranteed that other participants will do the same.

**Potential Harms:**
You do not have to answer any questions or share any stories that make you uncomfortable. If you feel that talking about something in the interviews may be distressful, you do not need to do it. If you feel that you need psychosocial support anytime during the study, we have arranged for staff at the hospital to address your needs. Again, if you report abuse of your child, we are required by law to report this and inform the appropriate authorities.

**Potential Benefits:**
We would like to offer you the opportunity of participating in these sketching and drawing workshops. The workshops offer you the possibility to improve or learn some drawing skills, create your own drawings, your own art, and share them in a safe space. Based on our prior experiences with this type of research, some participants find that the opportunity to discuss their experiences can itself be a positive experience. Participants may appreciate the opportunity to share their expertise, experiences, and life with the community and to contribute to improving practice and policy.

**Participation and Withdrawal:**
Participation in any research study is voluntary. You can choose not to participate. If you decide to participate in this study you can change your mind without giving a reason, and you may withdraw from the study at any time without affecting your current or future care at St. Michael's Hospital. In addition, you may choose not to answer any questions or parts of questions at any time.
Transportation costs (public transit) for attending the workshops and interviews will be covered and light refreshments will be served at the workshops.

**Research Ethics Board Contact**
If you have any questions regarding your rights as a research participant, you may contact Dr. David Mazer, Chair, Research Ethics Board of St. Michael’s Hospital at 416-864-6060 ext. 2557 during business hours.
Informed Consent

The research study has been explained to me, and my questions have been answered to my satisfaction. I have been given sufficient time to read the above information. I have the right not to participate and the right to withdraw without affecting my current or future care at St. Michael's Hospital. As well, the potential harms and benefits of participating in this research study have been explained to me. I know that I may ask now, or in the future, any questions I have about the study.

If you have any questions about this research at any point in the study, please contact the principal investigator, Clara Juando-Prats at the tel: (416)-864-6060, ext. 7850; or e-mail juandopratsc@smh.ca.

I consent to participate. I have been told I will be given a signed copy of this consent form.

____________________   ___________________   _________________
Name of Participant         Signature of Participant            Date

I have explained the study to the above participant, the nature and purpose, the potential benefits, and possible risks associated with the participation in it. I have answered all questions that have been raised

____________________   ___________________   _________________
Name of Person Obtaining Consent        Signature of Person Obtaining Consent            Date
Appendix 4 – Socio Demographic Data Collection Form

File Number: _________________

Today’s date: _________________

Person administering the questionnaire: _________________

Age: _________________

How would you like us to contact you to schedule the workshops and share the results?

___________________________________________________________________________________________

Where are you sleeping lately? _________________ _________________

Would you say that you have a home now? _________________

How many children do you have? _________________

Do you have the custody of your child/children? _________________

Have you ever lost custody of your child/children? _________________

Do you have a partner? _________________

Are you in foster care? _________________

If not, are you on your own? _________________

Do you like drawing/sketching? _________________

Do you usually draw or sketch? _________________
Appendix 5 – Interview Guides

Individual Interview Guide.

[The following questions are not a requirement for the interview, they are a guide to create and listen to a story around the main highlighted themes. The interview needs to be open and allow the participant to share the story that she feels comfortable sharing].

Thank you for agreeing to speak to me today. For today’s interview I’m going to start by asking you to tell me a little bit about yourself. I’m interested in what your life is like, how you see your health and the health of your child, your experiences with physicians and nurses, and how you feel about that. I’m also interested in hearing about your interest in sketching or in other art forms.

This interview is purely a voluntary activity. You may stop the interview at any time. If any question I may ask makes you uncomfortable, tell me and we can skip it. If you wish to speak off the record, let me know and I will temporarily stop recording. Please be assured that you will not identified in any way. Your name is not going to be on the tape, and will not appear in the transcript or any publications or reports. I am audio taping the interview so that I do not lose any details of the conversation, however I (and a transcriptionist) will be the only ones to hear your interview.

In this interview I will ask you some questions about yourself. It will last anywhere between 30 and 90 minutes. However the amount of time we spend and what you choose to say is entirely up to you.

Do you have any questions? If not, let’s begin.

A.1- For today’s interview I’m going to start by asking you to tell me a little bit about yourself. Tell me something about you.
• How old are you? Are you on your own?

• Where do you live? (How is the place? Do you live alone? Who do you live with? For how long have you been there?)

• What do you usually do during a typical day? What do you like doing in your spare time (explain a little, for how long have you been doing this/these activity(ies))

• Tell me how a typical week-day is for you. Could you describe me a day of your week?

• Tell me what a weekend/holiday is like for you.

• Who supports you? Who helps you? Who would you phone if you needed help or to talk to someone?

A.2- Tell me about your most recent pregnancy.

• Tell me about when and how you found out you were pregnant?

• What was going on in your life when you found out you were pregnant?

• How would you describe your pregnancy? How did you manage to take care of yourself?

