



The Psychological Distress of Food Insecurity: A Qualitative Study of the Emotional Experiences of Parents and Their Coping Strategies

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ABSTRACT

Background Food insecurity increases the risks of diet-related chronic disease and mental health outcomes in low-income adults; however, the pathways underlying these associations have not been clearly identified. Chronic, psychological distress may represent an important pathway between food insecurity and health.

Objective To identify types of psychological distress, experiential descriptions, and the array of emotional responses and coping strategies specific to food insecurity among parents with children

Design A phenomenological qualitative study using one-on-one, in-depth interviews.

Participants and setting Forty-eight adults (parents) were recruited from the San Francisco Bay Area in 2016-17. Eligibility criteria included any experience of household food insecurity over the past 12 months, having a child aged 7 to 14 years, and both parent and child with the ability to speak English fluently.

Statistical analyses Data were analyzed using the constant comparative method to reveal emergent themes across multiple interviews.

Results Parents discussed six themes related to the psychological distress of food insecurity: stress from the logistical and financial balancing act of feeding one's family, frustration and lack of choice associated with the high costs of healthy foods, stigma of using community resources, shame of not being able to provide for one's family, sadness about their cyclical and chronic food situation, and guilt over their inability to adequately provide for their children. Coping responses included negative responses, such as sleeping and drinking to avoid thinking about food insecurity, and positive responses of relying on their friends and family for support, staying hopeful, and spending time with their children.

Conclusions The commonality of emotional responses stemming from the experience of food insecurity can increase the risk for clinical anxiety and depression. Future development of interventions and policies to alleviate food insecurity must include social support and adequate safety systems.

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FOOD INSECURITY, THE LIMITED AVAILABILITY OF OR access to nutritionally adequate and safe foods, is a persistent health concern in the United States.^{1,2} Food insecurity disproportionately affects households with children, households headed by a single parent, and Black and Hispanic households.¹ As a result of the ongoing coronavirus disease 2019 pandemic, a recent report showed that food insecurity among households with children increased from 13.6% in 2019 to 14.8% in 2020.¹

A robust body of research has linked the experience of food insecurity with indicators of mental health,³⁻⁵ including elevated perceived stress,⁶⁻⁸ depressive symptoms,⁷⁻¹⁰ and serious psychological distress.¹¹⁻¹⁴ These associations are particularly salient among parents or caregivers of children.^{15,16} In a recent analysis of the California Health

Interview Survey, very low food security was associated with an almost nine-fold higher odds of serious psychological distress in adults with children.¹² Because prior studies used global/ nonspecific measures of mental health status, the extent to which these associations are attributed directly to the experience of food insecurity or other correlated socio-economic stressors is unknown.

Whereas quantitative studies can help to establish the scope of the influence of food insecurity on physical and mental health outcomes, qualitative studies can provide context on individuals' lived experiences of food insecurity to understand the complex pathways by which food insecurity influences health behaviors and outcomes. Qualitative studies are also important for identifying additional indicators for monitoring and surveillance and improving

implementation and planning of programs.¹⁷ For example, a qualitative study of low-income individuals in Québec, Canada, found that adults with food insecurity described elements of “psychological suffering” due to food insecurity, including feeling constrained and a loss of dignity when asking for help.¹⁸ A qualitative study of parents of young children revealed a variety of mental health concerns, which included depression, frustration, fear, and anxiety related to food insecurity as well as to other stressors such as unsafe living conditions, homelessness, and exposure to violence.¹⁹ These findings suggest the need for mental health and social support referrals, in parallel with providing food assistance. In addition, there has been little focus on exploring the behavioral or psychological coping strategies used by parents and caregivers of children to manage food insecurity, which may lead to positive or negative influences on subsequent food insecurity and health outcomes. Understanding how individuals are psychologically influenced by food insecurity and how they cope is critical to gaining contextual knowledge of the subjective stress behind these health disparities.

Using in-depth interviews, the objective of this study was to understand parental experiences of psychological distress specific to food insecurity, with a specific focus on identifying types of psychological distress, experiential descriptions, and the array of emotional responses and coping strategies specific to food insecurity.

