

Running head: TRANSITIONS TO HOME

Falling Forward into New Selves and Spaces: Transitions from Homeless to Housed for  
Individuals with Mental Illness

by

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### **Abstract**

This thesis focuses on how individuals who have been homeless, with a history of mental health problems, transition to life in stable housing. I approached the study of this transition through the lens of ontological security to focus on two interrelated dimensions of human wellness: the need for secure spaces and the need for belonging. Ontological security requires a sense of continuity and confidence in both spatial and relational networks. In Study 1, I used regression analyses to describe the relationships between predictor variables (i.e., demographic, health, and traumatic life experiences) and the outcomes of housing stability and community functioning. The two outcome variables had distinct predictor variables suggesting that characteristics associated with high levels of housing stability are not necessarily associated with high levels of community functioning and vice versa. Further, participants enrolled in a Housing First (HF) intervention were more likely to report high housing stability and community functioning relative to individuals accessing traditional community services. The findings also suggest that social determinants of health inequality, including Indigenous ethnicity, are associated with chronic homelessness and that certain early life experiences (i.e., foster care, low levels of education) are associated with poorer outcomes. In Study 2, narrative and photo-elicitation methods were used to study the ways that people with a history of homelessness and mental health challenges reconstruct a sense of self after moving into stable housing. Participants actively reconstructed their identities by integrating their homeless, past, “nobody” selves into their housed “somebody” identities. The temporal structure of their stories suggests that while street living was akin to being stuck in a repeat cycle, housed living allowed for new openings and movement to take steps and “fall forwards”. One of the ways that participants integrated past and present selves in their narratives was through their connection to their sensed world – that

objects, scents, and sounds allowed participants to ground themselves in unfamiliar apartment spaces. Participants expressed the ever present fear of falling backwards to their past lives and the remaining discrimination from others that became an obstacle to re-selfing and feeling at home where they lived.

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## Chapter 1: Introduction

“There’s no place like home.” (Fleming, Vidor, Cukor, & Taurog, 1939). This quote from the film, *The Wizard of Oz*, is on the list of the top 100 movie quotes of all time (American Film Institute, 2005). The widespread recognition of this phrase may be due to its ability to capture a quintessential human belief about the concept of home. This phrase reminds many of the scene from the above film when Dorothy is clicking her heels together in her ruby red shoes as she imagines the familiarity and comfort of the people she loves back in Kansas. Everyone has memories and a sense of what home means to them, and this term usually conjures up associations of trusted loved ones, warmth, shelter, and comfort. For people who have been homeless, the meaning of home can become something entirely different. House and home are often not considered equitable terms as the feeling or sense of home comes from an individual’s understanding of their spaces (i.e., house, neighbourhood) and relationships. In the absence of continuous and positive spatial and relational security in their life story, individuals who have been homeless are pressed to find home through alternate ways and story lines. When people move off the streets and into an apartment or house, the transition back to home is one in which new meanings and understandings of home and the self are constructed or rebuilt. The process of making a house into a home is an act of constructing an identity through telling stories within and around that space.

In order for a person to thrive in their world, they require a sense of security in material spaces and social networks. While many people adaptively function in less than secure environments, this insecurity comes with significant costs and consequences to a person’s sense of self and wellbeing. Ontological security is generally defined as “...a sense of confidence and trust in the world as it appears to be. It is a security of being” (Dupuis & Thorns, 1998, p. 27).

Giddens (1990) describes ontological security as the confidence that most human beings have in the continuity of their self-identity and in the constancy of their social and material environments. When humans experience a lack of social connectedness or a lack of connection to their place in the world (i.e., a lack of dwelling) they construct narratives in order to make sense of their self and are involved in actively constructing their identity (Bieger, 2015).

Individuals who have become homeless must adapt to a lack of physical and spatial security in their day-to-day lives. While the threats of housing instability can be life threatening due to exposure to the elements, individuals who have been homeless must also contend with a number of threats to their health (both physical and mental), to their relationships with others, and their sense of self or identity. The experience of homelessness occurs in the context of a social world where individuals who are homeless are often marginalized and stigmatized by dominant society. As individuals enter or exit homelessness, they are tasked with making sense of who they are and their identity over time and as they experience significant changes to their spatial environment. Thus individuals who have exited homelessness, have the challenge of dealing with a number of barriers to ontological security which include a history of limited housing stability (or physical shelter), a lack of safety, and for some, a lack of connectedness and belonging. The purpose of the current project is to better understand the (re)development of ontological security for individuals with a history of homelessness and mental illness.

### **Defining Terminology**

For the purpose of this study, *houselessness* (similar to *rooflessness* as described by Fazel, Geddes, & Kushel, 2014) is a term that refers to the experience of an individual who does not have the legal and physical rights of *stable housing* (i.e., right to privacy, the right to live in a place for an agreed upon amount of time which is typically months rather than days or weeks, the

right to control who enters their living space, housing of a reasonable quality). *Homelessness* is a term, within the context of this study, which refers to an experience of the absence of stable housing in addition to the absence of the social or relational constancy of home. *Homelessness* is a term commonly used in the research literature in Western culture but is often conceptualized in a way that focuses on the experience of houselessness to the exclusion of the social-relational challenges inherent in the experience. Throughout this thesis I will be using the term *homeless* as I have defined it above – an experience that denotes lack in both spatial/material and social/relational dimensions. I will contrast that term with *houseless* when I refer to the specific experience of being without stable housing. This distinction is important when discussing homelessness in the context of the development of ontological security.

Veness (1992) writes that, “when home is equated to housing, homelessness is a relatively easy idea to grasp: it is, quite simply the absence of shelter” (p. 446), but, “home is more than housing...and the fact that a person has housing does not necessarily mean that person is defined as home” (Veness, 1992, p. 446). Somerville (1992) describes seven dimensions of the construct of *home* which include: physical shelter, mental and physical wellbeing, privacy, a place to rest, a place in which identity is rooted, and the opportunity to develop spiritual security (i.e., an ideal life ). It is necessary to understand what *home* is in order to understand the absence of *home* that occurs when people are considered *homeless*. The Canadian Homelessness Research Network provides the following definition of *homelessness*,

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

This definition goes beyond the parameters of houselessness to describe the systemic, societal barriers that contribute to the distress of the experience of homelessness. In naming racism and discrimination in the definition, there is importance given to the experience of disconnection or barriers to belonging inherent in the experience of homelessness. Modern definitions of homelessness across cultures suggest that the absence of a place in which social connections can be developed and fostered would constitute inadequate housing (Busch-Geertsma, 2010).

Being at *home* is similar in many ways to a person being *ontologically secure*.

*Ontological security*, as described above, is a person's sense of security in their being-in-the-world. Ontological security is an inherently psychological construct as it involves an individual's personal construal and feelings of security in their world. There are two dimensions that need to be considered in discussion of ontological security: spatial security and relational security. As individuals pursue ontological security, there are four primary qualities or markers on which to measure the movement towards or away from ontological security. These four markers include the experience of home as:

1. the site of constancy in the social and material environment;
  2. a spatial context in which the day to day routines of human existence are performed;
  3. a site where people feel most in control of their lives because they feel free from the surveillance that is part of the contemporary world; and
  4. a secure base around which identities are constructed
- (Dupuis & Thorns, 1998, p. 29)

Ontological security is an essential part of how an individual develops and maintains their health and wellness. Current definitions of health and wellness suggest that humans are actively involved in constructing their lives and that *health* is "the capacity of people to realize their needs and aspirations and where necessary to change and adapt to their environment"

(Kwiatkowski, 2011, p. 45). For individuals who have a history of homelessness, there is a tendency in the research literature to focus on the societal and external supports that facilitate

exits from homelessness to the point that the agency and decision making that individuals who are homeless are actively engaged in as they move towards health and ontological security becomes obscured or lost (Parsell, Tomaszewski, & Phillips, 2014).

While there is a tendency in the research literature to view the homeless as a homogeneous group, there is research that indicates that there is considerable heterogeneity among homeless populations (Trimingham, 2015) in terms of identity roles, pathways into homelessness, and perceptions of the experience of homelessness. I am choosing to use the term *homeless* in this project, however, because I wish to indicate that I use this term with the understanding the individual experiences of homelessness are varied, unique, and complex experiences anchored in each individual's context.

Despite the heterogeneity of the homeless population, individuals who are homeless are more likely than those with access to stable housing to face obstacles in feeling secure in their *being-in-the-world* given the absence of basic human needs (i.e., warmth, shelter). Maslow's theory regarding a hierarchy of human needs is applicable here (Maslow, 1943). In order for an individual to thrive or live confidently in his or her world, a hierarchy of needs must be met starting with physiological needs (i.e., shelter, food, air, clothing), which, if fulfilled, the development of safety (i.e., personal security, financial, health, well-being) is possible. Both physiological and safety needs must be met before social belonging needs are fulfilled (i.e., friendships, intimacy, family). Keeping in mind the ultimate attainment of human esteem and self-actualization at the top of Maslow's hierarchy, for individuals who are or who have been homeless, the lack of consistently available resources to meet both physical and social belonging needs is a pressing barrier towards ontological security and wellbeing.

### **Individual and Societal Consequences of Homelessness**

Decades of research have documented the negative experiences and consequences of homelessness, which notably create challenges in exiting homelessness. From high rates of mortality (Hibbs et al., 1994; Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009; Nielsen, Hjorthøj, Erlangsen, & Nordentoft, 2011; Roy et al., 2004), to increased rates of trauma and victimization (Daiski, 2007; Goodman, Saxe, & Harvey, 1991; Hibbs et al., 1994; Levy & O'Connell, 2004; S. Williams & Stickley, 2011), poorer physical health (Salkow & Fichter, 2003; Schanzer, Dominguez, Shrout, & Caton, 2007), and a disintegrated sense of self (Boydell, Goering, & Morrell-Bellai, 2000; Snow & Anderson, 1987,1993), homelessness has deleterious costs to the individuals and families caught in its wake.

Beyond the individual costs of homelessness and poorer health, there are also costs to society when individuals and families are impacted by homelessness. Approximately 10 years ago, Laird (2007) reported that the Canadian government allocated approximately 49.5 billion dollars between 1993 and 2004 to support "...homeless people in temporary shelters, hospital wards, welfare offices, non-profit organizations as well as the criminal justice system and mental health institutions" (p. 5). Gaetz (2012) reports that in 2007, Canadians invested approximately 4.5 to 6 billion dollars in community, non-profit, and government funded agencies to provide crisis and emergency services for individuals who are homeless. To put that quantity of money into perspective, in that same year, Canada put 3 billion dollars towards its annual debt reduction and 4.1 billion dollars towards international development campaigns (Gaetz, 2012). Together the direct and indirect costs of homelessness (i.e., shelter services, criminal service involvement, policing and health services) are significant. Beyond the costs of individual quality of life and the absence of basic human rights to safety, there are significant financial costs of homelessness.

Each individual has a unique pathway into homelessness and course of homelessness. The costs to the individual and society vary by the chronicity of an individual's homelessness. It is estimated that the majority of individuals who become homeless in Canada are homeless for a relatively short period of time or are transiently homeless while approximately 10-20% of homeless populations are considered to be chronically homeless (Aubry, Farrell, Hwang, & Calhoun, 2013; Culhane, 2008; Poulin, Maguire, Metraux, & Culhane, 2010). *Chronic homelessness* has been referred to as continuous or episodic homelessness that lasts long enough that the culture and lifestyle of homelessness becomes engrained in daily life (Gaetz, 2012). Individuals who are chronically homeless are more likely to have increased service use costs consistent with higher rates of physical and mental health problems, addictions, and disabilities (Gaetz, 2012). The city of Calgary estimated that the annual cost of homelessness for those who were transiently homeless was \$72,444 while the cost for individuals who were chronically homeless was approximately \$134,642 (Calgary Homeless Foundation, 2008). Mental health and wellbeing is significantly related to the chronicity of homelessness and costs within the Canadian context.