• What about the baby’s father? Did he know? How did he respond when you discussed it with him?

• Who were you close to during that time? Could you tell me about that/those relationship(s)?

• When did you first see any healthcare professional about your pregnancy? Why?

• How did it go with the health care professionals? Could you tell me about your typical encounters with a health provider at that time?

• How was your health during your pregnancy? Please tell me about any health problems you experienced at that time.
• What did you do in relation to those issues?
• How did you feel about going to see a health care professional during your pregnancy?

A.3- Could you tell me about the birth of your baby?
• Where was the baby born? How did it go? Who was there?
• How did you feel?
• Can you tell me about the different hospital staff who looked after you? What were they like? How did they treat you?
• How did you feel when you were discharged?

A.4- Now, is it okay if we talk a little bit about your child? I would like to hear your story about you and your child, but remember, you don’t have to talk about anything you don’t feel comfortable with.
• Are you together? Who has the custody of the child?
• Could you tell me the story since you gave birth until now?
• Did you talk to any health care professionals after your child was born? How were they? What did they do?
• Did you talk to any children’s aid worker? How were they? What did they do?
• How did you feel about that conversation? Did you have any concerns?
• Are they any current concerns about your child and about parenting?

B.1- Tell me about your worries in relation to your health.
• What are the health issues that you are concerned about yourself?
• What are the ones that matter to you?
Could you tell me about the last health issue you had?

What did you do? Where did you go? What happened?

Who helped you?

Did everything go as you expected?

Where do you usually go when you have one of the health issues you mentioned?

What do you usually do? How do you organize your day when something like this happen?

What worries you in relation to your health?

What health issues do not worry you?

B.2- And what about the health of your child/ren?

Could you tell me about a health issue you had with your child?

What did you do? Where did you go? What happened?

Who helped you?

Did everything go as you expected?

What are the health issues that you are concerned about your child? What are the ones that matter to you?

Where do you usually go when you have one of the health issues you mentioned?

What do you usually do? How do you usually organize your day?

What worries you in relation your child’s health?

Do you think is the same for other young mothers? In what sense?

C.- Tell me about the health services you have used for your child before.
• What kind have you used?

• Could you tell me when was the last time you went? Why? How did it go?

• How did you get organized to go? What did you do?

• How did things go when you got there?

• What was the most difficult that time?

• In what situation would you go to the emergency room? And to the walk-in clinic? And to other service like…?

• In what situation would you hesitate to go to the emergency room? Or to other services?

• What do you think that the emergency room offers you? And the other health care services?

• What do you think that you receive from health services? Can you suggest changes that might help you get more out of health services?

D.- Tell me about the health care professionals you have met in relation to your health or the health of your children.

• What kind of health care professionals have you contacted? When? And why?

• Could you tell me one or two stories about meeting/seeing them?

• When do you think that you need a health care professional? How do you think they can help you?

• In what situation you think you might avoid seeing a health care professional even though somebody told that you should go?

• Is there something you worry about when you have to see a health care professional? Why?
• How do you feel about them?

• What do you think they should offer/give you?

• Do you feel that you are treated differently from other mothers? Why? In what sense?

E.- What words would you use to describe yourself these days?

F.- Do you like sketching?

• Do you usually sketch?

• What other types of art do you like?

• What kind of art do you do?

• When do you usually do it?

• How do you feel about sketching/doing art?

• Do you know about urban-sketching? What do you know about it?

• Do you expect from the art’ workshops?

Is there anything else you would like to tell me about?

Thank you so much for sharing your story with me today. I hope to see you in the sketching workshops. In the workshops we will create together some art, the aim is that you can express yourself and improve your drawing skills. The workshops will be a safe space to sketch, draw, bring new ideas to life, and spend some time creating what you want using the materials we will give you. I believe that art is a powerful way to express and to say what we have inside. I’m looking forward to seeing you there!
Visual Elicitation Interview Guide.

Thank you for agreeing to speak to me today. For today’s interview I’m going to start by asking you to tell me a little bit about the diary you created during the last weeks. I’d like to hear from you about what you created and I’d like to hear your story about your sketches and creations. I’d like to see your art and hear your stories. I’m interested in what your life is like, how you see your health and the health of your child, your experiences with physicians and nurses, and how you feel about that.

This interview is purely a voluntary activity. You may stop the interview at any time. If any question I may ask makes you uncomfortable, tell me and we can skip it. If you wish to skip off the record, let me know and I will temporarily stop recording. Please be assured that you will not identified in any way. Your name is not going to be on the tape, and will not appear anywhere. I am audio taping the interview so that I do not lose any details of the conversation, however I (and a transcriptionist) will be the only ones to hear your interview.

In this interview we will look together to your artwork, and I will ask you some questions about the stories surrounding your sketches. It will last anywhere between 30 and 90 minutes. However the amount of time we spend and what you choose to say is entirely up to you.

