Long-Term Impact of Welfare Reform: Biopsychosocial Barriers to Successful Transition Away from Welfare Reliance Among Rural Women in Louisiana

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LONG-TERM IMPACT OF WELFARE REFORM: 
BIOPSYCHOSOCIAL BARRIERS TO SUCCESSFUL 
TRANSITION AWAY FROM WELFARE RELIANCE AMONG 
RURAL WOMEN IN LOUISIANA

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Jake Jerome Guidry 
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ABSTRACT

The discussion regarding government benefits and reliance on welfare benefits is one that takes place in arenas of policymaking and academia alike. These discussions often focus on poverty that exists in densely populated metropolitan areas, resulting in a scarcity of research regarding unique characteristics of rural poverty. Eighty-four rural Louisiana women participated in a longitudinal study of the impacts of welfare reform in their lives. Twenty years later, two ($N = 2$) rural Louisiana women, each former welfare recipients, participated in an in-depth qualitative case study examining their transition away from welfare programs. Data show that neither woman was able to function independently of welfare through employment following the welfare-to-work transition that took place as a consequence of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The integrated data from their four interviews each, including the retrospective interview they engaged in during summer 2019, revealed biological, psychological, and social factors that negatively impacted their transition away from public assistance. These findings suggest that policymakers should take into account the unique challenges inherent to rural communities during the development of welfare policy. The study also revealed a lack of evidence based practices during policy implementation, particularly an absence of working alliance between government agencies and participants, which proved disadvantageous to participants as they navigated the welfare reform transition.
INTRODUCTION

The purpose of this study is to examine biopsychosocial barriers to successful transition away from welfare program reliance among rural women impacted by welfare reform in Louisiana. In 1996, the Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) marked an overhaul of the federal system for public assistance, attaching time limits and work mandates to program eligibility. Welfare recipients, many of whom were poorly educated women in less than flourishing labor markets, suddenly found themselves faced with the challenge of securing and maintaining paid work, knowing that their access to some safety net programs was now limited. To investigate the unique barriers faced by poor rural women during this transition, this study employed qualitative interviews with individuals who participated in welfare-to-work programs following the implementation of PRWORA. The biopsychosocial approach was selected as a framework to identify barriers to successful transition away from welfare program reliance unaccounted for in policy changes and programs subsequently implemented to facilitate the transition.
CHAPTER 1. LITERATURE REVIEW

This brief overview of the research literature contextualizes welfare reform, the condition of poverty in the United States, and how poverty is experienced by women in rural communities. The review of literature also discusses unique characteristics of poverty and labor markets in Louisiana, while exploring biological, psychological, and social barriers commonly experienced by individuals and families in poverty.

PRWORA

PRWORA was signed into law in August 1996. Signing this transformative legislation into law, President Bill Clinton delivered on his campaign promise to “end welfare as we know it.” In essence, PRWORA created a massive shift in responsibility for implementation of welfare policy from the federal to the state level (Floyd et al. 2018; Grogger & Karoly, 2002). Power was given to state governments to construct systems of public assistance for citizens and communities in their state. State governments also were responsible for establishing the means by which programs would be implemented.

Supporters of reform sought to overhaul the old welfare system. The pro-reform camp believed the old system incentivized welfare participation by rewarding idleness and out-of-wedlock childbearing. Many who opposed such an overhaul cautioned of the adverse effects and unintended consequences of a system which was strictly time limited for participants. Reform opponents feared the inadequacy of a more restrictive welfare policy for persons facing significant barriers such as poor job-skills, physical and mental health problems, substance abuse issues, and domestic violence victimization (Grogger & Karoly, 2002). Nevertheless, in July 1997 PRWORA and the newly adopted component of Temporary Assistance for Needy Families (TANF) went into effect.
While the welfare reform law implicitly conveyed the expectation that poverty and government dependence would decline, it explicitly set out to reduce welfare rolls, increase employment, increase child support collections, and encourage the formation of two-parent families (Blalock et al., 2004). A clearer outline of PRWORA’s policy goals can be found in its preamble. Here it stated that greater flexibility would be given to states when operating welfare and related programs. According to PRWORA, new policies intended to:

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
4. Encourage the formation and maintenance of two-parent families.

The notion was that devolution of assistance programs from the federal government to state government would produce a system more suitable for families in each state (Schorr, 1997). In theory, this would allow for the implementation of more specialized programs, designed to address distinctive needs of towns, cities, and communities in each state.

A central focus of PRWORA was to reduce welfare reliance through the promotion of work, job readiness, and individual responsibility. Welfare-to-work policies required states to impose activity requirements and time limitations on individuals who were receiving cash benefits (Green, 2017; Grogger & Karoly, 2005). States now possessed power to determine who is helped, to what extent they are helped, and the duration of government assistance. Work mandate provisions defined work broadly. Participants remained compliant with these mandates
through employment, job seeking activities, on-site training programs, childcare work, and community service work (Grogger & Karoly, 2005; Monroe & Tiller, 2001). While some states utilized educational and vocational programs that focused on increasing human capital, other states opted for placement-oriented programs which produced quicker employment results and expeditiously reduced caseloads (Freedman et al., 1993; Tweedie et al., 1998). This aspect of PRWORA sought to incentivize work and discourage welfare dependency as the mechanism used to reduce caseload totals.

In addition to work requirements, PRWORA required states to place time limits on the number of months individuals were eligible for cash benefits. Although authority was given to states for determining appropriate time limits, research shows that nearly 25 % of welfare recipients had their benefits terminated after 60 months, while another 25 % resided in states with time limits shorter than 60 months (Ferrell et al., 2008). Restrictions were instituted as a deterrent for persons deemed welfare-reliant but considered able-bodied and capable of achieving some level of self-sufficiency through paid work.

Unequivocally stated in the welfare reform law, its policy goals sought to ensure that dependent children remained under the care of their families during periods of economic hardship. The policy intended to do so by providing temporary public assistance, while promoting self-reliance through employment thus discouraging welfare dependency. This meant that in the event of job loss, a parent experiencing loss of income would be able to access public assistance while working part-time or attempting to secure full-time employment. Ultimately, the policy aimed to preserve family cohesion by providing a temporary financial safety net to parents experiencing job loss.
The number of total welfare cases fell quickly and dramatically. In 1995, one year before PRWORA’s programs and policies were initiated, welfare or Aid to Families with Dependent Children (AFDC as it was then called) caseload totals were recorded at 4,790,749 for the calendar year (Office of Family Assistance, 2004). These cases provided cash benefits to 13,418,386 recipients (Office of Family Assistance, 2004). Of the AFDC recipients, 9.1 million were children and nearly 4.3 million were adults (Office of Family Assistance, 2004).

By the end of 2001, approaching the first possible 60 month time limit implemented by most states under the new law, cash-benefit caseloads under TANF decreased dramatically. TANF caseload totals were recorded at 2,100,721 in December of PRWORA’s fifth year of implementation, a reduction in caseload totals by more than half when compared to pre-reform data (Office of Family Assistance, 2010). The 2.1 million cases involved 5,276,319 recipients (Office of Family Assistance, 2010). Of these recipients, 1.3 million were adults and just under 4 million were children. Within five years PRWORA had significantly reduced welfare caseloads, while other stated policy goals such as discouraging out-of-wedlock births and promoting the formation of two-parent families were not realized as clearly.

Data suggest that welfare caseload totals continued to decrease since PRWORA took effect. In December 2018 a total of 947,397 families in the United States received TANF (Office of Family Assistance, 2019). These cases consisted of approximately 2.1 million recipients (Office of Family Assistance, 2019). TANF cases recorded for 2018 consisted of approximately 1.7 million children and 450,000 adults (Office of Family Assistance, 2019). These totals represent an overwhelming decrease from caseload totals associated with the old welfare system.
Workforce Engagement Before and After Welfare Reform

In addition to addressing the issue of welfare reliance, the policy’s work mandates and time limits attached to contemporary safety net programs leveraged many poor families into the workforce. In compliance with policy regulations, many welfare offices became training centers for welfare recipients as they prepared for the changes ahead (Monroe & Tiller, 2001). By providing current welfare recipients with education, job skills, and vocational training, supporters of welfare reform anticipated such services would equip individuals with the necessary tools to enter the workforce and survive independent of public assistance.

According to the U.S Bureau of Labor Statistics (2019a), the national unemployment rate has been relatively constant over the last 25 years with the exception of a spike in unemployment following the 2008-09 recession. In 1995, the year before PRWORA was implemented, the national rate of unemployment was approximately 5.5 % (U.S. Bureau of Labor Statistics, 2019a). By 2001 the unemployment rate fell as low as 4.2 % before rising to 5.7 % towards the end of the year, demonstrating a relatively volatile labor force for that calendar year (U.S. Bureau of Labor Statistics, 2019a). The data show that although the rate of unemployment decreased immediately after welfare reform went into effect, within 5 years the unemployment numbers returned to where they were prior to welfare reform. Unemployment rates in the U.S. today are at their lowest level in nearly 50 years, according to recent statistics. With what appears to be a flourishing labor market, the White House reported unemployment in April 2019 at 3.6 %, the 14th consecutive month below 4 % (Council of Economic Advisers, 2019).

Not unlike national data, Louisiana labor markets experienced similar fluctuations in terms of labor market participation. Although changes in Louisiana’s unemployment rate
mirrored changes in national averages, the state’s economy consistently produced higher rates of joblessness over the last 25 years than seen in the national economy.

The U.S. Bureau of Labor Statistics (2019a) reports Louisiana’s pre-reform unemployment rate at approximately 7.3 %, substantially higher than the 5.5 % reported nationally. Five years after PRWORA implementation, Louisiana’s level of workforce engagement mimicked improvements shown by the national economy. In 2001, Louisiana’s rate of unemployment decreased to 5.8 % at the beginning of the year, finishing out the calendar year at 6.2 % (U.S. Bureau of Labor Statistics, 2019a). Recent data collection reflected an improvement for Louisiana, where 4.3 % of Louisiana’s residents were unable to secure employment (U.S. Bureau of Labor Statistics, 2019b). While this figure showed dramatic improvement from the near double-digit unemployment rates of the past, Louisiana’s unemployment rates remain higher than national averages.

National data collection on labor market participation and unemployment also takes into account gender differences. Statistics show that men and women experienced similar fluctuations in unemployment from 1995 to the present.

Unemployment patterns of women in the workforce demonstrated comparable changes to those depicted by national averages of all adults. In 1995 the unemployment rate among women age 16 and older was approximately 5.5 % (U.S. Bureau of Labor Statistics, 2019a). By January 2001 unemployment rates for this segment of the population fell to 4.1 %, yet increased to 5.7 % by the end of the year (U.S. Bureau of Labor Statistics, 2019a). Current labor market data show unemployment rates of women have hit historical lows, recorded at 3.4 % in April 2019 (U.S. Bureau of Labor Statistics, 2019b).
Male workforce participation rates were similar to those of females. In 1995, the year prior to PRWORA implementation, males age 16 and older were unemployed at a rate of approximately 5.5% (U.S. Bureau of Labor Statistics, 2019a). Five years after welfare reform, the unemployment rate of men fell to 4.2% at the beginning of 2001 and increased to 5.8% by the end of the calendar year (U.S. Bureau of Labor Statistics, 2019a). Recent data show the rate of male unemployment slightly higher than the rate of female unemployment at approximately 3.7% in April 2019 (U.S. Bureau of Labor Statistics, 2019b).

While national unemployment rates showed similar averages and patterns between men and women, the number of labor market participants from each demographic category illustrated a more significant gender discrepancy. The total number of employed men has consistently exceed the number of employed women. National survey data reflected estimates of 67 million employed men in 1995, 73 million employed men in 2001, and approximately 83 million men employed as of April 2019 (U.S. Bureau of Labor Statistics, 2019a). Employment totals for women were consistently lower according to national survey data where an estimated 57 million women were employed in 1995, female employment increased to 63.5 million in 2001 following welfare reform, then increasing yet again to 73.3 million by April 2019 (U.S. Bureau of Labor Statistics, 2019b).

**Louisiana Data By Gender**

Historical data related to Louisiana’s workforce engagement by gender proved difficult to locate. General workforce statistics were more accessible for the periods being discussed. In 1995 Louisiana had approximately 1.9 million documented workers statewide (Louisiana Workforce Commission, 2018). Five years later the state’s labor market displayed a slight increase which resulted in just over 2 million residents documented as employed. Recent data
reflected a more detailed account of Louisiana’s workforce engagement. In 2017 approximately 2.1 million Louisiana citizens participated in the state’s labor force (Louisiana Workforce Commission, 2018). Of the 2.1 million participants, women occupied just over 1 million jobs placing them at 48.6% of Louisiana’s workforce (Louisiana Workforce Commission, 2018).

Poverty

Many families in the United States wake up each day experiencing chronic stress stemming from scarcity of resources. Stressors of this type are most closely associated with the condition of poverty, defined as a condition in which a person’s resources, material or otherwise, are not sufficient to meet their most basic needs (Goulden & D’Arcy, 2014). While establishing a universal definition of poverty has proven elusive, poverty is thought of as a complex condition where individuals or families encounter a number of barriers in their pursuit of social, economic, and material well-being (Agarwal, 1989; Goulden & D’Arcy, 2014; Mani et al., 2013; Spickler, 2007). Such barriers manifest themselves in the lives of individuals internally and externally, where resources such as public assistance are used to help minimize the severity and duration of harmful effects.

As of January 2019, the U.S Department of Health & Human Services (DHHS) issued its newest set of guidelines for determining financial eligibility for federal programs. In 48 of 50 states, single-person households must earn an annual gross income of $12,490 or less to qualify for federal safety net programs; the threshold amount increases by $4,420 for each additional member of the household and varies slightly based on whether the additional household member is an adult or a child (U.S. Department of Health & Human Services, 2019). Poverty thresholds are used by DHHS to determine how public assistance is allocated among American households as a means to achieving a minimum standard of living.
According to census data collected prior to welfare reform, there were 36.4 million Americans documented as poor based on the DHHS poverty threshold’s criteria (U.S. Census Bureau, 1996). This figure placed the 1995 overall poverty rate in the United States at 13.8% (U.S. Census Bureau, 1996). In 2001, five years after PRWORA policies were put into effect, the overall poverty rate decreased to 11.7% with a total of 32.9 million Americans falling below the threshold (U.S. Census Bureau, 2002). Years later in 2017, the estimated number of Americans in poverty increased to 39.7 million, while the rate of poverty was at 12.3% (U.S. Census Bureau, 2018). Rates of poverty in the United States have fluctuated between the mid-1990’s and 2018, peaking at 15.1% in 2010 following the economic recession of the mid-2000’s (U.S. Census Bureau, 2018).

**Barriers to Reduced Reliance on Public Assistance**

With some level of financial independence as a primary goal of welfare reform, skeptics of the policy warned of barriers to sustainable work that TANF recipients may experience. These barriers were identified broadly in three main categories: scarcity of remunerative work, insufficient levels of human capital among welfare recipients, and lack of supportive services needed to maintain the overall health of families while they prepare for remunerative work (Danziger et al., 2000; Frye et al., 1997).

Not unlike several other southern states, Louisiana appeared particularly vulnerable to barriers identified by opponents of welfare reform. Data show that Louisiana consistently underperformed when compared to national averages in terms of median household income, workforce engagement, educational level, or workforce training and preparedness, and rate of poverty.
In 1995, the national median household income was calculated at $34,076 annually (U.S. Census Bureau, 1996). By comparison, the median household income in Louisiana was estimated to be $28,774 for that year (U.S. Census Bureau, 1996). Similar underachievement can be observed in recent data. In 2018 the national median household income was estimated to be $61,372 (Rothbaum, 2018). In contrast, Louisiana’s 2017 median household income estimate was $46,710, much lower than the national average (U.S. Census Bureau, 2018).

**Rural Labor Markets and Poverty**

Labor markets of rural America differed from those of more heavily populated areas. Although rural poverty declined in the past 70 years, these communities have not necessarily flourished during the national economy’s transition from a manufacturing economy to a service-based economy (Monroe & Tiller, 2001). Families in these communities, particularly those where women are heads-of-household, are faced with distinct hindrances such as fewer available high-paying jobs and fewer available high-skill jobs (Rosenbaum & Popkin, 1991). Limited availability of formal income conjoined with greater demand for formal employment has often led to anxiety, financial strain, and welfare dependence for women residing in rural communities (Monroe & Tiller, 2001).

In regards to opportunities for employment, studies showed that rural labor markets and metropolitan labor markets are quite different. Rural economies frequently were characterized by frail infrastructure and labor markets disproportionately flooded with part-time, temporary, low-wage jobs, generating cyclical patterns of poverty and dependence (Blalock et al., 2004; Haynie & Gorman, 1999). Research has shown that the informalization of work in rural areas is positively correlated with employment instability, resulting in an increase in jobs for skilled labor and fewer opportunities for low-skilled workers (Beneria, 2001). Data reflecting earned
income differences between rural and urban areas support these claims. Recent data suggest that
cmedian household income in nonmetropolitan areas during 2017 was $47,563, significantly less
than the $64,265 median household income of metropolitan areas (U.S. Census Bureau, 2018). A
similar earnings gap existed prior to welfare reform in 1995 where median household income in
rural areas was documented at $27,776, while median annual earnings of metropolitan
households were recorded at approximately $36,079 by the census (U.S. Census Bureau, 1996).

Considering the lower earning potential and limited job availability of rural economies,
members of rural communities are uniquely susceptible to conditions of poverty. Based on
measures established by the Office of Management and Budget (2013), rural communities are
those with populations of fewer than 10,000 residents. One year before welfare reform
implementation in 1995, there were 8.1 million households considered poor and in rural areas,
while approximately 28.3 million households experienced urban poverty (U.S. Census Bureau,
1996). By 2001, 5 years after welfare reform, the number of households in poverty decreased.
Census data from 2001 indicate there were approximately 25.4 million urban households in
poverty and 7.5 million rural households in poverty (U.S. Census Bureau, 2002). An estimated
6.3 million Americans earned income below the poverty threshold while participating in rural
economies in 2017 (U.S. Census Bureau, 2018). Comparatively, 33.3 million impoverished
American households were located in metropolitan areas in 2017 (U.S. Census Bureau, 2018).

Although the total number of urban households in poverty historically have dwarfed
totals rural geographic regions, the rate of poverty in rural areas has been significantly higher
than poverty rates of more heavily populated areas (Blalock et al., 2004; Haynie & Gorman,
1999; Huddleston-Casa et al., 2009; U.S. Census Bureau, 2018). In 1995 the rural poverty rate
was recorded at 15.6 %, while the urban poverty rate was documented at 13.4 % (U.S. Census
A similar discrepancy existed 5 years after PRWORA took effect when roughly 14.2% of rural households and 11.1% of urban households fell below the poverty threshold (U.S. Census Bureau, 2002). By 2017 poverty continued to be more prevalent in rural areas than in cities, with 14.8% of rural families living in poverty and 11.9% of metropolitan families living in poverty (U.S. Census Bureau, 2018). Poverty rates in urban America were lower than poverty rates in rural America every year since 1959 when such data were first collected (Weber & Miller, 2017).

Paid work is not always synonymous with evading poverty. Many Americans find themselves engaged in work, yet still unable to make ends meet. According to the U.S. Bureau of Labor Statistics (2018), the working poor are those who participate in the labor force for at least 27 weeks during the year, either working or actively looking for work, with incomes falling below the poverty threshold. Employment does not always ensure economic well-being. In 1995 approximately 139 million individuals were documented as employed, with 9.5 million (6.8%) of those falling below the poverty threshold (U.S. Census Bureau, 1996). Five years into PRWORA work mandates, approximately 151 million individuals were employed with 8.5 million (5.6%) earning wages below the poverty threshold (U.S. Census Bureau, 2002). According to 2017 data, approximately 8.1 million (5.3%) Americans were employed and in poverty, 2.4 million (2.2%) of which were full-time employees for the entire year and 5.7 million of which (13.4%) were employed less than full-time for the entire year (U.S. Census Bureau, 2018).

Female participation in labor markets has steadily increased since the mid-20th century. Recent data show approximately 73.3 million women participated in the workforce in 2016, giving women a 46.8% share of the labor market (U.S. Bureau of Labor Statistics, 2019b). In
1995 there were approximately 60.9 million women participating in the labor market, showing that an additional 13.5 million women engaged in the workforce over the previous two decades (U.S. Department of Labor, 2018). Despite increasing levels of participation in work, studies showed that women consistently fare worse than male counterparts on a number of economic measures, including hourly wages, annual income, and full-time employment (Haynie & Gorman, 1999).

Historically women were no stranger to poverty. In the most recent census, women accounted for 22.3 million of the 39.7 million Americans in poverty (U.S. Census Bureau, 2018). Of the 7.5 million families in poverty in 1995, over 4 million were documented as single female headed households (U.S. Census Bureau, 1996). By 2001, there were 6.8 million families in poverty with female headed households accounting for nearly 3.5 million of the total (U.S. Census Bureau, 2002). Among families in poverty, just over 3 million of the 7.7 million households document in 2017 were headed by single women with no husband/partner present (U.S. Census Bureau, 2018).

Educational attainment or training and preparedness also is recognized as a factor associated with poverty. In terms of educational attainment, 2017 census participants age 25 and older in poverty consisted of 5.5 million (24.5 %) without a high school diploma, 7.9 million (12.7 %) graduated high school but did not attend college, 5.1 million (8.8 %) had some college experience without a degree, and 3.7 million (4.8 %) Americans earned a bachelor’s degree or higher, but still found themselves below the poverty line (U.S. Census Bureau, 2018). Data show levels of education are positively correlated with potential income.
Biopsychosocial Policy Shortfalls of PRWORA

Deficiencies in physical health have been shown to inhibit or completely eliminate an individual’s ability to engage in typical work activities. For example, chronic illness is often linked to an increased risk for future unemployment (Arrow, 1996). This is especially true for single mothers. While health of the child may not affect a single mother’s probability for employment, it has a substantial effect on the number of hours she is able to work (Hershey & Pavetti, 1997). This finding supports the notion that limited resources associated with poverty can impair a person’s ability to escape poverty. Personal health problems along with the energy and time needed to care for a child that becomes ill places poor single mothers at a significant disadvantage in their attempt to be self-sufficient (Blalock et al., 2004; Haynie & Garmin, 1999). While poor physical health of an individual or their child is a barrier to adequate employment, poor health also can be a consequence of poor job quality (Strazdins et al., 2004). Interplay between employment and physical health is supported by data where lack of job security, scarcity in labor markets, limited social supports, and excessive demands are positively correlated with poor physical health (Leach et al., 2010; Strazdins et al., 2004).

Similar to physical health, mental health also is identified as a corollary of and risk factor for unemployment. The potency of these two effects was similar in regard to women who are managing problems related to mental health while simultaneously interacting with the workforce (Olesen et al., 2013). Individuals with poor mental health, especially those with diagnosable mental disorders, exhibited an increased likelihood to become unemployed when compared to individuals with sound mental health (Leino-Arjas et al., 1999; Whooley et al., 2002). Although more research has been conducted on the relationship between chronic mental illness and
unemployment, some studies have shown that symptoms of depression and anxiety are also in a reciprocal relationship with unemployment (Olesen et al., 2013).

In the context of welfare reform and its welfare-to-work approach to transitioning away from reliance on public assistance, it is critical to look back at the job-readiness programs utilized by welfare offices during the transition period. Public welfare agencies were asked to assume a role similar to that of vocational rehabilitation organizations, providing clients with knowledge pertaining to work searches, resumes, effective interviewing, as well as training, workforce preparedness, or education needed to acquire sustainable employment. Reviewing research on vocational rehabilitation effectiveness allows us to identify strengths and weaknesses of services provided to individuals transitioning off of welfare by participating in these types of programs.

In evidence-based vocational rehabilitation services there are standard models of practice used when working with consumers. One of the more notable models of practice includes services such as diagnostic evaluation, medical restoration, personal adjustment training, independent living training, job readiness training, vocational training, and job placement (Pruett et al., 2008). Researchers found that rehabilitation services can be appraised using fundamental components of counseling and skills training (Pruett et al., 2008). Each of these components have been recognized as key to effective vocational rehabilitation.

The relationship forged between a vocational counselor and the consumer often is referred to as the *working alliance*. This partnership can be defined as (a) the consumer’s affective relationship with the counselor; (b) the consumer’s desire and ability to work collaboratively with the counselor; (c) the degree to which the counselor is involved and responds empathically to the consumer; and (d) the consumer and counselor understanding of
goals and tasks of rehabilitation (Jaeger et al., 2006; Kosciulek, 2004; Pruett et al., 2008). All factors of the working alliance (i.e., goal, task, and bond) are prognostic of outcomes in rehabilitation (Schelat, 2001). The majority of studies conducted on vocational rehabilitation suggest that successful outcomes are often achieved when counselors are able to cultivate efficacy, formulate goals, and establish strong bonds with consumers.

Life skills are another important aspect of effective vocational rehabilitation according to the research. This form of skill development works in conjunction with the goal of self-efficacy included in the discussion on vocational counseling. Educating consumers in the areas of social skills, coping skills, general life skills and specific job skills has been beneficial to individuals with mental illness, addiction, or other impairments that interfere with vocational stability (Pruett et al., 2008). Training in fundamental life skills is vital to successful outcomes in vocational rehabilitation and employment (Chan et al., 2003). Chan et al. (2003) found that social skills and coping skills were not only related to economic security of those receiving rehabilitation services, but were also positively correlated with physical well-being, self-esteem, and social support. Although utilizing life skills training in rehabilitation programs is considered to be ideal, studies recognized problematic issues in regard to implementation such as staff training, leadership commitment, and follow-up training (Akabas et al., 2006). Despite genuine efforts to be helpful to women transitioning off welfare programs, there is no evidence that the public welfare agencies in Louisiana achieved this model level of working alliances (Monroe et al., 2002; Monroe & Tiller, 2003).
CHAPTER 2. THEORETICAL FRAMEWORK

The purpose of this research is to explain how biopsychosocial barriers affected rural Louisiana welfare reliant women in their transition away from welfare program reliance. The barriers were expected to be particularly pronounced during the period following women’s exit from welfare program participation. The biopsychosocial approach was selected as a framework to structure this examination. Utilizing the biopsychosocial approach allows for researchers to identify contributing factors at various levels of functioning. While the biopsychosocial lens presents value in terms of policy evaluation, it also provides a mechanism used to identify and categorize barriers to welfare independence on a micro level. Scholars frequently recognized and addressed internal and external factors associated with poverty (Arrow, 1996; Blalock et al., 2004; Haynie & Garmin, 1999; Leach et al., 2010; Leino-Arjas et al., 1999; Schelat, 2001; Whooley et al., 2002). Although originally developed as a model for effective clinical practice, the biopsychosocial framework has the potential to be useful for policymakers when addressing problems from a macro perspective.

Rooted in general systems theory, the biopsychosocial model is accepted as a viable method for working with individuals in the fields of psychology, human development, health, and medicine. As a general framework, it is used to understand problems such as mental illness or disease by viewing the person’s unique circumstances through three broad domains of experience: biological, psychological, and social. The biopsychosocial approach proposes that biological, psychological, and social factors should be taken into account when considering overall health, wellbeing, and optimal functioning of individuals and families.

The biopsychosocial model was developed by George Engel (1977; 1980) as an alternative to the widely used biomedical model for treatment. Engel believed that the
biomedical approach was limited in that it only took into account somatic variables. As the primary approach to clinical treatment, the biomedical model proposed that the treatment of issues related to health were limited to biological factors. Engel believed this limited scope of consideration was inadequate and outdated. Engel proposed that the relationship between mental and physical health was more complex than previously thought (Borrell-Carrio’ et al., 2004; Engel, 1977; 1980). By recognizing that pathology and treatment are often influenced by environmental factors, Engel’s framework created a new standard for best practices within professional communities.

The biopsychosocial approach allows us to make a number of valuable considerations in the examination of welfare policy reform and how welfare participants were impacted by the policy shift. The relationship between poverty and biological factors such as loss of functioning, disease, and physical impairment has been well documented in research (Crimmins et al., 2009; Evans et al., 2012; Schulz et al., 2013). The rich quantity of poverty research available also supports the idea that poor mental health and low socioeconomic status have been positively correlated, as symptoms of poverty perpetuate stress and exacerbate mental illness for individuals and families struggling to make ends meet (Anakwenze & Zuberi, 2013; Bryant-Davis et al., 2010; Klebanov et al., 1994). Public policy along with other environmental factors such as educational resources, labor markets, and social networks inhibit upward mobility of families (Barrientos et al., 2005; Klebanov et al., 1994; McEwen & McEwen, 2017; Rauh et al., 2008). By delving deeply into the experiences and outcomes of rural women affected by welfare reform, we may gain a better understanding of factors which impede an individual’s pursuit of independence from public support programs.
CHAPTER 3. METHODOLOGY

The purpose of this study was to explore biopsychosocial barriers to the transition off welfare program reliance and independence experienced by welfare-reliant women in rural Louisiana. Research questions for this study included: (1) What were the biological barriers to welfare independence experienced by rural women in Louisiana?, (2) What were the psychological barriers to welfare independence experienced by rural women in Louisiana?, and (3) What were the social barriers to welfare independence experienced by rural women in Louisiana? The purpose was accomplished and research questions were answered by analyzing interview data collected from women at various points in time during their transition period, along with new interviews collected from women 20 years later in June 2019. This chapter will describe how participants were selected, located, and contacted for the study. Instrumentation used in the study and the data collection process will also be described. This study was approved by IRB on April 3rd, 2019 as IRB# E11648 (see Appendix A).