METHODS

Overview and Study Participants

The phenomenological qualitative research project recruited families in the San Francisco Bay Area through Internet postings, fliers at food pantries, social service agencies, and snowball sampling. The study was described as “a research study that examines how families meet their food needs during difficult economic times.” Interested participants were screened over the telephone or by e-mail to confirm eligibility. Parents (and children) were eligible in the case that they met three criteria. First, the parent and child were both fluent in English. Second, the child was aged 7 to 14 years. The age range for children was established to capture children in the transition to adolescence because separate interviews were conducted with children to explore their experiences of psychological distress associated with food insecurity. Data from children are reported elsewhere.²⁰ Third, the parent reported at least some level of food insecurity based on the 18-item US Department of Agriculture (USDA) Household Food Security Survey Module. The USDA Household Food Security Survey Module is the widely used gold standard for national food security measurement, assessing experiences or behaviors related to inadequate resources to acquire food over the past 12 months.²¹ Affirmative responses are summed to create a score ranging from zero to 18, and food security categories were assigned according to USDA guidelines: 0 = high food security, 1 to 2 = marginal food security, 3 to 7 = low food security, and 8 to 18 = very low food security. This study included parents in households with marginal, low, or very low food security. Participants from households with marginal food security were included because of prior research supporting adverse associations between marginal food security and health outcomes in children and adults.²²⁻²⁵

RESEARCH SNAPSHOT

Research Question: What are the psychological implications and subsequent coping strategies of food insecurity as reported by parents?

Key Findings: Multiple themes of psychological distress of food insecurity were discussed, including stress from the logistical and financial balancing act of feeding one’s family, frustration and lack of choice associated with the high costs of healthy foods, stigma of using community resources, shame of not being able to provide for one’s family, sadness about their cyclical and chronic food situation, and guilt over their inability to provide for their children. Parents discussed positive and negative strategies to cope with food insecurity.

In total, 48 parents from distinct families agreed to participate in the present study; 33 additional parents expressed interest but either did not meet the eligibility criteria ($n = 11$) or did not respond to further study communication after initial contact ($n = 22$). Participants were recruited until data saturation was reached.²⁶ All participants received information about the objective of the study and occupation of the researcher; they then provided written informed consent for their participation. Before their interview, participants completed a brief online survey assessing their demographic characteristics, household food security status, and participation in federal food programs over the past year. Demographic characteristics included the participant’s sex (male or female), race/ethnicity (White, Black, Asian, Hispanic, other), educational attainment, marital status, and employment status. All household and individual characteristics were reported by the primary participant (ie, parent). Here forward, parents who reported their sex as female are referred to as mothers and parents who reported their sex as male are referred to as fathers per convention in previous research. Participants received \$40 for their participation in the study. All interviews were conducted between June 2016 and January 2017 by the principal investigator, who has formal training in qualitative research. The study protocol was approved by the University of Michigan Institutional Review Board.

Procedures

One-on-one, in-depth interviews were conducted with study participants by the principal investigator. The interviews were conducted in their home or at the [blinded for review] campus. One-on-one interviews were chosen specifically for privacy that would allow participants to reveal personal experiences and struggles that may be difficult to discuss in a larger group setting. All participants provided verbal consent for audiotaping their interview.

A semistructured interview guide was developed by the project team, with expertise in food insecurity, health psychology, health disparities, and qualitative research methods. Additional questions were taken from prior qualitative studies of food insecurity among adults, with a focus on studies of parents or caregivers of children. The interview began with general conversation about the participant’s day and family to help establish rapport. Then, the interviewer

asked questions about their family's overall food situation during the past year, their family's food preferences, and resources they used to procure food. The next stage of questions delved into their experience of psychological distress specific to food insecurity, with additional questions probing emotions such as embarrassment, loneliness, lack of control, and depression. If the parent attributed a specific emotion to the experience of food insecurity, they were then asked to elaborate on their experience and the coping strategies they employed. The interviews were, on average, 30 minutes in length. The interview guide is provided in the Figure (available at www.jandonline.org). A flexible conversation format allowed the interviewer to explore more deeply into topics discussed, or respond to new issues raised by the parents.