Do you have any questions? If not, let’s begin.

Creativity

- Have you been sketching or drawing during the last weeks?
- What has it been like to be in the sketching workshops?
- What have you enjoyed? What have you enjoyed the least?
- Tell me about your work and about what you have been creating during the past weeks.

[The following guide is valid for each element of the visual diary]

- What do you see in this sketch/drawing/text?
• Do you mind explaining what is happening in this sketch/drawing/text?

• What is the story behind this sketch?

• What does this mean to you?

• Why did you draw/write this?

• When was it done?

• What were you doing when you did this? What was going on?

• Do you feel like there’s anything missing from this sketch?

• What was special to you about this?

• Does this image/text symbolize anything in particular for you?

• How does this image/text make you feel?

Health

Tell me about how this sketch relates to your health or the health of your child.

Tell me about how this relates to using the health care system.

Tell me about how this relates to keeping the custody of your child/children.

You

What words would you use to describe yourself these days?

Do you feel any change since you began sketching?

Are you planning/do you feel like sketching in the future?
- Would you like to join any sketching group? Would you recommend or engage in future sketching workshops? Why?

Social World

- How do you feel about your sketches in relation to how others see you? Would you like to share them?

- How do you feel about what you represented in your sketches and what others (not young moms) may see/think about those issues.

- Anything else you would like to tell me about?
Appendix 6 - Workshops Menu

Young Parents Program

Menu

- Vegetarian Chilli with Rice and Salad
- Couscous Salad with Chicken
- Rappini and Red Bell Pepper pasta with salad
- Spaghetti and meat balls with garlic bread
- Spinach and Chick Pea Curry with Rice
- Grilled vegetable sandwich with soup
- Butternut squash and Lentil dal with Rice and Fish curry

*This was the menu offered during the Young Parents program “The Playground” from Jan to Mar 2016.*
## Research Participants’ Profile

<table>
<thead>
<tr>
<th>Participant</th>
<th>Social Support</th>
<th>Family doctor at the moment of the interview/Family doctor during pregnancy or after giving birth</th>
<th>Family situation</th>
<th>Housing</th>
<th>Income</th>
<th>Family of origin</th>
<th>Visible Minority</th>
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<tbody>
<tr>
<td>Abigail (17-19)</td>
<td>Very Low</td>
<td>No-No</td>
<td>Living with close family but they are not a support.</td>
<td>Shared with mother and siblings</td>
<td>Very low</td>
<td>Single-Parent Household</td>
<td>Yes</td>
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<tr>
<td>Addison (18-18)</td>
<td>No-No</td>
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<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Ava (18)</td>
<td>Yes-No</td>
<td></td>
<td></td>
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<tr>
<td>Sonya (16-19)</td>
<td>Very Low</td>
<td>No-No</td>
<td>Conflict in relations hip with close family.</td>
<td>Shelter</td>
<td>Very low</td>
<td>Two-parent Household</td>
<td>Yes</td>
</tr>
<tr>
<td>Sheila (16-19)</td>
<td>No-No</td>
<td></td>
<td>Conflict in relations hip with close family.</td>
<td>Shelter</td>
<td></td>
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<td>Gina (17-28)</td>
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<td>Yes-Yes</td>
<td>Deceased mother, father lives far away.</td>
<td>Housed</td>
<td>Very Low</td>
<td>Single-Parent Household</td>
<td>Yes</td>
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<td>Grace (17-19)</td>
<td>Low</td>
<td>Yes-No</td>
<td>Family overseas. Cousins here.</td>
<td>Housed with partner.</td>
<td>Low</td>
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<td>Yes</td>
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<td>Neeta (22-25)</td>
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<td>Yes after friends helped her to connect with one-No</td>
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<td>Housed with partner.</td>
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<td>Two-parent Household</td>
<td>Yes</td>
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<td>Kavita (20-26)</td>
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<td></td>
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<tr>
<td>Kishori (20-24)</td>
<td>Low</td>
<td></td>
<td></td>
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<tr>
<td>Mary (17-18)</td>
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<td>Yes-Yes</td>
<td>Mother supportive.</td>
<td>Shared with mother.</td>
<td>Very Low</td>
<td>Single-Parent Household</td>
<td>No</td>
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<tr>
<td>Tina (17-19)</td>
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<td>Yes thanks to the supportive organizations-No</td>
<td>Low support from mother.</td>
<td>On her own but unstable</td>
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<td></td>
<td>Yes</td>
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<td>Name</td>
<td>Age</td>
<td>Income</td>
<td>Parental Support</td>
<td>Housing Status</td>
<td>Education Level</td>
<td>Household Structure</td>
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<tr>
<td>Jenn (20-24)</td>
<td>Low</td>
<td>Yes-Yes</td>
<td>Family supportive</td>
<td>Housed with partner</td>
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<td>Two-parent Household</td>
<td>No</td>
</tr>
<tr>
<td>Chris Anonymous</td>
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