A QUALITATIVE RESEARCH STUDY TO EXPLORE THE LIVED EXPERIENCES OF

FEMALES WHO ARE HOMELESS AND LIVING IN SHELTERS

A Dissertation
Submitted to the Graduate Faculty
of the
North Dakota State University
of Agriculture and Applied Science

By

Mary Ollor Onungwe

In Partial Fulfillment of the Requirements
for the Degree of
DOCTOR OF PHILOSOPHY

Major Program:
Counselor Education and Supervision

April 2015

Fargo, North Dakota

North Dakota State University
Graduate School

Title

A Qualitative Research Study To Explore The Lived Experiences of
Females Who Are Homeless And Living in Shelters.

By

Mary Ollor Onungwe

The Supervisory Committee certifies that this ***disquisition*** complies with North Dakota

State University's regulations and meets the accepted standards for the degree of

DOCTOR OF PHILOSOPHY

SUPERVISORY COMMITTEE:

Dr. Brenda Hall

<small>Chair</small>

Dr. James Korcuska

Dr. Jill Nelson

Dr. Gregory Sanders

Dr. Carol Cwiak

Approved:

4/17/15	Dr. Martin
Date	Department Chair

ABSTRACT

Homelessness could affect all persons at some point in life regardless of age, gender, race and class if a person falls prey to certain risk factors such as chronic mental illness, addiction, family disruptions, and sudden or protracted unemployment. The female population is at a greater disadvantage of falling prey to becoming homeless by virtue of their gender and implicit and explicit gender inequality principles woven in society's structural system. The researcher focuses on the female homeless population in order to understand and explore the unique challenges they encounter that have led them to experience homelessness. In addition, the researcher specifically questions why homelessness continues to be a problem because social service programs are often available for persons in need before they become homeless.

Themes that emerged from the study were better understood utilizing three counseling theories: Relational-Cultural Theory (RCT), Psychodynamic Theory and Narrative Theory. RCT posits that human beings grow through and toward connection. Human beings need connections to flourish, and stay alive. Psychodynamic Theory takes a developmental approach to examine early childhood experiences, whether they be positive or negative, and how such experiences and life events may affect a person's adult life. Finally, Narrative Theory takes into consideration a persons' story, and how this population makes meaning from their experiences. The narratives of this specific population is imperative to give a voice to those who don't have a voice, in particular giving a voice to the female homeless population who are doubly invisible in today's society. It is also necessary to examine such narratives for problem laden or solution focused language; Narrative Theory therefore, offers insight into the power of the word of mouth, tales, stories, accounts, descriptions and what individuals choose to retain or forget during traumatic experiences.

To this effect, the researcher will conduct a qualitative study by interviewing females who are homeless and residing in shelters in order to understand their unique experiences of homelessness and to deduce how they structured meaning from their circumstances. To enhance the questionings surrounding this dilemma, females residing in shelters in the upper Midwest region were interviewed.

ACKNOWLEDGEMENTS

DEDICATION

My dissertation is dedicated to my wonderful and beloved children Israel, Ngajo and

Obarianasemi; you are the best gift to me in this life time and beyond.

Also to my dear parents Elder Meshach Ollor Onungwe and Joy Adaji Onungwe for their

unconditional love and for being mostly responsible for the person I have become.

Additionally to my late cherished grandmother Jesse Katiaya Osila Mube, your memory lives on!

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1. INTRODUCTION

Overview of the issue

We do not fully understand, nor can we explain the persistence of homelessness. Even those with dual incomes can find themselves without a place to live. In fact, over the last 20 years, there has been an increase in the homeless population in the United States (Arangua, Andersen, & Gelberg, 2005). Many studies show consistent statistics for the rise in female homelessness (Arangua, Andersen, & Gelberg (2005; First, Rife & Toomey 1994; Wasson & Hill, 1998). For example, this could be because of women's demonstrated and unique vulnerabilities. Certainly, females belong to a marginalized portion of the western society, often carrying an extra burden of family responsibilities such as child bearing and rearing. Women compared to men are more vulnerable to economic issues, intimate partner and family member abuse and victimization (DeWard & Moe, 2010). These stressors often overlooked by policy makers give women limited access to answers to resolve their unique challenges, especially during crisis situations.

In addition, social-macro problems place females at a more vulnerable position for becoming homeless, especially females with dependent children (Bassuk, Buckner, Weinreb, Browne, Bassuk, Dawson & Perloff, 1997).These social macro issues can include structural and systemic deficits, gender inequality principles related to employment, and are also both intrinsic and evident in societal daily affairs (Bassuk et.al). In addition, O'Grady & Gaetz (2004) noted that occupational, income disparity, and segregation among males and females are responsible for continued homeless conditions among females. Moreover, O'Grady & Gaetz (2004) reported that women are socially and economically marginalized in comparison to higher earning males.

1

This masculine/feminine, employment and economic disparity shape western society and are reproduced and perpetuated over generations. The following findings suggest that among the homeless, females have a particular vulnerability that is distinct from the male homeless population. First, Rife & Toomey, (1994) posited that a single-family household headed by females is more likely to become homeless by a higher rate (51.5%) than their male counterparts. However, another study by Wasson & Hill (1998) noted that female headed households are the fastest growing population of homelessness. These researchers went so far as to say that it is unsuitable to use the conventional portrayal of homelessness as old and male, reporting that 20-33% of the homeless population is female. Moreover, according to Lee, Price-Spratlen & Kanan (2003), single-family households have the tendency to encounter additional risks of becoming homeless due to lack of availability of a second income when faced with adverse circumstances. Overall, although the population of homeless individuals is comprised of both male and female, there has been a surge in the rate of homeless females as compared to rate of homeless males.

It is for this reason, that the researcher will investigate the unique challenges and experiences of females who are homeless. This is done to better understand the self-perception(s) of homeless females and to begin to illuminate their lived experiences so as to improve service delivery systems in order to resolve problems for this specific homeless population. This may, in turn, reduce the rate of homelessness among this population.

Statement of the problem

Homelessness is usually discussed through the lens of economics. However, research on the topic rarely factors gender into consideration. Concurrently, from the review of literature, not much is known about the experiences of females who are homeless especially with the

stigmatization of the homeless persons. Efforts have not been made to reach out to them to obtain first hand narratives. The researcher proposes to explore and better understand the lived experiences of being female and homeless in a shelter in the upper Midwest.

A review of the literature can point out the roots of disconnection for many groups of people, be they male, female, young or old (Brokenleg, 2012; Kim, Ford, Howard &Bradford, 2010; Hoffnung, 2005; Carroll & Trull, 2002). Disconnection can stem from disrupted relationships throughout a lifespan. Using the issues as revealed in literature about homelessness as a foundation, this study will focus on the many issues of disconnection in the female homeless population. The new knowledge generated will then be focused in addressing and attempting to resolve the specific issues of disconnection in the female homeless population.

Because there isn't a solid research to guide about this area of women's lives, counselors and educators are missing important clues in how these women came to be homeless in the first place and the factors that are keeping them homeless. In other to effectively respond to this problem, continued research, workshops, publications and collaborative participation among professional counselors needs to be ongoing and consistent. Indeed to further explore, understand old and emerging trends into these problems and to attempt to interrupt and resolve them, research into the specifics of female homelessness must be done.

Purpose of study

The purpose of this study is to first, cast light on the experiences of females who are homeless and residing in shelters. The results of the analysis and narratives will broaden the understanding of the lived experiences of being homeless and female in the upper Midwest in other to identify and expose new insights into the factors that hinder or foster connection, growth

in relationships, and resiliency. The second purpose is to present findings at the end of this research project at professional conferences. It is the hope of the researcher that these findings will offer techniques that support ongoing growth potentials that will, in turn create opportunities to perpetuate and expand on positive factors in an attempt to help understand the experiences of females who are homeless.

The theoretical foundation of Relational-Cultural Theory (RCT), a Psychodynamic/developmental approach and Narrative Theory, will guide this academic quest. For the purpose of this study, the researcher chose a phenomenological inquiry of qualitative method. Research interviews will be employed to understand and explore the experiences of homeless females.

In conclusion, the researcher is interested in addressing the overall research question: What is the experience of being homeless and female in the upper Midwest?

Significance of study

A major purpose for this study is to explore, understand, identify and illuminate the lived experiences of female homelessness. It is likely that these lived experiences include the personal, environmental, medical, and psychiatric factors that lead to homelessness (Radley, Hodgetts & Cullen, 2006). Additionally, as a result of this study, the researcher hopes to identify more clearly those factors that pose threats for the homeless female population.

An important consideration for this study is the claim that posttraumatic growth is necessary and possible through ongoing therapy, and education about building positive connections and skill acquisition (McMillen, 2004). The findings from this study can help counselors working at shelters develop strategies to nurture and foster individuals' growth

potentials, create and recreate opportunities for posttraumatic growth, foster resiliency, and replicate the findings and outcomes in other populations so that exiting homelessness is realized for them as well.

Shelter counselors may gain new and alternative insights and tools with which to identify and cultivate growth qualities in homeless females. These findings will also inform counseling practices, teaching, supervision, and research in order to promote continued education, collaboration, and advocacy for community action and change as it relates to homeless females.

Definition of terms

The following provides definitions for terminology used throughout this study:

Genogram: Genogram is a counseling assessment tool, a pictorial display of family relationships, medical and psychiatric history. It is also known as the family tree used in other health care professions to gather, obtain, store and process information on family relationships, themes, composition, history and patterns of behaviors (Papadopoulos & Bor, 1997).

Homelessness: Is a state of having no place of residence.

Narrative theory: The expressions of peoples lived experiences through verbal accounts, and the meaning and interpretation given to such lived lives (White, 2005).

Phenomenology: Phenomenology a type of qualitative inquiry; it is concerned with the embodiment and essence of the experience itself and how experiencing something is transformed into awareness. It is believed that when belief, prejudices, judgment, viewpoints are suspended; consciousness rises and there is clarity of subject under study (Merriam, 2009).

Posttraumatic growth: A phenomenon that supports positive report or experiences following any adverse condition that is responsible for such rebuilding of one's' life and return to normalcy (McMillen 2004).

Psychodynamic theory: Examines the impact of biology/genetics and early childhood experiences and patterns of attachment on an individuals' life. Freud posited that disruption in early childhood development affects stability of one's welfare throughout the lifespan if not corrected through psychotherapy (Reichenberg & Seligman, 2010).

Relational-cultural theory (RCT): RCT posits that human beings grow through and toward connection. Humans need connections to flourish, and stay alive. Isolation breeds suffering on a personal and cultural levels. RCT attempts to humanize the complexities of group interaction in a therapeutic relationship. Key concepts of RCT are mutual empathy, growth-fostering relationships, connections, and disconnections, power over, privilege, shame, controlling images and condemned isolation. Mutual empathy occurs as people recognize the effect they have on one another in relationships; their receptivity to one another's life experience encourages a window of vulnerability and a higher level of support and growth. In growth-fostering relationships, each individual is able to access personal thoughts and feelings as well as another's and grow and mature along with others. Connections with one another are noticed in growth-fostering relationships or encounters in quality or quantity (Jordan, 2010).

Limitation of the study

The study has the potential to encounter the following limitations. Researcher's bias toward homelessness in the United States in general and specifically females based on the common knowledge and experience that resources are available in the social service system to assist individuals with survival and thriving tools after traumatic life events.

Direct access to research participants' recruitment may be a hindrance since the researcher will use indirect means to request for participation.

The limited research participants may not represent the perceptions of the population of homeless females as a whole.

Interested participants may not have access to phone as a means to contacting the researcher. Even when they have access to phone at the shelters, they may not have the money to make calls on pay phones. The researcher was unable to secure space to conduct interviews when participants were interested and ready to take part in the study.

Some facilities do not welcome research studies of any kind as the researcher found out during the early stage of the study.

Summary of chapters

In Chapter 1, an overview of female homelessness was provided. Females are more susceptible to homelessness than their male counterparts by virtue of being females with additional stressors, emotional ties to relationships in general, and personal and environmental factors. The present study will seek to address this problem by offering suggestions for building skills and encourage empowerment for homeless females. Chapter 2 will review the relevant literature on the subject of homelessness in general, how it affects females in particular and

women's shelter experiences. Chapter 3 will discuss the research methodology of this study

which is phenomenology through interview of females who are homeless and living in shelters.

The results of this study will be shared in Chapter 4. Limitations of this study, recommendations

for future research and implications for practices, teaching, and supervision will be shared in

Chapter 5.

CHAPTER 2. LITERATURE REVIEW

Definitions of homelessness

Maslow (1943) offered insight into the Hierarchy of Needs in his theory of human motivation. He posited that human needs are hierarchically placed, and one has to meet these needs for a person to be in homeostasis. These needs are: Physiological needs, which include water, air and food. The place where these primary needs are consistently met from infancy to advanced old age is called 'home.' These physiological needs must be met before a person can move on to meeting the subsequent needs. The second need is safety needs; these include personal and financial security, safety, health and well-being. Once again, the need for safety must first be met in the home. After the safety need is met, the third need, love and belonging then follow. Here, the need to be accepted to a social group, interpersonal relationship, friendship, family and intimacy fall under this category. Like safety, this third interpersonal need is essentially centered in an individual's experiences of home life. Maslow's fourth on his hierarchical list of needs is that of esteem: the need to be appreciated and respected by one self and by others. Esteem needs has the lower esteem, which comes from others and higher esteem which comes from the self. According to Maslow, if the first three home-centered needs are not met, this fourth need cannot be actualized. Although it is not as home –centered as the first three needs, nevertheless it is a need that is directly associated with the ability to obtain and sustain the employment that is required to maintain the home. Maslow's last and final need is self-actualization; this need emphasizes the ability of individuals to reach their full potentials, and so realize whatever goals they set for themselves. Home, therefore, is not only a place of residence, but also is foundational to the fulfillment of human needs.   Those who suffer from homelessness

have one or more of these needs unfulfilled. As these needs are endangered, disequilibrium is created in the person's physical, social, emotional, mental, occupational, and spiritual lives, which leads to displacement from the person's home and social circles. The first and second needs on the hierarchy have been well researched (Pluck, Lee, David, Spence & Parks, 2012; Kim, Ford, Howard & Bradford, 2010; Dworsky & Courtney, 2009; Teeson, Hodder & Burhrich, 2000) but the third and the fourth needs have been less studied (Anderson & Rayens, 2004; Radley, Hodgetts & Cullen, 2006). However, to truly understand the underlying causes of homelessness and for some who experience it, its longevity, on all levels of need must be addressed.

How then, do we tell if a person is "homeless?" Surprisingly, we cannot always define what it means to have a home in a way that satisfies all the needs proposed by Maslow (1943). Chamberlain & Johnson (2001) suggested that homelessness is socially constructed. Their findings collaborate with Maslow's Hierarchy of Needs levels three, love and belonging and four, esteem needs. The authors postulated that what may comprise of sufficient housing can vary from time to time or culture to culture. For example, immigrants who have lived a collective lifestyle prior to coming to the United States may simply appreciate having a dwelling place, and could sleep on the floor with little regard for comfort at their initial arrival (Chamberlain & Johnson, 2001).

Individuals or groups differ in their expectations of what constitute a home; for example females living with their husbands in a violent relationship, with no emotional support but have a physical structure are considered homeless by the parameter that the safety factor is

compromised by the presence of violence at home. This notion supports level three on the Hierarchy of Needs.