Data Analysis

Audiotaped interviews were transcribed, and checked for accuracy by the study team. Data were analyzed using the constant comparative method, an inductive and iterative process to reveal emergent themes across multiple interviews.^{27,28} The principal investigator initially developed the draft codebook after reviewing the content from all transcripts, which was then revised by two members of the project team until a final codebook was reached. Three members of the project team independently reviewed and coded all transcripts. Discrepancies were discussed and resolved by the principal investigator and two project team members until consensus was achieved. The final transcripts were entered into NVivo version 11.4²⁹ to organize and manage the themes that emerged. The principal investigator identified the final themes; direct quotations were then chosen to exemplify those themes.

RESULTS

In total, 48 parents (from distinct families) participated in this study (see the Table, available at www.jandonline.org). In-depth interviews were conducted with 43 mothers and five fathers (mean age = 36.4 years). The racial/ethnic distribution of the parents was as follows: 29% White, 29% Black, 2% Asian, 25% Hispanic/Latino, and 15% as another racial/ethnic category or multiracial. This last race/ethnicity category included participants who identified as Native American, Pacific Islander, and of two or more races/ethnicities. Approximately 44% of parents were single or never married, 40% were married or living with a partner, and 17% were divorced. The majority of parents (63%) were currently working for pay. With respect to food security status (assessed during the screening interview), 8% of families had marginal food security, 42% had low food security, and 50% had very low food security.

Parents' Psychological Distress of Food Insecurity

Parents discussed six themes around the psychological distress of food insecurity. These included the stress from the logistical and financial balancing act of feeding their family, the frustration and lack of choice associated with the high costs of healthy foods, the stigma of using community resources, the shame of not being able to provide for one's family, the sadness about their cyclical and chronic food situation, and the guilt over their inability to adequately provide for their children.

Stress from the Logistical and Financial Balancing Act of Feeding Their Family. Although the experience of food insecurity was unique to each family, every participant characterized food insecurity as stressful, particularly due to its chronic and persistent nature. One participant (ID #104) said, "It's like spinning 10 plates, and you can't drop one." Another participant (ID #145) equated her ability to provide food for her children with survival. She said,

It can get difficult and sometimes, even scary. You've got to have dinner, and what do you do if you don't have dinner?...I empathize for people who have gone into the store and stolen a steak. You want to survive. What do you do when you have no food?

For some participants, the stress of food insecurity was heightened by unexpected expenses that further strained their food budget. For example, one participant (ID #114) explained that her car was stolen and she had to pay \$600 to retrieve her car from the tow yard. A second parent (ID #109) shared how her son had recently learned how to drive. Purchasing car insurance for him led to an increase of \$400 per month, which came out of her food budget. She said, "We've had to somehow find money to cover these basic needs, so something gets cut out. There's not much else besides food."

The stress of food insecurity was also compounded by the need to manage food preferences of their family members and the role of the mother in making it all work. Some parents discussed the stress of feeding children who were picky eaters, leading them to only buy familiar items so they would not risk wasting food. Mothers in particular described the heavy pressure they felt to feed their families and balance their expenses. Some mothers described the stress they felt when their spouses spent more than their allocated food budget when grocery shopping. One mother (ID #137) described her husband as being oblivious to their budget because she handled all of their bills. She said,

I feel like I am the spoke that holds everything together, in terms of working and doing all the food shopping and doing all the budgeting, paying all the bills. It's up to me... It's really stressful because nobody can share the burden.

Frustration and Lack of Choice associated with the High Costs of Healthy Foods.

Many parents wanted to feed their children organic and other high-quality foods, but often resorted to highly processed foods (eg, instant noodles, frozen lasagna, or hot dogs) that were cheaper and readily available in their neighborhoods. Compromising the nutritional quality of their foods to accommodate their budget left parents feeling frustrated, angry, and helpless. One participant (ID #125) expressed her frustration over how \$2 could buy her a McDonald's meal but not ingredients for a salad. Another participant (ID #127) commented on how a healthier cereal was four times the price of a sugary cereal. She said,

I was pulling my hair out to grocery shop today. I go in there, and I'm like, 'Okay, I can get Fruity Pebbles [Post Consumer Products] for \$0.99 a box or I can get Frosted Mini Wheats [Kellogg's] for \$3.99 a box.' Well, do you buy four boxes of this one, with crap? Or do I buy one box of this? Ultimately, I bought four boxes of crap.

