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Renewal of the Spirit: Exploring the Religious And Spiritual Coping Strategies of the Homeless

by

Kimberly A. Kennard

**A dissertation submitted to the Graduate Faculty in Social Welfare in partial
fulfillment of the requirements for the degree of Doctor of Social Welfare,
The City University of New York**

2002

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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THE CITY UNIVERSITY OF NEW YORK

Abstract

Renewal of the Spirit: Exploring the Religious and Spiritual Coping Strategies of the Homeless

by

Kimberly A. Kennard

Advisor: Professor Michael J. Smith

In recent years, there has been a renewed interest of the social work profession in spirituality and religion. Religion and spirituality in their different forms can alleviate stress and be significant sources of emotional support for individuals during a crisis, or with common aspects of everyday living. The trauma of homelessness is well documented in the literature as a stressful experience.

How individuals react to the stress of homelessness is contingent upon their personal characteristics, and the resources that are available to them. In particular, minimal information is known about the qualities and characteristics of homeless individuals that use religion or spirituality to cope, and the value of this approach is largely unknown.

This qualitative study investigates the religious and spiritual coping strategies of single homeless adults in public emergency shelters. The study seeks to identify a uniform practice model in social work that integrates religion and spirituality; strives to inform service-providers and policy-makers about the religious and spiritual coping

strategies, strengths, adaptability, and resilience of single homeless adults; and explores the organizational approach in the delivery of spiritually-sensitive social work practice.

A mixed methodological approach was used to enhance the research design. Multiple sources of data were collected throughout the course of this study: information, based on open-ended semi-structured interviews with 26 clients and 5 staff, and informal conversations. The findings from this study of spirituality point to the tremendous significance that religious and spiritual coping supports played in the lives of the women in assisting them to survive the aftermath of homelessness in this demanding and harsh locale.

Results also replicate previous conclusions with the aged and terminally ill that religious and spiritual buffers contribute to more positive outcomes. Nonetheless, the salient themes that were identified merit further investigation. Implications of the findings are included for social work education, clinical practice, program planning and development, policy, and future research. Research has found that the religious and spiritual needs of the homeless have not yet been met.

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TABLE OF CONTENTS

Abstract	iv
Acknowledgements	vi
List of Tables	xi
Chapter	Page
1. Introduction	1
1.1. Goals and Objectives	7
1.1.1. Objectives of the Study	9
1.1.2. Definition of Terms	10
2. Review of the Literature	12
2.1. Extent of the Problem	13
2.1.1. Demographic Characteristics	38
2.1.2. Description of Subgroups	41
2.2. Structural Causes of Homelessness	45
2.3. Stress/Coping/Resiliency and Adaptability	57
2.4. Religion/Spirituality and coping	72
2.4.1 Conceptual Framework(s)	79
Coping Theory	80
Resiliency Theory	81
Hierarchy of Needs Theory	83
Strengths Perspective	85
2.5. Organizational Approach	89
2.5.1. Pastoral Care	92
2.5.2. Spiritual Care	96
3. Methodology	100
3.1. Research Design	100
3.2. Research sample	102
3.3. Data Collection	107
3.3.1 Field Procedures	112
3.4. Data Analysis	117

4. Surviving Homelessness	120
4.1. Causes of Homelessness	121
4.2. Phases and Duration of Homelessness	133
4.2.1. The Nightmare is Just Beginning	134
4.2.2. Here I Go Again	137
4.3. Prior Residence	141
4.4. Rationale(s) for Homelessness	143
4.4.1. Individual Explanation(s)	143
4.4.2. Structural Cause(s)	149
5. No Place to Call Home	156
5.1. Emotional and Physical Effects of Homelessness	159
5.1.1. Adaptation	159
5.1.2. Trauma	161
5.2. The Shelter Experience(s)	164
5.2.1. Just Getting Used to It-Adjustment to Shelter	165
5.2.2. How Could This Happen to Me-Reactions to Homelessness	171
5.2.3. The Shelter Structure	181
6. Coping Rituals	185
6.1.1. Coping Practices and Customs	185
6.2.2. Avenues Of Escape	201
7. Religious and Spiritual Coping	204
7.1.1. Perspective(s)	204
7.2.2. Devotional Rituals	225
7.3.3. Observing Religious and Spiritual Coping Traditions	240
7.4.4. Religious and Spiritual Supports	246
7.5.5. Holistic Approach	250
7.6.6. Service-Delivery System	255

8. Summary, Implications, Recommendations	256
8.1.1 Social Work Education	274
8.2.2. Clinical Practice	275
8.3.3. Program Planning and Development	281
8.4.4. Social Welfare Policy	283
8.5.5. Future Research	285
Appendices	
A: Shelter Description	292
B: Recruitment Flyer	293
C: Recruitment Script	294
D: Interview Guide	295
E: Staff Survey	298
F: Informed Consent forms(s)	300
G: Emergency Numbers	306
Bibliography	307

LIST OF TABLES

Table	Page
1. Demographic Characteristics	121
1.0 Race and Ethnicity	122
1.1 Age Group	123
1.2 Children	123
1.3 Educational Level	124
1.4 Marital Status	126
1.5 Religious Affiliation	127
1.6 Employment History	128
1.7 Financial Status	128
1.8 Domestic Violence Incidents	130
1.9 Trauma History	130
1.10 Psychiatric Illness	131
1.11 Substance Abuse History	131
1.12 Homeless Patterns	132
2.0 Prior Residence	142
3.0 Individual Explanations	149
3.1 Structural Causes	149

Chapter I

INTRODUCTION

This qualitative study investigates the religious and spiritual coping practices and behaviors of single homeless adults in public emergency shelters. The study seeks to identify a uniform practice model in social work that integrates religion and spirituality; strives to inform service-providers and policy-makers about the religious and spiritual coping strategies, strengths, adaptability, and resilience of the homeless; and explores the organizational approach in the delivery of spiritually-sensitive social work practice.

Homelessness is a nightmare for increasing numbers of individuals in the United States. On any given night, there are more than 760,000 Americans who are without shelter. Over the course of one year, 1.2 to 2 million inhabitants will encounter homelessness in this country.(National Law Center on Homelessness & Poverty, 1996). In the next century, this problem is expected to get worse. Homelessness is defined as the absence of a permanent residence or home. According to the Stewart B. McKinney Act (42 U.S.C. 11301, seq.1994), a person is considered homeless who lacks a fixed, regular, and adequate night-time residence, and has a primary night-time residence that is: (A) A supervised public or privately operated shelter designed to provide temporary living conditions.(B) An institution that provides a temporary residence for individuals intended to be institutionalized, or (C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.(National Coalition for the Homeless, 1998). This definition also includes those persons that literally live on the streets, doubled up in overcrowded apartments, or is facing an impending eviction.

Homelessness is a pressing social problem in America that has captured the attention of the media, as evidenced by the myriad of television programs, newspaper articles, documentaries, and compelling exposés that have focused on the tragic plight of the homeless in our country. In the 1980's, homelessness emerged as a national issue when advocates insisted that the problem was pervasive and spreading. The homeless were extremely visible and identifiable in large metropolitan areas, especially in Chicago, San Francisco, Los Angeles, and New York City. At that time, it was estimated that the number of single homeless adults in the New York City municipal shelter system grew from about 5,000 individuals in December of 1983 to 9,000 in January of 1988.(Caton, 1990).

Many homeless adults live from day to day accommodating themselves with any type of shelter available under the open air; park benches, sidewalks, cars, vestibules, cardboard boxes, or abandoned buildings. There are also a segment of homeless individuals that have found that living underground, in subway tunnels provides them with an asylum that they call home. Many are observed digging for food in trash receptacles as one of the ways to nourish themselves. The homeless are also seen relieving themselves in public areas, or pushing around shopping carts and baskets that contain their worldly possessions. Some sustain themselves financially by panhandling, stealing, or picking up bottles and cans. While others, roam the streets passing time aimlessly.

The indelible images of "crazed bag ladies" linger in the minds of many citizens, while others fail to notice the relative numbers of men, women, and children that live in "shanty towns" hidden away from public scrutiny. In numerous instances, homeless families are barely noticeable because they do not exhibit the same living patterns as single

homeless individuals. They are less likely to be found with their children begging openly for money, or sleeping on city streets. Although family homelessness has steadily increased in America, much of the attention has focused on the predicament of single homeless adults because they are most visible to the common eye. A majority of the services that are available to homeless populations have been reserved for "street people" who are considered as the most recalcitrant, contemptible, and pathetic of all. The invisibility of the homeless family in America may explain why for the most part scores of social-service programs and public policies largely discount them.

On a local, state, and national level, there are concerned citizens that are involved with coalitions and agencies that advocate, organize, and lobby for the homeless. Baxter and Hopper (1981), posit that it is often presumed that the general public has an obligation to respond to the self care deficits of the homeless by offering assistance that guarantees a quality of life that is consistent with some minimal humane standard. However, many individuals abdicate this responsibility and regard homelessness as one of this nation's most significant dilemmas that the federal government should eradicate.

In fact, billions of dollars was spent by the government in the 1990's for the Department of Housing and Urban Development McKinney Act programs yet homelessness continued to increase in the United States. Burt (1997), found that the homelessness rates (the number of shelter beds in a city divided by the city's population), among single homeless adults in 182 cities with populations over 100,000, tripled between the years of 1981 and 1989. The Clinton administration promoted the related ideas of a "continuum of care" and "coordinated services" for the homeless.

Therefore, more funding was available for intake and assessment, emergency shelter, transitional shelter, and specialized services for mental health, and alcohol or drug treatment.(Burt, Aron, Lee, & Valente, 2001). Now, the federal government has drastically reduced the funds allocated for public housing, housing and urban development programs, and low-income homes. Social Scientists have examined the homeless extensively, yet they are frequently puzzled by this enigma. Over the past decade, there has been a push by a number of policy-makers and service-providers in America to respond to the housing crises, and the overwhelming challenges that the homeless continuously face.

What is it about homelessness that has made it so entrenched in our society, and why haven't the most obvious solutions worked. Over the past 15-20 years, there are two trends that are largely responsible for the growth of homelessness in the United States. This includes the scant supply of affordable housing, and the simultaneous increase of poverty.(National Coalition for the Homeless, 1998). Generally, homelessness is devastating and can cause the individual a great deal of internal as well as external stress. Additionally, the trauma of homelessness intensifies if the person also suffers from a co-existing psychiatric, substance abuse, or physical disorder. How do the homeless cope with the stress of homelessness, destitution, or other adversities, and find the strength to persevere under such deplorable conditions and insurmountable obstacles? What are the survival skills, and coping mechanisms that allow them to "bounce back" and "recover" from this never-ending nightmare? In terms of coping, a variety of adaptation strategies are commonly used by the homeless to diminish the strain of homelessness, and to meet their basic physiological needs.

Numerous researchers have investigated the coping strategies used by the homeless. As a matter of fact, Cohen and Sokolovsky(1989), and Koegal, Burman, and Farr(1990), found that the homeless men that participated in the research studies were innovative and utilized a diversity of coping strategies and survival skills. Surprisingly, the men seemed to have extensive support networks, and had developed community systems of exchange with commercial establishments through which they could obtain basic necessities such as food. What these studies do not illustrate is that the homeless frequently use other important informal supports, and coping rituals to relieve the tension of homelessness. Religion and spirituality, in their numerous forms can also alleviate stress, and be significant sources of emotional support for individuals during the time of a crisis, or with common aspects of everyday living.

Although it may be difficult to focus on religion or spirituality when the person's physical or emotional well being is compromised, many formally homeless individuals report that their belief in god, gave them the courage, will, strength, and determination to survive. In fact, they indicated that they were deeply influenced by their religious beliefs and received solace, strength, and great comfort during this trying period. For them, the connection to a specific faith or ritual was a positive support that relieved the burden and frustration of homelessness. Research shows that religious and spiritual coping practices are significant, and often contribute to the spiritual renewal, emotional happiness, and subsistence of the individual. However, there is a deficiency of existing literature that offers a detailed understanding of the religious and spiritual coping strategies utilized by homeless populations.

In particular, very little is known about the religious and spiritual coping mechanisms and behaviors of single homeless adults. Oftentimes, it is difficult for the homeless to concentrate on religion or spirituality when they are focusing on their next meal, sleep, or housing. There is also a paucity of theoretical frameworks that elucidate the religious and spiritual coping process of the homeless. Thus far, systematic research and knowledge about religious and spiritual coping practices and behaviors has concentrated on the elderly, or the terminally ill.

To date, there has been little empirical attention on the extent to which homeless individuals use religion, spirituality, and faith for this purpose. The characteristics and qualities of homeless persons that do, and the effectiveness of this strategy are largely unknown. Moreover, very few researchers have utilized qualitative methods to discover the specific self-reported religious and spiritual coping strategies and behaviors of homeless people. Stone and Neale(1984). postulate that conventional coping inventories may not capture the different meanings or functions that certain strategies have for diverse populations, especially if individuals translate questionnaire items in different ways.

A qualitative study is important not only for comprehending how religious and spiritual coping strategies mediate the distress and trauma of homelessness, but also by documenting and capturing the specific dimensions of religious and spiritual coping behaviors relative to this group. Researchers have seldom designed quantitative or qualitative studies of spirituality.(Hodge, 2001; Hartmen, 1995; Franklin & Jordan, 1995; Montgomery, 1994; Lukoff, Turner, & Lu; 1993, Mattaini & Kirk, 1993). Above all, inquiries that have centered on the spirituality of the homeless are rare. A uniform practice model in social work has not yet been developed that integrates religion and

spirituality. At a minimum, social workers must be knowledgeable about the religious and spiritual beliefs of the clients that they assist. In addition, it is essential that service-providers also comprehend the diverse religious and spiritual dimensions of coping that the homeless adopt.

This qualitative study will be informed by Lazarus and Lanier's (1978), comprehension of coping and stress, and Abraham Maslow's (1954), hierarchy of needs theory. It also follows the principles of resiliency theory, and is influenced by the strengths perspective. Nonetheless, the use of qualitative methods and the integration of spirituality and religion can lend important insights into social work education, practice, policy, and research. The subsequent section describes the: (a) Goals and Objectives of the study, and is followed by the (b) Definition of Terms.

1. 1 Goals and Objectives of the Study:

This study seeks to identify a uniform practice model in social work that incorporates religion and spirituality. It strives to inform service-providers and policy-makers about the strengths, resilience, adaptability, and religious and spiritual coping practices and behaviors of the homeless. In keeping with the tenets of phenomenological inquiry, this study also explores the religious and spiritual coping strategies as described by the informants by characterizing, identifying, and depicting its meanings and dimensions, their service needs, the extent to which these needs are met, and the organizational approach in the delivery of spiritually-sensitive social work practice.

This investigation signifies a serious attempt to present an interdisciplinary convergence in the study of "human behavior", "stress", "resiliency", "strengths", "religious and spiritual coping ", and "homelessness" by drawing upon the fields of education, gerontology, hospice, pastoral care, psychology, social sciences, and social work. These areas have a propensity to be disregarded by researchers, social workers, service-providers, and policy-makers in America as important topics.

Hopefully, this study will add to the development of practice knowledge in social work by generating new insights, knowledge, as well as contributed to the comprehension of the religious and spiritual coping practices and behaviors of this population. Additionally, the information attained from this study might be utilized by the organization to enhance and modify certain aspects of the service delivery system. The findings from the study have major implications and could also be used by policy makers to devise relevant social policies for this disenfranchised population. Finally, suggestions for further research are recommended from a very specific as well as a broad context.

1.1.1 Objectives Of the Study

The objectives developed for this study are:

- 1) To explore and describe how informant's that are homeless characterize and experience religion, spirituality, faith, and other interconnected themes.
- 2) To depict and capture the range of expression of the religious and spiritual orientations and practices of single homeless adults in a public emergency shelter.
- 3) To explore and describe the resilience, strengths, adaptability, and religious and spiritual coping strategies and behaviors of the homeless.
- 4) To describe how the clinical staff evaluates the religious and spiritual requirements of the client's in the shelter, and provides services to meet these demands.
- 5) To explore the organizational approach in the delivery of spiritually-sensitive social work practice.
- 6) To explore a strengths-based holistic approach to case management that integrates religion, spirituality, as well as additional matters of concern.

1.12 Definition of Terms

The following terms and concepts are defined to clarify as well as to limit the scope of this qualitative study.

Emergency Shelter: Municipal or private shelters that offer individuals or families a temporary place to stay for a few days, or weeks until they find permanent shelter.

Faith: This term is characterized as a belief that assistance is available from something larger oneself such as God, a higher power, a larger reality, a supreme-being, or the universe.(Graham, Kaiser, & Garrett, 1998).

Home: This phrase is explicated as an individual having one's own abode, the abode of one's family; residence; one's own country; an establishment affording the comforts of a home.(Patterson, 1992).

Homeless: Homeless is defined as those persons that lack a permanent nighttime residence or home, and sleep in places not intended for residency.

Homeless individuals: The expression "homeless individuals" does not include persons that are imprisoned, or otherwise detained pursuant to an act of congress or a state law but rather those individuals that are houseless." 42 U.S.C. 11302(c).(National Coalition for the Homeless, 1998).

Literal homeless: Literal homeless refers to those individuals that literally reside on the streets or in shelters, and persons who face imminent eviction within a week from a private dwelling or institution, and who have no other subsequent residence or resources to obtain permanent housing.(US Department of Agriculture, 1996).

Metropolitan Area: Metropolitan area refers to an urban area as defined by the census bureau, which includes a larger city surrounded by smaller cities, or towns whose economies and populations are interconnected with one another. An inclusive metropolitan area is two or more metropolitan statistical areas that conjointly forms an interrelated community.

Permanent Housing: Long-term public or private housing for adults in the community without access to supportive on-site social services.

Protective Adaptive Factors: Protective adaptive factors are the foundation of resilience and allow the individual the ability to adapt, cope with, and overcome significant life stresses.

Support: Financial assistance or emotional comfort that is provided to the individual by relatives or peers.

Supportive Housing: Permanent housing in the community that offers on-site supportive social services to the residents in the facility or building.

Supportive Services: Any supportive service provided by a social-service provider or governmental agency contributing to the well-being of the individual, including but not limited to health care, sustenance, family, domestic violence, mental health, substance abuse counseling, housing, vocational, education, or job training.

Religion: Religion has often been equated with theology and elucidated as the membership in an organized faith community that institutionalizes a system of religious beliefs, attitudes, and practices.(Netting, Thibault, and Ellor, 1990, p.6) and as an external expression of faith" that is comprised of beliefs that unite an individual with a moral community.(Joseph, 1988, p.444).

Resilience: Resilience focuses on the inner strength and tenacity of the individual to rebound, bounce back, and survive, in the face of adversity, successfully adjust and to become stronger despite exposure to severe stress and insurmountable obstacles.

Single Homeless adults: This term refers to unattached homeless individuals that are currently homeless, or who have experienced brief or extended periods of homelessness in the past.

Spirituality: Spirituality is conceptualized as a relationship to a force greater than oneself (Netting, Thibault, and Ellor, 1990, p.6) and the individuals effort to "transcend and relate the individual to the ultimate"(Joseph, 1988, p.444). Spirituality is also defined as an innate characteristic of all people that includes such aspects as the desire for meaning and purpose, intuitive process, the search to unite with an ultimate reality, and the desire to realize one's true self or inner potential.(Cowley and Derezotes, 1994; Canda, 1989; Siporin, 1985).

Streets: Streets implies of variety of settings and refers to outdoors: the open-air, outside, out of the house, (sidewalks, pavements, alleyways). b) parks, benches, fields, uncovered areas; (c) public or private buildings, (subways, bus, or train stations, airports, all night movie theaters;(d) residential buildings doorsteps, roofs, backyards and abandoned buildings; (e) cars, underground, tunnels.(Jahiel, 1992).

Transitional Shelter or Housing: Transient or temporary shelter for a month to over a year until the individual finds permanent housing. Supportive services are often available on-site to the individual in the facility, and often include services such as counseling, housing placement, vocational or educational programs.

Chapter 2

Literature Review

Homelessness is a widespread social problem that should be obliterated, and the religious and spiritual coping strategies and behaviors of single homeless adults must be identified and understood. The review of the following disciplines: education, social work, gerontology, sociology, hospice, pastoral care, psychology, psychiatry, and substance abuse, were examined for their contribution to knowledge as it relates towards understanding human behavior, and describing the resilience, strengths, and religious and spiritual coping strategies of adults that are homeless.

This literature review begins with a general overview of the origin of homelessness in America, and the demographic characteristics and attributes of the homeless throughout history. It then examines the individual and structural causes of homelessness, and the factors that intensify this phenomenon in the United States. Against this backdrop, the psychological, physical, and emotional trauma that results from homelessness is explored; the strengths, adaptability, and resiliency of single homeless adults is also delineated; The next chapter investigates the religious and spiritual coping practices and behaviors germane to this group. The final section of the review explores the organizational approach in the provision of spiritually-sensitive social work practice, in addition to the delivery of pastoral and spiritual care.

Throughout this literature review, the phrases "single homeless adults", "homeless population", and "homeless individuals", were used interchangeably depending on the terminology found in different sections of the literature.

2.1 Extent of the Problem

The present homeless population in the United States is conservatively estimated by social scientists at 1.2 to 2 million individuals.(National Law Center on Homelessness & Poverty, 1996). Bachrach (1984), suggests that it has been difficult to estimate the exact number of homeless individuals in this country because of discrepancies in conceptual and methodological issues. Breakey & Fisher (1990), report that three comprehensive methods have been utilized by researchers to enumerate the homeless and this includes indirect, direct, and national estimates in shelters or other institutions, and the streets.

Seldom has there been agreement between social scientists over the precise number of single homeless individuals in America, or who should be included in this current definition. A majority of the research studies that are undertaken to compute the actual numbers of homeless individuals are limited in scope, and only measure the aggregate number of homeless people at one point in time rather than the magnitude of individuals that experience homelessness over an extended period throughout their lifetime. (National Coalition For The Homeless, 1998). Burt and Cohen (1989) argued that it is hard to locate most homeless people if you only give yourself one day to do it. It is no surprise that when Burt and Cohen measured the amount of homeless people in this country, their one-week figure was considerably much higher (75%) than their one-day estimate.

Homelessness is a serious social problem in America that is as antiquated as the first permanent settlement of Europeans to Jamestown in 1607, and in 1620 at Plymouth Rock. (Axelson & Dail, 1988). Virtually all societies have included larger or smaller clusters of people who have no place to call home, and almost always are poverty-stricken. (Burt, Aron, Lee, & Valente, 2001). Homelessness can be traced back as early as the Middle Ages in Europe. At that time, the homeless were commonly known by pejorative terms such as tinkers, traveling peddlers, and arch like vagrants. It was assumed by the ruling class that the homeless must be confined to specific sections and districts in England. As a result, rules, regulations, laws, and statutes were legalized to restrict the movement of the vagrant population in England, Wales, Scotland, and Ireland. (Axelson & Dail, 1988).

King Hlothra and Eadric ruled Kent from 673 to 686, and instituted vagrancy laws that specifically stated "If a man entertain a stranger for three nights at his own home, a Chapman, trader, merchant, or any other individual that come over the march and feed him with his own food, and he then did harm to any man, let the other man bring the other or do justice for him.(Ribton, Turner 1887, p.5). During this period of time, the host was obligated to assume responsibility for the behavior of a outsider and if this stranger committed any offenses in that district, the host was required to make amends for their transgressions. Normally, this act took the form of some type of financial remuneration.

At that time, poverty-stricken individuals that were homeless were normally dependents of the wealthier citizens in the region. However, this was not always the case and many indigent homeless individuals roamed aimlessly throughout the country in search of food and shelter. There was the assumption by the elite that charity and assistance for

the unworthy poor contributed to rootless and slothful behavior. In response to the growing epidemic of poverty in Europe, the church was only able to provide minimum relief to the homeless because there was an overwhelming demand for their services and resources. In addition, the Catholic Church also faced the dilemma of resolving the issue of homelessness among their monks.

The wanderings of the Catholic monks was brought about by the shortage of churches that were available to them in the provinces.(Axelson & Dail, 1988). In desperation, Egbert Archbishop of York who ruled from 732-767 created the following law. "Let no monks remove from place to place, but let them remain in obedience which they undertook at the time of their religious conversion.(Ribton-Turner, 1887, p.8). Throughout history, the paradox of homelessness was not always dealt with in a sensible, reasonable, and benevolent manner.

Accordingly, the restrictive laws and regulations in Europe were further reinforced under the reign of the following rulers of England, Henry VII from 1485 through 1509, Henry the VIII from 1509 through 1547, Edward the VI from 1547 through 1553 and the Elizabethan period from 1558 to 1603. (Axinn & Levin, 1992). The Elizabethan poor law specifically stressed the principles of local government responsibility for the poor. The Elizabethan poor laws were extremely coercive and the meagerness in relief often served as deterrence for paupers that required assistance. Today, it is becoming increasingly more difficult for the homeless to meet the criteria to receive much needed monetary and social assistance from the federal government. Early efforts to control the problem of homelessness in Europe focused on differentiating the worthy poor from an unworthy individual. Caton (1992), posits that the disabled, afflicted, or truly poverty-stricken

person were viewed with greater compassion by members in the community than the able-bodied vagrant that lacked a permanent residence or occupation.

Colonial Period 1647-1776

In the mid 1600's, the first wave of migration to the New World included the unworthy poor, criminals, unwed mothers, and vagrants. It was also at this time that the first homeless individuals began to emerge in America.(Golden, 1988; Martin, 1987). The English poor laws transcended the continent and were adopted and incorporated into American culture, values, and tradition. By 1770, all the colonies in the United States with the exception of Georgia adopted similar poor laws.(Katz, 1986). Poverty in America was so acute that codes were enacted to prevent the traveling stranger from entering into different counties and regions.

At that point in time, the gentry closely scrutinized the financial status of foreigners before they were permitted to settle in a province. The principle of local responsibility for the poor made public aid the domain of small units of the government. The phrase, of quiet and undisturbed residence in a locality, lasting from three to twelve months, was required before the status of legal resident was granted, which carried with it the town's obligation to provide support to the individual if needed.(Caton, 1992). In fact to many, the poor laws seemed like a practical approach for resolving the economic constraints that were common all over the nation.

Well into the 18th century, many homeless individuals continued to be housed with private families. It was customary for the homeless to be indentured to wealthier families that desired inexpensive laborers or domestic workers. This form of assistance was

commonly known as "indoor relief". Normally, the homeless were from the working class, destitute, and were especially vulnerable and susceptible to exploitation and domination by the affluent inhabitants that were in power and who maintained control of the social, political, and economic resources.

In 1736, the first almshouse for the poor emerged in New York City. (Caton, 1992). By the end of the 18th century, the almshouse, poorhouse, and houses of correction began to replace individual homes for the poor that were aged, disabled, or afflicted with a serious ailment, and were the prominent social institutions in America. The almshouse, poorhouse, and houses of correction, were asylums that were frequently filthy, overcrowded, and extremely noxious. A growing number of the homeless were recurrently forced to reside in these establishments for extended periods. Unfortunately, this parallels many of the experiences of the present-day homeless that languish in municipal or privately operated shelters, and report that these surroundings are generally unsafe, inhumane, and dangerous.

Pre-Civil War Period 1777-1860

During the Pre-Civil war period, the power elite in the United States continued to support the tenet that the insane, disabled, and dispossessed should remain housed in almshouses, poorhouses, and houses of correction because "positive" individual change could occur in these settings. It was thought that the homeless could be cured of their affliction if appropriate treatment and services were obtained in a stable, serene, and orderly environment. During this era, the poor continued to be maligned, and divided into categories. Again, the worthy poor were classified as those individuals that suffered from

a physical or social disability beyond their control, while the unworthy poor were left to their own devices. Consequently, the worthy poor received some form of indoor relief while the unworthy poor such as the able-bodied homeless individual failed to receive any form of provisions.

Today, the homeless continue to encounter obstacles in society that frequently hinder them from securing essential resources and services. The privileged few continued to believe that the provision of indoor relief to the poor reinforced slovenly and irresponsible behavior. However, poverty amongst whites in the South blurred this distinction. There was the notion by the upper echelon that pauperism and homelessness could be prevented, treated, and cured. In a similar vein, many conservative philosophers in the twenty-first century target the homeless, and continue to blame the person for their predicament. In addition to inaccurately presuming that the homeless are reckless, untrustworthy, and indolent. Once again, it was believed that the most economical and reasonable way to resolve poverty and homelessness in this country was the almshouse or workhouse. All through American history, the poor house dominated the structure of indoor relief that was distributed to the destitute and vagrant populations.

In the United States, the immigration of white ethnic intensified the housing crisis and the widespread problem of poverty. In response to the pervasive poverty that existed, the first soup kitchen was established in New York in 1802, and in 1814, the first emergency shelter was constructed in Sailors Snug Harbor New York. (Wallace, 1965, p. 11). The urban slums that emerged in the mid-1800's were a result of the massive surge of poor immigrants that crowded major cities. For example, New York City was inundated with immigrants from England, Germany, and Ireland who typically lived

doubled up in crowded multi-story tenement buildings and squalid conditions.

According to Katz (1986), between 1820 and 1860, more than five million immigrants had entered America. The immigrants that migrated to the United States were in search of economic prosperity, family reunification, or fled their country as a result of political turmoil and avoidance of the military. During this period, Jane Adams and other social settlement reformers joined in the crusade to improve the horrible housing conditions for the poor in America.

Civil War Era 1860-1900

The climax of the civil war period in America produced thousands of men that were without shelter. The homeless migratory worker was commonly known as a hobo, tramp, gandy dancer, or knights of the road. (Hopper, 1990). The typical hobo was a byproduct of the social environment of the 19th century, and was primarily of Scandinavian, German, Irish, and British decent. (Anderson, 1975). In 1873, there were approximately 38,000 hobos in the country. (Wallace, 1965). These unmarried men were quite adept as foragers, physically hardened, sophisticated in their search for food and shelter in all conditions, and highly skilled in the use of the railroads. (Bruns, 1980; Kusmer, 1987). They also provided the labor to work the mines, harvest the crops, cut the timber, work the fisheries, and build the railroads.

During this period, the more mature hobo was far outnumbered by younger men. As a result, older hobos adapted by teaching the newcomers survival on the road. (Chiles, 1998). One of the most important survival skills of a hobo was learning how to flip a train and ride it safely. (Hopper & Hamburg, 1984). At the time, it was common for hobos to

jog along side moving freight and passenger trains. Nevertheless, life on the road was dangerous and it was vital that the hobo was always cautious and avoided slipping under the wheels of a train, or other fatal mishaps while traveling. It was also during this era that the younger hobos developed a subculture replete with its own customs, language, tradition, and code of ethics. An unstated set of regulations normally governed hobo assemblages. For instance, a hobo was expected to cleanse the pots after usage, and not rob a fellow vagabond. However, if stealing occurred amongst the hoboese, it was to be kept at a minimum.

Restrictive punitive measures were again taken by powerful officials to control the homeless in this country. An individual could be jailed if they begged, roamed aimlessly, or solicited alms from others. In fact, the Rhode Island Tramps act of 1880, served as an exemplar for other states to replicate. The precept of this law imprisoned beggars and tramps for extended periods, and then subsequently sent the individual to workhouses for a specified time. After the civil war period, there was a retreat from the almshouse, poorhouse, and houses of corrections, and homeless populations were found in a variety of different settings.

The post civil-war era also witnessed the development of "skid rows" in America. Wallace (1965), suggests that skid rows are that section in every North American city where the homeless lived, and could call home if they desired. This was a location where many homeless individuals sought refuge from a nation that had disregarded them. Before the rise of skid-row neighborhoods in America, it was common for homeless populations to openly sleep outside, or to seek refuge in the ghetto. In general, the skid-row bum or derelict was an older middle-aged white male whose capacity to live independently had

been jeopardized by persistent drunkenness. Normally, the skid rower was detached from the various social, political, and economic institutions in society, and maintained little or no contact with their family of origin. Rarely did the skid rower marry, or form a lasting relationship with a female. He did, however, develop significant alliances with members of the skid row community. At the height of affluence, the skid rower attended college, and with the Depression of 1914 he sometimes resorted to violence to survive.(Wallace,1965).

The dominant social institutions that evolved to meet the needs of the skid-row inhabitant included bars, salons, grills, temporary employment agencies, rescue missions, flophouses, cheap hotels, or other related organizations. (McSheehy, 1979). First, the bar or saloon was the only establishment that respected and valued the skid-row customer. Owners often profited from the skid row client and his habits, and took extreme measures to lure him away from competitive establishments. The earliest bars on skid row were commonly referred to as "barrel-houses".

Barrelhouses were saloons of the lowest order where liquor was drawn from barrels against all four walls. (Wallace, 1965). This was a place where the individual could consume alcoholic beverages, listen to country western music, engage in recreational activities, socialize with others, have their checks delivered to this location, and sleep on the floor if necessary. It was also routine for the bartender to serve watered drinks, overcharge, cheat, and exploit the skid row patron. The most noticeable characteristic of these bars was the absence of women. Secondly, was the emergence of restaurants and grills. Individuals that lived on skid row could dine at a restaurant or grill that generally had average prices and served mediocre food. At that time, if the public aid recipient mismanaged their finances, they were supplied with food vouchers. It was

customary for numerous taverns on skid row to accept welfare disbursing orders, food vouchers, and commutation tickets that entitled a bearer to provisions. (Anderson, 1923).

Third, day labor and temporary private employment agencies were essential to the subsistence of many skid-row men who were between jobs. The general Depression of the early 1890's had produced countless numbers of men in America that were unemployed. During this period, Chicago was the largest market in the United States for the casual and seasonal worker. Ordinarily, the skid row laborer worked in factories, loaded or unloaded trucks, or performed trade show work. (McSheehy, 1979). However, there was no job security in temporary or day labor positions, the tasks were frequently laborious, and the earnings were remarkably low. It was also customary for the skid-row employee to consume alcoholic beverages while working, or to terminate these assignments prematurely.

Individuals on skid row that worked for temporary or day labor agencies were often condemned to a life of poverty and degradation. Moreover, employees at day labor and employment agencies recurrently took advantage of the skid row resident. During this era, insurance, retirement income, and hospital benefits were unavailable to the seasonal employee. In the early 1900's, union's slightly improved the plight of the skid-row denizen. Of all the labor coalitions throughout the country, the Industrial Workers of the World yielded several fringe benefits for the homeless individual. (Wallace, 1965). For instance, many hobos that rode trains carried badges so that they were not targeted by trainmen, and treated more civilized.



Fourth, rescue missions often provided emergency shelter, and other vital services to the skid-row dweller. The aim of most rescue missions was to rehabilitate skid-row populations, and improve deplorable conditions for them. However, only certain groups were designated as worthy of salvation. African Americans, Latinos, and Native American Indians were deemed as undeserving and could not receive assistance from the rescue missions. The early rescue missions in America only provided short-term relief to poverty-stricken white families that resided in the ghetto, as well as to the unattached white homeless individual that required food, clothing, and to a limited extent shelter.(Wallace, 1968:51). In addition, the missionaries often perceived physical hardship as an indication of the person's spiritual departure from god. From the mission workers point of view, the skid rower was leading a life a sin.

This notion was rooted in religious fundamentalism, and was an outgrowth of the "Protestant Ethic" and "Western Civilization".(McSheehy, 1979). Nevertheless, the motivating purposes of these missions, was evangelical rather than to merely supply the person with basic physiological necessities. It was believed that skid-row resident's were suitable for religious indoctrination, transformation, and sanctification. It was also important that the skid row patron undergo the rigid alcohol program and demonstrate a value orientation similar to that of the mission personnel in order to receive goods and services.(Wallace, 1965).

Finally, lodging houses, flophouses, and hotels were inexpensive residences that were located in skid-row neighborhoods. Anderson (1975), documented the skid-row area of Chicago and commented that "hobomania" was a glamorized urban locality where low-cost housing could be attained by the individual in exchange for work. At the turn of

the century, there were 104 lodging houses in New York City, 200 Chicago, 106 Philadelphia, 113 Baltimore, 120 Washington, 113 Minneapolis, and 45 in Denver.(Wallace, 1965). These facilities catered to the economically displaced individual and were often overcrowded, broken-down, filthy, and neglected. As a rule, the elderly and retired spent the bulk of their income on skid row housing, and attempted to secure the better accommodations.

Normally, skid row buildings were poorly constructed, and their upkeep was not the primary concern of management. Although their numbers have been reduced considerably, low-cost hotels are still in existence in the twenty-first century. Nonetheless, the predicament of the "unattached homeless male" in New York City was far different. According to Hopper (1990), the "Bowery Man" was all but synonymous with a drunken, repulsive, unlawful, and sluggardly character. that spent the majority of their earnings on liquor, and resided in rat infested flophouses, or in the back rooms of saloons. It was also customary for police officers to antagonize and imprison the skid row inhabitant for public drunkenness, or disorderly conduct. Many of the anti-vagrancy laws that existed at that time were obsolete, unconstitutional, vague, and arbitrarily enforced. The skid row community also frequented other related organizations. This included but was not limited to liquor stores, second-hand or thrift stores, pawnshops, parks, libraries, and the hospital. Unfortunately, these social institutions perhaps contributed to the existence of skid-rows in the United States.

The late 1800's was also the earliest involvement of the federal government in the housing crises. At that point in time, the government began to assume limited responsibility for the indigent that lived in slums, less than adequate housing, or public

lodging houses. In 1892, Congress authorized a council to analyze the appalling housing circumstances of the poor in urban cities. It was also at this time that there was a mass movement of white families out of metropolitan areas into the suburbs. In America, a home in the suburbs began to symbolize middle-class status, personal accomplishment, and economic prosperity. Countless middle and working class families believed that the suburban home protected them from the perils and pitfalls inherent in urban environments.

Progress and Reform 1900-1930

The dominant homeless populations of the 1920's and 1930's were tramps. Tramps were transient unattached white males that were unemployed and rode the railroads throughout the country. Caton (1992), reports that the majority of tramps were between the ages of 25 to 49 years of age, most had attended school, and many resided in cheap lodging houses. During this age, a survey of tramps suggest that there were 8000 women, and 200, 000 children that were also homeless. (Hopper & Hamburg, 1984). For them, traveling the roads was extremely hazardous. The women were frequently assaulted, and the children victimized by sexual predators.

The wandering drifter was often perceived with skepticism by the general populace, and recurrently treated inhumanely. However, by the 1920's, the scary image of the tramp was beginning to change. The general public recognized that well-known literary figures such as Jack London and Carl Sandburg also rode the freights.(Chiles, 1998). Thousands of veteran's dispossessed by the war, and unable to reintegrate into society also found asylum among skid rowers. In 1911, an estimated 40,000 to 60,000 men continued to live in Chicago's skid-row areas.(Solenberger, 1911). The sum total of

homeless men remained constant until 1927 when wages began to decrease, and in 1929 when the Great Depression devastated the nation.(Wallace, 1965).

National figures supplied by Roseman indicate that from October 1, 1930, to September 30, 1931, the number of lodgings provided to skid-row populations in Chicago reached the unparalleled height of over one million. During this period of time, the almshouse continued to remain a part of American culture, and now provided shelter primarily to the elderly. At that time, the aged were extremely vulnerable and often found themselves living in indigence because they seldom had any savings, pensions, and social security benefits were not available to them thus far. However, towards the end of World War I, the almshouse completely disappeared in the United States when welfare benefits were expanded to encompass old-age pensions, health-care, and unemployment insurance for the aged.(Caton, 1992). In America, the homeless continued to be perceived as worthless by community members, and received limited assistance and support.

Great Depression and the New Deal 1930-1940

During this period, there was still a portion of individuals that were unemployed and homeless. In a 1933 survey conducted by the Federal Transit Bureau, authorities computed the number of transient and homeless persons in the United States at a million to a million and a quarter.(Wallace, 1965). Despite Nels Anderson's claim that this was a conservative estimate, and in reality the number of homeless individuals in America fluctuated between two and five million. After World War I and the Depression of the 1930's, the quantity of homeless men in skid-row neighborhoods increased greatly, especially during periods of high unemployment. Wallace (1965) asserts that by March of

1935, Cook County, including Chicago, provided 17,192 unattached men with institutional care, 3, 975 with home care, 400,109 nights lodging, and served over one million individuals. However, the predicament of the single homeless adults was superseded by a more pressing concern, which was the enormous growth of poverty-stricken families.

The New Deal period was very conservative. The metropolitan poor continued to reside in less than adequate housing. These families managed to survive, and demonstrated resourcefulness, tenacity, and resilience, that often confounded social scientists. This was also a time in America history that was dominated by economic "laissez faire", political conservatism, and the enactment of new social welfare programs.(Axinn & Levin, 1992). The innovation in relief, and the attitudes towards the poor changed drastically. The family was generally viewed with more compassion than the single unattached homeless person. The subsequent surge of federal compensation that emanated during the Great Depression, was coordinated by President Hoover to aid those family's that were in need of relief. Shortly after, the Homeowners Loan Corporation was conceived in an effort to save distressed white middle-class or working-class homeowners and mortgage lenders from financial disaster. This was also the initial prelude of housing subsidies in America for those individuals in dire straits. (Affordable Housing: The Year Ahead, August 1989).

By 1934, title VI of the National Housing act allowed builders to insure up to ninety percent for housing mortgage. (Blau, 1992). At the time, the federal government instituted the Federal Housing Administration, which was mortgage insurance for middle and working class families. The Federal Government gave housing support to white

families so that they could remain in their existing housing unit. To ensure homogeneity, prohibitive covenants were also established and supported by the judicial system. For example, coercive measures were taken that prohibited Asians, Jews, African Americans, and Latinos from moving into segregated white neighborhoods.

During this era, returning servicemen also heightened the housing dilemma. As a result, supplementary programs were designed for war veteran's that guaranteed housing mortgages, and enabled them to reenter society. This included the G. I. Bill of Rights, the Veteran's Administration, and a series of benefits ranging from education to psychiatric treatment. (Caton, 1992). In which case, it was rare for war veteran's to return to skid-row areas. By the late 1930's, the skid row communities throughout the country nearly vanished.

War and Prosperity 1940-1970

After the war, skid-row populations were reduced considerably by economic prosperity, and newly established federal government work programs. (McSheehy, 1979). The skid row neighborhoods that existed were essentially a residual of the Great Depression, and the subsequent financial recovery in the United States. However, homelessness still existed, and the housing shortage continued. During this era, dilapidated and archaic dwellings were removed, and considerable displacement resulted. The newly dispossessed included migrant families trekking west, squatter communities erected along the rivers or in the parks of larger cities, massive numbers of unemployed men, and tramps.(Chiles, 1998). The federal government begrudgingly assumed partial responsibility for relocating displaced households, and for providing housing to the

homeless in this country.

The surge of African Americans from the South that relocated to the North to pursue employment and educational opportunities also intensified the housing crisis. Numerous minority families also lived in less than adequate housing. In 1940, 45% of all rental units lacked adequate plumbing. Meanwhile, housing conditions improved slightly in rural areas. The massive migration of rural inhabitants into cosmopolitan cities effectively eliminated many of the country side shacks that existed.(Hopper & Hamburg, 1984). In 1949, the Urban Redevelopment Act acknowledged that transmigration was destabilizing older cities in America. Accordingly, a federal housing act was formulated so that every family had the right to reside in a stable environment and suitable residence. (Priority Home-The Federal Plan to Break the Cycle of Homelessness, 1994).

In the United States, the nuclear family continued to symbolize the perfect household type. According to the American "family ethic," individuals should marry, live in two-parent households, and procreate.(Wilkerson & Gresham, 1989). Preferably, there should be one wage earner and a homemaker. Moreover, the single family home was still considered as the ideal residence for White Americans. The availability of federally funded mortgages placed home ownership within the reach of most white families. By 1940, 43.6% whites were homeowners, and in 1960 this estimate increased to 61.9%.(U.S. Bureau of the Census, 1984a).

Notwithstanding, this housing policy failed to actualize its fundamental intention. This public policy was racist in nature and was specifically designed to exclude African Americans, Asians, Latinos, and other minorities from the housing market. Minority individual's continued to encounter racial discrimination in the real estate industry that

often prohibited them from living in certain communities and neighborhoods. For instance, mortgage-lending practices, redlining by banks, and restrictive bans were common procedures utilized by countless numbers of financial institutions in America to discriminate against people of color.

The provision of housing for the poor during the 1940's through the 1960's was the responsibility and duty of the federal government. At that time, public housing was available for families with limited incomes. However, prior to the 1960's, tenancy in public housing projects was limited to white families where at least one member was employed. Tenants were carefully screened, and complied with the strict standards of behavior and middle-class lifestyle that was rigidly enforced by the federal government. By the 1960's, the tenant composition had changed dramatically, now relative numbers of poor minorities and senior citizens resided in public housing complexes. Public housing projects were often located in secluded areas, poorly constructed, and socially isolating which magnified the psychological stress of the inhabitants. Nevertheless, the federal government failed to address the multitudinous challenges that the homeless, and low-income families continued to face in America.

During this period, social service programs in the United States were inadequate, poorly funded, and service-providers were often apathetic to the needs of the clientele that they were funded to service. In fact, government housing programs explicitly excluded "non-family households" from eligibility. Unfortunately, this is a public policy that is still in existence today.(Hopper & Hamburg, 1984). There were also a small percentage of women that were homeless. Subsequently in the 1960's, President Kennedy's New Frontier, and President Johnson's Great Society devised housing initiatives that were part

of the war on poverty and are still in existence in the twenty-first century. The 1970's was marked by a shift to income based social service programs, and an emphasis on involving private, for-profit owners and developers in low-income housing projects. (Filer, 1992).

The federal government provided housing allowances for the impoverished, and the mass production of low-income housing was turned over to private developers. In which case, the overall housing stock in the nation increased by 50%. (Sternlieb & Hughes, 1984). The government began to distribute demand side subsidies to the poor in the form of rent certificates and vouchers. It was hopeful that the individual would then be able to secure housing, and relocate to suitable accommodations.

There was also a change in the demographic attributes of the homeless populations in America, and in the type of clientele that received housing aid. In the past, whites traditionally qualified for social service programs and housing assistance, while minorities were prevented from receiving entitlements. As a result, displaced poverty-stricken African Americans sought solace from the black church. At that time, this was the only community-level system of support available to them. Historically, the black church has been the central social institution in America that has provided much needed emotional comfort, food, clothing, money, educational, and employment opportunities to African Americans.

Again, homelessness was seen as a temporary predicament that was the consequence of an unexpected housing dilemma or economic misfortune. Once more, transitory shelter was thought to be a viable solution to homelessness. Individuals were to remain in these locations for succinct duration's before relocating into an apartment or home. Throughout the country, disproportionate numbers of minority men were found in

emergency shelters. In particular, black men had faced generations of discrimination and bigotry in the labor market, the political economy, and societal institutions. For them, the shelter was frequently the last line of defense from the harsh adversities that they encountered in all facets of society and continue to confront today.

Single Room Occupancy (SRO) hotels were also important sources of housing in the community for persons with a mental illness, the elderly, and the working poor. SRO's were commonly residential hotels or rooming houses that rented out single rooms to adults on a daily, weekly, or monthly basis.(Bingham & White, 1987). In general, the residents shared bathrooms, and the rooms may or may not have a kitchenette included in them. Management services vary considerably, with most SRO's having twenty-four hour front desk coverage, housekeeping services, and a common dining area. According to the New York City Multiple Dwelling law of 1929, an SRO was defined as the occupancy by one or more persons of a single room, or of two or more rooms that are joined together in one unit. The room is detached from all other rooms within a multiple dwelling unit so that the inhabitant lives independently of the other occupants of the same apartment.(New York City. 1965).

Originally, SRO's were designated as transitory facilities but have evolved into permanent homes for individuals with limited incomes. In fact, Single Room Occupancy hotels had provided many metropolitan cities with some of the most economical forms of housing. SRO's were affordable and frequently offered the tenants a sense of community, and important opportunities for socialization. Many residents preferred the privacy and autonomy that the SRO lifestyle affords them. However, by the late 1970's, large numbers of SRO's were demolished, abandoned, or converted into expensive condominiums. Philip

Kasinitz (1984), predicates that in 1979, the New York City SRO population was only estimated at 150,000 individuals.

During the period of postwar prosperity, there was a small improvement in real income and housing conditions in the United States. Between 1950 and 1970, the medium family income in America almost doubled.(U.S. Bureau of the Census, 1977: 440). As a result, there was an enormous movement of employees into unionized industrial jobs. At the same time, public assistance and other social welfare programs also experienced an explosive growth.(Hopper & Hamburg, 1984). However, in the 1970's, the distinctive social, economic, and political forces that contributed to homelessness in the past became more pronounced. Hopper & Hamburg (1984), cite that this decade was characterized by economic stagnation, persistently high unemployment, rising inflation, declining wages, and stagnating household incomes. This was also a time when there was a growing polarization of the income distribution.(Dollars and Sense, 4/84). In fact, between 1970 and 1980, there was a 7.4% decline in the non-farm sector.

It was virtually impossible for first-time homeowners to purchase a home. At the same time, the rapidly rising market values increased the demands for rental units. In America, urban displacement, housing abandonment, and gentrification were sustained by governmental social policies. Homeless populations continued to multiply and diversify. Now, countless numbers of psychiatric clients were displaced, unemployment soared, female-headed families increased, and more households sought refuge from fires, vacate orders, and evictions. (Hopper & Hamburg, 1984).

The Reagan Years 1980's

This was the decade that homelessness permeated rural and suburban areas across the nation. The 1980's were perceived as a period of sustained economic growth and continued prosperity for most middle-class Americans. However, there were some fatalities and the most visible in this country were the homeless. Once again, the implication was that the homeless were expendable and undeserving. The growth in homelessness that occurred in the 1980's was the direct result of poverty, and the scarcity of inexpensive housing in the community. Many citizens began to notice the immense numbers of street people that did not have a place to live.

Throughout the economic recession of the 1980's, housing policies and dilemmas continued to receive limited consideration from the federal government. In this case, the federal government reduced the economic resources that were allotted for housing assistance, and essentially eliminated those social programs that provided capital for the construction of low-income housing. Governmental officials argued that adequate housing already existed in America. Therefore, it was determined that individuals with limited incomes only needed finances to retain their prevailing housing unit, or the funds to relocate to another residence. Axelson & Dail (1988), report that this was also the period that the construction of low-income housing by the federal government terminated.