Eyrich-Garg, Oleary & Cottler (2008) suggested that homelessness can be both objectively observed by the outsider and subjectively reported by individuals. Those who self-report tend to have disorders such as post traumatic stress disorder (PTSD), antisocial personality disorder (ASPD), alcohol use, sedative abuse or dependence. Interestingly the study reported that marginalized individuals living with other persons, friends or family members, those that reside in inexpensive motels or half way houses did not identify themselves as homeless or even consider their temporary living conditions as homeless but a way of life.

In addition, Chamberlain and Johnson (2001) also report that levels of homelessness can vary. This means that those who reside in housing units that lack amenities for a safe haven, or situations that constitute a threat to that safe haven, experience a high rate of transition between places of habitat. Again, this study showed that where the home is congested, does not meet the emotional needs of the dwellers, and when a high portion of the income is used for rent, then those living in that dwelling are at a higher risk of becoming homeless (Chamberlain and Johnson, 2001).

Obviously, defining both homelessness and its roots can be both complex and lengthy. In addition, the factors of disruption in early childhood, mental health, chemical dependency problems, disconnection across the lifespan and negative dominant narratives complicate any definition. Furthermore, Maslow's Hierarchy of Needs, articulates human need beyond the physical structure of a shelter. With homelessness, there is a confluence of personal, social, environmental and political issues. Some of the factors leading to homelessness include but are

not limited to chemical dependency, mental illness, chronic unemployment etc. For this reason, there appears to be complication and no easy definition of homelessness which conflicts this picture of old, white, beard, drunk on the street. Homelessness is not merely the absence of living space, it is also the presence of housing that does not provide some degree of human needs as portrayed by Maslow's Hierarchy of Needs because some individuals can reside with families and fulfill all their needs and vice versa.

Therefore, in order to incorporate Maslow's Hierarchy of Needs, for the purpose of this study "homelessness" will be defined as the degree of circumstances where the physiological or physical needs, safety needs, love and belongingness, esteem needs and self-actualization are compromised or jeopardized in one way or the other to cause disequilibrium in a person's life. However, the scope of this study cannot address the whole aspects of homelessness. Therefore, the researcher chose to examine the relationship between disconnection across the lifespan, negative dominant narratives and homelessness.

Factors contributing to homelessness in the United States

As earlier mentioned, homelessness can occur due to numerous factors of the structural, social, political, environmental and personal reasons. Several authors therefore enlighten readers on their perspectives on the factors that may contribute to homeless tendencies as discussed below. Such factors identified by Kim, Ford, Howard & Bradford (2010) are childhood abuse, neglect, other forms of victimization leading to incapacitating stress and subsequent post traumatic stress disorder (PTSD). The authors suggested that mental health conditions and not physical health problems lead to unstable living conditions succeeding homelessness.

Childhood traumatic experiences may lead to placement in foster homes, separation from families, drug and alcohol use, abuse and dependency continuing into adulthood. As this trend of lifestyle continues, the individual fails to acquire essential skills and achieve developmental milestones to be transferred into other aspects of life. In effect, social economic hardship ensues leading to poor and skewed self-understanding, perception, displacement and homelessness becomes the byproduct. As previously mentioned, social selection by mental illness conditions predisposes the individual to social isolation, lack of education and economic scarcity for affordable living and to experience other personal and environmental problems located on the axis 1V of the diagnostic and statistical manual of mental health disorders. This social isolation from the self and others affirms how the third need of Maslow's Hierarchy than leads to disturbance and subsequent homelessness as well as the psychodynamic framework to understanding this phenomenon.

Accordingly, Teeson, Hodder & Burhrich (2000) showed and reiterated the prevalence and threat of mental illness, chemical dependency and the comorbidity among the homeless population. The majority of the sufferers are women; this report is consistent with prior findings. It will be imperative to obtain why the female population are the majority of individuals with these disorders in the process of this study. To emphasize further on this point, Pluck, Lee, David, Spence & Parks (2012) offered insight into neurological testing on seventy participants. Forty of these individuals were females; the study noted that all participants had lower intelligent quotient, poor cognitive function and processing ability, lower memory function and neuropsychological performance all linked to substance abuse and mental illness. To this effect,

the basic human need of health and wellbeing on level two of Maslow's Hierarchy of Needs has been endangered that invariably led to homelessness.

Also, Radley, Hodgetts & Cullen (2006) examined the complexity of individual or personal, relational deficits, social qualities and dimensions that led to homelessness. The authors supported the notion that the combination of traumatic life events such as death, sexual abuse, psychiatric and mental health disorders as well as strained social network, lack of affordable housing, and finances are risk factors that lead homelessness. According to the authors, women in particular are mostly plagued or express openly the adverse effects of broken relationships, marriages and involvement with violent men. These women shared their fear for safety and stability in the course of such relational transaction. As a result, they were encouraged to utilize a narrative account of life events so that more light can be shed into the events and allow for strategies to help them survive with opportunity to reauthor and improve the trajectory of one's path. In effect, this notion will validate why the researcher chose to employ the narrative lens to examine this female homeless trend.

Additionally, Dyb (2009) suggested that imprisonment and marginalization can lead to homelessness. Imprisonment and marginalization places individuals in a power over circumstances as evidenced in RCT concepts. Prison experience, oppression, racism, classism and sexism subjects one to lack of privacy, control, severed relationships and poverty which creates exclusion from social networks, lack of resources for skill building to function in the society. One third of persons are homeless upon release from prison; most individuals who transition into half-way houses and shelters temporarily after serving their time in prisons have no or minimal employment and social skills to navigate, support system to negotiate the processes to reintegrate

into the society. Therefore they tend to migrate from place to place seeking shelters with better living conditions and with more assets. This is especially true as many landlords choose not to lease housing units to felons thereby perpetuating social exclusions and stigmatization.

Furthermore, Hoffnung (2005) used the similarities between racism to describe homelessness. Just as racism, homelessness shares the stigmatization of social inequalities, shame based labels, humiliation, and degradation. These individuals cannot act as the "regular, average Joe" as a result of their personal and social risk factors. Such stigmatization brings about the perpetuation of disconnection, more vulnerability and violence on self and others.

Conclusively, Shier, Jones & Graham (2010) emphasized the need to use a microscopic, individualized lens rather than macroscopic, labeling, stigmatized, stereotyped, myopic view of homelessness. The authors noted that some individuals who are homeless are gainfully employed but do not have enough resources to meet their needs in the face of increased economic demands, unaffordable housing, shortage in labor market and insufficient resources. This perspective allows service delivery personnel to utilize hopeful change to affect lives by understanding unique needs rather than generalizing intervention. While some individuals may need brief talk therapy, career counseling, spiritual guidance and specific resources to help rebuild their fragmented lives, others may require extensive assistance to resolve their homeless conditions. The authors concluded that since females as a group have a unique way of doing things and perceiving the world, it therefore crucial to examine the opinion of experts on unique challenges with the female population, as they encounter the world events and navigate life while living in shelters.

In order to integrate the definitions of homelessness, its causes into Maslow's Hierarchy of Needs and theoretical foundations, it is imperative to acknowledge the broad view of this subject. Homelessness can arise from many sources, the personal, social, structural, environmental and political thereby causing a divide in the ability of one to meet the human basic needs as identified and discussed by Abraham Maslow. It is therefore imperative to narrow the subject on those issues that affect and murk the homeless women's experience.

The female homeless population

Often, the homeless individual will appear faceless to the general public; yet if pushed, most people who are not in daily contact with this population would say that the homeless individuals stereotypically are male, elderly, single, and plagued with mental health problems and or addictions. According to Cavallero's (2012) report on the National Alliance to end homelessness done annually on homeless assessment showed that 62.7% of males reside in shelters, 71.7% of them are individuals, meaning that they are not in a family unit, and 20.75% of them are persons in families. On the other hand, 37.25% of homeless females live in shelters, 28.3% of whom are individuals and 79.3% are persons in families. The author mentioned that, it is difficult to have a reliable number for homeless persons at any given time due to their frequent movement in and out of shelters or deceptions to qualify for social service programs. As noted in this report, research has indicated that these stereotypes are not accurate; it is therefore imperative to note that most homeless women have families, which adds to their stress of being able to navigate social service resources.

However, Lindberg (2014) noted the increasing trend in the state of Minnesota. The author reported that 392 males and 134 females were homeless in 2009; that number surged in

2012 in which there were 566 homeless males and 211 females indicating that 44.39% of males and 57.46% of females were affected by homelessness (Lindberg 2014). This is a 13.07% difference in the rates of reported males versus female homelessness.

In another study by Rothe, Heineman & Shelton (2014), there was an increase in homeless families from 434 in 1991 to 1,747 in 2012. This report also shows that sheltered families comprised of 80% of single female headed household, 45% of single males, 15% of two adult families and 1% of youth under age 18 (Rothe, Heineman & Shelton, 2014). In actuality, these females are the faceless ones in an already faceless population. Unfortunately, this facelessness also haunts the research about homelessness in America. This sub population may also be neglected in homeless research; these neglected homeless females deserve to be emphasized and recognized in order for policy makers and frontline workers to understand their needs and assets. My research will work to add valuable information and insights about this population and thus inform counseling practices, teaching, supervision, further research, and policy making.

According to Arangua, Andersen, & Gelberg (2005), as homelessness increases, the homeless female population increases as well. The authors also posited that in the past 20-30 years, female headed households have increased in response to the rise in the homeless population (Arangua, Andersen, & Gelberg, 2005). The authors specifically mentioned certain factors lead to female homelessness: substance abuse, mental health disorders, abuse, family conflict, rape, previous abuse, and those with large family members (Arangua, Andersen, & Gelberg, 2005). The authors asserted that this seminal study was the first to identify women's experiences in regards to homelessness and one how can endure women's' multiple

17

vulnerabilities, for example three or more health symptoms, and/or structural, social and economic liabilities (Arangua, Andersen, & Gelberg, 2005). This means that any of the homeless females could have medical problems, psychiatric problems, social problems, financial problems, addiction problems or a combination of some of these problems posing threat to their livelihoods.

Additionally, Milburn & D'Ercole (1991) noted that previous research focused on socio demographic and mental health deficits that lead to homelessness, but women who are mothers, under age 35, minorities and those with lower educational level are prone to becoming homeless because of the interplay of significant stressors in their lives that tends to exacerbate their circumstances. Although, they did clarify that homelessness is prevalent among women of various races, ages, and culture, nevertheless they identified specific risk factors endemic to homelessness: acute, chronic stress and chronic physical, emotional and/ or sexual abuse (Milburn & D'Ercole, 1991). According to Milburn & D'Ercole (1991), these situations can lead to dependency on drugs and social service benefits. The social service benefits are usually insufficient to meet all the needs of the families which results in scarcity, poverty and recycling into homelessness (Milburn & D'Ercole, 1991). Homelessness is therefore multifaceted to tackle, yet convoluted when looking at gender in regards to female homelessness. This complexity is more twisted on the national and international level, though commonalities exist between them. In the developing countries, unique challenges occur due to the absence of women's rights; females are frequently seen as properties, they lack employment opportunities and face significant immigration obstacles. Female immigrants can also lack support networks; some may experience language barriers and cultural nuances, lack citizenship, are often of single status, and

18

have limited educational status in a foreign land to become self-sufficient (Milburn & D'Ercole 1991). In the researcher's unpublished master's paper, it was found that females who are refugees and or immigrants can face unique barriers to acculturation. Some of these females lose their immigration documents during marital disputes or domestic violence. Their husbands can confiscate their valuable credentials that can limit their progress in America. This situation can lead to temporary hardship if such records are not produced as required by employer or educational institutions.

Whether a homeless female is an immigrant or not, unique challenges continue for them as a collective group when it comes to homelessness and the expression their sexuality. According to Loates (2010), the structures of homeless facilities do not respond to changes in society as more individuals identify themselves beyond the male/female dichotomy. The shelters are configured on heterosexual assumptions, thereby leaving out those who do not fit the defined norms. Specifically females who do not fit the norms are subjected to the repression of their expressed sexuality. In order to protect themselves, this population must stifle their identities to avoid being stigmatized and/or assaulted. In addition to these safety concerns, there continues to be concealment of sexual identity to prevent homophobia, backlash, shame, and eviction from shelters (Loates, 2010).

Furthermore, Loates (2010) posited that females who are homeless and pregnant have added challenges and are also conflicted with their sexuality because to be pregnant emphasizes a woman's sexual visibility. While females who are not homeless tend to defend their pregnancies, homeless females tend to be relieved if a child dies during gestation. However,

because they are relieved, grieving then becomes unresolved and complicated. This may lead to further mental health crisis, which can compound homelessness (Loates, 2010).

According to Loates (2010) some females wonder about their sexual health, navigating menarche, menopause, menstruation and life transitions while homeless. They may question whether their sexuality is for only reproductive purposes or a natural part of being human. Some females become confused, and numbed to the point that their sexuality is subdued, therefore becoming asexual and giving up on intimate relationships, especially in cases in which violence and abuse factored in their homelessness. Therefore, homeless females can have difficulty expressing and negotiating their sexual identities, pregnancies, and motherhood. According to the author, being pregnant and raising children when homeless has been ridiculed over the years while childbearing for housed females can be healthy predictor of happiness and wellbeing (Loates, 2010). Consequently, some homeless females find alternate ways to meet their sexual needs. Watson (2011) explored how young, sexually active females navigate intimate relationships and continue to survive homelessness. The author noted that some females exchange sex which is usually at their disposal, for material support, physical protection, emotional security and stability. Some avoided such exchanges and even questioned as why they should have to resort to them as a means to survive. Watson argues that this act of using sex as a means for getting basic needs met is another form of marginalization and inauthentic relationships. This act can lead to shame, internalized anger and other self-destructive patterns of living to compensate for the level of stress experienced (Watson, 2011).

Furthermore, Zugazaga (2004) compared stress felt by three groups of the homeless population; single men, women, and women with children. Nine major life events were

examined; they include major financial setbacks, demise of a steady relationships, and death of close friends or family members, foster care placements, hospitalization in a psychiatric hospitals, and sexual abuse/violence over age 18, unemployment, serious injuries and relationship conflicts. The author observed that more single women experienced physical and sexual violence, more single men had experienced addictions and incarceration, and women with children experienced more foster care placement in their past. However, single men and women experienced heightened stressors as compared to women with children, an indication that having and raising children could in some instances, become a protective shield for women who are homeless (Zugazaga, 2004). However, it must be remembered that women with children or pregnant can be shamed.

In a similar way, Carroll & Trull (2002) highlighted the need to understand childhood problems that led to adult dysfunction resulting in unstable living situations. As the children of homeless mothers experience unstable living environments, their world view is affected as they grow older. The authors reported experiences of homeless women who disclosed that as children they had experienced homelessness, physical and sexual abuse and violence (Carroll & Trull, 2002). Carroll & Trull (2002) noted that these women felt helpless, fearful, betrayed, resentful, deceived, maltreated, ignored, abandoned and as adults anger. In other to cope with these negative emotions, the women resorted to substance abuse and prostitution, which provided temporary relief from overwhelming feelings of homelessness anger (Carroll & Trull, 2002). Such behaviors layered the negative feelings of shame, anger, and rejection, perpetuating a generational dependency on drugs, alcohol and the social service system.