RESEARCH

When asked how this made her feel, she responded, “There were a lot of nights I cried myself to sleep, because how do you stretch it?”

Another parent (ID #144) characterized the struggle of feeding her family healthy food as “unfair,” “frustrating,” and “a joke.” She said,

I'm stuck buying things that's not great for us to eat. I buy Cup Noodles—that's filled with sodium. I can't buy fresh vegetables; it's expensive...We want to eat healthy, but it's hard. I don't want my kids having diabetes or eating all these processed foods, but what can we do? They got to eat somehow. So, I buy what I can afford and the things that we can afford are the things that's not good for you. And that sucks. It's ridiculous, and that's not fair to everyone. That's so not fair. It's very, very frustrating.

Stigma of Using Community Resources. In addition to the stress from the experience of food insecurity itself, several participants described the stigma they felt using food assistance, such as food stamps or local food pantries. One Latina mother (ID #141) described feeling very self-conscious about using her food stamps to pay for food at the grocery store. During the interview, she demonstrated how she hid her food stamp card in her sleeve so other shoppers wouldn't see that she was receiving public assistance. She said,

I know a lot of people have that in their head—all Latinos are all on food stamps. It was embarrassing because I fit that profile of the typical Latina with kids that has food stamps...It made me feel like, 'Oh my God, I am just like them.' I fit that stereotype. I was ashamed of it.

Other participants described the stigma they felt when using local food pantries. The previous participant (ID #141) shared how she went to the food pantry at the local church in “total disguise” because she didn't want anyone to recognize her. She cried afterward and said, “You feel alone. You feel like nobody cares.” Another participant (ID #113) shared her experience of using food pantries. While she felt it was already embarrassing enough to be in the line, her experience was exacerbated by how she was treated by the pantry workers:

Some of the volunteers treat you in a humiliating way. Sometimes they're just very nasty. They may say, 'Here's two little pieces of cheese.' I say, 'I have four kids, may I have another one?' [They'll say,] 'well, you know, there has to be enough for everybody.' They call you greedy. Just the way they say it and how they put you on the spot. They embarrass you as if you already don't feel bad being in the line.”

Shame of Not Being Able to Provide for One's Family. Several participants discussed the shame they felt about their inability to provide food for their children, as well as how others may perceive them. One parent (ID #130) described feeling ashamed when her children offered to use their savings to pay for food, saying,

[My children] have savings accounts and we pay [into them] every week when we have money. They actually offer to pay for things, which makes me super embarrassed. I shouldn't be taking money out of my kids' savings accounts to pay for groceries.

One mother (ID #147) recounted being recently laid off from her position as an executive and found herself experiencing food insecurity for the first time. She hid her food-related struggles from her social circle, calling it “a grand falling from grace.” Another father (ID #115) said his son was acutely aware that he was struggling to make ends meet. He said, “I think the shame is that he asks me, ‘Dad, can we afford it?’ That makes me cry because I don't want to be a loser. I don't want to say, ‘No we can't.’”

Sadness about Their Cyclical and Chronic Food Situation. Feeling sad and depressed was common across parents' experiences of food insecurity. Similar to the first theme of stress, the chronic and persistent nature of food insecurity, compounded by the strenuous cycle of paychecks and food stamp benefits, was internalized strongly by some parents. One parent (ID #109) described the feeling of realizing the amount of money she had didn't cover what she needed as “upsetting” and that this cycle had been going on for months. Another parent (ID #106) said,

I'm just waiting around for the next month to come around where I can get that extra boost again. It's every month that you have to go through that, so you kind of feel kinda down and depressed... it's like, why do I gotta keep waiting around for this? When payday comes, you have so many bills that take up your whole check. So am I gonna pay bills or food?