During the Reagan era, housing problems continued to escalate in the United States and in 1988, more than two thirds of those that lived in mendicancy spent more than half of their income on rent. Some reason that this "demand" side approach to housing is less costly, gives recipients more autonomy, and has assisted individuals with extravagant rent burdens.(Turner & Reed, 1990). Hence, persons with insufficient incomes that could not

afford the excessive rents that were being charged by landlords, were often evicted or lived doubled up with relatives or friends. Where in the past, the federal government divided housing by increasing the supply of affordable units for low-income housing. At the same time, housing policies in America continued to be shaped by the objectives and conservative values that influenced the contemporary welfare reform.

By the late 1980's, over a five year period, 3.3% of New York City's residents that lived in mendicancy used the public shelter system for long-term housing.(Culhane, Dejowski, Ibanez, Needham, & Macchia, 1994). In 1987, Congress launched a major federal initiative to respond to homelessness through the Stewart B. McKinney Homeless Assistance Act. This program required their recipients to match federal dollars with a certain percentage of other funds. In this case, for states and localities that were already spending their own tax dollars to serve homeless people, this was a requisite that was easy to accomplish. On the other hand, for states and localities that never allocated any of their funds for homeless services, this requirement motivated them to establish new statewide homeless task forces, coordinating committees, and funding programs.(Burt, Aron, Lee, & Valente, 2001). Early on, much of the Stewart B. McKinney monies went towards refurbishing or constructing structures that could serve as temporary shelters. Not astoundingly then that the number of shelter beds in America increased by about half.(Burt, 1992). These funds also made it possible for the creation of transitional shelters for families, the mentally ill, and service-enriched permanent housing for homeless people with disabilities.

1990's and Beyond

Traditionally, the homeless were blamed for many social problems in society, and have been the focus of strongly preached, highly controversial contemptuous images. Twenty-first century housing policies and initiatives continue to be restrictive, and increasingly more punitive towards the homeless. Conservative radio commentator Rush Limbaugh (1992) expressed the views of many: Notice that in all of them (liberal writings) the so-called homeless crises is guided by the left to drag down the American way of life. That is the common theme in all of them. The message is that the American people are at fault, and the downtrodden whether they are drug abusers or homeless people can't be at fault. Who then shall we blame? The homeless aren't willing to assume the responsibilities that go with being a citizen in America, or they claim that they are mentally ill abusing drugs or alcohol.(pp. 250-251).

Conservative scholars like Murray, Meade, and Gilder provided the philosophical underpinnings for this push in right-wing American public policies. Charles Murray (1984), resurrected the century old point of view in his book *Losing Ground*, that lay the foundation for the poor laws of England and in the United States, and distinguished the "deserving" from the "undeserving poor." It is becoming more difficult for displaced individuals to be classified as homeless, and to qualify for emergency assistance. The Mayor of New York City commented that the city was turning away individuals at the Emergency Assistance Unit in the Bronx, because many of the families that were showing up at the center, had other alternatives for shelter, like staying with relatives.(New York Times, Friday August 30, 1996).

On a typical night in July of 2001, New York City provided emergency shelter to 28,029 people, including 6,252 families, 11, 594 children, 5,682 single men, and 1,692 single women.(New York Times, Wednesday August 1 ,2001). The number of individuals lodging nightly in the shelter system is escalating. The homeless in the United States continue to face overwhelming barriers and obstacles that often prevents them from attaining suitable housing, and reintegrating successfully into the community. In fact, housing policies in America normally support the white middle-class individual who is encouraged to finish high school, secure a job, support their children, and purchase a home.

Belcher (1992), postulates that this is in sharp contrast to the public policies that interface with the poor inner city homeless that continue to encounter racial exclusion in the educational system, labor market, and the political arena. Consequently, policy-makers must devise relevant housing policies and procedures for this often maligned and neglected population. There should be a inclusive, concise, federal housing policy that strives to eradicate homelessness, and is responsive to the increasing needs of the homeless.

Furthermore, the social work profession must provide a catalyst for reform by educating and informing its members about the burgeoning needs of homeless populations. The genesis and historical recount of homelessness revealed that this is not a recent phenomenon in America and has existed since the early 1600's. In the United States, there are those individuals that are more susceptible and at increased risk for homelessness. This includes minorities, victims of domestic violence, the poor, veterans, criminals, women, and individuals that suffer from co-existing psychiatric disorders, substance abuse

problems, and HIV or AIDS illnesses.(Shinn, 1998; Bassuk, 1997; Koegal, Mellamid, & Burnam, 1995; Culhane, 1994; Bray, Lambert, & Dennis, 1993; Wood, 1990; Burt & Cohen, 1989). The single adult homeless population of the twenty-first century will be explicated further in the subsequent chapter.

2.1.1. Demographic Characteristics Of Single Homeless Adults in the Twenty-First Century

A national study conducted by a Los Angeles rescue mission in conjunction with the Gallop Organization surveyed a random sample of 1, 008 Americans via the telephone from October 8, through November 13, 1995. This investigation concluded that the public perception of the "average homeless person" was described as an unmarried male between the ages of 18-55. Forty-six percent of the respondents surveyed assumed that the average homeless person was nonwhite, 25% believed that the homeless slept in the streets and shelters, 57% felt the homeless received food from shelters or charitable organizations, while 31% presumed that the homeless relied on handouts or "trash" for food in dumpsites, and 35% reported that the average homeless person is dependent on governmental support. An overwhelming 94% of the respondents surveyed believed that the homeless could become productive contributing members of society, and self-reliant if they desired.

Single homeless adults are a diverse subgroup that differs in demographic characteristics, maladies, and past experiences. In 1997, the U.S. Conference of Mayors conducted a survey of homelessness in 29 cities. This investigation concluded that

children under the age of 18 accounted for 25% of the urban homeless population, 36% were families, 47% were single men, 12% were single women, 44% experienced domestic violence, 22% were Veterans, 17% were employed, 58% were African Americans, 29% Caucasian, 10% Hispanic, 2% Native American, and 1% were Asian. (Waxman & Trupin, 1997). Another study conducted by the Urban Institute, found that 51% of the homeless population in this country were between the ages of 31 and 50.(Burt, 1989).

Today's homeless are younger, and more ethnically diverse than their counterparts of the past. Minorities continue to be over represented in the homeless populations and their numbers are rising. In addition, the fastest growing segment of homeless populations is made up of families, many of whom are extremely poor. The typical homeless mother is under the age of 20, has two or three children, commonly unemployed, lacks job skills or consistent work histories, and has substance abuse issues. Most likely, she has never married, finished high school, has grown up in poverty, and experienced more domestic violence episodes. Homeless children are the silent victims, and frequently suffer from emotional neglect, malnutrition, educational deprivation, and inadequate health care.

Many African Americans that reside in metropolitan areas are also especially vulnerable to homelessness. Historically, there has been a set of structural factors in the United States that have inhibited many African Americans from achieving success and progressing up the social ladder.(Fabricant, 1987; Darity & Meyers, 1988, Wacquant & Wilson, 1989; Melcher & DiBlasio, 1990). Belcher (1992), suggests that decades of social isolation for many African Americans that live in urban neighborhoods has created a closed opportunity structure in the United States that commonly results in a life-time of

prolonged poverty. Minority status commonly influences housing accessibility, affordability, and quality.

The current homeless populations in cosmopolitan cities struggle with some of the same challenges that the displaced faced in the past. There continues to be large concentrations of African Americans that are homeless, high incidences of unemployment, non participation of these individuals in the labor market, males, disaffiliation, and persons suffering with mental illness, or addiction disorders. The stress and trauma of homelessness intensifies if the individual also suffers from a co-existing disorder such as a mental illness, substance or alcohol abuse problem, and is HIV or AIDS infected. Normally, Americans are more skeptical of homeless people who are mentally ill, struggling with alcohol and drug problems, and are HIV or AIDS infected. In the following section, three subgroups that have emanated amongst the homeless populations will be examined in greater detail.

2.1.2 Description of subgroups

Mentally Ill

A subpopulation of single homeless adults is those persons that are mentally ill. Koegel (1996), reports that it is estimated that approximately one third of the homeless population suffers from severe and persistent mental illness. The rate of psychiatric disorder among the homeless has been a point of contention for many social scientists.(Susser, Struening, & Conever, 1989; Wright, 1989a; Breakey, 1987; Snow, Baker, Anderson, & Martin, 1986). Numerous researchers have investigated the occurrence of mental illness among single homeless adults.

A study that was conducted in Los Angeles found that 60% of the homeless population had chronic disorder; while the study in Baltimore discovered that 50% had mental illness; and a New York study found that 70% of newly homeless men had acute psychosis, or a substance abuse disorder.(Breakey & Fisher, 1990). Chronic psychiatric disorder can be incapacitating and prevent the individual from carrying out the essential aspects of their daily life, forming interpersonal relationships, and maintaining a residence.

In 1998, the National Coalition for the Homeless reported that homeless individuals that are afflicted with a mental illness are more likely to experience longer periods of homelessness, obstacles to employment, poorer health, difficulties in social adaptation, and have more contact with the criminal justice system than those homeless persons that do not suffer from a mental illness. Homeless persons that are mentally ill can live successfully in housing if appropriate psychiatric services are accessible to them in the community. The provision of service-enriched permanent housing requires an

understanding of the level of supportive services necessary to maintain mentally ill individuals in their environments, in conjunction with their preference for professional support, and the creative ability for them to access and negotiate services that are relevant.

Chemical Dependency

There are also a proportion of homeless individuals that suffer from alcohol or substance abuse disorders. During the 1980's, numberless surveys of homeless populations by researchers were called into question because they found consistently high rates of addiction particularly among single homeless men.(Jenks, 1994 p. 26). Koegel (1996), postulates that these studies greatly over-represented long-term shelter users and single men, and used lifetime rather than current measures of addiction. Susser (1989), discovered that the rate of alcohol abuse occurred among 35 % of New York sheltered men, while Koegel (1988), found a lifetime prevalence rate of 30 % for active substance abuse amidst this population. It is estimated that 1.8 billion dollars a year are spent in the United States by the federal government for alcohol and drug abuse treatment.(Frances, 1988).

However, Rouse (1995), posits that fewer than half of the individuals that are homeless and in need of treatment services for chemical dependency actually receive it, and when they do, the treatment is less than adequate. The National Coalition for the Homeless reports that in 1992, a study was conducted and found that 80% of the local treatment programs were often forced to deny the homeless treatment services because the demand for services transcended what was available. The lack of accessible treatment options, the inflexibility of program design, and the stress of homelessness are exacerbated

if the individual also suffers from an alcohol or substance abuse disorder. Alcoholism and chronic drug addiction endanger the persons emotional well-being, physical health, functional capacities, and often causes them to lose control of their lives and remain homeless. Studies have suggested that when permanent housing is combined with on-site supportive services, a person's ability to remain substance free and housed increases.

HIV/AIDS

An additional subgroup that has emerged among the homeless is those individuals that are HIV or AIDS infected. Wright & Weber (1987), noted that in 1985-1986, AIDS/ARC was discovered in one case in every thousand for patients treated in the health care for the homeless clinics. Another study performed anonymously in four cities found a median HIV-positive seroprevalance rate of 2.3% for homeless persons under the age of 25.(Robertson, 1996). The homeless populations that are stricken with HIV or AIDS are younger, and frequently receive insufficient health care for their condition. The lack of health insurance and financial resources prevents many homeless persons from receiving on-going quality health care and treatment. The only option available to the homeless client is to receive medical services in the emergency room.

They often wait for hours before receiving care, and encounter health providers that are impolite and rude which deters them from seeking consistent health care. Another critical problem facing homeless individuals with Acquired Immunodeficiency Syndrome(AIDS) and other illnesses caused by the Human Immunodeficiency virus(HIV), is safe affordable housing. Individuals that suffer from HIV or AIDS illness oftentimes face discrimination, prejudice, and restrictions in the housing market that constricts their

choices. It is also difficult for them to maintain a job if they are weary, or repeatedly hospitalized. In a recent survey of the health care for a homeless program, a plurality of projects reported that HIV/AIDS is escalating among the homeless population.(O'Connell, J; Lozier, J; and Gingles, K; 1997). As the epidemic continues to grow in the United States, the situation for single homeless adults that are diagnosed with HIV or AIDS is expected to degenerate. The next chapter examines the individual causes and structural explanations for homelessness, and the factors that heighten this phenomenon.

2.2 Structural Causes of Homelessness

In our society, a home is a highly desirable commodity that most middle-class Americans take for granted. Homelessness is a complex social problem where individuals generally follow varied trajectories of being housed and then homeless. Normally, there are a succession of individual incidents that cause a person to become homeless, and this typically involves three stages: First, there is a predisposing vulnerability to homelessness, economic or physical; precipitating events, such as the loss of a job, a debilitating illness, or the loss of public assistance benefits; Secondly, the lack of available affordable housing; Lastly, is the inability of the individual to find suitable substandard housing in the community.(Boes & Wormer, 1997).

Homelessness occurs when the person does not have access to a permanent residence or the elements of a home, and lacks the financial, political, or social resources to secure appropriate housing. The lack of affordable housing, prolonged poverty, and the inadequacy of housing assistance programs and support have contributed to the current housing crises and to the growth of homelessness in America. There were three significant structural causes and explanations for homelessness that were identified in the literature. This includes poverty, deinstitutionalization of the mentally ill, and the lack of affordable housing. The first structural root of homelessness that is discussed was poverty.

Poverty

In the United States, homelessness customarily overlaps with several of the common problems that are associated with prolonged poverty. This includes the discernible economic, political, and social resources that are needed to subsist in society. To be classified as poor by the Bureau of the Census, a person must be a member of a family (unrelated individuals are considered members of single-parent families) whose cash income level falls below the family size-adjusted poverty line.(Community Service Society,1999). Very often, the homeless have limited resources and incomes and must make difficult choices about their basic necessities such as food, housing, and health care. Unfortunately, housing commonly absorbs a high proportion of income and is frequently abandoned by the homeless.

Over the past decade, the incomes of many poor and working-class Americans have stagnated while housing costs have steadily risen. Poverty often becomes a trap for the impoverished that is difficult to escape. Between 1970 and 1988, the sum total of individuals in the United States that lived in poverty increased by almost 26%, from 25.4 million to 31.9 million. (Koegal, 1996; Devine & Wright, 1997). While a U.S. Bureau of the Census (1997a), report found that by 1996, 36.5 million Americans in this country were deprived and lived below the poverty line.

In 1998, the Coalition for the Homeless reported that there are two significant factors that account for this rise in poverty in the United States: eroding labor market opportunities for large segments of the work force, and the declining value and availability of salaries, and public assistance benefits. Since the 1970's, the unemployment rates in America have increased from 8.2% in 1973 to 10.1% in 1995. (Hardin, 1996; Mishel, L;

Bernstein, J; and Schmidt, J; 1997). This growth is largely attributable to the increase of unemployment among low-skilled and poorly educated workers. Moreover, an estimated 29.4% of the work force in the United States are employed in nonstandard work arrangements such as independent contracting, temporary agencies, day labor, or regular part-time employment.(Economic Policy Institute, 1997). Typically, these types of positions offer individuals lower earnings, fewer fringe benefits, and less job security. The lack of housing makes it extremely difficult for the homeless to secure employment, because most jobs require that the individual supply a statement of address.

Secondly, the decrease of salaries and public assistance benefits. The minimum wage in America remains 15% below its averaging power which prevents many workers from securing appropriate housing.(Kaufman, 1997). In fact, a minimum wage worker would have to work 83 hours a week in order to rent a two-bedroom apartment at 30% of his or her income, which is the federal definition for affordable housing.(U.S. Housing and Urban Development, 1998). The correlation between impoverished workers and homelessness is evidenced by the excessive numbers of full-time wage earners that reside in emergency shelters. A recent survey of 29 US cities discovered that almost one in five homeless persons that live in emergency shelters are employed full-time.(Waxman & Trupin,1997). Fueled by stereotypes and misconceptions that the homeless are irresponsible and lazy, recent policy changes have drastically reduced or eliminated public assistance benefits available for poor single adults.

Prior to the passage of the Personal Responsibility and Work Reconciliation Act of 1996, nearly all states had implemented modifications in their current welfare programs; and virtually all had endorsed the goal of moving welfare's focus from income maintenance

to work. (Greenberg, 1996). Despite growing evidence that the availability of general assistance (GA) benefits lessens the prevalence of homelessness, several states have essentially dismantled their general assistance programs. (Greenberg & Baumohl, 1996). Hopper and Hamburg (1984), found that one of the underlying causes of homelessness is the increase of welfare recipients whose benefits were discontinued while Koitz (1987), has shown that one of the fundamental reasons for homelessness in America has been the reduction of social spending by the federal government. Thus, those households that have little or no income will encounter even greater hardship in meeting basic needs.

One study has found that work experience programs do not provide the individual with new skills, a viable trade, or enhance the employability of most recipients. In fact, participants could spend more time completing high school, obtaining vocational training, or conducting a job search in the public or private sector. (Community Service Society, 1996). Now, costly technical schools have replaced vocational programs. Again, the underlying assumption by conservative ideologists is that the poor are reluctant to work, and unsuited for educational or vocational training. In addition, work experience workers do not accrue vacation or sick leave, and qualify for social security, unemployment, or disability benefits. Yet, welfare recipients work side-by-side with other employees who benefit from all the rights, protections, and privileges that Americans have struggled to obtain. Numerous Liberal theorists predicate that homelessness in the United States has been the result of eroding labor market opportunities, the decrease of salaries and public assistance benefits, and the exorbitant economic rents in the country. The second structural reason for homelessness in this country was the deinstitutionalization of the mentally ill that began in the 1950's.

Deinstitutionalization

In any given year, about five million Americans, or 2.8 percent of the adult population, will suffer from acute mental illness. (Harp, 1990). Mental illness can be described as severe and persistent emotional or psychological disorders such as schizophrenia, schizoaffective disorders, or mood disorders that interrupt the functional capacities and social life of the individual. In the United States, the number one reason for any hospital admission is due to psychiatric disorder. At any moment, individuals with a severe and persistent mental illness occupy almost twenty-one percent of hospital beds. (Rosenfield, 1991). Severe mental illness can be debilitating and is more common than diabetes, cancer, or heart disease.

Since the 1950's, deinstitutionalization of the mentally ill has been a public policy concern in America. Deinstitutionalization of the mentally ill proceeded from the notion that mental illness stemmed from social and economic forces that needed to be dealt with in community settings. Between 1965 and 1977, New York State released over 126,000 patients from its state hospitals in the New York City area. (Baxter & Hopper, 1981). However, this figure is a conservative estimate and did not include the number of individuals that were refused admission under the stringent entry criteria at state hospitals. (Office of the Controller, 1979).

Over the years, there has been a movement by mental health providers to offer quality affordable safe housing to the chronically mentally ill in the community. The transition from the psychiatric hospital into community surroundings has not been easy for these individuals. There were few psychiatric clinics and less than adequate forms of housing available to them in the community. In response to the growing needs of the

mentally ill, the National Institute of Mental Health developed the Community Support System program in 1974 which integrated medical, social, and rehabilitative treatment strategies and models for the psychiatric client in the community.(Martin, 1990). The intent of community care was to provide quality case management services and acute care crisis intervention to psychiatric clients so that they would have the capability to live independently in the community.

This new philosophy of social treatment for the mentally ill has not been fully realized as evidenced by the enormous numbers of persons with psychiatric disorder that live on the streets in America. By the 1970's and 1980's, many of the individuals that were prematurely discharged from the psychiatric hospital were placed in housing environments that were inappropriate and therefore experienced repeated hospitalizations while dwelling in these settings. (Elliot, Taylor & Kearns, 1990). In addition, the community had not always been receptive to their return, and they have recurrently been forced to live an isolated existence in unsafe substandard housing. Carling (1990), postulates that a majority of the 1.7 to 2.4 million people that are considered to be afflicted with long-term mental illness live in inadequate housing, lack essential supports, and are homeless.

According to the Federal Task Force on Homelessness and Severe Mental Illness(1992), homeless individuals that are diagnosed with a mental illness can live successfully in the community within a supportive housing milieu. The existing "continuum of care" system is ill equipped to handle the excessive demands of the homeless. A spectrum of housing choices is needed to meet the ever-changing needs of the mentally ill homeless client. However, the growth of such facilities in the community

is minimal, and there is a lack of available permanent housing that is linked with appropriate supportive social services. The final structural source of homelessness in this nation is the deficit of reasonably priced housing in the community.

Lack of Affordable Housing

In the United States, the homeless lack control over the political, economic, and social constraints that affect them. Homeless individuals are often unable to afford housing and commonly receive inadequate relief or wages that generally constricts their housing selections and choices. Conceivably, it is imperative that the Federal Government distribute satisfactory relief to the homeless so that they have the have sufficient incomes and resources to rent a suitable apartment. In this instance, housing assistance is an essential resource that must be provided by the federal government to mitigate homelessness. The housing assistance that is dispensed in America is often scanty. As a result, many homeless individuals must reside in municipal or privately operated shelters for longer duration's.

In a 1997 study on the status of Hunger and Homelessness in 29 cities across America, the U.S. Conference of Mayors found that applicants who applied for public housing waited an average of 19 months from the time that they applied for it until the time that they were housed. (Waxman & Trupin, 1997). Another study discovered that the average wait for section eight housing certificates was 37 months: and for section 8 vouchers it was 38 months. (National Coalition for the Homeless, 1998). Unfortunately, the shelter is the only option for many homeless individuals. What was initially designed to provide the person with temporary emergency shelter often becomes long-term permanent housing. The provision of housing assistance exclusively is not capable to

fulfill the innumerable complexities that the homeless individual experiences on a daily basis.

In New York City, if an individual is fortunate and qualifies for housing assistance, there are three permanent housing alternatives available to them. First, there are public housing projects that are sponsored by the federal government and administered by the New York City Housing Authority. Public Housing was established in 1934, under Mayor Fiorello H. La Guardia and is home to 1.2 million households containing over three million people. New York benefits from public housing, and operates one of the largest programs nationwide. The Community Service Society (1999), reports that nearly half of the resident households in New York City's public housing projects have incomes above the federal poverty level (45%), and are not dependent on public assistance (47%); and over one third (35%) are working families. Despite Bob Dole's (1996) postulation that public housing is the last bastion of socialism that remains in America. The second long-term housing alternative is under the auspices of the Department of Housing and Urban Development.(HUD). In July 1987, the Stewart B. McKinney Homeless Assistance Act was an initiative by the Federal Government to provide homeless individuals and families in the United States with shelter and other related supports. Subsequently, this act was rectified to provide long-term housing and emergency food and shelter. (The McKinney Act Programs, 1992).

The HUD programs include the low-income rental assistance initiative, the section eight rental voucher program, the section eight rental certificate program, and the section eight moderate rehabilitative program.(The Department of Housing and Urban Development, 1994). The low-income rental assistance program is designed for families

with limited incomes. The rental assistance that is distributed allows individuals to obtain decent housing in the community. The Department of Housing and Urban Development subsidizes the difference between what the individual can afford, and the approved rent for the housing unit. Eligible tenants must pay 30 percent of their adjusted income, or 10 percent of their gross income whichever is higher. If the person is receiving public assistance, a portion of their welfare is designated to cover their housing expenses. Housing that is subsidized under this program can not exceed the fair market rent for those units as determined by the Department of Housing and Urban Development. This rental assistance may also be used for new construction, existing construction, and in moderately or substantially rehabilitated units.(Department of Housing and Urban Development, 1994).

In the section eight rental voucher program, the individual is issued a rental voucher, and free to move into housing that is appropriate. However, the persons' income cannot exceed 50 percent of the median income for the area that they are eligible to reside in. The local public housing agency (PHA) pays private owners to lease their rental units to individuals that receive this form of housing assistance. There are no rent limits in the rental voucher program, and the assistance payment on behalf of the person is unchanging. The recipient may select housing that rents for more or less than the payment standard, and therefore can pay more or less than the 30 percent of the adjusted income for rent. However, the PHA must give preference for housing to homeless families. Housing is also given more rapidly to those persons that live in substandard housing, pay more than half of their income for rent, or are involuntarily displaced. If the person decides to move

after the first year of the lease term, the PHA terminates the contract with the owner. The individual may also elect to move to another unit with continued housing assistance.

Next, there is the section eight rental assistance certificate program. The Department of HUD contracts with local Public Housing Agencies (PHA) and Indian Housing Organizations who oversee this program. The PHA grants eligible low-income households rental certificates in order to move into substandard housing. The PHA submits rental payments to private owners who lease their units to these families. Rents must be charged for comparable unassisted rental units in the market area, and are at or below the fair market rent as determined by HUD. If the person moves before their lease expires, they may take their certificates to their new residence. Finally, there is the section eight moderate rehabilitative program. In this program, low-income households are assisted to obtain housing in privately owned rehabilitated buildings.(PHA). Landlords agree to rehabilitate properties, and the PHA predetermines the rent for rehabbing, managing, and maintaining the properties. Rental subsidies are available for 15 years to eligible tenants, and those that the PHA refers. Individuals whose incomes do not exceed 50 percent of the medium income in the area are eligible to occupy these units.(Department of Housing and Urban Development, 1994).

Lastly, there is the prospect of the individual to acquire a low-income home. This is a commodity that most homeless individuals do not take for granted. In the United States, city regulations and the high cost of living has made the purchase of low-income homes nearly impossible. For decades, the federal government provided low-income housing to those persons with limited financial resources. Homelessness may be the most profound manifestation of the low-income housing scarcity in America. Karger and

Stoesz (1990), suggest that the obstructive housing policies that exist in the United States have drastically reduced the supply of low- income housing. Between 1973 and 1993, 2.2 million low-rent units disappeared from the housing market; during this same period, the number of low-income renters increased by 4.7 million.(Lazere,1995; Wright & Lam, 1987). In 1993, the Community Service Society found that one out of six rental properties, primarily in minority, low-income housing developments, were at-risk because of imminent tax or mortgage foreclosures. In this country, there was a gap between the amount of affordable housing units available and the number of people that qualified for them. The National Coalition for the Homeless (1998), reports that this housing shortage resulted in high-rent burdens, overcrowding, and the loss of privately owned low-cost substandard housing in the community.

The decline of substandard housing in metropolitan neighborhoods was a result of poverty, decadence, and disinvestments of the business community in rental properties. From 1970 to 1982, 87% of the low-income housing units that rented for under \$200 was lost in New York City.(Koegal, Burnam, & Baumohl, 1996). Berck(1992), cited that by 1992 there were approximately 37,000 dilapidated apartments that were occupied by New York City resident's. Many homeless individuals vacate their homes because of deteriorating and uninhabitable conditions. A recent U.S. Housing and Urban Development (1998) report found that between 1993 to 1995, the supply of low-income housing units in America decreased by 900,000, or roughly 10% of the overall supply. While Dolbeare(1996), postulates that the demand for assisted housing in America clearly exceeded the supply that was available: only 26% of those households eligible for housing assistance receive it.

Displacement from one's home is complicated by domestic violence, poverty, unemployment, debilitating illnesses, chronic psychological or emotional disorders, and the lack of affordable substandard housing in the community. The psychological, physical, and emotional trauma that ensues from this devastating experience was explored, and the adaptive abilities, strengths, and resilience of single homeless adults will be delineated in the ensuing pages. The social work, hospice, education, and related literature was surveyed and drawn on to enhance comprehension about human behavior, stress, coping, resiliency, strengths, and the adaptability of single homeless adults.

2.3

Stress, Coping, Resiliency, and Adaptability

How do single homeless adults cope with the stress of homelessness, adapt to their environment, and go on in spite of the overwhelming barriers and misfortunes that they encounter. The lack of a home or residence creates its own set of personal challenges that the individual must confront on a continual basis, such as: dealing with the embarrassment of being without permanent housing, or coping with the emotional and physical hardships of living on the streets, or in a municipal or private shelter. The stress that results from homelessness is often a result of the imbalance between the person's appraised demands and the resources that are available to them. (Lazarus & Folkman, 1984).

Utsey (1998), reports that this theory of stress is a phenomenological conceptualization, and accentuates the individuals cognitive appraisal of their behavior in relation to their well-being, an evaluation of the stressful factor, and the implementation of a response. In fact, as stressful life events increase, individuals are more likely to experience more somatic and psychological symptoms. In America, there are critical individual and structural factors that make individuals more vulnerable to homelessness: including but not limited to, poverty, domestic violence, mental illness, chemical dependency, and HIV/AIDS. Individuals that are indigent, in bad health, mentally ill, chemically addicted, or who experience repeated incidences of domestic violence are certainly at an increased risk for homelessness.

Coping revisionists have clearly documented the connection between stress and coping. Stress is unavoidable in our society, but there are numerous coping strategies that

individuals employ to minimize the damaging consequences of stress on one's psychological and physical well-being. In order to cope with the trauma of homelessness, many individuals disconnect and use drugs and alcohol as avenues to escape the daily horrors of this nightmare. This inappropriate coping strategy is one of the least effective manners of dealing with their ordeal, and may exacerbate pre-existing psychiatric, chemical dependency, or physical conditions.

There is also a portion of homeless individuals that do not engage in destructive behaviors, and employ more positive coping mechanisms to endure this dreadful experience. In many instances, the person may express their thoughts and feelings, or use religious and spiritual rituals to cope with their predicament, as well as other coping strategies. A review of the coping literature reflects that there are two approaches to investigate coping that has been pursued by researchers. The first approach utilized by investigators who are interested in the study of personalities have examined general coping styles and dispositions, whereas the second approach focuses on ongoing coping strategies utilized by individuals during a crisis.

In terms of coping styles, personalities and common individual traits, Anderson (1995), has shown how factors such as age, medical symptoms, social support, psychological makeup, and cognitive styles influence the stress-coping relationship. In contrast to Lazarus, (1979) who has been more concerned with the on-going coping strategies that are used by individuals in certain stressful situations. Implicit in the stress-coping paradigm, is the notion that the person must adapt to the stressful situation so that they are able to live their lives normally.(Dunbar, Mueller, Medina & Wolf, 1998).

There is a plethora of theoretical models for coping with stress that was also discovered. (Milburn & D'Ercole, 1991; Lazarus & Folkman, 1984; Moos & Billings, 1982; Burke & Weir, 1980; Newman & Beehr, 1979; Lazarus & Launier, 1978). Coping as conceptualized by Lazarus & Lanier (1978), categorize coping as efforts both action oriented(problem-focused) and intrapsychic(emotion-focused) to manage environmental demands and conflicts, that tax a person's available resources. Whereas in 1984, Lazarus and Folkman, amended this definition and postulated that coping was a process of modifying emotional and behavioral efforts to manage external and internal demands that are determined as exhausting the person's available resources.

Moreover, emphasis has also been placed on the classification of coping schemes. The review of relevant literature reveals that there is a lack of consensus among social scientists in developing a uniform classification scheme for coping with stress.(Lazarus & Folkman, 1984; Moos & Billings, 1982; Burke & Weir, 1980; Cohen & Lazarus, 1979; Newman & Beehr, 1979; Hahn, 1977). Hence, Lazarus (1975) suggested that a categorization of coping should emphasize two categories. From this perspective, direct actions are those behaviors that are intended to modify the unbalanced relationship with a person's social or physical surroundings. While, more palliative methods of coping refers to the actions and behaviors that alleviate the emotional impact of stress. As a corollary, by reducing the correlates of anxiety may facilitate the person to display more adaptive coping responses. Moos Tsu(1977), provided further clarification by developing a more detailed list of coping strategies used by older adults when faced with the stress associated with a certain type of event, such as a physical illness.

Additionally, there is also a paucity of experimental devices that measure coping

resources. Antonosky(1979), describes coping resources as those resistant factors that occur before the stressful event. For example, the coping resources inventory for stress measures coping resources based on standard models for the study of stress and coping.(Matheny, Aycock, Curlette, Junker, 1993). Most of the instruments that are employed to examine the nexus between stress and coping are quantitative, and do not capture the stress-coping process. The use of more regimented empirical measures allows the researcher to gather information about coping responses from a large number of participants whose answers can be aggregated and quantified. In fact, the most widely used instrument in most coping studies has been "The Ways Of Coping Checklist", which was initially developed by Lazarus and his colleagues in 1980.

The review of the coping literature shows that there is a lack of empirical studies where researchers have utilized qualitative methods to discover the specific self-reported coping mechanisms, resources, and certain stress events. However in 1996, a researcher did in fact examine the coping mechanisms used by public welfare supervisors to deal with organizational stress. This investigation found that respondents employed two different types of coping strategies that differed with regard to the source of stress, the target person who is meant to benefit them, and the specific coping mechanisms involved. The findings from this study are consistent with coping theorists that predicate that problem and emotion-focused coping tactics buffer the effects of stressful events, and assist the person to resolve the problem. This is in sharp contrast to the findings of Pasurman & Cleek(1984), who contend that problem-focused coping is more effective in mediating the stressful situation. They suggest that problem-focused coping is positively correlated with improved outcomes.

Lazarus (1979) notes that researchers that study the stress-coping relationship prefer to observe the person's behavior during the time of a crises, and then proceed to arrive at a conclusion about the particular coping processes connoted by the observed behaviors. Furthermore, very few social scientists have examined the coping strategies of the homeless. Inferences or insights about this population, and the effectiveness of different types of coping mechanisms and behaviors during a crises must be drawn from other areas. A qualitative study was located that examined the stress coping strategies of 64 homeless mothers who lived in emergency temporary shelters with their children. Banyard (1997), found that the mothers used a number of coping responses and behavioral actions, to deal with daily stressful life events inherent in this environment. This included the use of direct actions, and the more palliative and emotion-based strategies, which is consistent with the findings of other coping revisionists that analyze other populations.

Homeless individuals are frequently marginalized, ostracized, and considered aberrant or bizarre by those in the larger society. The homeless are extremely versatile, courageous, resourceful, and many are determined to “survive” and “bounce back” from this atrocity. This resilience, along with favorable environmental circumstances enables the homeless individual to recover from the trauma of homelessness. For Persons that literally live outdoors, adaptation strategies oftentimes emerge among the homeless to meet their basic survival needs, and to lessen the immediate stress of life on the streets. The animosity of pedestrians, criminals, and natural elements threatens the daily survival of the individual on the streets. On rare occasions, a safe, warm, accessible refuge may be found by the homeless outside. (Baxter & Hopper, 1981). Long periods of uninterrupted sleep are a rarity for the homeless.

Food is another commodity that is frequently difficult to obtain while on the streets. Very few street people eat nutritious meals, or have established relationships with food venders and merchants. For some, filth and odor serve as a conscious and articulated defense against intruders. (Schwam, 1979). However, this also limits entrance into restaurants, and draws the attention of the police, while other homeless people go to great lengths to maintain personal cleanliness. Baxter & Hopper (1981), discovered that the homeless dealt with a number of other additional problems while on the streets. Among them were lack of consistent medical care, limited income, sexual victimization, and companionship.

In order to decrease the emotional strain or physical difficulties that they may encounter outside, the homeless often form important alliances, bonds, social networks, and relationships with other street people. Normally, this affiliation is not long lasting because the geographical instability of the homeless while on the streets make it difficult for them to sustain enduring relationships with one another for an extended period. As a result, the loss of social relationships can cause some homeless individuals to become more disconnected and disaffiliated from society. Gerontology research has consistently found that the social networks of the urban elderly in Single Room Occupancy Hotels, greatly diminishes physical symptoms by buffering the effects of increased levels of stress, and improving the well-being of the person.(Cohen, Teresi, & Holm, 1985).

It is also common for the homeless to adapt to the outdoors and remain on the streets to avoid the emotional difficulties, brutality, restrictions, and spatial limitations that they may encounter in emergency shelters, or other temporary residences. According to Wagner (1993), checkerboard square study participants considered the relative strength of

their social networks on the streets and in the shelter (p.104) foregoing a stay in the shelter, in order to retain their dignity and autonomy on the streets. Homeless individuals frequently report that they often experience hopelessness, despondency, isolation, violence, and devastation in emergency shelters or welfare hotels.

Jonathan Kozul's (1988), compelling exposé focused on the tragic plight of homeless families and their children, and their daily struggles for survival in a welfare hotel. A family's stay in a welfare hotel can have disastrous consequences upon the family. The family is often subjected to the debasing and debilitating effects of not living in a safe stable environment. Many welfare hotels are not closely monitored and function as drug bazaars for the purchase and sell of drugs. The pathologies frequently observed inside the shelter are an extension and reflection of the common problems experienced in marginalized communities. The sustenance of the family is at considerable risk under these circumstances. Unfortunately, a vast majority of the individuals that dwell in shelters or welfare hotels, frequently abuse drugs and alcohol, engage in illicit activities, and have untreated psychiatric or health conditions.

Countless studies have consistently found that children who live in welfare hotels develop psychological symptoms inhibiting them from developing fundamentally, they lack good study habits, perform poorly in school, and are more likely to drop out of school which increases the likelihood of them not becoming productive members in society.(Rosenheck, Bassuk & Salomon, 1999; Buckner & Bassuk, 1997; Zeisemer, Marcoux, & Marwell, 1994; Zima, Wells, & Freeman, 1994; Bassuk & Rosenberg, 1990; Molnar & Roth, 1990). Relatively little information is known about the correlation between childhood stressors and adult homelessness.

There are also a segment of homeless individuals in the United States that refrain from living on the streets, and reside in private or public municipal shelters. The Department of Housing and Urban Development (1996), estimated that 608,000 beds were available for emergency shelter. In 1979, *Callahan v. Carey* was a class action lawsuit that was brought by the Coalition for the Homeless on behalf of homeless men in New York City. As a result of this action, men, women, and children were guaranteed the right to shelter. The Coalition for the Homeless (1998), report that the current municipal adult shelter system in New York City is administered by the Department of Homeless Services (DHS), and consists of over 40 congregate shelters containing over 7,700 beds. Several shelters are directly operated by DHS, while others are contracted to private organizations. All of the municipal shelters in New York City are governed by the provisions of the Callahan decree, the New York State Department of Social Services (NYSDSS) regulations, DHS rules and procedures, and applicable fire, building, and health codes. The characteristic and features of municipal and privately operated shelters varies considerably by locales.

It is tragic that emergency shelters have become the primary service-delivery system to many single homeless adults. Moreover, it is difficult for many service-providers and practitioners to engage the homeless, or to deliver consistent social services to them because they are frequently hostile, distrustful, exhibit high levels of acting out behavior, and are in this location for short periods. (Goldstein, Dziobek, Clark, & Bassuk 1990). According to the New York City figure, the average number of adults each day in the shelter system is 7,196 individuals'.(New York Times, 11/20/99, BuMiller, Elisabeth). Often, life in the shelters is far from nurturing and pleasurable. Dordick(1996), contends

that the excessive rules, harsh treatment by shelter employees and guards, and over zealous programs of social control and reform, frequently make shelters unpleasant settings to live in. In this milieu, the homeless commonly feel even more alienated from society, their family and friends, which can ultimately hinder their attempts at progress and independence.

Several research studies point out that homeless people often lack close social ties, especially with relatives and friends which makes them particularly vulnerable to homelessness.(Bassuk & Rosenberg, 1988; Grisby, Baumann, Gregorich, & Roberts-Gray, McChesney, 1987; Mowbray, 1986; Rossi, 1987; Sosin, 1988). Affiliation and social bonds with others have been determined by researchers as essential to the individuals emotional well-being and adjustment.(Grisby, Baumann, Gregorich & Roberts-Gray, 1990; Vitaliano, Maiuro, Boltan, & Armsden, 1987). Despite the perils that the homeless may experience while residing in the shelter, many people do not leave this setting. Instead, many residents develop important coping strategies and protective adaptive factors that provide them with a sense of control, and inner strength to survive in this deleterious and relentless environment.

The inhuman restrictions, and lack of privacy that is inherent in institutional life often destroys the person's spirit. Certain barriers make it extremely difficult for the person to move out of the shelter. Namely, the lack of financial resources and the scarcity of available and reasonable housing in the community. While others, become accustomed to the shelter lifestyle. Gounis & Susser (1990), suggest that the adaptation process of the homeless to the shelter subculture is termed "shelterization," which is characterized by a decrease in interpersonal responsiveness, a disregard of personal

hygiene, and increasing indolence and dependency on other residents. Many of the residents with limited options and resources, are forced to reside in shelters for extended periods and find this harrowing experience extremely traumatic and burdensome.

Most of the social work and related literature focuses on the negative qualities, characteristics, and behaviors of single homeless adults, and the antecedents to homelessness such as mental illness, alcoholism, domestic violence, and poverty. There is a growing realization that the homeless are remarkably resilient, and have many positive characteristics and strengths. Various social scientists have uniformly found that the greater adaptive capabilities and resilience of the individual increases the possibility that they will rebound from the trauma of homelessness.(Frazer, 1997; Maluccio, 1995; Vachon, 1987; Ben-Shira, 1985; Kobasa, 1982; Caplan, 1981). The survival patterns, strengths, and adaptive strategies of homeless mentally ill women, while on the streets, is also well documented in the literature.(Martin; 1982; Hand, 1982; Manhattan Bowery Corporation, 1979).

Baxter and Hopper (1981), found that the patterns of survival of homeless adults on the streets in New York City were composed of three parts: needs, resources, and opportunities. First, needs included shelter, food, security, privacy, companionship, medical care, hygiene, work, or other meaningful activities. Second, personal resources involved income, level and kinds of knowledge (ranging from literacy to general street savvy), problem-solving skills, ability to relate socially, physical appearance, and the degree and obviousness of mental or physical handicaps. Finally, opportunities encompassed a range of environmental resources including employment, lodging, friends

or family, food and clothing distribution centers, bathing, laundry, storage facilities, and attendant costs.

Researchers have also collected ethnographic data that cite the resourcefulness, and ingenuity of the homeless.(Anderson, 1996; Hertzberg, 1992; Liebow, 1993; Cohen & Sokolovsky, 1989; Koegal, 1989; Gounis, Valencia, & Susser, 1988; Hopper, Susser, & Conover; 1985). Snow & Anderson (1987), conducted a monumental case study that chronicled life on the streets as experienced by unattached homeless street adults that were mostly males. To this end, they surveyed 170 homeless persons in Texas and California between the years of 1975-1984. This investigation described the repertoire of survival strategies that were fashioned by the homeless, daily routines, and the factors that shaped these strategies and routines. Information was also gathered that allowed the researchers the ability to capture the process of psychological adjustment, interpersonal relations, and the material adaptation amongst the homeless. They discovered that the survival strategies were the product of the interplay between the inventiveness and cleverness of the homeless, and the local organizational, political, and economic constraints that they constantly faced.

Cohen & Koegal(1996), explored the subsistence adaptation of 50 homeless adults with chronic disorders in the skid row area of Los Angeles over a period of three years. Research was directed towards providing a comprehensive recount of the diverse lifestyles and the situations that the homeless experienced. This study found that limited options, as well as persistent external forces and internal pressures shaped the subsistence adaptation of the respondents. Although many of the individuals involved in the study organized their lives to procure drugs and alcohol, some were able to pursue more appropriate

adaptation strategies. Despite the dangers that the homeless constantly encounter, the researchers found that the respondents also possessed certain positive traits.

Koegal(1992), postulates that the resilience and internal strengths of homeless individuals are largely disregarded by researchers. Homelessness threatens the persons survival and identity, yet few phenomenological studies have been conducted that specifically explore the coping abilities, resiliency, adaptability, and tenacity of this population.(Murray, 1996a, 1996b; Sumerlin, 1995, 1996a, 1996b; Sumerlin & Privette, 1994).

A review of the education literature indicates that most of the resiliency research, has focused exclusively on adolescents and children in educational settings. Resiliency focuses on the internal and external strengths of the individual, that allow the person to become stronger from adversity.(Higgins, 1994; Wolin & Wolin, 1993; Richardson, Neiger, Jenson & Kumphier, 1990). According to the resiliency model, with enough individual and environmental characteristics, protective factors, the individual adapts to this adversity. Without this protection, the person may experience emotional or physical trauma but this varies according to the individual. The resilience paradigm has also been effective in the study of school-based adolescent substance abuse prevention programs. Researchers have consistently demonstrated that there is a clear correlation between resiliency, stress, psychological and behavioral problems, and "at risk" populations.

In fact, a wide range of studies were located that have linked life events, stress, resiliency, and adolescent outcomes.(Kaplan, Turner, Norman & Stillson, 1996; Farrell, 1992; Mills, 1992, 1991; Bernard, 1991; Cowen, Wymen, Work, & Parker, 1990; Roosa, Beals, Sandler, & Pillow, 1990; Berlin & Davis, 1989). Masten, Best, and Garmezy (1990), and Rutter(1987), have discussed ways in which certain protective processes such

as resilience, minimizes the amount of stress of disabling circumstances in "at risk" educational settings. The findings from both studies show that the effectiveness of resilience in meeting the goals of "at risk" programs was enhanced and strengthened by the protective practices of programmatic implementation.

Smith & Carlson (1997), have also determined that many children exposed to high risk situations, namely abuse and injury, are resilient in the face of trauma, and do not experience negative outcomes. Research indicates that the protective adaptive factors that insulate children generally emerge at different points in their life. Throughout the review of the educational literature, the lack of research studies that examine the resiliency of adult homeless populations was remarkable. A small number of articles were retrieved that explored the resiliency of homeless children. In 1998, Conrad examined the relationship between maternal depressive symptoms and the mental health of the child. A sample of 30 homeless mothers and preschool children in an urban shelter were interviewed. The findings from the study reflects that the children were resilient under extraordinary stresses which is consistent with the data of Douglas (1996), documented the strengths, resiliency, and coping strategies of homeless children in a New England Shelter. The results from both studies support the findings of educational theorists, who cite the importance of external supports of children, stress, and the link between resilience.

The hospice literature has also been suggested by researchers as especially helpful to understand resiliency. Hospice is an innovative concept of palliative care for the terminally ill in the United States. Hospice occurs in a variety of settings, and represents a set of established procedures that minimize the physical discomfort and pain of dying patients. The intent of hospice care is to assist individuals to live as fully as possible until

they die, by creating a more humanitarian and comforting social world where family and friends can participate in.(Levy & Gordan, 1987). For hospice providers, working with the terminally ill is extremely stressful. If providers are not able to replenish their exhausted emotional and physical resources, they will be unable to adapt to the stress of hospice care-giving, and will unquestionably experience burnout.(Ray, Nichols, & Perritt, 1987).

In 1993, Egan investigated the coping strategies and burnout of 128 hospital AIDS social workers. Accordingly, Muldary(1983) posits that this burnout is the outcome of work experiences in which individuals perceive work as stressful and their abilities to cope are perceived as ineffective. The findings from this study support the claims by other researchers that conjecture that there is a direct relationship between resilience, coping strategies, and burnout among hospital employees.(Pearlman & Hartmen, 1982; Chiriboga, Jenkins, & Bailey, 1983; Amenta, 1984; Pines & Aronson, 1988; Ratliff, 1988). A link was also found between resiliency, social support, and burnout. Social supports sometimes buffer the stress and burnout experienced by hospice employees, by allowing the individual an opportunity to express negative feelings about their work and themselves.(Ray, 1987; McClean, 1985; Gottlieb, 1983; Cooper, 1981).

Nonetheless, the examination of the educational, hospice, and related literature reveals that there is a paucity of research studies that specifically examine the coping mechanisms, survival skills, strengths, and resilience of homeless populations adversely affected by homelessness. Survivors of this traumatic experience struggle to accept the reality that their lives have been changed forever. Learning how to adjust to the physical and emotional changes that often result from homelessness is in large part a measure of the

person's strength, adaptive abilities, and perseverance. Despite the innumerable factors that jeopardize their survival, many homeless individuals demonstrate tremendous strength, resiliency, and ingenuity in their struggle towards recovery.

Coping with the strain of homelessness is an arduous task. In the absence of more formal systems of support, numerous homeless individuals must depend on peers, family, cultural traditions, or religious beliefs and practices to buffer the trauma that is often associated with homelessness. These informal systems of support are vitally important to many homeless individuals especially the use of religion and spirituality. Notwithstanding, there is little empirical research on the extent to which homeless individuals use religion and spirituality as primary coping mechanisms. In order to gain an understanding about the practices of religious and spiritual coping, the subsequent chapter reviews the gerontology, hospice, and interrelated literature to further expound upon and delimit the phenomena of religious and spiritual coping.

2.4 Religion/Spirituality and Coping

The religious and spiritual coping paradigm is an addendum to the emotion-regulated or action-oriented instrumental coping model that has been widely used by researchers to examine the relationship between stress and coping. Historically, religion has influenced American culture and values, and continues to serve an important function in most peoples lives. O'Neill (1989), cites several studies that indicate 70% of the American population are members of the nation's 350,000 churches, synagogues, and mosques. Religious institutions in this country are often an source of community-level support, and provide a sense of comfort to many people.(Calhoun-Brown, 1998; Ellison & Levin, 1998; Rabin & Gwaltry, 1997; Maton & Salem. 1995; Ellison & George, 1994; Masten, Best, & Garnezy, 1990).

In 1991, gallop poll data revealed that 80% of the American population reported that prayer was one of the mechanisms that they used to cope with a problem or crises. Religion in its various forms, has often been equated with theology, and has been elucidated as the membership in an organized faith community that institutionalizes a system of religious beliefs and practices.(Canda, 1997; Netting, Thibult, and Ellor, 1990, p.6) and as an external expression of faith, that is comprised of convictions that unite an individual with a moral community.(Joseph, 1988, p.444). Siporin(1985, p.211), added that a religious system of tenets, precepts, and rituals that generally has an institutional structure of communal denominations and congregations. in which people become members, take on religious roles, identities, and form relationships with others.

In contrast, spirituality has been conceptualized as a relationship to a force greater

than oneself.(Netting, Thibault, and Ellor, 1990, p. 6) and the individuals effort to "transcend" and relate the individual to the ultimate.(Joseph, 1988, p. 444). This term is also thought of as an innate characteristic inherent in all people that includes such aspects as the persons desire for meaning and purpose, an intuitive process, the search to unite with an ultimate reality, and the desire to realize one's true self or inner potential.(Hwang & Cowger, 1998; Carroll, 1994; Cowger, 1994; Cowley & Derezotes, 1994).