21

In support of Watson (2011) and Zugazaga (2004) findings, Bassuk & Rosenberg (1988) note that most homeless females tend to be mothers, single, poor, have minimal work experience with prolonged welfare benefit dependence, and have children with emotional and developmental problems. These females were abused as children and battered as adults and have fragmented social networks and mental health and chemical dependency issues. This relates directly to Maslow's Hierarchy of needs level three, love and belongingness (Maslow, 1943). This is one of the reasons why the researcher chose to employ RCT lens to examine the relationship between disconnection and homelessness among females.

In a different light, Roschelle (2008) used ethnographic methodology to research the perspectives of women receiving welfare benefits. According to Roschelle, (2008) these females complained that their assistance has been significantly reduced with no empathy and regard for the individuals' pace to obtain employment skills to function independently. In most instances, in order to survive with limited or no social service benefits, these women are forced to stay in abusive and violent relationships or reestablish contact with their abuser for financial and other support needs. Roschelle (2008) reported that these women argue the margin set by the new reformed policy seemed unrealistic to them with uncertainty to meet the goals set. Such perceived fear could compel them to jeopardize their safety and wellbeing as well as those of their children's when contact is made with the abuser for support. These females considered themselves to be driven into hopelessness, helplessness, and homelessness. They beseeched for advocacy for change, and policy revision as they were eager to share their challenges and experiences.

Women and shelter experiences

DeWard & Moe (2010) note that shelters were initiated in the 1970's to temporarily counter the increasing rise in unemployment rates, housing cost, and displacement of individuals with mental health problems. With the continued rise of homelessness into the 1980's, especially among women and families, shelters became permanent residences, providing Maslow's 2nd level "safety needs," and 3rd level "love/belongingness," for the homeless (Maslow, 1943). As a result of this increasing trend in homeless numbers, shelters as a place of refuge became bureaucratic institutions. However, the institutionalization and bureaucratic nature of shelters tend to inhibit basic human roles such as wife, husband, lover and friend (DeWard & Moe, 2010). Haj-Yahia & Cohen (2009) is supported by DeWard and Moe's (2010) research on women who reside in shelters and their experiences of the many barriers they encounter. Accordingly, these women share that bureaucracies exist in shelters and function to show clearly who are in power and can make decisions, and who are dependent on the institutions and resources they offer, and thus cannot make decisions (DeWard & Moe, 2010). Here, the bureaucratic power over the women can lead to the women to experience a disconnect within themselves and with others, which in turn can hinder growth-fostering relationships (Jordan, 2010). According to Jordan (2010) "power over" is usually exercised by the dominant groups over individuals in attempt to make them feel safe and productive spirit (p. 105). However, the "power over" is counterproductive because it does not allow for the empowerment of these women, who are already experiencing fractures in body, mind, and spirit (Jordan, 2010, p. 105).

According to Haj-Yahia & Cohen (2009), women who reside in shelters do so to seek external protection and only as a last resort for themselves and their dependent children when

23

faced with dangerous circumstances, such as abuse from spouses and partners. These women are aware that shelters are safe and controlled environments, which offer them safety, rehabilitation, and therapy. In shelter environments, women can depend on themselves, their fellow residents, and staff for emotional support even as they are subjected to rules, regulations and supervision. According to Haj-Yahia & Cohen (2009), as these women arrive at the shelters, in order to adapt to the shelter setting, they develop mindset similar to those of prison inmates. They perceive their fellow residents as supportive, sharing similar experiences and a common language, and protective and in solidarity (Haj-Yahia & Cohen, 2009). In contrast, they perceive shelter staff as critical, unsupportive and thus they express dissatisfaction with staff and services (Haj-Yahia & Cohen, 2009). They go through several phases, which may or may not be linear, to arrive at an acceptance of their current homelessness. The first phase is that of "adaptation" (Haj-Yahia & Cohen, 2009, p. 103). Here they develop a pattern of behavioral adaptations that are situational and the propensity to examine their own identity and embark on self-definition. As they fixate on their current situation, they let go of whatever they were in the past: wife, mother, lover, or employee (Haj-Yahia & Cohen, 2009). Others, who may not adapt to shelter regulations and supervision, rebel against the shelter norm, which leads to a second phase: "rebellion," which can be overt or covert refusal to comply or cooperate with rules (Haj-Yahia & Cohen, 2009, p. 103). Then third, some of women give up the rebellion to become colonized. In the phase of "colonization," they endeavor to be comfortable in order to accept whatever the shelter has to offer them (Haj-Yahia & Cohen, 2009, p. 103). Finally, they can adjust to conform and adopt staff approach in their entirety. This phase is called "change and transformation" (Haj-Yahia & Cohen, 2009, p. 103). Unquestionably, the complexity of the homeless female population is

revealed in the experiences of women who reside in homeless shelters as they develop strategies to deal with the norm of their new residence.

VanNatta's (2005) research also addresses discrimination based on race, class, heterosexism, ableism, and what is considered 'normal' by the individual agencies in their acceptance of battered women into shelters. According to the author, the "normal cases, ideal clients, or legitimate clients" are identified based on groupings set by the agency's made up philosophy so that the shelter staff members can justify the denial of individuals who do not meet their set criteria VanNatta (2005, p. 417). In doing so, these shelter staff can embrace many of the biases that are pervasive throughout the social structures of the dominant culture (VanNatta, 2005). Such philosophies work to allow for the exclusion, and mistreatment of individuals. According to VanNatta's (2005) report, a population that has suffered exclusion of this nature is that of transgender individuals; the report claims that the transgender population continues to face exclusion, as well as the feminist, lesbians, gay and bisexual populations. The author therefore calls for justice, equality, and inclusion of all women whether they be prostitutes, immigrants, disabled, gays, lesbians, or bisexual, and regardless of the make-up of their families (VanNatta, 2005).

Furthermore, having children and residing in shelters have layers of challenges that come with parenting without a home. According to Cosgrove & Flynn (2005), there are countless subtle, but powerful, stigmas attached to being a mother and homeless. The stigma include, but are not limited to, the look, disrespect, humiliation, dehumanization, avoidance, and demeaning judgmental acts and attitudes from social service workers and shelter staff (Cosgrove & Flynn, 2005). Parenting in this circumstance becomes unnatural and tedious because the very real

possibility that the women are under watch at all times and are forced to enroll and attend parenting classes whether they need them or not (Cosgrove & Flynn, 2005). Moreover, the authors argue that these women become "cultural scapegoats," perceived as those who lack competence to parent their children (Cosgrove & Flynn, 2005, p.134). These homeless mothers lament that they are often seen in a negative light, as slackers, and that others forget that they encounter difficulties with increasing living expenses and family problems (Cosgrove & Flynn, 2005).

This kind of hardship requires effective strategies in order to cope with both institutional and societal stigmatization. DeWard & Moe (2010) report the three survival strategies women utilize at shelters to cope with being institutionalized. The strategies are "submission," "adaptation," and "resistance" (p. 123-124). Those who submit to the bureaucracies do so without questioning the rules and regulations, those who adapt do so in ways that can permit them to preserve a sense of their individuality, and those who resist do so to reveal the inconsistencies in the shelter systems (DeWard & Moe, 2010). These women described their experiences of living in shelter as "a prison" (DeWard & Moe, 2010, p.1). Therefore, homeless shelter bureaucracies inhibit the movement from Maslow's level of met physical needs to his levels of love and belongingness and self-actualization that women need in order to escape homelessness. DeWard & Moe (2010) recommend that shelters not only meet the safety needs of their residents, but also provide avenues for emotional support, affirmation, acceptance, and harmony to foster positive growth potentials.

Building on reported women's negative shelter experiences as described above, Harlbut, Robbins & Hoke (2011) share that the women's spiritual stances support health promoting

26

coping behaviors. In their research, they acknowledge both the insidiousness of homelessness in general and how women, in particular, are one of the fastest growing subpopulations experiencing either acute or chronic homelessness. The authors highlight that as homelessness provides avenues for women to engage in behaviors that may affect their health in negative ways, such as smoking, illegal drug use, alcohol abuse, or inactive lifestyles, spirituality has been discovered as additive to their overall well-being (Harlbut, Robbins & Hoke, 2011). They added that spirituality can often be a source of hope, faith, and inner strength that promotes posttraumatic growth and resiliency (Harlbut, Robbins & Hoke, 2011).

Therefore, Harlbut, Robbins & Hoke (2011) argue that spirituality supports purpose in life, satisfaction, values, and connections with self and others. They also point out that the women's spirituality may be complex and does not necessarily reflect religiosity or an organized religion (Harlbut, Robbins & Hoke, 2011). The authors also posit that homeless women residing in shelters already possess these belief systems which may, in turn, defend them against the negative effects of homelessness. Consequently, the shelter needs to be a place where those personal beliefs can be accessed, expressed, and supported. Additionally, the authors' share that counselors should not only address food and shelter issues, but also be aware of their own spiritual stance so that spirituality is included in assessment in order to address the whole person and offer opportunities that allow the expression of individual spiritual practices (Harlbut, Robbins & Hoke, 2011).

Furthermore, spirituality can play a crucial role in protecting women from destructive behaviors brought on by hopelessness as they reside in shelters. Meadows-Oliver (2003) posits that prayer and motherhood can also serve as defenses against the negative distractions, loss,

depression, hopelessness, frustration, and stress that accompanies the scrutiny these women may experience as they mother in public. According to the author, living in a shelter and parenting has no room for privacy, freedom for expression of parental rights, or the mourning and anger associated with loss of home, respect, and dignity. In fact, as mentioned above, Cosgrove & Flynn's (2005) later findings of women's mothering experiences when homeless are consistent with these by Meadows-Oliver (2003). However, in spite of these adversarial circumstances reported by many researchers, Meadows-Oliver (2003) also reports that these women acknowledge that they draw on their spiritual values, through intensive, extensive prayer, and they draw on their concern for their children's safety as motivators for resolving their homelessness. The author concludes that these women believe that their homeless condition is temporary, as they seek opportunities for growth and development and to further their education in order to become self-sufficient (Meadows-Oliver, 2003). The author therefore calls for justice, equality and inclusion of all women regardless of whether they fit the shelter defined norm or not (Harlbut, Robbins & Hoke, 2011).

Therefore, it can be argued that there seems to be overall consistency in the findings on the range of experiences of women's residing in shelters. Some women described the barriers they face in shelters as institutional, with bureaucracies that show clearly who are in power and who are not. These barriers are further complicated by motherhood in the public arena and the negative attention that comes with being watched constantly, judged for parenting styles, and forced to enroll in parenting classes whether one needs them or not. This "power over" hierarchy that can bring about the disconnection and disempowerment that hinder growth-fostering relationships with the self and others, which are necessary to exit homelessness (DeWard &

28

Moe, 2010; Jordan, 2010, p. 105; Hay-Yahia & Cohen, 2008; Cosgrove & Flynn, 2005; VanNatta, 2005; Meadows-Oliver, 2003). But in spite of the expressed negative shelter experiences, these women often develop and adopt strategies to cope with barriers they face. These strategies include adaption, submission, and resistance. Women also draw on their spirituality in order to navigate the reality of residing in a shelter, which can lead to posttraumatic growth and the goal to exit homelessness (Harlbut, Robbins & Hoke, 2011; DeWard & Moe, 2010; Meadows-Oliver, 2003).

Homelessness and theoretical foundations

For the purpose of this study, the researcher chose three counseling frameworks, or theories, to guide the inquiries: 1) relational-cultural theory, with its tenet on connection and growth in relationships (Jordan, 2010); 2) narrative theory, which explores how individuals story traumatic experiences, and understanding of what a person's dominant life story or language becomes, especially when that person is faced with adversity. The process of spoken word goes further to explain that before words are vocalized, cognitive processes have taken place behind the scene which guides vocalization (White, 2005) and 3) psychodynamic theory, which focuses on the effect of early childhood experiences on later functionality (Reichenberg & Seligman, 2010). Each of these theoretical frameworks are used in the light of McMillen's (2004) notion of posttraumatic growth (PTG).

Narrative theory and posttraumatic growth

According to McMillen (2004), the reconstruction of a desired life pattern is probable when necessary resources are available and accessible both within the individual and in the immediate environment during adversity. This restoration presents itself in the form of

29

posttraumatic growth (PTG). PTG is a phenomenon that supports positive report or experiences following any adverse condition and is responsible for rebuilding of one's life. McMillen (2004) reports that when present, PTG allows individuals to describe the benefits of surviving and thriving following traumatic events. Surprisingly, those who can access PTG can refer to themselves as actually better off because of the struggles they have encountered (McMillen, 2004). McMillen (2004) further states that PTG in itself is very complex, and encompasses coping, cognitive clarity, and psychological adaptation. In addition, PTG has cognitive processes and supportive networks accessible during critical times of the traumatic experiences. When PTG is activated by the traumatized person, the traumatic events are interpreted and narrated in such a way as to foster personal growth (McMillen, 2004). This is primarily evident first in the traumatized person's purposeful, internal mental ponderings, and then through shared narrative formulation and expressive language (McMillen, 2004). As such, the use of storylines shows the discourse of meanings attributed to the unique adverse experiences. Furthermore, females who express positive narratives often give credit to their religious and spiritual domains (McMillen, 2004). These females give credit to the religious and spiritual values that supported them in positive meaning making, gaining new perspectives, promoting positive rumination, and finally revising negative schemas, which lead to opportunities for new skill acquisition and transformation (McMillen, 2004). Additionally, these females have higher levels of self-confidence, and self-acceptance which in turn first works to help them reclaim their identities and then, hopefully exit homelessness (McMillen, 2004).

McMillen (2004) emphasizes that PTG seems to be an innate resource available to all in crisis, but only helpful if accessed and used. Furthermore, for PTG to be utilized there must be in

place an intrinsic framework that accepts to some degree, the possibility of the goodness of the humankind (McMillen, 2004). This intrinsic composition and factors have to be felt by the suffering person to facilitate positive change and development.

While McMillen does not articulate how this PTG comes about, the idea is not only applicable to homeless females, but to anyone with traumatic experiences with natural disaster, terminal or disfiguring illnesses, significant loss, accidents, racism, terrorist attack, sexual assault, or any event that victimizes a person (McMillen, 2004). Siang-Yang (2013) posited that PTG is more common where individuals have the capacity and coping means to not only get through, but grow through distressing events. Such growth experiences leads to positive change and a greater sense of well-being and strength (Siang-Yang 2013). Siang-Yang (2013) proposes that for PTG to be effective and foster, time and patience are needed. Also, Siang-Yang listed 7 factors that must be present for the manifestation of PTG: 1) available social relationships as perceived by the suffering individuals and the desire to avail themselves of such support systems, 2) the suffering person has a sense of personal control of the event to some extent and the use of energy on activities that support growth potentials, 3) positive emotions outweigh negative emotions, 4) the ability to function with cognitive flexibility, problem solving and acceptance skills, 5) the zeal to be involved in activities that meet personal priorities and values in life, 6) the type and amount of social and emotional resources including guidance, empathy and material support, and 7)the ability to acknowledge and share their struggle with others instead of denying or avoiding negative emotions and pain (Siang-Yang, 2013).