### **Mental Health & Homelessness in Canada**

There is a complex relationship between the phenomena of mental health challenges and homelessness. One has to look only to the 1960s to see the impact of health policy on increased rates of homelessness in Canada and the United States. Deinstitutionalization policies which focused on the discharge of psychiatric patients from institutions to the community without sufficient community treatment planning and services, resulted in increased rates of homelessness in Canada (Hulchanski, Campsie, Chaus, Hwang, & Paradis, 2009). All this to say

that health and health care policies in Canada are intertwined with understanding entry into and exits from homelessness.

In 2016, it was estimated that 235,000 Canadians experience homelessness per year and that on any given night approximately 35,000 Canadians are homeless (Gaetz, DeJ, Richter, & Redman, 2016). These results are consistent with the research of Echenberg and Jensen (2008) who found that there are anywhere from 150,000 to 300,000 homeless Canadians. It is estimated that within homeless populations, approximately one third of individuals deal with mental illness (Drake, Osher, & Wallach, 1991), though estimates are wide ranging (Fazel et al. 2014). Mental health and mental illness can be seen as disparate ends of the same continuum. Mental health has been defined as,

Mental health involves finding balance in all aspects of your life: physically, mentally, emotionally, and spiritually. It is the ability to enjoy life and deal with the challenges you face everyday - whether that involves making choices and decisions, adapting to and coping in difficult situations, or talking about your needs and desires. (Centre for Addiction and Mental Health, 2003a, p. 11)

While mental health and wellbeing is the pursuit and result of balance, mental illness, a term that encompasses many forms of mental disorder or mental health problems, can be defined as a lack of balance in one or more areas that results in distress or dysfunction in daily life for an individual. Research consistently presents how individuals who are homeless are more likely to report mental health problems or mental illness relative to non-homeless populations (Fazel et al., 2014; Hulchanski et al., 2009).

There are a number of factors that impact a particular individual's pathway into homelessness. Koegel, Melamid, and Burnam (1995) found that poverty, residential instability, and family problems in childhood were associated with homelessness in adulthood. Pathways into homelessness are complex and varied within homeless populations. It is generally



understood that an interaction and intersectionality of individual factors (i.e., adverse childhood experiences, level of education, socioeconomic status, and family breakdown) and societal or structural factors (i.e., poverty, lack of affordable housing, employment availability, racism, and discrimination) can result in homelessness for an individual or family (Frankish, Hwang, & Quantz, 2005; Piat et al., 2015).

Chamberlain and Johnson (2013) found five common pathways into homelessness which included experiencing a housing crisis, family breakdown, youth transitions from public care, substance abuse difficulties, and mental health difficulties. Whether or not the onset of a particular mental illness occurs prior to loss of housing stability, mental health status has been known to decline over the course of homelessness (Frankish et al., 2005; Hulchanski et al., 2009) and contribute to chronic homelessness (Centre for Addiction and Mental Health, 2003b; Hulchanski et al., 2009). Physical and mental health problems have been listed as a perceived barrier to access or maintain housing for (previously) homeless individuals (Aubry, Klodawsky, Nemiroff, Birnie, & Bonetta, 2007). The interaction of homelessness and mental illness increases the complexity of exiting homelessness.

Beyond the goal of acquisition of stable housing, which is one important consideration in exiting homelessness, mental health problems can create difficulties in meeting the needs of belonging and wellbeing for homeless individuals. Often, individuals with mental illness experience a significant identity shift with the onset of illness that fundamentally changes their ways of thinking about the world (Boydell et al., 2000; Estroff, 1989; Kerr, Crowe, & Oades, 2013; McIntosh & McKeganey, 2000). Within non-clinical populations, lower perceived mental health problems or difficulty was associated with higher rates of belonging (Kitchen, A. Williams, & Chowhan, 2012). In general, individuals who have mental health problems report

higher rates of social isolation and higher rates of stigmatization than those without mental health problems. Additionally, self-reported rates of adverse childhood experiences (which denote social disconnection in early life) are associated with poorer mental health outcomes in adulthood (Mikkonen & Raphael, 2010; Roos et al., 2013b; Thompson & Hasin, 2013; Villegas & Pecora, 2012). Social disconnection for individuals who have been institutionalized through foster care is also associated with an increased risk of homelessness (Davies & Allen, 2017; Kushel, Yen, Gee, & Courtney, 2007; Narendorf, Fedoravicius, McMillen, McNelly, & Robinson, 2012; Roos et al., 2013a). The relationship between social connection and mental health is a complex relationship in which genetic predispositions, vulnerabilities, and stress intersect.

The challenges of mental health problems and the social disconnection from others have an impact on the identity constitution of individuals who are homeless. Individuals who are homeless, with and without mental health disorders, have described their self-worth as “precarious owing to a lack of stable housing” (Persaud, McIntyre, & Milaney, 2010, p. 348). A longitudinal study of the psychological wellbeing of homeless individuals found that, “individuals often lose their sense of identity, self-worth, and self-efficacy” (Boydell et al., 2000, p. 26) over time. If individuals who are homeless are not seeking social affiliation from other homeless individuals, they are often left to face the “trauma and indignity of homelessness” (S. Williams & Stickley, 2011, p. 432) without social support and connection. The presence of dominant societal beliefs that describe homeless individuals as dirty, scroungers, or other demeaning terms, results in the dissolution of positive narratives about the self (S. Williams & Stickley, 2011) and leaves few positive alternate stories that can be used to construct an identity of self-worth. Snow and Anderson (1987) studied how homeless individuals managed the lack of

positive identity resources and how they strived to construct a sense of self worth and manage the stigma placed on them by distancing themselves from the homeless identity, embracing their homeless identity, or constructing alternative narratives about their homelessness. If living as a homeless individual is a traumatic experience that results in barriers to constructing an identity of self-worth, the process for individuals who have mental illness becomes increasingly difficult as they manage yet another layer of discrimination and disruption in their storytelling. What is clear is that individuals who report mental health problems are more likely to report difficulties and barriers in meeting their needs for social connection and affiliation.

### **Barriers to Exiting Homelessness**

Individuals who have mental health problems and are in the process of exiting homelessness are thus caught at the intersection of two challenging social continuums: illness-health and ontologically insecure (homeless)-ontologically secure (at home). Maslow's humanistic theory of self-actualization indicates that all human beings strive to achieve a sense of esteem and self-actualization. In the context of this study, there is the assumption that all individuals strive to achieve a sense of wellbeing and ontological security. However, the social location of each individual by virtue of their gender, ethnicity, family background, socioeconomic status, and mental health status is uniquely different and results in different courses of exiting homelessness.

In order to understand how individuals reconstruct lives of health and wellbeing with a history of homelessness and mental health problems, it is necessary to understand the intersectionality of their social location (Crenshaw, 1991; Trahan, 2011). While exiting homelessness is difficult, particularly for those who have been chronically homeless with mental health challenges, research demonstrates that it is possible to exit from homelessness and sustain

housing stability (Busch-Geertsma, 2010; Rog et al., 2014). Within the research literature on homelessness, personal and structural factors that precipitate homelessness have been used to develop theories and intervention strategies aimed at reversing or reducing homelessness.

There are a number of structural and individual factors that facilitate exits from homelessness. One of the key elements listed in the literature for exiting homelessness is the presence and availability of safe, adequate quality housing in quality neighbourhoods (Tsai, Mares, & Rosenheck, 2011). Other external or structural factors that facilitate the transition from houseless to housed include access to subsidized housing and steady income and/or employment (Zlotnick et al., 1999), and positive experiences or relationships with social services (Mayberry, 2016; Thompson et al., 2004). Social support, provided by friends, family, and professionals, has also been listed as a factor that facilitates improved wellbeing and thus sustained exits from homelessness (Thompson et al., 2004). There has been evidence to suggest that social support from service providers that enhances a sense of personal agency is associated with reduced risk of continued homelessness (Slesnick, Zhang, & Brakenhoff, 2017). The development of housing stability and a sense of home has been described as a developmental process – that there are stages of stability that can be built over time with instrumental supports (Kidd et al., 2016). Each individual's exit from homelessness is based on their unique access to societal resources and individual agency as a result of their particular social location.

Within the Canadian context, the Canadian Observatory on Homelessness, a non-partisan partnership between researchers, service providers, individuals with lived experience of homelessness, and policy makers, has highlighted the importance of better understanding the ways in which Indigenous Canadians can be supported in their exits from homelessness. The barriers to exiting homelessness for this particular sub-population are more complex due to the

historical and political discourses that have influenced the health and wellbeing of Indigenous peoples. While there are many individual qualities that impact the social location of an individual, within the context of homelessness in the Canada, the history and culture of Indigenous peoples is important to understand when considering barriers to exiting homelessness.

**Indigenous homelessness and wellbeing in Canada.** The Canadian Observatory on Homelessness indicated that veteran, youth, and Indigenous populations require further study in order to better understand their experiences of homelessness and their needs to exit homelessness (Gaetz et al., 2016). Although I am using the singular term, *Indigenous peoples*, I understand that there are many unique experiences, cultural practices, spiritual beliefs, languages, geographies, and histories within the collective group of Indigenous peoples (Caryl, 2014). There are unique characteristics and traditions of Indigenous peoples that may not be captured in the constructs of home and ontological security as defined earlier in this paper. For example, Indigenous peoples can be mobile between their urban community and their reserve community outside of an urban area (Caryl, 2014; Distasio, Sylvestre, & Mulligan, 2005). As well, we need to consider that within an ontological security framework, social relationships and feeling safe within social networks hold higher weighting and priority in a person's feeling at *home* within Indigenous cultural groups (Menzies, 2005).

According to Berman et al. (2009), Canadian Indigenous peoples have been living without home for some time due to the uprooting and displacement that occurred as a result of colonial influences. One of the social or cultural results of this displacement has been fractured relationships. Berman and colleagues (2009) thus suggest that the definition of homelessness go beyond the physical and spatial dimensions to include the emotional, cultural, and social layers

of connectivity and disconnection that have impacted Indigenous peoples through intergenerational trauma. For example, social assimilation policies such as the residential school programmes have been linked to a loss of cultural cohesion and safety within Indigenous communities (Brascoupe & Waters, 2009).

Within Canada, Indigenous leaders have described how modern homelessness of Indigenous peoples is inherently linked to historical colonialist and racialized policies and that homelessness can be defined as “the resultant condition of individuals being displaced from critical community social structures and lacking in stable housing” (Menzies, 2005, p. 8). Thistle (2017) presents the following definition of *Indigenous homelessness*,

Indigenous homelessness is a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012). (p. 6)

Thistle (2017) highlights how Western cultures have traditionally prioritized the spatial/material components of housing in their definitions of home and conversely, homelessness. The Indigenous construct of home is less concerned with the physical material space of a housing structure and is more concerned with social networks of meaning and connection to the particular geography including connections to animals, spirits and ancestors (Thistle, 2017). It is important to understand that the majority of research on homelessness in Western societies such as Canada have emphasized that homelessness is the experience of rooflessness or houselessness while “...Indigenous homelessness is also about being without All My Relations.” (Thistle, 2017, p.

16). The term *spiritual homelessness* has been used by some to refer to “one’s separation from traditional lands, family and kinship networks” (Caryl, 2014, p. 13) or by others as a “crisis of personal identity wherein a person’s understanding or knowledge of how they relate to country, family and Aboriginal identity systems is confused or lacking” (Memmott, Long, Chambers, & Spring, 2003, p. 15). The way in which Indigenous peoples construct a sense of home in their day-to-day lives may be distinctly different than non-Indigenous individuals who have different cultural associations with land and people. Cultural emphasis within Indigenous communities on identity as a family construct is likely to result in an inherently relational approach to identity, homelessness, and wellbeing.