Parents also expressed feelings of sadness in not being able to provide “fancy” meals for their family and working long hours instead of spending time with their children. When asked if their children were aware of their feelings, some parents described not wanting to wallow in their emotions. One parent (ID #114) said, “I don't want kids to see me down. I don't want that to brush off on them, so I try to stay strong so they don't see me like that.”

Guilt over Their Inability to Adequately Provide for Their Children. Guilt was experienced in different situations related to food insecurity and the need to give their children a “normal life.” One parent (ID #144) described feeling guilty because she wasn't able to provide opportunities for her children to develop healthy behaviors. She said,

I'm supposed to teach them healthy lifestyles, healthy habits. I know what they're supposed to have, but can I give it to them? No...To not be able to provide how I want to, how I need to, it's hard...

Two participants shared their thoughts around having another family member raise their children, who might be able to give them a better life. One of these parents (ID #145) said, “I felt like such a bad mother. That I couldn't provide for my kids. That somebody else could do better.” Another participant (ID #130) shared how she signed her children up for extra-curricular activities through scholarships as a trade-off for not being able to provide the food she wanted them to eat. She said,

It's just hard to feel that you can't give your kids everything they need. I give them all these activities and we live off of donations for food... it's a lousy feeling not being able to give your kids the life that you think they deserve.

Parents' Coping Responses for Food Insecurity

Parents expressed negative and positive coping responses for the distress they felt related to food insecurity. Negative responses included avoiding interaction with others, sleeping, and drinking. One parent (ID #137) described,

When it gets to a point where it's unbearable and I just feel overwhelmed, that's when I go to sleep. After a day or two, I have to get out of it because it's just trying to sleep my problems away. The problems are still there. It's a catch-22. I can't just ignore them because it's not going to be solved. I try to get to a point where I'm not so irritable.

One parent (ID #104) mentioned using alcohol to cope. They said, "It's not a good solution. I'm not proud of it. But, I have to stop thinking so much. So, drinking and thinking don't go together, right?"

Positive coping responses included relying on friends and family for support, seeing a mental health professional, praying, and staying optimistic. One parent (ID #144) stated, "God makes no mistakes. We're going to get through this. We have a roof over our head. Everything happens for a reason." Several parents also expressed spending more time with their children, which either indirectly or directly provided them with comfort. One parent (ID #114) said,

When I get sad and depressed, I just come out and play with the kids. I feel like your kids feel your pain. They feel it. I love [my son] so much. And no matter how mad I am or how angry, stressed out, he will still come over and hug me and tells me he loves me.

Discussion

Results of the present phenomenological study demonstrate that the psychological influence of food insecurity extends far beyond a sense of anxiety over the food supply.¹⁷ Parents discussed themes of stress attributed to the chronic balancing act needed to feed their family; the frustration and helplessness associated with the high costs of healthy foods; the stigma of using food stamp benefits or community food pantries; the shame of not being able to provide for one's family; sadness about their cyclical and chronic food situation; and the guilt over their inability to provide healthy, adequate food for their children. Although recent qualitative research has been used to study the context of food insecurity³⁰⁻³² and some of the themes from the present study were raised in previous studies,^{18,19} this study focused specifically on the breadth of psychological distress experienced by parents of older children and early adolescents. Parents often discussed multiple themes in the same conversation, suggesting that food insecurity is a chronic, multifaceted, and inherently distressing experience. Furthermore, these types of psychological distress may be categorized as toxic due to their unrelenting nature and self-focused negative emotions, which together create high risk for chronic stress arousal, allostatic load, and clinical anxiety and depression, all of which have been linked with food insecurity in epidemiologic research.^{9,33-36}

Several of the themes that were raised by parents in the present study were also echoed by their children in Leung and colleagues.²⁰ In separate interviews, children of study participants revealed themes of worrying over not having

enough food, worrying about their parents' health, anger and frustration, embarrassment, and sadness attributed specifically to food insecurity. Some parents in the present study acknowledged the influence that food insecurity had on their children, despite their best attempts to protect them from the experience. The similarity of themes raised by parents and children suggest that parents may not be able to effectively shield their children from the distressing experience of food insecurity,³⁷ and that the psychological distress of food insecurity may be transmitted from parents to children. Thus, the collective experience of psychological distress in food-insecure households can be particularly problematic if it impairs cognitive function and dietary regulation, which could also increase the risk of mental illness and cardiometabolic disease.³⁸⁻⁴⁰