In addition, Siang-Yang (2013) reports that the sign posts to facilitate PTG includes reflection, taking inventory of the events, rewriting of one's story, "identifying change," "valuing

change," "express change in action," and "harvesting hope"(Siang-Yang, 2013, p.4). Amazingly, PTG results in physical fitness, interpersonal fitness, behavioral fitness, emotional fitness, strength in thought process and spiritual fitness (Siang-Yang, 2013). Hodge, Moser & Shafer (2012) also call attention to the increasing number of homeless women who attempt to understand the role spirituality plays in their lives as they battle mental illness and homelessness. Across diverse cultures and spiritual traditions, these women exhibit consistent variables such as positive religious coping, spiritual meaning, and the goal to improve their mental health status help them navigate their pathway to exit homelessness. Forgiveness for the self and others ranks the strongest among the factors listed (Hodge, Moser & Shafer, 2012). In contrast to a full 70% of individuals who face traumatic experiences and use PTG to overcome trauma, only 30% of those who face trauma develop posttraumatic stress disorder (PTSD) (Siang-Yang, 2013). Here McMillen's early research with females is both corroborated and strengthened, giving it an immediacy that works to underlie its importance.

Brokenleg's (2012) study may give insight as to why 70% of those with traumatic experience avoid PTSD. According to Brokenleg (2012), poverty and oppression of all kinds can perpetuate trauma. Therefore, only treating the symptoms of disorders (both mental health and addiction) may not eliminate the problem of homelessness, however, creating a forum for narratives and storylines that honor past trauma can initiate the process of healing and transformation (Brokenleg, 2012). Therefore, Brokenleg (2012) advocates that forums for narrative expression become an essential part of metal health and addiction treatment for the homeless. This emphasis on human experience adds a necessary dimension to the prevalent medical model of treating mental health and addiction disorders in the homeless population.

With such empowerment comes the motivation for one to participate in one's own healing

process through therapeutic activities. This involvement gives a renewed sense of self-control,

safety, and purpose (Brokenleg, 2012). Perhaps some of the 30% of those who develop PTSD are

those who cannot access their PTG, or narrative forum that honors past trauma and so initiate

healing process. Shakespeare & Copping (2006) also suggest that are four specific traits that

support PTG. They are: 1) the personal strength and the assertion of survivor label of the self,

independence, self-efficacy coping, 2) the decision to change one's own behavior and attitude

which then leads to a turning point of choosing an alternative way to react to the crisis and

reinvent the self, 3) no use of mood altering substances and other destructive, risky behavioral

patterns so that the fostering of the positives, new possibilities, respect for self, renewed interest

in the self as well as the appreciation of the little things, value life and positive consideration can

be enhanced, and finally, 4) the desire to help others with compassion, empathy and

understanding helps to bring about positive growth. A significant function of PTG is the

realization and the validation that one does matter to others and deserves full connection to vital

people and thoughts. This connection creates enormous strength inside of a person and echoes

the discussion of love and of belongingness as evidenced on Maslow's Hierarchy of Needs, level

three. With such competence, a capable human being can learn, solve problems, and develop

talents and abilities for living successfully in the society. Such is the joy that comes from

mastery of tangible life skills, emotional regulation, and distress tolerance. The outcome of this

joy leads to power *with* others, not power wielded *over* others. This helps individuals to have the

ability to control one's emotions and set the course of one's fate which eventually leads to series

of both major and minor successes setting the way for independence. Finally, a true spirit of

generosity allows for the appreciation, acceptance, mutuality, and celebration of the self and others that is at the core of the RCT proposition.

Relational-cultural theory (RCT)

PTG is consistent with the Relational-cultural theory (RCT) concept of connection as suggested by Jordan (2010). RCT posits that human beings grow through and toward connections. Also, that human beings need connections to flourish and stay alive; with isolation comes suffering on personal and cultural levels. RCT argues that the connections between people in growth-fostering relationships or encounters, whether in quality or quantity, result in five positive growth potentialities. According to Jordan (2010), "the five good things" are 1) a sense of zest or well-being that comes from connecting with another person(s), 2) the ability and motivation to take action in the relationship as well as other situations, 3) increased knowledge of oneself and the other person(s), 4) an increased sense of worth and 5) desire for more connections beyond the original good relationship (Jordan, 2010).

Whereas intrinsic factors like a belief in the goodness of humankind, a spiritual foundation, and a positive personal narrative indicate a stronger potential for overcoming traumatic experiences are situated inside the individual, extrinsic factors of both the individual's immediate environment and the wider culture also play a significant role in the individual's PTG.

Perez-Sales, Cervellon, Vazquez, Vidales & Gaborit (2005) support PTG principles by offering remarkable insights on how specific environment can help PTG emerge. The authors hold that the U.S. has a cultural foundation that supports a person's narrative of overcoming. These narratives can portray positive attitudes that champion the survivors' storyline in songs, media, poems, quotes, books, and magazines with high regard to such themes in every facet of

life, be it politics, religion, entertainment, media or education (Perez-Sales et al., 2005). The culture, therefore, sets the stage and tone for pretraumatic fundamental beliefs, and goals (Perez-Sales et al., 2005). The authors further point out other key elements that enhance PTG; these include a sense of belonging, real or imagined sense of one's identity to the community, the validation and social recognition, substantiation of suffering and honoring the events without judgment or comparison to others' chronicle even when there are apparent similarities of the stories (Perez-Sales et al., 2005).

Also, the conservation of the self by self-management, organization, efficacy, determination, sense of predictability & safety in daily life, respect for personal dignity and optimism helps to accelerate recovery and thereby augments PTG. It is vital that individuals' stances are not disregarded but are encouraged through the facilitation of forum for social action with sometimes radical demeanor not just logical causes can lead to emancipation, freedom, dignity, liberty, egalitarian springs leading to PTG. While other individuals are able to become resilient, others are not due to other compounding factors such poverty and oppression. For this reason, sensitivity and vigilance is needed to meet individuals' needs (Perez-Sales et al., 2005).

Indeed, one can see the overlap of Perez-Sales et al.'s (2005) list with Jordan's (2010) concepts of RCT. All of these authors assert that connections to people, places, things, goals, or principles, whether they be real or imagined, can be powerful motivators, comprised of renewed hope and purpose, which in turn foster growth potential from traumatic experiences.

Sikich (2008) supported RCT and PTG by suggesting that unexpected positive transformations arise as individuals incorporate the principles listed above, seek strategies to cope with losses, rebuild desired life patterns, and arrive at a new level of meaning. This process

35

of highly challenged life circumstances can bring about shifts, changed philosophical stance, value for the self and the world that sets the foundation for positive growth (Sikich, 2008). The author opined that there is something unique in the cognitive regions of the human brain that values supposed growth. This study argues this intrinsic quality housed in the cognitive abilities of the individual acts by positively accommodating events, so a realization is reached that matches the level of the trauma and the meaning of the loss (Sikich, 2008). The author suggested that during this critical time, growth emerges, especially when there is problem -focused coping, acceptance coping, positive religious coping, and openness to new experiences. In addition, positive reassessment of the circumstance, social support satisfaction, self-disclosure through writing about the experience, talking, and praying also promotes positive outcomes (Sikich, 2008). Other factors that contribute to positive growth after traumatic experience are extraversion personality, openness to experience, agreeableness, hardiness, optimism, conscientiousness, a high level of perceiving that threat is imminent, being female, younger and of higher educational level (Sikich, 2008). On the whole then, RCT can be described as "the premise that, throughout the life span, human beings grow through and toward connection. It holds that we need connections to flourish, even to stay alive, and isolation is a major source of suffering for people, at both a personal and cultural level" (Jordan, 2010, p.1).

Lantz & Stuck's (1998) work also support the notion that a person who has the intrinsic and extrinsic variables described above can attain balance and is thus focuses on solutions, makes meaning from the traumatic experiences, presents with cohesion with the self and others, orients to the present, reflects dynamically on life events, and participates in goal driven activities (Lantz & Stuck, 1998). During such times, with unity and feedback from self and

36

others, persons are able to notice meaning potentials for themselves. These are opportunities to shrink the existential vacuum so that destructive symptoms no longer survive, grow, and proliferate. One is then able to honor recollections, remember, recover, celebrate, and credit clouded meanings previously actualized and deposited in the past. Through reflection, past memories are brought to life again and reworked to resolve them and then to honor them (Lantz & Stuck, 1998).

The notion of meaning making is consistent with what Lantz & Gyamerah (2002) later elaborate in their work with persons who have experienced trauma. They share that clients who have experience trauma internalized societal massages that encourage them to ignore, avoid, cover, cloud and repress painful events in the family (Lantz & Gyamerah, 2002). These authors Perez-Sales et al., (2005) and Lantz & Stuck (1998) confirm the previous research that finds that the ability of individuals to hold, commit to memory and re-experience their suffering can promote catharsis, a release that, while not erasing the pain reduces its symptoms (Lantz & Gyamerah, 2002). This process leads to "walking point" which allows one to "walk" to recovery (Lantz & Gyamerah, 2002, p.248). In contrast to avoiding and denying the pain, the person is now able to accept the pain which in turn leads to self-disclosure (Lantz & Gyamerah, 2002). The permission to feel can then result in a person writing, telling, naming and confronting the painful incidents. This deconstruction of suffering and the consequent narrative process disrupts the secretiveness of the injury thereby providing space to reconstruct possibilities or stories. The telling of the story will rip the power that such a wound has over the individual. Taking away the negative power will lead to reflection on the traumatic experience, then mastery of the traumatic experience and then expansion of unique healing opportunities. Eventually, the results are both

the possibility of additional meaning from the traumatic events and an honor for the healing process itself (Lantz & Gyamerah, 2002).

Psychodynamic theory

In the early1800s, Sigmund Freud developed the psychodynamic theory; with his intense devotion in clinical practice and writings, psychodynamic theory has become a significant and influential foundation in counseling, and is what all other counseling theories are built on. Psychodynamic theory focuses on the psychological force, energy, or drive that lies beneath, motivates or even compels human behavior, feelings and emotions and how those psychological forces might be related to early life experiences (Reichenberg & Seligman, 2010). To this effect, Freud provides many key concepts for the explanation of human behavior across the life span. One of his major concepts relates to biological processes, genetics and origins of life itself (Reichenberg & Seligman, 2010). In short, Freud suggests that disruption in early childhood affects the stability and welfare of the individual across the lifespan. The research by Anda, Felitti, Bremner, Walker, Whitfeild, Perry, Dube & Giles (2006) supports this idea and reports that the young mind has the tendency to take photographic images of life events, whether they be positive or negative, that occur within the micro-system of the family unit. These experiences make imprints on the mind, in such a way that they persist throughout the lifetime of the individual and thus are the determinants of the wellness of individuals, and by extension, the society (Anda, Felitti, Bremner, Walker, Whitfeild, Perry, Dube & Giles, 2006). According to the psychodynamic theory, the negative and trauma memories have greater proclivity to stick to the mind and affect behavior and emotions. Indeed, this research reports that trauma can even be

felt in utero through genetic transmission of stress chemicals such as adrenaline and cortisol

(Anda, Felitti, Bremner, Walker, Whitfeild, Perry, Dube & Giles, 2006).

In addition, Emde (1992), reports that Freud looked to Darwin's evolutionary theory to

understand and gain insight into the development of the organism from the embryo within the

social context of the family. The author emphasizes that humans tend to be driven by their

distinctive genetically influenced prototypes of personality and pathology; here, humans are the

product of their biology to an extent (Emde, 1992). Pertinent to this discussion, is the idea of the

genogram. The genogram is a counseling assessment tool, a pictorial display of family

relationships, medical and psychiatric history. It is also known as the family tree used in other

health care professions to gather, obtain, store and process information on family relationships,

themes, composition, history and patterns of behaviors. It was developed by McGoldrick and

Gerson in 1985 (Papadopoulos & Bor, 1997). Psychodynamic theory, therefore postulates that

adverse childhood experiences such as abuse, neglect, domestic violence, substance abuse,

mental illness, parental discord, and crime can lead to a disconnect between body, mind, and

spirit (Emde, 1992). Furthermore, this theory encompasses infancy, childhood, and adolescent

experiences, and claims that if negative imprints are not resolved, individuals will often require

therapeutic interventions (Emde, 1992). As mentioned earlier in this proposal, Maslow's research

examines the foundational qualities and milestones that if achieved, can lead to positive self-

actualization as is defined by the individual. This work is further illuminated with Freudian

research on genetic factors and early childhood experiences, especially the negative and/or

traumatic experiences. Both theories shed light on how such can have great impact on an

individual's life trajectory into dysfunctional behaviors and maladaptive coping. For these

reasons psycho-education, genetic counseling, and the use of genogram in counseling are imperative to motivate individuals to understand their unique family history and to prevent or limit the perpetuation of infirmities.

Building on a background of psychodynamic theory, Anderson & Rayens (2004) research point to factors that can lead to homelessness. Such factors are childhood experiences with lack of intimacy and autonomy, social support reciprocity, high rates of conflict and dysfunction in support networks, lack of strength at the micro-level in family of origin as indicative of adverse effects in adulthood. The authors posit that childhood experiences of abandonment and betrayal weakens the individual's ability to develop and access support from available avenues as they grow older (Anderson & Rayens 2004). Individuals who experience such negative imprints may lack trust, protective assets and are deficient in forming healthy attachments and strong functional hold in all dimensions of wellness: physical, social, emotional, spiritual, occupational, mental, and environmental. Because these individuals lack the positive imprints from childhood, they may also lack the skills founded on the positive imprints necessary to navigate life as self-sufficient, successful, and productive adults. Certainly, any discussion of long-term homelessness must look to psychodynamic theory to understand childhood experiences and how they may impact both the acutely and chronically homeless.

Furthermore, Dworsky & Courtney (2009) discuss adverse childhood experiences (ACE). This summation utilized a developmental lens informed by psychodynamic framework to view the health of the society as a whole. The study further suggests that the young mind has the ability to retain and store significant memories in infancy and childhood (Dworsky & Courtney, 2009). They argue that these significant memories are the leading predictor of wellness or

40

maladies (Dworsky & Courtney, 2009). They ask, what will individuals and society be like if the traumatized do not receive the help they need- intergenerational effects of trauma are real and are played out in society; the healthier the home/close environment the healthier the overall society will be because generations are in constant interaction and constantly feed the perception of the self and the expectation of the self and the self's society. Not only does psychodynamic theory have significance at the level of the individual then, but overall the society which is important when developing, administering, and assessing programs for the homeless population.

Adverse Childhood Experiences or -negative imprints- rarely occur independently and their comorbidities compound and cumulatively impact the health and welfare of individual lives, especially women as primary care givers (Dworsky & Courtney, 2009). In addition, emotional, physical, and mental disconnection and separation from families occur in cases of abuse, negligent, separation processes and placement in foster care. In fact, transition from foster care is identified as a predictor for homelessness and is usually related to limited support networks as children age out of the foster care system. It is reported that one in seven persons become homeless shortly after exiting the foster care system and are often homeless multiple times subsequently (Dworsky & Courtney, 2009). These findings support Zugazaga's (2004) earlier research. Zugazaga (2004) claims that among nine major life events identified by his research that can lead to homelessness, foster care placement and its byproduct is one of the factors that show up consistently. Psychodynamic theory can expose the underlying causes of the disconnection caused by ACE which can result in learned mindsets that, in turn, can lend themselves to the dysfunctional behaviors and maladaptive coping that often can result in

homelessness. This is especially true for serial homelessness and especially in a female population.

When Relational-Cultural Theory, Narrative Theory and Psychodynamic Theory are brought together, their discussions underscore and capture the complexities of homelessness in general and specifically for the female population.