*Wellbeing* (sometimes used as a synonym of health) can be defined in a multitude of ways. Within Indigenous communities and culture, wellbeing and health are believed to involve a more holistic interpretation that includes the values of collectivism, non-possession, harmony with nature and the land, and seeing all things as interconnected (Kant, Vertinsky, Zheng, & Smith, 2013; Riggs, 2004). While I defined health earlier in this introduction, it is important to consider how Indigenous peoples are more likely to view health or wellbeing in a collective or community lens, and are inclined to view health and illness within the context of relationships with people, land, and other parts of the environment (Ranzijn, McConnochie, Clarke, & Nolan, 2007). The theoretical lens of ontological security was chosen for this thesis as it is broad enough and flexible enough to incorporate the range of social and holistic conceptions of health and home that one might hold for Indigenous communities. I expect and anticipate that these cultural values impact how Indigenous peoples approach conversations about health and home and how the history of their displacement is important context for research on the homelessness and ontological security of Indigenous peoples today.

For the purposes of my dissertation, the needs of Indigenous peoples are highlighted due to the overrepresentation of Indigenous Canadians in the homeless population in Winnipeg, my city of residence. Gaetz et al. (2016) report that approximately 28 to 34% of Canadians using emergency shelters identify as Indigenous peoples, which is disproportionate to the total population of 4.3% of Indigenous peoples in Canada. Within the city of Winnipeg, 10% of the population identifies as being of Indigenous ethnicity while approximately 60-70% of the homeless population of Winnipeg identifies as being of Indigenous descent (Gessler, Maes, & Skelton, 2011; Laird, 2007).

Over-representation of Indigenous peoples in homeless populations and inequalities in health and general wellbeing between Indigenous and non-Indigenous peoples are concerning issues in the Canadian context (Adelson, 2005; Campbell, Pyett, & McCarthy, 2007; Distasio et al., 2005). The additional strains of cultural and ethnic prejudice and a history of colonial practices in response to Indigenous communities bring a great challenge to Indigenous peoples in the development of ontological security. Caryl (2014) writes about the typically “negative” tone of research involving Aboriginal peoples and how researchers must involve reflexive discussions of history and trauma that have brought social issues of homelessness, discrimination, and inequality to the points they are at today.

Indigenous culture and history is likely to shape the development of ontological security and the exit of homelessness for Indigenous Canadians. While the focus of my dissertation is not exclusively focused on the needs of Indigenous Canadians, given the inequities in health and housing status across cultural groups in Winnipeg (the city where the data for this study was collected), attention and consideration of social location, including the influence of Indigenous heritage, was made during the course of the two studies in this dissertation.



Due to negative individual and societal consequences of homelessness and the barriers to exiting homelessness, the next section of this introduction will focus on the research literature on effective interventions aimed at reducing homelessness and improving wellbeing for Canadians with mental health problems.

### **Housing First: An Intervention to Improve Ontological Security**

Interventions aimed at helping individuals to recover their housing stability and wellbeing have been increasingly informed by the individuals who are currently or have been homeless themselves – those with lived experience. Through advocacy, the voices of individuals with lived experience, have contributed to an increasing use of Housing First (HF) programming within North America. The HF model is based on the principle that individuals who are homeless have the right to choose where they live, as well as when and how to manage their health. The first goal of health and recovery for homeless individuals with mental health concerns in the HF model is the acquisition of stable housing (Collins, Malone, & Clifasefi, 2013; Greenwood, Stefancic, & Tsemberis, 2013; Tsemberis & Asmussen, 1999). Research indicates that focusing on housing stability first, as opposed to continuum of care models or treatment first approaches, results in more appropriate, desirable, and effective outcomes according to homeless individuals with mental illness (Greenwood, Schaefer-McDaniel, Winkel, & Tsemberis, 2005; Padgett, Stanhope, Henwood, & Stefancic, 2011; Aubry, Ecker, & Jetté, 2014; Aubry, Nelson, & Tsemberis, 2015).

Along with Padgett (2007), I see how the HF model, which prioritizes stable housing as a basis for further intervention, is conducive to the development of ontological security. Traditional programmes (i.e., Continuum of Care, Treatment First, or Stepwise approaches) historically prioritized the maintenance of mental health status and abstinence from substance

use prior to the move to independent housing (Katz, 2015). While traditional programmes require that individuals demonstrate their housing readiness and earn their right to live in a place they could make their home, HF offers a radical alternative whereby independent housing is considered a basic human right that is necessary for the development of mental health. Despite its growing popularity, HF is one of several interventions that have been found to be effective in helping individuals who are homeless with mental health issues to improve housing stability and mental health. For example, Leff et al. (2009) found that in addition to permanent supported housing models, residential care and treatment programmes and residential continuum programmes were also effective in increasing housing stability when compared to control groups. Overall, HF programmes have been found to be more effective than residential continuum models and treatment models (Rog et al., 2014). While I focus on HF because it is the emerging model of care in Canada, I recognize that different intervention models are appropriate for different sub-populations of homeless individuals and that choice and an array of options should be available for homeless individuals.

The HF model of intervention has been found to be effective in promoting improved housing stability and decreased time spent homeless (Aubry, Nelson & Tsemberis, 2014; Collins et al., 2013; Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004). One of the ways that HF interventions have increased rates of housing stability is by providing additional financial support, on top of social assistance benefits, to secure an apartment in the community. Participants of HF programmes are also provided with support in the form of Intensive Case Management or Assertive Community Treatment services to assist in the maintenance of housing. It should be noted that participation in a HF program does not guarantee housing stability as low vacancy rates, lack of available quality housing, and evictions

can impede an individual in obtaining and maintaining stable housing (Tsemberis, 2010).

Additionally, individuals who have been chronically homeless may have difficulties establishing a sense of routine and community within their housing and may choose to return to living on the streets or in temporary housing that is more familiar.

One of the challenges that can emerge, after an individual can access and maintain housing stability, is establishing a new sense of “normalcy.” Part of this process is establishing renegotiated connections with other members of the community. Research indicates that while interventions such as HF have led to improvements in housing stability, improvements in community integration and community functioning have been a challenge for participants of HF programs (Chan, Gopal, & Helfrich, 2014). Chan et al. (2014) found that HF program participants who moved into housing had difficulties with reintegrating into society and that feelings of marginalization remained even after two years in stable housing.

Factors that have been found to be associated with community integration include personal factors (i.e., length of time spent in housing, level of physical function, presence of psychiatric symptoms) and environmental factors (i.e., familiarity and safety of the neighbourhood, accessibility of community resources) (Chan et al., 2014). A Canadian study focused on the phenomenon of community integration found that individuals who have a history of homelessness and were involved in a HF intervention for a period of one year reported improvements in their community functioning behaviors such as attending more community events, accessing more community services, and increased feelings of belonging and interaction with people living near them (Patterson, Moniruzzaman, & Somers, 2014). What remains clear in the literature is that both housing stability and integration within a housed community are both

part of the transition to feeling at home, or ontologically secure, in an apartment or house for previously homeless individuals.

There is significant literature on pathways into homelessness and the consequences of homelessness for individuals and society (Karabanow, Kidd, Frederick, & Hughes, 2016). Over the past decade there has been a plethora of research to demonstrate that it is possible to improve rates of housing stability and security for individuals who have been chronically homeless with a history of mental illness (Aubry, Nelson, Tsemberis, 2015; Benston, 2015; Leff et al., 2009; Stefancic et al., 2013; Stefancic & Tsemberis, 2007; Stergiopoulos et al., 2015; Young et al., 2014). While there has been increasing success in the improvements in housing status and stability as the result of targeted interventions such as HF approaches, the improvement of community integration, psychological wellbeing, and ontological security for previously homeless individuals has been less clearly demonstrated in the literature. It is clear that improvements in wellbeing and community functioning are an essential component of exiting homelessness, yet it remains unclear how best to empower previously homeless individuals to attain the psychological components of ontological security through the transition from homeless to at home. This gap in the research literature requires further attention in order to better understand how to support previously homeless individuals with mental health issues move closer to ontological security.

### **Current Studies**

In 2008 the Government of Canada allocated 100 million dollars of funding to the Mental Health Commission of Canada in order to study and evaluate the effectiveness of HF in the Canadian context. This funding resulted in a tide of research focused at finding solutions to resolve the issues of homelessness and community disconnection for individuals with a history

of homelessness and mental health issues. Notably it was not about prevention. Nevertheless, over four years, five Canadian cities participated in recruitment and follow-up with participants who were homeless or precariously housed and dealing with mental health issues. One of the sites, the city of Winnipeg in the province of Manitoba, was charged with a specific focus of studying how this intervention worked within a predominantly Indigenous, urban sample of homeless adults.

Employed as a field interviewer for the Winnipeg site of the At Home/Chez Soi research demonstration project, I heard first hand the stories and responses of individuals involved in the project and those that continued to use services in their communities apart from HF. As a graduate student in clinical psychology, I began to reflect on the way participant accounts mapped onto the construct of ontological security, particularly given the mental health concerns of the population.

With an interest in ontological security and human thriving, I began to consider the following research questions:

1. What are the characteristics or predictors of participants who were able to exit homelessness or achieve the markers of ontological security?
2. How are some participants able to move closer to ontological security and find home as they exit homelessness?

In order to address these two research questions, I developed two distinct and separate, albeit related, research studies. While each of these studies constitutes an independent line of research questioning, methodology, analysis, and discussion, they can also be “mixed” by virtue of their focus on the construct ontological security within the same population. The Journal of Mixed Methods Research has defines mixed methods research as research in which the “investigator

collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or programme of inquiry” (TJMMR, 2018). This thesis, or programme of inquiry, employs a triangulation design (Creswell & Plano Clark, 2007; Tahakorri & Teddlie, 2003). While each study is its own independent whole, the findings of both the quantitative and qualitative work are integrated in an additional chapter to provide depth. Quantitative data and qualitative data were collected independently of one another and analysis of the data was conducted concurrently. The qualitative study received more weighting in the integration of the findings as it was more conducive to the study of the phenomenon of identity development – a core facet of the construct of interest – ontological security. The rationale for the triangulation approach is that complementary findings from distinct quantitative and qualitative lines of inquiry can be used to strengthen the legitimacy of the findings that emerge in the data.

Study 1 (see Chapter 2) uses quantitative research design to study the first of these two questions in a sample of 512 adults with a history of homelessness and mental illness. The purpose of Study 1 was to better understand how characteristics and self-report variables collected at baseline of a 24-month follow-up with this population, were associated with improvements in housing stability and health (i.e., community functioning). Study 2 (see Chapter 3) utilizes qualitative research methodology (narrative methods) in order to explore the meaning making and identity development that occurs over the transition from homeless to housed for previously homeless adults with mental health problems.

Chapter 4 of this thesis serves to integrate the findings from both studies and to discuss the implications of their overlap and divergence. What the two studies hold in common is that each contributes information on how previously homeless individual with mental health concerns

develop ontological security (a sense of home and belonging) over time. While both studies drew from the same participant sample, they are distinct in their approach to research inquiry and thus employ divergent methodologies. Taken together, the findings of both studies contribute to the literature on pathways out of homelessness and more importantly, towards home and wellbeing. The purpose of Study 1 is to provide specific and detailed information on the characteristics that are associated with quantifiable outcomes that resemble or represent the construct of home. While Study 1 focuses on quantifiable associations between individual characteristics and histories and their housing and health outcomes over time, the qualitative methodology used in Study 2, allowed me to explore the in-depth and holistic ways that individuals move towards health and home. These two studies work in tandem to provide complimentary findings as two sides of the same coin: home and health for previously homeless individuals with mental illness.