There are a wide variety of religious and non-religious forms of spirituality. Ronald Bullis(1996), theorized that spirituality is divinely focused altered states of consciousness. While, faith has been defined as a belief that help or comfort is available from something greater than oneself such as God, a higher power, supreme being, a larger reality, or the universe.(Graham, Kaisor & Garrett, 1998). In essence, religion signifies a group process, while spirituality tends to imply the development of the inner person.

The significance of religion and spirituality for children, adults, aged, and people of African descent has been reflected in various autobiographies and research studies.(Haight, 1998; Kaplan, Marks, & Mertens, 1997; Boykin, 1994; Hall, 1994; Oser, 1991; Werner, 1990; Coles, 1990, Comer, 1988; Angelou, 1969). More recently, issues of religion and spirituality have also been included in different inquiries on mental health.(Ellison, 1991; Decker & Schultz, 1985; Hadaway & Roof, 1978). There is increasing evidence that the scientific exploration of religious and spiritual coping mechanisms is gaining momentum as important subject matter among researchers.

A survey of the gerontology literature suggests that religious and spiritual coping mechanisms of the elderly during difficult periods, and stressful life changes are especially helpful.(Ellison & Levin, 1998; Ai, Dunkle, Peterson, & Bolling, 1998; Krause, 1998;

Levin & Taylor, 1997; Bearon & Koenig, 1990; Koenig, Kvale, & Farrell, 1988; Guy, 1982). Pickett(1987, found that among the 10 coping behaviors from the Folkman and Lazarus Ways of Coping Checklist, prayer was the most commonly suggested strategy that was used by respondents aged 65 to 79; while Rosen (1982), discovered that 40% of the elderly respondents over 65 reported religion as vitally important. Koenig, George, & Siegler(1988), examined the corollary between stressful life experiences and the use of religion and, other emotion-regulated coping strategies among older adults. This study found that 45% of the sample mentioned a religious behavior, as exceptionally helpful during a stressful period.

Another study by Koenig, Cohen, Blazer, Pieper, Meador, Shelp, Goli, and DiPasquale(1992), investigated the occurrence of religious coping among older aged hospitalized medically frail men that suffered from a psychiatric illness. The findings from this inquiry imply that religious coping is a common behavior that provided 20% of the respondents solace, and was inversely associated with depression. In terms of spirituality, studies were also identified that support the position that spirituality increases optimism, natural support systems, and offers a sense of membership to the aged and homeless person.(Tice & Perkins, 1998; Pearlin, Mullan, Semple & Skaff, 1990). A common theme and dominant pattern that resonates in all of the experimental studies surveyed, is the frequency of religious coping behaviors or attitudes, and spiritual faith mentioned by the elderly respondents.

After a comprehensive survey of existing gerontology research, numerous studies were also located that established the connection between the religious and spiritual strategies of caregivers of disabled elders.(Chang, Noonan, Tennstedt, 1998; Picot,

Debanne, Namazi, & Wykle, 1997, Levin & Taylor, 1993; Pearlin, Mullan, Semple, Skaff, & 1990). LeBlanc & Pearlin(1998) have explicated the nexus between religion and 200 informal caregivers of a spouse suffering from Alzheimer's disease or a similar dementia. These individuals often face stressful circumstances that can lead to difficulties in the area of care-giving. The findings from this study indicate that religion is positively correlated to the amelioration of the wide array of stresses, which commonly impact the care giving role. Throughout the review of the gerontology literature, coping revisionists have consistently chronicled the significance of religious and spiritual coping strategies of older adults as positive mechanisms to mediate stressful life events.

Studies have also documented the linkage between religion and spirituality, and persons with a fatal disease. In hospice care, spirituality is often incorporated into healthcare services, and draws upon this association. The examination of the hospice and relevant literature cites that religion and spirituality is particularly important to individuals that are terminally ill. Kaplan, Marks, & Merton's (1997), investigated distress and coping among a multi-ethnic sample of women with HIV infection. The findings from this study found that prayer, and rediscovery of the self were the most frequently mentioned coping responses given by the respondents. Kendall (1994), suggests that service-providers must not disregard the meaningfulness of spiritual faith of their clientele in adapting to HIV infection. Kaczorowski(1989), administered the Spiritual Well-being Scale in conjunction with the State-Trait Anxiety Inventory to 114 adults diagnosed with cancer. A consistent inverse relationship was found between spiritual well-being and state-trait anxiety, regardless of influences of gender, marital status, age, diagnosis, group participation, and length of time since diagnosis. Similar results have been reported in other studies.

This supports the tenet that persons with high levels of spiritual well-being, have lower levels of stress. Philosophers have also theorized that spirituality is positively linked to the anxiety of terminally ill patients.(May, 1977; Tillich, 1952; Kierkegard, 1944). The use of prayer and religious beliefs are inherent in the terminally ill culture. Creating a sense of wholeness in the presence of loss, for terminally ill patients depends greatly on the person's emotional and spiritual strength. The holistic outlook pivotal to the hospice philosophy, suggests that counselors in other settings are also in the position to offer emotional and spiritual support to their clientele. This approach to treatment will assist individuals to overcome the vulnerability that is often associated with multiple losses, and engage the creative possibilities that predominate in the face of adversity.(Kazanjian,1997).

In 1992, the Knox Area Rescue Mission commissioned a survey of recovery from homelessness by the SRI Gallop organization. This study identified six critical "life themes" that are essential for individuals to recover from homelessness. This included the spiritual, self-insight, security, self-awareness, people support, and suppression theme. The most important theme reported was the spiritual dimension. This investigation concluded that those individuals that believe in god, attend church regularly, and have a relationship with the creator are stronger spiritually, mentally, and physically, and are more likely to recover, and "bounce back" from the trauma of homelessness. The serenity that religion provides to many individuals is often attributed to the support of the minister or church members.

This finding is consistent with the preponderance of research on the impact of religious participation and the psychological well-being of elderly African

Americans.(Walls & Zarit, 1991; 1990). This investigation found that the higher morale of the respondents was positively associated with regular church attendance, and the social support received from other church members. One of the most important support systems for ethnic groups in America has been spirituality, or religiosity in which spirituality is expressed.(Stolley & Koenig, 1997). Religious faith, spiritual beliefs, and rituals frequently alleviate tension for many African Americans in their constant struggle against racism.

Older African Americans, especially females, are more likely than their white counterparts to be affiliated with a religion, attend religious services, and participate more in non organizational and private religious activities.(Taylor & Chatters, 1991; Chatters & Taylor, 1989). In fact, churches are often a meaningful source of support for the elderly, the terminally ill, African Americans, and the homeless. Yet, limited empirical attention has investigated the support that the homeless receive from the religious community in common aspects of everyday living, or in times of distress.

Many homeless persons also receive emotional support and comfort from the minister, and other church members. For a number of individuals, church support is instrumental in the persons feeling of life satisfaction. Researchers have found that a higher level of happiness is positively correlated with a greater level of contact with church friends. In fact, this association is often more important than the individuals contact with non-church family and friends. The gerontology and hospice literature reviewed up to this point, strongly suggests that there is a dearth of writings and qualitative research studies that specifically explore the process and aims of religious and

spiritual coping strategies of single homeless adults traumatized by the stress of homelessness.

Survivors of homelessness might benefit from an addendum to the conventional approach to clinical treatment that is provided by service-providers. Central to this holistic orientation, is the conviction that the client is a person that has many internal and external strengths that must be recognized, and that these resources give them the courage to continue and to become stronger from misfortune. The next segment describes the theoretical framework(s) that were selected for this qualitative study.

2.4.1 Contextual Framework(s) of the Study

The social, political, and economic antecedents that place individuals more "at risk" for homelessness was delimited, and the individual factors that heighten the trauma of this phenomenon was discussed in the preceding sections. Moreover, various studies were drawn upon that explored the adaptation, resourcefulness, and tenacity of the homeless population. The hospice, education, and related literature was especially helpful in conceptualizing the resilience paradigm, while the gerontology and hospice research illustrated how the elderly and terminally ill patient use religion, prayer, faith, and spirituality to cope with stressful life events and fatal diseases. This section provides a conceptual framework from which this research project will be profiled and determined.

The study was formulated in relation to the fundamental tenets of coping theory, resiliency theory, hierarchy of needs theory, and the strengths perspective. The principles of coping, resiliency, and hierarchy of needs theory were drawn upon to provide a frame of reference from which to study the relationship between human behavior, resiliency, strengths, adaptability, and the religious and spiritual coping practices and behaviors formed and created by individuals traumatized by the stress of homelessness. The strengths perspective was another conceptual framework, and is a clinical approach to treatment that builds upon the inner and outer resources of the individual. The evaluation also guided the development of the research guide, staff survey, and the identification of a preliminary practice model in social work that integrates religion and spirituality.

Coping Theory

The harsh realities of homelessness has been described as having an aversive effect on the emotional, psychological, and physical well-being of the individual.(Ingram, Corning & Schmidt, 1996, Johnson, 1995; Bassuck, 1993; Browne, 1993; Berlin & McAllister, 1992; Goodman, Saxe, Harvey, 1991; Schiller, 1984). Coping theory is a conceptual framework that has been utilized by researchers to elucidate the nexus between homelessness, stress, and coping. Coping theory provides a theoretical framework for organizing, and guiding treatment interventions for persons faced with a multiplicity of stressful events, including the psychological and physical trauma due to homelessness.

According to Lazarus and Lanier (1978), coping is defined as efforts both action oriented (problem-focused) and intrapsychic(emotion-focused) to manage(that is master, tolerate, reduce and minimize, environmental demands and conflicts that tax a person's available resources. They further refined this definition and added that problem-solving(instrumental) behaviors were aimed at altering the stressful event, while emotion-regulated(palliative) actions were responses to those incidents. The coping process entails several important steps. The first step involves the determination of the stressful event. Secondly, the individual selects a coping strategy. Third, is the implementation of a specific response. Finally, an evaluation of one's coping efforts to reduce the stresses. This is an interactive process that transpires between the individual, and the event that is perceived as stressful.

This investigation draws upon this linkage, and considers homelessness as an extremely traumatic event. The trauma of homelessness is well documented in the literature as a stressful experience. The religious and spiritual coping paradigm also

includes certain vital steps. First, the individual must select a religious or spiritual coping mechanism, which is followed by the execution of a response. How individuals respond to the stress of homelessness is contingent upon their personal characteristics, and the resources that are available to them. The internal and external resources of the individual, and the practices of religious and spiritual coping relieve the on-going tension of homelessness; enable the person to successfully respond to stressful events, and to survive the negative sequelae of this horrific experience.

Researchers have consistently found that religious and spiritual coping strategies are positively correlated to favorable behavioral, psychological, and social outcomes. The behavioral and social strategies of the homeless make it possible for the person to subsist, while at the same time the psychological dimension assists them to endure the emotional devastation of this phenomenon. Although, religious and spiritual coping strategies do not offset the consequences of every type of stressful life event that the homeless individual encounters, they are however important coping mechanisms that must be recognized and understood in the social service context.

Resiliency Theory

Resiliency theory provides the analytic frame of reference for comprehending the religious and spiritual buffers that assist homeless individuals to adjust to the disruptive, stressful, and challenging circumstances of homelessness, that in a way provides the person with additional protective coping skills than prior to the disruptive event.(Wolin & Wolin, 1993). Resilience allows the person to become stronger in the process, while at the same time providing opportunities for optimal personal growth and development. Implicit in this theory is the conviction that resiliency is the ability of the person to bounce

back, to endure hardship, persevere, and to survive.

Moreover, protective adaptive factors are the foundation of resilience allowing the individual the ability to adapt, cope with, to become tenacious, and to withstand homelessness. Thereby, the internal strengths of the individual enable them to cope with the stress of homelessness and remain in control. Additionally, environmental demands create important opportunities for the individual to maintain, or to restore internal and external balance under significant threat. In turn, strength emerges for the homeless individual from adversity. Thus, resilience is indicative of the person's positive attributes, adaptability, and durability.

Hierarchy of Needs Theory

Abraham Maslow's (1954), hierarchy of need's theory offers insight into human behavior, motivation, and growth. This theory suggests that all human beings have the potential to progress, and to discover more about themselves, while at the same time striving to develop their abilities to the fullest. In fact, Abraham Maslow believed that humanity is in a constant state of evolution. This continual striving for self-actualization is a process that motivates mankind to recognize their internal capabilities, to strive to expand them, to develop a positive self-concept, and to hopefully become contributing members of society.(Zastrow & Kirst-Ashman, 1997). As one matures, this is a process of being rather than becoming. Abraham Maslow hypothesized that most individuals were in a continuous state of imbalance, and were always striving to develop and fulfill their immediate basic needs.

He identified a hierarchy of needs that motivates human behavior. Once individuals satisfy the needs of one level, they strive to meet the requirements of the next. In ascending order, these fundamental needs include: 1. Physiological: food, water, oxygen, rest, and so forth. 2. Safety: security: stability; freedom from fear; anxiety, threats, and chaos. A social structure of laws and limits assist the person to satisfy those basic needs. 3. Belongingness and love: intimacy and affection provided by friends, family, or significant others. 4. Self-esteem: self-respect, respect of others, achievement, attention, and appreciation. 5. Self-actualization: the knowledge that one is fulfilling their inner potential, and is doing what one is individually suited for and capable of, while others go through the same process yet it is enhanced by connecting to a force greater than self, and uniting with a higher spiritual-being.(Zastro & Kirst-Ashman, 1997).

Homelessness is a profound life-changing event that plunges the person into a pit of spiritual, mental, and physical despair or turmoil. It is also at this time that the individual may feel confused and abandoned by the creator, family, higher power, or significant others. For persons that are homeless, a strong emphasis would first be placed on fulfilling fundamental physiological needs. Once this gratification of needs occurs, individuals will have the ability to advance to the next level, persevere, and ultimately achieve self-actualization. For some, religion or spirituality are instrumental in this progression, and assist the homeless individual to undergo short-lived episodes of self-actualization.

In certain instances, religion or spirituality permit the person to experience blissful moments while displaced, and to become more astute and integrated in the process. However, the hazards that are innate in the homeless lifestyle interrupt this continuous process by jeopardizing the persons every day existence. As a result, it is extremely difficult for the homeless individual to proceed to the subsequent level. Hopefully, if the person is able to survive this crisis, religion or spirituality will enable them to reorient their spirit, discern the purpose of life, and connect to the highest holistic level of consciousness in a more pragmatic, resilient, and profound manner.(Canda & Furman, 1999).

Abraham Maslow(1969), sustained that a fully developed, self-actualized person also exhibits high levels of the following characteristics: acceptance of self, others, and of nature; seeks justice, truth, order, unity, and beauty; problem-solving abilities; is self-directed; a freshness of appreciation; a richness of emotional responses; has satisfying and changing relationships with other people, is creative, and has a high sense of moral values.(Zastro & Kirst-Ashman, 1997). Social scientists have clearly documented the

values.(Zastro & Kirst-Ashman, 1997). Social scientists have clearly documented the correlation between religion/spirituality, and human evolution.

Once homeless clients are stabilized, it is essential that Social Work professionals possess the appropriate knowledge and expertise to assist individuals with growth and development issues, and to satisfy this hierarchy of needs. Nonetheless, a spiritually sensitive strengths-based approach to case management would certainly aid the homeless client in this ongoing process of self-actualization, reflection, and transcendence.

Strengths Perspective

The strengths perspective in social work is a theoretical orientation that builds upon the individuals internal and external resources and strength.(Saleeb, 1996). In particular, many service-providers largely overlook the positive attributes of their clientele and only focus on the negative characteristics of the person. This can be an ineffective treatment approach. When clients' problems are accentuated, there is a greater likelihood that negative expectations about them, their environment, and the capacity to deal with these demands are enhanced.

However, the strengths approach to clinical treatment focuses on developing the optimal capabilities within the person, emphasizing strengths, and generating opportunities in the environment for individuals to change positively. Many clinical staff in treatment programs mistakenly assume that their clients should have limited input into the therapeutic process, and discourage an open dialogue. The strengths perspective strives to reduce the distance, power inequality, control, and manipulation that are often exemplified in this relationship.

Primarily by restoring the individual's self-confidence, and decreasing the persons need to receive support and validation from the therapist. In the therapeutic relationship, the exchange between the social worker and the client is an interactive process that both parties actively participate in. Within this framework, the social worker should be viewed as the collaborator or guide that has relevant information to share with the client, and should not be perceived as the authority figure. As a result, an egalitarian partnership between the worker and client develops. Generally, clients are experts about their situations, and can independently devise appropriate solutions to resolve them. More advocacy by social workers is needed for the homeless in emergency shelters. The strengths perspective has clear implications in the delivery of social services to homeless individuals in a variety of settings.

The strengths perspective is comprised of the following basic principles:

1. Empowerment is aimed at helping clients to discover the power inside, and to uncover resources within and around the individual, family, and community.
2. Clients must rejuvenate themselves and heal from within. They must also acknowledge their healthy characteristics, and discover their own answers.
3. Humans can only exist through a creative and emergent relationship with the external world. Without this exchange, individuals will not recognize their inherent power, knowledge, and internal strength.
4. Individuals must also discover the communal resources that can be utilized in accomplishing their goals.
5. Social workers must view professional work through a different lens. The social worker must abandon initial disbelief in certain client stories that describe abusive, immoral, or destructive behaviors.

To this end, clients are much closer to the strengths perspective than social workers. They present themselves as proactive individuals that are able to enhance their

functioning and competence through the use of social services, and informal supports.

The strengths perspective is helpful in a social work practice, and generates opportunities for client and worker to change positively. Central to the strengths perspective are the beliefs about empowerment, membership, development, and resilience. Clients must gain awareness that they must influence the decisions that affect their lives. A sense of community and identity is an absolute requisite for the realization of client goals.

Individuals have a need to belong and are entitled to dignity, respect, and the responsibility that comes with such affiliation.

The loss or absence of this membership makes the discovery or restoration of strengths in the empowerment program more difficult. This is the first step towards recognizing the client's strength in this position and their potential to achieve self-actualization. Important sources of strength for the homeless client are often informal support systems, such as the use of religion or spirituality. Many homeless individuals are resilient, flexible, and are able to continue despite the impediments that they may encounter throughout their lifetime.

The clinical staff in social service agencies must expand their worldviews, and challenge pre-existing ideas so that they are able to recognize the positive strengths that their clientele possess. Over the years, strengths-based case management was implemented into community mentally health centers, psychiatric institutions, long-term facilities for the aged, public social service agencies, and residential substance abuse programs.(Brun & Rapp, 2001; Bricker-Jenkins, 1997; Fast & Chapin, 1996; Siegal, 1995; Rapp & Chamberlain, 1985).

Strengths-based case management is an extension of the strengths perspective, bringing together the clients strengths and self-direction along with three other important tenets: First, promoting the use of informal helping networks, Second, suggesting assertive community involvement by case managers, and as a final point by underscoring the relationship between the client and the case manager.(Siegal, 1997; Rapp & Chamberlain, 1985). A strengths-based approach to clinical treatment that integrates religion and spirituality is also worthy of further exploration. The final portion of the review investigates the organizational approach in the delivery of spiritually sensitive social work practice, while the survey of the pastoral and hospice literature was drawn upon to illustrate the deliverance of religious and spiritual care.

2.5 Organizational Approach

Homeless clients' that suffer from psychiatric disorders, substance and alcohol abuse problems, or that are HIV or AIDS infected present issues that often pose unique challenges for social service-providers. Traditionally, most social service agencies have been designed to deliver treatment services that contribute to the emotional and physical well-being of the client, including but not limited to health care, sustenance, mental health, substance abuse counseling, housing, vocational, social, educational, and job training. Robin Russell (1998), emphasized that the Council on Social Work Education's curriculum policy specifically states that religious and spiritual diversity should be addressed by the social worker along with other forms of variance.(Canda, 1998).

Recent research shows that social workers are willing to discuss issues related to the client's spirituality or religious convictions, and integrate this knowledge into clinical social work practice. Sheridan, Bullis, Adcock, Berlin and Miller (1992), found that a majority of the three professional mental health groups utilized religious or spiritual interventions in working with clients, and that the different classes of clinicians utilized these techniques differently. In fact, 59% of the total sample used religious or spiritual language or concepts, while 70% helped clarify religious/spiritual values, and 80% referred clients to self-help groups.

Conversely, it is rare for clinical staff in social service agencies to explore the religious and spiritual backgrounds of the clientele that they serve, and to apply spiritually oriented helping techniques, assessments, and interventions. Studies have shown that social workers receive little training in relation to spirituality or spiritual assessment

(Bullis; Derezotes; Sheridan, Bullis, Adcock; Furman & Chandy, 1994; Berlin & Miller, 1992). A small number of studies using qualitative methods to assess spirituality have been developed.(Hodge, 2001; Boyd, 1998; Dombeck & Karl, 1997; O'Rourke, 1997; Bullis, 1996; Rizzuto, 1996; Tan, 1996; Peck, 1993). In fact, spiritual assessments generally use a series of questions to discover spiritual and religious themes within the framework of a empathetic interchange.(Strickland, 1994). As an appendage to spiritual histories, other instruments have also been helpful when organizing this information.(Hodge, 2001 & 2000; Nino, 1997; Rey, 1997; Bullis, 1996; Lovenger, 1996; Fitchett, 1993; Pruyser, 1976).

Spiritually sensitive social work practice focuses on purpose, meaning, enhancing well-being, transformation, as well as dealing with certain topics and concerns by tapping into and utilizing an expanded range of possible supports and resources.(Canda & Furman, 1999). Michael Sheridan (1998), suggests that in order to implement spiritually-based interventions, assessments, and techniques, social workers must respect the different religious or spiritual paths of their clientele, and be willing to learn about the role and meaning of various beliefs, practices, rituals, and experiences for various client systems. In clinical social work practice, religious and spiritual rituals can be transformed into ways that are good for personal growth.(Laird, 1984). Second, social workers must critically examine their own values, convictions, and biases concerning religion and spirituality and be willing to work through any unresolved issues or negative feelings and experiences that may adversely affect their work with clients.

Third, social workers must develop a working knowledge of the religious and spiritual tenets and practices frequently encountered in their work with their clients.

Fourth, social workers must be willing to engage in ongoing self-reflection about what brings purpose, meaning, and connection to their own lives, and then make disciplined efforts toward their own spiritual development and growth. Fifth, social workers should be able to perform religious and spiritual assessments at all client system levels in an appropriate, ethical manner, and effectively utilize this information in service planning.

Sixth, social workers must become aware of the various religious and spiritual organizations, services, leaders in the community and resources pertinent to their practice for the purposes of referral, collaboration, and providing a continuum of care.

It is important that religious and spiritual interventions and assessments correspond with the clients' current developmental stage, and that the worker possesses the necessary competence, information, and technique before implementation. At a minimum, social workers must receive the orientation and instruction appropriate to their position, and should regularly attend seminars, in-service training's, and continuing education programs in order to obtain and maintain the skills necessary for employing spiritual or religious oriented helping activities with clients.

Canda & Furman (1999) offered alternative conceptual framework that can be replicated and promotes spiritually-sensitive social work practice in human service organizations. First, an ongoing spiritual diversity team within the agency must be created. Second, designate a team coordinator. Third, describe the range of spiritual diversity and resources in the community. Fourth, include clients in the innovation

process. Fifth, ascertain current level and range to address spiritual diversity among agency staff.

Six, evaluate current organizational policies, programs, and procedures for their responsiveness to spiritually sensitive practice. Seven, establish a spiritual resource community directory. Finally, form cooperative cross-site service teams and partnerships, involving religious and spiritual support systems and leadership. This theoretical model enables social service employees to assist clients on their journey of spiritual evolvment and discovery, while at the same time explore their own spirituality as it relates to their professional identity and practice effectiveness. The review of the pastoral care literature in the following part delimits the deliverance of pastoral care.

2.5.1. Pastoral Care

As noted by O'Neil (1989), it has been well documented in the literature that religious groups and institutions founded many voluntary organizations in America. (Holland, 1989; Loewenberg, 1988; Netting, 1984; Bellah, Madsen, Sullivan, Swindler & Tipton, 1985). Initially, the origins and foundations of social work were grounded in religious beliefs and traditions. In the past, many social work practitioners were spiritually inspired and expressed their faith and good will for the destitute and inebriates through the helping tradition and charity. Lieby (1984), reports that the institutionalized charities of the church was a form of expressing one's love of god.

As a result of this growing concern, institutions were established for the poor, aged, mentally ill, and children that were religious oriented. Alan Keith-Lucas (1998),

posits that all established religions stress responsibility for fellow man, kindness or justice to the needy, and self-fulfillment through service. In the early 1800's, the settle house movement was an outgrowth of this creed, and represented an attempt by charitable institutions to preserve human and spiritual values in the age of rampant urbanization and industrialization.

Although social work grew out of organized religion, during the course of the century it has become more secularized. The literature reflects the dissension that existed between the schools of social work and religious institutions, and the professions deviation from its roots. (Spencer, 1956 & 1957, Stroup, 1962, Salomen, 1967, Imure, 1984, Joseph 1987). The clergy was perhaps perceived by educators as less experienced, knowledgeable, and competent then the professionally trained social worker. The ideological underpinnings of spirituality, religion, and faith were perhaps dismissed from social work research, practice, and education due to their subjective nature and complex conceptualization and operationalization.

The shortage of journal articles and research studies that investigate spirituality and religiosity is noticeable in the social work literature, research, and educational curriculum. (Canda, 1998; Russell, 1998; Bullis, 1996; Derezotes & Evans, 1995; Sheridan, Bullis, Adcock, Berlin, and Miller, 1992; Sheridan & Bullis, 1991; Kirkpatrick & Holland, 1990; Logan, 1990; Canda, 1990, 1989, 1988b, 1988c, 1989a; Joseph, 1988. Lowenberg, 1988, Siporin, 1985).

In this country, the reversal of secularization has been guided by conservative public policies, and the trend of the federal government to relinquish responsibility for social welfare. Since the Reagan administration, governmental officials have argued that

the church should become more active in responding to the needs of the poor. As a result, there has been a reduction of finances that were allotted for social programs. Since its inception, early religious and spiritual ideologies have been relatively consistent with the social policies of the United States.(Day, 1989; Hagen, 1982).

Today, many rescue missions, food pantries, faith based shelters, and soup kitchens continue to be operated by religious organizations that deliver pastoral care to their clientele and other vital social services. Individuals generally receive basic necessities in these localities such as food, clothing, or shelter, and are also subjected to the religious beliefs, doctrines, and programming of the organization.

Pastoral care is a clinical approach to treatment, and is the integration of religious faith, spiritual counseling, support, and guidance that is provided by the religious community. At many of the faith based shelters or rescue missions, it is mandatory that the person attend church services as a condition for receiving aid. A recent Gallop poll found that when confronted by a personal problem needing counseling or psychotherapy, 66% of persons favored a professional counselor who represented spiritual values and beliefs, and 81% surveyed preferred to have their own values and beliefs integrated into the counseling process.

Since 1989, the International Union of Gospel missions has surveyed over 100 rescue missions to ascertain the demographic characteristics of the homeless populations that they service. This study concluded that in 1998, 78% were males, 22% were females. 30% were between the ages of 36-45, 40% were Caucasian, 42% were African-American, 66% were women with children, 32% of the males surveyed were Veterans, 72% were homeless more than six months, 61% were homeless less than one year, 52% were

unemployed over six months, 32% of the males and 25% of the females were in drug/alcohol rehabilitation programs, and an overwhelming 79% of the homeless population that they serviced preferred a spiritual emphasis in programs.

Rev. Stephen Burger (1998), Executive Director of the International Union of Gospel Missions, maintains that many homeless individuals embrace a mission rehabilitation program, and recognize that their spiritual, physical, and emotional needs are met in this environment. In recent times, there has been a renewed interest of the social work profession in spirituality and religion. In fact, Social Work educators are beginning to include religion and spirituality as important components of the Human Behavior in the Social Environment course. (Dudley, 1990; Netting, Thibault, & Ellor, 1990, Canda, 1989). There is also a growing realization of the significance of religion and spirituality in practice courses. It is vital that a uniform practice model is adopted in social work that focuses on the cultural, psychological, physical, social, religious, and spiritual aspects of the individual. A spiritually sensitive strengths-based approach to case management will affirm and strengthen the persons evolution and progress towards greater autonomy and harmony with the inner self.

The church is a positive venue, and the connection to god may promote resilience by nurturing the spirit and soul of the individual. (Calhoun-Brown, 1998; Cohen, Doyle, Skoner, Rabin & Gwaltry, 1997; Ellison & Levin, 1998; Maton & Salem, 1995; Ellison & George, 1994;). Clearly, a comprehensive model in social work that integrates religion and spirituality, and is aimed at facilitating the client's optimal growth, strengths, capacities, and movement towards connecting with the spirit, higher power, others, environment, or the creator is a desirable goal. Spiritual care must also be incorporated

into this paradigm. If a client is in spiritual crises, the program staff must have the expertise and knowledge to assist the person on their spiritual pilgrimage.

For many homeless clients, spiritual renewal is the foundation of personal transformation. Researchers have demonstrated that a spiritual base is associated with positive outcomes and can serve to alleviate the person's anxiety, isolation, promote a sense of security, in addition to instilling a sense of being loved and appreciated.(Ellison & Levin, 1998; Perry, 1998; Pargament, 1997; Worthington, Kurusu, McCullough & Sandage; Jacobs, 1992). However, social service employees rarely receive little or no formal training in the delivery of spiritual care. Social workers must understand what it is that enables some clients to transcend the material and ordinary elements of social life.(Shane, 1999). Despite an increased interest in religion and spirituality, the delivery of spiritual care to the homeless is essentially an unexplored topic. The examination of the hospice literature in the next section, will further explicate this subject matter.

2.5.2 Spiritual Care

Hospice is a holistic approach to treatment in the delivery of palliative spiritual care for the terminally ill and their families regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, availability of primary caregiver, or ability to pay. This philosophy views living and dying as a natural occurring phenomenon. The first hospice in the United States was founded in 1974, and has rapidly grown to over 2,500 agencies that provide hospice care in a variety of settings.(National Association for Home Care, 1996). Palliative care is defined by hospice as treatment, which enhances

comfort, and improves the quality of the patient's life. The goals of hospice intervention are pain control, symptom management, quality of life enhancement, and spiritual-emotional comfort for patients and their primary care support. The patients needs are continuously assessed, and all treatment options are explored and evaluated in the context of the person's values and symptoms. (The National Hospice Organization, 1994).

The hospice is recognized as a viable medical alternative, and is a cost effective form of terminal care for the dying. The spiritual needs' of the dying have been reported by several authors as especially important concerns. Epperly (1983), identifies the person's need for meaning, hope, relatedness, and love; Highfield and Carson (1983), emphasize meaning and purpose; while Ellenhorst-Ryan (1985), stressed the significance of forgiveness, love, trust, and the purpose of life. Millison (1995), suggests that as individuals prepare to die, many terminally ill patients search for meaning, purpose, and resolution in their lives. Derrickson (1996), postulates that spiritual care is the manner in which hospice professionals respond to the multifaceted expressions of spirituality, that they encounter with their patients and their families on a daily basis.

The interdisciplinary hospice team normally includes physicians, nurses, social workers, the clergy, spiritual counselors, volunteers, and healthcare professionals who deliver palliative care, pastoral counseling, supportive services, and spiritual direction. Spiritual support and guidance is also given to the family prior to the death of a loved one, and during the subsequent period of bereavement.(Hall & Kirsching, 1990). Often this takes the form listening, reading a biblical scripture, or prayer. The hospice worker must be prepared to hear confessions, give absolution, or if needed arrange for the person to be baptized. On each visit, psychosocial and spiritual issues are normally discussed with the

patient. This supports claims by theorists that postulate that the hospice orientation is an important venue that helps the patient to maintain their dignity, while at the same time remain in control of this situation.

Studies were also identified that show that psychosocial and spiritual needs are not always uniformly addressed in hospice settings.(Reese & Brown, 1997). Seale (1989), reviewed hospice research and found that the emphasis given to psychosocial issues varied considerably across hospices, and that hospital hospices provided less of a psychosocial emphasis. Generally, social workers have a tendency to focus on psychosocial issues, such as social supports or death anxiety, while the clergy addresses spiritual concerns. This is too critical a domain to be left exclusively to the clergy. Whereas, the nursing staff normally directs their attention to hospice values, treatment decisions, and the patients' denial of their physical condition.

Historically, nursing began in the early Christian religious orders.(Amenta, 1988). Madeline Leninger (1978), postulated that caring is the central and unifying domain of nursing knowledge and practice, and that attention to the soul was part of the nurses purview. In fact, this is an interpersonal process where the nurse employs measures to help patients prevent and cope with an illness or pain. Highfield and Carson (1983), highlighted the problem of nurses in the provision of spiritual care in hospice settings. They concluded that the nurses' inability to distinguish the spiritual problems from the psychological ones often led to inappropriate interventions.

The review of the hospice literature reflects that there is growing evidence that many health care professionals also embrace religion and spirituality as a stress management strategy. Mickley, Pargament, Brant, Hipp (1998), found that (78%) of the

92 participants reported that they prayed privately, while (88.9%) rated themselves as moderately to very religious. For some, daily meditations in private, prayer, church, or temple attendance result in a sense of inner peace and affirmation of purpose. (Patrick, 1987). This information will hopefully assist the patient to find spiritual, physical, and emotional comfort from this interaction. The subsequent chapter outlining the methodology will further elucidate and demarcate the boundaries and limitations of this qualitative study.

Chapter 3

Methodology

3.1

Research Design

A mixed methodological approach was used to enhance the research design. Multiple sources of data were collected throughout the course of this study: information, based on open-ended semi-structured interviews with clients and staff, and informal conversations. Qualitative data emerged from the content and case analysis of in-depth interviews that were conducted during the course of the study. Traditional qualitative analysis examined the positive and negative aspects of religious and non-religious forms of spirituality. This methodological approach allowed the researcher to find convergence among the data, and to strengthen the accuracy and internal validity of the study. This method also reduced the chances that inferences would be drawn, and only reflect the limitations and biases of a specific methodology or data source. Informants were quoted verbatim, and involved in all phases of the research study.

This is a phenomenological inquiry that sought to describe and capture the essence of the process of religious and spiritual coping of single homeless adults. Moreover, this methodological approach provided a frame of reference for the central research question(s) of the study. First, "How do homeless adults describe and experience religion, spirituality, and faith?" Secondly, "What is the structure and nature of the experience(s) of the phenomenon of spiritual and religious coping for single homeless adults as reported by the informants?" Third, "What religious and spiritual

evaluate, and respond to the religious and spiritual requirements of their clientele?"

Husserl(1962), posits that individuals characterize their circumstances through their senses and that human beings can only conceptualize what they experience. The diversified methods that individuals often employ to understand their world is extremely meaningful and is not known by the researcher conducting the qualitative inquiry. (Bogden & Bilken,1983). In short, the essence of shared experience(s) of the religious and spiritual coping practices and behavior of single homeless adults could be captured in a phenomenological examination. Qualitative research was appropriate because minimal information is known about the religious and spiritual coping mechanisms of the homeless.

However, qualitative studies that use smaller samples can be limited because there is a low generalizability of the findings to other agencies that also provide services to homeless adults. The knowledge attained from this qualitative investigation had significant practice implications for the research site, and assisted them to better comprehend the religious and spiritual requirements of the clientele that they provide services too. Additionally, this study could have also been replicated and used to inform other service-providers about the spiritual and religious coping practices of a small group of urban homeless individuals. The next section describes the research sample, and the sampling stratagem that was chosen for this research project.

3.2 Research Sample

Over the past decade, I have worked extensively with single homeless adults with chronic disorders in a variety of supportive housing settings. During this period of time, I was the Program Director of several Supportive Single Room Occupancy facilities for formally homeless individuals with psychiatric disabilities, and chemical dependency problems. I chose to study the religious and spiritual coping mechanisms and behaviors of single homeless adults in a public emergency shelter in the northeast.(See Appendix A). The research site was a public intake shelter for homeless women. This assessment center is one of the largest municipal shelters in the New York City metropolitan area, and has provided over twenty-five years of emergency shelter to homeless women.

The sample in qualitative research is normally small, non-representative, and intentional. (Bogden & Bilken,1983). In an effort to learn more about the religious and spiritual coping practices of the homeless, a non-probability sample of 26 client informants was selected from a public shelter that provided emergency housing to homeless adults in the inner-city. The Project Researcher attempted to sample a range of ages, ethnicity's, and religions in order to fully represent the diversity of single homeless adults, and to maximize the possibility of exploring the wide spectrum of religious and spiritual coping strategies and behaviors of this population. The selection of possible client informants was based upon availability, and those persons well-informed about the phenomena under investigation. The underlying logic of purposive sampling is that those cases that are information rich and will provide an abundance of knowledge about the

religious and spiritual coping practices of single homeless adults would most likely be selected.(Patton, 1990).

Initially, the selection of informants was based on a combination of the tenets of maximum variation sampling strategies, and convenience sampling. To begin, maximum variation sampling would most likely capture the range and variation of expression of the religious and spiritual coping practices and behaviors of the homeless. The principal investigator was unsuccessful in recruiting sample respondents who differed greatly with regard with regard to race, ethnicity, culture, age, children, education, marital status, religion, employment history, financial position, domestic violence, trauma history, psychiatric or substance abuse conditions, and homeless patterns.

Single homeless adults are a non-homogenous population that varies in demographic attributes, disorders, and past experiences. Maximum variation sampling also permitted the principal investigator to comprehend those cases that are likely to yield the most comprehensive knowledge about the religious and spiritual coping practices and behaviors. In order to capture the wide spectrum and significant common themes and patterns of religious and spiritual coping among this population, maximum variation sampling would have been a logical choice.

However, the sampling stratagem chosen for this study was convenience sampling. The fundamental logic of convenience sampling is that it was convenient, less costly, and expeditious. Informants were selected based on the extent to which they varied in terms of religious and spiritual coping strategies, and on the convenience of individuals available to meet with the project researcher. Another primary consideration was the lack of economic resources available to the project researcher.

The hindrance of convenience sampling is that it is not always entirely purposeful, and the sample population probably would most likely represent the more responsive and vocal residents of the shelter who may not necessarily employ religious or spiritual coping strategies. However, the utilization of this sampling strategy, hopefully strengthened the quality and richness of the qualitative data collected. Common themes and patterns that emerged from the findings might not be generalizable to other shelters, but were of particular interest and value to the research site selected.

The project researcher applied the sampling strategy in the following order. The first step in identifying potential client respondents was for the principal investigator to meet with the program director at the shelter, and to request attendance at the weekly staff meeting. At this meeting, the principal investigator distributed recruitment flyers to the program staff, explained the nature and purpose of the research project, and the study criteria. At the close of the meeting, the principal investigator then requested that the program staff ask the clients if the project researcher could approach them to discuss the research study. Once the clients agreed and permission was granted, recruitment flyers were then distributed to shelter residents by the project researcher.(Appendix B).

Research subjects that met the relevant criteria were then instructed on the flyer to contact the project researcher if they were interested in participating in the research project. Second, the principal investigator also requested permission from the Shelter Director to post recruitment flyers in the various common areas in the shelter so that residents could contact the research team personally.

Third, the principal investigator also directly recruited subjects at a group meeting. At this meeting, the principal investigator distributed recruitment scripts to potential client informants, explained the nature and purpose of the research project, and study criteria.(Appendix C). A card was also given to residents with a telephone number so that they could contact the research team directly if they were interested in participating in the research study. Finally, client respondents were also located through informal discussions with other key informants. The project researcher never coerced or forced research subjects to participate in the research study. The principal investigator did the actual client recruitment because individuals are more inclined to refuse a researcher that they did not know than to say no to persons that provide services to them.

A non-probability sample of 5 staff informants was also selected from the shelter in an attempt to gather more information about the religious and spiritual needs of the clients, and the staff's utilization of spiritually oriented practice techniques and interventions. The first step in identifying potential staff respondents was for the principal investigator to request to attend a staff meeting. At this meeting, the principal investigator presented an overview of the research study, and explained the study criteria for staff informants. Telephone numbers and information was also provided to potential staff respondents by the principal investigator so that they could contact the project researcher personally if they were interested in participating in the investigation. The project researcher directly recruited staff informants because employees have a tendency to feel more comfortable refusing persons that do not employ them.

In order to participate in the research study, all subjects must have had the mental ability to give verbal and written consent, have a clear understanding of the research

project, and comprehend the procedures that would be followed with regard to their participation. The principal investigator has worked in a variety of supportive housing settings for the homeless, and had considerable experience in evaluating the mental capacity of persons with psychiatric and substance abuse disorders. In only one instance did the project researcher refuse to meet with a potential client respondent who was disoriented and confused about the goals and objectives of the research project. The principal investigator recommended that this individual obtain further assistance from the clinical staff at the shelter.

Once identified, the project researcher through personal visits or the telephone contacted prospective client and staff informants. Client informants were never forced by the project researcher, or coerced by the program staff to participate in the research study. Moreover, the program staff was never given the names of the individual respondent that was interviewed by the researcher, or received any type of reports and feedback from the interviews. In addition; staff informants were never coerced by the project researcher, or mandated by the agency to participate in the research study. The organization was never given the names of the shelter staff that was interviewed by the project researcher, or received any type of information from the staff interviews. The following chapter describes the research methods that were undertaken by the principal investigator to gather data for this qualitative study.

3.3 Data Collection

Data was obtained from the study participants via open-ended semi-structured interviews with clients and staff, and informal conversations.

Client Interviews

First, data was collected from the respondents via the interview guide method through one face to face interview.(See Appendix D). The data collection period commenced in April of 2000, and lasted until June of 2000. Personal interviews enabled the project researcher to develop rapport and trust with the informant's, and to focus on the quality of the qualitative data collected. It also allowed for further explanation and clarification of items in the research instrument. Initially, the research team consisted of the principal investigator, a qualified social worker, and a trained research assistant.

The social worker and research assistant selected for this investigation had extensive experience and knowledge of working with homeless populations. They were also available for the duration of the data collection period, and had strong interpersonal skills, methodical, and conscientious. The research staff also attended a one-day training session that focused on qualitative interviewing, role-playing, field procedures, the administration of the research instrument, data quality checks, and editing procedures. This would ensure that the research staff conducted the interviews in a uniform and reliable manner, and that they were comfortable with the process.

However, as per the request of the research subjects, the principal investigator finally conducted all interviews in a private locale that was chosen by the client and was comfortable and safe. In this study of spirituality, the role of the researcher was a

significant factor. The principal investigator attempted to reduce the potential problem of the insider/outsider status. It was important for the investigator to present in a professional capacity, while at the same time, remain as an outsider to write about the informant's experiences with the research topic. The clients that participated in the research project seemed at ease with the principal investigator's position, and readily divulged information.

Client interviews lasted approximately an hour and a half, and were all tape-recorded, coded, and transcribed for data analysis by the project researcher. Following the completion of each interview, client participants received a small cash honorarium of ten dollars (\$10.00) from the researcher expressing appreciation for their willingness to participate in the research study. Post interview comment sheets were also written by the principal investigator at the conclusion of the interview, and focused on the key phrases and ideas utilized by the research subjects, in addition to any methodical issues that were encountered during the meeting. This information was later incorporated into the final version of the research report. Presumptions by the principal investigator about the subject matter always included the perspectives of the participants, and verification of the data resulted from the opinions that were expressed by the research subjects at the conclusion of the interview.

Prior to administration, experts in the homeless field reviewed a pilot copy of the interview guide. This information was integrated into the final copy of the interview guide. The feedback from the interview guide reflected the twenty-six respondent's perceptions and anecdotal comments with respect to their experiences with homelessness, religious and spiritual coping practices, resilience, adaptive abilities, strengths, service

needs, systems of support, beliefs about religion, spirituality, faith, and the current service-delivery system in the shelter. The interview guide method was an appropriate research instrument to conceptualize the phenomena of religious and spiritual coping, and to generate narrative descriptions and anecdotal feedback rich in detail and embedded in context.

The powerful subjective feedback from the informant's allowed the researcher to focus on the process of each individual's experience with religious and spiritual coping with greater intensity and magnitude. (Mintzberg,1983). It was also important that the qualitative researcher accurately reported the details of data collection, and the various processes of analysis throughout the entire investigation. There were several benefits of selecting the interview guide as a data collection method. For instance, one of the advantages of the interview guide method was that it listed in outline form the questions and topics to be covered in the interview, and allowed the interviewer to remain informal while at the same time adapt the sequencing and wording of questions to each particular interviewee.

Secondly, the interview guide also ensured that the same material was covered on the predetermined topics, while at the same time allowing the interviewer the ability to probe into unanticipated responses and interconnected themes. This method was also helpful since limited time was available to interview respondents because the research site was closing, and it allowed the interviewer the flexibility to examine a number of respondent's in a more systematic, expeditious, and comprehensive manner by delimiting in advance the salient issues and topics to be covered. (Patton, 1990).

To this end, the interview guide could have been developed in more or less detail

depending upon the ability of the researcher to enumerate significant topics in advance, and the extent to which is deemed necessary to ask a sequence of questions in a specific order.(Patton, 1990). Notwithstanding, the hindrance of the interview guide method was that meaningful topics could have been omitted during the interview. Additionally, interviewer flexibility in the succession and wording questions could have inadvertently resulted in substantially distinct responses from individuals thus reducing the comparability of responses.

Staff Interviews

Semi-structured open-ended interviews with program staff were also held to elicit specific feedback regarding spiritually-sensitive social work practice, the religious and spiritual needs of their clientele, and the services provided by them to meet these requirements.(See Appendix E). Staff interviews lasted approximately one hour, and were also tape recorded, coded, and transcribed for data analysis by the project researcher. Personal interviews enabled the principal investigator to establish rapport, trust, and mutual respect with the staff informants.

The extent to which the project researcher interviewed program staff was dependent upon the socio-political context, size, dimensions, and organization. At a minimum, interviews were conducted with five clinical staff members at the site. The participation of the shelter staff broadened the perspective and increased the salience and dimensions of this qualitative study. Descriptive data was also gathered from the staff throughout the entire duration of the research project.

All efforts were made by the principal investigator to protect the identity of research subjects, and to disguise the individual characteristics and qualities of each client and staff respondent. The date and time of interviews were then discussed, and agreed upon by both parties. Research participants could contact the project researcher at (718) 982-3780 to relay information, or to schedule interviews.

At the beginning of each interview, the project researcher briefed the research subjects of the following information: (a) Namely, the referent's name (if applicable), (b) Pertinent information about the principal investigator, (c) Goals and objectives of study, (d) Constitution of the project, (e) Methodology, and (f) The issue of confidentiality and anonymity.

Subsequently, the principal investigator then reviewed the informed consent form with each research participant. After this process was completed, respondents signed "two" informed consent forms, and were all given a copy. Immediately following the completion of each interview, client participants were compensated for their time and effort by the principal investigator with ten (\$10.00) dollars. Once the word got out in the shelter that I was soliciting interviews, and that they would receive payment for their participation, it was common for woman to congregate in the hallway in anticipation that they would be selected by the project researcher to be interviewed.

Client respondents desire to exchange their stories for the stipend reflected their loneliness and financial desperation. Staff respondents received positive praise from the project researcher, and were recognized for their important contribution to the research project. The next segment portrays the field procedures that were utilized for this qualitative study.

3.4 Field Procedures

There are ethical procedures that must be strictly adhered to when human subjects are utilized for research. Authorization to do research was granted by the City University of New York Hunter College Institutional Review Board for one year. Risks to participation were minimal for client and staff informants. First, the project researcher ensured that the rights of the informants were always guarded and protected. At the initial meeting, the principal investigator explained the purpose of the research study, and respondents were also informed that this was an investigation for research purposes only. Secondly, participants were all notified of the role, and practice experience of the principal investigator.

Clients were also informed that their participation in this study was entirely voluntary, and if they decided not to participate, this refusal would in no way jeopardize their housing, or affect the availability of any services that they received or were entitled to at the shelter. While, staff informants were also informed that their participation in the research study would not affect their employment at the agency. Client respondents received a small financial benefit of ten dollars (\$10.00) by participating in the research project, and also helped the student researcher to learn more about their religious and spiritual coping practices. Where, staff informants hopefully learned more about the religious and spiritual coping practices of the clientele that they provide services too.

All study participants were also notified that they could refuse to answer any questions that they were not comfortable with, and withdraw from the interview even after

they begin without repercussion. If a client terminated the interview prematurely, a pro-rated portion of the ten dollars was given to them. The research subjects completed the interview in entirety. If client and staff respondents had any questions or concerns about the research study, they could reach the dissertation chairperson, Dr. Michael J. Smith at (212) 452-7029.

In addition, if a research subject became upset during the interview, they could take a break or terminate the interview if they choose. The principal investigator had the necessary clinical training and expertise to discuss traumatic events, and to assist the informants in processing their emotions if they desired such assistance. Emergency mental health telephone numbers were available, and distributed to twelve respondents that requested this information during the course of the interview.(Appendix G). Additionally, the principal investigator suspended several interviews and provided short-term counseling to five client respondents that became emotionally distressed during the course of the meeting when discussing the physical and sexual abuse that they were subjected to as children.

After a break, the five client participants requested to meet with the principal investigator and complete the interview. Study participants were also informed that they could withdraw from this project, or their consent to participate in the study at any time without penalty, and any information they have given up to this point would be destroyed if they requested. Prior to conducting the interview, every research subject was given the opportunity to allow or refuse the interview, and informed consent forms were always signed before each interview. (See Appendix F).

The project researcher always ensured that the rights of the informants were not infringed upon, and that their anonymity and confidentiality was always maintained. All information gathered in the course of the research project was confidential, and was not released to anyone not working directly on the research study. The program staff did not receive any feedback or written reports regarding client interviews, and information from staff interviews was not released to the organization. The respondent's were all notified that there were two exceptions to this confidentiality rule.

First, in the event that legal authorities subpoenaed the principal investigator and or her records, she would honor their request and turn over the requested information. Second, confidentiality would also be disregarded if the participant disclosed to the project researcher that they intended to harm themselves or others. The interview would be terminated if necessary, and the project researcher would immediately relay this information to the appropriate clinical staff in the agency.

All information gathered during the course of this research study was confidential, and was stored in a locked file in the office of the principal investigator, and only the principal investigator had access to this information. All participants were informed that transcripts were typed; and that tapes and informed consent forms would consequently be kept for a period of three years following termination of the project by the principal investigator. In addition, research subjects were also given the opportunity to review completed tapes, and remove any data from the interview that they were uncomfortable with. There were no requests by study participants to delete any information from the cassette tape.