CHAPTER 3. METHODOLOGY

This study gathered qualitative data through individual participant interviews. Each interview lasted for about 50-65 minutes. Interviews with participants took place in private rooms and were audio recorded. A set of 7 specific interview questions were asked. During the interview process, the researcher paid close attention to how meaning was created by the participants from the experiences of being female and homeless in the upper Midwest. Methodology is organized by (1) researcher's lens (2) research question; (3) research design; (4) data collection, and (5) data analysis.

Researcher's lens

I must bracket my own presumptions in attempt to be free of bias to enter into the world of participants to understand their lived experiences of homelessness. For this reason, I offered what inspired me to investigate this subject matter. My interest in the homeless population was driven by culture shock when I first immigrated to the United States, and continually learning about my new culture through educational processes and career experiences. Before immigrating to the United States, I heard wonderful stories of prosperity: the streets are made of gold; it is God's own country; and no suffering exists. Many of these reports are true; I have personally experienced some amazing transformations in my life. However, these transformations were a product of hard work, and intense, yet bearable, suffering. The reality fell far short of my expectations when these reports did not hold true. Moreover, I was taken back when I began to learn and experience the systemic problems such as racism, classism, and ageism embedded in the structural settings that can effect peoples' daily living. I then realized that even with social

service assistance, some individuals are unable to regain stability and become self-sufficient after traumatic life experiences.

In addition, my volunteer experience at the New Life Center, a homeless shelter for men was quite interesting, shocking, and depressing for me to watch seemingly able-bodied men and women come in alone or with their children to get meals. I had mixed emotions ranging from anger and confusion as to why there is hunger and homelessness in the highly esteemed America. I was angry that these individuals may have contributed to such lifestyle in one way or the other, even after getting enlightenment about factors that may contribute to homelessness throughout my educational mission. In addition, during this volunteer experience, I had witnessed and recognized several individuals I had known years ago from my previous job at Centre Incorporated, a half-way house. These individuals were still living in such homeless circumstances, unable to care for themselves, but still seeking food and shelter. I also had questions about these individuals who were previously at Centre: did they reoffend, did they have their probation revoked, did they lose their employment, did they experience relapse into drug dependency and was their support system intact or not and or learned helplessness?

Furthermore, as a mental health professional, I have encountered stories of individuals who may not be truthful about their disorders or use such ailments as excuse to be hospitalized and remain dysfunctional. I have been discouraged that individuals would claim disorders as reasons to seek shelter. For example, many individuals, young and old know how to use being suicidal to be hospitalized and or stay longer in the hospital, especially when faced with homeless conditions.

It is for these reasons that I became curious, and chose to explore the experiences of being homeless, especially for females in order to understand their personal stories to ease my confusion, illuminate my experiences in an attempt to advocate for change and social justice for the less privileged and suffering, without ascribing judgment to their personhood. It is my hope to be part of the social scientist culture to bring attention to such issues in my community and effect needed changes in a minute or on a larger scale through ongoing counseling practices, advocacy, research, teaching, and supervision.

Research question

Based on review of literature, the following research question was developed: What is the experience of being homeless and female in the upper Midwest?

Interview questions

In preparation for the interview questions, these general demographic questions were asked and not considered to be part of the interview questions: age, race, educational background, employment status, marital status and household composition. To help address this overarching research question, the following detailed interview questions were also asked:

1. What were the major influences that contributed to your becoming homeless?

2. Tell me about the significant relationships in your life.

3. When have you felt the most connected to others?

4. What have been your experiences with services and programs to help meet your needs?

5. How do you keep going; what gives you meaning?

6. What do you consider to be the most important need(s) at this point?

7. Is homelessness it different for men and women?

Research design

For the purpose of this study, phenomenology, a type of qualitative study was employed. Phenomenology is a form of qualitative research that has its foundation in philosophy; it takes an interpretative, inductive stance to examine the experience of individuals within their worlds (Merriam, 2009). In phenomenology, the focus is on the embodiment and essence of the experience itself and how experience is transformed into awareness. According to Flood (2010), phenomenology is focused on disclosing meaning based on a person's viewpoint; the researcher cannot assume any kind of objective truth. Instead, the researcher makes meaning out of the subjective viewpoints of the participants (Flood, 2010). Tools used in phenomenology enables the researcher to examine and portray the core of people's experience; these experiences are then categorized, scrutinized, and weighed against other participant viewpoints in order to spot the epitome of the incident (Flood, 2010).

Two kinds of meaning exist in phenomenology: "cognitive" and "non-cognitive" (Flood, 2010, p.8-10). The participants' "cognitive meanings" are situated in their logical articulations of their viewpoints. The researcher first studies the participants' language for the allocation of ideas though language choices, which then in turn, provide insights into shared understanding of the participants' viewpoints (Flood, 2010). "Non-cognitive meanings," in contrast to the logical, cognitive, and rational interpretations of an experience, are intuitive, individual, physical and emotional (Flood, 2010). These meanings are suggestive, rhythmical, and graceful. They help humans appreciate daily living. Thus, meaning is produced out of people's deliberate

involvement with the world in which they live and through interactions with others. This experience is highly personal and subject to reinterpretation (Flood, 2010).

Because phenomenology relies so much on interpretation of personal experience and shared understanding, Merriam (2009) suggests that the researcher must examine his or her biases and resolve or tame them to have a nonjudgmental approach to the study at hand. Phenomenology reduction which is a way for researchers to periodically subject themselves to the event in order to grasp the fundamental nature of what was being studied. For this reason, I have included my story about what spurred my interest in the topic of homelessness at the beginning of Chapter Three: Methodology.

Research process

Simpson (2007) described the six stages of research process used in phenomenological research as follows: turn to the nature of lived experience. The researcher accomplished this step during the research process by attempting to understand the lived experiences from the participants' language and point of view; investigate the meaning of the lived experience. The researcher followed through this step by intensive and extensive engagement and dialogue with the participants, paying specific attention to their experiences and the meaning they ascribed to their current homelessness; reflect on the essential themes of the study through introspection, mental ponderings and processing of the themes study after each interview experience, noting the similarities and differences that were presented; engage in the art of writing and rewriting. This step was accomplished through hours and sleepless nights spent on listening to tapes, reviewing field notes, writing, seeking guidance and then rewriting some more to make sure descriptions depicted accurately the participants' phenomena; maintain a strong and oriented relation. This

was done by the use of the senses: what was heard, seen, thought, felt, or experienced during the process of the study and then the reflection of them all. At times, the researcher could visualize oneself with participants, in order to replay sessions, be absorbed in the process, and make connection to reproduce the art; finally, balance the research context by considering parts and the whole, to consummate the experience. This entire art of progression from step one to six adds humanity and worthiness to phenomenological inquiry.

Participants

The participants in the study were females, 18 and older, currently living in shelters in the upper Midwest region. They were solicited through the shelter directors. Flyers with a contact number were placed at the respective shelters' bulletin board; interested participants contacted the researcher by phone. Meeting days and times were then arranged for interviews in the shelters' private office/room.

Informed consent

Participants signed an informed consent form that also outlined the study. In addition, this study adhered to the guidelines of North Dakota State University's Institutional Review Board (IRB). The researcher was informed that her IRB certification had expired and recertification training needed to be completed. The researcher compiled with feedback; IRB recertification training was completed on 01/4/2015 from 2:30-3:30 p.m., and corrections were made to IRB forms as suggested. IRB approval was on obtained 01/20/2015; data collection process began afterwards.

Data collection

The first contact was by phone to the eight directors of the shelters in the upper Midwest of the Fargo-Moorhead and Grand Forks areas to inquire if it would be permissible for residents to particpate in proposed study. Out of the eight directors that were contacted, four were receptive and invited the researcher to visit the site. The other four directors, who denied the study opportunity, stated that shelter policy does not permit such activity for confidentiality reasons. For those shelter directors who approved the study, the reseacher scheduled times and visited them for the purposes of self disclosure and to establish rapport and a working relationship. In addition, the researcher took this opportunity to explain in person the purpose of the study and to give the shelter directors posters with a recruitment letter including study information. The directors at the respective shelters were welcoming, introduced the researcher to support staff members, showed the researcher around the building, specifically available interview rooms. . The research interviews were eventually held in the homeless shelters' private rooms, which was convenient for participants and ensured privacy for all the discussions that took place.

Within 1-2 days of the on site meetings with shelter directors, the researcher called them to remind them to annouce during their meetings study availability and point residents to poster advertisement. Interested participants later contacted the researcher to schedule interview times and days. A total of twenty individuals, both males and females, reached out to the researcher. At times, they left messages with a return number; at other times, they did not leave return numbers, but the researcher used missed call numbers to track them. At times the tracking was successful and at other times unsuccessful. Some interested potential participants were not available even

after multiple attempts to contact them by the researcher. Some interested potential participants were not approved for the study because they were males; the study was specifically for homeless females participants age18 and older.

The researcher visited the respective shelters on the days and times previously scheduled as well as on days shelter workers encourgaed researcher "to come hang around." The shelter workers played active role in recruiting participants for the study; they annouced and encouraged residents to meet with the researcher who was available in the building. The researcher gained four participants at three shelters by this means. Some of the potential participants, who had contacted the researcher by phone and were scheduled to meet with the researcher, were unavailable at the scheduled interview time; however, the reseacher was able to interview these four on-site recruited participants in place of the originally scheduled interviewees. A total of twelve participants took part in the study

Data collection was conducted until the stauration point of repeated similar stories from the participants. Interviews lasted an average of 50-65 minutes long for each participant; the interview process was audiotaped. After the interview, tapes were stored in locked cabinet in the reseacher's office. To help ensure participation in the research study, incentive was provided; participants were eligible for a $5.00 gift card for their donated time and discussion of their expereinces of being homeless.

Data analysis

The review of data analysis process is an indispensable component of qualitative research (Merriam, 2009). For this study, the researcher intentionally and continously reviewed the data collected. After each interview, through reviewing the field notes, listening to the recordings,

and reviewing the transcriptions, qualitative data was trnsformed into reoccuring key words and phrases. Next, the researcher went through the highlighted points and organized comments that seemed significant. The researcher noted insights from the initial interviews how to improve further interviews in order to elicit more extensive, revealing responses. For example, if they mentioned that they were mothers, then the researcher asked about the number of children, their ages, and who cared for them at the time of their homelessness. At the end of each day of interviews, the researcher assigned numbers to the interview materials in the order in which the interviews were completed, and then deposited that material, including all notes and tapes, in a ziploc bag labeled with the same number. Data were later read carefully, reviewed, and coded into themes. The results of the data-analysis is presented in Chapter 5.

Consisent with Braun & Clarke's (2006) methodology, the researcer read through the transcript three times, and took notes to become more familiar with the data. To comply with the phases in thematic analysis, intial coded levels were generated and data was then grouped pertinent to each code so that the charateristics that stood out were arranged in a logical manner across the whole data set. Throughout the data, themes emerged revealing that the grouped codes echoed themes already present in the literature. Then the themes were reviewed to make sure that they were in alignment with the previously coded levels: level 1) extracts and level 2) whole data (Braun & Clarke, 2006). Following this step, the themes were defined and named. This was done to refine the specifics of the themes, and later, to portray the story the analysis tells. Finally, a report was produced that revealed findings of the analysis. There was assortment of the obvious, that convinced extract examples, final analysis of the selected extracts were linked back

to the study's reseach question and literature, and academic report of the investigation was created (Braun & Clarke, 2006).

Krefting (1991) discusses the process of credibility and trustworthiness in qualitative research. The four aspects of trustworthiness that Krefting (1991) discusses to increase the thoroughness of qualitative study as a means to assess the value of the findings are as follows: First, "truth value" is the ability of the researcher to ascertain confidence in the truth of the finding for the subjects or the informants and the context in which the study was done (Krefting, 1991, p. 215). The truth value is therefore based on research design, informants, and context. Truth value is obtained by the discovery of the unique human experience as lived and professed by the informants. This subject oriented truth value makes for credibility of the study because a single tangible reality is to be examined. Credibility is sustained when it presents such an accurate description or interpretation of human experience that people who also share the experience can instantly identify with such decriptions. According to the author, truth value is the most significant criterion for qualitaive research assessment (Krefting, 1991). The trustworthiness and credibility of the present study stemmed from the researcher, an mmigrant into the United States of America. The researcher's naivety about and geniune interest in understanding why there continues to be suffering, such as homelessness, in one of the greatest nations of the world, was a driving force for this study. The researcher's story was shared in the second paragraph of Chapter 3: Methodology. Trustworthiness and credibility was also demonstrated in the fact that the researcher went through rigorous steps of literature review, IRB training, ammendments, contacted shelter directors, posted posters at approved sites, received calls from intersted participants, and actually met in person with these females at their respective

shelters for interviews. The use of participants' quotes also added credibility to this research study.

The second aspect is made up of applicability and transferability; in other words, could this study be transferred and applied to a male homeless population. For example, the outcome or result of this study of the unique experiences of the females that are homeless can be transfered to the male population, even if in not in its entirety. This was supported by the literature review and by the fact, as mentioned earlier, that four homeless males contacted this researcher and requested to partake in the study. When informed that the study was specifically for females, the males asked if the researcher was aware of a similar study for males. In addition, the applicability and transferability was reflected in the interview question: "Is homelessness different for men and women?" A few of the respondents cited that the experiences are comparable for both genders. One of the respondents in particular shared that her fiancée who was homeless went through the same emotional torment that she went through.

The third aspect, consistency, addresses what occurs if the data were to be replicated with same subject or in a similar context. The criteria is whether or not the study would provide same results. In qualitative research, range or variation of human experience is appreciated and expected, in contrast to an expectation of identical repetition (Krefting, 1991). The review of the literature revealed several factors that led to female homelessness; these reports seemed consistent with those revealed by the study participants even though their experiences, age, race, marital status, employment, educational background, and places of residences vary.

Finally, neutrality calls for freedom from bias, the degree to which findings are a function solely of the informants and conditions of the researcher, not of the other biases, motivation, and

perceptives (Krefting, 1991). The worth of the study increased when the researcher consciously maintained distance and viewed information as objective rather using subjective perception to view the informant and information obtained (Krefting, 1991). The researcher utilized two reviewers to reduce bias in this study and also the culmination of experiences the researcher had gained through educational, career, writing. In addition, this research study helped to minimize personal bias and preconceived notions about the United States and its homeless population. The researcher remembered vividly how her writing instructor cautioned about the assertions that were palpable throughout the intial writing of this dissertation. The process had been a humblimg experience with the realization that human struggles and suffering can be universal irrespective of place of residence.

In addition to the above steps, the researcher subjected the particpant transcripts to a peer review process. To reduce potential bias, the reseacher utilized two peer reviewers. The peer reviewers were licensed professional counselors whose jobs allow them to work with individuals in shelters, half-way houses, and jails. They were also familiar with qualitative research processes through their graduate studies. The researcher met with reviewers in person at respective times and oriented them to the participant transcripts and notes. The reseacher also provided updated information on the study and expectations of the review process. After one week elapsed, the researcher met with individual reviewers at specifically scheduled times to discuss the themes that emerged from the study. During these consultations, the reviewers offered their own perspectives as they related to the transcripts; both the reseacher and reviewers compared ideas as to themes. The themes articualted by the reviewers were consistent and in harmony with those identified by the reseacher. Each discussion included speculation by both

researcher and reviewers about the rise in homelessness in the Upper Midwest region, which could be tied to news reports about the relative economic growth and stability in this region as compared to other parts of the nation.