## **Chapter 2: Study 1<sup>1</sup>**

### **Abstract**

The health and wellbeing of homeless individuals with mental health concerns is pressing on a number of levels, particularly among minority groups, such as Indigenous peoples in Canada. What is less clear in the research literature are the predictors or characteristics associated with transitions out of homelessness. The purpose of the current study is to describe a range of demographic, physical health, mental health, and traumatic event correlates of housing stability and community functioning in a sample of homeless adults over a 24-month period. Foster care history significantly predicted negative housing stability and community functioning. Participation in a Housing First intervention was associated with positive outcomes. Indigenous ethnicity, including and the impact of intergenerational trauma and residential school attendance, in the context of health and housing outcomes are discussed. The results indicate that housing stability and community functioning have distinct predictors and that individuals with high mental health needs have different predictors of health and housing outcomes relative to individuals with moderate needs. These findings have implications for the prevention of homelessness and the understanding of transitions out of homelessness.

### **Introduction**

Homeless individuals face a range of challenges in meeting their needs for health and stable housing, particularly among those with mental health and concurrent substance misuse (Baggett, O'Connell, Singer, & Rigotti, 2010; Benston, 2015; Fischer & Breakey, 1991; Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005; Padgett et al., 2011). The destabilizing combination of homelessness and mental illness creates challenges for overall wellbeing.

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<sup>1</sup> Study 1 is currently under peer-review for publication.



According to the Canadian Observatory on Homelessness, understanding and addressing the needs of three key populations which include veterans, youth, and Indigenous peoples, is crucial to a national strategic plan to end homelessness (Gaetz et al., 2016).

The World Health Organization defines *health* as “the capacity of people to realize their needs and aspirations and where necessary to change and adapt to their environment” (Kwiatkowski, 2011, p. 45). Under this definition, health goes beyond an absence of symptoms of disease to individuals thriving and functioning well within their community. In line with Maslow’s hierarchy of needs, basic physiological (i.e., food, warmth, rest) and safety needs must be met prior to addressing higher level needs of belonging and love, esteem, and self-actualization (Maslow, 1943). As such, intervention strategies targeted at populations with a history of homelessness and mental illness are increasingly focusing on the role of both housing stability along with health and wellbeing.

One way of understanding the higher levels of Maslow’s hierarchy of needs within the context of homelessness is to investigate community functioning. Community functioning is the meaningful participation in activities of daily living such as (re)joining the workforce, engagement in meaningful hobbies and activities, management of health and behaviors, social competence, and interacting with others. It follows that if a person is able to function meaningfully in his/her community, there is likely a sense of belonging or confidence in the social and physical locations that accompany those activities. In the current study, community functioning (as well as in several HF studies) is viewed as an overarching measure of the wellbeing of an individual.

The HF model, which posits that the acquisition of stable housing should be the first step of intervention, is in contrast to traditional *treatment first* approaches, which prioritize mental

health and addictions treatment prior to the acquisition of stable housing. Previous research on the outcomes of stable housing and community functioning within homeless samples has been mixed and is typically conducted within intervention effectiveness studies. For example, the HF model of intervention has been found to be effective in promoting improved housing stability and decreased time spent homeless (Collins et al., 2013; Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004). Research has also found that housing status predicts the functional capacity of individuals with severe mental illness (Stergiopoulos, Burra, Rourke, & Hwang, 2011). Volk et al. (2016) found that greater time spent homeless, more time spent in jail and degree of psychological community integration were associated with housing instability among HF participants while a diagnosis of PTSD or panic disorder predicted housing stability.

Other studies have consistently found that while housing intervention programs such as HF have led to improvements in housing stability, improvements in community integration and quality of life have been a challenge for homeless participants (Chan et al., 2014). Chan et al. (2014) write,

The Housing First model promotes physical integration into the community by providing immediate housing in scattered site living situations, but does not guarantee social or psychological integration, where one establishes social connections and feels a part of the community. Repair of social roles, reintegration into society, and feeling marginalized and at risk for homelessness can persist for over two years, even with housing and supports provided. (p. 143)

Factors that have been found to be associated with community integration include both personal (i.e., length of time spent in housing, level of physical function, presence of psychiatric symptoms) and environmental factors (i.e., familiarity and safety of the neighborhood, accessibility of community resources) (Chan et al., 2014). Findings have been mixed regarding improvements in community functioning and integration among homeless individuals involved

in supported housing and other housing intervention programs (Patterson et al., 2014; Tsai, Mares, & Rosenheck, 2012).

Within the Canadian context, the needs of Indigenous peoples who experience homelessness is a specific area that has been identified as a priority among policy makers (Gaetz et al., 2016). As discussed above in the introductory chapter, over-representation of Indigenous peoples in homeless populations and inequalities in health and general wellbeing between Indigenous and non-Indigenous peoples are concerning in the Canadian context (Campbell et al., 2007; Distasio et al., 2005). For homeless individuals of Indigenous descent, the historical context of dislocation from the land and culture may have an impact on the process of moving towards ontological security. Gorman (2010) describes how the higher levels of Maslow's hierarchy, including self-actualization, are highly linked to culture. He argues that dislocation from culture, as experienced by Indigenous peoples affected by colonization, impedes the ability to attain the higher levels of the hierarchy, which in the context of the current study would include strong community functioning. Given this context, the two constructs of interest in the current study, housing stability and community functioning, may have different meanings and outcomes among Indigenous persons and communities.

Given the importance of housing stability and strong community functioning for healthy living, it is important to understand the factors that predict these two outcomes. On a practical level, the cost savings associated with transitioning homeless individuals to stable housing and better health are of importance to policy makers and citizens. On a psychological level, understanding the characteristics associated with healthy functioning can help health and social service providers tailor their interventions to meet the needs of their clientele and identify individuals who may be at risk for poorer health outcomes. While the research on housing

stability amongst homeless individuals has been consistent, predictors of housing stability in a predominantly Indigenous sample has been limited. Given the inconsistent research regarding the development of community functioning among homeless populations, that construct is also important to study, particularly within an Indigenous Canadian context.

### **Proposed Research Objectives and Questions**

The objective of this study is to determine the correlates of homeless adults associated with the outcome variables of housing stability and community functioning. The independent predictor variables are demographic characteristics, history of residential school attendance among Indigenous participants, physical and mental health conditions, and traumatic life experiences. Demographic characteristics and mental health correlates have been commonly utilized in previous studies on housing stability and community functioning outcomes (Greenwood et al., 2005, 2013; Stefancic et al., 2013; Stefancic & Tsemberis, 2007). Physical health conditions have rarely been included as correlates of housing stability and community functioning in homeless samples despite evidence to suggest that physical health, similar to mental health, can impact overall functioning (Pinto-Meza et al., 2009; Subramaniam et al., 2013). Traumatic life experiences have also been associated with poorer health outcomes in a range of clinical samples (Afari et al., 2014; Beards et al., 2013; Brown, Jun, Min, & Tracy, 2013). Residential school attendance has been included as a predictor variable for Indigenous participants in order to determine if this life experience has an association with functioning over time for homeless Indigenous Canadians. Previous research has found negative associations between self-reported health and residential school attendance among Indigenous samples (Barton, Thommasen, Tallio, Zhang, & Michalos, 2005; Kaspar, 2014). I have included personal, parental and grandparental attendance at residential schools in the analysis to capture the

intergenerational effects of this experience. The objective of the current study is broken down into two separate categories of analysis:

- a) To determine the demographic, physical and mental health, traumatic experience, and residential school correlates of *housing stability* within a sample of homeless adults with mental health disorders.
- b) To determine the demographic, physical and mental health, traumatic experience, and residential school correlates of *community functioning* within sample of homeless adults with mental health disorders.

## **Methods**

### **Data Collection Procedures**

The data set used in this study was obtained from the Winnipeg site of the At Home/Chez Soi research study (Goering et al., 2011). The Winnipeg site was one of five Canadian cities involved in the At Home/Chez Soi randomized controlled trial to study the impact of HF in a Canadian context. The full study protocol is described by Goering et al. (2011) and various study reports (see Goering et al., 2014) are available online from the Mental Health Commission of Canada. Participants were recruited from community agencies and were included in the study after meeting three inclusion criterion: 1) Minimum 18 years of age, 2) Housing status was absolutely homeless or precariously housed, and 3) Met criterion for a mental health disorder (with or without comorbid substance use). After eligibility criteria were confirmed in a screening interview and participants provided their informed consent to participate, participants were enrolled in the study. Participants were then randomized via a computer-generated algorithm to either a HF condition or a Treatment As Usual (TAU) condition. Beginning in November 2009,

513 participants were recruited over an 18-month period. One participant chose to be removed from the study resulting in a total sample of 512 participants included in the current study.

High Needs and Moderate Needs groups were developed based on assessment of participants' mental health severity and service use prior to randomization (Goering et al., 2011). Participants in the HF condition were provided with a financial subsidy to obtain stable housing and were provided support from an Assertive Community Treatment team (for those in the High Needs group) or an Intensive Case Management team (for those in the Moderate Needs group). Individuals randomized to the TAU group, regardless of need level, were able to access available supports in the community but were not provided with any additional support. Over the course of 24-months, data were collected every three months for a total of nine time points including a baseline interview. At baseline, data was collected on demographic characteristics, mental health conditions, community functioning, physical health conditions, and traumatic life experiences. During the baseline interview, Indigenous participants in the sample were also asked about personal and familial residential school attendance. Data on housing status were collected at each of the nine time points throughout the study. At the final follow-up interview at 24-months, community functioning data was collected again.

The Winnipeg site of the At Home/Chez Soi study was focused on the impact of HF within a predominantly Indigenous homeless population. In order to conduct research *with* and *for* Indigenous peoples rather than *on* Indigenous groups (Koster, Baccar, & Lemelin, 2012), the Winnipeg site team involved individuals from the Indigenous community at a number of levels within the research team. For example, an Aboriginal Lens committee was formed to guide research questions and practices and to inform the service delivery models. Indigenous individuals were involved in the research team from field interviewers interacting face-to-face

with research participants to an Aboriginal co-site coordinator and Community Liaison Coordinator. The Winnipeg site also developed a Lived Experience Committee (Hatch, 2010) to provide feedback and guidance on research projects and practices.

Attrition over the course of the study was significant despite the use of community-research partnerships and gatekeeper involvement in participant retention. Similar to previous research on attrition and retention, maintaining contact with this highly mobile population was a barrier to follow up with participants (Bonevski et al., 2014). The current study obtained ethical approval from the University of Manitoba health research ethics board.

### **Outcome Variables**

**Housing stability.** The Residential Time Line Follow Back (RTLFB) instrument was used to measure housing status (New Hampshire Dartmouth Psychiatric Research Centre, 1995) at nine time points over the 24-month follow-up. Participants listed their accommodations for each evening of the three-month period preceding each interview. Housing accommodations were coded into one of five categories: stable, temporary, institutional, street, and emergency housing. Stable housing was defined as a place in which the participant expected to stay for a period of at least 6 months in time and/or legal tenancy rights. For the purposes of this study, the housing stability variable is operationally defined as the number of days spent in stable housing offset by the total number of days of housing accounted for during their participation in the study. As there is no steadfast clinical marker of stable housing, a continuous variable was used to measure the outcome of stable housing.

**Community functioning.** The Multnomah Community Ability Scale (MCAS) is a standardized, interviewer rated assessment of participant mental health, functional independence, and broad facets community functioning (Dickerson, Origoni, Pater, Friedman, & Kordonski,

2003). It has been shown to be both a reliable and valid measure of community functioning for use with homeless populations (Barker, Barron, McFarland, & Bigelow, 1994; Barker, Barron, McFarland, & Carahan, 1994).

The MCAS was collected at the time of enrollment in the study as well as at the final time point (24-months after baseline). The MCAS is a 17-item measure covering the domains of Health (i.e., physical and emotional symptoms that impact daily functioning), Adaptation (i.e., the ability to cope with illness and navigate community networks), Social Skills (i.e., interactions with others), and Behaviors (i.e., actions that impact overall wellbeing such as participation in hobbies). Each item is rated on a 5-point likert scale where higher scores indicate higher levels of functioning. Total scores on the MCAS measure range from 17 to 85. The MCAS has high inter-rater reliability (Dickerson et al. 2003) and good internal consistency (Barker et al. 1994). In terms of instrument validity, the MCAS was found to have both criterion and predictive validity in relation to mental health service use. Total scores from the 24-month time point were used as a continuous measure of community functioning.