Audiotapes were also stored in the locked filing cabinet in the office of the principal investigator, and only the principal investigator had access to this data. Tapes were transcribed and coded by the project researcher, and information from interviews was aggregated. In addition, research subjects were all assigned a study number to assure that their identity was concealed. The final version of the research report utilized pseudonyms to protect the identification of study participants. A summary of the research findings was also given to the organization, and a copy was available to all study participants if requested. Research participants never requested a copy of this document.

Time constraints, financial resources, and the extent to which the research question(s) were explored could have affected this qualitative study. Interviews as a method of data collection, though appropriate for this study, could have been costly and time-consuming. First, the principal investigator had to decide how much time would be spent in the field in trying to increase one's understanding about the religious and spiritual coping practices of single homeless adults. For example, interviewing with a tape recorder provided the principal investigator with a wealth of information, but at the same time it also took a vast amount of time and resources to transcribe the data. However, the utilization of additional research staff decreased the amount of time spent by the principal investigator in the transcription, coding, and editing of the data.

Additionally, gaining access to the respondents and their lack of participation in the research project could have been problematic. However, the principal investigator has considerable experience working with homeless persons, and has developed relationships with many service-providers in New York City that deliver social services to homeless

adults in a variety of settings. The researchers experience, and as a person that has first-hand knowledge of the phenomena being investigated was certainly of benefit to this research project. The principal investigator had no difficulties in gaining entree' into the shelter, and enlisting clients and staff for the research study.

Another potential problem that the principal investigator anticipated is that it may have been difficult to maintain the commitment of the participants in the study because of the residential instability, and transient nature of the homeless population. This could have impacted the study, and impeded the data collection process if interviews were to be scheduled with respondents and they had left the facility. Every effort was made by the project researcher to immediately schedule interviews, and to follow study participants regardless of geographical location. The project researcher was able to complete all scheduled interviews within the time limit. The following portion expounds upon the data analytic procedures that were employed for this qualitative study.

3.5 Data Analysis

The qualitative data was analyzed to identify and describe the most significant patterns, categories, subcategories, and emergent themes central to this investigation. At the same time, it was also necessary for the project researcher to construct a preliminary analytic framework. During the beginning stages of analysis, the interview guide was used as the theoretical structure to frame this research project. Next, a cross-interview analysis of the descriptive question(s) originally posed by the principal investigator was then examined for each respondent. This enabled the principal investigator to identify salient themes, topics, and issues central to the respondents experience with the interview material.

The first task in qualitative analysis begins with a presentation of the descriptive data. This process began with the verbatim transcriptions of all tape-recorded interviews utilizing a transcription machine, resulting in manuscripts of 5 to 10 single-spaced pages for each participant. The principal investigator performed content analysis of the data by following the procedures as outlined by Strauss and Corbin,(1990). The content analysis of the data commenced with open coding which is the process of breaking down, examining, conceptualizing, and categorizing the primary patterns and themes discovered in the data.

In addition, open coding consisted of three data analytic procedures:

- (a) First, the principal investigator reviewed each line of the transcribed material, and identified preliminary themes that were written directly to the right in the margins.

(b) Second, was the categorization and organization of the abbreviated topics into a classification system. Each category and subcategory was analyzed minutely then given a code number by the project researcher. Coding categories and theories were then created using the grounded approach of Glaser 1965, and emerged from the participants' rich anecdotal descriptions of the research material. (c) Finally, the project researcher attempted to find convergence among the identified categories and typologies that described the central themes by merging the information together. (Strauss & Corbin, 1990, p.61).

The next stage of content analysis was axial coding, which is a set of procedures where data was put back together in new ways after open coding, thus enabling the researcher to make connections between the core categories and subcategories. This stage focused on the intense analysis around each category and theme. This process revealed the linkages between the specific types of religious and spiritual coping practices and rituals, their targets, and their effectiveness in alleviating stress. For each coding item, a short synopsis of what transpired during the analysis was also appended in brackets.

Finally selective coding stressed the systematic connection of the core categories with other secondary categories and subcategories. Once an understanding about the main themes and core categories and subcategories was developed, a cross-case analysis of the data occurred. The first step in cross-case analysis was the construction of a conceptual framework. (Miles & Huberman, 1984). Dominant themes of each respondent's responses were then grouped together, thus illustrating the relationships between concepts and themes.

After this task was completed, it was important for the project researcher to move from descriptive codes into interpretive themes.(Fabricant, 1996). Rigorous attention was directed towards the quality of the data collected to ensure that concepts and theories were generated inductively. This allowed the principal investigator to become immersed in the data, and to draw conclusions, translate, and make inferences about the phenomena of religious and spiritual coping as well. At this juncture, a cyclical process was used, with themes altered and refined as analysis proceeded. As a result, this qualitative approach provided the venue to analyze the data so that a more developed conceptual framework for understanding the religious and spiritual coping strategies of homeless women was discovered. The following chapter presents the qualitative findings and variables associated with the phenomenon of religious and spiritual coping and other interrelated themes.

Chapter 4.0 Surviving Homelessness Introduction

The qualitative findings in this chapter are based on the "raw data" that was collected from the 26 participants that met the research criteria. The selection of informants was based upon availability, and those persons that were knowledgeable about religious and spiritual coping. In order to participate in the research study, all subjects must have had the mental capacity to give verbal and written permission, have a clear understanding of the research project, and comprehend the procedures that would be followed with regard to their participation. A range of ages, ethnicity's, and backgrounds were taken into account by the principal investigator in order to fully characterize the diversity of single homeless adults, and to maximize the possibility of exploring the wide range of religious and spiritual coping strategies and behaviors of this population.

Throughout the entire chapter, participants are directly quoted word for word. The project researcher selected specific extracts from the transcribed interviews that reflected the respondents lived experience with the research material, and the phenomena of religious and spiritual coping. The demographic characteristics of the research sample were also described. The remaining findings were then grouped into typologies and dominant themes. The main objective of this investigation was to increase people's understanding of homeless women, and the religious and spiritual coping strategies that shape their lives. In the next section, a brief glance into the lives of the research sample is provided.

4.1

Causes of Homelessness

To think about religious and spiritual coping, it is critical to understand the lives and characteristics of the 26 women that agreed to participate in the research project. This was a group of homeless women with severely limited incomes, resources, supports, and by and large invisible to most middle and upper class people. The demographic traits, maladies, familial compositions, background, housing patterns, and previous experiences of the research sample were wide-ranging, as were the reasons given that initially caused them to become homeless. In general, homeless women are more at risk for displacement, and often face an inordinate amount of emotional and physical hardships that jeopardize their very existence.

Consequently, a profile of the demographic attributes of client respondents is presented in Tables 1.0. through Tables 1.12. In terms of race, ethnicity, and cultural background, the ethnic composition of the research sample was as follows: Fifty-eight percent (15) were of African American lineage, eleven percent (3) were of Caribbean ancestry, twenty three percent (6) were of Latino or Hispanic origin, four percent (1) was a Native American Indian, and one case was White, Non-Hispanic. Race and ethnicity has been an extremely important variable in predicting the shelter use of single homeless adults in the New York City area.

Generally, there were larger concentrations of African American and Latino woman that utilized public emergency shelters in this City, and this is reflected in the study sample. For years, minorities have encountered discrimination and prejudice in the labor market as well as other social institutions in America that often prevents them from

becoming financially stable and securing safe affordable housing in the community.

These families are in danger of becoming homeless, and prone to remain impoverished for longer periods than housed families that are destitute.

TABLE 1.0.
RACE AND ETHNICITY
N=26

RACE	NUMBER	PERCENT
American-American	15	58%
Caribbean	3	11%
Latino-Hispanic	6	23.0%
Native American	1	4.0%
White	1	4.0%

Tables 1.1.and 1.2 describe the age groups, and the number of children per respondent. As is evident in the tables below, the prevalent ages of the respondents were between 31 and 40 years old, (42.3%, n=11). Of the 26 women, the youngest research participant was 20 while the oldest respondent was 64 years of age. The number of children of the respondents ranged from one and four kids. Sixteen respondents (38.5%) were childless, twenty-seven percent (7) had one-two children, twenty-seven percent (7) had three-four kids, and eight percent (2) above five. Some of the women from this study had children, while others opted to remain childless. This finding is in sharp contrast to a widely held belief that homeless woman produce a lot of offspring in order to satisfy an emotion.

TABLE 1.1
AGE GROUP
N=26

Age Group (years)	Number	Percent
20-30	7	26.9%
31-40	11	42.3%
Above 41	8	30.8%
Total	26	100%

TABLE 1.2.
CHILDREN
N=26

Children (Range)	Number	Percent
0	16	38.0%
1-2	7	27.0%
3-4	7	27.0%
Above 5	2	8.0%
Total	26	100%

The next demographic attribute that is discussed was education.(Table 1.3). The education level reported by the research sample was relatively low. Of the 26 respondents, fourteen of the women (53.9%), had only completed Grade 11 or less, only thirty-eight percent (10) held a High School or General Equivalency Diploma, and seven percent (2) had taken some college courses. It is important to note that an equal portion of the research sample completed High School, while the remaining sum never advanced

beyond the 11th grade. It appears that for some women, it was crucial for them to graduate from High School or to receive a General Equivalency Certificate. While for others, the lack of educational success might be indicative of the difficulties that they experienced prior to reaching adulthood.

TABLE 1.3.
EDUCATIONAL LEVEL
N=26

Educational Level	Number	Percent
Grade 11 and Below	14	53.9%
High School Diploma	10	38.5%
Some College	2	7.6%
Total	26	100%

Table 1.4. illustrates the marital status of the research sample. In regards to significant relationships, forty-two percent (11) of the women stated that they were not currently involved in a steady relationship. Thirty-eight percent (10) of the research sample reported that they were partnered, eight percent (2) married, eight percent (2), separated, and four percent (1), widowed. The unusually small number of participants that were married suggests that this was not a common family type for this group of homeless women. It was customary for respondents to have children out of wedlock, and to live doubled up in apartments with family, friends, or significant others. Unfortunately, a lot of impoverished women dependent upon public assistance or low wages never envision the economic advantages of marriage. While minority men also encounter racial discrimination and bigotry in the labor force, as well as other social,

political, and economic institutions in the United States, and two salaries in a household are better than one. Moreover, chronic unemployment or paltry earnings are quandaries that they must deal with regularly. This makes it particularly difficult for minority men to marry, and maintain status in the eyes of their wives and children if they are not earning a regular salary.

According to Max Weber, social status is determined by the wealth, prestige, and power that the person occupies. In particular, money has been the source of power in America that sustains male dominance in the family. In the United States, a disproportionate percentage of the poverty population is comprised of African Americans, Latinos/as, and Native Americans. In this country, wealth perpetuates wealth, while poverty propagates poverty. Certain directives and informal social norms in America often support that unequal distribution of income among the countries citizens.

An additional finding that surfaced later was that it was problematic for informants to maintain contact with partners, or spouses in this setting. The restrictive rules and regulations at the shelter made it virtually impossible to preserve romantic relationships with significant others and husbands. In addition, the lack of income prevented women from renting a room for the night. As a result, the estrangement from companions, friends, and relatives often caused the person to feel more disheartened, dejected, and lonely.

TABLE 1.4.
MARITAL STATUS
N=26

Marital Status	Number	Percent
Not currently involved in a relationship	11	42.0%
Partnered	10	38.0%
Married	2	8.0%
Separated	2	8.0%
Widowed	1	4.0%
Total	26	100%

In this study of spirituality, a critical variable was religion.(Table 1.5). The principal investigator discovered that religion was a social phenomenon that influenced the lives of the research sample either positively or negatively. Religious and spiritual coping principals and rituals were essential survival techniques to the twenty-six participants in this study. It was customary for respondents to engage in religious and non-religious forms of spiritually oriented activities to alleviate their stress, and cope with certain aspects of their daily life. They reported that this relationship to God, Jesus, Him, or their Higher Power nourished their spirit and enriched their lives in a positive way.

The religious orientation of the research sample was as follows: Forty-two percent (11) were Baptist, nineteen percent (5) were Catholic, two (8%) were Jehovah Witness, two (8%) were Pentecostal, one was a Protestant (4%), four (15%) were other Protestant denominations, and one was an Agnostic. It was significant that larger numbers of respondents who were of African American or Caribbean ancestry were of the Baptist faith. For them, the Baptist church is often an amalgamation of the social networks that meet their expressive and instrumental needs. In working with clients from diverse cultural backgrounds, successful treatment rests on the ability of the social worker

to incorporate the cultural worldview of the client, and to determine the role that religion and spirituality may play in their lives.

Traditionally, church welfare programs have provided vital social services, financial assistance, and emotional support to many African American families and individuals because of the pervasiveness of racism and discrimination in the United States.(Scott & Black, 1989). The researcher also determined that there was a percentage of participants that used other important coping mechanisms, ideologies, and cultural traditions to survive that were not religious or spiritually based.

TABLE 1.5.
RELIGIOUS AFFILIATION
N=26

Religious Affiliation	Number	Percent
Baptist	11	42.0%
Catholic	5	19.0%
Jehovah Witness	2	8.0%
Pentecostal	2	8.0%
Non-denominational	4	4.0%
Agnostic	1	15.0%
Total	26	4.0%

In terms of employment history and financial status, an overwhelming ninety-seven percent (25) of the women were unemployed, three percent (1) were working at least part-time. Forty-three percent (11) were dependent upon public assistance, Forty-three percent (11) reported no income, and Fourteen percent (4) were receiving social

security disability benefits.(Tables 1.6. and 1.7.). It was common for informants to have faced a great number of barriers that often prevented them from working full-time, and becoming self-supportive. Despite the devastating effects of poverty, lack of skills, education, and prolonged unemployment, participants were still hopeful that they would ultimately find work.

TABLE 1. 6.
EMPLOYMENT HISTORY
N=26

Employment History	Number	Percent
Unemployed	25	97.0%
Working part-time	1	3.0%
Total	26	100%

TABLE 1.7.
FINANCIAL STATUS
N=26

Financial Status	Number	Percent
Public Assistance	11	43.0%
No Income	11	43.0%
Social Security Benefits	4	14.0%
Total	26	100%

The stress of homelessness is magnified when the person is also struggling financially as well as psychologically and emotionally. Homeless women generally face

the same social and economic problems as do men but in a more intensified form due to the social marginalization of women, and the dual responsibilities of wage earner and parenthood. At the moment, there is still a need for homeless women to participate in ongoing counseling, educational, early intervention, and job training programs. However, the dearth of such facilities causes many homeless women to plunge further into a state of dependency, hopelessness, and helplessness.

An added stressor that informants encountered on a regular basis was domestic violence. It was striking that ninety-six percent (25) of the research sample reported that they had been physically and emotionally abused as adults (Table 1.8 and 1.9). Eleven (44.0%) of the 25 women research participants had also experienced other significant physical and sexual traumas. Three (27.3%) had been raped, three (27.3%) were physically abused as children, three (27.3%) had experienced childhood sexual abuse, and two (18.1%) had been molested. It is common for women subjected to sexual and physical maltreatment to have also experienced other major disruptions in their childhood.

This early interruption in childhood could in fact be attributed to a multiplicity of factors. For example, if the participants' parents were adolescents at the time of birth, dependent on public assistance, or struggling with health related problems, psychiatric illnesses, substance abuse addictions, or other related difficulties. Another group of factors that portend to the maladjustment of these women has to do with their personal family arrangements whether they lived with relatives, had been placed in foster care or other custodial institutions at some point in their lives. Nonetheless, there was sufficient evidence to suggest that there was a history of dysfunctional behavior and activities

prevalent in the families of research participants. The amalgamated effects of childhood and/or sexual abuse adversely affected the interpersonal relationships these women formed later in adulthood thus placing them at a greater risk for being homeless.

TABLE 1.8
DOMESTIC VIOLENCE
N=26

Domestic Violence	Number	Percent
Battered	25	96.0%
No Domestic violence	1	4.0%
Total	26	100.0%

TABLE 1.9
TRAUMA HISTORY
N=26

Trauma History	Number	Percent
Raped	3	27.3%
Childhood Physical Abuse	3	27.3%
Childhood Sexual Abuse	3	27.3%
Molestation	2	18.1%
Total	11	100.0%

The investigator found that forty-three percent (11) of the research sample reported a psychiatric illness, fifty percent (13) had substance abuse histories, and seven percent (2) were mentally retarded (Tables 1.10 and 1.11). Empirical studies imply that there are normally higher incidences of psychiatric disorders and alcohol or drug addiction among homeless women with children, as compared to impoverished women with children that are housed. Data from a 1986 study of women in a Boston shelter for

homeless women and children revealed they had suffered from personality disorders, the majority had long histories of family instability, and many were victims of child abuse. In terms of the homeless women from this study the researcher found that there was a shortage of specialized programs and services in this city to meet their ever-changing needs.

TABLE 1.10
PSYCHIATRIC ILLNESS
N=26

Type of Psychiatric Illness	Number	Percent
No Psychiatric History	11	43.0%
Mental Retardation	13	50.0%
Total	26	100%

TABLE 1.11
SUBSTANCE ABUSE HISTORY
N=26

Substance Abuse History	Number	Percent
Substance Abuse Problem	13	50.0%
No Substance Abuse Problem	13	50.0%
Total	26	100%

With respect to homeless patterns eighty-one percent (n=21), of the respondents were originally from New York (Table 1.12). Homeless populations usually reside in the city in which they become homeless. This result is in contrast to a widely held belief that persons migrate to other geographical areas from which they come from in search of better services or provisions. Only five respondents (19.0%) had relocated to New York from another region outside of New York due to better employment

opportunities, family concerns, or other reasons not directly related to the acquisition of services.

A recent study in New York found on an average day there were approximately 239,600 homeless people utilizing emergency shelters of which 160,200 were individuals in transitional housing, 114,000 in permanent housing. Additionally, among the landscape of people in need there were on average 522,100 people patronizing soup kitchens, and 46,800 people spend time receiving the assistance of a mobile food program (Urban Institute, 2000). Data from this study clearly indicate that there is a deficiency of suitable social services, and supportive housing facilities to meet the varied needs of single homeless adults that have been battered.

TABLE 1.12
HOMELESS MIGRATORY PATTERNS
N=26

MIGRATORY PATTERN	NUMBER	PERCENT
Originally from New York	21	81.0%
Relocated to New York	5	19.0%
Total	26	100.0%

The following chapter outlined the demographic characteristics, family compilations, problems, and housing patterns indicative of research participants from this study. Data demonstrates that homeless women with multiple risk factors are over-represented in this research sample. Many have been unable to maintain an independent life existence. Most had sporadic or non-existent work histories, limited education, unstable relationships and support mechanisms, inconsistent housing patterns, multiple domestic violent episodes, and medical, psychiatric or substance abuse disorders.

It was essential for the research to conduct itself to learn about homelessness patterns in the research sample and gain an understanding of how they became homeless and where they lived prior to coming into the shelter. The succeeding three sections are categorized by core topics focusing on: homelessness histories of the respondents; phases and duration of homelessness; former residences; concluding by noting the individual causes and structural explanations given by participants as well for this study.

Section 4.2

Phases and Duration of Homelessness

The Urban Institute found that the number of individuals most likely to experience homelessness at least once in any given year in the United States is projected at 3.5 million people (2000). In an effort to understand client respondent's employed religious and spiritual coping strategies to endure homelessness, it was imperative for participants at the start of the interview to answer two questions. First informants were asked to describe their personal experience with homelessness. Secondly, they were asked to talk candidly about their prior living arrangements before moving into a shelter.

Client remarks were varied considerably about their individual encounters with homelessness, length of displacement, and the number of times they had cycled through their personal bouts with being homeless.

The project researcher discovered that almost half of the research sample (46.0%, n=12) reported that this was their first experience with homelessness. Equally significant was that a substantial number of women respondents (54.0%, n=14) experienced cyclical

homelessness (being homeless a number of times) and reported being homeless for an average duration of six months or more of chronic displacement.

How does this process of dislocation for individuals and families commence itself leading to living on the streets, in an emergency shelter, or doubled up with friends, family, or significant others. The resultant separation and reliance on other less stable forms of living arrangements endangers the mere existence of an individuals' sanctity.

Now the person or persons' world is thrown into chaotic turmoil. Many emotions surface at the mere calamity of being homeless quite inconceivable to most people. These feelings do not subside at this initial introduction, but remain throughout the entire process. Feelings of shock, fear, horror, disbelief and dismay of what has occurred is concertedly disheartening. The person is truly unsure of their fate and whether or not they will survive the torrential strain of homelessness. For some participants the nightmare has just begun while to others the nightmare is an illusion characterized by their denial of the consequences of their misfortune. The following section offers a glimpse into the lives of those who have articulated their initial experience and response with being homelessness.

The Nightmare is Just Beginning

Weitzman, Knickman, and Shinn, (1990) assert that this initial process of homelessness begins when something in a person's life destabilizes his/her living situation. Displacement from one's home usually could be the result of gentrification, eviction, illness, physical or emotional abuse, unstable housing arrangements, a dilapidated building, or a host of other causes that foretell of a person's likelihood to become homeless. The National Law Center on Homelessness and Poverty (2000) has

identified three primary categories of homelessness with regard to single adults. First, are transitionally homeless individuals who have had a single episode of dislocation lasting an average of 58 days. A second category of homeless persons are those who have who have experienced four to five episodic events of dislocation lasting a total of 265 days in duration. And thirdly, are the chronically homeless, adults averaging two periodic events of homelessness resulting in 650 days in length.

In this sample, ten respondents (34.8%) reported they were transitionally homeless with an average duration between 45 to 60 days. Ten individuals (38.4%) specifically stated they endured two or more episodic events of homelessness lasting an average of six months to a year. Whereas six (23.2%) of women interviewed indicated they had experienced chronic displacement lasting a total of 365 to 650 days. To comprehend the paramount importance of religious and spiritual coping mechanisms more fully it was imperative to discern why informants became homeless. The homeless women from this study acknowledged the recurrent pain and anguish that they experienced while displaced, and shared elements of their every day nightmare in the shelter with the project researcher. Respondents' description of the factors that caused them to originally become homeless was wide-ranging, reflecting the unique experience of each person.

Street Life

The following is an excerpt of one transitionally homeless woman's depiction of her pathway to homelessness. She remembers that her first encounter of life on the streets was challenging, and that she confronted problems on a daily basis. In a calm voice, she told the principal investigator:

"I never have been homeless. I've always had my own place, you know, for eighteen years. Since January, I been going from place to place with all my belongings on me, you know. Going to the hospital, washing up, changing, combing my hair like a regular person. I was sleeping in different people's houses, sleeping on the streets wherever it was dark enough so that I wouldn't be seen. I thought I could deal with it. I never knew it was so bad. I was about to go crazy. I couldn't deal with it. I don't know how other people do it. Nobody ever knew I was homeless but I knew. Sleeping in an empty apartment, on park benches, anywhere. Not eating, just basically trying to find a place to sleep. And I've never really experienced homelessness before. I thought it would never happen to me. Until this place, I didn't know what to do. I would probably still be out there on the streets." (SA-1.0).

This woman was very thankful to have finally found a safe place to rest at night. For others, the uncertainty of homelessness and brutality that is frequently experienced while on the streets is a common occurrence. As evidenced in the passages below, informants elaborated on the homeless episodes that were most memorable. They recalled dozens of unpleasant incidents in which they were almost assaulted or violated by strangers on a regular basis.

In speaking about these experiences, they said the following comments.

"My life was unstable, when I was on the streets, I was here, there, and everywhere, so I worried I would never have a place to stay. I was raped several times. I am working on a rape charge right now. The last time was real bad. The man beat me up so bad my face was a mess. I was black and blue, no one recognized me." (SC-4.0).

"I was on the streets. I've come a long way since then. I was abused, I was raped, I was battered, I've been through the mill but I'm still here." (SF-3.0).

"My first experience with homelessness was with my first boyfriend. You find ways to survive. I almost got raped out there, but you do what you have to. Rob, steal, whatever. We used to sleep on the railroad tracks. I slept at the Port Authority, Penn Station, Grand Central, you name it. It was kind of hard for me out there." (RR-4.0).

Normally, women on the streets partnered with other homeless persons to avoid being raped, robbed, or accosted by criminals. The compelling quotes above describe the

unbearable hazards inherent in a homeless lifestyle. This is a way of life that is constrained by inadequate resources and excessive personal demands. Homeless populations are often left with disjointed lives, and must rapidly adapt into an atmosphere of constant terror, threat, and uncertainty. Despite the difficulties of homelessness, the women from this research sample showed a remarkable degree of resilience, adaptability, and strength.

If we find substantial religious and spiritual experiences in this population, perhaps religious and spiritual buffers could be the foundations of this fortitude that permit the women to withstand homelessness. In addition to empowering participants to deal with their situation more effectively and remain in control, while at the same time becoming stronger during the process. Researchers have consistently found that religious and spiritual coping strategies are positively linked to more favorable behavioral, emotional, and social outcomes. For the most part, participants that used religious and spiritual coping rituals had a more positive outlook about their situation and were convinced that they could eventually overcome homelessness. Nevertheless, the subsequent section describes the housing histories of respondents that experienced lengthier episodes and phases of homelessness.

Here I Go Again

There were fourteen women who reported more extensive homeless histories, and longer periods of displacement. In keeping with the precepts of trauma theory, common predictors of long-term homelessness often included those persons with: criminal histories, domestic violence episodes, sporadic periods of employment, and psychiatric or substance abuse disorders. Incidentally two women deserted their housing situations to

escape an abusive partner, and only one woman reported that she was homeless because of unemployment. To begin, the first long-term variable that was explored is the criminal histories of the participants. Women that are incarcerated repeatedly, and have extensive criminal records have a greater chance of becoming homeless.

Of the 14 women with long-term homelessness, three (2.1%) respondents attributed their repeated cycles of homelessness to chronic imprisonment. However, this realization did not prevent the ladies from returning to jail, or cause them to reduce their involvement in criminal activities once released. Prison was often a safe haven for them to return too. At the same time, the emergency shelter is another institutional setting that a lot of homeless individuals find valuable.

In the citations that follow, two survivors talked at length about their homeless experiences upon release from the penitentiary. In speaking about this, they described their situations in this way:

"I became homeless again when I was released from prison. I've been homeless all my life. It's like you find ways to survive. Thank God I never had to sell my body to survive and eat to stay above water. It was very hard I was selling drugs, robbing cars. I spent my days going to soup kitchens, and stuff like that. We went to churches and got clothing. I been homeless for so long that being in a house is really uncomfortable for me. At the time, I would rather be on the streets than in a house. It is hard to explain. All my life I have been in and out of jail."(RR-1A).

" This is my second time being homeless. My mother assured me that when I came out of jail she would have a place when I got out. When I came out of jail this time, she was still homeless. She was living on the streets. She thought we could get an apartment together but it just didn't work out. My mother and sister went to the Emergency Assistance Unit, you know, I couldn't go because I'm 22. I'm not on her budget or anything, so I had to go to the women's shelter. My mother was supposed to have her own place upon my release but it just didn't work out, so that's why I'm homeless. "(YR-1A).

Domestic violence is the second variable that was given for persons that have experienced longer periods of displacement. For many women, prolonged stints of homelessness are commonly direct results of domestic violence incidents. Two informants reported that they deserted their housing this time to escape an abusive partner. In discussing their homelessness, the women characterized their situations in this manner:

"My most recent experience of being homeless was staying in somebody's house who did not want me there because I didn't have any money. They told me I could stay, then they told me to get out. I am homeless because the boyfriend I have is abusive. My homelessness goes back fourteen or fifteen years. The problem is both my parents are deceased. I have had three apartments during this time. Now, I'm in the process, hopefully of getting another apartment because I have five daughters in the system. I'm desperately trying to get them out of the system so that none of us have to be homeless again" (MG-1A).

"I'm here again because my girlfriend threw me out one morning, she got so mad at me because I would not hand over my public assistance check for 63 dollars. She started threatening me and hitting me, she had no right to do that to me. She was entirely abusive, seven years with her and I'm sick of it, that's not love so I finally left. It was the last time she will ever put her hands on me" (KM-3.0).

One thing is clear, minority women and women living in poverty are especially at high risk for victimization by significant others. (Belle, 1990, Hawkins, 1986, Merry, 1981 & Steele, 1982). It was astounding that of the 26 participants in this study, twenty-five (96%) of the women had been beaten by their partners as adults. Although their situations are different, only one respondent indicated that she had repeatedly cycled in and out of homelessness due to sporadic periods of employment. She said the following remarks about her current homeless plight.

"I am homeless because of unemployment. You know, no money. I entered the shelter system in July of 1998. I was in a serious auto accident and could no longer work. Before that I was working regularly and had my own apartment. I have been in and out of the shelter system. So now I'm back here because I'm

waiting for housing again. Hopefully my daughter and me can get a place of our own. " (TM-1A).

It is also important to mention that children were frequently a major source of emotional support, and one of the motivating factors for respondents to pursue long-term housing. This woman is optimistic and determined to obtain another apartment so that she can be reunited with her child who is presently living with her mother. While several other survivors became despondent, and were not as confident that their state of affairs would ever change. For them, the trauma of homelessness was aggravated because they also suffer from mental illness, or are chronic substance abusers. In order to comprehend their situation, study participants said the following statements about their psychiatric or substance abuse disabilities, and the hardships that they encountered while displaced.

"I been homeless since 1992. Staying with strangers going from place to place, temporary settings. My IQ is very low, I have a disability, I am Mentally Retarded Developmentally Disabled. A lot of bad things happened to me when I was out there. I was raped three times. I need a guardian or a nurse to take care of me. It is to hard on my own, I never really had a chance." (SC-1A).

"Well I was first homeless ten years ago. It was very stressful. I had to take medication due to that. I have a Mental Illness also. I have been back and forth in the shelter. I was so stressed out I turned to drugs and then I committed a crime. Before this place, I was incarcerated. Now all I want is a room or apartment, I hope it is possible." (LS-1A).

"For thirteen years I was drinking and drugging, When I was out there on the streets still wanting that fix, day after day looking for the next high, I was on the corner selling my body, sleeping in abandoned buildings, getting beat up by people I stole money from, my kids wouldn't even touch me, I was out there real hard, I thought I would never survive." (RS-3.0).

" I'm under psychiatric care, when I was on the streets I was abused, raped, battered, I've been through the mill, I've come a long way since then but I really don't know where I'm headed". (SF- 4.0).

It has been difficult for this group of homeless women to receive consistent psychiatric and substance abuse treatment because of their geographical instability, and tenuous circumstances. Therefore, the illness progressed, and their psychiatric or substance abuse conditions subsequently became worse. This is a transient population of homeless women that have lived marginally in society and have vacillated between the streets, shelter, and housing on a regular basis.(Browne, 1992). One thing is apparent, criminal backgrounds, domestic violence incidences, erratic work histories, nonexistent social supports, and psychiatric or substance abuse disorders made it especially difficult for informants to remain housed.

This was a major source of frustration for study participants who yearned to live autonomously in the community. Accordingly, the loss of one's residence caused the person to feel that they have failed in society. Despite the humiliations of not having a consistent place to call home, the women in this investigation possessed the inner strength and resolve to go on. The subsequent portion describes the prior residence of the research sample, and elucidates other challenges that arose for them in those settings.

Section 4.3. Prior Residence

Prior to dwelling at the shelter, the twenty-six participants in this inquiry reported that their most recent residence often included: living doubled up with family members (27.0%, n=7), independent apartments (19.0%, n=5), doubled-up with partners (11.0%, n=3), doubled-up with friends (8.0%, n=2), drug rehabilitation treatment programs (8.0%,

n= 2), hospitals (8.0%, n=2), prisons (8.0 %, n=2), substandard housing (8.0%, n=2), and the outdoors (3.0%, n=1).(Table 2.0.).

TABLE 2.0.
PRIOR RESIDENCE
N=26

Previous Residence	Number1	Percent
Doubled-up Family	7	27.0%
Independent Apartment	5	19.2%
Doubled-up Partners	3	11.5%
Doubled-up Friends	2	7.6%
Drug Rehabilitation Program	2	8.0%
Hospital	2	8.0%
Prison	2	8.0%
Substandard Housing	2	8.0%
Outdoors	1	3.0%
Total	26	100%

Interestingly enough, a commonly repeated goal and aspiration of each respondent was to rent an apartment, or room in a Single Room Occupancy hotel in which they were the principal leaseholder. The researcher found that it was rare for participants to have ever signed a rental agreement directly with the landlord. In their opinion, securing a place to live was the opportunity for them to become self-sufficient, and more empowered in the process. Overall, the women from this study were aware that their lives had been changed forever from this harrowing experience.

Thus, it seems as if participants were incapable of living independently in an apartment or home for prolonged periods. The reason for this disruption was often a result but was not limited to domestic violence incidents, unstable social support networks, psychiatric instability, substance abuse usage, substandard living conditions, inadequate coping skills, unemployment, or poverty. The following subdivision expounds upon the individual explanations (Table 3.0.) and structural grounds (Table 3.1.) given by the informants that caused them to become dispossessed.

Section 4.4.

Rationales for Homelessness

Individual Explanations

When participants were asked to comment about the individual and structural factors that caused their homelessness, several themes emerged. In talking about this subject matter, fourteen respondents indicated that they were homeless because of personal troubles.(For further details about this topic, see Table 3.0.). To start, domestic violence was one of the contributing factors that forced four women into homelessness. They reported that they left their prior residence to flee abuse, and other violent incidents in the home.

One widely acclaimed study on domestic violence and abuse estimated that in a given year, 11.8 million women are severely assaulted, punched, choked, beaten up, threatened, or attacked with a knife or gun by their significant other.(Browne, 1993). It was significant that all but one of the respondents that participated in the research study,(96.0%; n = 25) were victims of domestic violence and maltreatment.

In fact, physically abused women are frequently forced to choose between suffering continued violence at home or becoming displaced. Regrettably, battered woman shelters are often filled to capacity, and must reject families that require assistance. By and large, abused women who are poor normally lack the essential resources for breaking cycles of poverty, and avoiding homelessness.

Grace, in her late forties became homeless as a result of the ongoing psychological and physical abuse she experienced when living with her husband. She finally had the emotional strength and courage to escape this abusive situation. In the ensuing quote, she describes how God allowed her to survive this ordeal, and the series of events that prompted her to eventually leave her sadistic spouse.

"It was a surprise because I never expected it to happen to me. Being in a shelter for me is a miracle from God because I lost my home due to domestic violence. I have no knowledge of any laws in the United States. When I left my home, beaten up, to go to the hospital. I put myself in the hands of God. I said God, I do not want to return home because a tragedy will occur, and my husband will kill me. He will go to jail and I will be in the cemetery. That's how things happened. I made a police report in the hospital. When the doctor said I could go, I had nowhere to go. The social worker at the hospital said I could go into a shelter to hide from my husband. That's how I got here".(GL-1.0)

We must recognize that it has not been easy for this woman to endure homelessness because she is out work, does not speak English fluently, and is an illegal immigrant. Women that are victims of domestic violence often have limited social support systems and material resources to leave the abuser. For them, the emergency shelter is frequently the only viable housing choice available. Regrettably, the estrangement from family and friends often propels the individual further into a state of hopelessness and helplessness. In turn, many abused women internalize this pain and

suffer alone in silence. The principal investigator determined that it was unusual for research participants to have large networks of social supports. The abovementioned results are but a few of the specifics mentioned in this study.

In order to understand the concept social support in this study of spirituality, it was essential for the researcher to demarcate the meaning. Schumaker and Brownell, (1984:11) defined social support as that exchange of resources between two individuals perceived by the provider or the receiver as beneficial, and intended to enhance the well-being of the recipient. They identified three types of social supports crucial to victims of domestic violence. The first is socio-emotional support. This often includes care, love, understanding, concern, reassurance of worth, approval, and praise. The second is information support. This consists of verbal information regarding the severity of threat and it's objective reality, potential coping strategies, and referrals. The last was instrumental support. This encompasses the provision of goods and services, financial aid, material resources, and needed services. A commonly repeated complaint of most research participants is that their friends, family, and partners rarely offered socio-emotional, information, and instrumental support.

One older woman explained how she became homeless because her children no longer wanted to assist her financially and emotionally. She expressed her anger and disappointment in this way:

"This is my first homeless shelter. When I first arrived I was overwhelmed. I have been here for four days. I've been crying for three days, so yesterday, I figured I could cope with these people. You've got drug addicts, crack heads, people who have just came out of jail, old people whose own children put them out of their apartments, all these things in here. I became homeless because my children turned their backs on me. I am 62 years old and I had to come to the

shelter because I was living from house to house. My children did not want me to stay with them, so I had no choice but to come here."
(SF-1.0).

Two informants commented that they were extremely bitter, and were homeless because their relatives and friends had abandoned them in their time of need. They felt that members of their family were not concerned about their welfare because they had not contacted them since coming to the shelter. Participants in this study revealed that it was expected that one's children or other extended family members provide a place of refuge to them as well as socio-emotional support when needed. Sadly, this was not the case and respondents frequently experienced residential instability and isolation on a regular basis.

Several researchers posit that it is common for many homeless individuals to return to the shelter system reluctantly but repetitively. Psychiatric illness was another individual reason given by informants that contributed to their homeless quandary. Two respondents said that they became homeless as a result of a mental illness. In 1987, a research investigation by the Urban Institute found that half of the service-using homeless people they investigated reported sufficient depression and demoralization to indicate an immediate need for psychiatric treatment.

One-fifth of this research sample stated that they had a history of mental hospitalization, and the same fraction of individuals had attempted suicide in the past. Single homeless adults struggle with many issues, and have a propensity to have higher rates of suicide attempts than housed individuals. In particular, women who have had children had five times the rate of suicide attempts than woman that are childless.

Another respondent had an exceptionally distressing experience of incest as a child and this was further complicated by mental illness. She describes her painful encounter to the project researcher this way:

“ I’m 29 years old and being homeless is not what I want to be all my life. It has been a learning experience for me. I first started running away from home after my stepfather molested me, and my mother said I was lying. The doctor confirmed my penetration. Mentally I’m going through it; sometimes I cut myself with a knife when I’m really going crazy. I feel the only way I can decrease my sorrow is to make myself bleed. I got marks all over my body. Living on the streets is hard because things happen.” (RR – 4.0).

A further challenge that many of the women from this examination struggled with was substance abuse or alcohol addictions. Two women indicated that chronic substance abuse was the explanation given by them why they were presently displaced. A 1997 study by the Urban Institute found that one-third of the homeless individuals surveyed in a large metropolitan area reported that they had recently used services at a detoxification or alcohol or drug treatment facility. This informer articulated her despair about her chemical dependence in this manner:

“I was on the streets when I was addicted to drugs, it was really challenging, I was very depressed. Sometimes I felt like I would die, I was really down. I had nothing to eat, and would eat garbage. It was six months of horrible experiences.” (SF- 4.0).

Unfortunately, chronic drug addiction interrupted this woman’s emotional, physical, and social functioning causing her to become more dispirited, powerless, and frustrated with her situation. One other important discovery of this investigation was that many of the informants had limited coping skills while at the same time suffered from extremely low self-esteem. Self-blame were additional reasons that were given by

participants for homelessness. Two respondents were very discouraged and blamed themselves for their current circumstance. One of the women had this to say about her time on the streets.

“ I left God and began drinking liquor, then a man beat me up. As a result of that experience, my left eye is gone. I guess it is my fault that I am still homeless and blind in one eye.”(GL -11.0).

This dogma corresponds with the current twenty-first century ideologies that are often spewed by conservative scholars who blame the homeless for their lack of a home and success in the United States. Traditionalists often predicate that the opportunity structure in America is open, and that every individual has the potential to be successful. Sadly, success is not achieved by every citizen in this nation that pursues' it. Homeless populations are often disregarded, and excluded from most of the social, political, and economic institutions in our society. Moreover, victims of homelessness are insignificant, and are normally not considered by the general public as important.

Independence from relatives or friends was another objective of quite a number of respondents. Two informants that recently graduated from High School disclosed to the project researcher that they personally chose to become homeless in order to accomplish their professional goals. They indicated that they were at odds with family members who provided very little emotional support and financial assistance to them. Both women yearned to become self-reliant, and were awaiting placement in Job Corp. Job Corp was a vocational and educational program for young adults between the ages of 18 and 25 years of age. It was their conviction that this was the only feasible choice available to them.

TABLE 3.0.
INDIVIDUAL EXPLANATION (S)
N=14

Explanation	Number	Percent
Domestic Violence	4	2.85%
Mental Illness	2	1.42%
Substance Abuse	2	1.42%
Lack of Social Support	2	1.42%
Personal Choice	2	1.42%
Self-Blame	2	1.42%
Total	14	100%

TABLE 3.1.
STRUCTURAL CAUSE (S)
N=12

Structural Causes	Number	Percent
Non-payment of Rent	7	5.8%
Substandard Living Conditions	2	1.6%
Unemployment	3	2.5%
Total	12	100%

Structural Cause(s)

Of the twenty-six participants, twelve women indicated that there were structural obstacles that prevented them from remaining housed. These barriers to housing frequently included: non-payment of rent, unemployment, poverty, and safe affordable housing in the community.(Table 3.1. listed above). The landlord, primary tenant, or the Housing Preservation and Development agency evicted 7 respondents for non-payment of rent. Many of the informants lacked the income, the essential coping skills, and a safety net of savings to remain housed. Once evicted, the women had limited economic,

political, and social resources to secure alternative housing and were as a rule estranged from their family of origin and friends.

Excerpts taken from several key informants depicted their erratic housing history in this fashion.

"I had my own apartment in 1989. Then again in 1994, both times I was evicted. Housing was not paying my rent like they were supposed to. My rent was only \$150, but welfare wasn't paying the right amount. So my rent went sky high, and welfare ended up owing housing 1500 dollars. I was homeless again." (SC -3.0).

"I was put out by welfare for a second time. I've been living from place to place since then. It's been a couple of months now, I couldn't pay the rent any more so I let the apartment go and became homeless." (SF-3.0).

"My landlord didn't pay the mortgage so they foreclosed on the house, it was bought. I was left without a place to live once more" (CW-3.0).

"I was evicted after twenty years because of chronic delinquency in rent. I was on public assistance and got screwed by welfare. They were paying my rent directly and everything was cool. When they stopped paying the rent I didn't notice it. This is how my experience with homelessness started." (RF-4.0).

It was common for public assistance to discontinue paying welfare recipients monthly rent if the individual failed to submit necessary documents or paperwork in a timely manner. Even though their situations are varied, the women previously quoted are all casualties of the bureaucratic system of public welfare, or the negligence of the landlord.

Chronic unemployment and prolonged poverty were other common conundrums faced by most respondents. The project researcher discovered that a relatively small portion of the research sample worked, or received any form of financial assistance from the federal government. In this investigation, only three women reported that they were

homeless because they were unemployed. A recent study found that homeless persons have been unemployed for longer durations than they have actually been homeless.

In 1987, the Urban Institute conducted a research investigation that examined the work histories of homeless people. It was striking that about half of the research sample acknowledged that they have not held a steady job in more than two years. A high priority of a good number of the informants from this study was immediate employment rather than the longer-range goal of self-sufficiency.(Burt, Zweig, & Schlichter, 2000). Unquestionably minority status, habitual joblessness, and extreme poverty increased the risk that the person would become and remain homeless.

One woman in her late fifties reflected upon her sketchy work history, and felt that her situation would only improve if she were working at her last place of employment. She became very angry when she thought about how her life had radically changed since she was fired from this job. It is important that community level systems of support are available to individuals so that they are able to continue working.

Multiple respondents rationalized that they would not have become homeless if they were still working. This is what two women conveyed to the project researcher about their present state. They made the following statements:

"I want to get back on track, I want my old job back, and I want to get my own apartment. I want all the things that I had before which I miss. I was working on that job for 15 years, and only had ten more to go to retire."(KM-5.0).

" If I was employed, I do not think I would be here, because if I was working, I could get a room for \$70 dollars a week, that is \$ 280 a month. It is hard to find an apartment that you can afford. With a job, a person should be able to have a home. If I had a job, I would not be homeless. The longer I stay here the more depressed I become, if I had a job I would make sure that I would keep that job so that I would never be homeless again." (EF-8.0).

As a result of radical changes in the labor force, large numbers of homeless and impoverished persons find themselves with little or no financial and social resources that society deems as necessary to survive. The women from this sample were very thrifty, and believed that they could exist on earnings that most individuals would find insufficient. Whereas other ladies were a bit more hopeful that their bleak situations would get better before long. Tonya has worked for many years as a Home Health Aide. She described this trend:

"I'm 36 years old and I have worked all my life. I thought I would never be in this predicament. I said I would never be homeless, and look where I am right now. A few years ago, I was making 700 dollars a week as a Home Health Aide. When my patient died it went down hill after that. I have been out of work for a while. When you are affiliated with an agency, if a patient dies, it is difficult to get another assignment. It's hard, but I know I will get another position." (TM-1.0).

This woman said the subsequent remarks about her dire circumstances:

"I am here because I lost my income, and am fighting to receive worker's compensation. My job was very tough but the salary was reasonable. I suffer from seizures so I could no longer work in my profession. When I was hospitalized, I lost my job and my apartment. I am currently attending a computer programming course outside, once I master Excel, I can get a job anywhere, that is one of my options to get out of here." (MA-1A).

Mary also suffers from a physical condition however is confident that she will be self-sufficient in a few months. She is an active participant in the on-site vocational stipend program at the shelter as well as in the community, and thinks that this is another way of learning a new skill until she eventually moves out. It has not been easy for her to become accustomed to this setting, yet she is hopeful and determined to persevere and achieve her goals despite the continual barriers she encounters. Among them, poor health, lack of finances, nonexistent social supports, and fluency in English.

Environmental and substandard living conditions were other structural explanations given by informants for becoming homeless. Two respondents abandoned their apartments because it was hazardous and not fit for them to live in. As exemplified in the following passages, the women portrayed their horrible housing in this manner:

"I had my own place, I gave it away because I really wanted to get out of there, and it was falling apart and everything." (RS-2.0).

"I left my own apartment to come here. There were rats, roaches, mice droppings, it was ridiculous, unfit for any human being." (SF-3.0).

In metropolitan cities, housing is a commodity that is extremely expensive. As a result, persons with limited incomes have very little options and are often forced to live under inhumane living conditions.

Forty-six percent (n=12) of the respondents had never rented their own apartments because it was too costly, and as adults have always lived doubled-up with significant others, friends, or family members. This woman was incensed that she was an American citizen who could not afford to rent an apartment. As an adult, she has always relied on other people to provide housing to her. She expressed her disenchantment with the United States in this manner:

" Mostly I stayed with men, in other people's houses. It was always someone else's house, never my own, during that time. It was very hard. My homelessness goes back fourteen years. As a black American born citizen it is a sad and terrible situation to be in. It makes me so angry to be here. In this society, homeless people are just a statistic, another number, nothing. (MG-1A).

It is evident that this participant was perturbed by the fact that the homeless are nonentities in America, and for the most part are unnoticed by the general populace. Sad to say, many citizens in our society believe that the homeless are expendable.

Conversely, another young woman articulated her panic about her circumstance

in this manner. This is what she verbalized:

"I have never had to be responsible for 32 years of my life, I'm kind of scared now, I'm using this experience to make me more determined to do what I have to do, to take care of myself, all my life men have always taken care of me, you know what I mean, and I'm just so tired." (RS-3.0).

Jacqueline, a divorced black woman in her late forties, was just as frustrated as the previous informant, and affirmed that she was tired of vacillating between her sister, daughter, or boyfriends home and that at this point in time she wanted a room in a Single Occupancy Hotel that she could live alone in.

While other informants reported that they were grateful for a shelter bed and to receive meals on a regular basis, yet one of their immediate goals was also to eventually find quarters that they could inhabit. Noreen, a middle-aged black woman in her late fifties, expressed her gratitude and talked at length about her last residence. She stated:

"I was staying with my Aunt, she didn't have any more space for me in the small house she had. So one day, she brought me over here to the shelter, at least she comes to visit me here, it is not to bad, all I want is to have my own apartment". (NB-2.0).

It is apparent that this group of homeless women has encountered an inordinate amount of obstacles and traumas in their lifetime that have prevented them from remaining housed. In spite of this, they have persevered and grown from their horrendous experiences. Unquestionably, the women from this study possessed strong points that must be acknowledged, respected, and understood. In fact, social service providers in public emergency shelters are in a unique position to discover these strengths, so that the individuals' positive characteristics are enhanced.

Chapter five explores the range of meanings and dimensions of homelessness for participants that have “no place to call home”. This is then followed by a description of the emotional and physical implications of homelessness, and culminates by characterizing the shelter experiences of the research sample. Limited research has been undertaken that explicates the every day experiences, events, and survival strategies of homeless women that have been battered in public emergency shelters.

The concept of homelessness and domestic violence is closely tied to that of stress and resiliency, and these are salient themes that have been largely overlooked by researchers that study the shelter experiences of homeless women. Of particular concern were the constant stressors that the women from this study experienced daily in this location. Nonetheless, homelessness and domestic violence are frightening experiences that are unimaginable to most Americans. Interestingly, against all odds countless numbers of victims of homelessness and domestic violence demonstrate great resilience, power, and strength of will. For some, religious and non-religious forms of spiritual coping strategies are oftentimes instrumental in their survival. In order for clinicians to work more successfully with homeless women in public emergency shelters, this is subject-matter that is worthy of further exploration.

Chapter 5.0 No Place To Call Home

Recently, the problem of homelessness has become much more noticeable in America. For homeless populations, the routes to homelessness are innumerable. As a matter of fact, there have been several key factors that have contributed to the rising numbers of individuals and families that have “no place to call home” in the United States. The researcher discovered that this included but was not restricted to: the rise in unemployment, poverty, deinstitutionalization of the mentally ill, and a reduction of federal finances for the construction of low-income housing.

Once the person becomes homeless, of great concern is what happens to them next. How does not having a home color the fabric of the person’s being? What happens to the individuals’ personal hopes, dreams, expectations, aspirations, and spiritual stance? Generally, the emotional and physical stress of homelessness is devastating. In fact, individuals react to homelessness differently, and often cope with their circumstances positively or in other instances negatively. One important result from this investigation was that different themes and connotations about homelessness emerged for participants. To start, Evelyn articulated her beliefs about homelessness in this manner:

“Homelessness is a human experience, maybe I am supposed to know what it feels like to be in a place with other people that are homeless. We are all sharing this one experience. So, in a way, we are all connected, maybe without really knowing that we are. I feel there is a lesson to be learned in all of this. Maybe everyone that is homeless right now, maybe it was meant for us to be homeless to experience humility in this lifetime, to know how it feels. Maybe when we are no longer homeless and see some one who is, who is panhandling, maybe we will have more compassion towards that individual without being so judgmental. Homelessness will bring you closer to what God intended for us, completely unconditionally, to love one another. Hopefully we will learn to love ourselves.” (EF-6.0).