Both the researcher and reviewers conversed about the potential themes in conjunction with research questions. Again, these themes were in alignment. A later date was scheduled to process the themes and to ascertained if there were variations. Due to time constraints from the reviewers, in person meetings were not held, but dialogue continued through e-mail exchanges. The review and analysis process was ongoing as the researcher examined key words, categories and themes. Several themes were identified, but the chosen ones were established as shown in the table below. The table does not provide exhaustive list for each category, but does lay out the data analysis process.

During consultation with the first reviewer, the reseracher outlined new themes that emerged since previous session. The researcher elaborated on how such themes were consistent with research questions; the outcome of these interactions was reflected in all persons decision to narrow down the emerged themes into four major themes. In addition, all persons discussed further questions, clarified opinions, and potentials for future studies, which are in Chapter 5: Summary, discussion and recommendations.

Table 1.

Examples of Key Words, Categories, and Themes Identified During Data Analysis

Key Words	Categories	Themes
Major factors that lead to homelessness	Participant Characteristics	Abuse/Loss/Abandonment
	Homeless	Connection/Disconnection
Connection	Experiences	PTSD/Depression/Addiction/Physical
Disconnection	Relationships	Ailment
Mental health and addiction disorders		Hope/Meaning
Programs/Services		
Unique needs for females who are homeless/in shelters		

CHAPTER 4. RESULTS

The data in this qualitative research study were gathered to explore the lived experiences of females who are homeless and living in shelters. The data were analyzed using three theoretical foundations: 1) The Relational Cultural Theory, 2) The Narrative Theory, and 3) The Psychodynamic Theory. The essence of the study was to understand the experiences of females who are homeless in the Upper Midwest region by interviewing participants who responded to the advertisement of the study. Posters were placed at several shelters in the Upper Midwest, which explained in detail what the study entailed. Participants were females, 18 years and older, who were currently homeless and residing at in shelters. The goal was to collect data until the saturation point. The information in this section was collected from twelve participants interviewed in person by the researcher. The interview sessions were audio-taped in a private room at the respective shelters. Demographic information of participants is provided in Table 2. The table listed the participants' characteristics of age, race, employment, marital statuses, number of children, length of homelessness and educational background.

Table 2.
Participant Demographic Information

Participant	Age	Race	Employment status	Marital status	Number of children	How long have you been homeless	Educational background
Winnie	38	Native American	Unemployed	Divorced	4	7 months	High school
Teddy	58	Native American	Unemployed	Divorced	6	19 years	High school

Table 2.
Participant Demographic Information (continued)

Participant	Age	Race	Employment status	Marital status	Number of children	How long have you been homeless	Educational background
Pooh	48	Native American	Unemployed	Separated	2	Close to 5 years	High school
Sista	23	Caucasian	Unemployed	Engaged	2	Off and on for 5 years	10th grade
Xavier	33	Caucasian	Employed	Divorced	0	10 months	College freshman
Tiger	28	Native American	Unemployed	Single	3	5 years	High school
Scooter	56	Caucasian	Unemployed	Single	7	15 years	High school
Telly	30	Native American/Hispanic	Unemployed	Refused to answer	6	2 months	Refused to answer
Flowers	22	Native American/Hispanic	Unemployed	Engaged	3 and pregnant	13 months	High school
Powers	47	Caucasian/Native American	Unemployed	Divorced	1	5 months	High school
Omai	52	Caucasian/Native American	Unemployed	Divorced	6	2 years	High school
Lale	49	African American	Lost employment- recently employed and starting a job next week.	Divorced	2	1 year. Will move into high rise building in March	High school

Individual description of participants

Descriptions of participants were completed following the interview process. The

researcher reviewed the demographic information on the interview notes, interview transcripts

and audio-tape to distinguish participants. The following pseudonyms were used for each of the

participants in the order of their interviews: Winnie, Teddy, Pooh, Sista, Xavier, Tiger, Scooter,

Telly, Flowers, Powers, Omai, and Lale graciously agreed to share their experiences of being homeless with the researcher.

Winnie

Winnie, a 38 year old Native American female, was the first person to contact the researcher and to be interviewed. She was willing to assist with the study. Winnie had been homeless for 7 months; she was living in New Mexico, but after her divorce, she decided to come to Fargo, North Dakota. She arrived here by bus; "I put my finger on the map, and I landed here." She has four teenage children who reside with her ex-husband. She has a high school diploma, but was a home maker. During the interview, it was evident that Winnie was having a hard time, but was willing to complete the interview. She shared that she has asthma, depression, anxiety, including aches and pains, especially because of the poor sleeping conditions. She also reported that she receives medical aid from the homeless health services. At the time of the interview she said that she had no hope, but she was not suicidal. She stated that "my family all gone;" her significant other of five months was in jail and cannot "get his shit together." Her current need included housing, self-care needs, and she believed that "men get more help than women." She added that there are more shelters available for men in this community, which "encourages them to do nothing. I don't understand why no only women shelter" except the YWCA.

Teddy

Teddy, a 58 year old Native American, was the second participant had been homeless for nineteen years in South Dakota, Iowa, Montana, and North Dakota. She earned a high school diploma and had some college classes. She was divorced and had six adult children, but has no

contact with them. According to her, she lost her parental rights when the children were younger; she was accused of abusing them and was sent to prison. During the interview, it was observed that Teddy had come to terms with her homeless condition. Being homeless for nineteen years and sober for fourteen years has given her some level of dexterity that newly homeless women may not have. Even though housing was a need for her, she accepted that she may not qualify for housing due to her past prison record. She also maintained that "women's needs are not understood." She added that "separate funding is needed for single women shelter, transitional living, to be safer, to give emotional stability long-term. Shelters not equipped long-term so they back to chaos." At the end of the interview, she referred two participants—Pooh and Sista. Pooh was interviewed following Teddy, Sista patiently waited her turn to be interviewed. The researcher thanked her for her referrals and also thanked Pooh and Sista for their desire to participate in the study.

Pooh

Pooh joined the researcher when she was referred by Teddy. She is a 48 year old Native American female who reported that she had been homeless "off and on for close to five years" in Minnesota and North Dakota. She was separated from her husband. Like Teddy, she also had a high school diploma and some college classes. She has two adult children and is in regular contact with her son and other family members in Fargo. During the interview, she revealed that she had a job as a head cook, had transitioned out of homelessness, and lived in a permanent housing complex for one year and eight months. However, she said "I can't live alone" because she had a "co-dependency personality." She also shared that "I like to be homeless, not strong enough to live alone." She added that she has mental health disorders: PTSD and depression, and

receives mental health services from South East Human Service Center. Moreover, she stated that there are more shelters for men who are "physically able." She cited that the New Life Center, men's shelter is open all day but "nothing is open for women." In order to wait for shelter to be opened, she and her peers will sit at McDonald, or wander around town until 6:00 pm, when the co-ed Gladys Ray shelter opens. Finally she reported that the high cost of housing and safety needs are her challenges at this time. She gave instances where she had "to fight on the street," had encountered inappropriate touch, harassments at the shelter because of confined available space, and crowded populations of people who may not be sober. At the end of the interview, she joked that the gift card she received as an incentive for her participation in the study will be useful when she sits and waits at McDonald.

Sista

Sista, the fourth person to be interviewed, waited patiently. She is a 23 year old Caucasian female, and has been homeless "off and on" since age 18. She is engaged and has two living children. One of her children died at birth; one of her living children was two weeks old at the time of the interview. Both children were in foster care with the same foster parents; she visits them regularly in a public place. She did graduate from high school; she also reported that she has autism spectrum disorder, receives disability services and is saving money for a two bedroom apartment. When the researcher gave Sista the required professional disclosure, Sista revealed that she receives mental health services from Prairie St. John's. The researcher works primarily with Sista's psychiatrist. Sista added that she was evicted from her home when her grandmother died; her inheritance from the grandmother was taken away from her by family members. She asserted that being homeless is the same for both men and women, because her

fiancée is homeless too. During the interview, she presented as happy. She could not help but be expansive in her narrative about her experiences and especially about her children because she shared knowledge about Prairie St. John's and her positive experiences with the services that she receives there. Sista shared that the psychiatrist was helping her apply for disability benefits, which could help her move out of homelessness. She showed the researcher pictures of her children with a sense of pride and joy evident in her demeanor.

Xavier

Xavier was the fifth person to be interviewed. She called the researcher three times to reschedule meeting days and times. She was persistent and committed to keeping the promise made to take part in the study and share her story. She is a 33 year old Caucasian female, divorced, has no children, employed full time, has a part time job and currently enrolled in an online college. She has been homeless for 10 months; this was her second time of becoming homeless in Fargo, North Dakota and Moorhead, Minnesota. She has been sober since 2002 by her report. During the interview, she seemed proud of her success in resolving past legal problems with "seven years of clean record." She exudes hope and confidence as shared that she was grateful for her college education, car, and a short distance to her job, with a desire to save money and "want to reclaim my life." She also reported contact with her parents; she helps care for them because they are both ailing. She has amended relational conflict with them as an adult. She also visits her sister in-law and nephew who live in town. Finally, she noted that because of the lack of shelter for females only, some women "sell self for rooms."

Tiger

Tiger is a 28 year old Native American female who has been homeless for five years. She is single, has three children, all of whom reside with her family members. She reported that she obtained a high school diploma, and worked at the Casino for six months, but lost her job due to incurring a DUI. She also reported that she "likes" being homeless even though her family is upset with her lifestyle. During the interview, she presented as carefree and reported that "I go places with them, we drink together and they understand me." The "them" to which she referred were other homeless persons. She denied any mental or physical disorders. She even asked if she could receive more than one gift card as incentive for her participation in the study.

Scooter

Scooter is a 56 year old Caucasian female single female. She reported that she has 7 children and 12 grandchildren. She is unemployed, was a home maker, but has high school diploma with some college classes in criminal justice. She has been homeless since 2000 when her house burned down; she has another son who is homeless as well. She has the opportunity to live with one of her children. She sometimes resides with this child for a while, and then returns to the shelter. During the interview, she presented as happy and content, expressing that she was grateful for "food and shelter; it could be worse." Scooter believes that experiencing homelessness is different for men and women: men "bring in drugs and shit," while women "are not strong."

Telly

Telly is a 30 year old Native American/Hispanic female. She has been homeless for 2 months because she did not renew her lease. She wants to down size to a one bedroom

apartment. She has six children and is in regular contact with them. She refused to disclose who was caring for her children at this time. Telly acknowledged that being a felon makes it difficult to obtain housing; other challenges that faces include weather, transportation, and a lack of a sense of direction, saying "I don't know where to go." She expressed that homelessness is unique for women, but would not answer follow up questions as posed to her. She presented as sad, was guarded, and defensive during the interview.

Flowers

Flowers is a 22 year old Native American/Hispanic female. She has high school diploma, three children, is currently pregnant, and has been homeless for 13 months, but only in the Moorhead, Minnesota area. She became homeless when her fiancée got drunk, destroyed her apartment window, and was evicted from the building. She resides at the shelter with her fiancée and children. She shared her past trauma of physical, emotional, and sexual abuse when she was in foster care: "It was horrible." However, she resolved the traumatic experiences when she met her fiancée six years ago. She is on the list for housing approval; she presented as happy and content living at the shelter with her family.

Powers

Powers is a 47 year old Caucasian divorced female. She has one child who resides with the child's father, but both are in daily contact. She is unemployed, had job in housekeeping, lost her job 6 months ago, and has been homeless for 5 months. Powers' story is unique both because she escaped from an abusive and violent relationship (she fled from Minot to Moorhead) and that she shared with the researcher the story of her abuse and escape. She also said that she had a restraining order against the abuser. He was put in jail in Minot, but he sent "his gang" after her

while she was still in Minot. She feels safe in Moorhead. She's receiving therapy through one of the local mental health agencies, attends AA meetings and has been sober for 5 months. She has applied for disability services and "I'm not just sitting here, hoping to get out of here." Being homeless for her hurts her pride, and "puts me down," because her family was rich but "mean." She reported that she cannot understand why her peers there seem comfortable staying at the shelter for a long period of time. She did not perceive herself as a homeless person.

Omai

Omai is a 52 year old Caucasian/Native American female. She is divorced, has been married four times, has 6 children, and is unemployed. She has been homeless for 2 years in Missouri, Wisconsin, Grand Forks, New York, and Moorhead. She became homeless when she got injured and became disabled, missed an internship, and left college with cumulative student loans. She became depressed and is currently on disability. One of her challenges at the shelter is being harassed by males. She protects herself by staying away from dating: "it's not a dating game." She hopes to have her own housing unit: "a studio is fine." She has remained in contact with one of her ex-husbands, and all 6 children.

Lale

Lale is a 49 year old African American female. She is divorced and has two adult children. She has been homeless for a year; she has high school diploma and was employed but lost her job because of relational conflicts on the job. She was recently hired and was starting the new job the next week; she was also scheduled to move into own place in March, 2015. She presented as anticipating transition out of homeless conditions. She reported that she visits her family in Minneapolis regularly. For Lale, since becoming homeless in the past year, her father

and brother have died. In fact, she reported that she just returned from her brother's funeral; "they're here with me, watching over me." She asserted that most people that I saw at the Salvation Army are housed and employed, but "they like free food just like me."

Themes

Based on participant interviews and data analysis, four major themes emerged from the research study. The themes were: 1) Abuse/loss/abandonment; 2) Connection/disconnection; 3) PTSD/depression/addiction/physical ailment; and 4) Hope/meaning. These themes were not differentiated by significance, and will be addressed individually throughout this section. Direct quotes from participants will be included to help readers understand the themes and also to provide credibility to the study. The interviews provided the researcher the opportunity to record and capture firsthand information verbatim from each participant. Also, the individual notes afforded the researcher the ability to clarify and add information from the initial interview. Each of the participants offered worthy enlightenment about the experiences of homelessness from a female perspective. The four themes that emerged from the data analysis procedure of this study are outlined in Chapter 3: Methodology. In addition, the researcher's story, direct quotes from participants, and the integration of the peer review process, in which the data analysis procedures and themes were discussed, support the credibility and trustworthiness of the study. The following section provides the four themes that unfolded from the study.

Theme 1: Abuse, loss and abandonment can contribute to fragility of the mind, body, and spirit, which, in turn, can impede the survival of and growth out of traumatic experience(s).

The review of the literature identified physical, sexual, and emotional abuse and loss and abandonment can lead a series of events that can, in turn, lead to homelessness. Kim, Ford,

Howard & Bradford (2010) posit that childhood abuse can lead to subsequent PTSD, a major factor that can lead homelessness. Roschelle (2008) added that an abusive relationship in adulthood can also contribute to instability, resulting in subsequent homelessness if the abused females summon the courage to escape the abusive relationship. Arangua, Andersen & Gelberg's (2005) research reports that in the past 20-30 years, female homelessness has surged. The findings indicate that these females are household heads. These research studies assert and support the findings of this researcher in her quest to understand the major influences that lead to becoming homeless.