Participants

Participants in the study were selected based on participation in a multi-phase qualitative study of welfare reform in rural Louisiana, conducted through repeated interviews from 1997 through 2001 (Blalock et al., 2004; Monroe et al., 1999; Monroe & Tiller, 2001). The original study involved 84 female participants who were interviewed at training centers located in 7 regions across Louisiana, selected by researchers using purposeful sampling. These 84 women were either engaged in job-training programs or earning a General Equivalency Diploma (GED) at designated sites provided by Louisiana Department of Social Service (DSS) to facilitate the transition. Participation in such programs fulfilled work mandates of welfare reform, ensuring continuity of cash benefits while the women were engaged in work activity.
The name, last known address, and last known phone number of participants were provided by researchers who conducted the original studies. Interview transcripts from the three waves of interviews were also provided. Embarking on a follow-up study 20 years after the last contact with the research project presented particular challenges, beginning with developing an approach for contacting participants. Priority was assigned to subjects who had participated in all three waves of interviews, thinking that collecting a fourth interview set would produce a rich narrative of the subject’s experience. These participants were then grouped based on geographic location. Geographic regions accounted for were represented by the cities of Alexandria, New Iberia, Ferriday, Marksville, Ruston, and Lockport. Participants who originally were interviewed in Alexandria, New Iberia, and Franklin represented the greatest potential ease of contact and were the first contact targets.

The first attempt to establish communication with participants was made by phone, using contact information last utilized in 1997, 1999, and 2001. Attempts to contact participants by phone were largely unsuccessful. The overwhelming majority of phone numbers were no longer in service. Facing the reality of how difficult it would be to locate participants 20 years later, a less restrictive method of locating participants was adopted, cold calling all of the original 84 participants. Of the 84 phone calls made, only 1 call resulted in confirmation that the individual researchers intended to reach lived at the residence. The person who answered agreed to write down the researcher’s name, contact information, and reason for calling and give the former participant the message when she returned home. A return call was not received from this participant.

Another attempt to locate participants was made using the last known address and standard mail. Letters were drafted and mailed to the last known addresses of participants.
Letters mailed using first-class postage must be returned to sender if the address is incorrect and provided at least some indication of whether addresses were still valid. This method of communication was equally unsuccessful, and rendered only “return to sender” envelopes and no responses from any of the women the researcher wished to contact.

Next a Facebook page for the ‘Monroe Research Project’ was set up and every woman from the original subjects who appeared to present a reasonable likelihood of being the same woman was contacted. For example, the woman’s photos were recognized by the original researcher; the woman appeared to be approximately the expected age; the woman mentioned children whose ages and genders matched the original personal information collected. A Facebook Instant Message was sent to each woman about whom researchers were reasonably confident was the same woman from the original study. No woman responded.

Finally, the senior researcher on the project contacted a professional colleague in the area who suggested that researchers visit the courthouses in the communities of interest and search the voter registration rolls for current addresses that could then be used to contact the women. Voter registration rolls are public information, although examination of the rolls must be conducted under appropriate supervision and for legitimate purposes. Researchers contacted several Registrars, explained the project and its purpose, and visited the courthouses in person. This method uncovered a number of names and addresses in the Alexandria and New Iberia region, but was equally as ineffective in locating participants. Letters mailed to addresses obtained from Registrars were also returned to sender.

The senior researcher contacted an official with the Louisiana Department of Children and Family Services (DCFS; formerly DSS), explained the purpose of the research, and discussed with the official the cooperative relationship on this research project and related
welfare program evaluation research. The purpose for the contact was to determine whether DCFS would once again enter into a Memorandum of Agreement to cooperate on the research and pursuant to the agreement, provide current contact information on the 84 original participants. Researcher’s thinking was that while the participants certainly were not receiving TANF they might very well still receive other public assistance such as food stamps and thus DFCS would have a current address. The DCFS official agreed instead to mail out a contact letter and consent form provided by researchers, to be mailed back directly to the researchers. While standard protocol dictates such letters would be mailed out at least twice, DCFS agreed to do this only once.

Using this method, the researcher was able to contact, and acquire consent to participate from 2 women. One of the participants was located in Jeanerette, Louisiana, still living in the home she resided in when she was last interviewed in 2001. Upon receiving the signed letter of consent, the participant was contacted by phone and an interview was scheduled. The other participant was currently living in Alexandria, Louisiana, the same city she resided in when she was first interviewed in 1997 but at a different address. This participant was contacted by phone after receiving the consent to contact and an interview was scheduled. Each participant had richly detailed interview transcripts on record from all three previous waves of interviews. Each participant agreed to interviews conducted in their home. Participants were informed that the interviews would take approximately 60-90 minutes to complete. Participants were given $20 as compensation for their time.

**Instrumentation**

The primary data were collected through qualitative semi-structured interviews. An interview scheduled was used to conduct semi-structured interviews (see Appendix B). The
interview schedule contained the same questions used in previous data collection waves, slightly modified to reflect the passage of time and solicit responses representative of the participant’s present circumstances. The interview schedule ensured that participants were able to respond to a core set of topics, including household demographics, education, transportation, health, public benefits, employment history, and perception of welfare reform and program changes. Conversational probes were used as needed by interviewers to explore or broaden responses provided by participants. The researcher assumed the role of learner and was free to request more information from participants in order to promote responses that were robust. Exploration of participants’ lived experiences related to core themes of the study were also permitted and encouraged during interviews.

A short version of the US Department of Agriculture’s Economic Research Service (USDA ERS) 12-month food security scale was included at the end of the interview schedule as was used in all prior data collection waves. The measurement tool consisted of 6 items. Three items were statements warranting responses in a Likert format; three items were questions warranting yes or no response in nominal format.

**Data Collection**

In preparation for the interview, the researcher carefully examined transcripts from the three previous interviews conducted with each participant, to ensure that subjects were approached in a prepared and knowledgeable manner while eliminating bias to the greatest extent possible. Such rigorous preparation was carried out so that the researcher could discuss the participant’s current situation in the context of her past experiences as a woman participating in welfare programs at the exact time that federal policy shifted from under her feet. The
researcher hoped this would encourage the woman to volunteer a current and historical perspective of that unique experience.

Researchers met with participants in their homes at a previously scheduled time and date. Two researchers engaged in data collection. I assumed the role of interviewer, and the senior researcher responsible for the study shouldered the responsibility of note-taking and observing. Dividing the roles in this manner allowed me to gain research experience and to be responsible primarily for the conduct of this research. Interviews were recorded using a digital recording device with consent of the participant. Participant confidentiality was ensured prior to recording dialogue. Participants were also informed that they were free to ask at any time for recording to be turned off or paused. Interviews were completed within 90-120 minutes.

The interviews began with questions regarding general demographic information of the participant and their household. Participants were then asked about their level of educational achievement, means of transportation, the nature of their physical and mental health, relationship with public benefits, and work history. The final segment of the interview investigated the participant’s perception of welfare reform and how policy changes impacted her subsequent life experiences. Participants were asked at certain points if they could recall responses they provided in earlier interviews. Participants were then provided with content obtained from earlier transcripts if they expressed interest, and asked to reflect or compare their situations and attitudes originally to their current situation. Participants were also asked to reflect on their lived experiences between the 1997 encounter and the present as it relates to welfare reform, welfare-to-work programs in which they participated, and the impact they thought it may have had on their lives and the lives of their families.
Each interview concluded with participants completing a short version of the USDA, ERS 12-month food security scale. Data collected using the 12-month food security scale were considered to be of little value to this research given the small number of participants. For this reason, information obtained using the scale was used sparingly and only in relation to substantive data.

**Data Analysis**

**Data management.** Interviews were transcribed from the digital recordings. The researcher created verbatim transcriptions of each interview using the digital recording device, recording software, and a personal computer. Each individual transcription took approximately 8-10 hours to produce. Copies of transcriptions were stored on a removable flash drive and password protected personal computers. All devices containing audio files of interviews and interview transcriptions were owned and protected by the researchers. Paper copies of each transcript were also printed, placed in folders, and stored in secure locations.

Data collected in interviews with 2 participants are presented here as individual case studies. Each case study was formulated beginning with a comparison to and integration of the current interview with all previous interview data for each individual participant. Each participant was represented in 4 interviews conducted over more than 20 years and approximately 70 pages of interview transcripts. Following standard qualitative data analysis approaches, the researcher immersed himself in the data while beginning to look for the emergence of themes relevant to the study. The biopsychosocial approach was used to code interview content. Spheres of interest were established based on themes which emerged within responses of individual participants, with direct quotes of participants being categorized within its corresponding sphere.
Definitions of each domain were established in preparation for the initial coding activity. A biological factor is a factor associated with the biological functioning of a person, such as genetics, disease, physical illness, physical injury, or any aspect of a person related to physiological pathology or physical health. Psychological factors are identified as factors related to psychological functioning of a person, such as personality, thought patterns, emotions, behaviors, coping methods, fears, beliefs, or any aspect of a person’s experience related to perception of experience. Psychological factors also included indicators of mental dysfunction. Lastly, social factors include participant comments on aspects of the environment she interacts with that impact functioning, such as family, community, culture, economies, labor markets, educational systems, or government.

**Coding.** With definitions for biological, psychological, and social domains established, the initial coding exercise involved identifying content from all 4 waves of the data collection for each of the 2 participants in the study which met established criteria for each domain. Focusing their attention on a single research participant, the researcher began highlighting content that best fit the biological definition. As biologically significant data were identified, written notes or memos were placed on the transcript describing the researcher’s reaction to the data, rationale for why the data were placed in a particular domain, or how the researcher anticipated using the data in the future. The researcher also kept a WORD document with direct quotes from the transcripts framed with similar notations. Once all 4 interview documents were coded for biological content, the researcher performed the same exercise for the other domains of the framework. At the conclusion of this initial coding activity the researcher was left with 4 interview transcripts for 1 participant with content coded as fitting within the biological domain, psychological domain, or social domain.
My next coding objective was to reflect on the data and identify specific, recurring themes that emerged in the participant’s story. For the purpose of this study, the themes that emerged would be biological, psychological, and social factors that impacted the participant’s ability to transition away from welfare reliance and into the workforce. The researcher immersed himself in the data, reading over memos created during initial coding, examining the transcripts, and reflecting on the data in the context of the research questions. Once themes related to barriers were identified for each domain, each individual barrier theme was assigned a color. This color was used to code data within transcripts that supported this particular theme as a factor associated with the participant’s ability to transition away from public assistance. Coding for one theme at a time, the researcher then read through transcripts in chronological order, highlighting data for the corresponding themes, while also maintaining memos of my rationale for the inclusion of certain data, my interpretation of how the data fit within the broader narrative for the participant, or how the data presented value in formulating an answer to the research question.

When the entire process was completed for the first participant in the study, the researcher moved on to the second participant, repeating the same procedure. The entire coding process required 100 or more hours to complete. This labor-intensive endeavor produced a rich collection of data consisting of 4 barrier themes for the first participant and 6 barrier themes for the other. Themes emerged in each of the 3 domains for each participant. Additionally, this activity produced more than 60 single-spaced pages of memos and related quotes which are reflected in the results provided in the next chapter.

Interrater reliability was established by having the senior researcher review all coded material. The senior researcher affirmed the coding and theme decisions, and marked additional
content as relevant for coding consideration by the researcher. The senior researcher sampled approximately 10% of the coded material and recoded it, resulting in 100% agreement between researchers. Finally, the senior researcher read all coding memos and verified the suitability of all quotes chosen to highlight themes.

**Internal and external validity.** Qualitative research methods include certain techniques used to establish and preserve reader confidence in the accuracy, integrity, and validity of research findings. These measures are implemented to insure the reader is confident about process, as qualitative inquiry is often scrutinized for the absence of instrumentation used in quantitative research and the inability for qualitative results to be generalized. The necessary trust and confidence established between the researcher and the reader must then become a product of the researcher’s diligence.

Internal validity in quantitative studies is concerned with the ability of the instrument used to accurately measure the concept it was intended to measure. Qualitative researchers must rely on the trustworthiness and credibility of the researcher, research design, and theoretical foundations used for the study to address any concerns associated with internal validity. A clear articulation of the research process that guides the reader through every step and allows the reader to participate in the analysis is relied upon in gaining the reader’s confidence.

In quantitative research, the concept of external validity is concerned with whether conclusions can be generalized from a sample to the population being examined, or to other populations. For a qualitative researcher, generalizability is referred to as transferability. Transferability determines whether results can be applied to other cases, context, or settings. The reader’s comfort with transferability can be increased through the qualitative researcher’s
willingness to thoroughly document individual cases in the study, as well as the overall context of the study.

**Locating the Researcher in the Project**

It is important in qualitative work for the researcher to locate himself in the project as an exercise in revealing any biases he brings to the work. I am a master’s level graduate student and anticipate earning my MSW degree in May of 2020. I have professional, volunteer, or internship experience working with several populations including addictions, prison reentry, mental health, and crisis intervention. The majority of clients I have been privileged to work with would be considered poor or working class.

I was raised in what can best be described as a family that fluctuated between middle and working class. The only child of a family of 3, I grew up in the small town of Kaplan, Louisiana with my mother and father who divorced when I was 15-years-old. There were periods during my childhood when my father was unable to work due to poor health and my family utilized public assistance to make ends meet. Residing in rural Louisiana for the first 26 years of my life, I also know what it is like to interact with scarce labor markets. There were several instances in my early 20’s when I generated income through informal part-time work such as rice and crawfish farming, lawn care, washing cars, or residential landscaping. With a limited number of jobs in my hometown and the nearest metropolitan area nearly 45 minutes away, I have firsthand knowledge of how challenging it can be to escape rural poverty.
CHAPTER 4. RESULTS

The purpose of this research is to explore biopsychosocial barriers to a successful transition away from welfare reliance among rural women in Louisiana as they exited the welfare system following the enactment of PRWORA of 1996. Data were collected from 2 women who participated in the study over a 20-year span. Due to the small sample size, a decision was made to treat data collected from each participant as an individual case study. Consequently, results for each woman are presented separately. Employing the biopsychosocial framework as a theoretical backdrop, factors that emerged as most impactful to the transition of each woman are presented. In the final chapter, results of the analysis will be discussed and synthesized, and where appropriate commonalities and distinctions between the two cases will be discussed.

Case Study: Sherry

Roughly 11 miles outside of the more densely populated city of New Iberia, lies the rural community of Jeanerette, Louisiana. Here we met a life-long resident of Iberia Parish, an African-American woman we will refer to as Sherry. Sherry was interviewed for this study at four separate data collection points: one year after welfare reform in 1997, again in 1999 as she participated in the state’s transitional programs, in 2001 as she approached the end of cash benefit eligibility under the new law, and more recently in 2019 when she reflected on the long-term impact welfare reform had on her life. In 2019, Sherry disclosed that at no point during the 22-year study did she move away from her hometown, nor was she able to successfully transition off of public assistance.

At the time of the first interview, Sherry identified as single and never married. When researchers first met Sherry she was mother to 4 children by 2 different men, an 18-year-old son fathered by a man she separated from because of his infidelity, and 3 daughters ages 7, 8, and 11
who were estranged from their father because of his illegal drug use. Sherry, her 4 children, her sister, and her nephew shared a mobile home provided to them by Sherry’s father. By 1999, Sherry’s sister, her nephew, and her adult son had moved out of the home. Twenty-two years later in 2019, the remaining children had moved out of the home and started families of their own, leaving Sherry solely responsible for the day-to-day upkeep of the dwelling. Sherry’s children remained relatively involved in their mother’s life with her 3 adult daughters residing in Iberia Parish, while her son was the only child who moved out-of-state.

During the first meeting in 1997, Sherry was asked about educational attainment. Sherry reported that she competed 12th grade, earned a GED certificate, but had not pursued any education after high school. Well documented in Sherry’s data, the single-mother engaged in a vocational training program from 1997 to 2001. This program was offered by the State of Louisiana to facilitate the welfare-to-work transition brought about by welfare reform. The program Sherry participated in involved skill-development in the area of carpentry and was administered by a local trade school in New Iberia, Louisiana. Sherry successfully completed the program in 2001, earning a certificate of completion.

Sherry consistently utilized various forms of public assistance across the 22-year time period of this study. In 1999 she reported she received cash benefits through the old AFDC program for 18 years with the exception of 2 or 3 months when ineligible due to employment. As PRWORA took effect, Sherry continued to utilize cash benefits through TANF while engaged in the carpentry training program, only now the eligibility clock was running. The single mother also noted that she started receiving SNAP and Medicaid before the first interview in 1999 and still received these same benefits when we spoke to her in 2019. By 2019 Sherry reported that her financial circumstances had at no point improved. In fact, she felt they had worsened. At no
point during the course of this study was Sherry able to escape the stronghold of poverty, nor did she ever function independently of public assistance.

In regards to her work history, Sherry’s story involved what can best be described as mild engagement in the workforce. She appeared to be more active in the workforce in young adulthood as she reported a work history that included clerical work, working “security” as a security guard, and as a laborer in a local sugar cane processing facility as reported in the 1999 encounter. When we spoke with Sherry in the summer of 2019, she did not have anything to add to the list of jobs she originally reported 22 years prior. Even after receiving additional training in the carpentry trade, Sherry’s work activity between 2001 and 2019 did not involve any type of paid work where those skills were applied. She was completely dependent on social support and public assistance to meet her financial demands.

**Biological factors.** Broadly considered, a spectrum of biological factors emerged in Sherry’s story. For the purpose of this study, these factors are generally described as aspects of Sherry’s physical health. Aspects of the subject’s physical health included nutrition, hygiene, physical ability, and injury avoidance. Successfully transitioning away from welfare reliance through vocational rehabilitation required established goals to be achievable and appropriate timing. From her entry point into Louisiana welfare-to-work program, Sherry expressed plans to undergo vocational training in carpentry with the hope of improving her circumstances and earning a living wage in a post-welfare world. The field of carpentry contained inherent physical demands for which the standard is generally higher than jobs in retail, customer service, or other jobs in the service industry. Sherry’s ability to achieve her professional goals were largely dependent on whether she was able physically to perform tasks associated with this type of work.
Physical strength, endurance, injury avoidance, and prevention of serious illness are practical indicators of one’s ability to secure and sustain engagement in physically demanding jobs.

Among the biologically relevant elements in Sherry’s data were several that either did not significantly impact the participant’s transition away from welfare reliance, or the elements were not reported by the participant as impactful. Food scarcity and nutrition are examples of these type of elements. Even as a single-mother, burdened with the task of feeding a family of four on a monthly allowance of $477 in SNAP benefits, Sherry told interviewers in 1999 that food scarcity was not an issue for her family. When asked whether she received “enough food stamps to get from one month to the other?” Sherry replied, “Yeah. Always.”

The interviewer explored the topic further to better understand how the single mother was able to feed her family sufficiently on a budget of $100 per person for the entire month. Sherry explained that her “Children, they don’t consist over where eating is concerned. ‘Cause they don’t, my children don’t hardly eat that much. But now my son, when he’s home that’s a different story… Cereal. That’s it. Be always eating cereal. I can cook and they’ll still eat cereal.”

A similar account was expressed by Sherry in 2001, when researchers asked if she had been able to provide food for her family for the entire month. She reiterates what she expressed in 1997, that although the household’s resources were limited, there always seemed to be enough food for the family. Even when the interviewer noted that “you’re at the end of your food stamp month” Sherry said that she had sufficient supplies on hand to prepare a balanced meal: “That’s one thing, I’m not gonna let my children go without anything to eat, that’s one thing about it. And I don’t believe in that and I don’t believe in wasting. They [children] pretty healthy, so I doubt… I’m doing pretty well.”
In terms of food scarcity and maintaining a minimum standard of nutrition, within content reported in Sherry’s first, second, and third interviews, she was insistent that she was able to stretch SNAP benefits she received. By the fourth interview in 2019, Sherry provided a much different account of her experience with budgeting and food insecurity. With dependent children no longer under her care in 2019, Sherry’s SNAP benefit amount was reduced to $130 for the month. While Sherry insisted that she was able to make ends meet in the first three interviews, she now told us that things had drastically changed. She was no longer able to cover the costs of basic needs on resources allocated to her through public assistance. She said that she “[didn’t] have a choice but to make ends [meet]. Either you starve or you find a way… But as for trying to make ends meet, no. Like I say, just cause everything [costs] is going up.”

When asked if making ends meet was more difficult now than in the past, Sherry responded emphatically:

Oh, yes indeed! Because I ain’t never had to go a day in my life without nothing to eat. Sometimes I be up in here and I don’t be want to bother my children all the time. I was in here like 2 days, ain’t have nothing to eat and they call me saying, ‘Momma, you ate today?’ If I ate a ham sandwich once a day, [I’ll tell them] ‘Yeah, I ate.’ Because I look at it like this, some people in worse situations than me don’t have anything, but if I have one things to eat or a glass of water I’m fine.

Sherry’s response here was indicative of a proud woman who valued her autonomy even though it often meant going without adequate food.

While substandard nutrition and food scarcity was only acknowledged as problematic by Sherry in the 2019 conversation, it was not mentioned in earlier conversations as a barrier to employment or a factor that somehow rendered her reliant on government assistance. Receiving disability benefits in 2019 at the same time she first reported food scarcity, Sherry did not express to us any plans of seeking employment. Of data coded under the biological domain, one
theme emerged as a significant barrier to a successful transition away from welfare reliance for Sherry. This theme can best be described as adverse physical health, and is presented below.

**Adverse physical health.** In regard to emerging factors in Sherry’s story and the degree of impact those factors had on her inability to escape poverty and consequently the welfare system, problems related to physical health emerged among the most significant. From an analytical perspective, having four points of reference across a 22-year period allowed Sherry’s data to construct a narrative that showed just how impactful her physical health was in terms of upward mobility.

Beginning with the initial encounter in 1997, data were absent of any indicators that would warrant concern over issues related to physical health. Sherry was, by her account, a healthy 35-year-old who at the time was compelled to engage with the Louisiana DSS in response to PRWORA. Among items listed in Sherry’s work history was “working security,” which implied that a person performing this type of work be physically capable of meeting the demands of such a position. Based on data collected in 1997, Sherry was physically capable of performing a wide range of work activities, possibly even more physically capable than many of her peers.

Two years later in 1999, Sherry was engaged in a carpentry training program facilitated by a local trade school and paid for by the Louisiana state government during the welfare reform transition. Not unlike her work as a security guard, carpentry and woodworking came with the expectation that the work itself would be at least moderately physical in nature. This 1999 transcript read with an undertone of hope, as Sherry seemed excited about cultivating new skills and optimistic about how those skills could potentially lead to a better life for her family though paid work. In one exchange, the interviewer explored Sherry’s outlook on working in the
carpentry field, asking her to speculate as to what her personal experience might be like working as a carpenter or woodworker. The interviewer asked her explicitly about the physical demands of carpentry and she replied, “No, it’s not hard. It’s a easy way on everything. You know, if you sit down and think about it before you do it.”

Competing interpretations existed of what Sherry conveyed in the interview. One interpretation reflected that Sherry minimized the physical demands of carpentry, unrealistic in her assessment of how physically challenging the work would be. A different interpretation might conclude that this was the perception held by a student who was confident in her abilities. Of course, both interpretations could be true. What we do know is that Sherry, at the time this statement was made, was a physically competent carpentry student with plans of utilizing her skills in the workforce when she completed training.

Sherry’s interview in 2001 took on a completely different tone than previous conversations in 1997 and 1999. Within the first few minutes of recorded conversation, Sherry disclosed that she was not working because of a back injury. The interviewer asked Sherry about her plans to rehabilitate the injury and her plans for work moving forward. Sherry explained she was having muscle spasms that prevented her return to work, but remained optimistic that she could return to work and perform some of the light-duty aspects of carpentry such as “finishing work.” Sherry said that she had engaged in physical therapy and taken medication for a while: “I was on some ah… Oh lord, I can’t think of the name of the medicine. I got it on the tip of my tongue, can’t get it out. Anyway, I can’t remember the name of it, but I’m not on it right now. I’ve completely taken the medicine.” She was now hoping that “rest” would help her back finish healing.
Immediately, it became clear that Sherry’s circumstances had changed. Work activities in even the most lightly demanding carpentry positions require a certain amount of lifting, standing, and other movements which would be painful for a person with an injured back. At this point in the timeline, Sherry reported that she was unable to perform the tasks which she had performed just two years prior. Her back injury and the painful symptoms that resulted were troublesome in Sherry’s plans to exit the welfare system.

Later in the 2001 conversation, researchers probed with Sherry about her experience with job-seeking activities in the past year. They asked how, if at all, her current physical health might impact her approach to job seeking in the future. Sherry stated, “If it was something presented, but it’s limited, you know.” She told researchers that her physician had limited her to “light duty,” but explained that she would have to alter her approach to work in order to adapt to her new physical limitations: “To tell you the truth it really doesn’t make a difference. Like, if I go I pace myself. I feel what I’m doing too much and my back started bothering me, I might rest and then later on I continue, you know. It doesn’t make a difference.”

At this point in Sherry’s story adverse physical health had become a significant barrier to her ability to function independently of the welfare system. Sherry was now managing pain caused by an injury, rehabbing with rest, and hoping for recovery while relying on public assistance and social support to meet financial demands. After investing her time, energy, and other resources into skill development that she hoped would increase her human capital and earning potential in the labor market, physical injury had emerged as a setback. This abrupt change in circumstances appeared to alter Sherry’s outlook on the future and employment options available to her.
Finally, we spoke with Sherry in 2019 and it became clear that the debilitating physical health issue she reported in 2001 was not an isolated stressor. Sherry, now age 57, was visibly frail and in poor physical health. She appeared underweight for an adult her height and age. Sherry smoked cigarettes periodically during the 120 minute interview. The mobile home she lived in, the same home she resided in 22 years prior, appeared aged, dusty, and not well maintained, possibly a consequence of a physically and financially restricted head-of-household. Sherry changed positions several times during the interview, as finding a comfortable sitting position appeared difficult or impossible. Not necessarily pertinent to physical ability, but relevant to the impact of physical health on workforce engagement, Sherry experienced substantial tooth loss that had not been addressed with crowns, bridges, dentures, or other cosmetic procedures commonly used to preserve one’s oral functioning and appearance. Initial impressions from the encounter indicated that a person in Sherry’s condition would confront a multitude of barriers when seeking or performing work in the physical condition she was in.

Within the first few minutes of the interview, I asked Sherry directly about her physical health. Sherry was provided several follow-up questions, each constructed for the purpose of establishing a timeline of the physical health issues being reported and the degree to which physical health problems impacted her ability to work. She explained to us that her physical health was “not good at all right now, cause I’ve been sickly.” Sherry claimed that since 2016 she had been “going back and forth to the doctor,” but assured us that she did her best to stay positive saying, “I don’t let it get me down, you know.” She described a few of the health problems she had experienced since the last interview, but assured us again that she keeps things in perspective: “I’ve lost a lot of weight since the last time she’s (the senior researcher) seen me… I broke my ankle and my leg. I’m still having problems with it. It’s all because the pressure
pills are too strong. What they prescribe me, you know. But other than that, I don’t dwell on it because I believe in the good Lord. I keep the faith.”

The attribution Sherry makes here to a significant downturn in her physical health taking place in 2016 leaves a 15-year period between 2001 and 2016 unaccounted for in the assessment of adverse physical health as a barrier to employment. The next exchange with Sherry answered those questions, as Sherry refuted physical limitations as a reason for low workforce engagement during that period. I asked her if she had been able to work before these health issues manifested in 2016 and she replied, “I was a go-getter. Yes, I was. I was gonna do that, do that. All around, I’m an outdoor person. I would try to find jobs. Like I say, I would always put applications out for doing carpentry work, trying to get under somebody. But like I say, it’s who you know.”

I then asked Sherry how she felt physical health affected her ability to work. She made it relatively clear that at some point in her experience, adverse physical health became the most influential factor for her in regards to work engagement. She said that changes in her health “affects me a lot because I’m on disability.” She went on to describe some of the symptoms that limit her physical ability: “I get short-winded. I can’t stand up that long. My knees buckle up, they go to hurtin’. And if I do a little something, that’s why I be sweating all the time, because if I do too much over 5-minutes, I go to sweating. I get short-winded. I’m [on] an inhaler and all that stuff.”