In this case, homelessness was described as a natural human occurrence that hopefully brings the person closer to God. This participant was rather perceptive and felt that a deeper moral lesson was learned from this experience because it allowed the individual to connect to God, religion, and gain a better understanding about humanity and poverty.

While other casualties of homelessness revealed that they were subjected to an unwarranted amount of psychological distress, and a host of other symptoms as a result of this nightmarish experience. Another lady reported that excessive rent increases drove her to the streets. For her, the devastating impact of homelessness on her self-esteem and emotional well-being has been intolerable. In a sullen tone, she uttered to the project researcher what homelessness meant to her.

“Homelessness is not having a place to lay my head that was my own. Having visits with my son on Saturdays and not being able to take him to my house. There were three visits during that time, and each time in different environments. He would say, Mommy how many times are you going to move. I was so embarrassed. Not being able to call something my own. Homelessness is helping me to learn responsibility I guess.”(SA-3.0).

As is evident in the passage below, study participants frequently go too great lengths to avoid being characterized as abnormal by the general public. After a long silence, the next interviewee whispered to the principal investigator what she believed about homelessness. This is what she had to say:

“Homelessness to me is no joke, I really didn’t see the seriousness of it until I became a victim of it. I feel that I am in a black hole desperately trying to climb out of it. The hardest part is you don’t want to look, feel, or smell homeless”.(MG-6.0).

Whereas, another study participant depicted homelessness in this fashion. For this young lady, it was a meaningless, lonely, and an emotionally distressing journey.

"Homelessness to me is being all alone. I have a family but I feel alone. I have a brother out there somewhere but they took him away. I feel very empty. I have been empty for a very long time. This experience has really torn me apart." (MM-4.0).

Unlike the previous informant, this lady did not completely comprehend the emotional and physical implications of homelessness. In failing to do so, this harrowing excursion has caused her to feel suicidal and more disconnected from society. On the other hand, homelessness for Mary was likened to a life-threatening disease. It was imperative that she reconnected, and strengthened her relationship with God. In talking about this, she said the following statement:

"Homelessness is something totally different for me, it means being terminally ill and away from God." (MA-4.0).

For several participants, homelessness was a natural phenomenon that made them more discerning and humble. Whereas, another assertion by respondents was that homelessness had a detrimental effect on the persons' sense of worth. In addition, it was common for individuals to regularly undergo emotionally and physical complications while displaced, and to feel more detached from the social, political, and economic institutions in America.

At the same time, this experience forced other informants to gain clarity and refocus their energies in a positive manner. Above all, it was amazing that the women from this study managed to triumph over the trials and tribulations they continually encountered in their lives. They possessed such stamina, strength of mind, and hopefulness that is quite commendable. In the subsequent division, participants give an account of their adjustment or lack thereof to this quandary, and the traumatic affects of

homelessness. This is then followed by a discussion about the shelter experiences of the research sample and other related themes.

5.1 Emotional and Physical Effects of Homelessness

Adaptation

The experience of homelessness often has damaging effects on the emotional and physical health of the individual. Ironically, a significant finding from this study was that there were ten women (38.5%) who reported that they adapted positively to homelessness, and were comfortable with this standard of living. Robin, a Native American woman in her late twenties said this about her time on the streets.

" I guess I just got used to it, it can be very exciting, you meet a lot of people outside, you are free to do whatever you want, I didn't really want to be on the streets, but I felt comfortable there. With a homeless person you can give him a bed to sleep in but they still may want to be on the street. No one stresses you out, asks you for anything or bothers you. Being homeless, you learn new things every day, being homeless makes you street wise, it is like an adventure, you have your freedom." (RR- 4.0).

This informant was the exception, and elaborated further about the freedom and independence that she experienced outdoors. She continued by saying:

"I met so many people on the streets, you are free to do whatever you want outside. It's kind of cool. No one stresses you out or asks you for anything. No bills or responsibilities." (RR-4.0).

One widespread notion maintained by this subgroup of homeless persons was that this lifestyle increased the individual's autonomy and freedom. Contrary to this belief, another informer thought that you could never adapt to this way of life: She articulated her dismay to the principal investigator about this group of homeless women at the shelter in this way:

In disbelief, she said;

“ There are those people that get used to homelessness, you will feel trapped and become abnormal if you do not work or at least go to school. You will not be able to function, it will make you crazy, and you can never get used to it.” (MG-4.0).

It is also important to mention that it was customary for a lot of respondents to become extremely goal oriented while dispossessed. At times, the ladies became frustrated when they did not progress quickly and accomplish their career or educational objectives. Several young women remained optimistic and with assurance asserted:

“I have goals, I want to study again, and I have no money to do that. I want to go to College, but I have to wait until I have money to get the application so I can apply for financial aid. It is going so slow. I want to study, and be more professional. I do not want to stay like this. I want to grow like a real person. (MI-6.0).

“I am one of the youngest. I am only 20. I feel bad because most people are older than me. I do not want my whole life to be wasted being homeless. I want to go to College; I want to do something with myself. I do not want to be old and homeless.” (SA-3.0).

“I have goals, I want to be better in life. I want to achieve my goals. I don't want to stay in this position all my life. (TR-6.0).

Research indicates that it is essential suitable supports, resources, and services are available to shelter residents that meet their vocational, educational, and personal needs. Clinicians must understand how to best service homeless women in this setting who have also been battered. More importantly, how compromised are physically abused women who have been forced to become homeless? Does the trauma of homelessness and domestic violence permanently impair the human and spiritual psyche? Lastly, do homeless women who have been mistreated ever recover from the psychological and physical turmoil that they undergo while displaced? Additional research is warranted that fully addresses these areas of concern.

In the following section, victims of homelessness offer the reader a glimpse into their everyday nightmare, and the psychological and physical difficulties that develop in various surroundings. For scores of homeless people, this is an extremely stressful, disheartening, confusing, and shocking experience.

Trauma

Another major finding from this investigation was that homelessness is incredibly traumatic, confusing, and shocking for participants. An overwhelming sixty-one percent (16) of the respondents reported that they were negatively affected by homelessness, and claimed that they recurrently suffered emotional or psychological changes in addition to physical trauma while dispossessed. Among the psychological and physical difficulties that they described to the researcher are: feelings of sadness, depression, isolation, loneliness, anger, humiliation, shame, embarrassment, nervousness, loss of appetite, sleep deprivation, and physical ailments. In addition, the uncertainty and constant fear of not having a stable place to rest each night was unsettling for them.

One participant emphasized that for the most part, homelessness is depressing and that when she wakes up each day, she is grateful that she is still alive.(TR-4.0).

In order to survive psychologically, another respondent indicated that she mutilated her body regularly with a knife. She stated that she had scars that covered her entire body, and believed that this was the only manner in which she could relieve her emotional anguish. For her, self-mutilation eased the tension and pain of homelessness.(RR-5.0). In this context, it was common for respondents to engage in self-destructive behaviors that on the whole had detrimental consequences.

An extra dilemma that informants reported was the stigma of not having a permanent address. Every day dealings with the general public, criminals, social service agencies, criminal justice system, other homeless people, and commercial establishments could be intolerable while at the same time intensify the trauma of homelessness for the person. There was the perception by strangers that a lot of homeless individuals are unclean, disgusting, and ignorant. It irritated this informant when she recalled dozens of unpleasant incidents with the general public. The project researcher asked her to say more about this subject matter. She was incredibly astute, and the following anecdote exemplifies this:

“ We are not all filthy and bizarre, many people think that the homeless have no knowledge of anything, that we are stupid, but I graduated from High School and did not expect my life to turn out like this. Being homeless is not what it seems, it is hard, it is stressful, it is something you have to deal with until you can improve your situation.” (TR-4.0).

The researcher found that there were other common pitfalls that homeless individuals often encountered outdoors. Sometimes, altercations occurred with food vendors or restaurant employees. Rebecca remembers the constant shame that she felt while living on the streets. She described her predicament to the interviewer in this way:

“ The downs are that sometimes you cannot shower, when you are dirty people look at you, you walk in a restaurant and they tell you to get out. It's embarrassing but what can you do, I used to get mad, and curse them out, or throw things.”(RR-4.0).

The lack of income, limited participation in social institutions, estrangement from family or friends, co-existing disorders, humiliation, and daily interactions with others outside can be disconcerting especially in metropolitan settings. Homeless individuals usually lack the essential social supports to survive, and have no one to rely on

emotionally and financially. This woman was in tears when she talked about her recent homeless experience on the streets. She said the subsequent remark:

“Homelessness is very hard because my children lost respect for me, they do not understand why I gave up my apartment and followed a man. They are disappointed in me and I feel humiliated.” (SA-4.0).

There is also a fraction of homeless women that refuse to live outdoors, and the emergency shelter is a practical housing alternative that offers them some form of protection against criminals, sexual predators, violence, or other environmental traumas. Given the political and social realities of poverty in the United States, public and private emergency shelters continue to solve a host of immediate survival and longer term needs for homeless individuals and families.(Bassuk,1991).

In order to understand the implications of homelessness, it was important for informants to describe their initial feelings upon arrival, and the impressions about the shelter when they were waiting to complete the intake interview. The project researcher asked each respondent to discuss their experiences at the shelter, and those events and persons that were most stressful or helpful to them in this setting. The ensuing portion gives further details about the shelter experiences of the research sample, and the underlying themes that surfaced.

5.2 Shelter Experiences

It is important to acknowledge that before moving into the shelter, an added dilemma faced by many informants from this study was a fear of the unknown. A number of women anticipated that this setting was scary, dangerous, and that other residents would attack them regularly and steal their belongings. Several themes emerged that symbolized their views. Monique reflected upon her initial opinion of the shelter. She contended:

"It was scary because you do not know who you will be sleeping next too, you do not know if she is a lunatic or normal." (MG-5.1).

Janet felt that she also had an erroneous perception of the shelter. This is what she first thought:

"I didn't want to come here. I had the wrong idea about shelters from what I have read, and watching the news. I thought people would be shooting up; I had negative thoughts about the shelter. I still do, but at least this shelter has more security, and rules and regulations." (JT-4.0).

Other informants highlighted:

"I thought it would be awful. Scary, you know, that everybody was going to try and beat you up or something. But it's not like that. There are just a few people here who are angry about what has happened to them. So, if you say anything to them they will snap. It's all the anger inside; for the most part every body is pretty cool. I feel really at home here, this shelter happens to be a nice place. Everybody is calm and nice." (MM-5.0).

"I was scared from what I heard, I was real scared, I was going to be sleeping in a big old room with 500 other people who would want to beat you up, cut you, steal your stuff and break into your lockers, and I mean people just exaggerated about this place." (RS-5.0).

More important, participants discovered to their relief that they had distorted beliefs about the shelter, residents, and employees. For the most part,

respondents indicated that they were not frightened and felt relatively safe in this setting. One highly praised study by the Office of Mental Health in 1990 surveyed homeless people in a New York City shelter. The findings from this investigation identified personal safety as one of the most significant concerns for homeless persons in choosing and remaining in housing.

Therefore, it is suggested that the safety of shelter residents in public emergency shelters is of the utmost priority to the staff. In this case, research participants indicated that it is difficult to adapt to a new location if their safety is compromised. One thing is clear, if the individuals' safety is regularly threatened, a common response is for the person to go back to the streets, to go on living doubled-up with friends, relatives, partners, or return to a living situation that may be hazardous to their health. As a result, the individual never experiences the reassurance of living in a protected environment that is not dangerous.

Just Getting Used To It-Adjustment to Shelter

An additional discovery was that thirty-eight percent (10) of the women reported that they were appreciative of a shelter bed, and fortunate to have a safe place to rest. It appears that for them, the shelter was a relaxing, peaceful, and nurturing locality. It was also helpful to consistently participate in the on-site recreational and group activities, or other motivations that assisted them to create a living, and to receive regular staff support. For this group of women, the theme of "just getting used to it" was commonly mentioned. As a matter of fact, they found that they were finally able to sleep comfortably every night and unwind. Extracts from several key informers said this about their shelter experience.

"I do not have any problems because I work with everybody. The shelter system is not that bad. Things do not really bother me here. I get clothes, food, activities and stuff like that. There are people to help me here, if something is free, then I will take it."(AS-5.0).

"It is not that bad if you follow the rules and regulations. It is hard for certain people because they want to fight. Anybody who sits around complaining I do not understand why. They give you toothpaste, clean sheets, food that's not bad; I have no complaints, I'm trying to get my sanity back."(CA-5.0).

"You run into a lot of different people in the shelter, and a lot of people handle being in the shelter in different ways, some people are violent, some people are just to themselves, and some people, a lot of people are just used to it. You can see that they are used to it, just being like this, and maybe not even used to it but they been going through it for so long".(RS-6.0).

Moreover, quite a few participants thought that the structure and rules at the shelter were essential to maintain order and control of the other residents who were often violent, disruptive, and offensive. In addition, many of the women took great pride in taking care of the dormitory, and abiding by the shelter regulations. In their opinion, there was other public emergency shelters' for homeless women that were appalling but this particular site was pleasant in addition to secure.

In speaking about this, two ladies spoke at length about the shelter bylaws.

"If I had a choice and could come in any time I want, I would get comfortable, maybe I would not want to move on, so maybe the 10 o'clock curfew is a good thing, at least I won't be on the streets, I won't be in the wrong place at the wrong time, I won't get caught up back in the madness, so I'm kind of grateful for it."(RS-5.0).

"I'm sort of glad there is a bed check here, if you don't get here at a certain time, you don't get a bed. I'm glad because if this place would let you come in when you wanted, I think I would be on the streets, probably selling my body or something."(YR-12.0).

At the same time, it was important for respondents to get along with other residents, and to assist and share essential survival skills with one another. Mary and

Renee had this to say about the support that they regularly received from other women in the shelter.

“Most of the women are very nice, but there are some who want to play like they are in jail and want to take over, I try to get along with everybody, I made one good friend here, or associate, I basically just hang out with that one girl.” (MG-6.0).

“We work really hard to get along. You cannot come into this environment and contaminate it. We are not going to stand for it. We tell a lot of new girls here, try to get along in here, follow the rules and regulations, and try to work together as women, as human beings. No fighting and cursing each other out. We may not all want to be here, but take the good out the bad, work together so we can all move on.” (RS-6.0).

Renee further elaborated and talked about an elderly woman that lived on her floor. She continued by saying:

“There was this lady in here that was 86 years old. She had worked in New York City all her life and did not have a decent place to live. It made me so mad, so I would help her out. She tried to pay me but I refused her money. I made up her bed; I assisted her in and out of the shower. This lady could barely walk; I washed her hair for her. It’s something I just do. To help the people that can’t help them selves. I really like doing that.” (RS-5.1).

While Catherine informed the researcher that she was the floor Captain in her dormitory. She reported that she also spends a great deal of time and energy each day helping residents improve their hygiene and physical appearance. She described the first meeting with a woman in her dorm that had very poor sanitation. She comments:

“I told this lady who would not take a bath, to take a bath. She listened to me and said okay. She then went to her locker and everybody was watching us. I said what have you here, I told her to take everything out, and I said I would put everything in a plastic bag. Everyone was happy to see that I helped her and did not downgrade her. I was sleeping right next to her what other choice did I have, people come here from all walks of life.” (CA-5.0).

Similar to the previous informant, Raquel also enjoys helping those in need. She smiled when she told the project researcher about her latest encounter. This is what she stated:

“Everybody calls me mother here, I try to talk to the girls. The first day I walked through door I was half naked. There was this lady who didn't have a coat on in the lobby, outside it was snowing a lot. So when I came here I knew I had other coats. I called a friend of mine and I asked him to bring me a leather jacket so that I could give her the coat off my back, because she was cold. I didn't care what her reason why she was here, the important thing was that she was trying and cold. I'm always trying to help people. I like to help people because people helped me. It makes me feel good to help others. If it wasn't for other people helping me, I don't think I would be here. I could not have done it on my own.”(RS-6.0).

Research demonstrates that shelter residents frequently engaged in self-help behaviors. The informal networks that participants from this investigation established with other women increased their respect for themselves. Equally significant was the discovery that this experience forced some informants to think about and change their goals. As a matter of fact, one of the main ambitions reported by numerous respondents was to reunite with their children. It was their conviction that the emergency shelter was the only option available to them for securing housing for their family.

However, at the same time it was also upsetting for participants to be separated from their kids for prolonged periods. They longed to re-establish contact and a connection with them. Sadly, homeless persons frequently languish in public emergency shelters for extended periods until they are permanently housed. Another commonly mentioned objective of the women was to become employed. Informants reported that they enjoyed participating in the on-site stipend program.

The stipend program at the shelter allowed residents the opportunity to gain valuable work experience in a structured environment. Women that participated in the stipend program were able to access staff easily for support, and improve work behaviors through regular staff feedback, supervision, and direction. They were also empowered to evaluate their own strengths and weaknesses in terms of career development, and solidify their vocational interests, and goals.

Additionally, respondents mentioned that involvement in vocational educational programs in the community, and additional endeavors or routines also helped them to feel normal. One informer felt that her experiences at the shelter have caused her to become more focused and self-confident. She believed that had she not come to the shelter, she would have still been addicted to heroin. She currently attends a Methadone Maintenance program every day.(KM-4.0).

The support of the staff was also crucial to the adjustment and recovery to this cadre of ladies. In fact, there was a portion of women that found the workers at the shelter to be considerate, understanding, and hospitable. They believed that if the individual were motivated, then employees would help them to accomplish their personal, professional, or educational objectives.

This is what Grace reported:

"I am very happy here, the administration has been very good to me, I have had crisis, I have cried, and they have tolerated me, they have been very patient with me, and understanding, so I experience a lot of peace and tranquility here. I have a coat, food, shampoo, everything, and my Social Worker is my closest confidant. "(GL-4.0).

For this woman, the staff has helped her to adjust to this new environment and feel protected. She also discovered that during stressful periods, her Case Manager has

been very reassuring. Multiple respondents recount quite a few memorable encounters with the staff who they indicated were very accommodating. They insisted:

"There is always some one to talk to, if you do what you have to do and stay out of trouble, then you will not have any problems. If you need any thing they will give it to you, if I have a problem, I can go to anybody here. They are very supportive." (KM-12.0).

"The staff are wonderful, they will help you, but first you must learn to help yourself. In this system, if you do not do anything for yourself, you will get nowhere." (SF-6.0).

"As far as being here, the staff is very nice, the food is not that bad, and this place is the cleanest I've ever seen as far as shelters go." (MG-5.0).

"If they see you want to do something with yourself they will help you here, if not, they won't." (TR-17.0).

"The people in here are very supportive, this is what keeps me going. I know that I am trying to establish something better for me and my son." (SA-5.0).

"This has been a good experience for me. The staff is great. It has taken a load off of me. I can lay down in peace at night. I'm really happy here. I'm finally smiling for real." (KM-5.0).

"I get friendly with the staff, to heck with other homeless people who are in the same boat as me." (RR-6.0).

The sentiment of the previous informant was articulated by a lot of participants in this study. Actually, it is common for the homeless to distrust one another, and to experience an impermanence of social attachments. It was important for them to maintain their distance, and avoid forming close relationships with other residents in the shelter. However, this group of women did in fact find that it was uplifting to align themselves with the shelter staff. Interestingly enough, this assessment shelter provided routine case management, counseling, housing assistance, vocational placement, and other vital social services to homeless women. Women that are new to the Department of

Homeless Shelter system (DHS), or who have not resided in the DHS system for six months can request shelter. No referral is necessary for placement. Residents must undergo an “assessment” of not more than 90 days at this facility.

This assessment involves determining the persons’ service needs, and referring the resident to the appropriate shelter placement or program. After the assessment, residents are then transferred to another long-term shelter and this becomes the person’s shelter assignment. Nonetheless, the researcher discovered that every resident does not adapt to this environment, and experience such positive outcomes. The following section describes the negative impact of homelessness on the emotional and physical health of the individual, in addition to other difficulties that result from this dreadful experience.

How Could This Happen To Me-Reactions to Homelessness

A major finding was that sixty-three percent, (16) of the informants alleged that they experienced isolation, loneliness, shame, disbelief, embarrassment, humiliation, and other physical obstacles on a recurring basis in the shelter setting. In this study, ten (38.4%) stated they endured two or more episodic homeless events lasting an average of six months. 23.0% of the women had experienced an average displacement lasting a total of 365-650 days. This host of non-normalizing experiences allowed them to get in touch with their spirituality. “How could this happen to me” was a repeated theme that materialized for them. This cluster of women found it hard to accept that they no longer had a place to live. One lady recalls the loneliness and sadness that she felt on the day that she first arrived at the shelter. She became very upset when she described this experience to the Project Researcher. In a barely audible voice she uttered:

"When I walked through these doors I felt so alone, I felt like I didn't have nobody, I sat in the intake office and just cried for hours because I felt by myself, and I felt that God should not have done this to me. I was so angry at God because I been good, and then I realized I was just angry at myself." (RS-7.0).

This participant cried her self to sleep every night. After a loud moan she said:

"It is terrible, I have never been like this before. I feel so lonely and depressed. But I deal with it because I want to confront my problems and resolve them. Sometimes people on the streets look at me weird. I feel bad because I come from a good family in Puerto Rico. All the people in my family are professionals. I feel so alone, and I miss my Mommy. I really miss her and when I talk to her, I lie and say that I am okay. I'm crying, you know, I do not want her to know that I am going through all this." (MI-5.0).

Sean also struggled daily to remain sane and said:

"I am very lonely. I only have one son and have not seen him for six months. Most of the time, I do not have money to call my son who stays with my mother. I have to ask somebody for money. I want to see my child because he always asks me when I am coming home. I do not have an answer for him; I do not have a home. It is really hard. Every time I see people playing with their kids at the park, it hurts so badly because I don't have mine. My baby is 8 years old and I wasn't there for Christmas. I wasn't there for his birthday, the holidays, nothing at all. I can't do anything. The loneliness is killing me." (SF-5.0).

The lack of money made it particularly difficult for this woman to maintain regular contact with her child, because she cannot afford to call him on the public telephone at the shelter. The tremendous monetary constraints associated with homelessness can be demoralizing to the person. Additionally, the extra pressure of not having a place to live long-term, and visiting with her son regularly has been agonizing. Residents at the shelter are only allowed to utilize the telephone in the social services department for business purposes only.

An additional conundrum for the participants in this study was that it was difficult to develop or maintain intimate relationships with significant others while at the shelter.

Respondents reported that it was awkward to spend time alone with relatives, friends, and companions in this environment. There were no areas for residents to be alone, or to be intimate with one another in. As a matter of fact, informants reported that it was troubling for them to observe other shelter residents openly masturbating, or engaging in homosexual activities with each other.

Numerous respondents pointed out that they were also embarrassed to reside at the shelter and failed to inform relatives, friends, or significant others of their whereabouts. This also prevented them from pursuing employment opportunities because they were ashamed of their physical appearance, lacked a permanent address, and did not want to be considered as abnormal by the general public. This is how two informants described their predicament. They said the following remarks:

"I am in the lowest position possible, I do not even want to go outside, this is the worst, I feel ashamed of myself because I put myself in a very bad situation, I want to make sure I never do it again." (MG-5.0).

"I am so embarrassed to be here, but I try to keep my head up, if I did not have my weekend position I would feel worthless. I would probably be worse off. I don't like to ask nobody for nothing. It is not a good feeling to share a facility with different women, and everybody has their own situation." (TM-4.0).

The difficulties of getting along with strangers, and dealing with diverse personalities in the shelter were problematic for many respondents. In terms of surviving in this setting, it was common for many of the residents to become very aggressive with one another and engage in violent "street behavior". The women reported that disputes and altercations arose daily with other residents. In some instances, there were also conflicts with shelter employees. The principal investigator discovered that there were various strategies that informants utilized to resolve disagreements.

Another common coping strategy was for respondents to ignore problematic residents or staff. An additional response was for residents to seek the assistance of the shelter staff. One informant reflects upon a recent dispute that she had with another resident. She comments:

" At times, I talk too much, in here the hardest thing you have to deal with is holding your tongue. I want to respond to everything and it is hard dealing with so many different types of women. The other day, I got into an argument with this girl, I'm on the phone and she just comes and clicks the phone down, and I says I'm not finished using the phone, and I'm like okay Renee, just forget it. I'm just standing there and all this is happening, and I'm saying Lord I want to bust this girl in the head, and show them that I'm not nobody they can pushover, or I can walk away from them. So what I did is I hung up the phone and got the Night Director. She was on then, and she straightened it all out. I got nervous after that happened and thought I better go back to my mother's but I said no, I'm determined to do this, and stayed in the same dorm with this girl for four more nights until she left. I stayed away from her, I ignored her, but in the same token when I saw her I said good morning or good night. "(RS-6.0).

There was also a portion of women who preferred to handle conflicts aggressively by quarrelling, confronting troublemakers, or fighting. Jerry contended:

"The hardest part has been getting along with the other women, some people get on your nerves and want to fight. They have there own opinions and want to disagree with you. Being around so many different women that are negative. They don't give you respect and that makes me angry. "(JT-5.0).

A large percentage of informants realized that it was incredibly difficult to interact with those individuals at the shelter that had untreated mental illnesses, were chronic substance abusers, and HIV or AIDS infected. They found that some of these individuals were always angry and blamed other residents and staff for their condition. Research indicates that the co-morbidity of homelessness, mental illness, HIV or AIDS, and

chemical dependency can have damaging consequences on the psyche and physical health person.

Another women reports that it is especially troubling if you were mentally ill in this environment, or struggling to remain sober. There is a tendency for the person to deteriorate, relapse, or to continue abusing illegal substances in this setting. When speaking about her mental illness and drug addiction, she claimed:

“ Homelessness is very tough if you have a mental disorder, it is not good, especially when you have children. I was on drugs and am trying to get my life together, I do not like the shelter system because you are with other addicts, people with diseases, and I do not like the treatment by the shelter staff. I am so depressed here and I do not take my medication like I should, I have a son that I have not seen in six months, it is really hard, sometimes I just want to get high.”(SF-4.0).

In comparison, Erica articulated her concerns about the large numbers of mentally ill residents in the facility. She exhaled noisily and stated:

“Everybody is homeless here, nobody has a home to go to, I see people laugh to themselves, talk to themselves, this lady in my dorm talks as if she is talking to some one and seeing someone. The other day she said I see you laughing at me. Keep laughing and I will kill you. She then took out a clipper and was talking to an empty room. It is scary sleeping around people like that, who knows what she might do and she sleeps right next to me, this is an experience I have never had before.”(EF-3.0).

Terry observed:

“This is a facility that you share with all types of different women. Some women are mentally disturbed, and they are interacting with individuals that are normal. This is not right, they should have their own shelter for people who are emotionally ill. Now, every body is under one roof and it is not right. It's hard, it takes a toll on you emotionally.”(TM-5.0).

In America, there is a shortage of specialized shelters in the community that accommodate the different types of homeless subgroups who grapple with a range of concerns. At the same time, it was challenging for respondents that struggled with

substance or alcohol dependencies to refrain from using drugs and alcohol in this atmosphere. Actually, it was very upsetting for them to witness other residents actively using drugs or alcohol on the premises. As one lady put it:

"The other day, they caught a women in here doing crack. They threw her out of the shelter. We can't have that in here. For me, when I think about using again, I think about dying. I might as well take a gun and blow my head off." (RS-5.0).

Informants were also scared and uncomfortable sharing quarters with individuals that they suspected were HIV and AIDS infected, or convicts. This is what several women had to say about this matter:

"I do not feel comfortable living here because you have a lot of people, nobody knows any one, and you do not know who is infected and who is not, in my opinion it is very uncomfortable for me because I am not accustomed to living in a shelter. " (MG-5.0).

"There are some bad looking people here. The HIV positive ones look terrible. They have no business being in facility with us, even though I know you can't catch it like that. What if there is a fight and they drew blood. There are also all kinds of criminals in here too. I wouldn't wish this place on my worst enemy." (SF-12.0).

Respondents found that it was also exasperating to deal with women that smell horrible, and neglected their personal hygiene. A large number of shelter residents frequently washed up in the sink instead of showering, coughed openly, or defecated and urinated on the restroom floor. This informant was shocked by what she witnessed in the resident bathroom her first week at the shelter, and the lack of staff response. She articulated this dissatisfaction by saying:

"This place will stress you out to the point where you just want to stand there and say, there's no more hope, because I am in here. The bathrooms are filthy dirty, there's pee on the floor, and kotex in the toilet, not flushed, blood everywhere. A lot of things they do here are not human, and these are women, you expect this from men. One girl fell last night, and went to the emergency room because she slipped on the pee on the floor. I fell too, but I refused to go to the hospital, I didn't want to lose my bed." (SF-5.0).

Physical accidents or mishaps were also common occurrences in this location.

She felt that a lot of the women at the shelter were uncivilized and disgusting. Along the same lines, Erica expressed her frustration with the other shelter residents by revealing this experience to the researcher. She asserted:

"It's been hard being around a lot of strangers, sleeping in the same room with strangers with different types of lifestyles. You can tell they have different lifestyles from where I came from. Different habits, bad habits, when they sneeze or cough, they don't cover their mouths. Their hygiene is very bad, so I don't like it here it is unpleasant." (EF-5.0).

This participant was equally disturbed as the previous informant and described what she observes daily. When asked to elaborate further, she said:

"Sometimes they stand there naked and seem so comfortable, as comfortable as you would feel being in your own house, in your own bathroom. If you were in your own house it would be more private. There are 107 women in here that have to use the bathroom, and to see some of the women washing up in the sink is bad." (RS-5.0).

One frequently mentioned obstacle that reverberated for the research subjects was the dearth of social services on-site, and limited financial resources that were available to them. The informants conveyed to the principal investigator that they often felt entrapped in this surrounding. The lack of income restricted the mobility of numerous respondents, and prevented them from enjoying leisure activities or visiting with their friends and family.

Scores of informants reported that they were afraid to discuss this matter with the shelter staff, and frequently suffered in silence. Monique recounts:

"I know from my homelessness that I am at the bottom, I am under the step, it is very difficult when you are homeless because you do not have the proper clothing, money, or hairstyle. Money to get your hair done in order to get a job, if I wasn't strong I would have had a nervous break down." (MG -4.0)

A further dilemma informants encountered was going to bed at eleven o'clock.

Residents must shower, or remove items from their locker before curfew. Once the lights were turned off, it became problematic for them to read, socialize, or to enjoy leisure pursuits with each other. The lack of autonomy and freedom was troublesome for many shelter residents. Roberta has only been at the shelter for one week. She in particular longed to go to bed when she desired, cook her own meals, and spend quality time alone with her daughter.(RF-4.0).

It has been difficult for her to adjust to the rules and regulations at the shelter. At times, she rushes to eat when she is not hungry so that she would not go to bed famished. In addition to bathing at unusual hours because the water pressure is better. Mingling with others, or spending time alone was another mentioned desire of the informants. One other challenge was that residents could only watch television during certain hours. The researcher found that there was a shortage of program activities offered in this setting, and it was common for women to wander around aimlessly during the day, or to read the same books at the local library. Jackie, Sabrina and Terry exclaimed:

"I am so tired of the same routine, they treat you like children, or like you are in jail. It is very bad; I cannot even watch TV when I want too. There is nothing like your own place. I try to keep myself together, and keep my head up high." (JM-5.0)

“Being told when to go to bed, being told when to watch TV. Just being told to do things that I should be able to do myself. That’s what hurts me. You can be sitting there and all of a sudden the lights go out. To me it feels like jail. You have to experience those things to let you know what you don’t want any more. Every day I am learning.”(SA-5.0).

“The rules and regulations are stressful, they tell you when to watch television, when to wash up, and when to eat. I just try to take it day to day, and focus on happy things.”(TM-6.0).

The lack of suitable pursuits, information, boredom, and the over structure at the facility was disconcerting for many residents. Additionally, numerous informants complained that the food was not always fresh and healthy at the shelter.

They alleged:

“The hardest part, is not having any money, being in a place where people tell you when to go to bed, eating what they want you to eat, the food is not that great, I think it is old, This morning I got heart burn, something was wrong with it but they still served it, why would they do that, I guess because they know we are vulnerable. I’m dealing with it, I just go with the flow, and I’m just letting go.”(RR-5.0).

“The meals are horrible, sometimes they make stuff that you do not like. But if you do not have the money, you have to eat it. What are you going to do, and if it doesn’t agree with your digestive system then you will get sick. Sometimes you get diarrhea, it is rough and takes a toll on you emotionally.”(TM-4.0).

An auxiliary stressor for shelter residents was the negative behavior of the staff. Of the twenty-six participants, fifty-seven percent (15) of the women felt that the staff was not concerned about their welfare, and did not vigorously assist them to achieve their goals, or to find long-term housing. As might be expected, they summed it up by stating:

“The staff should be more considerate about the well-being of the client. They need to be more considerate about the persons they work with. I been raped, I been beat, I been through the mill, the staff needs more training and education. They need to go to a training school for manners.”(SF-14.0).

"You can't talk to the staff here, sometimes you tell them something, and they look at you like you are lying, they dealt with so many different people and they don't treat people like individuals, I been through so much already." (RR-15.0).

"Sometimes the staff puts you through so much, there was this lady here, she had been raped, molested and she left the shelter to live on the streets. When I asked her why she was leaving, she said the staff downgrades you here, and she would rather sleep in the gutter." (TM-15.0).

"Anybody can be homeless, the staff should treat us with respect, sometimes they have such bad attitudes and they make you feel like nothing, if we weren't here they would not have a job, so why do they treat us like this." (MI-15.0).

"Its all about money, their job is to help us, they don't have a job where they can sit back and say, the client's crazy and I don't want to help her. They should try to help us more and stop judging us." (JM-15.0).

Sandy, a youthful black woman in her early thirties stressed:

"We are homeless and do not have an income, if we did, we would not be here, you have to be in my shoes to understand where I am coming from, sometimes, the food that they give you is no good, you do not get any respect. You cannot do what you want to do, this place is only good for a dog or cat." (SF-6.0).

This is what Tonya noticed the other day:

"Some of the workers look down on us. They shouldn't because they might end up in this predicament; you have some workers in here who are very cantankerous. I have seen how they talk to some of the girls. It is awful. Some people do not need to be in this type of work. They don't really care, they really don't. They look down on us and degrade us, some people in here are highly intelligent people with degrees. You never know what people were doing before they came here." (TM-14.0)

It is clear that participants were concerned about the demeanor and outlook of the shelter staff. Evidently, there was a strong desire for employees to treat the women in this locality more compassionately and with respect. Many of the women at the shelter are desperate and for the most part hopeless. Therefore, it is vital that they are not subjected to further indignity and humiliation. In contrast to the forty-three percent (11) of the women who found the staff to be a positive support.

Informants indicated that there were physical restrictions at the shelter that they encountered on a regular basis. The lack of autonomy, solitude, and restrictive rules and regulations is often unbearable in this location. However, with limited alternatives homeless people often suffer in this nightmarish setting for extended periods. In the next section, participants described the physical surroundings at the shelter.

The Shelter Structure

Researchers have found that the environmental characteristics in institutional settings are extremely important in promoting optimal functioning and health in vulnerable populations. Several of the women declared that the physical surroundings at the shelter were unpleasant, gloomy, and nightmarish. As a result, this caused them to become more anxious, or in some cases depressed. To begin, an added dilemma that puzzled many of the women was that the restrooms were only opened during certain hours, and cleaned once daily.

During the day, the bathrooms were closed from 9 o'clock a.m. to 2 o'clock p.m. to prevent residents from showering for long durations. One woman exclaimed that she has a weak bladder, gall stones, bleeding ulcer, and on numerous occasions has been told by employees that she can only utilize the lavatory when it is not closed. She felt that exceptions were rarely made by employees to accommodate shelter residents with physical conditions.”(SF-12.0).

At times, respondents found that it was also freezing in shelter. Once residents were admitted into the shelter, they only received one blanket, sheet, and towel. It was common for them to bring extra bedspreads, comforters, pillows, and other personal belongings. Another complaint was that the water was normally scorching, and scalded

residents that showered regularly. Informants indicated that they could not shower consistently because of the intermittent water temperature.

In this setting, shelter residents were only allowed to bath once a day. In addition, they believed that the staff failed to distribute a sufficient amount of soap, towels, laundry detergent, and other essential supplies. In turn, shelter residents became more frustrated because they were only permitted to wash one load of clothes daily. It was also difficult for them to share space with persons that they are unfamiliar with. There were five dorms in the shelter, and approximately 27 women resided in each dorm. Subjects reported that there was no privacy and women often watched others undress. Sarah claimed:

“You got dikes all through this place, even in my dorm. I told them one night, you may see me when I’m undressing but you will not touch me. I wish I could change in the bathroom but it is too dirty. They look at you and there is no privacy. This place is bad as hell.”(SF-5.0).

For her, she was disturbed by the constant nudity in this locale. She felt that this was a place where you went when you had no other options. It is common for homeless populations to have limited choices in terms of housing, non-existent social supports, and not much in terms of finances. Another problem for shelter residents was that it was annoying to store items in the lockers because they were very small. It was customary for women to only travel with a limited amount of clothing and personal supplies. This is what Sarah said:

“When I first came here I only had one dress. It was white and the collar was dirty from my hair and sweat. I was a mess, and I had to walk out the door like that because they would not give me a comb. When I asked them for a comb, soap, and a towel to shower they said no. They said you couldn’t get them until after 9 am. I really don’t know what type of facility this is. They just really do not care.”(SF-5.1).

An extra barrier that respondents faced was the stability and permanence of the shelter. During the data collection period, the Mayor of the City declared that the facility would be closed at the end of the month and converted into a shopping mall. This caused many residents to become frantic, and even more anxious about their predicament. A lot of women were unsure where they stay each night, or when they would move to another facility. When reporters interviewed shelter residents about the fate of the facility, one key informant expressed her dismay in this manner.

"I do not know what people are going to do when the Mayor closes down the shelter, what are we going to do, we are here, and we do not say anything, he talks about cracking down on the homeless, and then he picks them up, and then he takes them to mental institutions, every body that is homeless is not Mentally Ill, he wants to build a mall in this space, it really angers me." (RS-5.0).

Yolanda has served time in prison and was worried when she thought about this:

"The uncertainty of where I am going next is scary. I do not know where I am going. Am I going to the streets to do all the bad things I see people doing. The fact is, if this place closes down, I have a felony and I cannot get housing. I have no kids, so I feel even more stressed out. Sometimes my mind starts spinning and I can't take it any more. I think just kill your self. I can't do anything, I have nowhere to go, and I have nowhere to stay. I have been struggling on my own. I will need a new life. I think I want to kill myself because I can't do anything. This is not fair to some one like me who has goals and ambitions." (YR-5.0).

While another women articulated her disappointment and sadness in this way.

"I do not understand why they are closing the shelter because there will be more homeless people, we need this shelter, if we do not have it, we will be on the streets, it is something we need, it is no good being homeless." (SF-6.0).

Regrettably, the shelter was closed the following month and residents were moved to other shelters and programs. The information from this study sets the stage for fully comprehending the coping efforts of homeless women that have been abused, and the

wide array of stressors that they encounter on a daily basis in public emergency shelters. Further research is needed that brings to light the individual, family, and social stressors that the homeless confront in a variety of contexts.

Chapter six gives an account of the positive and negative coping practices, processes, and religious and spiritual rituals that respondents used to survive the trauma of homelessness, in addition to other difficulties that they encountered while in these surroundings. For the most part, victims of homelessness are unaided, and must re-establish their lives without much needed financial and emotional supports from the social, political, and economic institutions in America. The role that coping mechanisms played in helping research participants “get through their day” needed to be more clearly understood and demarcated, as well as the linkage between coping and spirituality.

Chapter 6.0 Coping Rituals

This chapter delineates the coping practices and customs as reported by the participants in this study of spirituality that made it possible for them to carry on. Just as significant was the discovery that religion and spirituality in their various forms are also other ways of coping that aided in participants continued existence. In an attempt to learn more about the coping routines that assisted the research sample to get through the day, the project researcher asked the women to describe in detail how they coped with the stress of homelessness in this challenging setting. As a result, several important themes became apparent and are presented under the broad headings of “staying busy”, “letting go”, “working my program”, “a place of my own”, “dreaming about employment”, “for the sake of the children”, “somebody to lean on”, “hanging out”, “staff support”, “even if just for one day”, “a ray of hope”, “someone who listens”, and “avenues of escape.”

To start, it was determined that forty-six percent (12) of the participants employed more positive coping practices and resources to survive the damaging effects of homelessness and other stress related factors. The principal investigator found that this proportion of women used coping tactics that provided them with a sense of control in this demanding and harsh environment. They showed a high propensity of resilience, and relied more heavily on internal strength and fortitude as well as informal and external supports to maintain their congruence. A contrasting finding was that fifty-four percent (14) of the women reported that they utilized negative coping strategies to persevere.

On the whole, a major challenge for most victims of homelessness is the realization that their lives have changed radically, and that they must quickly learn how to adjust to this

new role. Despite the oppressive rules and regulations at the shelter, residents make do in spite of the factors that jeopardize their continued existence. In the absence of more formalized systems of support, the researcher discovered that participants relied more heavily on friends, relatives, religious or spiritual coping practices, cultural traditions, and other informal systems of support. This section commences by characterizing the above-mentioned themes that sample participants divulged were crucial to their every day survival in this location

Staying Busy

It was imperative for the project researcher to examine the routines, activities, and social networks that survey participants were engaged in during the course of their day. The term of “staying busy “ were used by key informers to describe the structured activities that they regularly participated in at the shelter as well as in the community. When speaking about the role occupational interests played in their subsistence, informants stated the following:

“I stay busy and keep all my appointments, I’m serious, I do what I have to do because if you don’t want to help yourself, it’s not much they will do to help you. I’m doing this for me this time, I’m being responsible for me, and I’m dealing with the consequences whether they are good or bad. It makes me feel good”(RS-6.0).

“I stay busy, I go to school, I see my children. I keep busy so that I won’t get mad, angry, or go crazy. I do things during the day to stay busy.”(CW-6.0).

“I go to a Computer training program, I also work on the stipend program. I assist with breakfast every morning, and recycle cans and bottles for extra income. This is a way for me to gain my independence.”(MA-6.0).

“There are three kinds of people, those who make it happen, those who want to make it happen, and those who don’t know it’s happening. I finally learned that this place is not designed for comfort. It is up to you to do something about your situation.”(MG-6.0).

This assemblage of women discovered the beneficial necessity of staying active, speaking at length about the huge number of responsibilities and their level of involvement in structured activities. Associated with the strong desire of self-reliance by study participants was the simultaneous stimulus of becoming self-sufficient in the discovery of themselves. The resulting significance of self-sufficiency was a commonly mentioned goal of each participant. Several other categories of coping were directly related to these behavioral actions of survival. In addition to “staying busy”, a closely related premise was that of “letting go”.

Letting Go

A significant finding was that respondents were often involved in a variety of leisure pursuits all through the day or evening. To relax, ladies spent time listening to music, exercising, walking around the neighborhood, writing poetry, and filling out job applications. This is how Maria describes the expression “letting go”.

“Music, I love music. Mostly I listen to regular music. There will be songs that I hear and I like them. To me when I listen to music it takes every thing away. Like I'm in the world of music it is a great escape. Music really makes me happy, reading a book and singing to.”(MM-11.0).

Researchers have found the curative benefits of music to be enormous. It should be noted that it was rare for participants to listen to music by themselves, or as a group in this surrounding. Occasionally, however the women at the shelter sang hymnals at the church worship services that were provided on-site. Thus, it is suggested that it would perhaps be useful if a private space and apparatus were available to shelter residents so that they could listen to melodies individually, or as a group. It was also

customary for residents to write poems, or other inspirational stories that were published in the monthly newsletter at the shelter. In comparison, Terry found that humor helped her to deal with her circumstance. She said the following words:

"Laughter is such a healing method. I laugh when I am angry, when I am happy, sad, this helps me. I just take each day as it comes." (TM-6.0).

Maria continued by saying:

"I take regular walks in order to cope." (MM-6.0).

Similarly, Sonia becomes restless if she remains at the shelter all day, and finds that walking around in the neighborhood is also an enjoyable activity. For her, she felt:

"It is hard to sit around, I walk around. I do not have any money or income so it makes it really hard to do anything. I walk around with some of the ladies from the facility and window shop." (SF-6.0).

Since music, poetry, and keeping fit benefited the sanctity of the women, research suggests that there is a need for more structured activities at the shelter, and staff to help residents familiarize themselves with community resources. While this young woman diligently looks for work each day. In a related vein she stressed:

"I go to the library a lot, or I look around stores. I also get applications to fill out for jobs so that I'll have money in my pockets. If I have carfare, I will go into the City and explore. If I have a lot on my mind, it is better for me to do this then to explode and take my anger out on somebody." (SA-6.0).

Homelessness is a traumatizing experience, and there is always the potential for the person to become abusive to others in the immediate area. This is a serious concern of community members who are often opposed to the formation of public emergency shelters for the homeless in their neighborhood. Nonetheless, it is vital that homeless populations are not prejudged unfairly, and blamed for unpleasant incidents that have not

transpired. When this occurs, individuals feel even more alienated and detached from the general public thus making it increasingly more difficult for them to achieve their goals.

Working My Program

Another important discovery was that a percentage of ladies found it especially helpful to interface with professionals in the surrounding area, and to partake in other service related pursuits. When they were asked how they cope with the ongoing stress of homelessness they replied, "I work my program day by day". The principal investigator found that it was common for many of the women to attend treatment programs in the course of the day or evening. The following statements by two key informers illustrate this point:

"I'm very involved with my program, they are starting to do some new things there and they are working really hard with me. I find them to be very supportive of me." (SA-6.0).

"I go to ICD on Tuesday and Thursday nights, that's the International Center for the Disabled, but I go to the Chemical Dependency program. It has helped me really help myself. This is what has been helping me to stay sane. There is also this prayer we say at my program, The Serenity prayer. I also have Acupuncture weekly." (MG-6.0).

As a result of this therapeutic treatment, the latter woman has become more spiritual and empowered in the process. Although more research may be needed, the coping stratagem of spirituality has been found to augment the person's self worth. Unquestionably, the palliative advantages of spirituality are well documented in the hospice and pastoral care literature. The points raised in this study have major clinical implications for both intervention and assessment with homeless populations in public emergency shelters. In fact, by assessing behavior in relation to the religious and spiritual needs of the person, it is possible to understand the individual more completely.

Nevertheless, a standardized practice model in social work that integrates religion and spirituality as well as other areas of concern is desirable.

A Place of My Own

A recurring standpoint that resonated for informants was the desire to finally have “a place of their own”. One woman describes the role that her children play in helping her to cope with homelessness, and the lack of a home. For instance, this is what she said: *“My kids deserve a home and a better life.”* (TR-17.0). Tara worry’s constantly about her children who live in a foster home, and thought that she was an inadequate parent because she is homeless. Sadly, many of the participants whose kids are also in foster care have never received counseling, or attended parenting classes where they addressed issues concerning the biological, psychological, and social development needs of their children.

Hence, this group of women had not resolved issues of abandonment and guilt with respect to their children, and often perceived themselves as having been further victimized by the nebulous bureaucratic system of child welfare as well as other related societal institutions in America. In contrast, the benefits of involvement with a social service program that assist individuals with housing is described by this women.

“I’m always involved in the things that are going to benefit me, that’s going to help me accomplish my goals and move quicker. I was crying last week because I feel stuck, I feel stagnated. I mean I went on four interviews and they canceled at all the four interviews, and then last Friday I finally went on the fifth interview, and they finally accepted me for housing.” (RS-5.0).

With an alluring sense of confidence, Robin embraced the notion of being accepted for long overdue housing. The strength and tenacity that underpins her

persistence and desperation to obtain housing was remarkable. Unlike the women mentioned above, several other informants were in agreement that relying on the spiritual power of prayer was also an effective coping strategy for them. This is how they expressed their misgivings about the lack of housing:

"I pray that I can get a place of my own, it effects your self esteem by staying here." (TM-5.0).

"I really want my own place. If I had my own place, I would keep it and never be homeless again. I do not think anyone should ever experience homelessness. Maybe I could get my children back. I want a chance with them. I pray to God about this every day." (SC-6.0).

"I'm praying for housing, I'm praying for Section 8, I have wanted this all my life. When I went to court, they want to give me back my son, but I need a place to live. If I find a place to live in two months, they will release him to me. He has been in the system for two years and I really want him home with me." (SA-6.0).

"My main goal is housing, I don't want a big place, a room would be fine. Just a bed, dresser, radio, television, I'd be straight with that." (RR-6.0).

In comparison, there was a collection of ladies who strongly believed employment would permit them to obtain housing in the community. This group of homeless women were primarily unskilled, and had limited education and job experience. In our society, the distribution of wealth and income is disproportionate. Personal income disparities among Americans are astounding and most people have more liabilities than assets. In the United States, there are serious ramifications of not having sufficient wealth. For one, the lack of income restricts the person's freedom, mobility, and causes other financial or emotional constraints.

It also prevents the person from enjoying a comfortable standard of living. As a result, destitution becomes a trap that is difficult for the homeless to elude. Considerable

efforts should be directed at developing more comprehensive services that meet the multifarious needs of homeless women in numerous locations with emotional and behavioral problems. By bringing together different approaches, this will hopefully prevent further difficulties from developing later for the individual.

The first step for shelter residents to secure housing in the community is for the intake worker to complete a housing package. This package consists of the clients housing history, demographic characteristics, family background, and other related information. Once that package is completed, a referral is made so that the person is medically cleared by the doctor. If they are struggling with mental health issues or are substance abusers, the appropriate recommendation is made. After this is done, it is at that point that the intake worker submits the package for suitable long-term placement. Sometimes the individual is placed immediately depending on the situation. Very rarely does the person move into long-term housing from this location. It is common for them to return to the streets, their prior residence, or other temporary settings.