Parents also discussed a variety of strategies they employed to cope with the distress of food insecurity. In particular, negative strategies included sleeping, drinking alcohol, and avoidance of others. These strategies align with disengagement coping, suggesting that food insecurity presents as a threatening stressor beyond one's control.⁴¹ Parents in the study were unable to find coping strategies to address the issue of food insecurity itself (ie, problem-focused coping) and resorted to coping strategies to mitigate their own emotional burden (ie, emotion-focused coping), which could further lead to clinical anxiety.⁴² Furthermore, these coping mechanisms shed light on the known associations between food insecurity and negative health outcomes. For example, prior studies have shown that food insecurity is associated with poorer sleep outcomes in adults,⁴³⁻⁴⁶ and one study further identified psychological distress as mediating the food insecurity–sleep association.⁴⁶ Other studies have demonstrated the association between food insecurity and increased alcohol use^{47,48} as well as other illicit substances.^{49,50} If individuals experiencing food insecurity consistently turn to disengagement-oriented strategies to ameliorate the distress response, these behaviors could further exacerbate food-related hardship and increase the risk of long-term physical and mental health effects.

The theme of stigma attributed to community food acquisition was particularly noteworthy. Federal food programs and the charitable food system both comprise our nation's safety net against food insecurity and hunger. However, a national study found that only 20% of food-insecure households received food stamps and <10% of food-insecure households used food banks.⁵¹ The current study showed that utilization of these resources was a direct source of stigma for many parents with food insecurity. Specifically, this stigma was internalized by some parents, whereas for others, it was perpetrated by pantry workers. The stigma shared by parents corroborated previous studies examining why individuals with food insecurity choose not to receive food assistance.⁵²⁻⁵⁵ Addressing this stigma is critical to encourage individuals with food insecurity to seek assistance, preserve the dignity and mental health of those utilizing these resources, and improve the delivery of these services to reach more individuals at risk of food insecurity and poor health.

Understanding the psychological distress of food insecurity has become even more critical during the ongoing coronavirus disease 2019 pandemic, which has widened the burden of food insecurity in households with children.¹ During the

first year of the pandemic, school closures influenced children's ability to participate in federally funded breakfast and lunch programs, heightening the vulnerability to food insecurity that low-income families with children faced. A study conducted in the initial months of the pandemic found a dose-response relationship with greater food insecurity and perceived stress, anxiety, and depression among low-income adults.⁷ Whereas multiple food and economic relief policies have been enacted to mitigate the effects of the pandemic, a comprehensive evaluation is needed to understand whether or not and how these policies influence food insecurity and its negative mental and physical health consequences.

One limitation of this study is that the eligibility criteria included English-speaking participants, which may have excluded non-English-speaking parents and families who may have different experiences of food insecurity than English-speaking parents. Second, the participants in the present study were heavily skewed toward mothers. Mothers were more likely to express interest in the study, manage their family's food budget, and were more knowledgeable about their family's food preferences. Future studies should make efforts to recruit non-English-speaking families and fathers/ other caregivers to better understand their experiences of psychological distress specific to food insecurity. Parents were categorized as mothers or fathers based on their reported sex, which may have resulted in misclassification. Future studies should ask parents whether they identify as mothers, fathers, or other parents. Finally, although participants were specifically asked how they coped with the manifestations of psychological distress, the in-depth discussions of the coping strategies were somewhat limited. Future studies may want to focus on exploring coping strategies further and the extent to which they can mitigate the psychological distress of food insecurity.

CONCLUSIONS

Food insecurity is a source of psychological distress among parents that presents as a complex constellation of the stress from balancing logistical and financial restrictions to feed their family, frustration and stigma due to unequal access to normal food procurement channels, and the internalization of negative emotions. Recognizing the breadth of psychological distress in the experience of food-insecure populations can help to inform the development of interventions that better preserve the dignity and mental health of individuals experiencing food-related hardship.