Of the twelve participants that were interviewed for this research study, nine reported that abuse, loss, and abandonment contributed to their homeless condition. Winnie reported that the death of her aunt when she was age ten, divorce, and "my family all gone" has impacted her negatively and contributed to her being homeless. Likewise, Teddy reported divorce, physical, emotional, and sexual abuse as well as the loss of her puppy. These events were emotionally detrimental to her ability maintain stability and to function independently. Pooh pointed to physical and emotional abuse by her stepmother and her relationships with significant others affected her and have influenced her current lifestyle. Sista shared being abandoned by her family when her grandmother died; they evicted her and confiscated her inheritance; "I lost everything." While on the streets, she was raped twice. Xavier shared that she experienced an abusive relationship at both early and adult ages, as well as being divorced. Scooter reported loss of her home by fire. One of the things she did in her neighborhood was to "cook for everybody" and entertain friends during holidays. Now being homeless she has lost such activity. Flowers shared "horrible" experience in foster care where she was physically, emotionally, and sexually

abused by foster parents. Powers reported abusive relationships, and divorce. And finally, Omai reported witnessing her father being "beat up," violence in her neighborhood, and witnessing the death of her friends impacted her life trajectory. As evident in the literature and interviews of participants, it is apparent that physical, sexual, and emotional abuse, and loss and abandonment can be detrimental to a female's welfare and stability. In fact, of the twelve participants that were interviewed, six of them were divorced, two were single, two were engaged, one single and one refused to answer.

Theme 2: Connection/disconnection in relationships.

According to Jordan (2010), connection, mutuality, and growth fostering relationships leads to sense of zest, motivation in relationships, increased knowledge of self and others, increased sense of self-worth, and desire for more connections. Similarly, disconnection is often evident in abusive relationships and can lead to poor sense of self. This poor sense of self affects the lens individuals use to view themselves as well as others in the society. As the narratives from the participants reveal, even though severance occurred in their past relationships, in the present they maintain relationships with other in the homeless shelters as means of survival while living in shelters. Winnie reported that she felt most connection to her aunt at age 10 and connection still to her grandfather who lives in New Mexico. Teddy reported her connection with her teachers while in boarding school and when affiliated with AA meetings; she talked about these unique experiences with excitement, but yet reported disconnection with her mother from an early age because of the abuse her mother inflicted on her. Even at this time, she has no contact with her six adult children and grandchildren. Pooh reported a strong connection with her father, whom she referred to as "my savior." She added that she dislikes being housed, but likes

being homeless because she has a bond to the homeless community. Sista reported a connection to her children, fiancée (we're in a good place now") and her late grandmother. Sista had the pictures of her children with her on her phone; she gushed over their images and was grateful that both children are housed with one set of foster parents. Xavier's connection to the past was her grandfather, in the present her connections were to herself, her college education, jobs, and a improved relationship with her parents over that she had when she was young. Tiger felt that she had the most connection while living on the reservation and having a job. She reported a continued connection and understanding with peers at the shelter: "we go places, get together, and get drunk." Scooter reported a connection with her life at her own home before it was burned down in 2000; when she was in her own home she cooked and entertained friends and neighbors. When interviewed she continued to feel such a connection to her children and grandchildren. Ten of the participants reported having contact with their children by phone. Two reported periodic visitations, one had no contact and one periodically resided with her children. Both connection and disconnection was palpable during these interviews.

Theme 3: Posttraumatic stress disorder (PTSD), depression, addiction, and or physical ailments.

According to Dworsky & Courtney (2009), adverse childhood experiences rarely occur independently. These adverse experiences, regardless of when they first appear, can continue throughout the lifespan if not resolved. In addition, mental health and addiction disorders often accompany each other. As revealed in this research study, five out of the twelve participants reported mental health disorders. Thankfully all are receiving services from local agencies. However, because of these disorders, and a combination of other factors, these females were

69

homeless, and had a limited education to support them in their effort to exit homeless conditions, were dependent on service programs, and were unemployed. Of the twelve participants, ten were unemployed.

Theme 4: Hope/meaning.

White (2005) examines how an individual narrates his or her traumatic experience and examines the dominant tone a person gives to his or her account of that traumatic experience. Positive narratives support growth potentials out of trauma. In addition, Siang-Yang (2013) claims that there are qualities that help individuals, not only get through traumatic experiences, but grow through them. Among the qualities identified as helpful is that of "harvesting hope" (Siang-Yang, p.4). During the current investigation, participants shared what gave them hope and meaning as they navigated being homeless. For example, Teddy shared that a sober lifestyle, even as a homeless person, has helped her with her sense of self. She also said "my body is allergic to alcohol;" she gave a speech on the disease of addiction and the effects of alcohol and drugs on the body. She further shared her positive experience with Alcoholics Anonymous and fourteen years of sobriety. Teddy had a sense of pride while sharing her story of overcoming alcohol addiction. It appeared that she was trying to educate this researcher; she seemed empowered because she was the one on the platform offering knowledge. Pooh and Tiger ascribed their source of hope "to other people living in the shelter, having a place to live, and the social club." Pooh also stated that "I know I have people in Fargo" while Tiger shared that "we get together, get drunk, go places together, and they understand me" as a repositories of meaning/hope for her.

70

Sista responded that "God and prayer" give her hope and meaning; she also proceeded to share one incident that occurred towards the end of her pregnancy. She stated that she had no money, no food, no shelter, and no credit history; she was pregnant and alone. She went and slept in an apartment lodge. She prayed, cried "why me" and later fell asleep until morning. She then woke up, saw a dove nearby on the Gate City Bank fence. She went into the bank with tears in her eyes and asked to speak to the supervisor to open an account. She was approved to open the account and was offered a gift card $25.00. Then she knew that "God has answered my prayer." According to Sista, this story was worth sharing because she was previously denied to open bank account with other banks because she had no identification card, even though she had presented them with other forms of identifying documents.

Xavier shared that her hope and meaning goes back to what her maternal grandmother had told her: "to always remember five things; to express "gratitude for good friends/decent people, roof over my head, not on the street, relationship with parents is better, sister-in-law/nephew." She also shared that attending an online college, her laptop, and having jobs, a car and working at a job within five miles from the shelter points to the possibility that she can "reclaim my life." She added that being sober for thirteen years and having a clean record for seven years now has been positive for her. She further shared that she saw a job advertisement in paper, applied, was called, and then hired immediately.

Similarly, Scooter shared that her hope and meaning comes from "spirit of the Lord; faith in Him, He has my back; it could be worse." Other participants shared their sources of hope and meaning as listed below: Telly shared "my children, myself." Flowers shared "my kids, my beautiful boys" and Powers shared "my daughter, being sober." Finally Omai shared that her job,

family, and looking forward to a new beginning, her own apartment, in the coming week give her hope and meaning. To this effect, among other factors, participants point to their children as source of hope and meaning. Loates (2010) supports this realization, reporting that childbearing can be a healthy predictor of happiness and wellbeing. Instead of ridiculing mothers who are homeless, there has to be better ways of supporting them to navigate motherhood and homelessness. Of the twelve participants in this study, eleven were mothers.

Summary of results

The following themes were identified as results of the research study.

- Physical, emotional, and sexual abuse and loss and abandonment at any life stage, if not resolved, often by therapeutic interventions, can lead to various destructive behaviors that can result in homelessness.

- Disconnection, especially in early childhood, can have -negative imprints- on the minds of individuals and can then inform how those individuals perceive the world around them (Dworsky & Courtney, 2009). Disconnection can lead to maladaptive coping mechanisms, such as the use of mood altering substances with subsequent addiction, can, in turn lead to homelessness. However, not all homeless individuals are disconnected, but are connected to themselves, others, places, and things. Although these connections on the whole are positive and help them survive, in contrast the connections that homeless females have among themselves tend to support them in behaviors that keep them in their homelessness. The researcher wonders what can be done in shelters to break this behavioral pattern that holds these females in homelessness.

- PTSD, depression, addiction, and or debilitating physical ailments, often needing therapeutic and medical interventions, if not resolved can complicate one's life, and can lead to disability and subsequent homelessness. All the homeless women in this study were actively pursuing appropriate therapeutic and medical attention.

- Homeless females hope and meaning ascribe to various aspects of their lives; they are able to define for themselves where their hope and meaning lies to enable them cope with barriers they face while they reside at shelters, to protect themselves, and to survive while homeless.

CHAPTER 5. SUMMARY, DISCUSSION, RECOMMENDATIONS FOR COUNSELORS AND FURTHER RESEARCH

Purpose of the study

The purpose of this study was to first cast light on the experiences of females who are homeless and residing in shelters. The results of the analysis and narratives was to broaden the understanding of the lived experiences of being homeless and female in the upper Midwest in other to identify and expose new insights into the factors that can hinder or foster productive connections, growth in relationships, and resiliency. Several themes emerged from the data collection and analysis; these emergent themes were both expected and unexpected outcomes for each research interview question. The following is a discussion of the themes, how they relate to the interview questions, literature review, and each other. Included in this discussion of the themes is a critical analysis from the researcher and finally, suggestions for future research studies.

Summary of research design

This research study included several components: goals of the study, theoretical frameworks, research question, methodology, and validity of the study. Exhaustive information has been detailed in the methodology chapter of this study. Phenomenology, a type of qualitative study was employed to help portray the embodiment and essence of lived experience and how experiencing something such as homelessness is transformed into awareness. Phenomenology is a form of qualitative research that has its foundation in philosophy; it takes an interpretative, inductive stance to examine the experience of individuals within their world (Merriam, 2009). According to Flood (2010), phenomenology is concerned with the experience itself and how

experiencing something is transported into one's daily awareness. It is also focused on disclosing

meaning rather than debating points on the basis of an intangible assumption. For this reason, the

researcher, through this vigorous research process, aimed at revealing the first hand lived

experiences of females in the upper Midwest region of the United States. To ensure that the full

experiences of the participants were captured, I chose to transcribe the interviews myself. A total

of 12 pages, 2,335 words existed. Additionally, I kept a journal of field observations and notes.

This allowed for a more in depth understanding of my own perceptions and a sense of what was

happening in the shelters. For instance, I noted using the word "happy" to describe the way the

most of the participants presented themselves.

Summary of results

The results of this study are endowed with several thought provoking points and

reflections about female homelessness. This section attempts to summarize and highlight vital

concepts that were discovered. Additionally, a summary of the themes that emerged and the

supporting literature was shared.

As earlier noted in this disquisition, homelessness is defined as the absence of a place of

residence. Also homelessness could mean having a place of residence that does not meet one or

more of human needs as postulated by Abraham Maslow: physiological needs, safety needs, love

and belonging, esteem needs, and self-actualization.

As a result of the study, it was evident that physical, emotional, and sexual abuse, and

abandonment and loss created -negative imprints-, disconnections, and maladaptive behaviors that

affected the participants and eventually led to their homelessness (Dworsky & Courtney, 2009). If

these circumstances are present in the home, the growth potentials that a safe haven is supposed to

provide to the dwellers are jeopardized, placing the identified victim(s) at risk of displacement. Safety needs also manifested when some participants shared that even at the shelters, their safety at risk because of other males and females residing in the same shelter. For example, the women experienced sexual harassment due to other shelter residents' continued use of mood altering substances. The study participants developed survival strategies to "fight off" attackers or report these attackers when in dangerous circumstances. However, most of the participants reported a sense of belonging to the community of homeless persons. None of the participants tied their esteem needs to residing in shelters, but to themselves as persons and to other people. One tied hers to herself, her job, her education, fulltime, part time jobs and family connection. The researcher observed that the majority of the participants minimized their sense of self as homeless, and talked about themselves as mothers, friends and for one person, as a worker. By doing so, the participants appeared to be using avoidance, a coping defense mechanism to survive their homeless conditions. Xavier shared her other activities such as online education, own a working car, laptop and ongoing interactions with her family members, aside from her full time and part time jobs.

In the literature Dworsky & Courtney (2009) discusses how disconnection, especially in early childhood can result in "negative imprints" on the mind of individuals and can inform how individuals perceive the world around them. Such disconnections can lead to maladaptive copings which can in turn to pilot to behaviors often leading to homelessness. Not all homeless individuals are disconnected; however, their connections may be limited, or be based on a repeated cycle related to their homelessness conditions. Only one of the participants reported that she was actively engaged in activities such as full time, part time and college education "to reclaim my life" and possibly achieve self-sufficiency. Others seemed to have normalized and

were content with living in the shelter, "having a roof over my head." I wonder how it is possible for this kind of connection to fulfill the sense of zest or well-being that comes from connecting with another person(s), the ability and motivation to take action in the relationship as well as other situations, increased knowledge of oneself and the other person(s), an increased sense of worth and desire for more connections beyond the original good relationship found in growth-fostering relationships as argued by (Jordan, 2010). I struggled with my own expectations that participants would be at all satisfied with their current lifestyle and would not be striving to get out of shelters. But instead, these females shared an acceptance of their current situation and are able to navigate their daily experiences. Feeling a bond with the other participants may actually hinder these women from seeking different growth producing relationships and activities because it is safer to stay and ne with others who are in the same situation than to work for change. These comments from the women raise an important question on how shelter officials can provide growth potential opportunities for the dwellers, especially women to live self-sufficiently, and have experiences to engage in and develop positive connections and relationships.

PTSD, depression, addiction and or physical ailments if not resolved often by therapeutic and medical interventions can lead to homelessness. According to Dworsky & Courtney (2009), adverse childhood experiences rarely occur independently. These adverse experiences can result in acute or chronic PTSD, depression, addiction or physical ailments that can continue throughout the lifespan if not resolved. Mental health and addiction disorders and sometimes somatic physical symptoms often occur in form of comorbidities as revealed in this research study. Counselors working with the female homeless population seemed to be doing amazing work with offering services to them. Of all the participants who identified as having one disorder

77

or the other, they reported that they are enrolled in a program and are seeking help at local agencies and treatment centers. Several times, when I was at shelter to interview participants, there was a visiting registered public health nurse present to offer health education, do onsite testing and refer those who may need outside referrals for specialty care.

The research by Arangua, Andersen, & Gelberg (2005); First, Rife & Toomey 1994; Wasson & Hill, (1998) revealed the correlation between an increase in female headed households and homelessness. The results of these studies reflected this relationship in that the participants' characteristics were females, mothers, single, separated or divorced. These factors contributed to behaviors that led to their homelessness. Such behaviors as losses, alcoholism, abusive or violent relationships, separation, and divorce were linked to homelessness.

Dyb (2009) claimed that time spent in prison or jail can strain and or end relationships and eventually lead to homelessness; two of the twelve participants shared that prison and jail time were responsible for events that led to their homelessness. Teddy shared that being sent to prison led to complete separation from her family and as a felon, she couldn't find employment and housing. She has experienced homelessness for nineteen years and has traveled to many different states-South Dakota, Iowa, Montana, North Dakota and Minnesota. Tiger who spent time in jail for a DUI, also lost her job and was unable to find housing or work when released from her sentence. She spends a lot of time socializing with her homeless peers and appeared at every homeless shelter I visited.

One of the surprising outcomes of this study is that homeless females ascribed to hope and meaning in such a way that, they are able to define for themselves where their hope lies and what gives them meaning in their daily lives. Most of the participants looked to their children,

78

past memories, prayer and God to their source of hope and meaning. Some had positive narrative regardless of their present homeless condition as revealed in the description of the individual participants section. These report seemed consistent with Siang-Yang (2013; Loates 2010; White, 2005).Certainly, it was apparent that these homeless females were single mothers with limited educational background or work experiences across all cultural background and ages. Even though mothers have added responsibilities that may intensify their risk of becoming homeless and complicate their homeless experience, their children can be a source of meaning and a healthy predictor of happiness and wellbeing for them (Loates, 2010).