Dreaming About Employment

For a number of ladies, the desire to work aided in their continued existence. They reported that their situation would only get better if an employer would take a risk and hire them. In America, work is the central focus of a person's life and considered as a respectable, beneficial, and positive activity. Typical of this strong work ethic, is the notion that employment is linked to individual success. Study participants that were employed found that the work setting is a refreshing change from the shelter environment. For this informant, the potential benefit of employment would resolve her problems. She explained it this way:

“I think to myself that things will get better soon, I continue each day looking for a job. I do not give up because I know a job will solve my problems. I’m hoping that someone will give me the chance of employment. Hopefully, God will open the door for me, this is how I hold on.” (EF-6.0).

The costs of long-term unemployment are enormous. In fact, the ideology of the American dream quickly became an economic nightmare for the homeless women from this study. Despite the odds, participants managed to stay alive and make lives for themselves and their families. Some women attribute this survival to the affection and support that they consistently received from their children.

In this instance, the term “support” is used to refer to the emotional encouragement and understanding that is given by one’s kids. In examining the role that children played in their continued existence, the protective nature of the parent-child bond was highlighted. To this end, when discussing the relationship between parental survival and children, it is important to note that additional research is required to fully comprehend the complexities of this attachment.

For the Sake of the Children

“For the sake of the children” was a commonly heard statement related to coping that motivated participants struggle to survive when all other resources have been expended. Speaking about the role that children played in their subsistence, this is what several ladies said:

“My son fills my spirit, I really love him very much. He is the only thing that I have. Every morning I thank God for him, when I talk to him it makes my day.” (SF-6.0).

For Renee, Ann, and Terry:

“What keeps me going is that I know that I am here for my children, I am trying to get a place because my children want to be home with me. I told them it is going to take some time but we will be together soon. I have something to live for and that is my kids. Once I get my kids back in my life, my life will be complete. Each day that goes by, when I communicate with my children and become closer to them, I’m starting to feel complete.”(RS-15.0).

“My children mean everything to me. I’m going to get my kids back, I was going through stressful things and I turned to ACS. The ACS agency walked all over me and took away my kids after I asked for help. I love my kids.”(AS-6.0).

“ My kids. If I didn’t have my kids, I don’t know where I would be now. I think I would go crazy, and do something to myself. I wouldn’t be able to take it. I look at my kids, they look up to me, I brought them in this world, and I want to take care of my responsibilities. I think about getting my kids back. Every morning I wake up, I say, thank you God, and I look at the pictures of my kids. I want to take care of my children again and be stable. Those are my goals, I want a stable life.”(TR-11.0).

In terms of the emotional development of children, the parent-child bond is one of the most influential socialization agents. Nearly all of the women were quite specific about their actions, and level of attachment to their kids. Some participants believed that the general public hindered their attempts to be good parents. The principal investigator discovered that the women’s connection to their children had an effect on the decisions that they made in terms of housing. It was imperative for participants to obtain housing that accommodated all members of their household.

Another widespread perception held among mothers whose children were in foster care was that the Administration for Children Services(ACS) was unsupportive and unwilling to help reunite them with their kids. For example, several women expressed frustrations with the family court system, as well as negative dealings with ACS employees. In their opinion, these were systems of repression further subjugating them to domination and brutality.

It was surprising that study participants did not all share this viewpoint about the Administration for Children Services (ACS) and other community level supports. In fact, there was a small proportion of women that had a more positive outlook, and were fortunate to have found social support from other informal systems. For them, the theme of “someone you can lean on” emanated.

Someone You Can Lean On

Conversely, participants reported that other systems of support were useful in strengthening their desire to lead productive lives. As a result, these women relied more heavily on acquaintances and their circle of friends for support. They attributed this lack of support from relatives to indifference, abhorrence, and the fact that they were by and large estranged from family members. Monique is alone and therefore cannot depend upon her relatives for much needed financial aid or emotional support. She described her situation like this:

“I really do not have any family, my parents are both dead. I have a younger sister and an Aunt who is helping me with my daughters. I am basically alone. They are only going to help me so much because I am over 30. They say to me you are a grown woman and you have to get your own.” (MG-6.0).

In unison, other participants talked at length about the support that they regularly received from associates. They said:

“The biggest support has been my best friend and her mother. They really help me out a lot. I was staying with them before I came here. My friend’s mother calls me her daughter. That’s how close we are. She suggested that I come to the shelter so that I could get housing for my kids and me. I finally took her advice.” (TR-12.0).

"I talk to my friends. I love talking, I talk to much. But that is how I release my anger and my pain. I feel it's good to talk about things, because if you never do, and something happens to you, one little thing, you might explode and do something drastic to yourself. So, I guess I am happy that certain things have happened to me because I will know how to deal with things in the future." (MM-6.0).

"I go out with friends, we go out to restaurants, picnics, parks, sometimes we have a glass of wine or drink beer, If I don't have any where to go, I talk to certain close friends. I try to keep my mind off the stress, so I don't get irritable. Stuff like that helps keep my mind off it. You have to have somebody that you can lean on." (TM-6.0).

The resultant discord between family members were common complaints of study participants. They indicated that some of their relatives were insensitive to their plight, and believed that they were responsible for their lack of a home and achievement. Despite the harsh conditions of the shelter, this group of homeless women managed to discover close friends that were encouraging during this tenuous period. They reported that it was comforting to openly discuss the continual pressures associated with this way of life, as well as other matters.

Overall, the association with friends brought some degree of normalcy into their disconnected lives. This was an effective coping stratagem that alleviated the ongoing tension of homelessness, and prevented the ladies from becoming progressively more angry, depressed, and annoyed. The researcher found that a further extension of the theme "someone you can lean on" was the term "hanging out."

Hanging Out

Quite a few ladies disclosed that they established important alliances with each other. After curfew, shelter residents frequently socialized with one another in the

dormitories, discussing shared goals and problems, playing cards, joking, or even telling stories to each other. Several informants found that this was a reassuring way to bond with one another enabling them to relieve the unending stress of homelessness. They summed up their feelings about “hanging out” in this fashion:

“I talk to some of the women here, but I don't get into my life story or my business. That is basically how I cope.”(CW-6.0).

“I try to talk to the other girls in the dorm, with people that have the same kind of stress. Not exactly the same but similar situations. Sometimes I tell jokes, or act lively just to get through the day. A lot of women look up to me.”(JM-6.0).

“I talk to my friends here, they help me out a lot, we talk a lot and tell each other our problems. We give each other support.”(MI-6.0).

“I been hanging out with this one girl at the shelter, I find myself looking for her. I feel lost without her. I got so upset this morning when she was not around. I got attached to her as a friend.”(AS-6.0).

The connection with other women in the shelter allowed participants to cope with the daily stressors inherent in this setting. The women realized that they were not alone in their constant battle to survive. Another advantage to this cadre of residents was to establish positive relationships with the shelter staff. The case manager was required to meet with the clientele assigned to their caseload as needed. It was during this conference that the individual was given the opportunity to discuss personal issues, or other areas of concern. This was also a meeting that was voluntary, and the client was not mandated to attend.

Staff Support

Two informants pointed out that the shelter staff helped them to cope, and was a significant source of support and encouragement during this perilous and chaotic time.

Tonya and Renee described this important support in this way:

“The staff help you a lot here. I talk to them. When I was really feeling depressed, they helped me. They do not turn their backs on you because you are in a shelter. They help me, I try not to get down.”(TR-12.0).

“ When I first got here one staff in particular was really there for me. She said, listen you are on the right track so stay on the right track. She was helping me and I felt really good. She has worked with a lot of women in recovery and really understood my situation. She said, you are strong, if you can get through drinking and drugging for 13 years, you can get through the shelter. She gives positive feedback, and she really listens.”(RS-13.0).

As stated before, this was a common coping strategy that helped participants mentally and emotionally. In many instances, the women from this study had very limited networks of social support. The foregoing comments of the informants illustrate that the shelter staff can be of great assistance during this crucial period. They indicated that relatives were generally less supportive of their predicament. Unfortunately, it was common for family and acquaintances to overlook the detrimental consequences of homelessness, and to forsake the women from this study in their great time of need.

Even If Just For One Day

Interconnected to the issue of “ staff support”, was the saying “even if just for one day”. This cluster of residents described the therapeutic benefits of activities, groups, and the value of the supportive services that were offered at the shelter. This is what they found:

“So many groups here, they have arts and crafts, and bingo. There is always something for me to do. They are very supportive.(KM-6.0).

"Some people do not know how to deal with their situation, and that's why they offer groups here, they offer the Self-esteem group, a lot of people need them, and they don't go to them, but hopefully they will find their own way. When they do attend the group, they come out a different person, even if it is just for one day. It seems that they really feel better." (RS-14.0).

"They have recreation groups, group activities, counseling, job, and vocational placement. They also help you with a resume so you can work." (RR-12.0).

Support groups have been found to be especially helpful for victims of homelessness. Homeless populations rarely have formalized systems of support readily available to them. Talking to others who have had similar experiences is very therapeutic, and a valuable source of support. Support groups also provide an opportunity to compare oneself with others experiencing the same life crisis, while allowing the person the chance to express painful emotions rather than deny these feelings for the sake of appearance. (Silverman, 1986).

It should be pointed out that it was unusual for informants to receive any type of help and assistance from sectarian and non-sectarian agencies in the surrounding area. Further research is required to determine the obstacles that prevent homeless persons and families from benefiting from the resources that are available to them in the community. Nonetheless, there were a small percentage of participants who reported that they did indeed benefit from community-level systems of support in the neighborhood. This support was dubbed as "a ray of hope". Future exploration is needed that determines what factors motivated this group of homeless women in public emergency shelters to take advantage and pursue community-level resources and supports.

A Ray Of Hope

Only three respondents (11.3%) indicated that they received vital assistance and support from religious or other secular organizations while displaced. In talking about this, a woman explicated how she visited various agencies throughout the day. She said the following remark:

"I go to different places to see if they can help me. Different organizations. I recently went to the public assistance office. I registered with a new agency today, this has given me a little hope, this is how I sleep at night. I have a little ray of hope by doing this.(RF-6.0).

Another informer spent her time going to soup kitchens and local churches. She portrayed her experience like this:

"I find ways to survive. I went to soup kitchens during the day, sometimes I went to churches and got clothes."(RR-6.0).

While Mary vigorously stated:

"God has placed people in my path that have been very supportive. I received assistance from various religious organizations when I migrated to this country. They were working for the betterment of those in need."(MA-14.0).

Traditionally, social work focused on providing essential social services to individuals in need. At that time, it was common for social reformers to view people who were poor and disadvantaged as victims of social disorder, social injustice, and social change. Now, social work practice encompasses the professional activities of helping individuals, groups, organizations, and communities to enhance and restore the person's capacity for optimal social functioning, and of creating societal conditions favorable to this goal.(Dubois and Miley, 1999). Yet, it is incredible that the women from this study seldom received any form of help and assistance from social service organizations.

Somebody Who Listens

A related category that assisted women to cope with the strain of homelessness, and problems associated with shelter life was labeled “somebody who listens.” In order to maintain their sanity, there were a number of informants who conveyed that they met with a mental health professional each week. This was a necessary support that participants felt was crucial to their emotional and mental well-being. Kris had this to say about her psychotherapist who was someone she talked too on a regular basis:

“I talk to my therapist every day. He is on my case in the Methadone program. He is really concerned about me. He is really nice, and helpful, I can talk to him any time.” (KM-6.0).

The importance of sharing stories of personal torment in an atmosphere of acceptance and support was critical to this woman’s recovery. It is imperative that helping professionals hold homeless clients in positive regard, and demonstrate a genuine concern about the welfare of the person. This approach will enhance the individuals’ capacity to resolve problems, cope, and function more effectively while dispossessed. If this does not take place, then the person becomes more vulnerable to negative influences and activities. In this study, there was also a fraction of ladies that did not manage as well as the participants formerly referred to.

Avenues Of Escape

A contrasting finding was that fifty-four percent (14) women reported that alcohol consumption, drugs, chronic cigarette smoking, sexual promiscuity, violence, and excessive amounts of coffee were negative coping strategies employed by them to escape

the daily horrors of this nightmare. These destructive coping practices provided short-term relief to this group of ladies, and were “avenues of escape”. Examples of this are captured in the following statements:

“At night, I cry myself to sleep. I drink to cope with it. It is not to nice to drink, but you know it is all I have. Sometimes I feel like I want to go back on the streets, and get back on drugs. I have a drinking problem now and I don't know how to stop it.”(SF-6.1).

“I used to go out on the street and beat up other homeless people. I would beat the crap out of them and keep walking. It didn't matter if I was drunk or whatever.”(RR-6.0).

“I smoke marijuana, it makes it real easy in here to do the wrong thing. I really want to do every thing that is wrong for me right now. I got to leave the cigarettes alone.”(YR-6.1).

Additionally, it was also determined that this assemblage of women often expressed ambivalence and resentment about caring for their children. Therefore, they frequently isolated and avoided regular contact with their family and friends. This practice of avoidance was another negative coping stratagem of survey participants who had lost control over their lives, and used self-destructive behaviors to deal with their unresolved feelings. These women were quite insightful and recognized their lack of power in securing the necessary resources to survive and function in society. This is how Terry copes with homelessness by evading reality. She described this phenomenon in this way:

“To get through my day, I try not to think about my problems. I can't explain it but that's what I do.”(TR-8.0).

While Sarah opted to isolate, and avoid contact with shelter residents and staff. She spoke at length about this practice and stated:

"Sometimes I just stay away from people because when you are in the system, you don't try to get to close to a person. The best thing to do is to stay by your self. It is very depressing because every body needs to talk to some body about their problems, but I don't want every body in my business. What else can I do." (SF-6.0).

This collection of women found that dodging reality and seclusion, has been helpful in coping with homelessness. This avoidance measure enabled them at least temporarily to deal with the harsh realities of their situation. Research shows that engaging in self-destructive coping practices were by in large detrimental to their mere existence. Additional research is needed to fully comprehend the psychological and physical ramifications of homelessness, and the individuals struggle to stay alive day after day in a variety of settings. It is obvious that a good number of the participants from this study used a variety of ingenious coping strategies and traditions to counter the negative consequences of homelessness.

Chapter seven describes the respondent's perspectives and opinions about religion, spirituality, and faith in addition to other interrelated themes. This section also illustrates the specific religious and spiritual coping practices that informants followed to deal with their predicament. In recent years, religion and spirituality has received increasingly more attention in the United States. The purpose that religious and spiritual coping routines played in the lives of the women from this study of spirituality was significant. Many of the women found great comfort through regular church attendance, spiritual guidance, prayer, the bible, and other related religious and spiritual customs and traditions. More important, was the realization that religion, spirituality, and faith was "something that carries them through.

Chapter 7.0 Religious and Spiritual Coping

Perspective(s)

As a result, different themes and perceptions about faith, religion, spirituality, and other interconnected topics came to light. For instance, “without my faith”, “god’s presence is everywhere”, “near death experiences”, “hell is on earth”, “religion feed(s) the soul”, “spirituality gives you strength” “meditation is to connect spiritually”, and “self-help philosophies” were familiar topics. Ninety-two percent (24) of the women reported that their belief and faith in God, or a Higher Power gave them the will, determination, and strength to endure the devastation of living in the shelter. The women interviewed seemed deeply influenced by their religious convictions, spiritual beliefs, and other significant biblical scriptures or readings. They felt that this spiritual connection to a higher being nourished their spirit or soul, and gave their life direction, purpose, and new meaning.

Without My Faith

“Without my faith” was a commonly mentioned slogan that prompted the women to keep going. Normally, it was a faith in God, Lord, or the complete reliance in Jesus Christ. In fact, faith was a concept that calmed some individuals down and relieved them of their burdens. They discovered that despite the constant adversity that they faced in this setting, faith was a great source of comfort, joy, and relief. It also motivated others to persevere and get through their day. For others, faith occurred from within, during

prayer, or was conceptualized as the strongest element of spirituality. This is what several women believed about faith, and the omnipotence of God. They described this special connection the following ways:

"Faith to me is to believe that there is a God. A belief that God is with you, in you, and everywhere around you. My father is watching over me always. When I was on the streets, I had faith in God that he would spare my life, I begged him to take me away but he saved my life any way."(RS-10.0).

"I have faith in God, but to me it means you believe in him completely. It has so many different definitions. It means all types of things, but this is what it means to me."(TR-10.0).

"I have strong faith in the Lord. I've learned that when you pray to the Lord about something, you leave it there. You don't worry about it, you let God take care of it for you, this to me is true faith."(SC-10.0).

Faith also had a soothing effect on some women. This informer reports:

"If you really believe that he can help, that's what it means to me. If you believe in him, he can help you. I have faith because when I'm in that angry mood and I pray, he calms me down."(MM-10.0).

To this woman, faith was something that sustains her. She maintained:

"Without my faith, I would not be able to go on. It gives me strength; God blesses me with this strength. The devil will try to make you do things, but I know it hurts to much to live in the flesh, I have chosen to live a life with God."(SF-10.0).

Another widespread notion articulated by several ladies was the strong correlation between faith, God, and self. This is what they said about the never-ending power of faith:

"I have faith in God and myself. It is what you make it. If I do not believe in myself, then who will believe in me. So I have faith in myself to get my own. The book says if you believe in God and have faith in him, he will give you everlasting life, I really believe this."(SF-10.0).

"I have faith in myself and God. Sometimes I didn't have enough faith in God, maybe because I didn't have faith in myself. It's the spirit, believing."(CW-10.0).

For these ladies, faith occurred during prayer. They made the following assertions:

"Faith means praying for what is good. Staying away from the negative influences in this world, and being honest with your self. Believing in God, knowing that good things will happen, it is the way of the Lord." (NB-10.0).

"To me, faith is believing in God, praying, and seeing him. I want him to continue helping me, I have faith that he will. The Devil tried to take over my life, but God was more powerful. I pray all the time to God and ask for his forgiveness, Faith is everything to me. It keeps me going inside." (JM-10.0).

While for others, faith was the strongest part of spirituality and would assist the person to overcome homelessness. This is what they pronounced:

"This is the strongest part of spirituality, because you have to have faith in God. You have to have faith in yourself, the Earth. faith that you can do things. Faith that you can face homelessness and be victorious." (LS-10.0).

"Faith is higher than yourself, more powerful than any man on this earth, a spiritual being. I could not live without faith, faith is what sets me free. Without my faith in God, I could not stay sober. I believe that God will help me with all the pain that I am going through." (MG-10.0).

"God says with faith we can move mountains. Faith is to know that God will grant us what we are asking for. Faith says the bible is the undying trust in Jesus Christ. If I have faith, and am living my life according to God, he will protect me from all bad things." (MA-10.0).

Essentially, faith is an belief in something that is not tangible or easily understand. Thus, faith is simply the promise of the unseen, and things hoped for. Undeniably, without faith it was impossible for the women from this study of spirituality to establish a positive relationship with God or their Higher Power and to love him unconditionally. Faith also removes them from the harsh realities of homelessness.

Related to the concept of faith was that thirty-four percent (9) women believed that they became more powerful while displaced. For them, faith was a notion that motivated the person to carry on, and become stronger during the process. Edith said:

“When I get depressed about my situation, I start thinking that every one goes through things for a reason. If you get through it, it will make you stronger in the end because negative experiences are what make people stronger, and not the positive ones because they are easy to get through. The more you try the stronger you become, and you will be able to handle different life situations. God will not forsake me, I have always come through trying times, we all have a purpose in life, certain missions, experiences we are supposed to learn from, even the negative experiences. I feel if you can look up, you can get up.”(EF-12.0).

This resilience, along with the integration of spiritual and religious principles and routines provided protective and buffering effects, enabling respondents to have the faith that they could bounce back from homelessness. The researcher discovered that it was also common for this group of stress-resilient participants to have a higher sense of self-esteem, a realistic understanding of their situation, and more effective problem-solving skills. Renee’s faith was challenged constantly, yet she ardently claimed:

“Homelessness has made me stronger. I know that in my heart I am not carrying this pain for nothing.”(RF-6.0).

Interestingly enough, the above mentioned informant found that it was important for her to rely totally on God, and be completely devoted to him because this was a source of power and great inspiration. It should also be stressed that social service staff in public emergency shelters are in an excellent position to be in the forefront of resiliency programming for the homeless. It is crucial that the protective adaptive factors, and individual attributes of shelter residents are acknowledged and augmented.

Additional research is needed that specifically identifies which factors are necessary to increase the optimal functioning of homeless populations. In our society, people suffer for a variety of reasons and much of this misery comes from causes that are not entirely the individual's fault. However, the homeless women in this study all had their own personal "cups" that were filled with many blessings. In this case, faith, prayer, God, Higher Power, and other interconnected topics were the foundation of this resilience, strength, and tenacity. It was amazing that nearly all of the informants were hopeful that their circumstance would get better before long.

God's Presence Is Everywhere

"God's Presence is Everywhere" was a familiar expression used by study participants to describe God. More important was the discovery that respondents commonly referred to God as their Higher Power, Father, Lord, Him, Nature, Jehovah, He is the Way, The Truth, Our Creator, and Jesus Christ. It was also their understanding that God was presently in heaven.

The reaction to the question, and their level of dedication and faithfulness to God was astounding. There was no doubt that God was constantly present, and involved in the situations, crises, relationships, and everyday routines of their lives. It was easy for the women to have faith in God, because his presence made ordinary life events become extraordinary. In addition, they reported that God motivated them to persevere despite incredible temptations and hurdles constantly placed in their paths. Key informers described God in a variety of ways, and how they opted to serve him. One woman characterized this unique connection to God in the following manner:

"God is every thing to me. There is only one God for me. Giving it all to him." (SF-10.0).

Sarah was completely dedicated to God who meant everything to her. As was Lori, who also testified about the righteousness and munificence of God. She said:

"God, Jesus, and the Angels nourish my spirit." (LS-11.0).

Other study participants claimed that God empowered them, and was a source of daily inspiration, strength, and love. They insisted:

"God is every thing to me because God is about love. If you don't have love in your heart, then you are not a good person. You should give to your fellow man and you're your enemies. I always ask God to give me strength." (TM-10.0).

"To sum it up in a nutshell, there is nothing possible accept through God. You cannot do anything without the grace of God. I feel the greatest thing you have is life, and God gave me that life. I will always love, respect, and honor him. God helps me to get better slowly. He has been so good to me. He has given me guidance, direction, and strength. I am so much better off now that he is in my life." (RS-10.0).

"God brought organization to this world. Order and organization is the best thing because God is organized. The truth is Jesus Christ, God is the truth and the light. We are confused if we do not worship him." (MA-10.0).

Similarly, God had a purpose for this cluster of women and has kept them alive.

This is how they depicted him.

" Some people believe in God and still do wicked things. I believe in God, if there wasn't a God I would not be talking to you." (SF-10.0).

"I serve him as I walk, every time I step off the sidewalk, I thank Jesus for not letting me get broken down. I almost got hit one day by a car, it seemed the car just went through me. I don't know why I didn't die. I was on my knees praying, right then and there I knew God had a purpose for me, I am still alive." (CA-10.0).

In a related vein, this participant felt that God or a Higher Power sustains her.

She stated:

"To me, it is that something that carries me through. I know that it can't be me by myself. This is what a higher power is. "(RF-10.0).

Gina reports that God has assisted her to deal with homelessness, and that she has faith that he will eventually provide a home for her. Saying the following comment:

"I tell God my problems, and put it in his hands. It is much easier, simpler. I have learned to find rest in God. If I have to move from this shelter, God has a place for me. I have learned to wait on God. Nothing is impossible with God. He is superior; God gives us all love, and provides for me. God is an imitator; he uses the power of languages. If I confess good things to him, then good things will happen. If I confess tragedy, then tragedy will happen. I cannot see my life without God."(GL-10.0).

For a few, God provides the person with an inner peace that surpasses human comprehension. They emphasized:

"God gives me comfort. I may not see him, but in my prayers I hear him. Jehovah God keeps me going. He turns me around and tells me what I am supposed to do. When he speaks to me it seems that the room just clears, and when I look back, this is just a way for me to keep going."(NB-10.0).

"I can not do it on my own, he is every thing to me, I am making it through his strength. I know that he is always there."(SF-10.0).

"God wants us to adore him. He wants us to depend totally on him. God is so good. God is the solution for man. I could not imagine my life without him. The first thing that God expects from us is to say we love him. I say I love him daily. he manifests his love, and I feel peace. It is something I cannot describe; it is an inner peace that surpasses understanding. It is a joy that only he can give. Only God's presence can save you. God is the same. We are all the same because what we have in common is life. He has manifested himself to me, I feel the presence of him daily in my life."(GL-10.0).

Grace continued by stressing the fact that God was vitally important in her life, as were her children. She maintained:

"Besides God, the ones that love you the most are your children. He has given me so much joy. Every day I say Jesus; I put into your hands my mother, my daughters, because his love is so powerful. The best gift I have ever received is the gift of Jesus."(GL-13.0).

Several participants explained to the researcher that this is a feeling that is not perceptible but God's presence is manifested daily. Along the same lines was Sarah's portrayal of God. She insists that God is nature, and the beauty of his work always surrounds us. This is what she observes each day:

"I know that God is there, believing in him. Seeing his work, because I've been to some beautiful places and I have seen beautiful things. I have all these memories stored up. God is nature." (SF-10.0).

Just as significant was their assertion that God died on the cross for them so that they could live eternally. It was his purpose and divine mission to offer the person an opportunity to live for ever if they accepted and followed his canons. For the most part, participants realized that they were fallible, and attempted to observe and adhere to God's doctrines to the best of their ability.

Near Death Experiences

In contrast, near death experiences enabled other participants to strive to live under God's will. A life threatening experience caused Mary to rely solely on God for guidance, and to once again re-connect to her spiritual beliefs. She said:

" The main experience is the tumor. I did not know if I would make it out of the operation room, but I said if God would have determined at that time my physical life was over, I was sure my spiritual life would live on. We are made of flesh and bones, I understand that I must take care of this body because it is the temple of God. This experience nurtured my soul. We are like a cassette, we start recording the minute we are born. My only ambition is eternal spiritual life. To live under God's will and to be blessed by him." (MA-8.0).

When a Christian endures constant pain, suffering, and the prospect of death, it is a relief for them to recognize that Christ will not abandon them in their time of need. At the same time, it was reassuring for the individual to acknowledge that they could rely on God to revive them if they died. Hence, the person was not as fearful of their imminent

passing from this earth. Within the context of death were participants viewpoint about hell. Hell was a day after day nightmare for residents in the shelter who all lacked control over their current state of affairs.

Hell Is On Earth

The conception of hell had great significance for informants reinvigorating their sense of spirituality and faith in God. The term “Hell is on Earth” was an expression that allowed participants to make sense of their homeless plight. It was difficult for many of the women to admit that they were without shelter, and no longer had a permanent residence. Grace conceptualized hell in this way.

“Hell is real. It is not lived on earth, but in your mind. It is a place when you are away from God.”(GL-10.0).

For her, a person that is estranged from God will experience constant mayhem and mental anguish. Whereas Renee and Sarah thought that living on this earth destroyed the persons life-force. The following comments summarize their position.

“I do not believe in heaven or hell, what you are living today on earth is hell. What you are standing on is hell, there is nothing down there only dirt. When you die, you think you are going to God, there is no God up there. This is just hell.”(RR-10.0).

“When you are homeless, you lose everything and that is hell. After everything was settled, I had lost everything, I got nothing on this earth but God.”(SF-5.0).

Related to the point of view “hell is on earth” was the assurance that “religion feeds the soul”. Complete reliance in a religion helped many of the women to become more determined that they could also triumph over homelessness.

Religion Feeds the Soul

Religion, aside from faith and belief in God, had quite a few different meanings for the women participating in this research study. To begin, a key informer depicted religion as faith, and something that nourishes the soul. She said:

"A sense of pride, a form of reality, a positive faith, praying to God, being productive. staying around positive people, and avoiding negative individuals, religion to me nourishes the soul." (LW-10.0).

In our society, embracing a religion often implies that the person's conduct is dissimilar from everyone else. It is expected that once the individual embraces a religion, it is natural for them to act virtuously and let their good deeds stand out for all to observe. Religion would also assist the person to stay away from destructive individuals and influences. For them, religion was a rewarding experience as well as an excellent source of power.

In comparison, Renee believed that religion was a concept that was analogous to spirituality and occurred within. For her, religion was not associated with theology. Nor was it illuminated as the membership in a house of worship that instituted a system of religious convictions, notions, and rituals. She stated:

"Religion is a belief that somebody has, it could be anything. Spirituality, I have never thought of it as separate from religion. I don't know Karma, whatever you believe and have faith in. Religion is your mind, body, and soul." (RF-10.0).

Similar to the above mentioned informant, religion was described by Sarah as a internal emotion. Not only was religion faithfulness to God, it was also a belief in self. In order to be religious, she emphasized that the person did not have to attend church on a regular basis. This is what she thought:

"You can be religious in different ways, it is not just going to church. Religion is believing in your self, I was baptized as a Catholic, but I also believe in God." (SF-10.0).

For many of the women, religion was considered as a crucial support that positively influenced their behavior. Religion helped this woman to become clear about certain circumstances that have occurred in her life. Nadine stressed:

“It gives you a very good understanding of how to behave in situations. If I feel depressed, or if something is bothering me I go and pray. It seems that things get better. “I have been studying with the Jehovah Witnesses for 22 years, religion seems to relax my mind.” (NB-10.0).

A opposing viewpoint in reference to religion was articulated by Mary. She perceived religion as a political party that wicked people often welcomed to escape from reality. If a person claimed a particular religious conviction, this would not ensure their deliverance. She elaborated further by saying:

“Religion to me is a political party. Religion does not mean your salvation. Religion for a lot of people is a place to hide. For example, in my country, there was a group of people who attended church all the time, but in reality they were drug traffickers and stole church donations. God will turn away people because his church is not a hiding ground for people that are thieves and robbers.” (MA-10.0).

While for others, religion was conceptualized as the membership in an organized faith community that merges systems of religious beliefs, thoughts, and traditions. They made the following remarks:

“Religion is a group of people in a church, praising God. Having a belief in God, that’s what it is to me. People having their own beliefs and practicing in different ways, it’s more organized.” (SA-10.0).

“When I hear the word religion, I know my religion, you know. I don’t take everybody’s word on their religion. I don’t ban them because they have their own religion. I don’t say I can’t socialize with them because they are a certain religion. I socialize with people because they are a person, not because of their religion. Some people try to influence me and talk to me about religion, but I am basically comfortable with my version. I have not had good experiences with other people’s religion, I am comfortable being a Jehovah Witness and that’s it.” (CW-10.0).

"Well, it means a lot of things. Religion is just a topic, it can be all types of religions. It is Buddhism, Scientific Religions, Christianity, and things like that." (LS-10.0).

"Religion is being a Christian. I was going to a Baptist church, religion is just terminology for the way that you follow Christ. It has to do with culture, that is what I believe." (AS-10.0).

In the participants' quotations described above, the notion of religion was positively associated with a faith community. For them, houses of worship was a place to receive support and guidance from the minister as well as members of the congregation. In addition, it also provided the person with structure and an opportunity to practice and strengthen their religious traditions and principles. Respondents indicated that the church was not merely a social club, but a place where a group of people who are happy to do their heavenly father's will came together each week. A lot of Christians convey that the church is the only location on this earth where Christ bestows his supreme heavenly regard.

Several informants discovered that the essence of genuine Christianity is reflected in the person's lifestyle and habits. It was their conviction that the powerful gospel of Jesus Christ transformed their lives, and led them to emulate the integrity of God. It is also important to point out that for participants that have struggled with substance abuse addictions, religion has been the impetus for them to become and remain sober. People cope in a variety of ways and every substance abuser is not always receptive to the philosophical traditions of Narcotics and Alcoholics Anonymous.

Conversely, ten women indicated that it was not a belief in an organized faith community or religion per se, but simply a private relationship that they

had with God and Jesus Christ. This is how they described religion.

"I don't believe in religion, I just believe in God. I have a personal relationship with God and not religion." (SC-10.0).

"Religion is believing in God and Jesus Christ, having faith in God, believing that Jesus Christ is his son. Believing that God died on the cross for us to wipe away our sins." (EF-10.0).

"Well, there are two many different ones. I really do not have one religion. I just believe in God. I believe that he is there to listen to you whenever you need him." (MM-10.0).

"I think about Jesus. It means my spirit is strong, my inside is being nurtured, being cleaned, being purged, I know God, he has a hold on me. He has really answered all my prayers." (SF-10.0).

"There are too many religions for me, it is just to confusing. I'd rather just stick to knowing that there is a God and that's it." (TR-10.0).

"The focus is on Jesus Christ. Jesus Christ is not religion. People have tried to attach him to religion. He's God, and the only thing that he asks of us is to recognize him. The Christian life according to God is so simple and we complicate it. With Jesus, I talk to him when I am walking down the street, or wherever I am at." (GL-10.0).

For them, it was not necessary to attend church to unite with God. However, this respondent felt that religion for her was connecting with nature. In the varied gift of God in nature, we see but the faintest gleaming of his glory. A leading religious prophet posits that it is the Christian who enjoys the beauty of the earth with the highest appreciation, because he or she recognizes his father's handiwork and perceives his love in the flower and shrub.(White, 1977). Rhonda said this about her linkage to nature.

"I am full-blooded Native American Indian. I go out to parks and meditate. I meditate and pray to the sun, moon, and stars. This is my God. To me God is a spirit, it is not a he or she. You don't know what God is but I believe he is nature. The air you breathe, the trees you see, the sun that gives you light. Without a moon or sun we would be in total darkness. Going out and connecting with nature, you become one with the world." (RR-8.0).

In effect, many Christians believe that God used nature to reveal his power to all and to reward those that diligently seek him. In terms of nature, science and theology do not always agree; yet each sheds light on the other.(White, 1844). As such, major efforts should be directed at comprehending the valuable contributions of each area.

Nonetheless, the researcher found that positive opinions and experiences about religion was not consistently articulated by each participant.

Disillusionment

Two women in this study of spirituality had negative outlooks about organized religion. Another way of resolving religious conflict for those that are dissatisfied with the denomination is to simply stop attending church. This is how Tara portrayed her frustration and disillusionment with Christianity and the church.

She said:

"I do not believe in the church, you can not force a person to be a Christian, if they don't want to be one. It is not for me, going to church. My Aunt was a Jehovah's Witness, and that she was two different people. One day she was good, and the next she was evil. Because of what I have seen, church has been a bad experience for me."(TR-10.0).

While Renee was equally turned off by religion, and individuals in the church that claimed that they had been transformed by God. She reflected on a recent incident that took place during the church service last weekend at the shelter.

"This woman gave a testimonial on Sunday, she was an ex-addict but not every one is on that level. I don't knock anybody and I respect whatever you believe because I want you to respect what I believe. To hear her talk was just too depressing, so I just left the service. I knew where she was coming from and what she was saying, but sometimes you can say other things to get your point across to people and not in a religious way."(RF-8.0).

It is imperative that members of the religious community allow parishioners the freedom and independence to practice their religious convictions, and not coerce the person to observe the denominational doctrines of the church under duress. This should be a location that renews the person's spirit, and gives them serenity. In the United States, there have never been a people, or a time that has not been spiritual. It is natural then to assume that the women from this group also had strong links to spirituality. Although there are no clear operational definitions of spirituality, various authors have suggested its existence.(Maslow, 1950; Canda, 1985; and Siporin, 1989).

Spirituality Gives You Strength

Spirituality was articulated in varying degrees of denotations. For the most part, the women's spirituality was connected to God. By growing spiritually, participants indicated that they became changed likened to his image. In their opinion, this transformation could only be accomplished by the righteousness of God's grace and benevolence. A number of other ladies expressed their spirituality beliefs as a direct rapport with the Lord, Savior, God, Holy Ghost, or Jesus Christ.

This is how they described this phenomenon:

"A personal relationship with the Lord that you have to build up."(LS-10.0).

"Jesus Christ is spirituality to me. We are all creatures of God, but we pass on to be daughters or sons of God when we are born spiritually."(GL-10.0).

"I do not know the meaning of spirituality. I guess it is being with the Lord. Some people say they are spiritual, but I don't know. I believe when you need to talk to God, talk to him."(MM-10.0).

"To be one with God, it is within, between me and God or any other individual. There is nothing that God won't do for you."(TR-10.0).

More important perhaps was their allegation that spirituality should be the fruit of a person's life, as they commit themselves wholeheartedly to God, who loves the individual completely. Renee felt that spirituality allowed her to accomplish her goals. Additionally, she divulged that she converses with God daily and is appreciative of this extraordinary relationship. She stated:

"Doing things through the help of God, I consider that as being spiritual. When I wake up in the morning, the first person that I address is my Lord and Savior. I thank him for the things throughout the day, every day, I never forget. I consider that as being spiritual, but I know that in my heart God knows everything about everything, I know what's in my heart and so does he. I know what I feel." (RS-10.0).

While other women highlighted that spirituality also encompassed the essence of God's spirit. They said the following remarks:

"Spirituality is the Spirit, just being filled with the Holy Ghost, keeping your mind focused on the Lord, it gives you great power." (JT-10.0).

"The spirit of Jesus, when he arrived on this earth he was made of flesh and bone. We are all made in his image. God is spiritual, incarnated in Maria. This is the Holy Spirit, a person has diabolical spirits if they are doing wrong. We will have no peace, tranquility, satisfaction, or happiness without God's spirit." (MA-10.0).

Whereas Erica and Clara stressed that spirituality, faith, and God were all interconnected concepts. They insisted that God was a being that was not corporeal, yet you felt his daily presence on this earth always.

"Believing and having faith, hope is what keeps us alive. Faith that God will be there, He has never failed me yet, faith helps me to feel fulfilled within, when I am spiritually nourished, I feel whole, God has always been in my life." (EF-10.0).

"God reveals things to me, and I can see things before they happen. To me this is spirituality. God is spiritual, you can't see him or touch him but he is there." (CW-10.0).

Spirituality that is inspired by God, will lead to continual spiritual growth, peace, and the person's actions will reflect their special relationship with him. Furthermore, it implies the embodiment of the love of God in the human heart for him as well as for others.(J. M. Houston, "Spirituality," *Evangelical Dictionary of Theology*, pp. 1046-1050). Essentially, genuine spirituality that is religious based is the spiritual union of the saints, and loving our neighbors as ourselves.

Spirituality was also expressed as an inner peace that occurs within. This is how two key informers conceptualized spirituality. They said:

"To me, it means you have a clear pure mind. Not doing devilish things. To me it means to be cheerful. When you have spirituality inside, then the halo comes."(SF-10.0).

"Spirituality is me, that's it."(CW-10.0).

In the face of unrelenting hardship, it was important for participants to admit that they also possessed positive attributes that must be recognized. In this study of religious and non-religious forms of spirituality, Abraham Maslow's hierarchy of need's theory (1954) provided further insight into human behavior, motivation, spirituality, and growth. This theory suggests that all individuals have the capability to progress, to learn more about themselves, while at the same time striving to develop and fulfill their basic needs. Once the person satisfies the requirements of one level, they strive to meet the needs of the next.

In ascending order, the basic needs include: 1) Physiological: food, water, oxygen, rest, 2) Safety: security, stability, freedom from fear, anxiety, threats and chaos. 3) Belongingness and love: intimacy and affection provided by family, friends, and partners. 4) Self-esteem: self-respect, respect for others, achievement, attention, and appreciation.

5) Self-actualization: the knowledge that one is fulfilling their inner potential, and is doing what one is individually suited for and capable of, while others go through the same process yet is enhanced by connecting to a force greater than self, and uniting with a higher spiritual-being.(Zastro & Kirst-Ashman, 1997). For some homeless individuals, religious or non-religious forms of spirituality are an integral part of this process.

Homelessness is a profound experience that often thrusts the person into mental, spiritual, and physical turmoil. It is at this time that the individual may question the existence of God or a Higher Power. However, when the homeless person makes a decision to seek shelter at a public emergency shelter then they have satisfied the requirements of the first and second level of Maslow's hierarchy of needs. For many of the women in this study of spirituality, religious and/or spiritual coping practices and beliefs were instrumental in this progression. In terms of self-actualization, it was difficult for participants to reach the final stage, and satisfy this hierarchy of needs if they so choose.

The constant threats and challenges intrinsic in shelter living were found to interrupt this ongoing process. At times, the ladies were able to undergo momentary episodes of bliss, harmony, and peace by connecting to God, nature, as well as other related themes in a more holistic, intense, and resilient way. Once homeless clients are permanently housed, it is essential that social work professionals possess the knowledge and skills to assist the person with growth and development issues to fulfill this hierarchy of needs if they so choose.

Another important result and idea that was closely related to spirituality is that there was a fraction of women who strongly agreed "people were in their life for a

purpose". It was easy for this group of women to acknowledge that God had placed people in their lives for a reason, because these individuals shed light on specific life events. The ensuing remarks by Janet and Renee explicate this trend.

"I talk to my boyfriend, he has been through the system and really listens. He always tells me to trust in God, hold my head up high, and that I will make it. He says I'm a strong woman who will make it, you have made it this far, put all your trust in God. He is such a good support to me." (JM-8.0).

"I know that God has placed people in my life for a reason, and that person is not always there permanently. I know a lot of people that have come to me and have just said things. And at the time, I didn't understand, and then I would go through a situation and I would think about what that person said to me. God is good, because that person told me what to do in that situation, and I didn't even know that I would have a situation. He will never abandon you, but he also wants you to make your own choices, and make the right choices." (RS-13.0).

Meditation Is To Connect Spiritually

Interrelated to the theme of spirituality was the reliance and practice of meditation as a way to cope. Meditation was the bridge to assist study participants to connect spiritually to God. In spite of the emotional and physical burden of homelessness, meditation provided informants with a sense of internal peace and control. One woman described the holistic benefits of meditation. She said:

"I do not meditate in terms of the spirits, but it is a time for me to control myself, mentally as well as spiritually. It is like an inner peace for me. Too much mental control is no good. I do not strain my brain, I ask for Gods help always. " (GL-8.0).

This is what Tara thought about the ritual of meditation. It was the opportunity for her to also relate to God, while at the same time becoming more compassionate in her every day interactions with others.

"When I meditate, I connect to God spiritually. I'm outside of myself and I try to rid myself of all negativity. I try to connect and be at peace with him. I try to be a good person and kind to others. This is what helps me spiritually." (TM-8.0).

The self-esteem workshop that is offered at the shelter includes spirituality as well as the practice of meditation. At this group videos, gospel music, and other relaxation techniques are utilized by the leader. The primary focus of this group is to improve the person's sense of worth and emotions. Participants indicated that it was helpful to openly discuss issues of concern, namely love, peace, respect, communication, and compassion. Apparently, this was an enjoyable activity for the women to partake in each week. Conversely, Mary related meditation to the environment. She made the following remark.

"I listen to Meditation tapes, listening to the ocean, which is God because he created them. I listen to the sound of the ocean for about an hour twice a week. I get a really deep spiritual feeling in me. It helps a lot." (MG-8.0).

In their persistent search for serenity through meditation as well as other religious, spiritual, and cultural traditions, the women also discovered the magnificence of self-help groups. Narcotics Anonymous meetings were held at the shelter on Saturday nights. This is a closed meeting that was not open to the general public. It is a voluntary support group and not mandatory that residents with alcohol or substance abuse addictions attend.

Self-help philosophies

Another dimensional feature of spirituality was the self-help philosophies of Narcotics and Alcoholic Anonymous. In reference, this is what Renee and Mary thought about the philosophical aspects of spirituality.

"I attend AA meetings daily, what I really love about the shelter is that it is a drug free environment. This has helped me to really stay clean." (MG-6.0).

“ When I think of the 12 steps of Narcotics Anonymous and Alcoholics Anonymous, I always think of God. I say my Serenity Prayer, and when I say my Serenity prayer, then it goes into prayer. I'm like Lord please help me cope with this, help me to stay strong, and I mean I talk to my higher power, we are just like buddies. I'm like listen, you know I can't deal with this much longer, but I have to deal with it. I tell God I am sorry all the time even though he has already forgiven me. I know that I keep God in my mind always. If I didn't believe in him, I would lose my sanity.”(RS-12.0).

While other participants found that it was useful to embrace the slogans of NA and AA, as well as to read additional motivational books for individuals that struggled with substance abuse problems. They had this to say:

“I found that the Daily Word has been helpful.”(LS-8.0).

“I read the Daily Meditations for women, it is a book for recovering addicts”(MG-12.0).

“ Some of the things I like to read are sayings from NA. Be strong in the Lord, Ask God, Trust God, Expect his Blessings, God is in Control, Let us Love one another for God is Love, The Lord is my Helper, I will not fear what man shall do unto me.(AS-11.0).

Clearly, participants articulated various notions in relation to faith, religion, spirituality, and other related themes. This perhaps is reflective of the diverse qualities, characteristics, and experiences of the homeless women in this research study. The next piece describes the religious and spiritual devotional rituals as reported by informants, as well as other common and essential support criteria that surfaced within the examination of the stress of homelessness.

7.2 Devotional Rituals

Research subjects employed a variety of momentous religious and spiritual coping strategies and routines to alleviate stress, and to carry on in this setting. The various implications and dimensions of religious and spiritual coping practices that emerged from the interview material were varied, reflecting the unique contribution of each woman. The expressions “god’s word”, “power of prayer” “church attendance”, “music”, “religious programs”, “witnessing nourishes the soul”, and “the gift of sight” were devotional rituals regularly used by study participants to survive the harmful consequences of homelessness.

God’s Word-The Bible

Within the paradigm of “god’s word”, respondents stressed the importance of bible reading, and the various purposes that the reliance on the word of God served them. In fact, it was normal for the ladies to read and study their bible on a regular basis, because it reassured them that they were not alone in their daily struggle to live through homelessness. Additionally, the bible also allowed the women access to all of God’s infinite wisdom, grace, and direction.

Normally, they were convinced that the written word explained God’s will and demonstrated how they should live their lives. For them, knowing God represented a continual relationship that led them to trust him completely, as well as his doctrines. In essence, the bible was the bread of life. This is what one woman said about the word of God.

“As we have to eat food, we have to read the bible because it is our spiritual nourishment. Reading the word allows us to grow. It is the word of God, it is the way we learn about our God.”(GL-10.0).

For her, it was spiritual nutrition that assisted her to develop mentally and deepen her bond with God. Where, reading the bible gave this informant a renewed sense of purpose and direction. She emphasized the importance of reading the word of God on a daily basis.

"I read the bible, I read the written word. You must be faithful and read God's word. This gives my life meaning."(SC-11.0).

This is what another participant said about the book of life, which guided her behavior.

"Deuteronomy, it is the law that I live my life by. It helps me to realize that I am somebody, that I can overcome a problem or crises. The bible is the book of Life. What is happening, what's going to happen, and what has happened."(LS-8.0).

The bible inspired Lori and made her more optimistic about her future. She was confident that she could triumph over any crisis that she encountered. For her, the bible was a pillow and a endless source of encouragement. Additionally, the bible also helped a number of other women cope with homelessness, destitution, or other crisis they came across. They were devoted to reading his word, and conversing with Christ regularly.

The way they saw it:

"I read my bible. I have bible studies every day from 7 to 7:30 a.m. I sit down and take time out for the Lord. I always give him his time. Even if I am not in a church, I give the Lord his time. I found that in the bible, different sections help you with whatever you are going through. If you are stressed out, if you have financial problems, if you are worried about anything, there are certain parts of the bible to help you. There is even a topic about facing homelessness."(LS-8.0).

"The bible says, the last will be the first, and the first will be the last. With relation to the bible, I have a lot to fear because I feel sorry for those not following God. The ambition for man is money and the greatest way to lose one's soul. The great human inequality is that some people have money, and others work hard and still live on the streets because they have been exploited and

discriminated against. God will always provide for us. The ultimate prayer is to have a conversation with Christ.”(MA-8.0).

Though his written word, God gave his followers a reliable account of his workings in earth histories, in order to help establish faith, give encouragement, and provide a better understanding of his will for the present and future. It was common for the women to identify a favorite chapter in the bible, or a rousing book that was a source of encouragement. Several ladies pointed out that Psalm’s 23 is a comforting scripture that they often referred to during times of distress.

“I always read the book of Psalms, or Matthew. Sometimes I like to read Genesis, read about the beginning. But I like Psalms 23 the best. The Lord is my Shepard is one of my favorite passages.”(SC-12.0).

“I read a lot of inspirational things that really help. The 23rd Psalms is one of my favorites.”(RR-12.0).

“Psalm 23, it tells you how to have the strength to live, that you have to suffer in order to get where you want to go. Being homeless does not mean not having strength. I have strength through God and this scripture. God says he will never leave me or forsake me. When I think about all that Jesus went through for us, a lot of trials as well, and he died on the cross for us. Why shouldn’t we go through trials and tribulations when we have done wrong. So don’t ask why me when things happen to you, but why not me.”(SF-8.0).

The previous informant became stronger from hardships, and felt that it was natural to experience turmoil. Whereas this woman also enjoyed reading Psalms 23, as well as the ten commandants found in Exodus 20. To her, the ten commandants were the moral laws of God that influenced her actions. She said:

“I like the ten commandments, that’s what I go with. Psalm 23, the Lord is my Shepard. I read the scriptures all the time.”(SA-12.0).

Continuing on this subject, other participants discovered the power of Jesus Christ in the scriptures. In particular, the Psalms has given them the strength and

motivation to continue in the face of ongoing misfortunes.

"I think about Psalms 31 a lot. It is about times of trouble." (SC-11.0).

"I read my scriptures and my chapters, and I just keep saying in my head, Lord, sweet Jesus, you promised me if I come back, Lord, you'd be there. Since I found Christ again, I have no worry what so ever. The power of Jesus is strong. I read the Psalms, and the Evening prayer. I get my strength from this every day. I read Psalm 3, Psalm 4 an early morning prayer, Psalm 5 a prayer for health, Psalm 8 the wonderful name of Jesus, Psalm 9 sing praise unto the Lord, and Psalm 10. When I read that one it gives me the most comfort." (SF-12.0).

Angela found that it was very important to record her favorite scriptures and to review them repeatedly. In this case, the book of John empowered her to respond to negative individuals in a more positive manner.

"What helps me is I write down scriptures, then I hang them on the wall. My favorite chapter is from the book of John. It reads, "Do not let yourself get upset by people and things." They are powerless. Your reaction to them is your only power." (AS-12.0).