I explored her knowledge about the cause of her respiratory issues and she explained, “COPD, and like I said, I don’t know what it is. Cause once they told me I had a spot I never went back to the doctor. So it is what it is, and I ain’t gonna go no further. Don’t do no other like chemo and all that stuff, cause I’llma give it to God. I’m not gonna do that [chemotherapy].”
Here Sherry described having problems with respiratory functioning, joint pain, and stability issues. She even admitted that, based on her provider’s feedback, there was a possibility of a cancer diagnosis. Collectively, these adverse physical health issues strengthened the case that ultimately resulted in Sherry being declared legally disabled, after which she was awarded disability income. As of 2017, even the federal government agreed that Sherry’s physical health rendered her unable to work.

It became clear that medical issues existed which Sherry considered so overwhelming that she would rather ignore them than embark on the long, turbulent journey of treatment. I asked if there were any issues she was currently being treated for. Sherry explained that she was currently receiving treatment for her back injury, the same injury she reported in the 2001 interview. This 2019 conversation partially addressed gaps in knowledge that existed between 2001 and when she was awarded disability in 2017. When I asked if she remembered how she injured herself, Sherry said, “To tell you the truth it started off… I don’t even know how my back started hurtin’, but I know I got in an accident.” Sherry said that accident exacerbated an existing injury, and she continued to receive medical treatment to manage the pain: “because I already had a bulging disc. When I got in an accident I got two herniated disc and I had to get injections in my back and stuff like that.”

I then brought up the interview from 2001, when she first mentioned back spasms. Sherry confirmed what she had expressed before about being unsure of when or how the original injury occurred, but shared how the injury led to physical impairment: “I’m walking with a cane now. I use it as needed, but you know I don’t use it on both knees all the time.”

Inconsistencies existed in Sherry’s recollection of events that took place 20 years ago. It appeared she sustained a back injury some time before the 2001 interview and exacerbated that
injury in automobile accidents shortly after 2001. This being the case, chronic back pain stemming from a severe injury resulted in a degree of impairment that prevented her from performing even the least physically demanding work activities. Sherry verified this assumption when I asked her how long the back issues prevented her from working. She replied, “It’s been a while. It took me a long time to get me on my feet. It’s been a good little while.” In the same interview, Sherry told us that she submitted applications and conducted intensive work searches after 2001, but was not offered any jobs because of her belief that business owners prefer to hire people they know.

While chronic and persistent back pain emerged as the most severe barriers to employment for Sherry across the life of this study, other aspects of her physical health could have impeded upward mobility, in a different way. Optical and dental health were aspects of physical health that fit this description and emerged in analysis of the data. While Sherry mentioned these issues to a lesser extent than other medical issues, any discussion regarding work-based transition away from public assistance should be comprehensive, including all data that fit criteria for biological barriers.

Blindness and affordability of optical care emerged as potential barriers to employment for Sherry in the 2019 encounter. In an exchange about the rising costs of goods and services and the disproportionate amount of resources provided through public assistance, Sherry explained what she was required to do in order to get eyeglasses she needed:

I don’t understand why I have to pay a certain amount [dental co-pay], just like my glasses. I’m blind in one eye and the glasses I needed, I had to come up with a co-pay of $50. You know what I’m saying? Now I gotta go try to borrow money from somebody else to get my glasses, because I really need my glasses. I had to figure out with the little change I get how I’mma pay these people back.
Lack of healthcare access has been identified as a symptom of poverty. Sherry’s inability to access care in an affordable and timely manner disrupted her life, at least to some extent. In this instance, a women who was unable to perform physically demanding work activities was then limited to a greater extent by vision impairment. This additional limitation eliminated many of her remaining employment options once jobs involving manual labor were removed as available alternatives.

Lastly, Sherry also reported an inability to access affordable dental services in her 2019 interview. Tooth loss or poor dental hygiene would not directly impact a person’s ability to perform most types of work from a practical standpoint. However, realistically these issues can certainly impact one’s employability. Physical appearance can not only create personal insecurity and negatively impact a person’s self-confidence during social interactions such as job interviews, but may also implicitly disqualify a job candidate from work opportunities where they are working with the public, particularly in sales, retail, or customer service. I asked Sherry about her ability to access dental care on two occasions during the 2019 interview. She explained the difficulty she experienced: “No. No. Got the eye doctor down pat, but the dental… I give em the card. They say I got to come over with the extra co-pay and all that stuff.”

Access presented itself as a barrier once again for the most fundamental of health care needs. Sherry was unable to afford dental services needed to repair her teeth or schedule the procedures necessary to preserve her physical appearance. Sherry shared how her inability to cover the cost of dental care affected her psychologically and socially: “That’s why… that’s why I don’t even wanna talk to people. I don’t like to go nowhere anymore because of that.” These feelings of shame and insecurity likely affected Sherry’s level of workforce engagement,
preventing her from seeking jobs she could sustain even with the limitations caused by her back injury.

All in all, Sherry’s plethora of adverse physical health conditions appeared to have interfered with her ability to obtain a standard of living which embodied independence, autonomy, and other characteristics embedded in the goals of PRWORA. Her poor physical health limited her ability to engage in work, derailed her professional goals, and as she grew older, hindered her capacity to perform basic activities of daily living. As a result, Sherry was left no other choice but to rely on public assistance and family support to make ends meet. At one point during our conversation in 2019, Sherry shared with us how she had reach a level of resignation and acceptance of her new reality, and was still able to identify parts of her current physical health for which she is grateful. Despite her current circumstances, Sherry was able to keep things in perspective, expressing an underlying sense of gratitude when she said, “As long as I can put the little two feet on the floor, get up in the morning, and do my little necessities, I’m fine.”

**Psychological factors.** Shifting focus to the next domain of the biopsychosocial framework, several psychological factors surfaced in Sherry’s data that impacted the transition away from welfare reliance, at least to some degree. Some of these factors can be interpreted as strengths, some as impediments to dissolving ties to the welfare system, while others can be viewed as both strengths and barriers. With the most prevalent factors examined as predominant psychological themes after this introduction, it is appropriate to discuss psychological factors that are mentioned to a lesser degree, but still present value in the contextualization of Sherry’s data. Among these factors is maternal responsibility.
The role of motherhood was held in high esteem by Sherry. She frequently cited her obligation to her children and maternal responsibility when she provided reasoning for decision making in her personal life. On several occasions in the data Sherry alluded to her dependent children as her highest priority, as she did during the first encounter in 1997 when she said “My priority is my children – if they fine, I’m fine.” While data regarding Sherry’s view of motherhood was scarce in the first interview, she discussed the topic a bit more in 1999. In one 1999 exchange, the researcher and Sherry discussed the likelihood for success of women participating in the carpentry program. The researcher labeled Sherry’s attitude a strength, and asked Sherry if she would explain how she developed such a positive outlook on the future. Sherry replied, “Struggling all these years, trying to take care of my children. And like I say, everything I do, it’s on my own… There’s no handouts.” The researcher then asked what made Sherry different from other people. Sherry’s response expressed the value she placed on making generational progress when she stated, “Because when you go… to me, on a hard road. Coming up hard in life, you have that strong constitution, trying to make it better for your children.”

In 1999, actively enrolled in the carpentry training program, Sherry seemed aware that her children were paying close attention to their mother. When talking about her son, who had recently relocated to Lafayette, Louisiana where he was attending college, the single mother proudly shared how she was mindful of how her children look up to her: “They see how hard their mother trying to get out there and do the best she can.” Sherry went on to say how she was equally proud of her adult son for pursuing a college education, and acknowledged that her son is also proud of her for continuing her education in the carpentry program. This dialogue illustrated the warmth and connectedness in Sherry’s maternal relationship with her son. It also conveyed that Sherry knew the importance of being a positive role model for her children.
Maternal responsibility surfaced again in Sherry’s data when she cited her motherly role as a source of personal motivation. Researchers asked Sherry to describe how welfare reform changed her life. She depicted the constraints of PRWORA as something that compelled her to act. Sherry declared that “I know I have to get out there for sure and do what I have to do for my children. Like once upon a time, when I was younger, you just sit down there and get free money. Don’t worry about doing the work yourself, you know. But now, you have to do what you have to do.” While reform was the catalyst for change, Sherry asserted that providing for her children was her motivation to do what needed to be done.

Later in the 1999 interview, she was asked how the policy changes might alter her family’s life. The researcher used a modified version of what is often referred to as “the miracle questions,” asking Sherry to speculate as to what she anticipates her life will look like one year from the time of the interview. Sherry described a reality where her family was safe and secure when she said, “I hope I’ll be situated in my own home, me and my children. We’ll be doing fairly well, cause I’m not a materialistic person at all, you know. As long as we can live comfortable, that’s all I’m looking for.” She went on to distinguish her values from other mothers, in that she teaches her children to appreciate having what they need, rather than wanting things they cannot afford: “I think that’s where they [other mothers] go wrong, the parents go wrong. When they give a child everything they want, you know. They [children] don’t know the value of anything.” This statement implied that Sherry defined quality of life by the strength of her relationship with her children, not by material possessions. As she did so frequently across the course of this study, Sherry used her definition of ideal motherhood as a reference in her assessment of the competency of other mothers.
As time passed and Sherry’s circumstances changed, the one aspect of her life which remained constant was her commitment to her children and maternal responsibility. By 2001 Sherry’s physical health began to deteriorate and her relationship with the welfare system underwent changes as a consequence of PRWORA. Sherry’s commitment to her children was unwavering. With a back injury that rendered her unable to apply skills she developed in carpentry training and with her TANF eligibility expiring, the single-mother was required to do more with less. In a discussion regarding food scarcity, Sherry let researchers know that ensuring her children were fed was a top priority. Asked if she had enough food in her home to cook a balanced meal the night of the interview, Sherry replied, “Yes, I do. That’s one thing. I’m not gonna let my children go without anything to eat. That’s one thing about it, and I don’t believe in that, and I don’t believe in wasting.”

Researchers later asked Sherry if she felt like she had been able to do enough for her children with the resources available to her. Sherry clearly aspired to do more for her children, but accepted the reality that providing basic needs would have to suffice for the time being. Sherry told researchers, “I would like to be able to do more, you know, but it’s a need thing right now, until I can do better. But I don’t have a problem, they don’t have a problem.”

Another exchange supported Sherry’s assessment of her current financial circumstances, but also exemplified her commitment to motherhood. Researchers explored Sherry’s support system, and whether or not members of her support system were able to provide financial support if unexpected demands emerged. In an attempt to gauge the magnitude of help available, the researcher asked if there was anyone with the capacity to loan Sherry $200 during an emergency. When asked what she would use the money for if she were able to access the $200 loan, she gave the response of a selfless mother. Sherry replied, “To get my children something
that they need, like clothing. It’s getting summertime, they need shorts and stuff like that. Cause everything I have goes toward the children.”

Despite the many challenges and harsh realities of poverty, Sherry’s commitment to motherhood, by all accounts, appeared to provide the stability and security her children needed. She spoke glowingly of her children multiple times during the 2001 meeting, saying how proud she was of them. While making ends meet on limited resources undoubtedly inserted stress into Sherry’s life, she appreciated her children. She shared this sentiment with researchers. The researcher asked if experiencing deep poverty ever resulted in angry outbursts directed toward her children and Sherry replied, “No, ma’am, they don’t ask to come here. I don’t never take my frustrations out on them, and they don’t ask. I have some good children, you know. They don’t ask for too much. An’ if they do ask, I try.” She went on to contrast her approach to parenting with the approach of others: “Like other people gotta, every time they children ask for something, they try to give it to ‘em, and stuff like that. With them [Sherry’s children] it’s not a want, it’s a need.”

Sherry later shared a description of how she interacted with her children. When asked if she had noticed any changes in her children’s behavior as symptom of volatility in the home, she volunteered the following:

They doing fine. I mean, like I say, I appreciate my children. They don’t give me no trouble. Nothing, you know. Children can become unruly at times. I don’t have a problem with mine, and I mean I’m not strict on ‘em or anything, you know. Just sit down and I talk [to them] and they know, they know. I’m trying to do the best I can with them. So I guess they appreciate me as much as I appreciate them.

In the 2019 interview Sherry retrospectively provided data that illustrated a sense of achievement in motherhood despite chronic financial hardship. Now a 57-year-old mother of 4 adult children, Sherry relied on her children, in much the same way they relied on their mother
during childhood. Sherry appreciated the way her children supported her, and described their support almost as a return on investment: “I have good kids. My kids take care of their mother, because I took care of them as well when they were coming up.” For a mother who, on several occasions, sacrificed financial well-being for parental availability and involvement, watching her children develop into healthy adults was clearly a source of pride and achievement for Sherry.

While maternal responsibility was relevant to the psychological narrative of this subject, it did not appear impactful to her transition away from welfare to the degree that it was considered a barrier. Of the data analyzed under the psychological domain, one theme emerged as a significant barrier to a successful transition away from welfare reliance for this subject. This theme can best be described as general mistrust, and will be explored in depth below.

**Mistrust.** An analysis of Sherry’s data uncovered a persistent and nondiscriminatory pattern of mistrust of others, both of people and institutions. While the subject’s perception of others as untrustworthy was validated by personal experience in some instances, other expressions of skepticism appeared irrational. The data produced several instances where Sherry perceived other individuals or groups as unreliable, dishonest, or even threatening without any particular reference to reality. As a barrier to a successful transition away from public assistance, such an engrained mistrust of people and systems restricted Sherry’s openness to seeking or utilizing a number of resources that may have helped her secure employment and function independently of the welfare system.

Some of the first data to emerge illustrating this mistrust was represented by reasoning Sherry provided for ending the relationships with her children’s fathers. Stated during the 1997 meeting, Sherry told researchers that infidelity prompted her to leave her son’s father, while illegal drug use compelled her to separate from the father of her three daughters. She described
her son’s father as “unfaithful.” Researchers then asked about the man who fathered her three daughters and Sherry replied, “Drugs. I didn’t want my children in that kind of relationship.” An unfaithful partner and another engaged in illegal drug use probably contributed more to validation of Sherry’s mistrust of others than they would to support some type of interpersonal deficit on Sherry’s part. Nevertheless, being a single parent created an even more challenging starting point for Sherry’s household, increasing the likelihood of welfare reliance for her family of five. In Sherry’s judgment, it was better for her family to parent alone than it would be to have men in the home who did not share her values.

The void created in Sherry’s household by absentee fathers resulted in a greater need for childcare. As the sole parent, responsible for three young children and one emerging adult, Sherry consistently put the immediate needs of her children first. In application, this often materialized in situations where she had to choose between working and being with her children. Sherry consistently chose the latter. During the first meeting in 1997, Sherry was asked of her plans for caring for herself and her children, knowing now that welfare benefits would no longer be available indefinitely under PRWORA. She provided researchers with a positive view of paid work, stating how she believed “you can have fine things in life when you’re working, and feel better about yourself when receiving money that you worked hard for,” but also mentioned that childcare was the reason she chose not to engage in employment. She said, “Prime thing is child care. You can’t leave your children with anybody.” These statements represented both a desire and appreciation for work, but only work with a schedule that fit perfectly around her parenting priorities. Sherry ranked employment a distant second behind motherhood on her list of priorities. At the time of the 1997 interview Sherry’s children were ages 7, 8, 11, and 18. Her
statement portrays childcare options in the community as inadequate or untrustworthy, as she never mentioned any of them as a viable option.

Two years later in the 1999 interview, Sherry once again brought up the lack of adequate childcare services in her area as a barrier to employment. Sherry was participating in the carpentry training program. She and the researchers discussed challenges associated with balancing work and parenting. Sherry expressed some regret in waiting until now to further her education. She reflected on how challenging it was to be both a student and a mother of young children: “You know, the way I look at things, when I had children I didn’t have nobody to stay home with my children.” She goes on to say that leaving them under the care of others was not an option: “I wasn’t going to leave them with nobody else. So when they had gotten a certain age, then I decided to go to school.” The researcher then asks Sherry if she would have been willing to utilize a quality daycare program had it been available and Sherry says, “Right. If it was somebody I could trust, but uh, I don’t trust everybody with my children.”

A barrier to sustained employment, Sherry’s unwillingness to trust others with childcare and the lack of adequate services appeared disruptive to her ability to work. The data show that her mistrust of people in this context impacted her decision making. An unwillingness to explore childcare options would restrict the number of jobs she would accept, since any work schedule that conflicted with her childcare priorities would disqualify that employer as a feasible option.

Another dynamic that supported mistrust as a barrier to employment was documented in Sherry’s interactions with former and potential employers. One example of this appeared in Sherry’s account of the circumstances surrounding her termination from the sugar cane processing plant. Her version of the event not only supported the idea that Sherry’s unwillingness to pursue childcare alternatives was disruptive, but also portrayed her employer as
an unjust and disloyal authority figure. After describing what a workday was like for her at the sugar mill, she explained how childcare and favoritism forced her to leave her job:

Only stayed there about a month and it wasn’t ‘cause of me. My kids was young and some lady just had a baby. Instead of telling me what’s going on when I got to work, they tell me ‘we gonna have to shift gears, you gonna have to come at 4 in the morning,’ because I was working 12 in the afternoon till 8. You gonna have to come at 4 because she had a new born baby and this and that. I say well I have young girls at my house. I can’t leave them by they self either. They had to go to school and stuff like that. So the woman told me to go home. I was gonna go back, but she ain’t never called me back, so oh well.

I empathized with her in the interview, acknowledging that it did not appear that her boss was fair or understanding of her circumstances. Sherry replied, “I was a single parent at the time, ya know. I was overprotective of my kids, ya know. But she [her boss] was looking out for someone else she knew and that’s wrong.”

In the same interview in 2019 Sherry made a generalization about employers, where she claimed most of them had been disingenuous when she approached them for work opportunities. She said that most employers she spoke to about the possibility of work told her “I’mma call you back. I’mma call you back” but never called. It seemed that, to some degree, Sherry viewed the world as an unjust place filled with untrustworthy people. Whether it be romantic partners, childcare providers, or local business owners and employers, from Sherry’s perspective, she thought of herself as alone and as the only person competent enough to look after her children.

Another example of Sherry’s propensity to separate herself from others showed up throughout the study when Sherry volunteered her opinion of other women. Questions that solicited this response were generally asked about women who were similarly situated, the majority of them being poor, welfare recipients, mothers, and participating in the state’s transitional program in some capacity. Sherry was surprisingly critical of these women, and remarkably consistent in her criticism. This negative view of her peers would have limited her
ability to expand her personal network, consequently restricting her ability to learn of work opportunities in her area or collaboratively work with others to address childcare or transportation needs.

Beginning in 1997, as she first entered the state’s welfare reform transitional program, Sherry was asked by researchers why she thought other women who were in similar situations chose not to participate in training programs. She provided this assessment:

They don’t want to better themselves. The good have to suffer for the bad. I’m not different. I just want to better myself. It’s not all about them, it’s about their children. A grownup can take care of himself, but children can’t do nothing, like a handicap. Our children should come first. In a year’s time they’re gonna be cut off and not in any program, and they know, to keep the food and the AFDC coming in, should be doing something to keep it coming. Find work, until they can do better. Get their GED. But they won’t do it. Who suffers? Children suffer. ‘Cause when they refer you to a program and you don’t show up, they automatically cut you off. So many of them just don’t think that day is coming. They might think, ‘they not just gonna shut everybody down.’ Or they don’t care. Selfish. Thinking only about themselves. Knowing it’s gonna come, they should do something.

Researchers then asked Sherry if she had any advice for other women who were working through similar circumstances. She took the opportunity to emphasize maternal responsibility, and how other women often fall short in their role:

It’s not all about them, it’s about children. Think of your children. They didn’t ask to come into this world. Do this for the children. If it wasn’t for the children, you wouldn’t be getting the money anyway. When you get the money, do the right thing with it. Children going undone, mothers won’t feed them. When you getting food stamps and children still running around like they hungry, something wrong. The cards won’t make any difference. Just like they were selling the stamps. There’s a way around everything. If people would put more emphasis on taking care of themselves and their children than getting over on the system, they’d be better off. I’m not no better than them. I waited too long, but I didn’t have anyone to keep my children when they were younger. Those type of people have the system the way it is now. Having babies over and over and over, that’s not necessary, especially when you’re 22 years old and have 6 children. That’s bad. Children hungry, dirty – something wrong.
At the conclusion of the 1997 interview, Sherry even warned researchers of the untrustworthiness of other women researchers planned to interview for the study: “It’s not all about a con. You know, a person come sit right here and tell you this and that and then walk right out of here and do something different. Waste of time.” It appeared that Sherry had established rigid boundaries well before entering the state’s program, and had no intention of establishing relationships while she was there.

Much of Sherry’s mistrust seemed to be rooted in her personal values of work ethic and maternal responsibility. She appeared skeptical of other women, particularly poor mothers, and made an effort to distance herself from them whenever she was given an opportunity to do so. Not far into the 1999 data it became apparent that Sherry’s opinion of other women had not wavered since entering the carpentry training program. Researchers pointed out the unusually high female enrollment in the program and asked Sherry why she thought so many women chose that type of training. Sherry said she did not know, adding “’Cause to be honest, [I] don’t think half of them gonna make it out of there.” She explained that most women “don’t wanna get dirty.” When researchers pointed out the better-than-average earning potential of carpentry, Sherry explained that, “Yeah, carpentry, the money’s great in carpentry, but people don’t look at it that way though. Everybody’s not the same.” Sherry continued to distance herself from others.

Researchers later explored whether Sherry felt that having a good mentor would make a difference in the program experience of other women, and if she thought mentoring would produce better outcomes for some. Sherry stated that “It might be” easier for women to drop out of the program if not for mentoring. The researcher picked up on Sherry’s lack of confidence in her peers, and pointed out what seemed to be a lack of compassion for people who drop out.
Sherry responded by saying, “Because life is what you make of it. If you don’t want to do something for yourself, then how can someone else help?”

In the same conversation, the researcher asked Sherry to compare and contrast her own motivation to the lack of motivation in some of her peers. Sherry remained steadfast in her opinion of other women, ensuring that the distinction between her values and the values of others was clearly expressed. Sherry offered her theory on the behavior of others in stating that, “They probably screwed up, first of all. Yeah, a lot of young women have their priorities screwed up.”

Later in the 1999 interview, Sherry discussed the conditions surrounding her anticipated exit from the transitional program. Participants were required to conduct 20 job searches each month to fulfill work activity requirements and remain eligible for TANF. By 1999 several women had voluntarily left the program, opting not to engage in job searches. The researcher asked Sherry’s opinion of women who felt the work search was too difficult to engage in and she said, “I don’t think it’s too hard to do. It’s just they don’t want to do it if that’s the case. I don’t know. Some people, like I said, just don’t want to do anything. I don’t understand them.” The researcher told Sherry that they had spoken to several women who felt the job search was “too much trouble,” and that Sherry was one of the few women that opted to participate. Sherry replied, “I’m gonna do just what I have to do, you know. I figured that’s an excuse. When you’re always looking for excuses that’s what the problems always gonna be.”

In an extension of the same conversation, researchers asked Sherry how her mindset differed from other women. The researcher wanted to know what it was about Sherry that motivated her to press forward with the program, rather than leave as other women were doing. Researchers asked Sherry how she thought other women supported themselves and their children and Sherry stated that “They don’t care.” She cited her commitment to parenting as the primary
difference between her and other mothers by saying, “It’s not all about themselves. It’s what’s
done about the children. If you can’t take care of your children by not doing anything, you don’t
care. Simple as that.”

While this general mistrust and insistence on distinguishing herself from other women
did not appear to impact Sherry’s ability to transition away from public assistance, I believe that
in the context of this study, it may have restricted the subject in some ways. At no point during
her engagement in the transitional program did Sherry speak positively of her peers, many of
whom were in similar situations, facing similar challenges, and with similar goals. Distancing
herself from other women, Sherry seemed unwilling to establish new relationships that could
help to address barriers to employment such as childcare and transportation. This social isolation
also may have inhibited her knowledge of work opportunities in the area by limiting her social
capital.

Years later in the 2019 meeting, Sherry’s opinion of other women had not shifted. Her
view of other women as apathetic and irresponsible parents persisted, as she expressed in
conversations about family support. When she told researchers how her adult children
periodically checked on her, Sherry offered a moment of empathy stating “some people in worse
situations than me don’t have anything.” Sherry quickly resorted back to her default feelings
about other women when I posed the idea that other women may not have supportive families
like Sherry’s: “Oh yeah. Everybody have family, but some of them turn they back on they
family.”

Sherry was equally forthcoming with her opinion of other women when I asked her to
reflect on her experience during the welfare reform transition and restrictions it ushered in on
cash benefit eligibility. Along with her criticism of the welfare system, she explained why she
felt poor women were also responsible for welfare reforms saying that “Some people don’t want to work. When they [government] keep on pacifying them, those that don’t wanna work… and you know what they doing? Just keep having babies, after babies, after babies. Just to get more stamps. Half their children prolly ain’t even eating.” Strangely, Sherry’s thoughts echoed much of the same reasoning provided by proponents of welfare reform when PRWORA passed in 1996. Her criticism of other poor women and the nature of their relationship with the welfare system constructed an image of abuse, laziness, and irresponsibility.

While Sherry believed that some degree of culpability should be placed on women and mothers who abused the welfare system, she did not absolve the system itself of fault. Data provided several examples that either demonstrated Sherry’s firm mistrust of government or legitimized her skepticism regarding integrity of government systems.

Sherry first expressed her lack of faith in government in 1999 while engaged in the welfare transitional program when she described the government system as disinterested, cold, and to some extent, inhumane. Sherry told researchers, “The more I try to do something, they [social services] always try to give me a lot of hassle. And they get you out of courage sometimes.” She explained how she felt the welfare system’s objective was not to help the poor, but to frustrate the poor so that they give up hope and leave the system: “Cause I figure that’s what you gonna do anyway. Get out of courage and eliminate you from the program, and you just get off yourself [voluntarily]… and that’s one less worry they have.”

Based on the stated policy goals of PRWORA, Sherry’s assessment was not necessarily invalid. A core objective of the law was to reduce welfare caseloads, not primarily to improve the quality of life for welfare recipients who were exiting the system or to treat each person as an individual case with unique needs. Sherry’s mistrust of government and policymakers may have
been valid in this instance, supported by the nature of welfare reform implementation by Louisiana’s DSS.

In 1999, Sherry reinforced her negative feelings toward government in a response given on a questionnaire regarding politics, government, and public officials. When asked if she thought public officials cared about what people like her think she responded “I don’t think they care.” This opinion of lawmakers was expressed during a period when Sherry was actively participating in a state funded vocational training program. On the horizon was a shift in the extent to which government was going to provide a safety net for her and other poor families. While she spoke positively of her instructors and personnel at the trade school, those individuals were not government employees, and she appeared to lack trust in government.

Fast forward 17 years later and Sherry’s 2019 interview revealed a rich collection of data to support the assertion that Sherry lacked faith in government systems and government employees. A lifelong consumer of government services, Sherry rarely shied away from offering her opinion of government, an opinion arrived at through decades of experience.

Relying mainly on public assistance at the time of this interview, Sherry conveyed a message which portrayed government as out of touch with the realities poor families faced. Knowing that she relied heavily on government to maintain a minimum standard of living, I asked Sherry if there was anything that she thought would improve her current circumstances. She said that government “need to go ahead and go up on those food stamps and go up on my disability [benefits].” Sherry was under the impression that benefit amounts were higher in the past than they were in 2019, explaining “Back in the day, when I was just me and I was getting my little stamps, it was like $200 a month and then it dropped down. Back in the day people used to get more for disability.” It seemed as though, mid-thought, she realized how powerless she
was in the grand scheme of things. She paused for a moment and then said, “To tell you the truth I don’t know what this world coming to. It’s getting worse and worse every day. You can complain and talk all you want, but they gonna do what they wanna do.” I then attempted to summarize and clarify the sentiment Sherry expressed, pointing out that it seemed that she felt people who were in a position to help were not concerned with knowing about the challenges she faced. I also pointed out that it seemed like the cost of living was increasing while Sherry’s benefits were either stagnant or being reduced. Sherry replied emphatically, “Yes, yes, yes! Because I figure the people in the [grocery] store work with the government as well, putting certain things on sale at a certain time. They put it on sale when you ain’t got no stamps to go get nothing with. All that go hand in hand to me.” This quote spoke volumes about how disconnected Sherry felt from the system she relies on so heavily. Sherry believed it was possible that government conspired with local grocers to schedule sales in a way that made it more difficult for the poor to purchase food at reduced cost. This was a great example of the deep-seated mistrust and irrational thinking developed through years of negative interactions with systems of government.

Later in the 2019 data, Sherry’s ability to meet her monthly financial demands was discussed. She was critical of the local utility company, telling how she did not feel the amount she is billed for was proportional to the usage in her home. The utility company’s financial demands seemed unfair, unjust, and unrealistic to Sherry:

Where I’m at, I’m one person in here. Ain’t no way in the world one TV going on and my light bill should be $200 something dollars. Ain’t no way in the world I’m one person in here and the water bill [is that much]. I don’t have no washer and dryer, my water bill $70 something dollars. But I can’t argue with ‘em because I either pay it or they gone cut it off.
Sherry realized that the amount of disability benefits she received was not enough to cover the cost of basic services like water and electricity was the embodiment of a clear disconnect between Sherry and the system of government she relies upon. Here government has admitted that she was physically incapable of working, agreed to provide financial resources to replace earnings, but did not provide resources sufficient to cover the cost of basic needs.