### **Predictor Variables**

**Demographic variables.** Sociodemographic characteristics were derived from the demographics questionnaire collected at the baseline interview. Age was determined based on the participant's date of birth and dichotomized at the median of the sample into two categorical groups (18-39.99/40+ years of age). Sex was measured as a dichotomous variable (male/female). Relationship status was dichotomized into two separate groups (single-divorced-widowed/married-cohabitating). The total number of months spent homeless prior to enrollment in the study was dichotomized based on the median of the sample into a categorical variable (1-35 months/36+ months). Participants provided the highest grade of formal education they had



completed and this information was dichotomized into a categorical variable (<high School/ $\geq$ high school). Self-identified ethnicity was categorized into two groups for the purpose of randomization and this analysis (Indigenous/Non-Indigenous). Participant randomization to HF or TAU group was also included as a demographic variable.

***Winnipeg foster care questionnaire.*** History in foster care represents self-reported formal care support (i.e., foster home, group home, etc.) during the first 18 years of life. At baseline, participants were asked about past foster care placements and a categorical demographic variable of history of foster care was created (history in care/no history in care).

**Residential school variables.** Personal, parental, or grandparental experiences of residential school history were measured by seven separate questions in which participants were asked: a) Did you attend residential school? b) Did your mother (father, mother's father, father's father...etc.) attend residential school? From this baseline information, nominal variables (no, do not know, yes), which indicate if the participant had any personal, parental or grandparental attendance at residential school, were created.

**Trauma variables.** At baseline, traumatic events over the lifetime were measured through an instrument that inquired about 28 traumatic events derived from the World Health Organizations Composite Diagnostic Interview (Wittchen, 1994). These traumatic events can be categorized by type of trauma into Conflict (sample question: Have you ever participated in combat, either as a member of the military, or as a member of an organized non-military group?), Accidental (sample question: Were you ever involved in a life-threatening motor vehicle accident?), Sexual (sample question: We define sexual assault as anyone forcing you or attempting to force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way. Has this ever happened to you?), Interpersonal (sample

question: Were you ever badly beaten by a spouse or romantic partner?), Civilian in a war zone (sample question: Were you ever an unarmed civilian in a place where there was a war zone, revolution, military coup, or invasion?), Trauma to someone close (sample question: Has anyone very close to you ever had an extremely traumatic experience, like being kidnapped, tortured, or sexually assaulted?), and Other trauma (sample question: Other than what you reported, have you ever experienced any other life-threatening event?). A dichotomous total trauma variable was created to capture endorsement of >10 of the 28 events based on the median number of events reported in the sample.

### **Health variables.**

***Mental disorders.*** At the baseline interview, the Mini International Neuropsychiatric Interview (MINI) was used to measure a select group of Axis I disorders based on DSM-IV-TR diagnostic criteria. The MINI has been found to have comparable validity to the Structured Clinical Interview for DSM diagnoses (SCID-P) and the Composite International Diagnostic Interview for the ICD-10 (CIDI) (Lecrubier et al., 1997; Sheehan et al., 1998).

The following disorders were included in the measurement: major depressive episode, manic or hypomanic episode, panic disorder, post-traumatic stress disorder, psychotic disorder, and mood disorder with psychotic features. Alcohol abuse and dependence were measured separately on the MINI and were merged into one variable representing Alcohol Misuse (i.e., meeting criterion for either Alcohol dependence or Alcohol abuse). The same procedure was followed for Substance Misuse. Each of these eight mental health conditions resulted in a dichotomous variable (no diagnosis/diagnosed). Suicidal risk was measured using the MINI resulting in categories of risk from no-low-med-high. These levels were dichotomized into no-

low/med-high variable. Mental health disorders were assessed by meeting MINI criteria (from the structured interview schedule) and/or by a physician's diagnosis.

***Physical health conditions.*** The Comorbid Conditions Questionnaire, a dichotomous instrument, was utilized to capture participant self-report of 29 chronic and acute medical conditions in the baseline interview. These 29 conditions can be categorized into the following categories: Cardiovascular (i.e., heart disease, high blood pressure), Gastrointestinal (i.e., ulcer, bowel problems), Respiratory (i.e., asthma, bronchitis/emphysema), Metabolic (i.e., thyroid problems, diabetes), Pain (i.e., back problems, dental problems), Sexual transmitted (i.e., HIV/AIDS, Hepatitis B), Neurological (i.e., epilepsy/seizures, effects of a stroke), and Other (i.e., cancer, anemia). A dichotomous total physical conditions variable was created to indicate endorsement of >6 (the median of the sample) of the listed conditions.

### **Analytic Strategy**

Analysis was completed using STATA SE version 14.2. A power analysis was completed in G\*Power. Power analyses indicate that for a small effect size ( $F^2=0.15$ ) in the most reserved sample estimates ( $n=90-130$ ), power remains at 0.96-0.99 for the number of predictors in the model. Nelson, Sylvestre, Aubry, George and Trainor (2007) found an effect size of 0.37 for similar analyses. For a large effect size, power remained at 0.99 for the sample size. These analyses suggest that there is sufficient power for number of predictors in the multiple regression models. For the outcome of stable housing, Generalized Estimating Equations (GEE) were used to analyze the average stable housing response of the population over the 24-month time interval. Poisson regression using an Auto-Regressive-1 correlation structure with GEE was used to determine the relative risk for the days spent in stable housing. Four hundred ninety three participants were included in the multiple regression analyses pertaining to the longitudinal

outcome of stable housing. Nineteen participants (3.7% of sample) were removed from the sample as they provided no data regarding housing status at any of the nine data collection time-points.

A multivariable regression model was run for each category of predictor variables and stable housing: demographics, mental health conditions, physical health conditions, and traumatic experiences. Demographic covariates, including randomization to the HF or TAU condition, were added into all of the multiple regression models in order to control for their effects. For participants reporting Indigenous heritage, personal and familial residential school history was also run as a multiple regression model with the outcome of stable housing over time.

Multivariable linear regressions were used to analyze the relationship between predictor variables and the outcome of 24-month MCAS community functioning scores. There was significant missing data at the 24-month time point due to attrition over time. One hundred forty four participants (28% of the sample) did not have any MCAS data at the final time point. Weighted Estimating Equations (WEE) procedures (Horton & Kleinman, 2007; Ibrahim, Chen, Lipsitz, & Herring, 2005) were used to account for missing data prior to regression analysis. In WEE, inverse probability weights are calculated and applied to the observed cases in order to compensate for the missing cases in the data. Relative to multiple imputation, WEE is considered to be a more conservative yet more robust to potential violations in assumptions about the distribution of the sample (Horton & Kleinman, 2007; Ibrahim et al., 2005). The weighting was applied to all of the analyses completed with the community functioning outcome variable. A total sample of 368 participants was included in the community functioning analyses.

Multivariable linear regression analyses were used to identify statistically significant relationships between baseline predictor variables and the outcome variable of community functioning. After completing unadjusted linear regressions, a final adjusted model was run for each set of predictor variables controlling for the baseline MCAS score and all of the demographic covariates. For the category of mental health conditions, all other mental health conditions were also added as covariates in the final adjusted regression model. For participants reporting Indigenous heritage, personal and familial residential school history was also run as a multivariable regression model with the outcome of 24-month community functioning scores.

## Results

### Housing Stability

There were several significant demographic predictors of housing stability among both the Moderate Needs and High Needs categories (see Table 1). In the Moderate Needs category, the HF group, when holding all other demographic variables constant in the multiple regression model, had a rate of 1.99 times greater for days of stable housing compared to the TAU group ( $IRR = 1.99, p \leq 0.000, 95\% \text{ CI } [1.64, 2.42]$ ). Higher age was also predictive of higher rates of stable housing within the Moderate Needs category ( $IRR = 1.17, p = 0.03, 95\% \text{ CI } [1.01, 1.35]$ ) when holding treatment group constant as a covariate in the model. Conversely, having more months spent homeless prior to enrollment in the study was associated with lower rates of stable housing over time for the Moderate Needs group ( $IRR = 0.81, p = 0.004, 95\% \text{ CI } [0.70, 0.93]$ ).

In the High Needs category, the HF group had rates of 2.25 times the TAU group ( $IRR = 2.25, p \leq 0.000, 95\% \text{ CI } [1.75, 2.89]$ ) holding all other demographic covariates constant. Females (when compared to males) had a rate of 1.47 times greater for days of stable housing ( $IRR = 1.47, p \leq 0.000, 95\% \text{ CI } [1.21, 1.78]$ ). In the High Needs category, age had the opposite trend and

Table 1

*Demographic Multivariable Regression Analyses Predicting Days of Stable Housing Over 24-Months*

Variable	Moderate Needs				High Needs			
	IRR	Robust SE	p-value	95% CI	IRR	Robust SE	p-value	95% CI
<b>Sex</b>								
Male	1.00 (ref.)				1.00(ref.)			
Female	1.08	0.08	0.29	0.94-1.24	<b>1.47</b>	<b>0.14</b>	<b>&lt;0.000</b>	<b>1.21-1.78</b>
<b>Education</b>								
<High School	1.00				1.00			
≥High School	1.08	0.08	0.30	0.93-1.26	1.04	0.12	0.73	0.84-1.29
<b>Relationship Status</b>								
Single/Divorced/Widowed	1.00				1.00			
Married/Cohabiting	0.67	0.14	0.06	0.44-1.01	0.95	0.17	0.75	0.67-1.33
<b>Months Homeless</b>								
1-35	1.00				1.00			
36+	<b>0.81</b>	<b>0.06</b>	<b>0.004</b>	<b>0.70-0.93</b>	0.95	0.09	0.62	0.78-1.16
<b>Age</b>								
18-39.99	1.00				1.00			
40+	<b>1.17</b>	<b>0.09</b>	<b>0.03</b>	<b>1.01-1.35</b>	<b>0.79</b>	<b>0.08</b>	<b>0.02</b>	<b>0.64-0.96</b>
<b>Foster Care History</b>								
No History in Care	1.00				<b>1.00</b>			
History in Care	0.96	0.08	0.61	0.82-1.12	<b>0.75</b>	<b>0.09</b>	<b>0.02</b>	<b>0.59-0.95</b>
<b>Ethnicity</b>								
Non-Indigenous	1.00				<b>1.00</b>			
Indigenous	0.97	0.08	0.69	0.82-1.14	<b>0.73</b>	<b>0.08</b>	<b>0.01</b>	<b>0.58-0.91</b>
<b>Treatment Group</b>								
TAU	1.00				1.00			
HF	<b>1.99</b>	<b>0.20</b>	<b>&lt;0.000</b>	<b>1.64-2.42</b>	<b>2.25</b>	<b>0.29</b>	<b>&lt;0.000</b>	<b>1.75-2.89</b>

Note. IRR = incidence rate ratio. SE = standard error. CI = confidence interval. Ref. = reference group. TAU = treatment as usual. HF = housing first. Results with p-values < 0.05 are in boldface.

older age was associated with lower rates of housing stability ( $IRR = 0.79, p = 0.019, 95\% \text{ CI } [0.64, 0.96]$ ). A history of foster care ( $IRR = 0.73, p = 0.018, 95\% \text{ CI } [0.59, 0.95]$ ) and Indigenous ethnicity ( $IRR = 0.73, p = 0.005, 95\% \text{ CI } [0.58, 0.91]$ ) were associated with lower rates of housing stability over time in the High Needs category.

There were no significant associations between the mental health predictor variables or physical health conditions and housing stability over time. With respect to traumatic experience predictors (see Table 2), among the Moderate Needs category, reports of traumatic experience to a close friend or family member was associated with lower rates of housing stability over time ( $IRR = 0.83, p = 0.04, 95\% \text{ CI } [0.70, 0.99]$ ).