Moreover, this chapter also motivated informants to make every effort to strive to live under the will of God. This woman was touched by the story of Nicodemus.

"There is a conversation in the bible between Jesus and a doctor. The doctor asks what we have to do to have eternal life, Jesus replies, you have to be reborn. He asked if he had to go back in his mother's womb and be born again. Jesus said, what is born in the flesh is flesh, what is born from the spirit is the spirit. When we are reborn it is an act of our own will." (GL-8.0).

Janet discovered that she was inspired by two major characters in the bible that had an enormous amount of faith. She could identify with Job and Daniel who also endured a great deal of pain and suffering. The characters from the bible persisted in spite of the innumerable obstacles that they constantly faced. This made her hopeful that she too could carry on. Stating the following remark:

"I like to read about Job. He lost so much but he still had faith. I sometimes feel like Job. He went through the fire yet he didn't get burned. Also, stories like Daniel in the Lion's den, where the lion doesn't kill him. This really inspires me. The Lord speaks to my soul daily." (JT-8.0).

In comparison, the anecdote of Solomon has given this woman the confidence that she could tolerate the emotional and physical devastation of homelessness.

"The scripture that means the most to me is the one about Solomon. He wanted so much grandness and all this power and money, and in the end he died just like the poor. I have learned that scriptures help me mentally." (MA-12.0).

One other important discovery was that the research sample had a very excellent perception and knowledge of the bible. At least half of the women from this study reported that they brought their bible with them when entering the shelter. Study participants testified that the word of God endures forever, and the evidence of his truth is in the scripture itself. This was a significant coping tool, yet bibles and new testaments were distributed to shelter residents upon request, or available on a limited basis at the on-site church services. Bibles were ordered through the Women's Bible Society.

Equally significant perhaps was the opportunity for the women to read "biblical stories that gave them hope". Inspirational stories that were frequently told at houses of worship aided the women to deal with the constant trials and tribulations in their lives. They shared their favorite stories with the investigator.

"Jesus saw Pedro one day and said if you want you can go. Pedro said, where would I go. I understand this story, because if I were to leave the shelter, I would also have nowhere to go. I left Jesus and now I am back. This is one of my favorite stories, it gives me hope." (GL-12.0).

"I love to read the bible, especially the Queen Nefertiti story. I love this story it keeps me sane and gave me a piece of mind because it is about hope." (MG-12.0).

“ I read this one day, when the Virgin Mary came to the kids on the mountain they didn't believe. She said, if you don't come together and serve the Lord, there will be war. Soon after, there were many people killed by a bomb. That was God's way of showing them to believe. They still didn't believe so he showed them another sign. This is when the Holy Communion came in. I believe you must have religion in your life if you want compassion in your heart and soul.” (CW-12.0).

The authority of scripture was determined by the fact that it is inspired by the word of God. In reality, stories from the bible were the ultimate revelation of God's will and mercifulness. A parable was often used in the bible to illustrate that an ordinary circumstance was truth. This is a teaching device that was commonly utilized by ministers in the church. Despite their human failings, the women from this study possessed integrity and virtue. Even more important was the discovery of the “power of prayer”.

The Power of Prayer

Prayer, as a private devotional practice is widely used among Americans.(Levin, 1995). It should also be noted that for centuries, varying explanations for personal prayer have been presented in different world traditions, from the conservative belief in prayer as the “practice of the presence of God” to a more naturalistic understanding of it as a health-related behavior.(Levin, 1996). Numerous women articulated the importance that “prayer” had in their daily ritual of being able to cope with their current situation. At the onset, it was necessary for the researcher to determine who or what informants prayed too? The principal investigator found that they often used the phrases “The Lord of my God”, “O Lord”, or “Lord God” and “God” to characterize this divine being.

Participants reported that in order to have a spiritual life and energy, the person must have

an actual intercourse with their heavenly father. Daily prayer was the opening of the heart of God to you as a friend, and often took the form of a conversation.(White, 1977).

Unceasing prayer brought many of the research participants closer to God. As a matter of fact, prayer was a unique opportunity for the women to align themselves with God's will and purposes, and to better understand his character and wishes. The ladies often prayed silently, or in a circle with one another. For them, there was never a time nor place that was inappropriate to offer a petition to God. Sarah reports that she discovered the splendor of God in the shelter. The complete reliance on God, and continual prayer has helped her to carry on. She confessed:

"I found God in here. I pray to him every day and ask him to help me. I would go insane if I did not have him. I said Lord please help me. I been praying, and praying, and praying. I pray all the time, I read the chapters from the bible, I keep him on my mind constantly. God put me on the right path."(SF-8.0).

Unrelenting prayer has also allowed these women to keep going. The following comments reflect the importance that prayer had over their emotional adjustment, and psychological recovery.

"I pray a lot. God is my best thing. I talk to him, and try to keep my mind clean, and without stress."(MI-8.0).

"I pray every night and ask Lord God for guidance because I need it. Without my praying day and night, I would not be able to get through this. This is how I hold on. I am learning how to cope with things that I cannot change. The realities are you have to have God, there is no way you can survive without him. With God, all things are possible."(MG-8.0).

"There is no stress if you have knowledge of the bible. Nothing will ever be needed by some one following God, that some way the problem will be resolved. I also pray nonstop, if it wasn't for God's goodness and grace, I would not experience sincerity, love and truth. Prayer is the most important thing."(MA-13.0).

"One night I said to the women in my dorm, look we gonna get through this, everybody get up and hold hands, stay in a circle and say prayers, and we been doing it every night since then." (RS-9.0).

This is how another participant described the therapeutic benefits of prayer. She discovered that prayer was a humanistic experience that had a soothing effect. Saying;

"Sometimes I pray to God. Sometimes I feel like exploding, just going into the City and doing wild things. But I have so much pain inside of me prayer helps. I pray to calm down and it works." (MM-8.0).

Comparably, Renee found that prayer helped her to maintain her sanity and to appreciate the many blessings that God has bestowed upon her.

"I pray all the time, I don't care where I'm at or what I'm doing, even if I am on the bus or train, if I feel anxiety coming over me I will pray. I know that sometimes I have a bad attitude because of the situations that I'm going through, and some times I have to catch myself and say please Lord please help me, please help me make it through this day, and it does help, and I used to pray at night, and I used to say, Lord I been doing everything right, you know, I stopped using drugs, this is a blessing to be here, it really is, and I am just grateful for what I have, and that God has saved my life. I had to square things off with God. I had to listen to what the Lord was telling me, and that was hard to wait for his answers. The most important thing is that the answers did not come when I wanted them, but they came when I need them." (RS-8.0).

In a related vein, this informant strongly believed that prayer made her strong, and that God had spared her life for a reason.

"I pray all the time. Sometimes I'm walking and praying. I find that prayer is real. Every chance I get, I am praying about something. I pray for strength and to keep me away from bad things. It really has helped me. Some one once told me, if you pray to your heavenly father, you will be surprised as to what he will do for you. Let him know how you feel, confess everything to him, and he will work miracles. I started to do that every day, and now, I feel like I can accomplish anything. All you have to do is pray because he does work in mysterious ways. Without his blessings, I would not be here talking to you." (SA-8.0).

Persevering prayer was a devotional ritual and sometimes the only source of power for homeless persons who generally lacked control over their lives. Without that,

the women from this study indicated that they had nothing to keep them going during their time of despair. Essentially, supplication to God was the adequate source of inspiration in their daily battle against adversity, even when it seemed that an immediate answer was not always readily available to them. It is also important to point out that they were convinced that prayer on a daily basis was the breath of the soul, and a powerful testimony to the gospel of God.

Church Attendance

Prior to coming to the shelter, large numbers of clients were actively involved with different churches in the community, and had established relationships with them. Even though they were homeless, they could still maintain church membership. The slogan “Spiritual Nutrition” commonly remunerated by a number of ladies, who stressed the advantages of regular church attendance. Grace professed:

“I go to church in the City, it is in English and I use audiphones. Every eight days I receive my spiritual nutrition, the things I have learned from my Pastor. I have communion every day with God.”(GL-8.0).

In comparison, the canons of the church assisted this woman to carry on each day.

“I go to church, I pray, I do believe in God, Jesus. God helps me out with every thing. I go to church on Wednesdays, Sundays, and Fridays, whenever there are special services. I have a lot of faith in God. It gets me through the day, and gives me strength.”(SC-8.0).

Whereas another participant believed that houses of worship were a place that also alleviated her stress.

“I go to church every Sunday. I’ve been going to church ever since I was a little girl. I was raised in the church. As an adult, I can really appreciate the church. When I go to church, it relieves a lot of my burdens. I listen to the preacher, the choir singing, I really like going to church.”(CW-8.0).

An added benefit of regular church attendance was the fellowship with other parishioners, and the guidance and support one received not only from the church members but the minister as well. This group of ladies insisted that the “church inspired them” and that God’s love was absolute.

“The people in the church inspire me, I love to hear the testimonials about what other people are going through, this inspires me. The pastor helps me and gives me encouragement. He has been through a lot as a preacher, and last week he was talking about having faith and not giving up. He reminds me that God has not forgotten about me, and that my blessings are on the way. To me, religion really helps women because even though we have done wrong, God still loves us.”(JT-8.0).

“ The Church members taught me about faith. If you pray, if you forgive, God will never forsake you. They also taught me about the resurrection, it means Jesus loved me enough to save my soul. I owe him, I praise him, I adore him. I feel him inside.”(YR-8.0).

Not only did Sarah enjoy the regular fellowship with others, it also assisted her to become more unified with God.

“I enjoy praying with the people at church. To be praying alone or with others, it gives me that feeling that my soul is with God.”(SA-8.0).

Moreover, the church helped Laura to survive the aftermath of prison. She said:

“When I was in prison, we had weekly praise and fellowship, every Sunday and Monday nights. The volunteers would come for that. On Wednesdays, we also had prayers and worship. I used to go to them all during my incarceration. I was incarcerated for three years, it helped me get through the experience. I learned to love and obey my earthly and heavenly masters.”(LS-8.0).

There were a small number of women that found that church was an internal feeling. This woman said the following about her lack of church attendance, and the moral values of a virtuous person.

“I do not attend church because I feel that the Church of Christ is in your heart. It does not matter what church you attend, I am a good person that does not do evil things. To me lying, robbing, and stealing is the basis for all evil.”(MA-8.0).

For these two ladies, you could establish a relationship with God and glorify him without church attendance. They continue by stating:

"I am a spiritual person who believes in God. This connection provides me some type of relief. To praise him, you do not have to be in a religion." (LW-10.0).

"I was baptized as a Baptist, you do not have to go to church to practice your religion. My thing is I have a personal relationship with him. That's enough for me, He knows that I'm going through this, I believe in him and I know that he exists. I do not feel the need to get dolled up and go to church and give my money or whatever." (TM-8.0).

On the other hand, this woman was reluctant to participate in local church services because she did not have the proper attire. She said:

"I was a member of a church a long time ago, my daughters are in the church choir now. I was invited to church yesterday but I did not go. I did not have the proper clothes. I know it is a poor excuse but I really have a thing with clothes." (MG-9.1).

This informer reported that previous to becoming homeless, the church motivated her to feel good about herself, and inspired her to carry on. In terms of self-esteem, it was important that the women from this study were comfortable with their physical appearance. As a result, one religious group from the community held church services on Sundays, because many of the women lacked the proper attire to attend religious services off-site. Research suggests that formal apparel must be available to residents at the shelter who desire to participate in outside religious activities in the surrounding area.

Basically, the church is meant to be the kingdom community, a model of what humanity looks like when it comes under the rule of God, and a challenging alternative to secular society.(Swanson, 2000). It was a time for participants to have a special fellowship with the creator, and to receive his spiritual blessings. Prayer ministry was

also a vital part of the church culture. Respondents found that it was very useful to sing “songs of praise” at places of worship.

Music

Songs of praise was another extension of how church fellowship stimulated victims of homelessness. Participants reported that the religious music that is played in God’s house was particularly comforting. Sonia and Ann reflected upon their church experiences by respectively agreeing that:

“I am so glad my mother forced me to go to church as a child. I love to go to church to hear the music and sing the hymns. I know quite a few songs and hymns that they sing in the old black churches, this really helps me.” (SF-8.0).

“I love religious music. If it was up to me, I would sit and listen to religious tapes all day long if I could.” (AS-8.0).

As children, the researcher found that a vast majority of participants reported that they frequently attended church with their parents, or primary caregiver. So it can be assumed that prior to reaching adulthood, informants were exposed to a particular religion, and well-informed about the denomination.

Religious Programs

Another motivation informants found was participating in the magnificence of “religious programs” as an extension of their faith based resilience. A number of women admitted they enjoyed watching religious films and movies. They reminisced about unforgettable shows saying:

“I love Touched by an Angel, that show helps me relax. It is very inspirational. That show has scriptures, in the background. I get a certain feeling, I like the music, I wish I could stay up all night and watch that program.” (AS-8.0).

"I taped the show, the Prophet. She is such a powerful person, you can feel what she is saying. She is so different, she stirs things up inside, when you hear what she has gone through, and how God saved her, it is so powerful." (TM-12.0).

"The other day, there was this religious movie about self-esteem. The preacher was so powerful, she had been in a mental institution and lost her self-esteem. She gave up and lost her mind because of a divorce. She could not cope but God did it to her for a reason, and she came back out and started spreading the word, about self-esteem. It was very helpful, I enjoyed it." (CA-12.0).

"One day I was watching this program, they asked do you believe in God, and I said yes. They then said do you know God. When the judgment day comes, can we say we really know him. We have to really know him and become close to him." (YR-8.0).

In spite of the soothing effects of religious and spiritual programs, the woman indicated that it was difficult to look at their favorite shows because they were only allowed to watch television during certain hours. Informants stated that disagreements occurred every day with shelter residents about the channel that is selected on the television. Perhaps it would be beneficial to have an alternate location in the shelter that accommodated the women in the facility that preferred to watch television programs on PAX, which is a twenty-four hour Christian network. In a similar vein, there was a portion of ladies who were convinced that God's purpose for them was to "witness" to others. Witnessing gave this group of women a reason to endure the daily pressures intrinsic in this environment. While at the same time, assisted them to comprehend their quandary.

Witnessing Nourishes The Soul

The widespread ritual of "witnessing" permitted informants to help others through their religious conviction of bearing the cross being selfless in their actions. The Greek word for "witness is *martus*. *Martus* is also the English term for the saying *martyr*. A

martyr was a person that is convinced of truth, and manifests honesty in life as well as in death. Respondents professed that witnessing was a natural outcome and demonstration of the person's commitment to God. It was also their contention that it cannot happen if the individual has nothing to contribute. This is how they described the divine power of witnessing to others.

"The Lord says you get it back doubled when you help others. The only thing I have is God. I want to spread the word and tell every one about God."(SF-8.0).

"I might preach to some one, and minister to them. I feel God put me on this earth to minister to others. When I stand up and speak to them, it gives me great joy. I believe that I am here to be used as God's puppet. I see him as my blind date, I cannot see what God looks like but one day I will. There is so much out there in this world for us to see, feel, and touch. I just want to tell others about him. As Christians we should spread the Word."(YR-8.0).

" I was walking down the street with a male friend of mine, this lady said to us that she was hungry. He laughed at her and thought she was playing around. We were about two blocks away when I told him that we had to go back and give her the food that was left over from our dinner. We did it, and that woman was so grateful for the food. I told her that God has blessed me to be able to give something to her. I can't witness to others if I am not a good example. I talk to so many people in the shelter, and try to help them with their lives. Witnessing to others about the goodness of God nourishes my soul."(RS-11.0).

Actually, personal evangelism is a privilege that God grants only to his supporters.(Swanson, 2000). When doing God's work, the women indicated that they received a greater blessing than if merely benefiting for themselves. To witness "means to serve as an evidence of the fact." It is often the powerful testimony of a personal experience that has converted the unbeliever. As in every thing else, there were other talents that the women from this study professed. The last theme we touch upon in relation to relying upon religious and spiritual coping rituals to survive was "the gift of sight".

The Gift of Sight

Spiritual gifts were explicated by participants as the special abilities that the Holy Spirit gave to his people enabling them to help the church fulfill its divine mission by saving souls. Respondents reported that they had dreams, visions, and revelations that were inspired by God. Several women spoke at length and described this extraordinary talent this way. Saying the following:

“The other day there was this lady sitting next to me, I said are you talking to your father, and she said yes, how do you know. I told her that I have the gift of sight, I told her that I see things that will happen. I can see if a person is good or bad, and I have visions about certain events, this happens a lot to me during the day.”(JM-6.0). “They say that some people have dreams and some people have visions. I have had visions all my life. Maybe, a day or week later, a certain thing will happen. This is a warning for me not to do certain things, or to show me to do better.”(MG-8.1).

“ God has revealed to me that we are all going to die one day. Because know one has eternal life. People should take off their blindfolds and learn that we are all sentenced to die the moment we are born. God would like us to repent and change our lives. There are two options, one is the good way, the other is bad. We get pleasure from the good path, and nothing but evil from the bad path. Since I have been at this shelter I have seen the good path because people are being helped here. This is an example of how we should live together in harmony.”(MA-8.0).

“ I believe that people talk to us after they die. My parents talk to me when I am sleeping. They talk to me in my dreams.”(MG-8.1).

The spiritual gift of forecasting the future was a rather unique skill, and is stimulated by God not mankind. Many said the “gift of sight” was an occasion to draw closer to God, and to witness to others about his righteousness. The personal challenges that the women from this study faced were excellent opportunities for them to grow and develop. More importantly, they recognized that they found comfort and peace by practicing their religious and spiritual coping rituals and traditions in this arduous and

unremitting setting. In the following section, participants described the barriers to observing religious and spiritual coping traditions in this location.

7.3 Observing Religious and Spiritual Coping Traditions

Research demonstrates that religious or spiritual coping rituals and customs were critical to the continued existence of the homeless woman from this investigation of religious based spirituality. The researcher found that in order to alleviate the ongoing tension of homelessness, participants indicated that they regularly read their bible or other religious material, engaged in meditation, sang hymnals, constantly prayed, watched religious programs, witnessed to others, and experienced gratification with the gift of sight, and attended houses of worship. Of the twenty-six participants, 6 (23.0%) respondents attended the church services provided on-site, three (11.5%) preferred to attend outside religious services in the community, while three (11.5%) enjoyed participating in the church services at the shelter and in the surrounding area.

Just as important was the finding that there were barriers at the shelter that made it especially difficult for participants to consistently practice their religious or spiritual coping sacraments. Respondents stated that it was awkward to pray, meditate, listen to religious music, read the bible in solitude, and attend church services in the community. It was also frustrating that there was a shortage of religious services provided on-site that accommodated alternate denominations. In addition, several participants found that they avoided attending the church services at the shelter because they became emotionally overwhelmed, or were displeased with the message.

No Time to be Alone with God

One of the major themes throughout this study was that there was insufficient time to feel at one with god. This is how two key informers exemplified this phenomenon.

"It is hard to read my Bible or the Daily Word because at night, they turn the lights out." (KM-9.0).

"Sometimes I want to be alone and read my bible, but there is no quiet room here that I can read in. They just don't understand that here, I love being around people but I really need time alone to be one with God. Praying to God gives me strength and hope. I focus my attention on the Lord and I prefer not to have every body around." (JT-9.0).

It has been difficult for Janet and Karen to read their bibles in privacy. The lack of solitude in this locality was a characteristic complaint that remunerated for several participants. Another significant impediment was that the lights were turned off in the dormitories at 10o'clock p.m., and that this prevented participants from reading the bible or other religious or spiritual material.

Several key informants asserted that the restraining rules in this setting also prevented them from attending church services off-site, and from practicing some of their religious convictions and rituals. For instance, they made the subsequent statements.

"You got curfews here, every night you must be in your bed at ten o'clock. If you are not in your bed, then you will lose your bed. They will take all your stuff, and put it in a big plastic bag, go into your private locker, and take all your stuff. They did it to me last night. I went to church to praise the Lord and see how they operate when you are late. Only by the grace of God did they accept me and place me in my same bed. I'm glad we went upstate to another church. It was God's will that we got saved that night." (SF-9.1).

"I go to church in here but I prefer to go outside, there is a 10 o'clock curfew and if you come back late, they put your clothes outside and you have to go through the intake process again, it makes it hard to go to church in the evening, who wants to go through intake all over again, sometimes they make you wait two or three hours if you miss curfew." (SF-9.0)

For women at the shelter that were Hindu, one of their sacred principles is that they must pray before sun-up. In the morning, residents were not permitted to make noises in the dormitory before the lights were turned on at 6 o'clock a.m. This made it especially hard for this group of residents to practice this ritual. As a result, it was common for the women to be moved to alternative locations. Whereas in the evening, prayer in the dorm was not allowed when other residents are attempting to sleep. If the individual desired to pray after curfew, it was customary for the person to retreat to the bathroom in order to practice this religious sacrament.

Justifiably, it was somewhat disturbing for participants to find out that there was a dearth of religious services that accommodated differing religions in this location. This is what Monique and Mary noticed:

"They have religious services here but they do not have my religion which is Catholic. I do not attend the services because I would feel weird. I would like to talk to a priest. I pray in my room at bedtime, but there is no place to hang my rosary beads or say my confession. This makes it hard for me." (MI-9.0).

"It's hard, I wish I could burn two candles. One candle represents my mom, the other candle is for my dad. One candle is for peace, and the other one is for their souls. There's a lot I cannot do in here. This is part of my religion, white candles for tranquility, peace, and love." (MG-9.1).

The project researcher discovered that nineteen percent (5) of the Latino women who were raised were Catholic practiced different religious sacraments. A common religious thread for them was to hang rosary beads over their bed, or other Catholic symbols, and pray to the Virgin Mary. Research participants that were Catholic, another denomination, or of the Santeria religion indicated that they desired to burn incense or candles, and that this sacred practice was strictly prohibited in this setting. There was

also the assertion by several women who stated that they avoided attending the church services provided on-site because they were dissatisfied with the message. They pointed out:

"Sometimes I attend the religious services, we have little groups at church, but I do not feel comfortable. I listen for a little while, but then I go. I just want to have direct contact with God; Most times I don't even read my bible. They do try to provide religious services to you here but I would never attend them." (TR-15.0).

"I do not attend because I get to emotional and start crying. Every time I go to church I get upset. I barely go to church, I prefer to pray by myself. Sometimes when you go to church, people try to tell you what to do, but I do not want to be told what to do. Let me just pray to God the way I feel I should. That's what I do." (MM-15.0).

"A lot of the people are hypocrites that attend the religious services here. I do not believe in going to church, If I want to talk to God I will. I do not have to listen to somebody talk about anything. I don't read the bible, I don't believe in that. Man wrote the bible and not God. Man tries to follow it every day, but everybody sins." (RR-14.0).

The comments from the informants above suggest that religious and spiritual growth was an individual journey for them. At no point in time should the person ever feel persuaded into attending religious services if they are uncomfortable with the message or emotionally distressed. In Contrast, Mary does not speak English and therefore is not able to understand the ideas articulated by the church leaders. However, she was in agreement and said the subsequent remark:

"The church services on the weekend are in English and I do not understand what they are saying, but I do know that they are talking to the same God that I worship." (MA-12.0).

The religious ceremonies that were provided at the shelter are voluntary. Sadly, the organization did not have established relationships with religious leaders, sectarian

agencies, and churches in the surrounding area. Sometimes, the ladies attended religious services in the community alone, or as a group. In the past, a nearby cathedral provided transportation for residents that desired to attend church services, or special events in the neighborhood. Several of the ladies reported that they were not interested in the preachers' sermon, and were only concerned about the food that was given out afterward. It is imperative that residents are not co-opted into attending church if they are indifferent. The church was a safe haven that God established for people to enhance their lives if so desired.

The researcher found that on occasion, women have requested to meet in the library so that they are able to sing, worship, or pray in private with one another. At this ceremony, it was customary for residents that were religious zealots to "lay on the hands". Basically, if a woman was a Christian and claimed that she was a missionary or an evangelist, it was her responsibility to pray for the person who indicated that they had an ache or pain. Thus, when they placed their hands on the individual, it was their conviction that the power of God traveled through their hands and healed the persons' ailment.

However, outside religious organizations were discouraged from engaging in this religious ritual. Some time ago, there was a Christian group that came to the shelter and the leader was a man. It was customary for him to bring other male members of the congregation to preach, discuss their experiences, and give testimonies to shelter residents. Unfortunately, one of the women desired to move into another shelter that was operated by a religious establishment, and turned to this group for assistance.

It was discovered that she was raped and molested on route to this new shelter by

a member of the congregation. Now, men are no longer permitted to conduct religious services and groups at the shelter. Many parishioners claim to be Christians however their conduct, and mind-set indicate otherwise. Research indicates that careful preparation and close supervision is required when outside individuals and agencies are involved with residents at the shelter.

Social Service providers in public emergency shelters must support the diverse religious and spiritual paths of their clientele, and react accordingly. By responding to the different religious and spiritual requisites of the clientele, a more holistic view of the person might be discovered. It is also critical that shelter residents have the liberty to practice their religious and spiritual traditions and rituals in confidence. Therefore, it can be concluded that it would perhaps be valuable for the clinical staff at the shelter to perhaps become more knowledgeable about the spiritually-sensitive holistic approach to treatment that takes into account the religious and spiritual aspect of the person, as well as other matters of interest. Of greater concern is that employees must receive the necessary guidance and instruction before this technique could ever be implemented. At no time should the person ever be coerced into discussing religion or spirituality with the clinical staff if they are not interested in doing so.

7.4

Religious and Spiritual Supports

By and large, the twenty-four women (92.%) who had faith and belief in God also talked about the religious and spiritually centered supports had been very useful in their will to stay alive. Half of the sample, (n=13) identified that “a personal relationship with god” has been extremely helpful and given them more joy, hope, a sense of purpose, and direction. Another significant finding was that of the twenty-six participants, nine (34.7%) women felt that they became emotionally stronger while displaced. This resilience, along with the integration of spiritual and religious principals and rituals allowed them to bounce back from homelessness. It was also important to them that the staff acknowledged the internal and external strengths that they possessed. Equally significant were the two women who described the disadvantages of spiritually-oriented supports.

A Personal Relationship with God

Thirteen women (50%) indicated that “a personal relationship with god” and not the belief in a particular faith community was a positive support, and has given them more bliss, hope, and a sense of purpose. It is especially important to point out that this was not religious based, and was an individual process. This is what they had to say about this special connection to Christ who spared their lives regardless of their inadequacies and imperfections. Saying the following statements:

“For me, as long as I know God is in control, all good things will come to pass. God has turned me around and revealed things to me. We all need God in our lives, this is the first thing we need, he should be the center of our attention. I look at the cross and I say do I want to live or die, I want to live, this can only happen through God.”(AS-8.0).

"If it wasn't for God, I would probably be dead somewhere. Only through his goodness and grace am I here talking to you, he makes me feel so good about myself." (RS-8.0).

A personal relationship with God has given Angela and Renee a reason to live, and the courage to overcome homelessness. Where, Sonia and Ruth turned to God when no other options were readily available to them. They found that God spared their lives despite their flaws and shortcomings. With self-assurance they alleged:

"I really love God, he is so good, I could have been killed when I was living on the streets. I thank God that I am still alive." (RR-10.0).

"I turned to Jesus and he saved my life. I'm a backslider. I came back to God, and now I am here to stay. I have come a long way and he has taught me patience. I asked the Lord to help me find the peace I need, and to be humble, even though I am around all this craziness. He is everything to me, he has relieved all of my burdens. I love him, and he loves me. I am making it in here on his strength; I know that I could not do it on my own. The Lord helps me and guides me. I found my spiritual way by talking to God, he heard me and answered my prayers." (SF-8.0).

Similarly, other participants testified to the benevolence of God who was a motivating force as well as a source of wisdom.

"Without God I would be dead, I can not do anything without the Lord. I worship him, I tell him daily that he is wonderful and great. I can't live without him. Some people say that there is no God, I know that this is not true because you can not do any thing without the Lord, he is the only one that keeps me going." (JT-11.0).

"I ask for God's help daily, if there wasn't a God, I do not know what I would do. I have wisdom and knowledge only through God. I think maybe he placed me here to help other people. Now I think he wants me to help my self. This is what gets me through the day and keeps me alive." (JM-8.0).

"I believe in God, if there wasn't a God I would be dead. If I didn't have God in my life, I wouldn't be able to see my baby. Only God understands me, it might take time when you ask God for something, but if you believe in him you will get it. I know that one day I will have my own place, and my son, he will give it all to me. It has not been easy for me but I pray to God day and night. Maybe it is his

test for me, I know there is a God who will work every thing out for me. He listens to me and understands."(SF-10.0).

"Spiritual supports are very helpful, the best gift I ever got was the gift of Jesus." (GL-14.0).

"Spiritual supports made me know that I am a somebody, and that I can overcome a crises or problem, the bible is the book of life."(LS-13.0).

This group of women stressed the importance of using religious or spiritually oriented supports. In fact, by developing a personal relationship with God they found this diminished their strain, while at the same time provided encouragement to them during this dreadful time. If not for god, they most likely would have died. For them, living at a public emergency shelter in a large metropolitan city was a daunting task.

Understandably, in the absence of more formalized systems of support, a personal connection to God was study participants only inspiration and refuge. In fact, it was quite rewarding that they could develop this special bond with God.

Another key informer elaborated about the tremendous benefits of spiritual supports, and the incorporation of the philosophical underpinnings of Narcotics

Anonymous. She mentioned:

"Spiritual supports were very helpful, especially my days of using. It helped me because I was praying to God that I didn't get the wrong stuff to smoke. I prayed to God that I wouldn't get into a car with a lunatic, and I prayed that God would watch over me. He knows when you are serious because he already knows what is in your heart. He created you. My Higher Power really came through for me."(RS-13.0).

Homelessness can be a hopeless situation. Many of the participants lacked the money and necessary resources to obtain permanent housing, and reluctantly moved into transitional living settings that are temporary. This religious foundation gave them the added motivation that they normally would not have to survive. More important was the

conviction that things would improve soon. It also assisted them to refrain from drugs, alternative lifestyles, or other negative influences. Ordinarily, human beings are always searching for true purpose and meaning. Unless there is a spiritual or religious component in the person's life, they will continue to feel empty and will not be able to find true self-worth and contentment.

While this women wanted very much to have a personal relationship with God, yet in her opinion this could only be accomplished by attending church and persistent prayer. She says:

"I would like to have a personal relationship with God. It would really take me a step further, to me, to establish a relationship with God is the answer for me. To get back in the religious world, going to church, prayer meeting. I know that's what I need to do. When I was on the streets, prayer really helped. He was looking over me and got me to this place. Jesus shows us that even when we mess up, he is there for us and will turn our life around. "(SA-10.0).

For whatever reason, it has been difficult for Sarah to reestablish a rapport with God, and to practice her religious traditions in this setting. She indicated that prior to coming to the shelter, consistent prayer and regular church attendance was helpful. A contrasting finding was that there were two women who reported the disadvantages of utilizing spiritual supports. For this woman, it was awkward to practice her religious and spiritual customs because her soul was troubled.

"It makes it hard to be a Christian, because I like to live in the flesh. It is hard for me to stop liking women. My soul is telling me to go one way, but my mind and heart are telling me another thing. I have to put this in God's hand, I can not do it alone. He does not want us to be happy in the flesh, I was born into sin already. I want to be completely devoted to God. Satan is really trying to get my soul, and I pray daily that I do not succumb to those things. Temptation is there every single day, I want to know God but it is too scary. "(YR-9.1).

This woman was worried because her way of life was different from other Christians in the church. Findings from this study suggest that the homeless must be welcomed into religious communities regardless of the persons' sexual orientations, preferences, and ethnicity. As such, religious or spiritual coping mechanisms are often utilized by a myriad of homeless individuals to survive in a variety of locations.

7.5 Holistic Approach

Overall, the extent to which religion and spirituality should be integrated into clinical practice were mixed. Of the twenty-six participants, forty-six percent (12) women expressed an interest in their case manager embracing a holistic approach to clinical treatment, and utilizing more spiritually-oriented techniques, assessments, and interventions. To begin, in the United States, religion has had a historical presence in the development of most voluntary organizations. There has always been a strong correlation between religious beliefs and a social workers concern for the needy and the poor.(Fagan, 1998). Sonya, Stacy, Gina, Mary, and Angel were in concurrence saying the following statements:

"My case manager knows about God. She reads the bible. There are a couple of staff members that are Christians here. We often talk about Christianity."(SC-15.0).

"It would be better if there were more Christians working here because maybe they would care about your well-being. They would care if you were clean or if the water was cold. They are very nasty and God would help them to act better."(SF-15.0).

"God has given me someone who believes in God and who fears him, for that I am eternally grateful."(GL-15.0).

“One of the main suggestions would be that there should be an incentive for the staff to preach to the residents. Too much time and attention is focused on sex related seminars, and should be more focused on God. They should preach to the women and convert them into Christianity. They should believe in God because once they do, then they will live good paths.”(MA-15.0).

“We all need God in our lives that is the first thing we need. He should be the center of our lives, I would like to talk to my Social Worker about this.”(AS-14.0).

Residents requested that outside providers' conduct groups and services at the shelter that are religiously based, and for the most part Christian oriented. One of churches that provided weekly counseling and food to the women was a missionary group. Every Saturday evening a church ceremony was performed, and religious material is distributed to participants following the service. Whereas on Monday, two nuns from a Catholic church reach out to the residents, in addition to selecting a topic and reading scriptures from the bible that relates to that issue, and the person's spiritual evolvement. The ceremonies included singing, prayer, and connecting with other Christians.

The basic philosophy of most religious based groups seems to be that man single-handedly cannot really help himself when situations and problems arise. Essentially, humanity needs something higher, larger, and more powerful to resolve problems and conflicts. This viewpoint also emphasized that God is available to help the individual gain a sense of pride, self-respect, and the confidence to make strides to improve their circumstances if needed. Indisputably, a supreme-being was the only entity instrumental in the person's evolution.

It appears that the residents at the shelter that are dealing with homeless situations and are able to bounce back quicker, are the ones that have faith or something to believe in. It is also easier for them to accept staff suggestions, rationalize, and reason that

perhaps this proposition is in their best interest. If the staff is aware that the individual is religious, they may suggest as part of an intervention that the person read the bible, speak to a priest, attend mass, or practice other religious or spiritual coping customs.

The hardest client to work with in this location is the person that has given up and has lost all of their hopes, dreams, and aspirations. Most likely, this individual will refuse treatment, continue using drugs or alcohol if they are addicted, and return to the streets in a few days. Religious or spiritual convictions are often the only notion that the individual has to hold onto. Participants that embraced religion or spirituality frequently reported that homelessness is a phase, and that while on this earth it is normal for them to go through trials or tribulations.

It also seems that residents at the shelter that attended the religious groups and services appear to be individuals that are more focused on accomplishing their goals, and getting themselves back on track. They also give the impression that they have a genuine sense that the shelter is a temporary situation, and are more likely to take advantage of any opportunity that is presented to them.

In contrast, the researcher found that most groups that are conducted by the staff at the shelter are not religious-oriented. They are on the whole social service groups that motivate and inspire individuals, assist the person to develop important survival skills, and develop a solid foundation. The groups functioned on the same lines of the philosophical underpinnings of Narcotics and Alcoholics Anonymous. Additionally, leisure activities and exercise groups were also provided to the women by the staff. Recreational pursuits such as art, and dance were key services offered to residents in helping them to enhance their sense of worth and value. The basic tenets of the groups

operated by the staff are that every day is a new day, and that participants should always treat themselves with dignity and respect.

There is a broad spectrum of women at the shelter, and the staff was careful not to offend people because of religion. In particular, woman who indicated that they are nonbelievers, atheists, devout witches, devil worshipers, or other denominations not associated with God were uncomfortable with this area under discussion. From time to time, clients have requested that the staff at the shelter pray with them. Nonetheless, this is a religious custom that is strictly forbidden in this locality.

A holistic approach to clinical treatment that combines religion and spirituality is undoubtedly worthy of additional exploration. Most definitely, employees would require extensive training and direction before this theoretical paradigm could be ever be implemented in this setting. It would also be helpful if the staff had a thorough knowledge and understanding of the wide array of religious and spiritual traditions. In terms of religion, there are serious legal ramifications that must be recognized and considered before execution.

On the contrary, fifty-three percent (14) respondents emphasized that this was an individual process and journey that did not involve the professionals at the shelter. They reported that they had no interest in discussing religion or spirituality, and other interrelated topics with their case manager. This is what several key informants thought about the staff using a non-religious approach to clinical treatment. They said:

“They don't really do that here. I think they don't want to get involved in that way with you especially if you are only going to be here for a limited time, and then you move on.”(RS-15.0).

"I would not talk to my case manager about my religious beliefs. I like things the way they are. They are pretty good at what they do but this is something I would keep to myself." (MM-15.0).

"I would never talk to the staff about religion or spirituality it is personal. I really do not want to hear what they have to say about it." (RR-15.0).

A number of respondents continued by saying:

"I know that there is a God, and I have a wonderful relationship with God by myself. I do not need to have any one tell me about God, I would rather have a one on one relationship with him that does not involve the staff here." (TR-8.0).

"My relationship with God really helps me. Sometimes I get irritable, and he is the only one that helps to get me out of that mood and not the staff. When I get upset, he helps me to relax myself, and feel more at ease. I do okay by myself with God." (TM-10.0).

"At times, when I feel really bad and have a lot on my mind, the only one that I can release this to is God. If I sit down and talk to my worker, they will give advice but they can't release my pain like God. I sit down, pray, and talk to him. It gives me energy, keeps me motivated, and keeps me alive." (SA-13.0).

Women that are victims of homelessness and domestic violence are frequently the most traumatized subgroup of homeless populations. When a woman has lost everything, it is difficult for her to acknowledge the strengths that she possesses within. As a result, the staff in this locale makes an effort to encourage the person to take action, and attempt to rebuild their shattered lives. In terms of coping with the distress of homelessness and domestic violence, research demonstrates that it is helpful for the homeless person to have some type of religious or spiritual foundation. If the individual did not have some sort of faith or conviction, they incontestably would not have endured the stress of homelessness, and other significant traumas in this setting. Without a doubt, this magnificent rapport and linkage to God, as well as other religious, spiritual, and cultural traditions certainly inspired the person to go on.

Service-Delivery System

Respondents reported that enhancements to the current service delivery system were needed. More importantly, resources for supporting women with domestic violence issues should be incorporated into program activities. Many of the respondents have struggled with domestic violence problems, and other traumas related to this and would most likely benefit from additional on-site specialized supportive services. Chapter eight provides a synopsis of the research study and the findings. It is then followed by a discussion and application to social work education, practice, programming, and policy. The remaining portion of this chapter concludes by offering suggestions for future research.

Chapter 8.0 Summary, Implications, and Recommendations For Future Research

Introduction

This qualitative study investigated the religious and spiritual coping practices and behaviors of single homeless adults in a public emergency shelter. This site was chosen because of the diverse characteristics and qualities of the women that were serviced in this location. Many of the participants had experienced repeated episodes of domestic violence, and were in danger of remaining displaced for longer periods than other homeless populations. The negative consequences of homelessness are aggravated when the individual is also challenged by other dilemmas commonly associated with poverty such as substandard living conditions, and sporadic periods of employment.

While the findings from this study of religiously based forms of spirituality cannot be generalized to other shelters that provide emergency housing and assistance to other homeless adults. Nonetheless, the salient themes that were identified merit further exploration. The findings from this investigation will hopefully set the stage for the development of a practice model in social work that incorporates religion and spirituality, as well as other matters of concern.

The information from this exploration will fulfill a partial gap in the literature, in addition to informing service-providers and policy-makers about the religious and spiritual coping strategies, strengths, adaptability, and resilience of a small group of homeless women. Furthermore, this study documents the necessity for providers in public emergency shelters for the homeless to address the religious and spiritual

requirements of the clientele that they service, since this was an important part of who these clients were.

Summary of Research Results

Results from this study illuminated the realities of every day life of residents in a public emergency shelter in a large metropolitan city. More important, perhaps, were the new insights and discoveries about the process of religious and spiritual coping for homeless women that have also been battered. The ultimate goal of this research was to better understand the phenomena under investigation, and to identify the most important religious and spiritual coping practices and rituals that have assisted the participants in this study of spirituality to survive in this taxing and unremitting setting.

The demographic traits, maladies, familial compositions, background, housing patterns, and previous experiences of the research sample were wide-ranging as were the reasons given that initially caused them to become homeless. The demographic attributes of the research participants were as follows. In terms of race, ethnicity, and cultural background, the ethnic composition consisted of: Fifty-eight percent, (15) were African American, (11.0%, n=3), were of Caribbean ancestry, (23.0%, n=6) were of Latino or Hispanic origin, (4.0%, n=1) were Native American Indian, and (4.0%, n=1) were White. Generally, there were larger concentrations of African Americans and Latinos that utilized public emergency shelters in this City and this is reflected in the study sample.

The prevalent ages of the respondents were between 31 and 40 years old, (42.3%, n=11). Of the 26 women, the youngest research participant was 20 while the oldest was 62 years of age. The number of children of the respondents ranged from one and four

kids. Sixteen women were childless (38.0%), twenty-seven percent (7) had one-two children, twenty-seven percent (7) had three-four kids, and eight percent (2) above five.

The education level of the research sample was low. Fourteen of the women (53.9%) had only completed grade 11 or less, only thirty-eight percent (10) held a High School or General Equivalency Diploma, and seven percent (2) had taken some college courses. In regards to significant relationships, forty-two percent (11) were not involved in a steady relationship. Thirty-eight percent (10) were partnered, eight percent (2) married, and four percent (1) widowed.

It was notable that ninety-seven percent, (25) of the women were unemployed. One person (3.0%) was working part-time, forty-three percent (11), were dependant upon public assistance, forty-three percent (11) reported no income, and four women (14%) were receiving social security disability benefits. The next critical variable discussed was religion. The majority, forty-two percent, (11) were Baptist, nineteen percent (5) were Catholic, two of the respondents (8%) were Jehovah Witness, and two (8%) were Pentecostal, one (4%) was a Protestant, and four (15%) were other Protestant denominations, and one (4%) was an Agnostic.

An added stressor was domestic violence and abuse. Ninety-six percent, (25) of the research sample had been battered as adults. Eleven (44.0%) of the 25 women had also experienced other significant physical and sexual traumas. Three (27.3%) informants had been raped, three (27.3%) were physically abused as children, three (27.3%) had experienced childhood sexual abuse, and two (18.1%) have been molested. It was also discovered that forty-three percent (11) of the sample reported a psychiatric

illness, fifty percent (13) had substance abuse histories, and seven percent (2) were mentally retarded.

With respect to homeless patterns, eighty-one percent (21) of the respondents were originally from New York, and only five women (19.0%) had moved to New York because of employment opportunities, family concerns, or other reasons not directly related to the acquisition of services. At the beginning of the interview, the project researcher asked respondents to characterize their homeless history. The principal investigator discovered that almost half of the research sample, (46.0%, n=12) indicated that this was their first experience with homelessness, while other women reported longer duration's of displacement (54.0%, n=14).

The research sample varied considerably in terms of their homeless experiences, length of displacement, and the number of times they cycled in and out of homelessness. In this sample, ten respondents (38.4%) reported that they were transitionally homeless lasting an average of 45 to 60 days. Ten (38.4%) women stated that they endured two or more homeless episodes lasting an average of six months to a year. Where, six (23.2%) of the participants had experienced chronic displacement lasting a total of 365 to 650 days. Of the 14 women, three respondents attributed their repeated cycles of homelessness to chronic imprisonment. Two women deserted their housing to escape an abusive partner, and only one woman reported that she was homeless because of unemployment.

Prior to living at the shelter, the twenty six participants in this study of spirituality said that their most recent residence often included living doubled-up with family members (n=7, 27%), independent apartments (n=5, 19.0%), doubled up with significant

others (n=3, 11.5%), doubled up with friends (n=2, 8.0%), drug rehabilitation programs (n=2, 8.0%), hospitals (n=2, 8.0%), prisons (n=2, 8.0%), substandard housing (n=2, 8.0%), and the outdoors (n=1, 3.0%). The respondents had not lived independently in a home or apartment for prolonged periods.

Rationales for Homelessness

When participants were asked to comment about the individual and structural factors that caused their homelessness, several themes emerged. In talking about this topic, fourteen respondents indicated that they were homeless because of personal troubles. To start, four research participants specifically stated that one of the common reasons for them becoming homeless was to flee abuse, or other violent incidents in the home. It was striking that the vast majority of the women in this study were all victims of domestic violence and maltreatment (n=25, 96.0 %).

Two of the women reported that the lack of financial and emotional support from their family and friends caused them to become displaced. In addition, psychiatric illness (n=2), substance abuse or alcohol addictions (n=2), personal choice (n=2), low self-esteem and self-blame (n=2), and independence from relatives and friends (n=2) were other individual reasons given by informants that contributed to their homeless quandary.

Of the twenty-six participants, twelve women indicated that there were structural obstacles that prevented them from remaining housed. This often included; non-payment of rent (n=7, 5.83%), unemployment (n=3), and substandard housing (n=2). There was also a fraction of women, forty-six percent (12) who have never rented their own apartment because it was too costly, and as adults have always lived doubled-up with

partners, friends, and relatives. Of particular concern were the daily stressors that the women from this investigation experienced in this location.

For homeless populations, the routes to homelessness are innumerable. As a matter of fact, a number of factors have contributed to the rising numbers of families and individuals that have no place to call home in the United States. This included but was not limited to the rise in unemployment, poverty, deinstitutionalization of the mentally ill, and a reduction of federal finances allocated for the construction of low-income housing.

One significant finding was that different themes and connotations about homelessness emerged for participants. To commence, homelessness was described as a natural human experience. While other women reported that they were subjected to an unwarranted amount of psychological distress, and a host of other physical symptoms as a result of this nightmarish experience. It was also depicted as meaningless, lonely, and emotionally upsetting. In turn, this caused the person to feel more detached from the social, political, and economic institutions in America. At the same time, this experience forced other informants to gain clarity and refocus their energies in a positive and resilient manner.

Emotional and Physical Effects of Homelessness

Adaptation

The experience of homelessness often has damaging effects on the emotional and physical health of the individual. Ironically, a significant finding from this study was that a small portion of women (n=10; 38.5%) reported that they had adapted positively to homelessness, and were comfortable with this standard of living. One widespread notion maintained among this subgroup of homeless persons was that this lifestyle increased the

individuals' autonomy and freedom. Other informers from this investigation thought you could never adapt to this way of life. It is also significant to note that a lot of homeless persons become extremely goal oriented while dispossessed. At times, it was frustrating for them when they did not progress quickly, and accomplish their career or educational objectives.

Trauma

For scores of homeless persons, the experience was extremely stressful, disheartening, confusing, and shocking. An overwhelming sixty-one percent (16) of the respondents reported that they were negatively affected by homelessness and claimed that they regularly suffered emotional or psychological changes in addition to physical complications while displaced. Among the psychological and physical difficulties that they described are: feelings of sadness, depression, isolation, loneliness, anger, humiliation, shame, embarrassment, nervousness, loss of appetite, sleep deprivation, and physical ailments. In addition, the uncertainty and constant fear of not having a stable place to rest each night was unsettling for them.

It was also common for respondents to engage in self-destructive behaviors that by and large had detrimental consequences. Another dilemma informants reported was the stigma of not having a permanent address. Every day dealings with the general public, criminals, social service agencies, the criminal justice system, other homeless people, and commercial establishments could be intolerable while at the same time intensify the trauma of homelessness for the person. There were additional pitfalls that individuals encountered outdoors. Sometimes altercations occurred with food vendors or restaurant employees.

The lack of income, limited participation in the social, political, and economic institutions in America, estrangement from friends and family, co-existing disorders, humiliation, and daily interactions with others can be overwhelming. There was also a small fraction of homeless persons that refuse to live on the streets, and the public emergency shelter is the only housing alternative that offers some form of protection against criminals, sexual predators, violence, and other environmental stressors.

Shelter Experiences

The project researcher asked each respondent to discuss their experiences at the shelter, and those events and persons that were most stressful or helpful to them in that setting. Prior to moving into this environment, a majority of the participants reported that they had an erroneous perception of the shelter, and a fear of the unknown. They anticipated that this setting was frightening, dangerous, and that other residents would attack them regularly and steal their belongings. More important, was their discovery that they had distorted beliefs about the shelter, staff, and residents. The findings from this investigation also identified personal safety as one of the most significant concerns for shelter residents. If the individuals' safety is compromised, a common response is for the person to go back to the streets, to go on living doubled up with friends, relatives, or partners, and in other cases returning to a living situation that may be hazardous to their health.

Just Getting Used To It-Adjustment to Shelter

Ten informants (38.0%) reported that they were appreciative of a shelter bed, and fortunate to have a safe place to rest each night. For them, the shelter was a safe, nurturing, relaxing, and peaceful locality. This cadre of women also benefited from

regular staff support. Moreover, quite a few informants thought that the structure at the shelter was essential to maintain order and control of the other residents who were often violent, disruptive, and offensive. In addition, they took great pride in taking care of the dormitory, and abiding by the shelter regulations.

At the same time, it was important for participants to get along with each other, the staff, and to assist or share essential survival skills with one another. The informal networks that respondents from this investigation established with each other increased their respect for themselves. Equally significant was the discovery that homelessness forces some of the women to refocus their personal and professional goals. One of the main goals articulated by informants was to reunite with their children. It was their conviction that the emergency shelter was the only option available to them for securing housing for their family.

Another objective of the women from this study was to become employed. Research indicates that homeless women have been unemployed for longer periods than women that are impoverished. Respondents found that participating in the on-site stipend program at the shelter was empowering. Moreover, the involvement in vocational or educational programs in the community as well as other endeavors aided in their survival. Nonetheless, the project researcher determined that every resident does not adapt to this environment, and experience positive outcomes.

How Could This Happen To Me-Reactions to Homelessness

One other major result was that sixty-three percent (16) of the informants reported that they experienced isolation, loneliness, shame, disbelief, embarrassment, humiliation and other physical obstacles on a recurring basis in this location. This host of non-

normalizing experiences allows them to get in touch with their spirituality. Often, life in the shelter is far from nurturing and pleasant. Dordick(1996), argues that the excessive rules, harsh treatment by shelter employees and guards, and the rigorous programs of social control and reform frequently make shelters unpleasant settings to live in. Oftentimes, shelter residents feel even more disconnected from society, their family, friends, and partners that hinder their attempts at progress and autonomy.