Participants in this study became involved to share their unique perspectives and opinions on how to improve the overall experiences of the female homeless population. Although, the literature review and perception of homelessness has negative attributes, most of the participants presented as accepting of their current situation. They did not see or present as if their homelessness was a predicament; it may be better to have their own place of residence but they seemed grateful for shelters, and services offered to them. In reviewing the themes, the researcher can see how factors such as abuse of any kind, loss, abandonment; disconnection from childhood, mental health, addiction and or physical ailments, divorce, can lead to homelessness. On the other hand, these females can also bring back past connections, create new connections, and develop hope and meaningful qualities to be sustained with, get through and grow out of homeless conditions. Education is key factor in helping individuals push through the difficult situations and identify a focus while at the same time recognize personal strengths and abilities. Choosing a path of learning can provide a goal for homeless females to utilize that sense of hope for more positive changes in the future. They can be empowered to see things they never thought

possible. One of the major changes that all of the participants wished for, was that an only women's shelter be funded in this region. They seemed unhappy that shelters were coed, and or there were more shelters available to men and none for women alone. As stated by Winnie these shelters for men only "encourage men to do nothing." In terms of the overall experience of being homeless and female in the upper Midwest, there seemed to be simultaneously positive and negative aspects for the participants. One of the advantages is the economic stability of North Dakota. The economic status is prominent in the media, and also the proximity of Fargo, ND to Moorhead, MN suggests more resources available to the homeless. As revealed in the individual narratives, irrespective of traumatic experiences shared, not having their homes or apartments, they seemed hopeful and felt that being homeless in the upper Midwest area was easier. One of the participants shared that she moved from New Mexico to Fargo on the bus. "I put my finger on the map and landed in Fargo." Another participant shared that she had moved from New York to Fargo; while in New York, she had food stamps of $20.00. However, she did not disclose how much she was receiving in Fargo but she reported that she was "satisfied" with her benefits and is saving money to rent a studio living space. "I have a roof over my head; it could be worse." During this research process, the researcher noted how individuals seen at one shelter location in Fargo can be found at other shelter locations in Fargo or Moorhead at various times and days. The availability of facilities and resources in Fargo-Moorhead areas made for the free movement of homeless individuals back and forth. Some of the things that these females seemed grateful for continuously were "I have roof over my head, food to eat, it could be worse."

Discussion

In reviewing the current literature on homelessness in general and female homeless in particular, conducting the research study and analyzing the results has been invigorating and informative for the researcher. In fact, the researcher was both excited and amazed by the number of intersted participants that called and those that actually kept their promise and partook in the study. The participants seemed eager to share their expereinces of being homeless. From this eager discussion, and from their responses themes emerged that seemed to answer the research question and was consistent with the literature. One of the most striking results from the study was the recognition that because a person is homeless, does not always mean that the female is sad, negative, miserable, and hopeless. It was interesting that the participants shared a sense of hope, but at the same time they indicated they accepted their homeless situation and felt comfort in relationships with other homeless folks. What could professional helpers do to encourage additional growth fostering relationships and bridge the gap from remaining homeless and to living out their hope for the future? Only one of the participants had an idea that she would only be homeless for a short time because she has jobs now and is enrolled in an online higher education. A major difference seems to be that this individual developed a larger support group and more positive relationships outside the shelter.

Siang-Yang, (2013) posited that 70% of individuals who face traumatic experiences and use PTG to overcome trauma, only 30% of those who face trauma develop posttraumatic stress disorder (PTSD) and often its comorbidities. This is significant for shelter workers to know. Even though the majority of the participants had experienced trauma, it is possible for them to grow beyond their homeless conditions. It is therefore imperative that shelter counselors take a

social justice stance by advocating and creating an environment, a community that supports growth potentials, knowing that a full 70% of individuals who face traumatic experiences can grow out of them. By so doing, the affected individuals can be supported through education, counseling, and life skill techniques to be bold, eloquent, with a positive attitude, confidence, to be empowered and to contribute to their world not only with a rational pose but sometimes with a radical stance to grow out of traumatic experiences and achieve self-actualization.

Recommendations for counselors

Therefore, it is imperative for counselors to recognize the origin of disconnections that occurred with homeless females, examine their own biases through ongoing supervision, continuing education opportunities to be competent in multicultural counseling. Develop a broader perspective and multicultural lens to help diverse populations, to know that suffering is suffering and universal regardless of the nature of the suffering. To endeavor to work with hope and meaning of the homeless females already possess, and provide opportunities for additional growth fostering connections beyond the ones that existed in the shelters. Provide skill building avenues so the females don't only survive but can thrive to exit homeless conditions.

Recommendations for further research

As evidenced by the process of this research study, homelessness, especially for females is complex. And those females who are experiencing homelessness may not be hopeless even though some of their basic human needs are not met at this time. It will be interesting to observe and study the outcomes of only female shelters or transitional living facilities equipped with resources for further education and or employment skills whether the outcomes will be identical.

It will be critical to expand on this study in other regions of the United States to note consistencies or discrepancies in results pertaining to homeless female population.

As mentioned earlier in this study, some men had called this researcher and inquired if similar studies for males exist. The researcher was curious if there will be consistencies or discrepancies in outcomes of both male and female homeless populations.

Another important avenue for additional study is seeking information directly from shelter workers about the services and resources they provide as well as programming designed to provide skills, especially in the areas of posttraumatic growth and development of positive relationships beyond the shelter.

The researcher plans to present the outcomes of this study at professional conferences to illuminate the unique experiences of females who are homeless, in order to advocate for support. Additional focus in this area can foster growth potentials, and in turn create opportunities to perpetuate and expand on positive factors and different life experiences so that females who are homeless can exit homeless conditions successfully, and at their own pace.

Since this study was limited to the experience of women who were defined homeless based on their living situation in shelters. It will be important to explore broader types of homeless. For instance what are the experiences of individuals who have housing but who are homeless based on other factors such as lack of love and belongingness, safety or lack of connection in their relationships.

Additionally, it will be interesting to explore those who have strong supports and connections but lack a permanent home like the couch surfers.

REFERENCES

Anda, R.F., Felitti, V. J., Bremner, J. D., Walker, J.D., Whitfield, C., Perry, B. D., Dube, S.R & Giles, W. H (2006).The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry & Clinical Neuroscience 256,* 3, 174-186.

Anderson, D. G & Rayens, M. K (2004). Factors influencing homelessness in women. *Public Health Nursing, 21, 1*, 12-23.

Arangua, L., Andersen, R., & Gelberg, L (2005). The health circumstances of homeless women in the United States. *International Journal of Mental Health, 34,* 2, 62-92.

Bassuk, E & Rosenberg, L (1988). Why does homelessness occur? A case-control study. *American Journal of Public Health, 78,* 7, 783-788.

Braun, V & Clarke, V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77-101.

Brokenleg, M (2012). Transforming cultural trauma into resilience. *Reclaiming Children & Youth, 21, 3*, 9-13.

Calsyn, R.J & Roades, L.A (1994). Predictors of past & current homelessness. *Journal of Community Psychology, 22,* 3 272-278.

Carroll, J.J & Trull, L. A (2002). Drug-dependent homeless African-American women's perspectives of life on the streets. *Journal of Ethnicity in Substance Use, 1,* 1, 27-45.

Chamberlain, C. & Johnson, G (2001). The debate about homelessness. *Australian Journal of Social Issues, 36,* 1, 35-50.

Cosgrove, L & Flynn, F (2005). Marginalized mothers: Parenting without a home. *Analyses of Social & Public Policy, 5,* 1, 127-143.

DeWard, S. L & Moe, A. M (2010). "Like a prison!": Homeless women's narratives of surviving

    shelter. *Journal of Social & Social Welfare*, 37, 1, 115-130.

Dworsky, A & Courtney, M.E (2009). Homelessness & the transition from foster care to

    adulthood. *Child Welfare, 88*, 4, 23-56.

Dyb, E. (2009). Imprisonment: A major gateway to homelessness. *Housing Studies, 24,* 6, 809-

    821.

Emde, R. N (1992). Individual meaning and increasing complexity: Contributions of Sigmund

    Freud and Rene Spits to... *Developmental Psychology, 28,* 3, 347.

Eyrich-Garg, K.M., O'Leary, C.C. & Cottler, L.B. (2008). Subjective versus objective definitions

    of homelessness: Are there differences in risk factors among heavy-drinking women.

    Gender Issues, 25, 173-192.

Finfgeld-Connett, D (2010). Becoming homeless, being homeless & resolving homelessness.

    Issues in Mental health Nursing 31, 7, 461-469.

First, R.J., Rife, J.C., & Toomey, B.G (1994). Homelessness in rural areas: causes, patterns and

    trends. *Social Work, 39,* 1, 97-101.

Flood, A (2010). Understanding phenomenology. *Nurse Researcher 17,* 2, 7-13.

Groenewald, T (2004). A phenomenological research design illustrated. *International Journal of*

    Qualitative Methods, 3, 1, 15.

Haj-Yahia, M. M & Cohen, H. C (2009). On lived experiences of battered women residing in

    shelters. *Journal of Family Violence, 24,* 2, 95-100.

Hamilton, A. B., Washington, D.L & Zuchowski, J. L (2013). Gendered social roots of

    homelessness among women veterans. *Annals of Anthropological Practice, 37*, 2, 92-

    107.

Harlbut, Robbins & Hoke (2011). Correlations between spirituality & health promotion

    behaviors among sheltered homeless women. *Journal of Community Health Nursing, 28,*

    2, 81-91.

Hodge, D. R., Moser, S.E & Shafer, M.S (2012). Spirituality & mental health among homeless

    mothers. *Social Work Research 36,* 4, 245-255.

Hoffnung, M (2005). No more blaming the victim: Therapy in the interest of social justice.

    Psychological of Women Quarterly, 29, 4, 454-455.

Jordan, J. (2010). *Relational-Cultural Therapy. Washington, DC: American Psychological

    Association,* 2010. Print.

Kim, M. M., Ford, J. D., Howard, D. L. & Bradford, D. W. (2010). Assessing Trauma, substance

    abuse and mental health in a sample of homeless men. *Health & Social Work, 35,* 39-45.

Krefting, L (1991). Rigor in qualitative research: The assessment of trustworthiness. *Journal of

    Occupational Therapy, 45,* 214-222.

Lantz, J & Gyamerah, J (2002). Existential family trauma therapy. *Contemporary Family

    Therapy: An International Journal, 24, 2, 243.*

Lantz, J & Stuck, A (1998). The art of working with traumatized couples. *Journal of Couples

    Therapy, 7,* 5-18.

Lee, B.A., Price-Spratlen, T & Kanan, J.W (2003). Determinants of homelessness in

    metropolitan areas. *Journal of Urban Affairs, 25, 3, 335-356.*

Lindberg, C (2014). Homeless adults 55 and older in Minnesota: Highlights from the Minnesota

    statewide 2012 homeless study. *Wilder Research Foundation.*

Lindsey, E. W (1998). Service providers' perception of factors that help or hinder homeless

    families. *Families in Society. 79, 2,* 160-172.

Loates, M & Walsh, C.A (2010). Women negotiating sexual identity in the face of homelessness:

    From silence to satisfaction. *Culture, Health & Sexuality, 12,* 1, 87-101.

Maslow, A. H (1943). A theory of human motivation. *Psychological Review, 50,* 4, 370-396.

May, J (2000). Housing histories and homeless careers: A biographical approach. *Housing*

    Studies, *15,* 4, 613-635.

McMillen, J. C (2004). Posttraumatic growth: What's it all about. *Psychological Inquiry,15, 1,*

    48-52.

Meadows-Oliver, M (2003). Mothering in public: A meta-synthesis of homeless women with

    children living in shelters. *Journal for Specialist in Pediatric Nursing, 8,* 4, 130-136.

Merriam, S.B (2009). Qualitative research: A guide to design and implementation. *San*

    Francisco, CA: Jossey -Bass, 3-27.

Milburn, N & D'Ercole, A. (1991). Homeless women: Moving toward a comprehensive model.

    American Psychologist, 46, 1161–1169.

O'Grady, B & Gaetz, S (2004). Homelessness, gender and subsistence: The case of Toronto

    street youth. *Journal of Youth Studies, 7,* 4, 397-416.

Papadopoulos, L & Bor, R (1997). Genograms in counseling practice: A review (part 1).

    Counseling Quarterly, 10, 1, 17.

Perez-Sales, P., Cervellon, P., Vazquez, C., Vidales, D & Gaborit, M (2005). Post-traumatic

    factors and resilience: The role of shelter management and survivors' attitudes after the

    earthquakes in El Salvador. *Journal of Applied Psychology, 15, 5,* 368-382.

Pluck, G., Lee, K.H., David, R., Spence, S.A., & Parks, R.W (2012). Neuropsychological and

    cognitive performance of homeless adults. *Canadian Journal of Behavioral Science, 44,*

    1, 9-15.

Radley, A., Hodgetts, D & Cullen, A (2006). Fear, romance & transience in the lives of homeless

    women. *Social & Cultural Geography, 7,* 3, 437-461.

Rothe, M. I., Heineman, J & Shelton, E (2014). Homeless children & their families. *Wilder*

    Research Foundation.

Roschelle, A.R (2008). Welfare indignities: Homeless women, domestic violence & welfare

    reform in San Francisco. *Gender Issues, 25,* 3, 193-209.

Shakespeare-Finch, J & Copping, A (2006).A grounded theory approach to understanding

    cultural differences in posttraumatic growth. *Journal of Loss & Trauma, 11, 5*, 355-371.

Siang-Yang, T (2013). Resilience and posttraumatic growth: Empirical evidence and clinical

    applications from a Christian perspective. *Journal of Psychology & Christianity, 32,* 4,

    358-364.

Sikich, K. W (2008). Global female homelessness: A multi-faceted problem. *Gender Issues, 25,*

    147-156.

Simpson, J.F. (2007). More than simply "hanging out": The nature of participant observation and

    research relationships. Retrieved 3/18/11 from proquest database.

Shier, M.L., Jones, M.E., & Graham, J. R (2010). *Journal of Sociology & Social Welfare, 37*, 4, 13-37.

Smith, R (2014). Income Inequality: The Defining challenge of our time. *Policy & Practice, 72,* 2, 5-34.

Teeson, M., Hodder, T & Burhrich, N (2000). Substance use disorder among homeless people in inner Sydney. *Social Psychiatry Epidemiology, 35*, 451-456.

Tsai, J., Rosenheck, R.A., Decker, S. E., Desai, R.A. & Harpaz-Rotem, I (2012). Trauma experiences among homeless female veterans: Correlates & impacts on housing, clinical & psychosocial outcomes. *Journal of Traumatic Stress, 6,* 624-632.

VanNatta, M (2005). Constructing the battered woman. *Feminist Studies, 31,* 2, 416-443.

Watson, J (2011). Understanding survival sex: Young women, homelessness & intimate relationships. *Journal of Youth Studies, 14,* 6,639-655.

White, M (1995). Re-Authoring lives: Interviews & essays. *Dulwich Centre Publications. Richmond South Australia.*

Zugazaga, C (2004). Stressful life event experiences of homeless adults: A comparison of single men, single women & women with children. *Journal of Community Psychology, 32,* 6, 643-654.