Sherry later shared her thoughts and feelings of the local welfare system and people who worked there. Her description of Louisiana DSS employees whom she interacted with in the past emboldened her opinion that government institutions and employees were untrustworthy. In this part of the 2019 interview, I read data from earlier interviews to Sherry, then gave her an opportunity to compare her thoughts now to how she felt back then. After sharing with her a comment she made in 2001 about the value of paid work, Sherry replied “Yes, and that is the truth. Because some of them people in the welfare office, they talk to you crazy, crazy, crazy… Asking you all kinds of crazy questions. You don’t want to answer them or get out the way with ‘em beacause they’ll cut you off and find things to cut you off. I don’t like that.” I summarized Sherry’s comments, pointing out that it sounded like she felt that social service employees were looking for a reason not to help and she replied, “That’s right, and some of them do. I just had problems with them people. They just kept looking for stuff.”

Sherry then provided an example of a contentious experience she had with the local welfare office when her benefits were terminated. After working for a contractor for a short period of time, the welfare office contacted Sherry to notify her that she was required to pay back cash benefits she had already received. The welfare office had been notified that Sherry earned wages while working for a glass installation company in Atlanta, Georgia. In actuality, Sherry’s identity had been stolen. Sherry, a life-long resident of her hometown, said she felt she was
treated unfairly by the government worker, since she was not being given the benefit of the
doubt. Ultimately, the identify thieves were caught and the issue was resolved, but this
experience enhanced Sherry’s distaste and mistrust of government. To Sherry the benefits she
received were not worth to the disrespect she had to endure: “That’s why I’m saying, they could
have kept their money. That lil change they was giving me, taking care of all these children. Like
I appreciate it and thank you, but I didn’t need to go through all that… When you trying to do the
right thing, they always give you a problem.”

At another point in this interview, Sherry told how once her children had reached an age
where they were no longer dependent on her, she chose to avoid interaction with government
system whenever possible. Sherry expressed that she simply did not feel the benefits of public
assistance were worth the stress, frustration, and confusion interactions with government systems
causd in her life. In her justification for why she thought the welfare system was broken, she
said “That’s the way it is. Like for my food stamps. They’ll send the paper two days before I
have to have it back. If I don’t have it back, they gonna cut me off. They sent it to me late!”
Sherry went on to say that the nearest welfare office closed several years ago, and she now has to
travel 10-15 miles to New Iberia if an issue needs to be resolved in person.

She told us of another instance when she submitted the appropriate documents, but her
benefits were still discontinued. After looking into the matter, she was told that her verification
documents had been thrown in the garbage by mistake:

They done cut me off a long time ago. They said they hadn’t received my information. I
brought it in [in person]. I didn’t mail it in. ‘Cause when you bring it in, you’re gonna
sign the book, right. She gonna tell me I didn’t turn it in. She call me back and tell me,
‘guess what… I found the paper.’ Instead of putting it in her box, it was in the garbage
can.
These two examples of incompetence in Sherry’s local welfare office legitimized the mistrust she felt for government. It became difficult to justify how a government system could tolerate or encourage their employees to be as inconsiderate or nonchalant in their approach to serving vulnerable people who look to them for help.

While social services were deemed untrustworthy by Sherry, local law enforcement also emerged on the list of public servants she considered unreliable. In 2019 Sherry was asked to reflect on how her community has changed since she was last spoken to. Still living in the same home she lived in since at least 1997, Sherry described how local law enforcement had been unresponsive and apathetic to her concerns. I asked if she felt like there was more crime now than in the past and she replied, “More crime and they’re not doing anything. The police, they ride all day long, stopping people unnecessary. I told them to come patrol around here, ain’t seen nobody here.” These data provided another example of how Sherry did not believe government and corresponding institutions cared about her safety, security, and/or well-being.

Sherry’s mistrust also emerged generally throughout her conversations with researchers across the time period of this study. While government and other women seemed to be the entities where the gap in trust was most prevalent, evidence of this negative perception of people and institutions presented itself in other settings for Sherry. Another example was Sherry’s theory about how local food pantries are operating or would operate in her community. In our 2019 conversation I asked her if there were any community resources she could utilize to help make ends meet, such as food pantries, commodities distribution, or religious organizations that serve the poor. She said that there were not any to her knowledge, but “if they do have somewhere like that, it all goes back to what I said earlier: It’s who you know. They gonna tell people here, they won’t advertise it to the whole community… After they finish giving whoever
and you try to go up there… ‘Oh, we don’ ran out.’ The same people get the same thing every month.”

Another comment emerged as extraordinarily effective in demonstrating Sherry’s perception of the world as an unjust and untrustworthy place. As we approached the end of the interview and I expressed to Sherry how much I appreciated listening to her story and her willingness to talk to us, she mentally appeared to take a step back and give a more general portrayal of how she viewed the world. She said:

I sit around and look at people each day. They got so many people trying to get over on people. For what? It’s not gonna make you a bigger person. In the end you gotta answer for that… Stop playing with people, you know. I don’t like that, because I’m always trying to help people. See my problem is people know how I am. People always getting over on me. I give it to God. They gonna have to answer for that. But they can’t come back again and do the same thing, you know. Back in the day, I used to clown, act a fool and all that. But a fool never learn.

Social factors. A multitude of social factors emerged in Sherry’s data that interfered with her successful transition away from welfare reliance. As is true in most discussions about poverty, lacking resources or difficulty accessing resources contributed to her inability to exit the welfare system. Geographic location placed Sherry at a significant disadvantage. Her hometown of rural Jeanerette, LA was limited in what it was able to provide with the closest metropolitan area more than 10 miles away. Before major social themes are discussed, I highlight a few general factors which emerged in the social domain, some of which could be interpreted as protective factors if barriers that emerged were not so impactful. It is also important to recognize that these social factors were utilized by Sherry to maintain a minimum standard of living where she had shelter, did not always have food to eat, and often could not afford clean water, electricity, or to have her own means of transportation. Social factors such as a lack of
parental/spousal responsibility and informal financial support will be discussed briefly before the discussion of predominant social domain themes.

From a parenting standpoint, Sherry was disadvantaged from the very beginning with neither of the men who fathered her children contributing financially to their care. Data show the absence of paternal responsibility impacted Sherry’s ability to transition away from welfare. Lack of involvement of both her son’s father and the father of her three girls brought with it an increased risk for an impoverished household. Mothering four children on her own, Sherry was solely responsible for acquiring resources necessary to rear her children and maintain their home. Although one of the men was court ordered to pay child support, Sherry never received any child support payments and was forced to provide for her household using a combination of earned part-time wages and public assistance throughout the duration of this study. Interviewers asked how things had changed after separating from her son’s father and Sherry replied, “I always did take care of myself and my children through the system. He never contributed nothing anyway. He’s court ordered to pay child support, but never received anything. [My] situation really did not change.” This would imply that the children’s father was not contributing financially, even before the separation.

Sherry asserts that neither of the men contributed in any way. At no point during the study did she report the men were involved in parenting, assisting with childcare, or contributing financially. Sherry appeared to have done away with any expectation that either man would willingly contribute. She seemed proportionately pessimistic about the family court system’s interest in compelling the men to contribute. Researchers explored the topic of child support, and asked Sherry if the state knew where to find the men. Sherry replied, “I mean, if they wanted to they could find him. ‘Cause [son’s] father, he never left. He’s right around the area. He working
and everything.” Sherry went on to explain, “He was paying child support at one time, he stopped. I guess he stopped working, and I stopped receiving. I didn’t never push the issue ‘cause if he have back time, it’s still gonna go over to the state anyway until he get caught up.” Researchers encouraged Sherry at the time to consider the long-term impact of child support coupled with the anticipated departure from welfare benefits. Sherry did not seem interested in pursuing the issue, nor did she seem interested in having any type of relationship with either man. Researchers asked Sherry if she was able to contact the fathers if their children needed help, to which Sherry replied “no.”

In 2019 I followed up with Sherry to see if either of the children’s fathers contributed in any way. Sherry’s 2001 prediction unfolded just as she anticipated, with neither man contributing financially to the care of their children. Sherry stated that, “They owe child support, but I never [received anything].” Financial support, while important, was not the only deficit created by uninvolved fathers. Demands of time, money, and energy associated with effectively rearing four children exceeded resources available to this single-mother. Child support compliance or having another adult in the home to share responsibility could have certainly relieved burdens placed on Sherry, who was already spread thin.

While the fathers of her children were not involved in supporting Sherry, others adults were. Several family members and friends pitched in to help fill the void left by absentee fathers. Sherry’s social support system, although small, consistently provided financial assistance to the struggling mother and her kids. Sherry’s father was her greatest source of support, as he provided Sherry with the home she lived in rent-free, and provided access to money when her own financial resources were not enough. An example of her father’s generosity was mentioned in the 2001 interview when Sherry discussed how she was able to maintain her car while enrolled in the
carpentry training program: “Well, I’ve been trying my best to do what I can for myself. The only thing is like the insurance. My father pay the insurance on it ‘cause I can’t afford to.”

During the same interview researchers explored Sherry’s monthly budget. They asked about resources available to her and about monthly financial demands. Sherry explained that her father paid for most of the fixed monthly expenses: “My dad pay all the rest. He pay the water bill, he pay the bills.” Data show that Sherry’s father had been a consistent source of support, from childhood where he was the domicile parent, throughout adulthood as he paid for her home and helped the struggling mother keep her home in livable condition.

In conversations about social support and financial assistance Sherry also, on multiple occasions, mentioned a good friend who was willing to help. Sherry was asked by researchers what she would do if her young children needed something and she did not have enough money to get it. Sherry identified her friend as the person she would turn to, stating, “Well, I have a friend that’s a good friend. You know, I can always go to her and borrow from her.”

Sherry expressed gratitude for the people in her life like her friend and her father who were willing and able to help. She also shared with researchers her discomfort with asking for help. She explained that it was easier for her to ask her friend than her father saying, “Yes, but I don’t like to ask him for anything.” Her father was already providing her with so much, that it appeared Sherry felt guilty asking for anything more. Sherry also seemed uncomfortable showing vulnerability or asking for help, as illustrated by the statement “I have to really need it to ask you for it. And if I come to you and I expect, if I know you can help me you know. You know I must be need it.”

Sherry described an arrangement that was not all that uncommon among poor families in poor communities. In an exchange about borrowing money from a friend, researchers asked
Sherry if she was usually able to repay the loan. Sherry explained, “She don’t even worry about it ‘cause she know… She knows I’m fine.” She and her friend provided financial support for each other without any expectation of repayment, a collectivist approach to meeting needs commonly found in poor communities.

The data appropriately mirrored the passage of time in this case. As Sherry’s father aged, so did her children who eventually entered adulthood. As a product of Sherry’s devotion to motherhood, it appeared her young children developed into healthy adults with families and resources of their own. By the 2001 interview, TANF time limits were bearing down on Sherry and women like her. Sherry’s son was a young adult by this time, and provided support for his struggling mother as her welfare benefits were cut. Sherry told researchers that she received “$400 a month” from her son. Sherry mentioned in another exchange that her son was enrolled in college at the time and financially supported himself with student loans. The money he sent his mother each month was money he would eventually have to repay.

As Sherry’s other children entered adulthood they also assumed supportive roles in their struggling mother’s network. In the 2019 interview Sherry explained how she was able to get by before being awarded her disability income in 2017. She gave her children all of the credit: “Like I say, my kids. My kids.” Noting that it was not always easy, Sherry stated, “Sometimes stuff be cut off and I gotta leave, ya know. It wasn’t always that they [her children] could help me… I don’t be wanting to stay with them. I like to stay to myself.” Sherry was describing instances where she was unable to pay her water or utility bill and would spend several days as a guest in the home of one of her children. A prideful person, Sherry did her best to avoid such desperate circumstances, but was often unable to.
While Sherry often described this form of social support as a “blessing,” she was well aware that her father’s and friend’s ability to help had its limits. Resource scarcity was a barrier for others in her support system, as Sherry never mentioned any of her friends or family being affluent. This was clearly expressed in a conversation where researchers explored Sherry’s support system’s capacity to help. Researchers asked if there was someone Sherry could ask for a $20 loan and she said, “Yeah, I ask my father or my friend, and they’ll loan, either loan it to me.” A similar question was proposed, but in regard to a $200 loan for an emergency. Sherry acknowledged how that would likely change the outcome when she replied, “Well, I don’t know. That’s a different story. I don’t know, all I can do is ask. I don’t know if they’ll loan it to me.” So while Sherry’s support system consisted of people who could help with smaller financial demands, it seemed as though $200 would be asking too much. This provided us a glimpse into the overall financial well-being of Sherry, those she considered sources of support, and the rural community she called home.

Largely, Sherry’s children were filling a void created by welfare reform and a system that had shown itself to be out of touch with the cost of housing, goods, and services in rural America. While Sherry was fortunate to have people in her network who were able and willing to help, for a person who had been formally declared unable to work, whatever compensation attached to that designation would surely be enough to cover the cost of running water and electricity. Unfortunately for Sherry, it was not.

Social domain factors that emerged in the data represented elements of Sherry’s story that impacted her ability to transition away from welfare reliance following the passage of PRWORA. The existence of a single-parent home as a result of absentee fathers resulted in diminished resources for Sherry, resources need to provide for her four dependent children.
While this reality pressured Sherry into welfare reliance, the data also revealed how strong ties in her social network helped to fill voids created by disengaged fathers. Even though these factors were deemed impactful in my analysis, within the social domain two overarching themes emerged consistently in the data: insufficient vocational rehabilitation and resource scarcity. Each theme will be presented next.

**Insufficient vocational rehabilitation.** As part of Louisiana’s implementation of the new welfare law, it appeared a partnership existed between Louisiana’s DSS and community organizations. Welfare reform ushered in work activity requirements for individuals who utilized cash benefits to maintain eligibility. The new law proposed a welfare-to-work philosophy, claiming that welfare recipients could achieve a greater degree of independence by engaging in paid work. In an attempt to validate that this welfare-to-work approach, Louisiana provided funding for transitional programs that assisted welfare recipients in locating work activities in their communities. While some participants were assigned duties that resembled community service such as picking up trash at public parks, others like Sherry were provided educational opportunities which would increase their value in the labor market and count as work activity, thus securing and maintaining the individual’s TANF eligibility. This skill-development option was implemented through community partnerships with trade schools and other educational institutions. The cost of enrollment in these programs was covered by the state.

Based on the PRWORA’s philosophy, its goals, and the means by which the law stated those goals would be achieved, it seemed that a vocational rehabilitation model and other evidence-based practices of vocational rehabilitation would be a good fit. The data show that on several occasions in Sherry’s experience such evidence-based practices were either non-existent or not effectively applied. One of these missing elements of vocational rehabilitation was the
working alliance, or the relationship forged between the vocational practitioner and the consumer of services. Research on counseling outcomes showed that the existence of a strong working alliance positively impacted goal achievement for consumers. The absence of this relationship, specifically in Sherry’s relationship with Louisiana social services, emerged as a barrier to achieving some level of welfare independence.

Examples of effective working alliances did emerge in Sherry’s relationships with instructors, educators, and support personnel within the community partners responsible for skill-development. Sherry gave researchers a description of what that bond looked like in 1999 when she talked about her carpentry instructor: “He’s ok. I get along pretty well with him. He takes time with you, it’s one-on-one. You know, you work at your own pace… If you don’t understand he not gonna go any further than that until you understand.” The presence of a bond between Sherry and her instructor, the individualized structure of the tasks, and collaboration between the instructor and student as Sherry worked toward her goal, all suggested the existence of a strong working alliance. Sherry further described her relationship with staff at the trade school, while contrasting it to a working relationship that was not as fulfilling: “Like if I had the same instructor that I have now when I was going to New Iberia, I think I could be well set right now.” She described the caring nature of trade school staff even further, explaining how their interest and involvement went well beyond teaching carpentry:

I walk through the door in the morning and they say, ‘What’s wrong, Miss Sherry?’ ‘Cause they know when something’s on my mind, and when people show that kind of concern, you know it gives you the motivation… Show a little concern, you know. ‘Cause some teachers, they don’t show any concern at all. If you get it, you get it; if you don’t, you don’t.

This apathetic approach appeared to be present in Louisiana’s DSS office and the offices of policymakers. While community partners providing direct services were described as
involved, there was no mention of communication, planning, or guidance offered by those overseeing the policy implementation. Of course, the working alliance between Sherry and trade school staff was completely dependent on the time afforded to her by PRWORA and funding provided by the State of Louisiana. It was vital that social services and educational institutions work collaboratively if the common goal was to achieve successful outcomes for Sherry and other welfare recipients.

Additional evidence of the working alliance established by the trade school surfaced in the 2001 conversation. Sherry spoke glowingly of efforts exerted by trade school personnel. Researchers asked how an employee at the trade school was able to access funding for Sherry’s training and she said, “I don’t know how she came about finding about this program. I don’t have the slightest idea. I was trying to go through JTPA, but they wouldn’t fund me. So that’s when she said they had this program for single parents.” Researchers recognized the caring nature of this employee, saying that “She seems to be a very caring person, very interested in helping people here,” to which Sherry agreed on all accounts. In every description of the trade school staff they seemed very involved in goal development and goal achievement for those students who were enrolled in their programs.

When asked to reflect on her experience during the transition, Sherry told of how social services’ involvement was minimal in helping her locate educational opportunities. While they guided many women like her into short-lived work opportunities that mimicked community service, Sherry stated how she found the carpentry program on her own. Asked whether she received help from the state in locating the carpentry program or if she found it independently Sherry stated, “I found them on my own, but the state paid for it.” This did not sound like the effort of a group who was promoting welfare-to-work as a means toward independence.
The scarcity of data regarding competency on the part of Louisiana’s DSS personnel represented the strongest evidence for the absence of a working alliance. Sherry mentioned several times the strong relationship between herself and trade school staff, but did not reference any case managers, social workers, or support personnel from the welfare office in a positive way. Sherry did provide a response that demonstrated just how disinterested the agency was in facilitating positive outcomes for these women. She offered this sentiment when I petitioned a reflection of her feelings about policy changes that took place 20 years prior. When asked if she remembered what she said in earlier interviews, Sherry replied, “I know one thing, the last job… to continue, they wanted me to go sit down in the baseball park for 8 hours and pick up paper. I said ‘well who’s gonna be out there monitoring me?’ They said, ‘Don’t worry about that. Just go out there.’ Just so I could get a little check.” I acknowledged that this sounded like busy work, only intended to maintain eligibility and offering no benefit to her in the long-term. Sherry appeared equally as amazed by the state’s lack of interest and replied, “You’d think somebody had to be over you. I said, I’m gonna have to sit out there from morning till afternoon, and then they gonna bring me there, pick me up. Nah, I told them they could keep their money.”

Louisiana’s state government, at least in Sherry’s region, did not appear to take the consequences of welfare reform seriously. A strong working alliance between Sherry and a competent state employee would have given the woman protection against short-sighted, high risk proposals such as the one described here.

Data collected in the four interviews showed that bonds present between Sherry and community agencies that promoted goal achievement were non-existent with other stakeholders in Louisiana’s welfare reform implementation. The absence of any record of communication between Sherry and Louisiana DSS personnel regarding treatment planning, progress toward
goals, or a timeline for program completion demonstrated that social service staff were not interested in achieving positive outcomes for Sherry. They did, however, appear focused on caseload reduction. Even if Sherry was never able to secure employment, welfare rolls were still going to be reduced. From Sherry’s viewpoint, this negligence emerged as a significant barrier to successfully transitioning away from public assistance.

Another component of vocational rehabilitation that did not appear in the data was adequate discharge planning. While several evidence-based vocational rehabilitation models exist, many of them contain elements that promote practitioner involvement in job placement and ongoing support after the client secures employment. Evidence-based practices that contain effective discharge planning might include interagency collaboration and supported employment. The absence of such elements emerged as a barrier to a successful transition from the role of learner into the workforce for Sherry, and was consequently a barrier in the transition away from welfare reliance.

Some of Sherry’s earliest data were embedded with skepticism, and proved to be somewhat prophetic. When researchers asked Sherry about how she anticipated welfare reform would unfold in the lives of women like herself, she expressed her doubts about the competency and interests of government systems. Sherry explained, “That’s the way the system is. It won’t make anything better [to extinguish benefits]. If they cut it off automatically after 2 years, there’s no jobs. They can’t find jobs for everybody all at one time. What you think’s gonna happen?”

Two years later in 1999, the participant approached the end of TANF eligibility. From a vocational rehabilitation standpoint, a practitioner and Sherry would have been working together to establish a plan that would accommodate anticipated changes to her circumstances, while also facilitating Sherry’s transition into the workforce. Researchers unknowingly asked questions that
were very telling of the level of involvement displayed by personnel in the local welfare office. Researchers asked if she would keep her benefits while enrolled in the carpentry program and Sherry replied, “No, cause that ends January 1st. It took me off of the program, because after the two year process, you know, they supposed to eliminate you from the program.” Sherry voiced how it was irrational that support would be taken from her before she was able to complete vocational training. She contacted a supervisor at the welfare office for clarification because, as she put it, “I figured as long as you in school they not supposed to do this.” The welfare office then set up an arrangement that preserved benefits eligibility for Sherry. As she described it, “And now I got to do every month, 20 job search contacts. Fill out these forms, letting them know I’m trying to find a job. Long as I can do the job contacts, you know. I’ll continue in the program. And I think after six months they drop you.”

Best-practices here would include interagency collaboration, where a practitioner might have a list agencies in the community that the practitioner had worked closely with in the past. These community partners would serve as job placement alternatives for Sherry and other clients. Instead, Sherry described a situation where she was independently performing “20 job contacts” each month to maintain welfare eligibility. As social services did not appear interested in providing individualized care, the existence of a “form” was most likely a document where Sherry writes down 20 businesses, signs it, and submits it to the welfare office who would then mark her account as active. Sherry did not appear to receive any guidance from social service personnel in terms of job placement. She was left hoping for the best, as she expressed here when researchers asked what she planned to do when her benefits would be cut off: “Hopefully I’ll have a part-time job.” She mentioned one potential employer, a cabinet maker, who told her
that “he’s keeping her in mind for when she completes the course,” but did not appear to have any knowledge of employment opportunities beyond that.

While the knowing of a potential employer was somewhat promising, there was still a significant amount of uncertainty regarding workforce engagement after the completion of training. The job with the cabinet maker was something Sherry hoped for, rather than planned for. In contrast to what Sherry reported, best-practices would involve communication between the vocational rehabilitation practitioner and the employer for job placement. Sherry navigated this life transition on her own, which brought with it greater risk that the transition would not be successful in terms of securing or sustaining employment.

Sherry reflected on her exit from the carpentry program and her attempts to enter the workforce in our 2019 interview. When I asked if she was able to apply the skills she learned in the workforce she said, “I was trying, but ain’t nobody wanted to hire me.” I revisited the question later in our conversation, asking more broadly if she was ever able to do carpentry work and she replied, “No. Like I said, I went from Franklin to New Iberia trying to get hired. Even went to a place in Jeanerette and the man said ‘I can’t hire you ‘cause you a woman and I don’t want my wife to get mad’… I showed him all my paperwork…all my credentials. That man said no.” A working alliance protects clients like Sherry from these types of experiences, and helps manage or eliminate the challenges of independently gaining knowledge of or access to job opportunities. Employers are less inclined to discriminate if doing so jeopardizes the beneficial relationship they have with other agencies. Furthermore, agencies and professionals generally hold more power than clients, and are better equipped to apply appropriate recourse when unlawful practices are encountered.
In sum, a multitude of situations arose in Sherry’s story that could have been addressed or prevented had evidence-based practices for vocational rehabilitation been in place.

**Resource scarcity.** Another theme that consistently emerged in the data as a significant barrier to Sherry’s successful transition away from welfare reliance was a general scarcity of resources. It was almost predictable that resource scarcity would impact her experience in some way, as a lack of resources is featured in most research regarding rural poverty. Data provided by this poor rural woman depicted resource scarcity as a lack of social capital, inability to access other resources to address problems, inability to access reliable transportation, and an unreasonable amount of resources distributed through public assistance.

The quality and nature of social networks have been shown to impact one’s ability to reach desired outcomes, particularly in the professional domain of one’s life. Sherry was remarkably consistent in telling researchers that “it’s not what you know, it’s who you know” when asked to share her experience with job seeking activities. When this is the case social capital would positively impact her ability to find jobs and keep them.

In the first interview with Sherry in 1997, she shared this belief with researchers when asked about her plans to care for herself under PRWORA: “I’ve interviewed. I believe it’s not what you know, but who you know. That’s what I honestly believe. You might have the skills, but if it’s somebody inside doing the hiring, other people that they know. You might luck up and get it.”

Sherry reiterated this belief about the local labor market in 2019 when she told us about the circumstances surrounding her departure from a sugar cane processing plant where she was employed. Sherry claimed she was sent home after her boss showed favoritism to another employee who was returning to work after birthing a child: “I was a single parent at the time, ya
know. But she was looking out for someone else she knew, and that’s wrong. That’s like everything in life these days. It’s hard to get a job because it’s not what you know, it’s who you know.”

By 2019 Sherry’s view of the workforce as a place where favoritism prevails had not waned. I asked her to reflect on how the labor market had changed in the previous 22 years and she replied, “There’s fewer jobs. They don’t have any jobs. Like I said, you can have education, high education. It’s who you know. They might have a job, but it’s who you know.” Sherry’s interpretation of the labor force where she lived was indicative of other rural labor markets. Scarcity of formal and full-time employment in rural labor markets leaves residents competing for few jobs. This may compel employers to be more selective during the hiring process, giving favor to people they know personally. The social capital Sherry possessed did not appear to consist of relationships with people who were able to provide her with paid work opportunities, most likely because they too were poor.

Another area where resource scarcity negatively impacted Sherry’s ability to secure adequate employment involved access to resources. Barriers related to access manifested in a variety of ways including Sherry’s proximity to resources. Sherry’s distance from affordable groceries, the Department of Motor Vehicles, and affordable healthcare made it difficult for her to get her needs met. Lack of access also presented as a barrier in regard to community resources for the poor, such as food pantries. These types of services were simply not available in the rural area where Sherry lived. The absence of resources or the distance between resources and the individual was a significant barrier to welfare independence.

Researchers explored the topic of access in 1999 when Sherry was asked about purchasing groceries for the home. Sherry told researchers that she traveled to New Iberia once a
month with her friend to get groceries. She explained that it was worth it for her to travel upwards of 10 miles because “You can buy stuff outta bulk,” getting a larger quantity of goods for the price. Without an operable personal vehicle at the time, Sherry told researchers that her friend would often provide transportation: “I’ll catch a ride with my friend like I was telling you before. She get her daughter’s car and take me to the grocery store. So I know I have everything I need to keep from going back and forth.” This exchange illustrated how simple tasks like grocery shopping can become a uniquely challenging endeavor for those in rural poverty.

Similar challenges emerged for Sherry when she attempted to renew her driver’s license through the Department of Motor Vehicles. Sherry’s driver’s license had expired and researchers were gauging the woman’s ability to access the appropriate agency for renewal. Sherry disclosed that the nearest location was in New Iberia, explaining that “They useta have one in Franklin, but it closed. Either I have to go to New Iberia or Morgan City.” Considering New Iberia is between 10-15 miles from Sherry’s home, for a woman with limited resources without a personal vehicle, an activity such as this would be extremely challenging.

Sherry also reported lack of access to affordable health care as a barrier. When seeking medical treatment for a back injury, Sherry recalled being forced to choose between paying out-of-pocket to continue seeing her current provider, or find a different provider that Medicaid would allow her to see. When asked about the quality of care she was receiving, Sherry described her current physician as adequate, but stated that “to go to that particular doctor, I have to pay cash.” As a result, Sherry would then have to establish a relationship with a different provider. This exchange demonstrated Sherry’s inability to access medical services and health insurance coverage that provided her with continuity of care. What originated as a biological
barrier to employment was then exacerbated by a social barrier where the health care system interfered with the subject’s ability to receive the best level of care.

Access also emerged as a barrier when Sherry reported she had no knowledge of community resources she could use to help with food and other basic household items. In 2001 researchers asked if she ever used food banks, food pantries, or commodity distribution, to which Sherry replied “No.” I revisited this with Sherry in 2019, when she again stated she had no knowledge of such services in her area. She then speculated that if these types of services did exist, they would be provided on a “who you know” basis, rather than based upon degree of need. These types of services are more commonly found in metropolitan areas and the nearest metro area was 10-15 miles from Sherry’s home.