This cluster of women found it hard to accept that they no longer had a place to live. The tremendous monetary constraints and psychological stressors associated with homelessness can be demoralizing to the person. It was also discovered that it was difficult to develop or sustain intimate relationships with partners and family in this setting. Informants found that it was awkward to spend time alone with relatives, friends, and companions while at the shelter. There were no areas for residents to be alone, or to be intimate with one another in. As a matter of fact, it was troubling for participants to observe other shelter residents openly masturbating, or engaging in homosexual activities with each other. While other study participants avoided forming close relationships with anyone at the shelter because of their residential or emotional instability.

In contrast, another percentage of ladies discovered that it was comforting to bond with other shelter residents. Numerous respondents pointed out that they limited contact with others because they were embarrassed that they resided at the shelter, and often failed to inform relatives, friends, and partners of their whereabouts. This also prevented them from pursuing employment opportunities because they were ashamed of their

physical appearance, lacked a permanent address, and did not want to be characterized as abnormal by the general public.

The difficulties of getting along with strangers, and dealing with diverse personalities in the shelter were problematic for many respondents. The women reported that disputes and altercations arose daily with other residents. In terms of surviving in this setting, it was common for many residents to become very aggressive towards one another and engage in violent “street behavior”. Another common coping strategy for respondents to resolve conflicts was to ignore problematic residents or staff. Additional tactics were employed in resolving disputes through the assistance of shelter staff. A smaller number of women preferred to handle conflicts aggressively by quarreling, confronting troublemakers or resulting to violent street behaviors .

In addition, participants found that it was troubling and very difficult to interact with those persons at the shelter that had untreated mental illnesses, were chronic substance abusers, HIV and AIDS infected, or who neglected their hygiene. Participants reported that the stress of homelessness was intensified if the individual also struggled with co-existing conditions such as psychiatric and substance abuse disorders, and physical ailments. Physical accidents at the shelter were also common complaints of the women.

Another challenge for shelter residents were staff expectations. Of the twenty-six participants, fifty-seven percent (15) of the women claimed that employees were not concerned about their welfare and did not vigorously assist them to achieve their goals, or to find long-term housing in the area. They often felt that the staff disrespected them, and

assumed that they were animals. In contrast to forty-three percent (11) of the women who found the staff to be a positive support.

One frequently mentioned obstacle that reverberated for the research subjects was the dearth of specialized services on-site, and the limited financial resources that were available to shelter residents. The lack of income restricted the mobility of numerous respondents and prevented them from enjoying leisure activities, places of worship, and visiting with friends, family, or significant others. It was also difficult for participants to adjust to the rules and regulations. The lack of suitable pursuits, information, boredom, and the over structure at the shelter was troubling.

The Shelter Structure

An added pressure were the physical restrictions at the shelter that informants regularly faced. Respondents complained that the bathrooms were only opened during certain hours, and that it was freezing. In addition, the lockers were very small, and the staff failed to distribute a sufficient amount of supplies. The lack of autonomy, freedom, solitude, and restrictive rules and regulations is often unbearable for scores of women in this location. They also declared that the physical surroundings at the shelter were unsightly, gloomy, and filthy.

In turn, this caused them to become more anxious and or depressed about their predicament. An extra barrier was the stability and permanence of the shelter. The women were all unclear as to how long they would remain at this site. As a result, many of the women became more frantic and anxious about their predicament. Sadly, the shelter was closed towards the final stages of the data collection period, and the residents were moved to other housing programs and shelters.

Coping Rituals

In order to survive, the homeless often use important coping mechanisms and supports to relieve the ongoing tension of homelessness. Just as significant was the discovery that religion and spirituality in their various forms are also other ways of coping that aided in participants continued existence. In an attempt to learn more about the coping routines that assisted the research sample to get through the day, the project researcher asked the women to describe how they coped with the stress of homelessness in this setting. As a result, several important themes became apparent and are presented under the broad headings of “staying busy”, “letting go”, “working my program”, “a place of my own”, “dreaming of employment”, “for the sake of the children”, “somebody to lean on”, “hanging out”, “staff support”, “even just for one day”, “a ray of hope”, “someone who listens”, and “avenues of escape”.

To start, it was determined that forty-six percent (12) of the participants employed more positive coping practices and resources to survive the damaging affects of homelessness, and other stress related factors. This proportion of women used coping tactics that provided them with a sense of control in this demanding and harsh environment. They showed a high propensity of resilience, and relied more heavily on internal strength and fortitude as well as informal and external supports to maintain their congruence. Of great concern were the behavior and negative attitude of the staff. At times, employees were rude, patronizing, and insensitive to the predicament of the shelter residents.

A contrasting finding was that fifty-four percent (14) women reported that alcohol consumption, drugs, chronic cigarette smoking, sexual promiscuity, violence, and

excessive amounts of coffee were negative coping strategies utilized by them to escape the daily horrors of this nightmare. These destructive coping practices provided short-term relief to this group of ladies. It was also determined that this assemblage of women often expressed ambivalence and resentment about caring for their children. The practice of avoidance was an additional negative coping strategy used by them to deal with their unresolved feelings, and lack of control of their circumstance.

Religious and Spiritual Coping

In an effort to understand the phenomena of religious and spiritual coping with greater intensity, participants were asked to answer the following question. “What are the specific religious or spiritual coping practices that you followed regularly in dealing with homelessness? As a result, different themes and perceptions about faith, religion, spirituality, and other interconnected topics came to light.

For instance, “without my faith”, “god’s presence is everywhere”, “near death experiences”, “hell is on earth”, “religion feed(s) the soul”, and “spirituality gives you strength” “meditation is to connect spiritually”, and “self-help philosophies”. were familiar topics. Ninety-two percent (24) of the women reported that their belief and faith in God or a Higher Power gave them the will, determination, and strength to endure the devastation of living in the shelter.

The women interviewed seemed deeply influenced by their religious convictions, spiritual beliefs, and other significant biblical scriptures or readings. They felt that this spiritual connection to a higher being nourished their spirit or soul, and gave their life direction, purpose, and new meaning. In 1992, the Knox Area Mission commissioned a survey of recovery from homelessness by the SRI Gallop poll. Six critical “life themes “

were identified as essential when recovering from homelessness. The most important theme reported by participants was the spiritual dimension. This investigation found that those individuals that believe in God, attend church regularly, and have a relationship with the creator are stronger spiritually, mentally, physically, and more likely to recover and “bounce back” from the trauma of homelessness.

Equally significant was the discovery that respondents commonly referred to God as their Higher Power, Father, Lord, Him, Nature, Jehovah, He is the Way, The Truth, Our Creator, and Jesus Christ. The reaction to the question and their level of dedication and faithfulness to God was astounding. The various implications and dimensions of the religious and spiritual coping customs that emerged from the interview material were wide-ranging, reflecting the unique contribution of each woman. The expressions of “gods word,” “power of prayer”, “church attendance”, “songs of praise”, “religious programs”, “witnessing nourishes the soul”, and “the gift of sight” were devotional rituals regularly used by study participants to survive in this setting.

Another significant result was that the research sample had a very excellent perception and knowledge of the bible. In addition to the finding that informants consistently prayed. They often used phrases such as “The Lord of my God”, “O Lord”, “Lord God”, and “God” to characterize this divine being. More important was the realization that they found comfort and peace by reading their bible or other religious material, meditation, prayer, attending church, listening to religious music, watching Christian programs, witnessing to others, and prophesizing in this location.

Observing Religious and Spiritual Coping Traditions

Research demonstrates that religious or spiritual coping rituals and customs were critical to the daily survival of the homeless woman from this investigation. The researcher found that in order to alleviate the ongoing tension of homelessness, participants indicated that they regularly read their bible or other religious material, engaged in meditation, sang hymnals, constantly prayed, watched religious programs, witnessed to others, experienced gratification with the gift of sight, and attended houses of worship. Of the twenty-six participants, 6 (23.0%) respondents attended the church services provided on-site, three (11.5%) preferred to attend outside religious services in the community, while three (11.5%) enjoyed participating in the church services at the shelter and in the surrounding area.

The serenity that religion provides to many individuals is often related to the support of the minister or church members. Researchers have consistently found that religious participation positively influences the psychological well-being of elderly African Americans.(Walls & Zarit,1991; 1990). This study also found that the higher morale of participants was associated with regular church attendance, and the social support received from other church members. One of the most important support systems for ethnic groups in America has been spirituality, or religiosity in which spirituality is expressed.(Stolley & Koenig, 1997). Religious faith, spiritual beliefs, and rituals frequently alleviate tension for many African Americans in their constant struggle against racism and discrimination.

Just as important was the finding that there were barriers at the shelter that made it especially difficult for participants to consistently practice their religious or spiritual

coping sacraments. Respondents stated that there was no time to be alone, and that it was awkward to pray, meditate, listen to religious music, read the bible in solitude, or attend church services in the community. The lack of privacy in this location was a characteristic complaint that remunerated for several participants.

Perhaps it would be helpful that a private room is available for residents to meditate, or to practice other rituals in private. It was also frustrating that there was a shortage of religious services provided on-site that accommodated alternate denominations. Moreover, many respondents were emotionally overwhelmed at the church services on-site, dissatisfied with the message, or the sermon was in English so they refused to attend.

Religious and Spiritual Supports

By and large, the twenty-four women (92%) who had faith and belief in God also talked about the religious and spiritual supports that have been very useful in their will to stay alive. Half of the sample, (n=13) indicated that a “personal relationship with god” has been extremely helpful and given them more joy, hope, a sense of purpose, and direction. Another significant finding was that of the twenty-six participants, nine (34.7%) women felt that they became emotionally stronger while displaced. This resilience, along with the integration of spiritual and religious principals and rituals allowed them to bounce back from homelessness. It was also important to them that the staff acknowledged the internal and external strengths that they possessed. There were two women who described the disadvantages of spiritually oriented supports. For them, their soul was troubled and this made it awkward for them to practice their religious and spiritual customs.

Holistic Approach

Overall, the extent to which religion and spirituality should be integrated into clinical practice was mixed. Of the twenty-six participants, forty-six percent (12) women expressed an interest in their case manager embracing a holistic approach to clinical treatment, and utilizing more spiritually-oriented techniques, assessments, and interventions. In terms of the homeless, spirituality and religion are topics that are seldom explored by social workers in clinical social work practice, yet are important to many of the clients that they service. On the contrary, fifty-three percent (14) participants emphasized that this was an individual process and journey that did not involve the professionals at the shelter. They reported that they had no interest in discussing religion or spirituality, and other interrelated topics with their case-manager.

Service-Delivery System

Respondents reported that enhancements to the current service delivery system were needed. More important, resources for supporting homeless women with domestic violence issues should be incorporated into program activities. A number of respondents have struggled with domestic violence problems, and other traumas related to this and would most likely benefit from additional on-site specialized supportive services that meet their religious and spiritual requirements as well as other areas of concern.

A number of inferences could be drawn from the results. By utilizing qualitative research methods to investigate the religious and spiritual coping practices and behaviors of the homeless in a public emergency shelter, I hoped to conclude that a uniform practice model in social work could integrate religion and spirituality; inform service-providers and policy-makers about the religious and spiritual coping strategies, strengths,

adaptability, and resilience of single homeless adults; and explore the organizational approach in the delivery of spiritually-oriented social work practice.

Discussion and Application to Social Work Education, Practice, Program, and Policy

8.1.

Social Work Education

In recent times, there has been a renewed interest of the social work profession in spirituality and religion. In fact, social work educators are beginning to include spirituality and religion as important components of the Human Behavior in the Social Environment course. Presently, there is also a growing realization of the significance of religion and spirituality in practice courses. The knowledge attained from this investigation can be useful for practitioners so that they receive the necessary instruction and guidance in graduate school to meet the religious and spiritual needs of the clientele that they will encounter in social service agencies. There should also be the development of a curriculum aimed at educating social work students about appropriate spiritually sensitive social work intervention methods, language, and techniques.

This research will also help educators to assist social work students respond more effectively to the needs of the total person. Therefore, it is suggested that a uniform practice model is adopted in social work that focuses on the holistic, cultural, emotional, physical, social, religious, and spiritual aspects of the individual. Moreover, the results from the study provide an important preliminary theoretical framework for future conceptualization about the phenomena of religious and spiritual coping with homeless

populations. Undeniably, the concept of homelessness and domestic violence must be understood more completely within the milieu of clinical social work practice.

8.2. Clinical Practice

The findings from this investigation also provide support that social service providers in emergency shelters should become more knowledgeable about the religiously based spiritual coping strategies and rituals that their clientele often follow. For many shelter residents, religious oriented spiritual coping mechanisms commonly relieve the ongoing tension of homelessness. Therefore enabling the person to successfully respond to stressful life events, as well as contributing to the spiritual renewal, emotional happiness, and physical survival of the individual in this location. In turn, strength emerged for participants from adversity, and was indicative of the woman's adaptability, adeptness, and durability.

Implicit in this strength based holistic approach is the notion that resiliency allows the person to become stronger in the process while remaining in control under duress. Researchers have consistently found that religious and spiritual coping strategies are positively correlated to favorable behavioral, psychological, and social outcomes. It is striking that there was a paucity of theoretical frameworks that fully elucidate the religious and spiritual coping processes of homeless populations. Religion and spirituality are subjects that are by and large unexplored by the clinical staff in public and private emergency shelters.

Abraham Maslow's Hierarchy of Needs theory offers further insight into human behavior, motivation, and growth. This theory suggests that all human beings have the potential to develop, and to discover more about themselves, while at the same time striving to develop their abilities to the fullest. He identified a hierarchy of needs that stimulates human behavior. Once the person satisfies the needs of one level, they strive to meet the requirements of the next. In ascending order, these fundamental needs include: 1. Physiological: food, water, oxygen, rest, and so forth. 2. Safety: security; stability; freedom from fear; anxiety, threats, and chaos. A social structure of laws and limits assist the person to satisfy those basic needs. 3. Belongingness and love: intimacy and affection provided by friends, family, or significant others. 4. Self-esteem: self-respect, respect of others, achievement, attention, and appreciation. 5. Self-actualization: the knowledge that one is fulfilling their inner potential, and is doing what one is individually suited for and capable of, while others go through the same process yet it is enhanced by connecting to a force greater than self, and uniting with a higher spiritual-being.(Zastro & Kirst-Ashman, 1997). For some homeless individuals, religious or non-religious forms of spirituality are an integral part of this process.

Homelessness is a profound life-altering event that plunges the person into a abyss of spiritual, mental, and physical despair or turmoil. It is also at this time that the individual may feel confused and abandoned by the creator, family, friends, higher power, or significant others. For persons that are homeless, a strong emphasis would first be placed on fulfilling fundamental physiological needs. This is accomplished when the person decides to seek emergency shelter in this setting. Once this gratification of the most basic need occurs, individuals will have the ability to advance to the next level,

persevere, and ultimately achieve self-actualization. For some, religion or spirituality are helpful in this progression, and assist the homeless individual to undergo short-lived episodes of self-actualization. In certain instances, religion or spirituality permit the person to experience blissful moments while displaced, and to become more astute and integrated in the process. However, the hazards that are innate in the homeless lifestyle interrupt this continuous process by jeopardizing the persons every day existence. As a result, it is difficult for the person to proceed to the next level.

In a social service context, it is also important for the clinical staff to consider a strengths-based holistic approach to case management that combines religious and non-religious forms of spirituality when providing services to homeless adults. The strengths perspective in social work is a theoretical orientation that builds upon the persons internal and external resources and strength.(Saleeby, 1996). The homeless women from this study of spirituality have experienced domestic violence, unemployment, poverty, and other significant traumas. A strengths based approach to clinical treatment focuses on developing the optimal capabilities within the person, emphasizing strengths, and generating opportunities in the environment for individuals to change positively. This would also allow the Social Worker a connection into the client's world. Respondents articulated the desire to move into housing, work, get their children back, and have a spiritual life.

In the therapeutic relationship, the exchange between the social worker and the client is an interactive process that both parties actively participate in. Within this framework, the social worker must be viewed as the collaborator or guide that has relevant information to share with the client, and should not be perceived as the authority

figure. As a result, an egalitarian partnership between the worker and client develops.

The strengths perspective has clear implications in the delivery of social services to homeless individuals in a variety of locations.

The strengths perspective is comprised of the following basic principles:

1. Empowerment is aimed at helping clients to discover the power inside, and to uncover resources within and around the individual, family, and community.
2. Clients must rejuvenate themselves and heal from within. They should acknowledge their healthy characteristics and discover their own answers.
3. Humans can only exist through a creative and emergent relationship with the external world. Without this exchange, individuals will not recognize their inherent power, knowledge, spirituality, and internal strength.
4. Individuals must also discover the communal resources that can be utilized in accomplishing their goals.
5. Social workers must view professional work through a different lens. The social worker must abandon initial disbelief in certain client stories that describe abusive, immoral, or destructive behaviors.

Central to the strengths perspective are the beliefs about empowerment, membership, development, and resilience. Clients must gain awareness that they must influence the decisions that affect their lives. A sense of community and identity is an absolute requisite for the realization of client goals. Individuals have a need to belong and are entitled to dignity, respect, and the responsibility that comes with such affiliation.

The loss or absence of this membership makes the discovery or restoration of strengths in the empowerment program more difficult. This is the first step towards recognizing the client's strength in this position and their potential to self-actualize. Important sources of strength for the homeless client are often informal support systems, such as the use of religion, spirituality, and other related themes. In spite of

homelessness, there were women from this study that were affiliated with churches in the surrounding area.

Intervention strategies with this assailable population must be flexible, and aimed at promoting optimal client growth and independence. Thus, by recognizing the spiritual and religious aspect of the client also implies that the person also possesses important strengths. It is rare for clinical staff in secular organizations to explore the religious and spiritual backgrounds of the clientele that they serve, and to apply spiritual oriented helping techniques, assessments, and interventions. It is imperative that the staff comprehends the religious and spiritual requirements of the shelter residents and incorporates this information into clinical treatment.

Essentially, spiritually-sensitive social work practice focuses on purpose, meaning, emotional well-being, transformation, as well as dealing with other concerns that the individual presents to the social worker.(Canda & Furman, 1999). The clinician also uses a range of possible supports and resources so that the individual maximizes their full potential, and connects to the highest holistic level of consciousness in a more profound, pragmatic, and resilient manner. Finally, the staff must attend regular seminars, in-service trainings and continuing education programs in order to keep abreast of the recent trends and changes in regards to spiritually sensitive social work practice.

Sheridan (1998), suggests that social workers must respect the different religious paths of their clientele, and be willing to learn about the various practices, rituals, and practices that the person follows. Social workers must link into the positive aspects of spirituality even if the person does not have a home or a job. Additionally, social workers must examine their own values and biases concerning religion and spirituality, and

resolve any negative feelings and experiences that may adversely affect their work with the consumer. By completing the above-mentioned suggestions, social workers will develop a working knowledge and terminology of the diverse religious and spiritual principles and canons.

At the same time, clinicians must be aware of those clients that have no interest in discussing religion or spirituality in clinical practice. Next, social workers should be willing to discover what gives their lives meaning and purpose. In doing this, social workers would be able to evaluate the religious and spiritual convictions of their clients along with other forms of variance. It is vital that spiritual interventions and assessments correspond with the person's current developmental stage, and that the social worker has the necessary expertise and facts before implementation of these strategies. All social workers' must also become cognizant of the various religious and spiritual leaders and resources in the neighborhood for the purposes of collaboration, referral, and a continuum of treatment.

Social service providers in public emergency shelters are in a unique position to influence either positively or negatively the recovery of survivors of homelessness. In this location, the staff is often limited in the type of social services that are provided to residents. There is definitely more advocacy needed by social workers, as well as a broad base of support for victims of homelessness and domestic violence. Additionally, the staff must continue to work collaboratively with existing services and community resources that address common problems faced by homeless women that are battered.

The findings from this study demonstrate that survivors of homelessness are often isolated and estranged from their limited systems of support, and network of family and

friends. In most cases, religion, faith, and spirituality were often the only aspect of their lives that remained intact. Another important implication of this of this study involves group work. Counseling and support groups would be instrumental in the recovery process of traumatized homeless women that are abused. As a matter of fact, participants in the present study expressed in interest in meeting other persons who were aware of what they were going through and also homeless. Central to social work practice with groups is the concept of mutual aid. The group worker recognizes in the helping relationship that the group is the primary source of change, and that the worker is not the powerful expert. Implicit in this belief is the notion that group members must all work together to achieve the goals that they may have established for themselves. This is an egalitarian relationship of reciprocity and mutual respect. Therefore, it is important that the group worker is also knowledgeable about this strengths-based holistic approach to clinical treatment and responds accordingly to the total needs of the person and their environment. Moreover emphasis would also be directed at highlighting the client strengths, empowerment, individual growth, and social change.

8.3. Program Planning and Development

In terms of program planning and development, the data can be used by the organization to enhance and modify certain aspects of the service delivery system. It is suggested that more client feedback is needed, and a consumers' council should be formed so that residents would have the opportunity to express their opinions and concerns about their religious and spiritual requirements, the service delivery system, staff, and other clients at the shelter. The council would take the lead and develop

initiatives that are appropriate to the program and reflect their input. In addition, a client advisory board should be created so that residents are provided with optimal opportunities to voice their concerns in a more formalized manner. This provides an excellent opportunity for the organization to generate new insights and reevaluate the current service delivery system at the shelter, as well as respond to the religious and spiritual needs of the residents.

Canda & Furman(1999), offered a theoretical framework that can be replicated and promotes spiritually sensitive social work practice in human service organizations. First, a religious and spiritual diversity team within the agency must be created. Second, a team coordinator should be designated. Third, information must be available that describes the complete range of religious and spiritual paths, and the resources that are available in the community. Fourth, consumers and the shelter staff should be included in this innovative process. Fifth, the current range and level of spiritual and religious diversity among agency staff must be determined. Six, the organizational policies, programs, and procedures should be evaluated for their responsiveness to spiritually sensitive social work practice. Lastly, a cooperative cross-site service team that involves the organization and religious and spiritual leaders in the area should be formed.

This is a theoretical paradigm that will assist the shelter staff to help the clients on their journey of spiritual evolvment and self-actualization, while at the same time explore their own spirituality as it relates to their professional identity and practice effectiveness. At the same time, research techniques could have been especially helpful in determining the requirements of this program. In order to gather more information about the religious and spiritual requirements of the research participants, a questionnaire

could have been administered to the residents and the staff. However, the hindrance of this research strategy is that client respondents must be literate, motivated to read and answer the questions appropriately, and knowledgeable about the phenomena under investigation.

8.4. Social Welfare Policy Implications

The findings from this study can be utilized by policy makers to formulate and modify current social policies and procedures for this subgroup of homeless women in both the public and private sector. One can argue that there should be an inclusive federal social policy that strives to eradicate homelessness amongst the nations poorest citizens. In this country, the reversal of secularization has been guided by the conservative public policies, and the trend of the federal government to relinquish total responsibility for social welfare in this country. Today, it is becoming gradually more difficult for the homeless to meet the criteria to receive much needed monetary and social assistance from the federal government. Despite the odds, the physically abused women from this investigation desired to work, and had hope for the future.

Since the Reagan administration, governmental officials have argued that the church should become more active in responding to the needs of the poor. As a result, there was a reduction of finances that were allotted for social and housing programs in America. In the United States, there has always been a separation of the church and the state. Now, the houses of representatives have recently approved President Bush's 2001 "faith based initiative" to expand the role of religious charities in social programs. Consequently, the Senate has opted to allocate more federal monies to faith-based

agencies so that they can provide social services to the poor and needy. It would also provide modest tax breaks to encourage charitable giving by Americans who do not itemize their taxes.

Since its inception, early religious and spiritual ideologies have always corresponded with the prevalent social policies of the United States. Focusing on the spiritual aspect of the person does not replace the need for more housing programs and structured support in America. Social policies have become increasingly more punitive towards homeless people. Traditionally, the homeless have been portrayed negatively and blamed for many of the social problems that exist in our country. For instance, the welfare reform act that was passed by Congress on August 1, 1996 abolished the manner in which public welfare benefits were distributed to recipients resulting in more people becoming homeless.

This shift ended six decades of guaranteed federal assistance to impoverished persons. Moreover, welfare benefits are now administered by States and allocated to recipients through block grants. In addition, there were term limits placed on individuals and families who received welfare benefits. Single adults were only allowed to collect welfare benefits for three years, whereas families were permitted to receive entitlements for five years. The restrictive modifications that legislation approved severely restricted food stamp eligibility, Medicaid, TANF, and other essential benefits and entitlements for welfare recipients and immigrants. Nationwide, more families that are on welfare are in danger of becoming and remaining homeless. For these families, homelessness is a symptom of extreme poverty and not merely lack of housing.

This get-tough approach to welfare is based on several erroneous assumptions. First, there is the notion that welfare perpetuates dependency among recipients rather than serving as a “stop gap” measure during difficult times. Secondly, the belief that welfare compromises the American work ethic. Thirdly, ideas that impoverished families are responsible for the growing poverty rate in the United States. Fourth, the perception that welfare contributes significantly to the expanding federal budget and increases in taxes. This practice of exclusion reaffirms and legitimizes stereotypes about the homeless and provides justification for their oppression, which is in contradiction to the American ideology of equality and fair play.

To assume that homelessness is a result of dysfunction, lack of discipline, and personal failure have had a devastating impact on homeless populations. Church related agencies, similar to voluntary organizations should be servicing the poor and underserved. Today, there are still basic survival needs and many social service agencies and groups, as well as the federal government that continue to provide essential services to homeless populations with limited social, monetary, and emotional resources.

8.5. Future Research

Based on the results from this study, suggestions for further research are recommended from a very specific as well as a broad context. Therefore, the foregoing results need to be considered within the context of several methodological limitations. First, the study only examined a small group of homeless women in one emergency

shelter in the northeast. Hence, the findings could not be generalized to other homeless populations in other settings. It is unclear if men, who are the largest homeless sub-group in America also use religion and spirituality to cope. Further research is needed to determine if homeless women have a penchant to embrace religion or spirituality more. An additional limitation was that the research sample was primarily comprised of African American women who were Baptist. To a lesser extent, very few respondents were of other racial, ethnic backgrounds, and religions.

Another shortcoming of this investigation was the one-sidedness of the data. The sample though varied did not provide a cross section of the entire homeless populations that use religious and spiritual coping strategies. Large numbers of women in this sample were of African American ancestry and Baptist. The comparison of different cultures, ethnicities, races, and samples in various locations may add further insight into the relationship between the demographic attributes, homelessness, resiliency, adaptability, and religious and spiritual coping process.

A third restraint concerned the length of time in which the religious and spiritual coping strategies were assessed by the project researcher. Future research efforts should focus on the phenomena of religious and spiritual coping more intensely, and for longer periods. A process study perhaps would capture the different meanings and dimensions of religious and spiritual coping of the research sample at different stages of their lives. Towards the end of the study, a focus group interview could have also been conducted with a small group of participants about the phenomena of religious and spiritual coping, other interrelated topics, and their service delivery needs. A vast amount of information may perhaps been gathered from multiple informants in a short period.

Finally, in an effort to learn more about the phenomenon of religious and spiritual coping with greater intensity, direct observation of the informants' social world is also suggested. Most likely, multiple observers might spend time in the field, and study the actual religious and spiritual behaviors and events as they take place. Observational data would have permitted the researcher to develop a deeper understanding about external and internal observable behaviors, and the full range of interpersonal interactions which is not entirely possible when using an in depth open-ended interview or questionnaire.(Patton, 1990). In addition, it may have also been helpful to examine case records and reports at the organization. This could have been a remarkably rich source of information about the clients, and the organizational rules, regulations, policies, and procedures.

Overall, future research efforts must also focus on the formation of an empirical base to discover the most appropriate pre and post-intervention services for homeless women that are battered in public emergency shelters. The specific religious and spiritual needs of this subgroup should be taken into account in addition to their demographic characteristics, criminal justice backgrounds, homeless histories, co-existing disorders, systems of support, and their economic, social, and political standing are also other important variables to consider.

The following recommendations are suggested:

- 1) The designation of a quiet space at the shelter for residents to practice their religious or spiritual coping rituals, and for visiting with friends, relatives, and significant others.

- 2) A revision of the shelter rules and regulations allowing residents greater freedom and autonomy to follow their religious or spiritual sacraments.
- 3) Appropriate apparel, shoes, and supplies should be available on-site so that consumers are able to attend church services, or other related activities in the community.
- 4) The development of comprehensive counseling programs and specialized services to meet the burgeoning needs of homeless women in this location that are abused.
- 5) Support groups that assist the individual to: (A) receive objective information about domestic violence and housing policies, and the judicial and law enforcement systems which may allow them to gain more control over their lives, (B) To become less isolated, depressed, and hopeless about their situation, (C) To be given the opportunity to verbalize their constant fears and feelings in an atmosphere of genuine acceptance and support.
- 6) More resources and financial support are required for supporting homeless women with domestic violence issues in public emergency shelters, and in the community.
- 7) Information should be disseminated to residents about existing community level sources of support, services, linkages, and the full range of religious and spiritual leaders, agencies, and groups in the surrounding area.
- 8) A staff member that is available to escort and expose the woman to the various resources in neighborhood if necessary.
- 9) An early intervention program that improves the educational, social, and economic status of homeless women that are abused.

10) The utilization of the theoretical framework that promotes spiritually-sensitive social work practice in human service organizations.

11) The development of a strengths-based holistic approach to case management that integrates religion and spirituality, in addition to other areas of concern.

12) The amendment of domestic violence policies in America so that legislative changes accommodate and protect the rights of victims that are homeless, and that harsher sentences and penalties are imposed on batterers.

Additional research is also warranted to determine the specific concerns that pertain to homeless women that are battered.

- 1) Deeper understanding about homeless experiences, mistreatment, length of displacement, and the number of times homeless women cycled in and out of homelessness.
- 2) Further comprehension about the short and long-term behavioral, emotional, and social complications of homelessness and domestic violence.
- 3) The effect of the “faith based initiative” of 2001, and the response of secular and religious organizations that provide social services to the homeless.
- 4) An investigation into how human service professionals in public emergency shelters in addition to other locations evaluate, and provide services to meet the emotional, physical, religious, and spiritual needs of homeless women that have also been maltreated.
- 5) The discovery of the specific qualities and characteristics of homeless woman that utilize religious and spiritual coping strategies and rituals to survive over time.

- 6) An inquiry into community self-help measures as a way of preventing future cases of homelessness among abused women and their families.
- 7) A re-conceptualization about homelessness, religious and spiritual coping, and the perceived level of cooperation from social, political, economic, and community level systems of support.
- 8) Follow-up studies that bring to light the religious and spiritual coping practices of formally homeless women once permanently placed in housing.

Conclusions

As it stands, the findings point to the tremendous importance that religious and non-religious based spiritual coping supports played in the lives of the women in assisting them to survive the aftermath of homelessness in this demanding and harsh locale. Research has found that the religious and spiritual needs of homeless persons have not yet been met. Second, results replicate previous conclusions with the elderly, terminally ill, and minorities that religious and spiritual coping customs often buffer the effects of stress, and contribute to more positive outcomes in terms of the emotional and physical well-being of the person. Third, they underscore the need for the in-depth study of the spiritual and religious coping process among different homeless subgroups. Finally, homelessness and domestic violence are serious social problems in America that must be dealt with accordingly.

The respondents in this study of religious based spirituality were all survivor's of homelessness, and were assiduous in seeking instrumental support from professionals, relatives, friends, one another, and partners. They also identified other important cultural and coping strategies, as well as religious or spiritual coping rituals and practices as

useful in their recovery. In talking about homelessness, the examination of the religious and spiritual coping practices of women in a public emergency shelter tends to support the value of social service providers perhaps considering a strength's based holistic approach to case management that integrates religion, spirituality, as well as other areas of concern. Social workers that service the homeless are in an excellent position to build upon the spiritual strengths of their clientele, and hopefully assist the individual to reach their fullest potential, reorient their spirit, and self-actualize.

Appendix A: Shelter Description

The Kingsbridge Women's Assessment Center in the Bronx is a temporary emergency shelter for homeless women. There are 107 beds available in this facility. All municipal shelters (including contracted facilities) are governed by the provisions of the Callahan consent decree, by the New York State Department of Social Services(NYSDSS) regulations, and applicable fire, building, and health codes. Homeless women that are new to the Department of Homeless Services (DHS) shelter system, or who have not resided in the DHS system for six months can request shelter.

No referral is necessary for placement in the Kingsbridge Women's Assessment Center. On-site social services and medical care are provided to residents in the shelter by Care for the Homeless. This social service organization offers a range of services citywide, and has evolved to meet the needs of homeless families and individuals, including shelter, counseling, referrals, and training.

Appendix B: Recruitment Flyer

Project Title: Renewal of the Spirit: Exploring the Religious and Spiritual Coping Practices of the Homeless.

What is this research project?

This is a research study that explores the religious and spiritual coping practices of individuals that are homeless.

Who is doing this study?

Kimberly Kennard, a doctoral student in Social Welfare at the Graduate Center of the City University of New York.

Who is involved in the study?

A public shelter in the New York metropolitan area that provides emergency shelter and on-site supportive services to homeless adults.

What are the study activities?

By gathering descriptive information through personal interviews with clients and staff.

The information from the taped interviews will be consolidated, and a study number will be given to protect the identity of all research participants.

What will the benefits of the study be?

The student researcher will learn more about the religious and spiritual coping practices of the homeless with the help of the research team:

Client participants will receive ten dollars for each interview.

Who can I contact for further information?

Kimberly Kennard

The Graduate Center of the City University of New York

365 Fifth Avenue

New York, New York 10016

(718) 982-3780

E-mail KKENN62915@aol.com

Appendix C: Recruitment Script

My name is Kimberly Kennard and I am a student currently pursuing a doctoral degree in Social Welfare. The purpose of the study is to examine the religious and spiritual coping practices of adults that are homeless, and to identify what kinds of services or resources would be helpful to meet their religious and spiritual needs.

Participation in the study will help me to understand how individuals use religion, spirituality, and faith to survive being homeless, and also enable me to complete the requirements for my doctoral degree.

If you decide to participate, I will be asking questions about your experiences with homelessness, your practices of religious and spiritual coping, and the services provided by the shelter staff to meet your religious and spiritual requirements.

Interviews will last approximately an hour, and you will be paid 10 dollars for each completed interview. Participation in this research study will provide you with a small financial benefit.

Risks to participation are minimal, and your participation in the study is voluntary. The project researchers will ensure that your rights are not infringed upon, and that your anonymity is protected, and confidentiality is maintained.

Should you agree to participate in this research project, this will in no way affect your housing, or any services that you receive and are entitled to at this agency.

Please be assured that any information gathered in the course of the study is confidential and will not be released to anyone not working on the project, or to the program staff.

All information from the taped interviews will be consolidated, and a study number will be given to protect your identity. The final version of the report will use pseudonyms to protect the identification of all research participants.

If you would like to contact me for further information about the research project, or to schedule an interview, I can be reached at (718) 982-3780. I appreciate your time and cooperation.

Appendix D: Interview Guide

Research Questions:

1. Please tell me about your experience(s) with homelessness?

(Prompt: most recent experience, where were you, on the streets, shelter, other temporary setting, duration of homelessness, number of times homeless, prior residence).

2. What caused you to become homeless?

(Prompt: individual reasons/unemployment/illness/lack of affordable housing/substandard housing/poverty/disaster/psychiatric/ substance abuse disorders/HIV/AIDS, other factors).

3. How would you describe your experience(s) with homelessness?

(Prompt: harmful effects/physical/mental/emotional/changes, obstacles on the streets/ public shelter, environmental stresses, encounters with the general public, governmental agencies, social-service agencies, criminal justice system/peers/commercial establishments).

4. What are the things that are most stressful to you when you are homeless?

(Prompt: emotional difficulties/isolation/loneliness embarrassment/shame/humiliation, physical hardships, lack of support services, financial problems, daily conflicts, co-existing disorders).

5. Could you describe how you cope with the stress of homelessness?

(Prompt: coping processes, practices, behaviors, resources/daily routines, role of faith/religion/god/spirituality/church/spiritual friends/mentors/clergy /family friends/professionals/significant relationships/social networks/ties/alliances/bonds).

6. What are the specific religious or spiritual coping practices that you follow regularly to deal with homelessness?

(Prompt: significance of devotional practices of prayer, meditation, fasting, reading the bible, religious music/materials, church attendance, holy ghost/spirit, internal and external strengths, adaptive capabilities/resourcefulness/survival strategies/life skills).

7. Please describe in your own words what religion, spirituality, and faith mean to you ?

(Prompt: opinions, perspectives, attitudes, and meanings about religious principles and convictions, relationship with god /higher power/supreme-being, spirit, spirituality/religious, and non-religious forms).

8. What are the source(s) that nourish your spirit, or give your life meaning?

(Prompt: religious faith, identity, orientations, rituals, doctrines, membership/attendance-church/mosque/temple/ synagogue, tabernacle, non-religious belief systems, current practices/non-religious support systems, cultural traditions).

9. What are the most significant stories, teachings, or rituals that give you guidance, comfort, or strength?

(Prompt: integration of spiritual or religious principals/values/daily activities/crisis).

10. In what ways do you find spiritual supports helpful or unhelpful?

(Prompt: religious resources/support groups/structured activities/pastoral counseling/supportive services).

11. What assistance do you receive from religious or non-religious social service organizations?

(Prompt: affiliations, nature of involvement, community level support-social service organizations/faith-based shelters/soup kitchens/food pantries/missions/governmental agencies).

12. How are your spiritual or religious coping practices related to your work with the clinical staff? Please explain.

(Prompt: spiritual or religious oriented practice techniques/evaluations/language).

13. What type of services are provided by the staff to meet your religious and spiritual needs?

(Prompt: provision of spiritual techniques-guided relaxation, meditation, breathwork, dreamwork, visualization/guided imagery, self-reflective journaling, use of ritual, mind/body work, religious or spiritually-focused bibliotherapy, use of prayer)

14. Finally, are there any suggestions or additional feedback you would like to offer?

(Prompt: modifications/enhancements/service-delivery system, holistic view, positive reinforcements).

Appendix E: Staff Survey
(adapted from Canda and Furman, 1999)

Agency: _____ Date of Interview: _____

Site: _____ Program Type: _____

Respondent: _____ Position: _____

Opening Statement: As social service providers, clients present issues that often pose unique challenges for treatment programming. Many clients that reside in the shelter are deeply influenced by religion or spirituality. In an effort to learn about the religious and spiritual coping practices of the homeless, I would like to talk to you about the religious and spiritual needs of your clientele, and the utilization of spiritually-oriented interventions and techniques. Before we begin, I would like to review the informed consent form with you. At the end of the consent form, you will be asked to sign two copies of the consent. One copy will be kept by the project researchers, and the other is for you to keep. Are you ready to begin?

1. What is your current job title, responsibilities for the position, and length of time at the agency?

2. Do your clients belong to or participate in any spiritual groups? If so, what is the percentage, and please name them.

(Prompt: sources that nourish the spirit/give strength/comfort/relief/helpful or unhelpful).

3. Would you describe them as religious or non-religious?

(Prompt: ideas about religion and spirituality/relationship to god/higher power/supreme-being/spirit/non-religious supports).

4. What are the major values and beliefs of these groups?

(Prompt: philosophy, orientation, doctrines of religious/non-religious systems).

5. What are some of the religious or spiritual rituals that your clients practice?

(Prompt: membership/attendance-church/mosque/temple/synagogue, tabernacle, non-religious ceremonies/groups).

6. What about the spiritual activities or resources that your clients use?

(Prompt: devotional practices of prayer, meditation, fasting, reading the bible, religious music/materials, telling and listening to inspirational stories or speeches/participating in social support groups/networks/nature activities/yoga/ t'ai chi).

7. If clients do not participate in spiritual groups, do they have other ways of expressing their spiritual needs or interests? Please elaborate.

(Prompt: frequency/type/attendance/self-reflective diary/journal keeping relaxation/art-music-dance-poetry therapy/biofeedback).

8. How is the clients' religion or spirituality related to your clinical work with them? Please explain.

(Prompt: spiritual or religious oriented practice techniques/evaluations/language).

9. What type of services is provided to meet the religious and spiritual needs of your clients?

(Prompt: actions/behaviors/comments/provision of spiritual interventions/-guided relaxation, meditation, breathwork, dreamwork, visualization/guided imagery, use of ritual, mind/body work, religious or spiritually-focused bibliotherapy, use of prayer, touch, pastoral counseling/religious or spiritual books/writings).

10. What type of skills or knowledge would you need to apply spiritually-oriented interventions with your clients?

(Prompt: training/resources/continuing education programs/affiliations).

11. Finally, are there any suggestions or additional comments you would like to offer?

(Prompt: modifications/enhancements/service-delivery system, holistic view/religious and spiritual strengths perspective).

12. This completes our interview, thank you so much for participating.

Appendix F: Informed Consent-Client

Principal Investigator: Kimberly Kennard

Project Title: Renewal of the Spirit: Exploring the Religious and Spiritual Coping Practices of the Homeless.

I'm going to review the study consent form with you. I will read the form aloud and you can follow along on your copy. Please feel free to stop me if I am reading the consent form too quickly, or to ask questions if something is not clear to you. At the end of the consent form, you will be asked to sign two copies of the consent. One copy will be kept by the project researchers, and the other is for you to keep. Are you ready to begin?

This is a research study that investigates how individuals use religion, spirituality, and faith to cope with the stress of homelessness. I am interested in interviewing clients like yourself, and maintaining contact with you for at least three months in the event that additional interviews or information is necessary.

I would like to ask you questions about your experiences with homelessness; religious and spiritual coping practices; and to identify which services is provided by the staff at the shelter to meet your religious and spiritual needs.

This study is being conducted as part of my doctoral studies in Social Welfare at the Graduate Center of the City University of New York, under the faculty guidance of Michael Smith, DSW. This information will better help me to understand the religious and spiritual coping practices of individuals that are homeless.

Your participation in this study is voluntary and will not affect your housing, or any services that you receive and are entitled to at the shelter. All information from the interviews and audiotapes will be stored in a locked file in the office of the principal investigator, and only the principal investigator will have access to it. The data will be consolidated, coded, and a study number will be assigned to protect your identity.

Please be assured that any information from the interviews is confidential, and will not be released to shelter staff.

There are two exceptions to this confidentiality rule. First, in the event that the principal investigator or her records are subpoenaed by legal authorities, she will honor their request and turn over requested information. Second, confidentiality will be disregarded if you disclose to the project researchers that you intend to harm yourself or others. The interview will be discontinued, if necessary, and this information will immediately be relayed to the appropriate clinical staff in the agency.

Informed Consent

I understand that if I agree to participate in the research study, I will be interviewed at a locale of my choice for about an hour. I understand that all interviews will be tape-recorded to ensure accuracy and precision of the data collected, and transcribed by the project researchers.

Follow-up interviews will be done if needed. I understand that if I am contacted for a later interview, I will have the opportunity to allow or refuse the interview.

I will be paid \$10 for each completed interview, and will sign a subsequent consent form for all follow-up interviews. I understand that my participation in the research study provides me with a small financial benefit. I understand that if I terminate the interview prematurely, a pro-rated portion of the ten dollars will be given to me.

I understand that information gathered in this study is confidential, and only project researchers will see the data collected. I understand that the report or presentation of findings will not include any information that permits my identification by name, or other research participants involved in the study.

I understand that I can stop the interview at any time, or take a break if I wish. I understand that I can refuse to answer any questions that I am uncomfortable with, or determine are too disturbing.

If I become upset, I understand that a member of the research team is a trained social worker who will also adhere to the strict rules of confidentiality, and is available to assist me in processing my emotions if I wish such assistance. If necessary, emergency mental health numbers will be available to me.

I understand that this is a research study to fulfill the principal investigators requirements for a doctoral degree in Social Welfare, and that the information from this investigation will be used only for research purposes.

I understand that transcripts will be typed, and that tapes and informed consent forms will be kept for three years upon completion of the research project by the principal investigator. I understand that I can review the audiotapes, and remove any information that I am uncomfortable with.

I understand that the final version of the interview material will use pseudonyms to protect my identity, and that a summary of the research findings will be given to the organization. I understand that the final results will also be available to me if I request a copy.

I understand that I can withdraw from the interview, even if after they have begun, and this research project at any time without penalty, and that any information I have given up to that point will be destroyed if I wish.

The principal investigator for the research study is Kimberly Kennard. I understand that if I have any questions about the research study, I can contact her at (718) 982-3780.

If I have any questions about my rights as a research subject, or feel that those rights have been infringed upon, I can contact Dr. Michael Smith, who is the Dissertation chairperson at (212) 452-7029.

I understand that if I participate in this study, I do not waive any of my legal rights. I have been given the opportunity to ask questions regarding the purpose and procedures of this research study. In my opinion, there are no substantial risks with respect to my participation in this research study, and I am satisfied that my confidentiality and privacy will be protected by the research team.

I have read and understand the above statements. I agree to participate in this research study. I understand that I can withdraw my consent at any time, and that I will receive a copy of this consent form.

Name: _____
Signature of participant

Date: _____

I certify that the consent interview process was conducted in accordance with all Institutional Review Board regulations.

Name _____
Signature of Witness

Date: _____

Consent Form Approved.
Hunter College IRB
Expiration Date 3/21/01

Appendix F: Informed Consent-Staff

Principal Investigator: Kimberly Kennard

Project Title: Renewal of the Spirit: Exploring the Religious and Spiritual Coping Practices of the Homeless.

This is a research study that investigates how individuals use religion, spirituality, and faith to cope with the stress of homelessness. I am interested in interviewing staff to learn more about the religious and spiritual needs of the homeless, and the services provided by you to meet their religious and spiritual needs.

This study is being conducted as part of my doctoral studies in Social Welfare at the Graduate Center of the City University of New York, under the faculty guidance of Michael Smith, DSW. This information will help me to better understand how individuals that are homeless use spirituality, religion, and faith to survive.

Your participation in this research study is voluntary, and will not affect your employment. If you decide to participate in this project, I would like to keep in contact with you for three months in the event that additional interviews and information is necessary.

I will ask you questions about the religious and spiritual coping practices of your clientele; and to identify which services are provided by the clinical staff in the shelter to meet their religious and spiritual requirements.

All information from the interviews and audiotapes will be stored in a locked file in the office of the principal investigator, and only the principal investigator will have access to it.

The data will be consolidated, coded, and transcribed by the project researchers. In addition, a study number will be used to protect your identity and other research participants.

Please be assured that any information from the interviews is confidential, and will not be revealed to anyone not working on the project, or the staff in the organization.

There are two exceptions to this confidentiality rule. First, in the event that the principal investigator or her records are subpoenaed by legal authorities, she will honor their request and turn over requested information. Second, confidentiality will be disregarded if you disclose to the project researchers that you intend to harm yourself or others. The interview will be discontinued, if necessary, and this information will immediately be relayed to the appropriate staff in the agency.

Informed Consent

I understand that if I agree to participate in the research study, I will be interviewed at a locale of my choice for about forty-five minutes.

I understand that follow-up interviews will be done if needed. I understand that if I am contacted for a later interview, I will have the opportunity to allow or refuse the interviews.

I understand that all interviews will be tape-recorded to ensure accuracy and precision of the data collected. I understand that I can review the tapes, and remove any information that I am uncomfortable with.

I understand that tapes, informed consent forms, and interviews will kept for three years upon completion of the research project by the principal investigator.

I understand that information gathered in this study is confidential, and only project researchers will see the data collected.

I understand that I can refuse to answer any questions that I am uncomfortable with, or determine are to disturbing. I also understand that I can take a break, or stop the interview at any time.

I understand that if I become upset, I can terminate the interview if I wish. I understand that a member of the research team is a qualified social worker who will also adhere to the strict rules of confidentiality, and is available to help me process my feelings if I wish such assistance. If necessary, emergency mental health numbers will be available to me.

I understand that this is a research study to fulfill the principal investigators requirements for a doctoral degree in Social Welfare, and that the information from this investigation will be used only for research purposes.

I understand that the information is confidential, and the report or presentation of findings will not include information that permits my identification by name, or other research participants involved in the study.

I understand that transcripts will be typed, and that I will be assigned a study number to protect my identity. I understand that the final version of the interview material will use pseudonyms to conceal my identity.

I understand that I can withdraw from the interview, even after they have begun, and this project at any time without penalty, and that any information I have given up to that point will be destroyed if I wish.

I understand that a summary of the research findings will also be shared with the agency, and available to me if requested.

The principal investigator for the research study is Kimberly Kennard. If I have any questions about this research project, I can contact her at (718) 982-3780.

If I have any questions about my rights as a research subject, or feel that those rights have been infringed upon, I can contact Dr. Michael Smith, who is the Dissertation chairperson at (212) 452-7029.

I understand that if I participate in this study, I do not waive any of my legal rights. I have been given the opportunity to ask questions regarding the purpose and procedures of this research study.

In my opinion, there are no substantial risks with respect to my participation in this research study, and I am satisfied that my confidentiality and privacy will be protected by the research team.

I have read the above and understand it. I agree to participate in this research study. I understand that I can withdraw my consent at any time, and that I will receive a copy of this consent form.

Name: _____
Signature of participant

Date: _____

I certify that the consent interview process was conducted in accordance with all Institutional Review Board regulations.

Name _____
Signature of Witness

Date: _____

Consent Form Approved.

Hunter College IRB

Expiration Date 3/21/01

Appendix G: New York City Emergency Numbers

- 1) Department of Mental Health-Crisis Intervention Hotline -
(212) 219-5599
- 2) Domestic Violence Hotline - (1-800) 621-HOPE (4673)
- 3) Food and Hunger Hotline (City Harvest) - (212) 533-6100
(M-F 9am-9pm) (Sat-Sun 9am-5pm)
- 4) HIV/AIDS Counseling Referral Hotline – (1- 800) 541-AIDS (2437)
- 5) LIFENET – (1-800) LIFENET (543-3638) 24 hours a day
- 6) New York State Coalition Against Domestic Violence – (1-800) 942-6906
- 7) Rape and Sexual Abuse Hotline – (212) 267-RAPE (7273) -
- 8) Samaritans Suicide Hotline – (1-800) 673-3000 24 hours a day
- 9) Victims Services – (212) 577-7777 24 hours a day

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