Table 2

*Traumatic Experience Predictors of Stable Housing Over 24-Months*

Variables <sup>a</sup>	Moderate Needs Group				High Needs Group			
	<i>IRR</i>	Robust SE	<i>p</i> -value	95% CI	<i>IRR</i>	Robust SE	<i>p</i> -value	95% CI
Conflict	1.14	0.12	0.22	0.92-1.40	0.85	0.11	0.19	0.67-1.08
Accident	1.09	0.24	0.69	0.71-1.69	1.02	0.29	0.95	0.59-1.76
Interpersonal	0.99	0.14	0.95	0.75-1.31	0.87	0.31	0.70	0.44-1.75
Sexual	1.09	0.10	0.35	0.91-1.30	0.85	0.10	0.17	0.67-1.07
Civilian	0.93	0.12	0.54	0.72-1.18	1.03	0.15	0.84	0.77-1.38
Trauma to Someone Close	<b>0.83</b>	<b>0.07</b>	<b>0.04</b>	<b>0.70-0.99</b>	0.92	0.11	0.48	0.74-1.15
Other Trauma	1.09	0.08	0.24	0.94-1.27	1.10	0.13	0.41	0.87-1.39
Count Variable								
1-10 Events	1.00				<b>1.00</b>			
11+ Events	1.04	0.10	0.67	0.86-1.26	<b>1.30</b>	<b>0.16</b>	<b>0.03</b>	<b>1.02-1.65</b>

Note. a. reference group are the participants who did not experience the traumatic event category. *IRR* = incidence rate ratio. *SE* = standard error. *CI* = confidence interval. Ref. = reference group. Results with *p*-values < 0.05 are in boldface. All other variables in the table and demographic variables are controlled for as covariates in this multiple regression model.

Among the High Needs category, reporting a higher number of traumatic events over the lifetime was associated with higher rates of housing stability over time ( $IRR = 1.30, p = 0.03, 95\%CI [1.02, 1.65]$ ).

Residential school history was also not significantly associated with days spent in stable housing over the course of the 24-month follow up for participants reporting Indigenous ethnicity (Moderate Needs  $n = 219$ , High Needs  $n = 135$ ).

### **Community Functioning**

Community functioning data at the 24-month time point was collected for a total of 368 participants. With respect to demographic predictor variables (See Table 3), for the Moderate Needs category, higher community functioning scores at 24-months were associated with more education ( $Coefficient = 2.58, p = 0.004, 95\%CI [0.82, 4.34]$ ), holding all other demographic variables (including treatment group) and baseline community functioning scores constant in the multiple regression model. There were no significant differences between the HF and TAU groups in terms of community functioning scores within the Moderate Needs category though the trend in the data suggests a positive relationship approaching statistical significance ( $p = 0.06$ ).

In the High Needs category, HF was associated with higher community functioning scores at 24-months compared to the TAU group ( $Coefficient = 2.57, p = 0.04, 95\% CI [0.17, 4.96]$ ). Conversely, a history of foster care involvement was associated with lower community functioning scores at 24-months ( $Coefficient = -3.14, p = 0.02, 95\% CI [-5.76, -0.53]$ ).

With respect to mental health conditions (See Table 4), in both the unadjusted and adjusted models, there were no significant associations between mental health conditions and



Table 3

*Demographic Predictors of Community Functioning Scores at 24-Months*

Variable	Moderate Needs		High Needs	
	Coefficient [95% CI]	p-value	Coefficient [95% CI]	p-value
Sex	0.48 [-1.43, 2.38]	0.62	2.61 [-0.07, 5.30]	0.06
Education	<b>2.58 [0.82, 4.34]</b>	<b>0.004</b>	2.54 [-0.57, 5.65]	0.11
Relationship Status	-1.22 [-4.08, 1.63]	0.40	-4.18 [-11.65, 3.29]	0.27
Months Homeless	-0.95 [-2.64, 0.73]	0.27	-0.22 [-2.56, 2.11]	0.85
Age	0.76 [0.98, 1.50]	0.39	0.18 [-2.58, 2.94]	0.90
Foster Care	-0.23 [-2.12, 1.65]	0.81	<b>-3.14 [-5.76, -0.53]</b>	<b>0.02</b>
Ethnicity	-0.94 [-2.84, 0.97]	0.33	-2.87 [-5.84, 0.11]	0.06
Treatment Group	1.66 [-0.09, 3.42]	0.06	<b>2.57 [0.17, 4.96]</b>	<b>0.04</b>

Note. Sex (male = 1 female = 2). Education (<high school = 1 ≥high school = 2). Relationship Status (single/divorced/widowed = 1 married/cohabitating = 2). Months Homeless (1-35 = 1 36+ = 2). Age (18-39.99 = 1 40+ = 2). Foster Care (no history in care = 1 history in care = 2). Ethnicity (non-Indigenous = 1 Indigenous = 2). Treatment group (TAU = 1 HF = 2). CI = confidence interval. Results with p-values < 0.05 are in boldface. All other variables in the table and baseline MCAS scores are controlled for as covariates in this multiple regression model.

Table 4

*Mental Health Predictors of Community Functioning at 24-Months*

Variable <sup>a</sup>	Moderate Needs		High Needs	
	Coefficient [95% CI]	p-value	Coefficient [95% CI]	p-value
Depression	1.03 [-1.45, 3.51]	0.42	-1.34 [-4.88, 2.21]	0.46
Manic	-0.33 [-2.76, 2.09]	0.79	1.36 [-1.67, 4.39]	0.38
Panic	1.69 [-0.10, 3.48]	0.07	0.31 [-2.35, 2.97]	0.82
Mood disorder w/ psychotic features	1.39 [-0.89, 3.68]	0.23	0.80 [-2.04, 3.65]	0.58
PTSD	-0.75 [-2.57, 1.07]	0.41	-1.02 [-3.86, 1.82]	0.48
Psychotic Disorder	0.37 [-1.86, 2.60]	0.74	-0.96 [-3.55, 1.63]	0.47
Substance Misuse	0.51 [-1.34, 2.36]	0.59	-0.01 [-2.36, 2.33]	0.99
Alcohol Misuse	-0.62 [-2.77, 1.52]	0.57	<b>-4.04[-7.23, -0.86]</b>	<b>0.01</b>
Suicidality				
no/low	1.00		1.00	
med/high	-0.84 [-2.73, 1.06]	0.39	-1.09 [-3.85, 1.67]	0.44

Note. a. reference group, unless otherwise listed, is the absence of the mental health disorder. CI = confidence interval. Results with p-values < 0.05 are in boldface. All other variables in the table, demographic variables and baseline MCAS scores are controlled for as covariates in this multiple linear regression model.

Table 5

*Physical Health Predictors of Community Functioning at 24-Months*

Variable <sup>a</sup>	Moderate Needs		High Needs	
	Coefficient [95% CI]	p-value	Coefficient [95% CI]	p-value
Cardio	-0.36 [-2.27, 1.55]	0.71	-0.77 [-2.92, 1.37]	0.48
Gastrointestinal	-0.48 [-2.48, 1.52]	0.64	-0.90 [-4.53, 2.74]	0.63
Respiratory	0.31 [-1.43, 2.05]	0.73	-0.16 [-2.88, 2.57]	0.91
Metabolic Disorders	-1.03 [-3.45, 1.40]	0.41	1.39 [-1.46, 4.24]	0.34
Pain	-1.74 [-3.72, 0.23]	0.08	<b>-7.27 [-12.20, -2.34]</b>	<b>0.004</b>
Sexually Transmitted	-0.46 [-2.52, 1.59]	0.66	1.47 [-1.03, 3.97]	0.25
Neurological	-1.94 [-4.52, 0.64]	0.14	-0.19 [-3.07, 2.70]	0.90
Other	-0.54 [-2.33, 1.25]	0.55	-2.46 [-4.97, 0.06]	0.06
Count of Physical Conditions				
0-6	1.00		1.00	
7+	-0.37 [-2.18, 1.44]	0.69	0.80 [-1.75, 3.34]	0.54

Note. *a.* reference group, unless otherwise listed, is the absence of the condition. CI = confidence interval. Results with p-values < 0.05 are in boldface. All demographic variables and baseline MCAS scores are controlled for as covariates in this linear regression model.

community functioning scores among the Moderate Needs category of participants. After controlling for baseline MCAS scores, demographic covariates and other mental health conditions, the only significant mental health predictor in the adjusted model was Alcohol misuse (*Coefficient* = -4.04, *p* = 0.01, 95% CI [-7.23, -0.86]). Alcohol misuse was negatively associated with community functioning scores over time in the High Needs category.

In terms of the physical health predictor variables (See Table 5), there were no significant associations with community functioning at 24-months in both the unadjusted and adjusted models for the Moderate Needs category of participants. For the High Needs category of participants, pain was significantly associated with poorer community functioning in both the unadjusted and adjusted regression models. After adjusting for baseline MCAS scores and all demographic variables, pain remained negatively associated with community functioning scores for High Needs participants (*Coefficient* = -7.27, *p* = 0.004, 95% CI [-12.20, -2.34]). No other physical conditions were significantly associated with community functioning scores over time.

For participants in the High Needs category, there were no significant relationships between traumatic event experiences and community functioning scores at 24-months follow-up. For participants in the Moderate Needs category, there was one significant positive relationship between reports of sexual trauma and community functioning. After adjusting for demographics variables and baseline community functioning scores, sexual trauma remained positively associated with community functioning scores over time in the adjusted model (*Coefficient* = 2.11, *p* = 0.02, 95% CI [0.41, 3.81]).

A total of 261 Indigenous participants (Moderate Needs *n* = 168, High Needs *n* = 94) were included in the regression analysis looking at residential school predictors of community functioning scores at 24-months follow-up. The three residential school variables (personal,

parental, and grandparental) were not significantly associated with community functioning over time. Some cell sizes were too small ( $n < 5$ ) to be analyzed.

### **Discussion**

In this sample of homeless Canadians with mental health concerns, I found several significant predictors of housing stability and community functioning over time. This is the first known study to look at the correlates of housing stability and community functioning in a predominantly Indigenous Canadian sample, and the study is strengthened by the inclusion of residential school attendance variables. One of the strengths of this study is the use of longitudinal data rather than cross-sectional analysis of outcomes over time. This data was created in the context of a randomized controlled trial used to evaluate the impact of a HF intervention in a predominantly Indigenous homeless community and as such provides the opportunity to comment on the impact of the HF in terms of overall housing stability and community functioning. There are also a number of limitations to the current project. First, there was significant missing data at the 24-month time point, for which I used WEE to compensate. The missing data combined with the stratification of the overall sample into High Needs and Moderate Needs groups may have impacted the power to detect significant differences in the data. Individuals enrolled in the At Home/Chez Soi study were assessed as having High or Moderate needs from the start of the study and randomized to conditions on the basis of their distinct differences in service use, mental health severity, and community functioning scores. My choice to analyze their data separately may have compromised the potential power to detect significant associations within the whole sample, but was important given that community functioning scores, the outcome of interest, was utilized as part of the algorithm for determining need level at baseline. Second, the use of regression analyses to estimate relationships between

predictor and outcome variables does not provide me with the opportunity to comment on causal relationships between these variables. Third, the results were limited by the specific operational definitions of stable housing and community functioning used in this study. Stable housing, in particular, is a multidimensional construct that has been operationalized in many ways in the literature and my analyses did not take into account housing quality, number of moves, or participant satisfaction with their housing accommodations (Frederick, Chwalek, Hughes, Karabanow, & Kidd, 2014).