Access to transportation also emerged as a barrier for Sherry on several occasions during the period of this study. While the subject owned a vehicle, she consistently told researchers that it was inoperable or at greater risk of being inoperable because of its age and condition. In the 1999 interview, in a conversation about grocery shopping, Sherry shared how she used caution in what she expected from her vehicle: “And then like my car, I don’t like to put a strain on it too much. I’ll catch a ride with my friend like I was telling you before. And she get her daughter’s car and take me to the grocery store.” This arrangement left Sherry’s mobility largely dependent on the availability of her friend. This also implies that public transportation was not an option for Sherry in her rural community.

Resource scarcity emerged in a multifaceted way later in the same interview. Sherry spoke with researchers about the extent to which her gas budget created a financial strain. Commuting to and from trade school and running other errands, Sherry struggled to generate even an estimate of what transportation cost in the 1999 interview. Researchers asked her several
times to give an approximation of her weekly costs for gas, asking if it fell in between $10-15 or $100-200. Sherry replied “I don’t know” to each request. She was able to describe the travel compensation provide to her by the welfare office, although the rate was being reduced, as were her welfare benefits at the time: “They were gonna give me 34 cents a mile, which was like 4 dollars and 80 cents a day. But now they went down. I gotta cut it in half now, so half of 4.80 is 2.40. That’s all they gone give me a day so… ‘cause I’ve been on the program for so long.” She went on to explain how her support system helped with transportation when her car was inoperable or she could not afford gas: “My sister. If I don’t get a ride with her, my same old friend. She’ll send her husband to come pick me up in the morning, and pick me up for lunch, and I’ll wait till her daughter get ready to go to work in the afternoon.” An unreliable vehicle, the cost of fuel, time wasted waiting to be picked up, and the unavailability transportation alternatives combined to form a significant barrier to employment for Sherry. This was especially true since many of the resources she could use to improve her circumstances were in the neighboring city of New Iberia. The rural woman, in her attempt to transition away from the welfare system, relied on friends and family to address transportation needs. Living in a rural community with limited financial resources and without public transportation, her success largely depended on the willingness and capacity of others to help.

By the third interview in 2001, Sherry’s transportation issues had gone unresolved. She was asked explicitly by researchers if her car had been repaired, to which she replied, “No, my car still hadn’t been fixed… it’s in the process of being, you know.” Sherry stated again how she relied heavily on social supports for transportation: “I have a friend, she usually comes pick me up. She gets a ride… or my neighbor, sometimes she can have a problem with her car over there.” Two years after Sherry originally reported problems with transportation, her
circumstances were unchanged. The woman continued to depend on others to get her to and from places she needed to go. For someone trying to achieve a quality of life where public assistance was no longer needed, Sherry appeared trapped in the rural community where she lived in.

By 2019 the only reported changes to Sherry’s circumstances were that her children were now adults and were able to provide transportation for their mother. I asked Sherry about this directly in our conversation. She reported that she did not have a personal vehicle and stated “I have a friend and I have my children. Two of my daughters will come take me out. I have my son that will come bring me when I have to go to the doctors. Back in the day, I would use transportation [Medicaid], but I no longer use transportation.” She said that her family and friends helped with transportation to get “groceries, personal items, and stuff like that.”

Later in the 2019 interview I asked explicitly if there was anything besides physical injury that had made it difficult for Sherry to work. She replied, “Nope, but transportation… trying to get to and from, you know. That’s about it.” I asked how she had been able to address transportation needs while employed at places mentioned in her work history, she explained, “Well, the grocery store I worked to, I could walk to work. At Jeanerette Mills, I had a vehicle and I used to go to and from work in it… and like right here (points to sugar cane facility) I could walk to and from work.” Sherry described the motivation behind her resiliency, stating that “you don’t have a choice but to make ends [meet]. Either you starve or you find a way.”

This exchange described several aspects of rural poverty and how a person’s attempts to escape the condition can be uniquely challenging. Without reliable transportation, the means to put fuel in the vehicle, a lack of affordable public transportation, or a general scarcity within the rural labor market of jobs within walking or biking distance, it became extremely difficult for Sherry to achieve anything that resembled sustainability. For a woman attempting to exit the
welfare system, much of her ability to do so was contingent on the willingness of others to provide transportation for her to school, work searches, job interviews, or work.

While social welfare, access to resources, and transportation all played a vital role in Sherry’s inability to rise out of poverty, the amount of support provided through public assistance also appeared to limit her upward mobility. As stated earlier in this chapter, Sherry remained on public assistance across the time period of this study. The amount of benefits she received never seemed to meet her financial demands, as she consistently had to borrow from friends and family to make ends meet.

A 2019 exchange explores the amount of benefits she was provided through government programs. I reminded Sherry that she was receiving $407 in monthly SNAP benefits in 2001, to which she responded by stating “I [currently] receive $130.” I then reminded her that she was receiving $284 in monthly TANF back in 2001 and she informed me that she no longer receives those benefits. Sherry also shared that she applied for utility bill assistance from the state. She was awarded $550 that was to be used for monthly utility bill payments over a 6-month period. She explained how the program worked and her degree of need when she said, “No, you gotta apply every six months and I just happen to fall in the category where ‘Thank God’ they help me this time, because I really needed it. Because I pay for this month, right here.” Also utilizing Medicaid to help with the healthcare costs, Sherry added that she receives monthly disability benefits: “Only thing, like I get disability. Social Security, SSI…$531.” Without getting into cost-of-living statistics, at the time of the most recent interview Sherry reported that she received benefits totaling $752 per month. Utility bill assistance, applied for biannually, was included in this total and was not part of her fixed income. The total of $130 was limited to food purchases through SNAP. It was extremely difficult for Sherry to meet all of her monthly demands on
government benefits she received alone. Sherry conveyed this message when I asked if she was satisfied with her current financial circumstances:

No, I’m not satisfied with everything…And I mean I appreciate it, but I can’t live off of that, but I do the best I can, you know…The cost of living went up. When I get my stamps, I go in the store one time, even though I’m one person. I go in the store one time…by the time I come out of the store, that’s it. Nothing else there. I got to wait till next month.

She expressed how she has an equally difficult time making her disability benefit amount stretch:

“And then when I get my check, if there’s something that I couldn’t spend on the food stamp card, I gotta take my little cash money and go purchase something else, you know. So I don’t know. I pay everything short change, but I know how to survive.”

**Case Study: Beth**

The other participant in this study was a single mother we will refer to as Beth. Beth is Caucasian and was born and raised in a suburb of Alexandria, Louisiana. Beth was also living here when she was first interviewed in 1997 and when she was last interviewed in 2019. The subject engaged in four separate interviews for this study: one year after welfare reform in 1997 while she participated in Louisiana’s transitional program, in 1998 while living in Pineville, LA as she tried to find her place in the workforce, again in 2001 when she lived in Lafayette, LA after a short stay in Starkville, Mississippi, and most recently in 2019 when we spoke with her in her childhood home on the outskirts of Alexandria. Beth’s living situation had come full circle through the course of this study, as she returned home in 2019 to live with her mother at the age of 49. In the 2019 meeting Beth reported that she had only utilized welfare cash-benefits for a short time after the first meeting in 1997, relying mostly on a combination of child support, earned wages, family support, and SNAP throughout her adult life.
In terms of family makeup Beth was mother to two children, sons Chris and Trent. Her children shared the same father, a man named Doug who Beth had been divorced from for three years at the time of the first interview in 1997. Trent was 3 and Chris was 6 at the time of the first interview. When we caught up with Beth in 2019, her two boys were now adults, Trent 24 years of age and Chris, 27. After separating from the children’s father, Beth reported several romantic partners across the period of this study, many of whom she said had issues related to illegal drug use and interactions with the criminal justice system. This list included Beth’s ex-husband who she described as a chronic drug-user and died of a stroke in 2016. Romantic partners mentioned in Beth’s data included a boyfriend named Donovan who she lived and worked with during her stay in Mississippi between 2000 and 2001. She later revealed that Donovan died of an accidental prescription medication overdose in 2016. Beth also recalled dating a guy named Eddie. She described Eddie as institutionalized from long periods of incarceration, but reported living with him for a short time in Baton Rouge, LA. Beth later shared that Eddie committed suicide in 2017 by jumping off of a bridge. In 2019, Beth told us she was currently married to a man named Brian, but explained the two of them had been separated for several years. There seemed to be a pattern with Beth in terms of intimate relationships and mate selection. Beth did not appear to function well when she was alone, and gravitated toward men who were either moderately engaged in criminal activity or fully immersed in a lifestyle of crime.

When she was first contacted for the study in 1997, Beth reported the completion of 11th grade and did not possess a GED certificate or high school diploma. After choosing not to graduate, Beth earned a certificate in cosmetology. She worked in the field for a short time before failing to renew her license, rendering her unable to practice. At some point in her 20s
Beth shifted her focus to working in male-dominated fields such as construction, painting, and welding. During the 2001 interview Beth expressed plans to enroll in an on-the-job training program that would afford her an instrumentation certification which she hoped would result in a promotion. This training would have allowed her to work alongside her boyfriend Donovan who was a welder. It was unclear whether or not Beth followed through with those plans, as she never mentioned doing so in the data. In the 2019 interview, Beth shared that she eventually earned her GED while incarcerated in a women’s prison following a criminal conviction for a drug-related offense.

In terms of work history, Beth remained relatively active throughout the duration of this study. In the first meeting, at the age of 26, Beth had already held jobs as a cashier, nurse’s aide, cosmetologist, automotive painter, secretary, and various other positions involving manual labor such as hanging vinyl siding and roofing. A year later in 1998, Beth reported working three months as a waitress and bartender at a local night club. In 2001 Beth told researchers that she had secured employment as a welder’s helper, working alongside her boyfriend Donovan on a job in Mississippi before she and her family moved back to Louisiana. Although not formally employed in 2001, Beth reported engagement in paid work as a laborer for local contractors she knew in the Lafayette area, while also working part-time as a secretary for her brother-in-law’s vinyl siding business. When we interviewed Beth in 2019, it appeared her relationship with the labor force had diminished significantly. For a short time she had assumed a caretaker role for a terminally ill aunt, but did not say if she had been compensated. Beth also performed secretarial work for her widowed uncle following the death of her aunt, but only for a short period of time. She was not working at the time of the 2019 interview, but said she hoped to start her own maid service if she were able to access funding for the business.
Beth was only moderately engaged with the government welfare system across the period of this study. She consistently utilized SNAP benefits and Medicaid, but did not rely as heavily on AFDC or TANF since she was receiving child support from her children’s father. Although the amount provided in child support was modest, it was enough to deem her family ineligible for welfare cash benefits. Overall, Beth was largely dependent on her parents, extended family, and romantic partners for housing and other basic needs. At no point during the study did it appear Beth was meeting all of her financial demands on her own. While she consistently worked, her personal income was often sporadic and informal. Data show that Beth was heavily reliant on a combination of public assistance and social support throughout the 22 years of this study.

A summary of Beth’s narrative would not be complete without a brief discussion of the woman’s mental health and relationship with substance abuse. In the 2019 interview Beth reported extended periods of incarceration as a result of drug related offenses and subsequent probation violations. Her first mention of drug use surfaced in the 1997 interview when she admitted to drug use during the time she and her ex-husband first became a couple. In 2001 Beth reflected on hitting “rock bottom” as a result of drug abuse. She said this low point in her life occurred as she approached 30 years of age, which would put “rock bottom” sometime between the first and third interview. Based on the 2019 data and Beth’s incarceration, instability when not incarcerated, and multiple romantic partners who were also involved with drugs, it was clear that Beth struggled with addiction for the majority of her adult life. By the 2019 conversation Beth had also been diagnosed with bipolar disorder, reported symptoms of depression and anxiety, and also recalled a childhood ADD or ADHD diagnosis.
**Biological factors.** Beth’s transition away from welfare reliance was impacted by a number of biological factors. The nature of that impact varied, as some factors produced opportunity for Beth, while others resulted in dysfunction that permeated into other aspects of the woman’s life. Before I discuss themes that were most impactful, I will briefly cover other relevant factors which were a part of Beth’s story, but were not present in the data to the extent that they could be labeled biological themes.

Although not experienced during the 22-year span in which data was collected, Beth shared with researchers that at some point prior to 1997 she had been diagnosed with ovarian cancer and underwent treatment. She first made the disclosure in the 1997 interview. In her description of her parent’s level of support and involvement, Beth explained, “It was my parents who brought me out of this shell, and they helped me deal with cancer. I’m in remission now.” She mentioned cancer again in the 1998 interview when providing an explanation for interruptions in employment during the previous three years of her life. The interviewer’s notes read as followed: “Last 2-3 years haven’t worked regularly-divorce, baby, ovarian cancer, seizures.” Cancer and treatment for the disease can be a life-altering event. These were the only instances where Beth mentioned cancer in over 70 pages of data. It appeared that the long-term impact of cancer on Beth’s ability to work was minimal, as she reported periods of employment after receiving treatment for the disease.

Another biological factor that emerged in the data was pregnancy. In the 1997 data, researchers explored the circumstances that surrounded Beth’s separation from her children’s father. She shared the ambivalence she felt when having to leave her husband during the pregnancy: “I left when I was pregnant for the 3-year-old. I got depressed. I was pregnant, had a 3-year-old, thinking ‘What am I gonna do?’ So I went back [to the father] thinking it would all
work.” This was the only time Beth mentioned pregnancy as an influential factor in terms of personal autonomy. The physical limitations of pregnancy seemed to influence her decision to remain in the relationship with her husband, who at the time was in active drug addiction. Without savings, paid leave from an employer, or any financial resources to support herself, pregnancy and the vulnerability that came along with it became a barrier to welfare independence for Beth.

Medical conditions mentioned here are factors that impacted Beth’s transition away from welfare reliance through adequate, sustainable employment. While Beth’s battle with cancer and her two pregnancies were shown to have some impact, of the biological data examined two primary themes emerged as significant factors in Beth’s transition away from welfare reliance. These themes were identified as physical ability and physical health consequences of drug use.

**Physical ability.** Data indicate that Beth’s physical ability not only improved her ability to perform paid work, but also expanded the type of work she considered viable. Beth reported a preference for jobs in male-dominated fields that are unconventional for women. Beth’s physical capacity was interpreted as a positive influence on the likelihood that Beth would successfully transition away from welfare. Beth’s physical ability expanded her options in the workforce and gave her access to higher wages through more physically demanding jobs. By all accounts, Beth reported capacity for physical labor throughout the duration of the first three interviews, with physical health problems only emerging in the 2019 data.

As early as 1997 Beth reported a work history that included manual labor. In addition to clerical work and cosmetology, Beth conveyed that she worked at an automotive body shop and a vinyl siding company. She disclosed this information to researchers when asked about work
history in the first encounter. Beth told researchers, “I’ve done secretarial, clerical work, painted cars, hung vinyl siding. A lot of labor work.”

Later in the 1997 conversation researchers explored Beth’s desire to perform manual labor. She asserted that she did not think of her gender as something that should or would limit her opportunities. Beth described limitations based solely on gender as something that was socially constructed. She believed women could perform in physically demanding jobs. Researchers asked her why she thought more women do not seek those types of jobs and Beth replied, “I guess it’s not what you want to call discrimination. It goes back to the old time days. Man does hard stuff, women does light labor. If I wanted to do it, I could do it.”

Beth’s open-mindedness about working in male-dominated fields resulted in paid work opportunities for her. When researchers interviewed Beth in 2001, she reported she had been working as a pipe-fitter’s helper in Mississippi. Beth worked alongside her then boyfriend, Donovan. Beth told researchers about her job: “I’m a pipe-fitter’s helper… and a welder’s helper, pretty much… and um, ‘cause that’s what he [Donovan] does. I just work right underneath him… and every single day I had to go up and down those stairs.”

Beth went on to explain what a typical day was like for her as a laborer by day and single parent in the evening. She reported an hourly wage that nearly doubled the rate of minimum wage. Beth’s statements demonstrated exactly how her affinity for physically demanding work brought with it greater earning potential, but not without a cost:

At the job site I was making $14.75 an hour, and I was working 12 hours a day. Getting up at 4 in the mornin’, makin’ our lunches, gettin’ the children ready to take to daycare. Had to be at work for 6 a.m…. worked till 7 [p.m.]. I took classes, got home. By the time I picked the kids up and got back home, got them bathed and fed, it was 11 [p.m.]. After that I get them wound down, I got supper, dishes washed. I got clothes in the washer and dryer, it was 12 and 1 o’clock… and then had to get right back up at 4 [a.m.] and start all over again… and I did that for 7 months. I was happy, but I did it.
It appeared, at least for the length of her stay in Mississippi, that Beth’s physical ability created a substantial opportunity for her to earn a living wage and function independently from the welfare system. She even shared with researchers her plans to continue working in the field, while increasing her earning potential by undergoing additional training and obtaining new certifications: “Right after that, I’m goin’ straight into welding. Instrumentation actually, is what it is… You can take the job-site training like I did. While in Mississippi I took a job-site training. The course could be up to six years… and that’s a good job. I really, really like doin’ it.”

This 2001 conversation indicated that Beth had done relatively well for herself during her seven months in Mississippi working alongside her partner. In terms of sustainability, Beth noted that her employment there was only for the length of the project they were hired to complete and she was currently engaged in other types of work. Now living in Lafayette, LA, she performed clerical work for a family business, while also periodically engaging in part-time work as a laborer for local contractors. Beth told researchers, “My job is labor work. I don’t like the paperwork. I don’t like it at all.” She shared with researchers how she pieced together an income while she and her boyfriend were in-between jobs: “I did painting. I painted a lot of the new homes that are in Fox Chase and different areas. It’s just labor contractor work.” She also described one particular job she worked on for the local contractor:

We were doin’ a nursery right off Verrot School Road… What they did was we took the roof off because it was rotten… and then we had to come back in, and they had, the roof was comin’ off like this. And there was no leverage underneath it, so when we took it all off, but this part just went fffft. So we had to put the whole new roof on it, put a sleeve underneath it to hold it up… so it would have more stable-stability right there so we could hold it up… and then there was another roof up top… And we had to use, it’s kind of like sheetrock, but it’s concrete… Take that old stuff down and put the new stuff up.
Considering Beth’s preference for physically challenging work and her ability to meet the demands of such, opportunities were there for Beth to earn an income that could eliminate her family’s reliance on the welfare system.

This aspect of Beth’s employability would serve her well, as long as her physical health enabled her to sufficiently perform on these types of jobs. Our most recent conversation with Beth in 2019 revealed that at some point between 2001 and 2019 physical injury, among other things, interfered with her ability engage in paid work as a laborer. Beth experienced chronic back pain, which she described as debilitating. The injury lingered and was a medical issue she continued to manage in 2019. I asked Beth if she was being treated for any chronic physical health issues and she said, “I have an umm… I was seeing… I have they call it a sciatica nerve. Y’all… I been fighting that sucker since I’ve been home. I’ve had scars on my knees, elbows, and my hands where I crawled because it hurt so bad to walk.” After providing an account of a confrontation she had with a pain management doctor, Beth gave a detailed description of just how debilitating the injury had been for her:

But I mean, I have no feeling from my hip, from my right there (points to lower back area), just past my hip and my waist. From there all the way down it goes like this, and it comes down this side. It doesn’t come like this, it comes down the side, and goes all the way to my toes and I have no feeling. And I’ve been fighting that, been fighting it since I been out [of prison]. And ya know what, exercise, stretching, and anti-inflamitories is the only thing I can even do for it.

Beth’s circumstances had undergone a dramatic change in the 17 years between interviews. Among those changes was the emergence of a chronic physical injury, as well as other medical conditions that significantly limited her ability to perform physically challenging work. This, in turn, may have negatively impacted Beth’s ability to secure employment and function independently of the welfare system.
**Physical health consequences of drug use.** One of the more consistent and impactful elements that emerged in Beth’s data was her association with substance use. Drug addiction, similar to other addictive disorders, is dynamic and can have a significant impact on an individual’s life biologically, psychologically, and socially, often doing so simultaneously. For the purpose of data coding, I focused only on the physical health consequences of Beth’s problematic substance use in this section. Findings related to Beth’s substance use that more appropriately fit into other domains were explored further in the appropriate sections. Data broadly representing Beth’s experience with substance use such as admissions of problematic substance use, association with others engaged in substance use, or psychological components of substance use were not coded in the biological domain.

As an influential factor in Beth’s transition away from welfare reliance, physical health consequences of chronic substance use surfaced in the woman’s data on several occasions. Some consequences were experienced by the subject more acutely and other biological symptoms were more likely consequences of long-term use. The coding of some data in the biological domain was justifiable in that many of the physical health outcomes reported by Beth are also commonly associated with chronic drug use in the clinical literature. Across the period of this study, Beth reported an assortment of negative physical health outcomes that are commonly attributable to long-term or chronic drug use including seizures, atypical weight fluctuation, tooth decay, and hepatitis C. Beth also reported at least 1 hospitalization following a drug overdose. All of the above will be discussed here.

The subject first disclosed medical problems related to seizures in 1998. When researchers asked Beth if she was experiencing any health problems at the time, she vaguely described a physical injury and stated that she had used prayer to manage her neurological
condition: “I don’t think I’ll have any health problems. I’ve prayed my seizures out. I don’t know about this accident. I have to have an MRI.” Beth did not disclose that the seizures were being caused by drug use until the 2001 interview, when she also shared how the medical condition had disrupted her life by restricting her legal driving privileges. After Beth told researchers that her driver’s license had expired, she explained that she needed a document from her physician stating that her seizures were being effectively managed before her driving privileges could be legally restored. As Beth explained it, “I didn’t know that I was supposed to go back to my doctor and have him sign a paper stating that I’m eligible to drive I did it the year before, but I didn’t do this year, and I have to do it for three years.” Researchers then asked Beth if the seizures were caused by her drug use, to which she replied, “Yes, ma’am. It was due to drugs.”

In what proved for her to be a truly rare instance of self-reflection, Beth overtly established a connection between her personal drug use and a negative consequence. Across the course of this study the subject seemed reluctant to discuss her personal relationship with drugs, alcohol, or the pathology that resulted from it. As supported by the data, Beth was unable to maintain her legal driving privileges due to seizures she experienced as a consequence of drug use. As a result, transportation became a barrier to wage earning for the woman, thus limiting her opportunity to function independent of the welfare system.

Another excerpt from the 2001 data revealed a more acute physical health consequence of Beth’s drug use, as she told researchers of a life-changing experience from her past. A trip to Mexico with a boyfriend who Beth described as a “drug addict” ended with her hospitalization. Beth admitted that the trip was primarily to acquire illegal drugs. She also disclosed that a drug and alcohol overdose was the reason for her hospitalization. As Beth described it: “I didn’t know. I mean, that’s what everybody was drinkin’ it, you know. Here I am poppin’ pills and
drinkin’ Coronas, and the next thing I know I wake up seven days later. I had been in a coma in Refusio, Texas. My parents were here in Louisiana, and couldn’t come see me, couldn’t talk to me. Because they realized that, what I was on.”

The overdose and subsequent hospitalization was an example of the more immediate impact of Beth’s problematic substance use, but it was difficult to determine whether or not any long-term health consequences followed this incident. The coma, hospitalization, overdose, and drug-seeking behavior leading up to the crisis interfered with Beth’s ability to secure work, sustain work, and separate herself from the welfare system.

Seizures and drug overdose emerged in the data and were accompanied by Beth’s acknowledgement that substance use was the cause. Still, other issues related to physical health surfaced in Beth’s data, issues that have been commonly associated with individuals who have engaged in chronic and persistent substance use, even if Beth did not explicitly attribute them to substance use.

In the 2019 interview, we inquired about Beth’s ability to access healthcare. She expressed that she had been able to access routine dental services, but relied on her adult son for financial support to cover the out-of-pocket cost of some procedures. One of these procedures was sizing and purchasing dentures. As Beth explained it, “Now dental, Medicaid didn’t pay for my dentures. I had to pay for my dentures, which Trent paid for.” Drug use has been shown to affect oral hygiene in a number of different ways. Symptoms of drug use that can negatively impact oral hygiene include dry mouth resulting in increased release of acid in the mouth, grinding teeth, acid reflux, loss of blood flow to roots and gums, ulcers or sores in the mouth, obsession with drug-seeking resulting in neglect to oral hygiene, and general nutritional deficiencies.
In the same conversation, Beth also mentioned that she was diagnosed with Hepatitis C, a contagious liver disease which is most commonly contracted through the exchange of blood. Beth disclosed this to researchers in the comment, “Well, I have Hep C, right? So you’re not supposed to take any Tylenol.” Intravenous drug users have been known to contract Hepatitis C when sharing unclean needles with other drug users who are carriers of the disease.

Data also showed Beth experienced abnormal weight fluctuation across the course of the study. Substance abuse has been shown to dramatically alter a person’s diet, which often involves irregular eating patterns and poor nutrition. Beth made a disclosure in the 2001 interview, where she told researchers about her pattern of drug use. She explained that she would go through periods of drug use followed by brief periods of sobriety. As Beth put it, “What happened was I’d get on drugs, and I’d get off. It was the company I kept.” While Beth never attributed her weigh fluctuation to this cycle of behavior, she did acknowledge being underweight in earlier interviews and carrying as many as 30 additional pounds of body weight at one point during the four year period. She told interviewers, “But I’ve lost my weight y’all. I was 140, until I really started school. I was underweight when y’all last seen me. I mean I was like 110, I was like iddy-biddy.”

In 2019, Beth gave another example of atypical weight fluctuation. In this instance, she attributed substantial weight gain to her diet, physical inactivity, and medical problems during incarceration: “Oh yea… I got up to 210 pounds I started having borderline diabetes, which I wasn’t insulin dependent or medicated dependent. I had high blood pressure, I had irregular heart, I was retaining fluid. Oh my God, it was just horrible.” Weight gain of this magnitude could likely be attributed to a number of factors including a decrease in physical activity due to incarceration, an improved appetite due to abstaining from drug use, and carb-heavy food
provided in penal institutions. High blood pressure is also a common symptom of physical withdrawal in chronic substance abusers.

**Psychological factors.** A plethora of psychological factors emerged in the data that impacted Beth’s ability to successfully transition away from welfare reliance. The degree of impact varied from one factor to the next, as did the nature of impact. Several psychological elements emerged as major themes in Beth’s data. Before covering these major psychological themes, I will briefly discuss factors that appeared to a lesser degree, but should also be considered. Among these factors were the desire for independence, authoritative parenting style, and children’s mental health.

From the start of Beth’s participation in the study, she verbally expressed a desire for independence. Beth generally spoke about personal independence when she discussed her dependent relationship with her biological parents. The first of these comments appeared in the 1997 data. Beth, who was living with her parents at the time of the interview, shared her feelings about her current living arrangement:

They’ve [her parents] helped me with children, education, transportation, everything. I’ve burdened them. I feel like I should be on my own, with my kids. I’ve applied for housing in Grant Parish. Maybe I can get out on my own and be more independent, ‘cause right now I’m having to depend on my parents, and I’ve never had to depend on them until now.

She reiterated this stance a short while later when researchers asked Beth if she had any advice for other similarly situated women. Beth made suggestions regarding marital relationships, education, and job-seeking, but finished by saying, “Get yourself a job…not have to depend on someone.” Here, Beth referenced independence as something she did not currently have, but hoped to attain. At the time, Beth was a 26-year-old mother of two who lived with her parents.
In 2019, now a 49-year-old mother of two adult children, she returned to live with her mother and referenced independence in much the same way. She described the experience of sharing a home with her mother as one that limited her comfort and control. When I asked her about transportation, Beth expressed how she wished she did not have to rely on others and said, “I have a license, but I don’t have transportation. My mother… I just told her a minute ago, that’s part of my depression as well, not having my own transportation. I have to use hers. I feel like I have to be babysat… I can’t leave and go anywhere alone.” Beth admitted that the vehicle belongs to her mother, but emphasized that having time to be by herself is important to her. Beth stated, “As far as me being able to have my own me time… no. Either she’s [her mother] with me or my son is with me. I can’t have any privacy of my own.”

The value of independence for Beth took a much different form in conversations that took place when she was not living with her parents. For example, in the 2001 interview Beth told researchers how she successfully advocated for her children during a family court hearing for child support. She emphasized that she accomplished this independently:

I fought that [to get child support] for a long time, and they always said I couldn’t never touch it. And I proved them wrong. I even, when I took him [Doug] to court, I represented my own self and my lawyer stand ba-, stood behind me. And I got what I went for, and she says, ‘You know what Liz?’ She says, ‘I would have never of dreamed of you gettin’ up there and doin’ what you did.’ But I got up there and I told ‘em, ‘how do you expect me to raise two children on welfare when I only got an eight, a hundred eighty dollars a month?’ You know, you can’t even live off of $180. And um, sure did. I got up there. I got my child support.

Beth’s words conveyed a strong sense of pride in how she was able to fight independently for an outcome that improved the quality of life for her family.