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STATEMENT OF POTENTIAL CONFLICT OF INTEREST

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AUTHOR CONTRIBUTIONS

C. Leung, B. Laraia, A. Stewart, N. Adler, and E. Epel designed the research study. C. Leung collected the data. C. Leung, C. Feiner, and K. Solis analyzed the data. C. Leung prepared first draft of the manuscript and critically revised the manuscript and had primary responsibility for the final content. All authors read and approved the final manuscript.

Question	Follow-up questions
Tell me about your family's food situation in the past 12 mo	How do/did you feel about this? How do you think [your child] feels about this? How do you know?
What do you do to help your family stretch your food budget to last throughout the month?	How do you feel about this? How do you think [your child] feels about this? How do you know?
What other resources does your family use to get food for your family?	How do you feel about this? How do you think [your child] feels about this? How do you know?
When your family didn't have enough money for food, how did you feel?	What did you do in that situation? How did this experience change your food shopping habits? How did this experience change your eating behaviors?
When your family didn't have enough money for food, how do you think [your child] felt?	Do you think he/she was aware of the situation? What makes you say that? When this occurred, did you notice any differences in his/her behavior? How did [your child's] eating habits change?
People in families who have gone through similar situations have reported feeling like they have no control or choice over the situation when there wasn't enough money for food. Did you ever feel this way?	How did you deal with the situation when you felt you had no control or choice over the situation?
Other people in similar situations have reported feeling embarrassment or stigmatized when there wasn't enough money for food. Did you ever feel this way?	How did you deal with feeling embarrassed?
Another common experience for people in similar situations is isolation or loneliness when there isn't enough money for food. Did you ever feel this way?	How did you deal with feeling lonely or isolated?
Sometimes, people report feeling sad or depressed when there isn't enough money for food. Did you ever feel this way?	How did you deal with feeling sad or depressed?
Are there any other emotions that you would like to share with me about your food situation?	How did you deal with this when you felt this way?

Figure. Interview guide for a study of the psychological distress of food insecurity from 48 parents of children aged 7 to 14 years recruited from the San Francisco Bay Area.

Table. Characteristics of 48 parents in food-insecure households recruited from the San Francisco Bay Area in a qualitative study of the psychological distress of food insecurity

Characteristic	Data
Age (y)	
Mean (SD)	36.4 (8.3)
Range	23-62
	<i>n</i> (%)
Sex	
Male	5 (10.4)
Female	43 (89.6)
Race/ethnicity	
White	14 (29.2)
Black	14 (29.2)
Asian	1 (2.1)
Hispanic	12 (25.0)
Other or multiracial ^a	7 (14.6)
Educational attainment	
Some high school	2 (4.2)
High school graduate or equivalent	12 (25.0)
Associate's degree	12 (25.0)
Some college	13 (27.1)
Bachelor's degree	7 (14.6)
Graduate or professional degree	2 (4.2)
Marital status	
Single or never married	21 (43.8)
Married or living with partner	19 (39.6)
Divorced	8 (16.7)
	(continued)

Table. Characteristics of 48 parents in food-insecure households recruited from the San Francisco Bay Area in a qualitative study of the psychological distress of food insecurity (continued)

Characteristic	Data
Employment	
Currently employed	30 (62.5)
Currently unemployed	18 (37.5)
Household food security status^b	
Marginal food security	4 (8.3)
Low food security	20 (41.7)
Very low food security	24 (50.0)
CalFresh^c participation over the past 12 mo	
No	17 (36.2)
Yes	30 (63.8)
WIC^d participation over the past 12 mo	
No	38 (80.9)
Yes	9 (19.2)
Food pantry use over the past 12 mo	
No	20 (42.6)
Yes	27 (57.5)

^aIncludes individuals who identified as Native American, Pacific Islander, and two or more racial or ethnic groups.

^bHousehold food security was assessed using the US Department of Agriculture Household Food Security Survey Module.²¹

^cCalFresh is California's name for the federal Supplemental Nutrition Assistance Program.

^dWIC = Special Supplemental Nutrition Program for Women, Infants, and Children.