Similarly, the predictor variables included multidimensional constructs such as foster care history or residential school history, which were measured by one or more self-report items. Given that these experiences are complex and can hold very different meaning across individuals, the interpretation of the findings pertaining to foster care history, traumatic experiences, and residential school history are limited to the way in which they were measured. Given the paucity of research in the area, particularly longitudinal outcomes among Indigenous populations, the inclusion of these variables was warranted and improved the breadth of the study. I do acknowledge that the depth and meaning that can be drawn from the relationships between these variables and the outcome variables of interest require further research. More specifically, having identified some potential significant predictors within the current study, further research is required in order to ascertain the validity of these constructs through different forms and categories of measurement in order to explore the validity of these findings.

Notwithstanding the limitations with the current study, I found several significant predictors for both housing stability and community functioning. In the context of the HF intervention, I found that for both Moderate Needs and High Needs categories of participants, HF was associated with higher rates of stable housing over time relative to TAU groups. While

this may be an expected finding given the nature of the HF intervention, this finding is significant given the low vacancy rates (<1%) in the city of Winnipeg during the time in which data were collected (Canada Mortgage and Housing Corporation, 2014; Distasio, Sareen, & Isaak, 2014). This is also significant given that residence in Winnipeg, relative to other At Home/Chez Soi sites, was associated with housing instability at the one-year mark in the national study (Volk et al., 2016). It was possible that even with financial and social support, HF participants would remain homeless if they were unable to compete with wealthier individuals with better credit or residential histories. Instead, the data indicate that HF participants were able to acquire and retain housing over time in a competitive housing market relative to their TAU counterparts. The results also suggest that individuals in the HF intervention group were reporting high rates of community functioning relative to the TAU condition and taken together, within a predominantly Indigenous context, HF can be adapted and utilized to improve both housing stability and community functioning for its participants.

There were several other demographic correlates that were significantly associated with study outcomes. Age was dynamically associated with housing stability but had no relationship with community functioning. Collins et al. (2013) found that increased age was associated with housing retention in a HF program for adults with alcohol problems regardless of other demographic and mental health covariates. My findings suggest that individuals with more severe psychiatric needs and older age are at increased risk for poorer housing stability. Within the Canadian context, there have only been a few studies to examine the experiences and characteristics of aging homeless samples (e.g., Reynolds et al., 2016; Stergiopoulos & Herrmann, 2003). Further research is needed to understand how age relates to housing status and community functioning for previously homeless adults.

Female sex was another demographic variable that was significantly associated with housing stability (and trends suggest community functioning as well) among High Needs participants. Female sex has been associated with residential stability (Pearson et al. 2009) as well as instability (Kreindler & Coodin, 2010) and male sex has been associated with poorer housing outcomes (Roy et al., 2015) in the HF and homelessness literature. These results suggest that female sex, among those with more severe psychiatric illness and higher service use, is associated with better housing stability relative to males. My findings were consistent with previous research that has found that a longer history of homelessness is negatively associated with housing stability (Adair et al., 2017; Collins et al., 2013; Pearson et al., 2009) and education is associated with better health outcomes over time (Lam & Rosenheck, 2000).

The current study provides new insights into the role of foster care history and traumatic experiences among homeless individuals with mental health concerns. A history in foster care had significant negative associations with both housing stability and community functioning in the current sample. Foster care history has been associated with physical and mental health challenges, housing instability, Indigenous heritage and residential school history, as well as employment and community integration challenges for homeless adults (Zlotnick et al., 2012; Thompson & Hasin 2013; Montgomery et al., 2013; Roos et al., 2013a, 2013b). Numerous reports detail how youth aging out of foster care have a high risk of becoming homeless (Fowler, Toro, & Miles, 2009; Pumarino, Puri, & Richardson, 2017; Reilly, 2001). The results suggest the importance of addressing the needs of youth with mental health concerns as they age out of care because the functional impairment can become more severe and irreversible over time.

Within the current study, the relationship between traumatic lifetime events and health and housing outcomes was varied. Housing stability and community functioning had distinct



trauma predictors, some of which were positively associated with the outcomes. The results of the current study are varied in contrast to the broad body of literature that highlights that cumulative lifetime trauma, poly-victimization, and specific types of trauma (i.e., sexual) are associated with poorer psychosocial functioning and greater rates of homelessness (Keane, Magee, & Kelly, 2016; Lysaker & LaRocco, 2009). Adverse childhood experiences have been negatively associated with health and housing outcomes and have been described as a pathway into homelessness among youth and adults (Davies & Allen 2017; Hamilton et al., 2011; Roos et al., 2013a). These findings suggest that the relationship between housing status and complex trauma is complicated and that experiences of significant amounts of trauma may be associated with resilience or determination to obtain housing for security. This study provides novel findings regarding the relationship between lifetime traumatic experiences and housing stability outcomes given both positive and negative associations between trauma correlates and the outcome variables.

In contrast to other research that has found that mental health, and in particular alcohol and substance use disorders (Collins et al., 2013; Johnstone, Parsell, Jetten, Dingle, & Walter, 2016; Kreindler & Coodin, 2010; Roy et al., 2015) are predictive of health and housing, the current study found no association between mental health disorders and housing stability. Similarly, there were no significant results predicting the relationships between physical health conditions and housing stability over time. It is possible that power was an issue in detecting significant relationships among variables with lower effect sizes. With respect to community functioning, alcohol misuse and physical pain disorders were significantly associated with poorer outcomes. These results are consistent with previous research on the impact of alcohol use and pain disorders having a negative association with quality of life, psychological wellbeing, and

functional living (Inoue et al., 2015; Lam & Rosenheck, 2000; Raftery et al., 2011). Intervention services aimed at meeting the needs of homeless individuals with alcohol use problems have found that participant directed goals and integration of cultural values are important elements necessary for greater quality of life (Pauly et al., 2016).

### **Indigenous Context**

The current study utilized a sample that was collected in a city where Indigenous ethnicity is over-represented in the homeless population and two-thirds of this sample reported Indigenous heritage (Distasio, Sareen, & Isaak, 2014). The impact of intergenerational displacement, colonization, and trauma needs to be taken into account (Haskell & Randall, 2009; Kirmayer, Brass, & Tait, 2000; Kirmayer & Valaskakis, 2009) when interpreting results of housing stability and community functioning. Indigenous ethnicity was associated with poorer rates of housing stability which is consistent with other studies that indicate that minority ethnic status is associated with poorer housing outcomes (Adair et al., 2017; Collins et al., 2013; Pearson et al., 2009). Geographical displacement of Indigenous communities to reserve communities and into the foster care system via what is called the “60s scoop” by non-Indigenous governments, point to a history of colonial cultural influences on housing stability. Recent research has highlighted the high rates of geographical mobility for Indigenous Canadians between reserve communities and urban centers which have also been known to influence how the “stability” of housing is defined (Christensen, 2012, 2013). During research interviews with the research team, of which I was a part, participants described the stigma and ethnic discrimination they experienced from landlords which affected their residential stability. With respect to community functioning outcomes, Indigenous ethnicity was not significantly associated with poorer outcomes but the trends in the data indicate a negative association with

community functioning scores over time. Again, the experiences of participants with Indigenous heritage must be understood within the past and present impact of colonization, racial discrimination, and the loss of land, language, and culture (Dell & Lyons, 2007; Dell & Hopkins, 2011; Thistle, 2017 ). Analysis of residential school variables did not find any significant findings. This may be due to limited power, but future researchers should also consider studying the relationship between residential school history and health with a range of culturally meaningful methods such as oral storytelling and participatory methodology directed by Indigenous participants and researchers.

### **Contributions to the Literature**

The current study provides compelling findings regarding the characteristics associated with housing stability and community functioning over time in a unique community sample of individuals with housing and mental health challenges. One of the main findings of this study is that the Moderate and High Needs categories of participants each have distinct health and housing outcomes. Distinct, and at times opposing, predictors were found in these two groups, which suggest that these groups may have different needs and risk factors leading to poor outcomes in supported housing interventions. Tailoring interventions to respond to the specific risk factors of each group are important to meet the goals of housing stability and increased community functioning. As one might expect, the High Needs category of participants had more predictors of poorer community functioning. These specific predictors can be utilized by treatment programs in identifying participant characteristics that are highly correlated with outcomes of intervention. For example, among High Needs participants, foster care history was a predictor of both poor housing stability and community functioning. Future research is required to understand the relationship between childhood disconnection from family and the mobility

incurred in foster care and how these, and other, challenges can be addressed in the context of HF and other supported housing interventions. These findings also suggest that intervention options and choice should be varied given that ‘one size’ might not ‘fit all’ for homeless individuals with mental health issues.

Another important contribution to the literature from the current study is that the outcome of housing stability has different correlates than the outcome of community functioning. These results are significant as there have been varied findings about broader health outcomes in the research with homeless populations and supported housing interventions (Benston, 2015; Nelson, Aubry, & Lafrance, 2007). Currently, academic research “fail[s] to detail the specific therapeutic benefits of supportive housing beyond having a roof overhead” (Benston, 2015, p. 813). While improvements in housing stability and improved functioning in the community are both goals of HF and other intervention programs, it appears that the characteristics of participants who are successful in each outcome differ and a strong intervention requires success in both health and housing trajectories. While alcohol use is not significantly related to participants housing stability outcomes, it is highly and negatively associated with community functioning outcomes. As it relates to Maslow’s hierarchy of needs, the results suggest that the development of belonging, community, and self-actualization (i.e., health) among individuals who have been homeless is a significant challenge that may take more than 24-months to develop. The results of the current study cannot be used to describe the temporal relation between housing stability and community functioning improvements over time, but the results do support the idea that the characteristics and history of individuals who are able to obtain and retain stable housing may not be the same characteristics of those who are able to develop strong community functioning. Thus, as health and social service professionals support individuals in their move from homeless

to at home, there are different characteristics and risk factors they may need to be mindful of in the process over time.

Important clinical and policy applications of this study fall in line with theories on the social determinants of health. Three levels of factors – general cultural and environmental conditions (i.e., education, housing, employment), social and community networks, and personal factors (i.e., ethnicity, gender, age) – all interact to impact the health and wellbeing of communities (Dahlgren & Whitehead, 1991; Mikkonen & Raphael, 2010). Among communities of homeless individuals with mental health issues, these three levels remain interrelated with health and housing outcomes. A number of the risk factors for poor functioning in the current study were time sensitive factors (i.e., education, foster care history, longer time spent homeless) that suggest early intervention and prevention remain imperative to strategies to reduce homelessness. The present study adds to the growing literature that highlights how early life experiences and preventable risk factors, such as lower levels of education, are significant barriers to health over time. Additionally, understanding the needs of older adults and the interaction of mental health severity and housing stability is an increasingly important area of further research as the population ages. This information is imperative to the development and adaptation of multi-systemic housing, health, and social service programs that aim to reduce and prevent homelessness of individuals with mental health concerns.

### Chapter 3: Study 2

#### Abstract

Study 2 was designed to answer the question of how individuals with a history of homelessness and mental illness transition out of homelessness and towards a sense of home. Utilizing narrative methodology and photo-elicitation techniques, the goal of the study was to better understand the identity construction and meaning making process for previously homeless individuals. A total of 10 participants completed two semi-structured interviews and six participants used cameras to tell stories about home and belonging (and conversely homelessness). The findings revealed that despite having stable housing, the salience of the dehumanizing and rootlessness of homelessness remained at the forefront of participant narratives. Participants described the initial transition to apartment living as uncomfortable and unfamiliar and that learning to see themselves as a “somebody” after years of being treated like a “nobody” was a slow change. While none of the participants described themselves as “at home” in their apartment spaces, they described a state of being perched in their apartment spaces. Participants described how they relied on their senses to develop rootedness in their apartment spaces. The tension between the fear of falling back into their homeless past and the hopes for their imagined future were present in participant narratives. Stories of mental illness were present in the stories of participants’ entry into homelessness but were silenced in stories of their present and future. The advocacy for homeless selves and the juggling of the multiple intersections of their identities were evidence of the active agency and narrative constructions of identity in this group of participants. Implications for the prevention of the trauma of homelessness and the role of the *other* are discussed.