Later in the 2001 interview, she admitted that she viewed dependence as a correlate of self-worth, which would explain why she consistently identified independence as a goal while living with her parents. This admission was made during a period in Beth’s life when she had her
own apartment. Claiming she never asked her parents for money or food, she told researchers she knows her parents are there for her, but thinks negatively about asking for help: “Right, I mean, they give me the confidence that I need. I mean they tell me, look, if you ever need anything all you have to do is ask. But let me tell you, before I moved here…I wouldn’t have thought that, cause I thought askin’ was a downgrade.”

As a contributing factor to the transition away from welfare reliance, Beth’s desire for independence only appeared to get her so far. As noted in the introduction, Beth was rarely single and displayed a pattern of relationship instability that involved multiple romantic partners over the 22-year span of this study. So while Beth expressed a strong desire to live independent of her parents’ care, she often pursued relationships that were, at least in part, held together by dependency. Beth’s implicit discomfort with being alone negatively impacted her ability to function independently of the welfare system without transferring the burden of support off her parents and onto some other object or person.

Another psychological factor that emerged that may have impacted Beth’s ability to address welfare reliance was the mental health of her children. While her children’s condition may not have directly impacted Beth’s relationship with welfare, it did speak to Beth’s family history of mental illness. This factor first emerged in the 2001 data where Beth told researchers of her older child’s diagnosis when she said, “And Chris is on Adderall. He’s ADHD.” In the 2001 interview Beth later described how she was able to access treatment for her child and work with his physicians to address barriers to care: “This year, Chris has to go every month to Alexandria to the doctor. So he misses one day a month… with his medication. And then I asked [physician] if couldn’t switch it to where I wouldn’t have to drive every month. So he started where I drive every other month, and I have his medicine delivered here.”
Data here did not give any indication that her child’s condition interfered with Beth’s ability to work, although the transportation issue may have been challenging if she were expected to work the same day. Years later, content surfaced in the 2019 data that suggested her younger child Trent, who was 24 years of age at the time, experienced a more disruptive mental health concern. Beth’s adult child, who lived with Beth and her mother, presented with psychotic symptoms that were not being managed effectively. Beth gave a detailed account of what she witnessed in her son’s behavior. I asked Beth if her kids had been supportive, to which she replied, “They’re supportive, but like my youngest one… he’s still supportive no matter what his mental state is right now. He’s even checked himself into Cabrini, try to find some kind of relief.” Beth explained that Cabrini is a local hospital. We engaged in a brief discussion about healthcare access, then circled back to her son’s condition. Beth described it in great detail:

I want to say it [psychosis] was drug induced. He didn’t know his name, he’d kinda go out there. Like he’d be talking to you, telling you six different things and he’s not lying to you about what he’s saying, he’s not exaggerating what he’s saying. Visualizing what he’s saying, what he’s saying is… you just have to listen. At first they called it incoherent. He gets like that sometimes, but not all the time. He… he… my dad passing… along with the girlfriend deal… screwed him up too. ’Cause he thinks that between my daddy and Doug’s daddy, with them both being passed, he communicates with them. Sometimes he thinks… he’s got his grandfather’s badge and he’s got a license for a concealed weapon; he’s licensed… and he’ll go into that. He’s a private, federal investigator. He believes it.

While her son’s behavior was concerning and disruptive, it was unclear whether his mental health impacted Beth’s ability to function independently of the welfare system over her lifespan.

Another factor that emerged was Beth’s authoritative parenting style. Characterized by high parental responsiveness and high parental demands, an authoritative parent is often extremely involved in their child’s behavior. These parents have a tendency to set firm limits, are consistent in enforcing boundaries, and are generally active in terms of applying discipline.
Data from 2001 revealed instances where Beth’s approach to parenting her two young boys contained features of authoritative parenting. The first evidence of authoritative parenting surfaced in a conversation about her relationship with her children. She provided a description of the relationship she has with her younger child Trent, who was six years old at the time. Beth stated:

And now, they’re happy. They’re content. They’re happy. They get punished. I discipline them – I have to, you know. My brother-in-law, he tells me I’m a little too hard on ‘em, but I’d rather be a little hard on ‘em and show ‘em appreciation and give ‘em things and show ‘em, okay look, you might think momma’s mean right now, but watch. You’re gonna see.

She discussed her relationship for a second time in 2001, when researchers asked Beth if she noticed any changes in her children’s behavior since she began working fulltime. Beth gives an account of how she disciplined her son when he became upset after his mother did not attend one of his events:

Like one time I didn’t go to the races… This weekend I didn’t go, and I was supposed to go. Well, my truck wouldn’t crank, so I didn’t go. Let me tell you, I heard about that for a month and a half. ‘Why wasn’t you there?’ And he [son] had the attitude, and I said never again will I do that. I don’t care what… no. Because he steadily getting a whipping for using bad mouth, you know. And he doesn’t say anything bad. It’s just back talking. He has to have the last word, you know? And when I straightened that party up, I said I won’t do that no more.

Although there did not appear to be a strong association between Beth’s parenting style and her ability to transition away from welfare reliance, authoritative parenting emerged as a relevant psychological factor in her story. She described her mother as an authoritative parent and described herself as such when conversing with researchers. These data will help to contextualize some of the primary psychological themes discussed below.

In addition to the factors mentioned above, three themes emerged in the psychological domain that were negatively impactful to Beth’s transition away from welfare reliance following
the passage of PRWORA. These themes included mental disorders and substance use, attachment, and grief.

**Mental disorders and substance abuse.** Among the most influential psychological factors identified in Beth’s data was the presence of issues related to mental health and/or substance use. The very nature of untreated mental disorders involves a disruption in functioning. Beth’s life appeared dysfunctional in several instances across the course of this study, characterized by hospitalizations, several romantic partners, and incarceration. The same appeared true for Beth and her relationship with drugs and alcohol, as she often reported of past engagement with problematic substance use. While Beth did not always disclose suspected mental illness or substance abuse in the present tense, she often provided admissions retrospectively in interviews. Trauma, depression, mood disorders, anxiety disorders, and drug use were factors related to mental disorders Beth shared with researchers across the period of this study. Data suggested that each factor strongly impacted Beth’s quality of life, quality of relationships, and for the purpose of this study, her ability to transition away from public assistance through sustainable employment.

Beth was well aware of her family’s history of mental illness. She showed strong insight into her family’s history of mental illness in the 2019 interview as she described her son’s recent struggles with his own mental health:

> It’s hard when you have a 24-year-old that doesn’t think that he has a problem and has a problem. I know I do. I know my mother does. I know her mother had it, but wouldn’t admit to it. The whole family has a mental issue. I’m not afraid to say it, I’m glad I went got help. This one right here (implicates mother), she has it worse than I do, but denies it.

While it was never explicitly asserted by Beth, nor did the data indicate that a diagnosis of a related disorder had been made, conditions were present for a potential post-traumatic stress disorder (PTSD) diagnosis. Beth reported experiencing trauma on at least two occasions when
interviewed. Beth told researchers in 1997 that she and her children were physically abused by her ex-husband, prompting her to end the relationship and file for divorce. When describing her decision to divorce her ex-husband Beth told researchers, “He mentally and physically abused me and my children, and I left.” Victims of domestic violence often experience post-traumatic symptomology, which has been shown to disrupt social functioning and adversely affect mental health if left untreated.

In the 1998 interview, the researcher’s note indicated that Beth was a victim of domestic abuse by second romantic partner. The offender was not named in the data, but the note stated that an ex-boyfriend was abusive and left Beth for their 16-year-old babysitter. This type of trauma can have residual effects on the victim, possibly interfering with the victim’s ability to engage in physical contact with others, be in public places around others, practice proper sleep hygiene, or effectively manage intrusive thoughts. Experiencing such symptoms would make it extremely difficult for an individual to sustain employment.

Another mental health concern that Beth explicitly identified as a barrier to education, work, and other related tasks was attention deficit hyperactivity disorder (ADHD). In 2019, Beth told us that she was given an ADHD diagnosis in childhood. She explained that her parents denied her treatment at the time. Beth stated that symptoms of ADHD instilled in her a chronic fear of failure based on her long history of being unable to follow through with goals:

I have a bad phobia of… what is it… of failing, because I’ve failed so many times that I’ve never completed anything. Never have I completed the right things. Now that he has me on Strattera I’m able to finish tasks. I cried to my mother, I said ‘Why didn’t y’all put me on this years ago whenever y’all realized that I was ADHD?’ I was evaluated at the age of 6 or 7 and I told them then, you know, but they wouldn’t do it. Now I told her,’Do you realize where I could possibly be right now?’ I didn’t have to be on Strattera, it’s not a stimulant like Adderall or Vyvanse. It’s nothing like that. It doesn’t have a stimulant to it, it just keeps me focused.
In this comment, Beth explained what it was like for her to manage ADHD and hinted about resenting her parents for not getting her treatment when she was first diagnosed. There also appeared to be some wonder and regret in Beth’s comment. She was left to speculate how her life may have been different, which implied that she was not satisfied with how things had unfolded to this point. Beth’s data revealed a persistent anxiety that resulted in unstable employment, relationships, and living situations, which leaves us to wonder if untreated ADHD was a primary culprit. This general instability in Beth’s life was often addressed, in part, by reliance on public assistance.

Making things more difficult for Beth, she reported that in 2019 she was diagnosed with bipolar disorder. Bipolar disorder is a mood disorder shown to completely disrupt social functioning if left untreated. With the average age of onset for bipolar disorder at 25, it is possible that Beth’s symptoms began impacting her life around the time this study began. She received this diagnosis sometime after being released from prison when she admitted herself into a psychiatric hospital for treatment. If this was true, that opens a 10-15 year window where Beth’s mood disorder went untreated, and behavioral characteristics of the disorder may have been explained or attributed to substance use by those around her. Beth told researchers how she sought treatment when she says, “I’ve been to mental health. As a matter of fact, at 4:15 pm I have an appointment. I checked myself in at Longleaf. Umm… bipolar. Umm… whatever that personality disorder…PTS.” She goes on to list a few of the prescription medications she’s been given: “I’m on Celexa, Trileptal… and the Trileptal is the mood stabilizer, kinda keeps me stable. The guy’s got me on 7 or 8 different medicines, but it’s all the right medicines.” I then asked Beth if she felt like the medication was helping and she said, “It’s helping me a lot, but I haven’t taken it today, so I’m not like… I haven’t ate, so I’m not taking it, so I’m kinda… I don’t
know how to say it. I get sidetracked real easy. Whenever I don’t take my medicine, I’ll be doing one thing and then I’ll go to 10 different things.” I asked Beth if she experienced racing thoughts in order to explore symptoms a little more and she said, “Racing… yes, constantly. I mean he had to put me on Seroquel just so I could sleep without my mind going. ‘Cause even while I was sleeping before, my mind was still racing. So I would maybe get like 30 minutes, get up, sit up for about 45 minutes, smoke a cigarette, and then go back to sleep. It’s been like that.”

Later in the interview, in response to a question about public benefits, Beth explained exactly how disruptive the mood disorder was for her, and told us that she was in the process of applying for social security disability income:

Like I was saying, it’s hard to hold a job. Because I don’t know in 5 minutes what’s gonna happen to be honest with you. Because bipolar, you’re manic… it’s hardly ever in the middle. You’re either down or you’re manic… and I never know. And the depression, I could give two cares in this world if I had anything, honestly. There’s days it’s like that. That’s the days that I sleep. Like y’all got me out of this bed today only because it’s the 25th and I know it’s the day that he [Eddie] jumped… and I’d just rather sleep.

From a functioning standpoint, it became clear that the likelihood of Beth securing and sustaining the level of employment necessary to live independently of welfare was relatively low. Although she was receiving psychiatric treatment, it was still considerably early in the treatment process. At the time of this interview in 2019, Beth reported symptomology consistent with the multiple diagnoses she conveyed to us in the encounter.

In addition to multiple mental disorders, substance abuse consistently emerged in Beth’s story. Content related to Beth’s substance use was coded in multiple domains of this analysis, as it was among the most consistently present elements in Beth’s data. Substance abuse emerged in the data as disruptive to her functioning and overall well-being, as it did for a number of individuals Beth identified as friends, romantic partners, or acquaintances. While at no point in
the data did Beth admit to engaging in drug use at the time her interview was conducted, on several occasions across multiple interviews, she spoke of drug use in the past-tense.

Beth’s first admission to problematic substance use came in the 1997 meeting. She credited her parents for supporting her during a difficult time in her life. She admitted to using drugs when she first met her husband. At the time this statement was made the couple had been divorced for three years. Beth said, “Yes. They [her parents] helped me through a lot. They helped me when I first was with my husband, I used drugs. I thank them every day, cause where would I be without them.”

Another admission surfaced in the 2001 interview when Beth reflected on an experience where she overdosed on drugs and alcohol. She was subsequently hospitalized and “in a coma” for several days. Beth did not provide us with the year the incident took place, but was very transparent about the extent of her substance use at the time. Researchers asked what kind of drugs she was taking and Beth replied, “Marijuana, um, ecstasy… crack cocaine at one point in time. But I went into a coma. My biggest things was [prescription] pills.” In a very transparent way, Beth went on to describe the extent of her use: “Xanax, which… now, I mean, every once. I mean, I still got a prescription of ‘em. But now I use ‘em to the benefit that I need ‘em. Not to take ‘em for enjoyment, you know. I don’t do that anymore, but I did. I was takin’… goodness, at one time I was eatin’ like 20 or 30 [pills]… And they didn’t even phase me.” Data indicated Beth developed a strong tolerance for benzodiazepines. She also admitted to using hard drugs such as ecstasy and crack cocaine.

Later in the 2001 interview, Beth told researchers that she had been clean for two years at the time of their conversation, which would put most recent substance use around 1999, the same
year she participated in the second interview. Beth told researchers, “Now that my, since I’ve been clean for two years… I’ve never seen my kids any better.”

Substance abuse could have interfered with Beth’s ability to secure and sustain employment in a number of ways. Pre-employment drug screening would have been a barrier for her, since traces of substances she consumed remain in a person’s hair, urine, or blood for weeks after ingestion. Depending on the length of use, frequency of use, and level of dependency, physical withdrawal also may have interfered with Beth’s ability to perform work activities. Although only speculation, considering the ADHD diagnosis and possible post-traumatic symptoms Beth was experiencing, it is entirely possible that she turned to substance use as a means of self-medication.

Decades of untreated mental illness coupled with intermittent serious substance use was shown to contribute to persistent dysfunction and instability in Beth’s life. She provided us a glimpse into what that struggle was like for her in the 2019 interview. Here, she described how difficult it had become for her to perform basic activities. In one exchange, she told how her mental health had interfered with attendance of religious services:

The devil always seems to… you know what? If you keep your mouth shut about… ‘Oh, I’m going to church, I’m going to church, I’m going to church’… you say it all week long. The devil’s gonna make sure you don’t go. ‘Cause no matter what, I set my clock to go to 10:30 service, I miss it. The past two weekends… and if I miss it, I’ll watch it on the internet, but my mind don’t remember to watch it on the internet or go to the night service.

Symptoms also led to dysfunction in other areas of daily living, such as visiting public places. Beth explained to us why it is so challenging for her to go to places like Walmart:

I take my medicine and it gives me real bad heartburn, once I take it it’s gone. But I’m gonna take it here in a little bit, because I feel like I’m scattered and I’m having complete run on sentences or I’m being like Trent and I… ya know when I write a letter, I go from one extreme to another. I’ll be telling you about this and all of a sudden I’ll be telling you about something else. That's how my mind’s going. It’s like I gotta get it out right then, if
not, I lose train of thought. It’s hard to even keep a regular job with bipolar, depression, and the anxiety… I don’t go to Walmart during the day… period. Anywhere there’s a crowd, I don’t go. My anxiety goes up so bad that I start stuttering real bad. My heart just, it’s hard to breathe and I rather not even go put myself through that if I know that’s what’s causing it. I don’t go to Walmart at all during the day. Usually I sleep during the day because that’s a habit, being in prison I slept during the day and stayed up all night.

Many of the symptoms described by Beth were also observable during the interview. She became visibly anxious as the interview moved along. At no point did Beth appear uncomfortable with the conversation, but she seemed to struggle maintaining focus for an interview that ultimately lasted 120 minutes or more. Beth acknowledged that performing most work activities for any length of time would be nearly impossible in her current condition, making it extremely difficult to function independently of public assistance.

Toward the end of the interview, Beth metaphorically explained what it had been like for her managing mental illness. Beth hinted at depression and approached suicidal ideation when she told us, “There’s times I don’t want to be here, but I’m still here. That’s another reason why I needed that medicine, because of those racing thoughts and feeling like the weight… the weight… the cinder block that’s weighing everything down.”

Beth was receiving mental health treatment for the first time in her life. Finding the right combination of therapy and medication can sometimes be a lengthy process, but it appeared Beth worked closely with her treatment team to get the help she needed. She shared with us what prompted her to seek help when she said, “When I came out [of prison] I didn’t take anything. From that day forward my mind has been somewhere else and which caused me to get caught up on some more stuff.” She spoke glowingly about her psychiatrist and the nature of treatment she had been receiving:
Now that I’ve checked myself into Longleaf, I have the best psychiatrist. His name is [physician]. He’s the best. He takes his time with me. If I got something on my chest and need to get it off, and I can’t handle it out here, I explain it to him and then he gives me his opinion and an option. Most psychiatrists won’t even do that. They just want to get you in, put you on this dope medicine, and send ya out. Pretty much how the one in Pineville did me, but when I went to Longleaf that was the best seven days I’ve ever done in my life. Because it took them seven days to get me on the appropriate medicine.

Beth seemed invested and involved in her treatment, as she went on to list the various medications she had been prescribed:

The Celexa, it’s my antidepressant. Like I said, the Trileptal is my mood stabilizer, and then he gives me my Vistaril for my good calm three times a day. He did it for four months, he had me on Klonopan because mother, during the winter, was in and out of the hospital… I was overwhelmed with everything because I had everything on my plate. Mother was depressed. She didn’t want to do nothing, didn’t want to pick up nothing, didn’t want to clean nothing, didn’t want to cook. She don’t want to go nowhere. That started depressing me, like bad.

Beth described a strong rapport with her treatment team, particularly her psychiatrist. With a number of complex mental health issues to address, the data showed that Beth had initiated the treatment process and had at least begun to address some of the mental health problems that had gone unattended in the years prior.

Attachment. Data revealed that emotional bonds between Beth and those with whom she shared intimate relationships impacted her ability to provide for herself independent of the welfare system. For that reason Beth’s attachment was included as a primary psychological theme. Attachment, most commonly studied as the emotional bond formed between an infant and caregiver, has been shown to impact a person’s social, emotional, and cognitive development well into adulthood. While data were scarce on the nature of Beth’s relationship with her caregivers during childhood, she provided ample examples of how she perceived her relationships with her parents, family members, and romantic partners. Her recollections of childhood described a relationship with parents she viewed as harsh and unresponsive to her
emotional needs. Her description of romantic relationships in adulthood often involved a power
dynamic where she was overly dependent on partners.

Based on a brief examination of adult attachment styles and thorough examination of
Beth’s data, she appeared to align most closely with an anxious-preoccupied attachment. This
attachment is generally represented by a negative view of self and positive view of others.
Individuals with an anxious-preoccupied attachment style are often uncomfortable being without
close relationships, seek high levels of approval from others, and frequently become overly
dependent on others. This dynamic in terms of dependency would have likely effected Beth’s
motivation to secure employment that would create distance between herself and the welfare
system.

Beth consistently reported an insecure attachment with her parents. She described them
as rigid and punitive when she reflected on her childhood experiences. As an adult, she often
expressed a desire for independence when her circumstances required her to rely on her parents
for housing and other types of support. The first emergence of this relationship was found in the
1998 interview when Beth shared her feelings about living with her parents after divorcing her
husband: “It’s hard for me to live here, I don’t like it. My parents are hard parents. They’re good,
but hard. If I get a phone call my mother won’t even tell me. I can use their car, but only to go
pick up my kids. I feel like a teenager and my children are like my little brothers. It’s harder on
my kids. They’re not happy.

Even though Beth’s parents consistently served as a source of social welfare for their
daughter, her description of them rarely included any account of emotional support. This type of
relationship was further described in the 2001 interview. Here in a conversation about Beth’s
relationship with her own children, she told researchers how things had changed after moving
out of her parent’s home: “Little did I know, they [my children] did know… and now it’s straight up for them. I like that. I like being a parent… When I lived with my parents, my parents are very controlling. I mean, they controlled me. They controlled my kids. And I never understood that.” The researcher summarized what Beth expressed, saying it was almost like Beth’s parents were parenting Beth and her children and Beth replied, “Exactly, and I didn’t have any control over my kids. I didn’t. And, and they would tell you I didn’t. And now that I’m the parent and I have control, I like it, you know. That’s a fun thing. It’s fun bein’ a parent, which I couldn’t do a long time ago.”

While Beth viewed dependency on her parents negatively, data show that she was comfortable with high levels of dependency in other relationships. Romantic partners, her parents, and other family members consistently provided financial support for Beth over the course of this study, but Beth’s opinions of each source of support varied. In 2001 Beth described this level of dependency when asked if she had ever had trouble purchasing food for her family. She seemed to view dependency on her boyfriend positively when she said, “One thing, Donovan… if I needed anything he-he’d provide it for us. I mean, he’s always done that. My parents, my kids will never go hungry… and neither would I. As long as Donovan’s around and my parents are still living, and my sister right here, it’ll never happen.

Researchers later asked Beth about her monthly budget, exploring what her monthly expenses included and how each expense was met. Beth’s responses demonstrated just how dependent she was on her boyfriend and parents. When asked about her telephone bill, Beth replied, “The bill is in Donovan’s name and Donovan pays it… about $50 a month.” Researchers sought confirmation from Beth that the only bills she was responsible for were rent and utilities and Beth replied, “That’s my bills. I faxed them to daddy like that.”
In a vacuum this type of dependency could be interpreted as a single mother with limited financial resources utilizing her support system to make ends meet. Examined through a broader lens, Beth consistently pursued romantic relationships with partners where she was financially dependent on them. These relationships were often characterized as high risk, with most of her partners having some involvement with drugs or crime. When asked to describe a relationship she was currently in, Beth spoke glowingly about her current romantic partner. In contrast, when Beth reflected on past relationships, she seemed to be more accurate in her assessments as she was better able to identify the pathology of what took place.

Beth’s description of circumstances surrounding the end of her first marriage illustrated just how difficult it was for her to lack romantic involvement with another person. Even though her ex-husband was the father of their children, his personal dysfunction often seeped over into the lives of his ex-wife and kids. Beth was asked to provide the main reason for separation. She cited Doug’s drug use and domestic violence as the reason she left him. She then told researchers how hard she tried to keep her family together:

After the second baby was born, we were back together. After the divorce we got back together and I stayed with him until last year. I left him a year ago. He said he had got a good job, he was clean, let’s try again. And I did, but it wasn’t all what he said it was. He really didn’t change. I was brought up with my mom and dad. I wasn’t brought up in a divorced home, and I didn’t think it was right for my kids to be done up that way. But then after I got in it and went back in it, I thought it was best for my kids not to be in it.

Beth was later asked if her ex-husband used drugs when she first met him and she replied, “Not a crack user. He smoked marijuana, but that’s all he did. We dated three years before we got married and he wasn’t bad on it. Right after [the] first baby was born, he started abusing and staying gone all the time.”

While not unusual for a spouse to incorporate patience and tolerance in order to keep a family together, romantic partners and drug use became a common theme for Beth. In the 2001
interview Beth told researchers of an ex-boyfriend she dated after the divorce who she thought she loved at the time. The guy, who Beth did not refer to by name, was also involved with illegal drugs and ended the relationship with Beth while she was hospitalized for an overdose. As Beth explained it, “You know, but what happened was, I was dating a uh, excuse me, a drug addict. Which I thought I loved him, you know. I’ve never been in love a day in my life. I ain’t, I wudn’t in love when I married my husband.” Beth went on to tell researchers of events that led up to her overdose, which concluded with her boyfriend leaving her for her babysitter who Beth said was 16 at the time. Beth described the experience as a wake-up call for her. She described this turning point in her life when she said, “And I was with him a year, you know. And that showed me, you know, hey now it’s time to wake up and face reality cause you’re a mother now, and it’s time to get on with your life. So I moved here. Shortly, not long after that, I say that happened in June… the following May, I had my mind made up.”

Beth stated how these unfortunate experiences compelled her to move away from her hometown of Alexandria, Louisiana. She and her children moved to Lafayette, Louisiana with hopes of starting fresh. That’s where she met the man she was dating at the time of the 2001 interview, Donovan. Beth deified Donovan in the 2001 interview on several occasions. She credited him with her newfound joy and complimented him throughout the interview. Although Beth did not mention it in 2001, the 2019 interview revealed that Donovan did, in fact, use illegal drugs. She told us about his untimely death in 2016, which was caused by a drug overdose. It was unclear whether or not Donovan was using in 2001. Strongly dependent on yet another romantic partner with known substance use, Beth credited Donovan with changing her life for the better when she said, “Well, when I met my boyfriend almost two years ago, going on two years… when I met him, just everything started fallin’ together, and fallin’…”
Later in the 2001 encounter, Beth takes another opportunity to speak glowingly of Donovan to researchers. She said they considered marriage and Beth expressed long-term plans for the relationship:

He [Donovan] doesn’t do any drugs. He loves me and my kids, and he’s pretty much gotten me where I am today, you know. He’s gotten me where I’m happy. I’m content, I have a sober head, and my kids are, my kids are not love me more. Now it’s a family thing. We’re planning to be getting married, and I’m not sure ‘cause, you know, I just got out of that nasty one. And I’m not lettin’ my guard down, because I’m too scared that it’s gonna happen again, you know. And right now he’s in Oklahoma. He’s comin’ in tonight, you know.

The relationship with Donovan eventually ended, and Beth replaced him with a new partner shortly afterwards. Based on the timeline provided by Beth, her relationship with Brian began within a year or two after the 2001 interview. She ultimately married Brian, but in 2019 reported that they had been separated since 2002. Beth stated the two of them separated due to Brian’s incarceration. In the 2019 interview I asked Beth for her current marital status and she said, “Separated I guess. We’ve been separated, we was only married a year. When he went to prison we were still married, but we haven’t been together in probably 17 years.” To clarify, I asked her if she was currently married and her husband currently incarcerated. Beth promptly corrected me and replied, “No, no, no, he’s out [of prison]. We just haven’t… I don’t know. It’s just $5 to get married and $5000 to get out, ya know. So we just kinda let… I mean we haven’t been together in 17 years, so might as well just leave it alone then. Neither one of us is getting remarried.” This relationship represented another case where Beth assumed a dependent role in a romantic relationship with a partner who engaged in risky behavior.

Another name that surfaced in Beth’s data was Eddie. Beth described Eddie as a romantic partner who was formerly incarcerated with a criminal history. In 2019 Beth explained to us the circumstances leading up to her own incarceration, which involved Eddie. Beth’s willingness to
overlook the inherent risk of being romantically involved with Eddie was another indicator of anxious-preoccupied attachment, and ultimately cost Beth her freedom: “In 2015… wrong place at the wrong time type stuff and I collected a felony off of that one… and I brought Eddie down to Baton Rouge where I was living, where my parents were living… and I got revoked because he was a convicted felon on parole and I was a convicted felon on probation.”

After decades of pursuing emotional bonds with others and repeatedly being let down by relationships for which she had such high hopes, by 2019 it appeared Beth had finally reached a point where she was content being single. In a discussion about how she managed her symptoms of anxiety, Beth seemed to acknowledge that engaging in high-risk relationships were no longer worth the risk when she made the statement, “I don’t like people no more. I mean, I ain’t being ugly, but I just don’t…. I just… I don’t care for… How do you say that? I just don’t care for much company.”

Beth’s data prior to this interview told a much different story. This admission represented a shift in how Beth viewed the value of marriage and romantic relationships. She appeared to have reached a point in her life where relentlessly searching for intimacy had cost her quite a bit, including her freedom, her peace of mind, and her health. Over the course of this study, Beth’s attachment unfailingly led the woman to romantic partners that impeded her ability to thrive independently from the welfare system. This type of attachment is converse to the idea of autonomy, which is what welfare reform was intended to promote.

Grief. Only emerging in the 2019 interview, grief presented as a potential barrier to Beth’s transition into the workforce and away from public assistance. By the time we interviewed Beth in the summer of 2019, she reported a number of deaths of people close to her. Each had expired within a two to three year period between 2016 and 2018. As a barrier to
independence from the welfare system, this cluster of deaths negatively impacted Beth’s mental health, as she expressed feelings of self-blame, regret, guilt, and reported battling severe depression since people around her began passing away. Just minutes into the 2019 interview Beth shared about all of the loss she had experienced and how consequences of her drug use interfered with her ability to attend her father’s funeral:

I went to Rayville [prison]. That’s where I was when my dad passed away… and umm. So I done lost my two boyfriends… and by the way, the children’s dad done passed away too, Doug. He passes away, it’s going on five years. First it was Donovan, then it was Douglas, then Eddie, then my daddy. They didn’t allow me to go to the funeral services for either one. They said they didn’t have transportation for me… and it was during the Christmas holidays too, at that. But they let me out the day after mother buries them… the next day.

Beth also reported an aunt passing away in 2016 of kidney failure. All in all, Beth’s ex-boyfriend Donovan died of a drug overdose in 2016, her ex-husband Doug died of a stroke that same year, and her aunt passed away shortly after her husband. The following year, in 2017, Beth’s ex-boyfriend Eddie committed suicide not long before her father died. Beth was incarcerated when her father died and was unable to attend his funeral. Among the many other reasons it was difficult for Beth to secure and maintain employment was the depression she encountered as she grieved.

Beginning with Donovan in 2016, Beth seemed as though she felt somewhat responsible for his death. In the 2019 interview she told us, “I’m still battling the depression. The depression is me thinking that I’m always the one that’s caused the issue.” I acknowledged that she had experienced a significant amount of grief and she replied, “And I haven’t had time to… everything has happened so fast.” Beth then provided a rough timeline of all the deaths she had been connected to:
It’s like two years ago he jumps off the bridge, a year later my daddy dies, before that… It’s just, it’s just… Donovan overdosed on some pills and when he woke up, I remember the little guy that was with us had put 2 orange pills in a tin can and I had it… and in my sleep you can talk to me, and I’ll tell you anything. I’m bad, I can’t lie. So he asked me where was the medicine and I told him where it was at. I felt the grief of him dying, that it was my fault.

Next came the death of her children’s father and ex-husband, Douglas. Beth told us about her interactions with him leading up to his death when she said, “This is Doug… He would call and tell me how much he still loved me, never remarried… say he wasn’t going to be here much longer. You need to take care and make sure the kids are taken care of, do whatever. He made it until Trent was 21… and he had a stroke.” Beth also shared with us the regret she felt because of how she limited the children’s access to their father when he was alive. As Beth put it, “I always thought that it was best... I regret it now, keeping them away from their dad. I really, really have a hurt for ‘em. Because it wasn’t that I was keeping them away from their dad to hurt them.”

Beth’s aunt was the next to pass away. Beth assumed the role of caretaker for her aunt who was dying from kidney failure. She gave us a detailed account of what it was like to witness the final days of her aunt’s life:

Then after being with her, with Hospice, watching her die… and her telling me ‘I’m gonna die, you know.’ Her kidneys failed. They started her on dialysis, after the second time she didn’t want to do no more. I got mad at her. I was like yes, you’re going. I put her clothes on only for her to tell me ‘no,’ that she has every right to say if she wants treatment or not. She lived 11 days without dialysis. They say that’s the longest anyone’s ever lived without it.

Later in the interview, Beth shared more about how she tried her best to make her aunt comfortable on the days leading up to her death:

She was going through Hospice and they told me that at the end it didn’t matter how much morphine you gave ‘em, it wasn’t going to do anything. She was hurting, she was taking it. I guess her insides were shutting down, everything was shutting down. It just caused her more pain. Finally she told me to get it for her. I called her nurse in hospice and asked her how much should I give her. She said just a little bit more than I had been giving her. I did and within hours later she was dead. So I feel like I did that too.
Only a few months went by before Beth was faced with yet another tragedy. In June of 2017, her ex-boyfriend and friend, Eddie, committed suicide by jumping from a bridge. Beth talked briefly about her friend in the 2019 conversation:

And Eddie, he had so many… he did 17 years in prison. He was institutionalized. He had beau coup issues. He come to see me on June 18th and I told him I’m done. There is no more, there won’t be no more. I’m like literally, I’m done. I’ve washed my hands of this. I always said that, but I always went back. This time I meant it… and June 25th he jumped. He tried to jump the 18th, but he talked him out of it. But June 25th he couldn’t see me and couldn’t talk to me and called his sister, but she was asleep. She didn’t mean to miss his call, but she was sleeping. If only she would have been awake, heard the phone or something… I don’t know. Could have been so many different things, I guess he just died of a broken heart. I don’t know.

While the cumulative effect of having four people she was close to die within an 18-month period proved extremely difficult for Beth, the most difficult loss was yet to come. In December of 2017, just six months after Eddie ended his life, Beth’s father died while she was in prison. Reported across the data, Beth’s father was the most consistent and reliable source of support for her. His physical absence would impact Beth in the years that followed, as she was unable to pay her respects to her father at his funeral. Beth shared with us how difficult some days were for her, and how she believed he still visited her spiritually:

Father’s Day… I went to church Father’s Day, but my plans was to come home and go straight to bed. I had a dream that… the second dream, I dreamt of daddy so far. The last thing my daddy told me was, ‘Beth, why are you doing this?’ I kept telling him, please call them people. Get me outta here. I’m over my time, I’m ready to come home. Why are you doing this to me? You know I’m sick. You know I can’t handle this. And that was the last thing my daddy told me… and uhh… I uhh… I had a dream, not on Father’s Day, but prior to that day. I had a dream and… the first one I had I was crying, mother had to wake me up. I didn’t realize I was crying. The second one, she woke me up and woke me up and I was mad, because just as I said, ‘daddy, you’ve come to visit me’ she tapped me and woke me up. I wanted to… I didn’t know what I wanted to do. I wanted to kill her *laughs* for waking me up. I fussed at her… said ‘Don’t wake me up, leave me alone while I’m sleeping.’ ‘Cause I just knew that he come to visit me, ya know. The first time I was sad because I really missed him, but the second time I was happy that he come to visit me. So Father’s Day that was my plans, to come home and go to sleep and hopefully he would come visit me.
It seemed like, at least to some extent, Beth had processed the loss of her father in a positive way. Experiencing that many losses and the associated grief in a two year period was difficult for her. She explicitly expressed to us in the 2019 conversation the guilt she felt regarding loved ones who had passed away when she said, “It’s like all the deaths, I feel like I played a part of it.”

Severe depression can certainly be paralyzing, to the extent that it interferes with one’s ability to perform the most basic activities such as getting out of bed, eating, or attending to personal hygiene. The psychological consequences of grief emerged as a significant barrier to employment for Beth, and as a result, a barrier to a life lived independently of welfare.

**Social factors.** Social factors emerged in the data that impacted Beth’s ability to successfully transition away from welfare reliance. While some of these factors were categorized as predominant themes, others were impactful, but to a lesser degree. Among these less influential factors were the State of Louisiana’s welfare reform transitional programs, public assistance, and child support. These factors were briefly discussed here, before reporting on the social themes that emerged in the data.

Researchers first met Beth in 1997 as she participated in the welfare-to-work programs facilitated by Louisiana’s state government. She shared why she was participating in her first interview: “I’m just coming here and they’re helping me find a job.” Beth’s eligibility for the state program was contingent on the absence of child support payments, as was stated in the notes from her 1998 interview. Under the law, she could not receive cash benefits and child support. By 1998 Beth reported that her husband had made three or four child support payments, which disqualified her from welfare and consequently the state’s welfare-to-work program. As
was disclosed in later interviews, Beth only utilized welfare cash benefits for a total of seven months.

To make ends meet, Beth leaned heavily on child support and part-time work. At the time of the first interview, while Beth was engaged in the state’s program, she told researchers that she had not received child support payments in two years. As she put it when asked if she was receiving child support, “No, not for two years. Judge decided on $595/month. He [baby’s father] appealed, go back to court 10/15.” Researchers then asked if the children’s father was employed. Beth explained what she understood to be his current employment situation: “He was working through a personnel service. From what I understand, he’s not working now. He’s working for cash.” Beth went on to reason why she felt entitled to child support for her children: “He is a Tunica Indian, so he receives benefits. That’s what he’s living on. I didn’t understand why he appealed. Showed judge proof of his income, Judge based $595 decision on his income. So don’t know why he appealed. The judge is gonna ask for the same proof. He doesn’t ever pay child support.”

By the next interview in 1998, it appeared the court had ruled on the appeal, ordering Beth’s ex-husband to pay $600 per month in child support to Beth and her children. According to researcher’s notes, child support payments would be deducted from the father’s Tunica Biloxi Indian benefits and forwarded to Beth each month. With this arrangement, Beth was no longer eligible for welfare cash benefits. Data show that she continued to receive child support in 1999, 2000, and 2001, as she reported in the third conversation with researchers in 2001. When asked if he paid child support Beth replied, “Now he does, because they garnished his per capital check that he gets from Tunica, Biloxi. I got my child support, which is $694 a month.”
Considering eligibility requirements for child support are much different than those attached to welfare benefits, having access to this type of resource would have positively impacted Beth’s ability to transition successfully away from public assistance. Just under $700 per month from a source that was not dependent on means testing provided the single mother with a better-than-average starting point to provide for her family independently of the government system.

Data collected over the 22-year course of this study indicated that Beth was unable to separate herself completely from the welfare system. Public assistance remained an integral part of how she met the demands of daily living for her family. When researchers first met Beth, she described how she has and would continue to utilize public assistance to provide for her family. When asked how she planned to care for herself and her children Beth replied, “Try to get on some assistance since I don’t get child support. I worked a long time, up until about four months ago. I’ve always been on food stamps, but I just got on AFDC. They told me to come here. First, they made me go to state hospital as a volunteer, but I told my worker I need to get my education. So I came here so I can get good job.”

While this statement illustrates Beth’s reliance on the welfare system, it also showed the short-sighted nature of how Louisiana’s welfare-to-work program was implemented. Social service personnel funneled welfare recipients like Beth to community service opportunities in order to maintain benefit eligibility, rather than helping them develop skills, get an education, or find jobs. The payoff for such work activity was minimal, both in monetary terms and in intangible benefits.

Beth told researchers what she was receiving in government benefits at the time of the first interview in 1997 as she reported, “I only get $174/month AFDC and food stamps,
Medicaid card.” A year later in 1998, Beth no longer received welfare benefits. Now, somewhat
distanced from the government system, she was asked to reflect on her experience with the
welfare following welfare reform: “When I was on welfare I got $160/month, I was living on
HUD, but I had to pay utility bills. It helped, but it didn’t help me a lot. The minute I got my
check I had to pay my bills.” This reiterated the same sentiment found in the previous interview,
stating how benefits she received were not nearly enough to make ends meet.

She was consistent in her feelings toward welfare in the 2001 interview. During an
exchange about how she was ultimately able to access child support resources, Beth expressed
how impossible it was to meet financial demands with AFDC alone when she said, “You know,
you can’t even live off of $180/month.”

Even though Beth no longer utilized welfare cash benefits, she still turned to public
assistance periodically. Beth had little difficulty accessing paid work. Obtaining sustainable
employment was, however, a challenge for Beth. She told researchers how she received food
stamps when her employment status afforded her eligibility. When asked if she received SNAP
benefits Beth said, “I just recently started getting ‘em. Um, I got ‘em for this month… matter of
fact, I just got ‘em on the 14th… I’m getting $261 [each month].” Beth told researchers it had
been “almost a year or two” since she had utilized SNAP. She explained she “just recently got
back on ‘em” since she was laid off from her job. Overall, it did not appear that Beth was
dependent on public assistance, but rather utilized it as a safety-net to adapt to changes in her
employment status, which was unstable. Over the four year span of Beth’s first three interviews,
she was able to rely on alternative resources, such as child support and paid work, to meet the
financial demands of herself and her family.
By 2019 Beth’s circumstances looked much different. Even without dependent children to provide for, she had become more reliant on government systems for support. She was not working at the time of the interview, and shared with us her plan to apply for Social Security Disability benefits. She described her physical and mental health as an overwhelming barrier to earning income. Beth shared how she continued to utilize Medicaid to cover healthcare costs and said, “They have covered everything for me.”

She also stated that she was receiving monthly SNAP benefits in the amount of $192 per month, but no longer received welfare cash benefits. As she told us in the 2019 interview, “I’m getting food stamps… $192… and matter of fact, I was looking at it this morning online and it said ‘active’.”

No longer receiving child support for her children who were now adults, and unable to sustain employment due to her overall health, Beth told us how she planned to apply for disability benefits with the federal government: “I’m trying to do SSI. I umm… I wrote… I’ve started it two or three times and… this last time they sent me to the doctor and it seemed like the ball was rolling.” She then explained why the application process was interrupted when she said, “that’s when I went back to prison. I umm… I haven’t tried to do it lately, but mother keeps telling me I need to file for my SSI disability or whatever.”

Over the course of this study, Beth consistently engaged with government systems of public assistance. While the single mother was equally as engaged in work activities, most of these activities were characterized as informal, part-time, or temporary. Court ordered child support payments and the reliability of her children’s father’s Native American benefits, combined with public assistance provided Beth with a solid financial base, at least during the period in which her children were minors.
In addition to the factors mentioned above, one overarching theme emerged in the social domain that appeared to impact Beth’s transition away from welfare reliance to an even greater degree. This theme was most appropriately labeled social capital, and will be discussed below.

**Social capital.** Beth’s data provided multiple instances in her life where the relationships she maintained helped her to address problems, meet demands, or access opportunities. In fact, it seemed there were no shortage of opportunities in Beth’s story. When she experienced periods of extreme adversity, she turned to her extensive social network for assistance. Similarly, when she experienced periods of healthy functioning, where most of her family’s basic needs were met and the opportunity existed for growth, it was usually a product of Beth’s resourcefulness and ability to utilize her strong and weak ties effectively. As was true for Beth, an adequate supply of social capital can greatly impact a person’s ability to function independently of the welfare system. Social capital allows a person to address needs using social resources rather than having those needs met through public assistance.

A significant share of Beth’s social capital was represented in the data by how kinship ties helped her to address family and personal needs. As a single mother, needs that consistently required attention were housing, transportation, childcare, and financial expenses. Beth seemed well aware of the impact her family had on the overall well-being of her family, as she expressed in the first interview when she admitted, “They’ve really helped me a lot. I would struggle if I didn’t have my parents. But I have sisters, and aunts, and uncles. They help a lot too. Sometimes my grandma comes and gets the kids and says, ‘You just go have yourself a break.’ They get to go places and do things, so that makes me feel a little better.”

In the 2001 interview she gave credit to her family for helping to rear her children, saying how proud she was of her boys and how she appreciated her parents and siblings: “Look, I’ve
raised those two… by myself. With the help of my mother, my father, and my sister here. And my kids are perfect. I mean, they’re a lot better than you see most women that’s raisin’ their kids by themselves.” Beth clearly had relied heavily on her family for support over the years, and she appreciated all that they had done for her and her children.

Beth, like many single parents, frequently encountered challenges related to child care. In the 1999 interview, Beth shared how her grandmother had been available to help with childcare needs. When researchers explored childcare availability with Beth, she responded by saying, “My grandma would have to do it. But only until I found something else, probably day care.”

Showing just how resourceful she was, after relocating to Mississippi for work, Beth was able to address child care needs by utilizing social capital. In a discussion about her job and the long hours she sometimes worked, Beth told researchers about a friend in Mississippi who was willing to help. When researchers asked if Beth’s children stayed at daycare when she worked 12-hour shifts she said, “No, I had a friend there that was watchin’ them.”

Later in the 2001 interview, Beth shared how she had been able to secure child care for multiple weeks when she was first hired for the job in Mississippi. The new job required her to begin working two weeks before her boys were scheduled to finish school. Her mother agreed to tend to Beth’s children while Beth moved out of state to begin her new job. Beth explained how she adjusted for the schedule conflict: “See, I left exactly two weeks… like the job called me two weeks or three weeks before the kids got out of school. They didn’t get out of school last year until June 8th. So my mother, she came and she stayed… and then I came home and got ‘em, and we went back [to Mississippi].”

Not only did it seem as though Beth was consistently able to access childcare support, but there were several individuals in her network who were adequate and willing to help. By having
these resources, Beth was afforded the flexibility of using her time and energy for activities other than childcare. This social capital should have increased her ability work, earn wages, and successfully transition away from public assistance.

Beth’s social capital was also able to address transportation needs. Beth experienced transportation barriers ranging from restrictions placed on her driver’s license due to a seizure condition to not having a personal vehicle. One example of how Beth’s social capital helped to address transportation needs was found in the 2001 data. Beth was living in an apartment in Lafayette, Louisiana, the city where her sister also lived. At the time, Beth owned a car, but was unable to drive legally because of the medical restrictions placed on her driver’s license. In a discussion about transportation, Beth explained to researchers that she allowed her sister to use her car to commute to work in exchange for her sister’s help with groceries and other errands. Beth stated, “She [sister] lives in Lafayette, and she knows the circumstances. And when she, a lot of times she takes my vehicle to work… and then she works at Adrian’s [grocery store], so she goes by and picks up everything [for me].”

While a great deal had changed in Beth’s circumstances by 2019, she was still able to access alternative forms of transportation, even without a personal vehicle. By this time, Beth’s legal driving privileges had been restored, but did not have a vehicle of her own. Now living with her mother, she was allowed to use her mother’s car to run errands. Beth was not pleased that her mother rarely let her use the care alone, as she conveyed her displeasure in this exchange when I asked her if transportation was an issue: “I have a license, but I don’t have transportation. My mother… Like she has to go everywhere I go, I can’t go nowhere alone… and I can’t leave and go anywhere alone.”
This description strongly resembled notes taken during the second interview in 1998, when Beth told researchers that had a driver’s license, but no vehicle of her own. Staying with her parents at the time, she reported that they allowed her to use their vehicle and provided her transportation to doctor’s appointments when needed. At no point in the data was it ever perceived that Beth was unable to find transportation when she or her children needed it. There were periods, such as in 2019, when the subject was not granted complete autonomy in how she was allowed to use a vehicle that belonged to someone else. Although the use of a vehicle was conditional, Beth did not appear unable to meet her needs because transportation was an insurmountable barrier.

In addition to transportation and child care, family members often provided Beth with housing when her personal resources were not sufficient in paying rent or purchasing a home. As the subject transitioned away from the welfare system and figuratively gained her footing after child support payments had resumed, Beth lived with her parents at the time of the second interview in 1998. Although she expressed dissatisfaction with that arrangement, it provided evidence that she and her children could rely on family for temporary housing. Beth expressed her discontent with living with her parents when she says, “It’s hard for me to live here, I don’t like it. It’s harder on my kids, they’re not happy.”

Approximately 19 years later in 2019, Beth returned to her mother’s house in Alexandria. Following incarceration and managing a number of mental and physical health issues, Beth appeared unable to live independently with the resources she had available. Although she was critical of the inconveniences that came along with living with her mother, she was allowed to live there while she managed the multitude of problems she faced. Her mother’s willingness to house Beth illustrated the value of her mother as a social support.
Family and close friends were also a source of financial support for Beth. In the 1999 interview she discussed how her financial circumstances were changed by welfare reform, and how her aunt would often pay bills that Beth could not afford to pay herself. As Beth stated, “My aunt would pay what I couldn’t.”

Beth also cited her father as a reliable source of financial support. She mentioned him in the 2019 interview, when she was asked to reflect on how welfare reform affected her children. She described his unconditional support for his daughter and grandchildren when she said, “If I needed something, of course my daddy. I was his only child. If I needed it, I may not have gotten it right then, but eventually I got it. He made sure of it.”

By the 2001 interview, Beth had become romantically involved with Donovan. Donovan worked in Oklahoma, while Beth lived in Louisiana. She told researchers in her third interview that Donovan sent her money on a monthly basis which she used to pay bills and cover monthly expenses for her and the children. Beth was asked if there was a certain amount of financial support Donovan provided and she said, “If I ask him… he’ll send me a hundred, $200. It’s whatever I ask him for. And I mean half the time, I don’t even have to ask him. He’ll just send it in the mail or Western Union it.”

In 2019 she reported that she had and continued to receive financial support from family and close friend, but membership in her support system had declined significantly over the years. I asked her explicitly about her support system in the 2019 conversation. She described it in this way: “My support system is my mother and a few chosen friends. Now I’ve got beau coup acquaintances.” As Beth explained later in the interview, with her father now deceased and many of her aunts and uncles no longer living, her support system looks much different in 2019 than it did in 1999. Although the numbers had diminished, she still valued her support system a great
deal. When I asked who had been there to support her over the past few years Beth stated, “My sister a little bit. Then she started goin’ through divorce… I have two extremely, God-given friends that has had my back since day one, from day one… from Alexandria. I can call on them anytime, day or night. I can ask for anything I needed. If I needed it desperately, they would do it.”

Over the course of this study, Beth consistently was able to use her social capital to address many of the problems commonly faced by single parents. Whether it was housing, childcare, transportation, or other demands, Beth’s relationships with family members, close friends, and romantic partners provided her with alternative solutions she was able to use to maintain a minimum standard of living. This abundance of social resources helped Beth during periods of financial hardship, but she was unable to convert the support into sustainable independence.

Beth’s data also contained instances where she was able to utilize her social capital to learn of employment opportunities, secure jobs, or generate income. Beth was consistently able to find work and earn wages because of her personal relationships. Sometimes those work opportunities were in formal jobs, while other work opportunities were informal, cash pay roles. Nevertheless, Beth appeared to be a well-liked person with a long list of people across her lifespan that were willing to help Beth help herself by giving her opportunities to perform paid work.

During the first encounter with Beth in 1998, researchers seemed interested in learning more about the woman’s affinity for physically demanding jobs. Beth’s work history included a number of these types of jobs and she expressed interest in securing work in the lumber industry in the future. She told researchers how an ex-boyfriend introduced her to the field, and helped
her to secure a job at a lumber mill: “My boyfriend at the time was doing that. He ran a crew and that’s how I got in. I didn’t go to the employer and that’s how I got to learn these different trades. I looked into working at the lumber mill, but it was all men working there.”

In 2001, Beth was again able to secure employment through a man with whom she was romantically involved. Donovan, who worked as a welder in the construction field, was able to convince his boss to hire Beth as his helper. Beth was hired as a pipe-fitter helper, working alongside Donovan on a construction site in Starkville, Mississippi. She reported earning $14.75/hour as a formal employee for the duration of the project, a job she may not have been able secure without Donovan’s help.

Beth was very insightful, and seemed aware of the value personal relationships presented in regards to job seeking. Beth expressed optimism about her prospects of finding work. She once told researchers that, “It’s not what you know, it’s who you know. I’ve got applications everywhere and they’ll tell me we’re hiring, they’ll call.” Even when unemployed in 1997, Beth had plans of utilizing her social resources to secure a job. She mentioned here plans to reach out to her church family: “Get a person to show me how to do a job. It’s who you know. [I have] a lot of acquaintances. [I’m] trying to get work through church in Alexandria. It’s a Pentecostal church, there’s a lot of people at the church.”

As valuable as Beth’s family were in helping her meet her family’s needs, they were equally valuable in that they had the ability to offer Beth employment opportunities. Several of Beth’s family members were business owners, while others seemed to have extensive personal networks of their own. While staying with her parents and looking for work in 1998, Beth recounted how her father helped her to locate jobs in another state: “My dad found me jobs in
New Hampshire, but I don’t know about that. I’m the only parent and I’d have to pay for childcare, and work at night.”

She later told researchers of an alternative plan for finding employment. Rather than move out of state, Beth described a number of informal work opportunities she had available to her, many of which involved establishing regular clientele. With a relatively large family that was willing to help, Beth was able to perform various jobs for them in exchange for cash. As Beth described it, “My family knows when it’s getting to the end of the month. They’ll pay me to clean their house, or watch their kids. I’ll doperms, charge $20-30. Just different little things.”

Family continued to provide opportunities for Beth that generated income. After completing the construction project in Mississippi, Beth moved back to Louisiana where her brother-in-law hired her to work in his family owned business. He owned a vinyl siding company and compensated Beth for performing clerical duties. Beth explained what she does for him when she said, “I worked for my brother-in-law. I do all his bookkeeping and taxes… and I got on with that. I guess I do so much runnin’. Right now, I’m just working for my brother-in-law.”

Later in the 2001 interview, Beth explained in greater detail her arrangement with her brother-in-law. She estimated that she worked “about 20” hours each week and stated that she did not get paid an hourly rate. She explained, “He pays me… depends, how much I spend one day on one thing. Sometimes I might work two days a week, I might end up with $150. I don’t want anything to come back on me, I don’t have an hourly rate.” What she conveyed here is she prefers her compensation to be informal so that it would not interfere with her SNAP and Medicaid eligibility. She goes on to explain that, “The way he [brother-in-law] does it is whenever I need something [he pays for it]. I ask and he does it. Anything I need, and a lot of
times I don’t ask when I do need.” Such informal cash arrangements are a very common strategy among the poor.

She later gave another example of how she was compensated by her brother-in-law for the work that she performed. Here, family resources that existed in Beth’s social support system provided her opportunities to earn wages and provide for her family: “And I mean, my brother-in-law is 40 years old, and I still say ‘yes sir’ to him, you know. But he’s like, ‘you work for me this week, you get all my papers done, you get my proposals up, you do my call up on my estimates,’ he says, ‘and your rent is paid’.” “You know, and my sister she writes my check out, you know, for me to pay my rent. So I’m glad I have them here.” Beth also recognized the value of this opportunity her brother-in-law provided to her. As she put it, “Because if I didn’t have them, I wouldn’t make half the time.”

The 2019 data provided yet another instance where a similar arrangement was agreed upon between Beth and her uncle. Beth worked for her uncle for a short time after his wife passed away. Beth agreed to perform clerical duties for his auto repair business in exchange for payment of her monthly bills. She describes the experience at length:

I’ve always worked at the shop. I never left until last June… I stayed at her [deceased aunt] house. Her husband had a shop… a mechanic shop. I did the office work and the payroll and the taxes and all that good stuff. I just recently quit that... Probably the last 2 months. I did on my own time… If I felt like going up there to do it, I went. But a lot of it… I have the internet at home, so I didn’t have to go to the shop. If I needed a motor, it wasn’t nothing to jump on a laptop and look for a motor or transmission, or whatever I needed to look for. I’d look for it and then I’d send the information to him and he would go look for it. I still stayed in contact with the customers, but I didn’t have to be there. I just wasn’t there to answer his phone. That was the only thing I wasn’t there to do. But on the Google site or whatever, on his webpage or FaceBook, my number is on there. If they needed me and couldn’t get the shop, they could get my phone.

Beth went on to describe how the informal arrangement was not sustainable. She explained that her uncle, at some point, stopped paying her and she decided leave the position:
It [the pay] got down so low that he wasn’t even paying my internet bill, it was only $51. It shows that you don’t appreciate me and you would rather work me to death than give me a dollar or two to have in my pocket. When I got out of prison and stuff, I didn’t want him to give me money. I just wanted him to pay my bills. If I needed to go to town for something, he went with me and we got it, or he gave me the amount of money.

While informal employment limited Beth’s earning potential in many ways, it also allowed her to maintain eligibility for benefits such as SNAP and Medicaid. It also seemed like this unconventional system of paid work was a self-imposed safeguard for Beth, who did not trust herself with money management.

On other occasions, Beth was able to earn money through opportunities provided by non-relatives in the communities where she lived. In the 2001 interview, Beth told researchers she periodically worked for local contractors in the Lafayette area for cash pay. The researcher asked if she was earning any kind of income performing other types of work and Beth said, “Not unless it’s something, you know, like the contractors that I work for around here. You know, and if it is then I just get paid cash for that.”

She mentioned, one contactor in Lafayette who she was working with before moving to Mississippi: “Before I left to go to Mississippi with Donovan, I worked for [name]. He’s a high-com builder, contractor here in Lafayette, and I worked for him cash. And any time he needs me, calls me and I go. And I’m always gone, you know, around 8 a.m., and I’m always back before 3 p.m.” She described the wide variety of tasks he pays her to do, which included “bookkeeping, paperwork, and labor work.” Once again, Beth was able to utilize her social capital to generate an informal work opportunity for her household. Although the work she engaged in was not full-time, formal, or long-term, it did allow her to meet her monthly financial demands.

Beth was consistently able to use the personal relationships she established and maintained over the course of this study to generate income and maintain a minimum standard of
living for her household. Her social capital served as positive aspect of her life that kept her financial well-being at a place where she did not have to rely solely on welfare. None of the opportunities produced by her social network resulted in sustainable, full-time employment, but they did fill the void that would have otherwise been addressed by public assistance.
CHAPTER 5. DISCUSSION

The purpose of this study was to identify and examine barriers to a successful transition away from welfare reliance for rural women in Louisiana, as they attempted to conform and acclimate to work mandate and time limit stipulations of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Two rural women were interviewed on four separate occasions over a 22-year period for this study. Over 70 pages of qualitative data documented the women’s relationships with the labor force, government systems of public assistance, family, community, and other social aspects of their lives. The data also provided researchers with information to answer the research questions regarding barriers found in the three domains of the biopsychosocial framework. As of 2019, neither subject was able to acquire and sustain a standard of living that allowed them to function independently of public assistance. While strengths emerged in the data of each participant, we will focus our attention on barriers to self-sufficiency since neither woman was able to successfully transition away from public assistance in a way that promoted self-sufficiency and independence. Barriers identified in the 22-year study are considered below, and organized using biological, psychological, and social domains.

Biological

The biological domain of the biopsychosocial framework focuses on aspects of an individual’s physical health. Factors considered pertinent here include genetics, nutrition, physical capacity, and any related impairment or deficiency in these areas. For women in this study, biological factors emerged that negatively impacted each participant’s ability to sustain employment and successfully transition away from welfare reliance.

In the case of Sherry, biological barriers materialized in the form of chronic physical injury, which at the very least limited her ability to secure and maintain employment. The injury
occurred as she was exiting the transitional program between 2000 and 2001, and her diminished physical capacity interfered with her ability to apply the carpentry skills she learned in trade school. Sherry’s physical ability became incongruent with her occupational goals. Considering Sherry’s plans for employment and the type of work available to her in the rural labor market she had access to, her back injury significantly disrupted her quality of life and interfered with her ability to work.

When researchers first met Sherry in 1997, by all accounts she was a healthy and physically capable 35-year old. By 1999 Sherry had enrolled in a carpentry training program with plans of applying her skills in the workforce upon completion. By 2001 Sherry’s circumstances had changed dramatically. A back injury rendered her unable to work, as she was instructed to engage in only “light duty” activities by her physician. To make matters worse, she had been in an automobile accident after becoming injured and was managing chronic back pain and muscle spasms. Sherry told researchers that she planned to return to work once the back injury was no longer an issue.

The 2019 interview revealed that Sherry underestimated the severity of the injury 18 years prior. Now approaching 60 years of age, Sherry reported that she had not been able to return to work since being injured nearly 20 years ago. Medication and rest simply were not enough to improve her condition. She explained that not only had the injury limited her ability to perform work activities, but it impacted her ability to stand, walk, and sit comfortably for extended periods of time. Sherry was granted social security disability income in 2017, as the government also recognized the extent of her limitations. It became apparent that Sherry’s back injury was a significant barrier to paid work for her, leaving her with few other options but to rely on public assistance to make ends meet.
Biological factors also emerged in Beth’s story that were adversely impactful to her transition away from the welfare reliance through sustainable employment. Unlike Sherry, Beth experienced several unfavorable physical health issues as a consequence of long-term substance abuse. While not acutely debilitating in the way a major injury would be, Beth’s physical health outcomes associated with chronic substance abuse made the goal of sustainable full-time employment difficult.

In 1997, Beth was a healthy 26-year-old mother with no apparent physical limitations on the type of work she could perform. Beth’s work history involved a broad range of job-types, including many that were physically demanding. She previously had painted cars, installed vinyl siding, and was entirely comfortable performing manual labor. She also reported that she was a cancer survivor, but was now in remission and did not give any indication that cancer limited her ability in any way.

The following year biological information surfaced in Beth’s data that could be interpreted as a barrier to employment. Beth told researchers that she had been having epileptic seizures, but intended to “pray them away.” By 2001 the seizures were still occurring. Because of the neurological condition her legal driving privileges were restricted, as she was unable to renew her driver’s license without a letter from her physician stating it was safe for her to operate a vehicle. Beth was forced to rely on others for transportation or drive illegally. At the time of the 2001 interview Beth owned a car, but relied heavily on her sister to drive her where she needed to go. Limitations on driving would have also made it difficult for Beth to engage in activities such as work-searches, attend job interviews, or commute to-and-from work on a daily basis.
Beth also reported a past hospitalization due to an alcohol and drug overdose. Although the timing of the incident was not clear, in the 2001 interview Beth told researchers that she had once overdosed on beer and prescription pills in Mexico, and was subsequently hospitalized and in a coma for seven days. While it is unclear if the experience physically affected Beth’s long-term health, such an event was sure to have residual effects on the woman’s likelihood to work following hospitalization.

Another implied biological barrier related to chronic substance abuse is a person’s inability to secure or maintain employment at companies that administer screenings for alcohol and drugs. Persistent or even occasional drug use would make it difficult for Beth to pass pre-employment drug screens needed to secure formal employment at a number of businesses. Drug use while employed at one of these businesses would also increase the risk of termination if she was unable to pass randomized drug screens while on the job.

**Psychological**

The psychological domain of the biopsychosocial framework turns its focus to emotions, thoughts, behaviors, and other cognitive processes experienced by the individual. Psychological factors emerged in the data that presented as barriers to sustainable employment for each participant. These barriers also contributed to the welfare dependence experienced by each subject. These psychological barriers to welfare independence will be discussed for each woman below.

In the case of Sherry, her general mistrust of others emerged as a significant psychological barrier to employment, as well as an obstruction to functioning independently of the welfare system. While extremely caring, engaging, and approachable with family members and close friends, over the course of the study Sherry consistently expressed an unfavorable
opinion of people and entities outside of her small circle. This perception of others as untrustworthy spilled over into her personal and professional relationships.

Evidence of this mistrust first emerged in the 1997 interview when Sherry was extremely critical of other poor mothers transitioning off of welfare. She made every effort to distance and differentiate herself from her peers. The most common of Sherry’s criticisms was that other poor mothers were selfish, placing their personal wants over the needs of their children. Sherry was remarkably consistent in her feelings toward other poor single mothers, echoing many of the same critiques in the 2019 interview. Skepticism of her peers likely squandered opportunities to expand her social network. As a consequence of socially isolating herself, she turned away from opportunities to increase social capital that could have benefited her while in school or upon entering the labor market.

Sherry’s mistrust also interfered with her willingness to utilize childcare alternatives in the community. Sherry consistently reported that she did not trust local childcare providers with her children, nor did she know anyone personally who was both willing and qualified to look after them. This lack of trust in regard to childcare presented as a barrier to employment for Sherry. She had once quit her job at a sugar cane processing facility because she was unwilling to accept a schedule change handed down by her boss that would conflict with her children’s school schedule and require Sherry to explore childcare alternatives. The boss’s rigidity coupled with Sherry’s unwillingness to trust childcare alternatives led to the woman quitting her job. An unwillingness to trust others with her children greatly restricted Sherry’s choices in the labor market, a labor market that was already scarce because of its rural location.

Broadly, Sherry’s mistrust of others interfered with her ability to cultivate social capital, which may have aided her in acquiring knowledge of work, securing work, maintaining work,
and accessing resources. Not once in any of the four interviews did Sherry mention a new relationship which led to employment. She remained single, did not report friendships with any of her peers at trade school, and only mentioned one friend to whom she was not biologically related.

In the case of Beth, several psychological barriers emerged that interfered with her ability to sustain employment and impeded her transition away from welfare reliance. It is reasonable to suppose that barriers included in this domain were among the most adversely impactful in Beth’s story. Mental health and substance abuse, attachment style, and grief each at some point interfered with Beth’s ability to engage in paid work to the extent that she no longer relied on public assistance to meet financial needs.

Post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), bipolar disorder, and substance use disorder were all mental health disorders reported by Beth throughout the course of this study. Beth’s earliest memory of issues related to mental health was of an ADHD diagnosis she received as a young child. Approaching 50 years of age, Beth was left wondering what could have been, as she told researchers that her parents denied her treatment at the time. Interviews also revealed that Beth had been engaged in at least 2 intimate relationships with men who were physically abusive. She never reported undergoing treatment for PTSD, but did report experiencing anxiety, fear, guilt, loneliness, and insomnia, which are all commonly associated with PTSD symptomology. After being released from prison in 2018, Beth received inpatient psychiatric treatment and was diagnosed with bipolar disorder, a mood disorder characterized by alternating periods of mania and depression. Average age of onset for bipolar disorder is 25 years, so it is entirely possible that Beth’s condition had gone undiagnosed for several years. Ability to maintain healthy personal relationships and stable employment are
commonly used indicators of successful adult functioning. The existence of a mental illness or a co-occurring disorder likely would have impacted, in a negative way, Beth’s ability to sustain employment and maintain functioning in other aspects of her life.

Beth’s attachment style also emerged as a significant barrier to employment and welfare independence. She displayed a strong propensity to engage in romantic relationships with partners who were either involved in substance use, engaged in criminal behavior, or both. The inherent instability, insecurity, and overall risk associated with this unconventional lifestyle made it difficult for Beth to sustain employment and function independently from the government system. Beth’s attachment may have contributed to her risky behavior. Beth’s pattern of behavior regarding romantic relationships most closely aligned with characteristics of anxious–preoccupied attachment. Individuals with this attachment style often hold a negative view of themselves and positive view of others, and are uncomfortable being without close relationships. Beth’s inclination to overlook risks in romantic partnerships and to become overly dependent on men increased the likelihood that an insecure attachment existed. A psychological barrier such as this would have presented strong resistance to welfare reform, which at its core was intended to promote autonomy.

Grief emerged later as a psychological barrier in Beth’s story. Not significant until 2015, grief dominated as the metaphorical floodgates then opened as a number of people close to Beth died in the next two years. Between 2015 and 2018, five individuals whom Beth either was related to or had been romantically involved with died of various causes. Beth was present when her ex-boyfriend Donovan died of a drug overdose prior to 2016. In 2016, the father of her children Doug died of a stroke after decades of chronic drug use. That same year Beth assumed a caretaking role for her dying aunt, who eventually died of kidney failure. Beth told us that she
witnessed her aunt take her final breath. The following year brought even more grief into Beth’s life. Another romantic partner, Eddie, committed suicide by jumping off of a bridge. Just hours before he jumped, Beth communicated to him that she no longer wanted to participate in the risky lifestyle they had shared previously. Six months later Beth’s father passed away and was buried while she was incarcerated. While grief alone did not appear to interfere with Beth’s ability to maintain employment, adding that level of grief to the already daunting task of functioning independently of public assistance seemed demoralizing for her and appeared to be as prominent a barrier as any other during the most recent interview.

**Social**

The social domain of the biopsychosocial framework hones in on factors associated with an individual’s interaction with their environment. For the purpose of this study, social factors would include the participant’s relationship with government welfare systems, community partners of social service organizations, communities, labor markets, and kinship networks. Social factors emerged for each participant that can be considered negatively impactful to their attempt to successfully transition away from public assistance.

In the case of Sherry, two primary social factors emerged that interfered with her successful transition away from welfare through paid work. These factors included resource scarcity and insufficient vocational rehabilitation. Resource scarcity, a common characteristic of rural geographic regions, presented as a barrier for Sherry in the form of a lack of social capital, a shortage of transportation alternatives, an inability to access resources which could be used to address needs and solve problems.

Sherry demonstrated a consistent lack of social capital throughout the course of this study. The woman’s social network appeared sparse, as she frequently explained away her
employment shortcomings by describing work force engagement as a “who you know” system. Despite this belief, Sherry did not once mention any personal relationships that could benefit her in her transition into the workforce, nor did she at any point place an emphasis on expanding her social network. In fact, the contrary was true for Sherry. She habitually distanced herself from people who did not already hold membership in her social network. Assuming that job scarcity also existed in the rural labor market of Jeanerette, LA, Sherry’s assessment of the “who you know, not what you know” system of hiring may have been valid. If this were the case, a lack of social capital very well may have been a barrier to her transition into the workforce and away from welfare reliance.

Access also emerged as a barrier for Sherry. The rural geography of Sherry’s home brought with it an innate scarcity of resources, as she often had to make the commute to more densely populated New Iberia to access affordable goods and services. Sherry’s home of Jeanerette is a rural village approximately 10-15 miles outside of the small city of New Iberia, which creates a situation where proximity becomes the barrier related to access. Among services that were more accessible to Sherry in New Iberia were affordable food, the Department of Transportation, and the trade school where she received vocational training.

Exacerbating the barrier of limited access, Sherry consistently experienced problems with her personal vehicle and often relied upon others for transportation. Although Sherry owned a vehicle, it was described as problematic and unreliable. At several points during the study, the woman’s vehicle was inoperable and she relied on her social support system for transportation. It was not uncommon for a friend of Sherry’s to have their spouse give Sherry a ride to trade school. As Sherry explained it, the friend would then have her daughter pick Sherry up from school and bring her home in the evening. In regards to functioning independently of welfare
through sustainable employment, the lack of personal transportation became a threat to mobility which presented an enormous challenge for the subject. This was especially true for the rural resident, since many of the services, jobs, and resources were upwards of 10 miles from her home.

Insufficient vocational rehabilitation competed with Sherry’s back injury as the largest barrier to welfare independence. A number of evidence based vocational rehabilitation models and practices have proven efficacy. Proponents of welfare reform claimed that PRWORA would get people from “welfare-to-work.” Based on data provided by these two women, the actual implementation of the law by Louisiana officials did not involve any evidence based concepts, particularly a strong relationship between providers and consumers. Sherry was without guidance or any type of meaningful relationship with personnel at the state, the same governing body who was implementing this transformative federal legislation. Establishing a close relationship with a competent and invested professional who has knowledge of the new policy would have been beneficial to Sherry during the many transitions she faced. Among these were the transition into her role as a student, her transition from a student to the workforce, and the transition from full-time mother to full-time employee by helping connect her with local resources that addressed to her satisfaction needs like childcare and transportation until she was able to address those independently. Essentially the working alliance is a bond formed between a counselor and a client where the two parties share a commitment to the goals and tasks of counseling. As far as Louisiana’s social service agencies were concerned, Sherry and other women like her were largely on their own in regard to navigating the process and the system.

Although to a somewhat lesser degree, the same can be said for Beth. While Beth was only engaged in Louisiana’s welfare reform transitional program for a short time, a close
working relationship with a case manager, social worker, or counselor may have afforded her the opportunity to connect with other resources to address some of the more significant barriers to the transition such as mental health and substance use.

**Similarities and Differences**

A number of differences and similarities emerged in the stories of Beth and Sherry. The two women shared strengths that should have increased the likelihood of a successful transition away from welfare, but also encountered similar obstacles.

Physical capacity and a willingness and preference for physically demanding work was a commonality shared by the two women. Beth had a work history that included several physically demanding jobs, and she continued to gravitate toward manual labor in male-dominated, higher paying professions until the cumulative effect of her unconventional lifestyle interfered with her ability to do so. While 10 years older than Beth, Sherry had a similar relationship with work. Sherry’s past jobs included multiple roles requiring manual labor in male-dominated occupations, and her plans to learn and utilize a carpentry trade illustrated her affinity for kinesthetic activities. This shared willingness would have expanded their options upon entering the workforce, likely giving them access to higher paying occupations.

The women also shared the value of maintaining strong kinship bonds. Sherry viewed her role as a mother as the driving force behind every decision she made. She cared deeply for her four children and consistently placed their needs before her own. Sherry felt her responsibility to care for, nurture, and provide for her children superseded any of her own wants and needs. Beth also seemed to have a close relationships with her family. The dynamic was much different for Beth since, more often than not, her family were the ones making sacrifices for Beth’s needs. That did not change the fact that strong emotional bonds existed between Beth and her biological
family, as she frequently named her parents, children, and extended family as her most reliable sources of social support.

Additionally, each woman was negatively impacted by the poorly facilitated welfare reform transition. The absence of any evidence-based vocational rehabilitation practices with the implementation of a policy change that encouraged quick employment over welfare reliance adversely affected each woman. A competent helping professional could have worked closely with Sherry to identify the problem, select an appropriate intervention, incrementally meet objectives, and maintain a schedule for goal achievement that was not disrupted by PRWORA’s time limits. That person simply did not exist in the welfare office Sherry turned to for guidance. The lack of competent implementation made an already stressful situation even more difficult for Sherry. A close relationship with a counselor could have benefited Beth as well. In hindsight, many of the unaddressed and untreated mental health issues would have likely been detected by a trained, competent professional. ADHD, PTSD, bipolar disorder, and substance abuse disorder were all mental health issues reported by Beth in 2019, some of which were known about since childhood. A competent case manager or counselor could have conducted a needs assessment, and concluded that problems related to mental health should be addressed before any commitments to education, training, or employment were made.

A discrepancy that emerged within the experiences of these two women was related to social capital. Personal relationships for Sherry were limited to family members and only a couple of non-relative friendships. This appeared to be purposely constructed by the woman, who was resistant to trusting others and did not seem interested in bothering with the vulnerability needed to expand her social network. Beth, on the other hand, established and maintained an extensive social network. Beth maintained relationships with family, friends, and
romantic partners, but also put an emphasis on constructing weak ties with acquaintances, some of whom were business owners. These weak ties often resulted in work opportunities for Beth, while also resolving problems related to childcare and transportation needs.

Another difference that emerged within the women’s stories was geographic location and ability or willingness to relocate. Sherry remained in the same home, within the same rural town throughout the duration of the study. Jeanerette was where she was born, and by all accounts, it was where she intended to be for the remainder of her life. Beth, on the other hand, frequently relocated during the course of this study. Across the four interviews, Beth lived in a rural suburb of Alexandria, moved to Starkville, Mississippi for work, then to Lafayette, Louisiana where her sister lived, then resided for a short time in Baton Rouge, Louisiana before returning to her home town on the outskirts of Alexandria. This discrepancy strikes at the core of this research as Beth was able to access a number of resources while living in metropolitan areas, while Sherry could not due to the general scarcity that existed in her rural community. These resources would include child care, public transportation, accessible educational services, and a variety of community services that provided food, home goods, and other types of assistance to the poor.

The pursuit and utilization of paternal support also created a divergence between the stories of Beth and Sherry. Each woman encountered single-motherhood as a consequence of men who either had no interest in co-parenting their children, or fathers who engaged in behavior that would harm their children. Infidelity and drug use seemed to be the wedge that divided these families. Differences existed in how each woman perceived the issue of paternal support. Sherry was much more passive than Beth in terms of expectations she had of the two men who fathered her four children. While one man had been court ordered to make monthly child support payments, he was non-compliant with the judgement. The other man had not been given any
instruction by the courts. Sherry expressed no interest in pursuing financial assistance from either man. She felt that the cost of pursuing child support was not worth the benefit. In contrast, Beth diligently pursued financial support from the father of her two children. She was initially awarded child support by the courts, for which her ex-husband appealed the decision. Beth remained steadfast, consulting with her attorney and advocating for her family in court where the judge ordered her children’s father to make monthly child support payments.
CHAPTER 6. IMPLICATIONS FOR POLICY AND PRACTICE

There are a number of elements in this study that could appropriately be discussed here, the most important of which involve welfare policymaking and its consideration of barriers unique to rural labor markets. Welfare reform sought to replace welfare reliance with workforce engagement. In hindsight, PRWORA did not take into account fully the complex barriers to workforce engagement that were encountered by poor women in rural communities. Proponents of PRWORA assumed that persons who desired self-sufficiency would be able to achieve such by simply taking an initiative, applying for jobs, securing jobs, and generating income that would position their household above the poverty threshold. This study illustrates that effective welfare policy should not be authored or implemented with such a broad brush stroke, as not all individuals, families, communities, and labor markets are created equal.

These realities emerged in the rural communities of Louisiana. The way in which PRWORA was implemented in Louisiana seemed counterintuitive to the core objectives of welfare reform. Reducing welfare caseloads through employment was a stated objective of PRWORA. Louisiana’s implementation of the welfare reform transition seemed to operate in a way that focused on caseload reduction, while only minimally promoting employment as a vehicle for doing so. Local caseworkers were not hostile or indifferent to these clients, but instead were ill-equipped to function as vocational advisors. The focus of caseworkers, per policy, was reducing welfare case rolls. Rural citizens in the state who relied on public assistance to pay rent, purchase food, and maintain their homes faced economic uncertainty as time limits were now in place. With the nearest cities miles away, these poor families were asked to engage in rural labor markets where formal and full-time work opportunities were often nonexistent. The transition away from the welfare system for rural America was much different from those in

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urban America, and distinctions should be taken into account and addressed by federal and state policymakers in conversations regarding future social welfare policy changes.

This study also provides an opportunity for clinical practitioners and helping professionals to enrich their understanding of how mental illness and substance abuse can impact life outcomes of individuals who are tasked with managing those conditions. It also brings to light the importance of using evidence-based practices in micro-level facilitation of macro-level changes, particularly changes such as those brought about as a consequence of PRWORA that have a widespread impact on vulnerable populations. This research should also serve as a cautionary tale as to how competency shortfalls can have a lasting negative impact on the lives of clients being served.

Mental illness and substance abuse are conditions that involve significant changes to emotion, cognition, and behavior which can completely disrupt healthy social functioning. Practitioners responsible for facilitating vocational rehabilitation should take into account the client’s more immediate mental health needs during evaluation, as failure to do so may present as a barrier to vocational goal achievement and sustainability as they did in this study. As predominant risk factors for healthy social functioning, unaddressed substance dependency and unmanaged mental illness put clients at greater risk of encountering additional crisis events such as psychiatric hospitalization, suicide, or homelessness. For this reason, issues related to mental disorders should be addressed before establishing goals for vocational rehabilitation.

The working alliance between practitioners and clients has been shown to impact client outcomes positively. Essentially, when counselors, case managers, vocational rehabilitation specialists, or any other trained personnel establish rapport and maintain a close working relationship with a client, the client achieved their goals more often than when that bond did not
exist. In terms of implementation, Louisiana government did not appear invested in any outcome other than the primary policy mandate of reducing welfare caseloads. This study indicated that the government’s objective of welfare caseload reduction was achieved, while neither of the participants was able to secure and sustain employment, function independently of public assistance, or escape poverty. This negative outcome can be largely attributed to a lack of appropriate infrastructure of social service personnel in the local welfare offices examined in this study, as well as a lack of evidence-based concepts in the welfare-to-work programs implemented in Louisiana.
CONCLUSION

Among the ideals that exist in American culture is the notion that self-sufficiency, independence, and standing on our own two feet are states of being that each individual should strive for relentlessly. Falling short of this personal autonomy or accepting support from others often brings with it judgment and the connotation of weakness, inadequacy, or laziness by those who are driven by American ideals of individualism and unbridled capitalism with its underlying tone of competition. Welfare reform converted this American ideal into law, essentially mandating work universally for all able-bodied citizens in the United States. What PRWORA failed to consider was that contextualizing this employment-driven ideal revealed that self-sufficiency was not solely a byproduct of desire and hard work. Achieving financial self-sufficiency also required opportunity and access. Welfare reform’s one-size-fits-all nature proved to be disadvantageous for poor families in rural communities, particularly single mothers.

This study examined the impact of the PRWORA welfare reform law and Louisiana’s implementation of the law on two rural women over a 22-year period. Each of these women expressed a strong desire to work when they were originally interviewed. For a variety of reasons, neither of these women were able to maintain employment to the extent that they became self-sufficient. Desire is simply not enough. Job scarcity, transportation, low wages, and lack of access to quality health care were all factors that emerged in the rural communities these women lived in that prohibited them from fulfilling this American ideal expressed in PRWORA’s goals. In sum, policymakers, practitioners, and citizens must do better to understand that the condition of poverty is not a hardship that looks exactly the same for every poor American household. Similarly, the policies, programs, and practices we put in place to help the
most disadvantaged are more effective when we care enough to listen to, learn from, and empathize with the unique experiences of those in society who we are trying to lift up.
APPENDIX A. IRB APPROVAL

ACTION ON EXEMPTION APPROVAL REQUEST

TO: Pamela Monroe
Social Work/ Child & Family Studies

FROM: Dennis Landin
Chair, Institutional Review Board

DATE: April 3, 2019

RE: IRB# E11648

TITLE: Impact of Welfare Reform on Employment Patterns of Low-Income Women in Rural Louisiana


Review Date: 4/2/2019

Approved X Disapproved

Approval Date: 4/3/2019 Approval Expiration Date: 4/2/2022

Exemption Category/Paragraph: 26

Signed Consent Waived?: Yes for over the phone. No for in person

Re-review frequency: (three years unless otherwise stated)

LSU Proposal Number (if applicable):

By: Dennis Landin, Chairman

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING – Continuing approval is CONDITIONAL on:
1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report and LSU’s Assurance of Compliance with DHHS regulations for the protection of human subjects.
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants, including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
8. SPECIAL NOTE: When emailing more than one recipient, make sure you use bcc. Approvals will automatically be closed by the IRB on the expiration date unless the PI requests a continuation.

* All investigators and support staff have access to copies of the Belmont Report, LSU’s Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at http://www.lsu.edu/irb

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APPENDIX B. INTERVIEW SCHEDULE

Welfare Reform - Interview Schedule

1. **Household Information:**
   - Tell us your name and date of birth?
   - How many children do you have? What are their ages?
     o Do you currently have any children, grandchildren, nieces, nephews, or other family members living in your home that you feel responsible for?
   - What is your marital status?
   - What is the number of persons currently living in your household?
     o What is their relation to you?
   - How does everyone in the household contribute to maintaining the home?

2. **Education:**
   - How many years of school did you complete?
     o Did you receive a HS diploma or GED certificate?
   - Have you completed any training programs following high school?
     o Were these training programs provided by the state or did you identify them independently?

3. **Transportation:**
   - Do you have a driver’s license?
   - Do you have a personal vehicle?
     o Would you describe your car/truck as reliable and in working order?
     o Do you provide transportation for anyone else?
   - If not, how are you able to address transportation needs for activities of daily living, such as getting groceries, going to doctor’s appointments, and similar errands?

4. **Health:**
   - How would you describe your current, physical health?
   - Have there been any major changes in your physical health?
     o How have those changes affected your employment or ability to work?
   - Do you feel you have been able to access the health care you need?
     o How do you pay for health care expenses?
   - Do you feel you have been able to access other types of care, such as dental, optical, or other specialist care as you have needed?
     o How do you pay for these types of care?
   - Are you currently being treated for any chronic physical health conditions, such as high blood pressure, diabetes, cholesterol, or anything else?
   - Have you been treated for any mental health conditions like depression?

5. **Public Benefits:**
   - Are you or anyone in your household getting any type of assistance from the government? (For EXAMPLE: TANF, food stamps, Medicaid, or housing assistance)
     o If so, how much is the benefit monthly?
o Does the state require you to participate in any programs or activities to receive that benefit?

6. **Employment and Work History:**
   - Desired Information – PAST JOBS / CURRENT JOB / DUTIES / HOURS / PAY / BENEFITS / PROMOTIONS / TERMINATIONS / OTHER SOURCES OF INCOME

   - A) When you were last spoken to, you were working for your brother-in-law part time while enrolled in school. How long did you work for him?
      o How would you describe your experience working for that employer?
      o How long did you continue to work there?
      o Can you describe the circumstances surrounding your departure? (“So what happened?”)

   - Are you working anywhere for pay right now?
      o Do you work more than one job?
      o How many hours do you work each week? Do you consistently work this number of hours?
      o Are you given/ Offered any benefits by your employer?
      o Are you satisfied with your current job?
      o Is there some other job you would rather have?

   - B) Take a minute to think about the jobs you’ve had since you were 16 or so. In general, describe the kind of PAID work you’ve done.
      o “What kind of work have you done in the past?”
      o “Have you found it difficult to find work?”
      ▪ If so, what is it that made it challenging for you?

   - Is there anything that you feel has made it difficult for you to keep a job or obtain the job you would rather have?
      o If yes, can you talk about that for a moment?

   - Disability benefits? Retirement?

   - C) Have you had any periods of time when you were not working for pay?
      o How long were those periods?
      o How quickly were you able to resume working?
      o Can you describe how easy or difficult it was for you to resume working?

   - D) Have you always been able to make ends meet?
      o If you have ever lacked enough money to pay your bills, buy food, or other things that you need, what are some things you have done without?
      o What are some ways you are able to stretch your money?
7. **Perspectives on Welfare Reform Policy:**
   - The first time you were interviewed, you were asked about the “new” welfare reform program, with work requirements and time limits that would end welfare for you and other women in your community. You were asked about it then; Do you remember what you told us back then?
     - Would you like to know what you said?
     - What are your thoughts today about the changes made to welfare policy back then?
     - Do you agree or disagree with the idea that women should have a limited amount of time to receive welfare benefits?
     - In hindsight, do you feel the “new” welfare program helped you or hurt you or both?
       ▪ Please explain how and/or why you feel that way.

   - We are most interested in your thoughts and feelings about how going off the welfare program many years ago has changed your life and your work. From your perspective, do you think it has changed it for the better, for the worse, or not at all?

   - Was your family affected by these changes in your life?
     - How?
REFERENCES


Monroe, P.A., Millar, K., & Tiller, V. (2002). *Evaluation of the state of Louisiana’s Family Independence Temporary Assistance Program (FITAP) and Family Independence Work Program (FIND Work).* Report submitted to the LA Department of Social Services.


Office of Management and Budget. (2013). Revised delineations of metropolitan statistical areas, micropolitan statistical areas, and combined statistical areas, and guidance on uses of the delineations of these areas [OMB Bulletin No. 13-01]. Retrieved from United States Census Bureau website: https://www.census.gov/programs-surveys/metro-micro/about/omb-bulletins.html


VITA

Jake Jerome Guidry, born in Kaplan, Louisiana, worked as a crisis intervention specialist, intake coordinator, and co-facilitator of a prison reentry program after receiving his bachelor’s degree from Louisiana State University. He began working toward his master’s degree in social work less than a year later, where as an intern he has worked with populations including substance abuse and addictions, outpatient mental health, and acute inpatient psychiatric treatment. Upon the completion of his master’s degree, Jake will begin working toward his clinical licensing certification with plans to begin work on his doctorate once his clinical credentials are earned.