#### Introduction

Individuals who have transitioned from homelessness to living in stable housing experience a notable shift in their physical environments but little is known about the psychological transition or identity making process for this population. In the past decade, the Canadian government funded a multi-site research demonstration in order to better understand the effectiveness of HF models of intervention for homeless adults with mental health problems, within the Canadian context. Housing First programs focus on helping their clientele meet the basic human need for stable housing while concurrently providing support for individuals to manage their health and wellbeing. Research on HF programs has been utilized to demonstrate the ways in which HF results in improvements in physical and mental health symptoms (Benston, 2015; Collins, Malone, & Larimer, 2012; Greenwood et al., 2005; Padgett et al., 2011; Stergiopoulos et al., 2015), quality of life (Gilmer, Stefancic, Ettner, Manning, & Tsemberis, 2010; Nelson et al., 2007; O'Campo et al., 2016), housing stability (Collins et al., 2013; Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004), health and social service care costs, and unnecessary emergency room visits of hospitalizations for program clientele (Gilmer et al., 2010; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003; Leff et al., 2009; Nelson et al., 2007; Srebnik, Connor, & Sylla, 2013).

There is, however, a paucity of research on the psychological experience of re-learning to be at home or adapting to home for individuals who have been chronically homeless with mental health concerns. Thus, the focus of the current study lies in understanding the meaning making process for individuals with a history of homelessness and mental health problems as they make the transition to life in stable housing environments. In other words, the focus of the current study is on the identities and selves that individuals are able to construct within their new lived spaces and how they develop a sense of home after months or years of housing instability.

Individuals living without stable housing often report experiences of social disconnection, physical and mental illnesses, trauma and/or violence, report a lack of resources (i.e., physical, mental, emotional, spiritual) for meeting their needs and are at increased risk for mortality (Baggett et al., 2010; Breakey et al., 1989; Daiski, 2007; Drake et al., 1991; Fazel, Khosla, Doll, & Geddes, 2008; Kertesz et al., 2005; Nielsen et al., 2011; Roy et al., 2004; Salkow & Fichter, 2003). This research further validates that the experience of living without stable housing incurs a number of social/relational and health challenges under the broader construct of homelessness. Individuals who are homeless have been found to report poor wellbeing relative to those who are not homeless (Johnstone et al., 2016; Kearns & Smith, 1994; Radley, Hodgetts, & Cullen, 2006; Veness, 1993). Due to the health risks, life-threatening outcomes as well as the costs of providing costly emergency and acute health and social services to this population (Gilmer et al., 2010; Kushel, Vittinghoff, & Haas, 2004; Srebnik et al., 2013) there has been a concerted effort in government policy and research in finding ways to reduce the numerous costs and consequences of homelessness.

Following the At Home/Chez Soi research demonstration project in Canada, which resulted in significant reductions in housing instability, the number of HF programs in the pilot cities of the study has increased significantly. For example, in Winnipeg, there were no HF programs prior to the research demonstration project in 2009 and today, there is a centralized HF intake service that will refer suitable participants to one of seven HF programs within the city of Winnipeg (Aboriginal Health and Wellness Centre of Winnipeg, 2017). Despite the increase in HF programs and their use, little is known about the meaning making and identity experience of the participants as they transition to life outside of the acute stress of homeless living. Individuals can seemingly “exit” the physical housing instability of homelessness but remain “homeless” in



their inner psychological world or identity. Yanos, Barrow, and Tsemberis (2004) wrote that future research was necessary to better understand, “the impact of housing type on the psychological aspects of community integration” (p. 135). Thus, the focus of the current study is not on the identity construction that occurs when initially exiting homelessness but on the rebuilding that occurs as individuals move closer to feeling at home and secure in their housed living.

Bieger (2015) posits that narrative storytelling about who we are in the world is evoked in response to the “lack” of connectedness with others and spaces we experience in our world. When individuals suffer due to homelessness, mental illness, poverty, or racial discrimination, their stories highlight their disconnection with other people and with the spaces they inhabit. Furthermore, when individuals experience disconnection in conjunction with a significant change in their physical space (i.e., their move from houseless to housed), their storied response becomes increasingly important in understanding how they understand their place in the world.

As already mentioned in the introduction, for the purposes of this thesis *houseless* refers to a state of housing instability in which a person does not have access to a consistent, safe, and private space to call home (i.e., living in emergency shelter, temporary housing institutions, street living, couch surfing). Conversely, *stable housing*, refers to a private, secure space of reasonable quality that a person expects to inhabit for as long as they require (i.e., an apartment with a lease and tenancy rights either individually or in conjunction with others). The term *homeless* is used to refer to the lack of housing stability but also the social-cultural challenges that are occur concurrently when a person lacks a place to belong. Similarly, while the term “homelessness” is used to refer to a larger group of individuals participating in the current study, these individuals do not constitute a homogenous group with similar experiences. Rather, as

mentioned earlier in the thesis, Trimmingham (2015) cautions against this language as there are limitations of grouping all homeless people together within a stereotyped group. Narrative research has demonstrated that homeless individuals often have diverse pathways into homelessness and diverse ways of constructing their identities. For individuals who are homeless, the construction of identity becomes even more delicate given the stigmatized images of self that homeless people are confronted with from the dominant culture and systems that surround them. I am choosing to use the language of homeless individuals in this proposal, however, I wish to indicate that I use these terms with the understanding the individual experiences of homelessness are varied, unique, and complex experiences anchored in each individual's context.

To date, few studies have investigated the meaning making process for individuals with mental health concerns as they have transitioned from houseless to at home. Tran Smith, Padgett, Choy-Brown, and Henwood (2015) used photo-elicitation interviews to better understand the narrative identity construction in a sample of 17 previously homeless adults with co-occurring psychiatric disorders in New York City. Their interviews with these previously homeless individuals found that participants' photographs and interviews elucidated their sense of security in their housing and the pride they had in their neighbourhoods and civic identities. Participants of the study discussed how housing allowed participants to manage the boundaries with and (re)negotiate their relationships with others. Tran Smith et al. (2015) also described how participants found ways to move beyond their "spoiled" identities, which were associated with substance use, homelessness, and mental illness and move towards new beginnings and future possibilities. These findings suggest that as individuals transition to stable housing, they are actively constructing new meanings and understandings of their personhood in connection to

various people and places. Further research on the process of identity construction is necessary in order to facilitate the long-term wellbeing of participants involved in HF interventions (resulting in further stability and success in HF interventions), provide insight into the process for service providers, and serve to support the sustainability of HF by informing policy and procedures over time. Additionally, research conducted in Canadian settings is necessary in order to better understand the unique Canadian factors that impact how participants of HF interventions make meaning of their transition from houseless to housed; from homeless to at home. With respect to sub-populations within the Canadian context, The Canadian Observatory on Homelessness has identified that understanding the needs of Indigenous peoples who are homeless is imperative to reducing the negative outcomes of homelessness in Canada. Given that this thesis was conducted in Winnipeg, a city which has the largest Indigenous population in Canada (Statistics Canada, 2016), I will provide a brief overview of the state of homelessness for Indigenous peoples in Canada.

### **Homelessness of Indigenous Peoples In Canada**

Within the historical Canadian cultural context, the impact of colonialist practice and resulting intergenerational trauma has impacted individuals, families, communities, and the nation (Caryl, 2014; Haskell & Randall, 2009; Menzies, 2010). The definition of Indigenous homelessness provided by Thistle (2017) (see page 14), and the importance of social/relational dimensions of the meaning of home among Indigenous peoples remains important and pivotal to this study. Research has documented the extensive consequences of intergenerational trauma on Indigenous persons and communities which include (but are not limited to), a lack of sense of belonging, difficulty sustaining relationships, low self-worth, and an absence of meaning and hope for the future (Haskell & Randall, 2009; Menzies, 2010). Research literature highlights the

social nature of home for Indigenous communities (Caryl, 2014) and how home encompasses the meaning of “positive, health relationships with family and friends, physical and mental health and wellbeing, strong cultural ties, and self-determination” (Christensen, 2016, p. 87). The term “spiritual homelessness”, which was defined earlier in the thesis also applies here as the disconnection from traditional lands and family practices has holistic, spiritual implications (Caryl, 2014, p. 13; Distasio, Sylvestre, & Mulligan, 2005; Memmott, Long, Chambers, & Spring, 2003). Additionally, the identity constructing challenges inherent in the spatial displacement and cultural discrimination from dominant social powers has created a “...crisis of personal identity” (Memmott & Chambers, 2010, p. 10).

In summary, issues of meaning making and identity construction become more complex when we take into consideration historical and intergenerational issues of trauma that have affected Indigenous persons, families, and communities. The challenge of re-storying a sense of self, given the obstacles of homelessness, health concerns, and intergenerational trauma is significant for persons of Indigenous heritage. As it relates to the concept of ontological security, the significant social and geographical displacements that Indigenous peoples have endured and continue to endure as a result of Canadian policies imply steep opposition to developing a sense of confidence and wellness in the world for Indigenous peoples.

### **Identity and Ontological Security**

Individuals with a history of homelessness and mental health concerns have significant “identity work” to do as they transition from houseless to housed. One challenge that previously houseless individuals encounter is the construction of new stories about their being-in-the-world as a result of their changes in housing stability. As their housing status becomes more consistent and predictable, the activities of their daily lives and the interactions they have with others

inevitably changes as well, thus a storied response is required. A second challenge for individuals who have been homeless with a history of mental illness, is the ongoing recovery and management of mental health problems. While there are a number of ongoing processes involved in recovery (from both homelessness and mental illness), the social nature of reconnecting with others (i.e., community integration, belonging in a new neighbourhood) is of fundamental importance for the current study. Both of these challenges (new physical environment and new social environment) present opportunities and necessitate narrative activity and meaning making.

Amongst the numerous other challenges inherent in the transition from houseless to housed, individuals who are homeless with mental health issues are also often found at the intersections of marginalized socioeconomic, ethnic, and traumatic identities. This complex intersection of marginalization necessitates a significant investment in identity construction activities. The focus of the current study lies in the meaning making that occurs as individuals are re-storying their lives in the midst of a significant transition. Again, in this study, I have chosen to utilize a theoretical lens of ontological security to guide the analysis of the narrative meaning making process that homeless individuals use to make sense of their selves as they transitioned from houseless to housed. The construct of ontological security, assumes that individuals are always striving to (re)construct a coherent story of self through narrative endeavours, particularly in the face of discontinuity of social and material environments (Giddens, 1990).

In order to organize the study of identity and meaning making, through the lens of ontological security, for previously homeless individuals with mental health issues, I will draw on the work of Bieger's (2015) conceptualization of narrative identity. Narrative is a process that makes the existential condition of belonging possible (Bieger, 2015). Beiger (2015) frames the

study of narrative as a process in which people construct stories as a response to the “lack” in their lives. How people respond to their lack of belonging (i.e., response to psychodynamic or interpersonal lack) or dwelling (i.e., response to the phenomenological lack of connection to spaces) in their stories provides us insight on how they make meaning and construct a sense of identity in the midst of transition and uncertainty.

**Need to Belong.** Humans have an insatiable need to belong with and to connect with other people. From a psychodynamic perspective, we can identify how the first relationships in human life is the connection to parent(s) and/or caregiver(s). This connection is necessary for human survival, growth, and development. Psychodynamic lack can be interpreted as an individual’s desire to feel as connected, unified, and safe just as an infant feels with their early attachment figure. From this lens, one might argue that a human is never as connected with another human as a baby in utero is connected with their birth mother. Thus, having been forced to break that unification by progressing to the next stage of human development, a person is left with a “relentless desire...for something irretrievably lost” (Bieger, 2015, p. 30) which we attempt to make whole or unified via our stories about our daily living and our relationships to others. This orientation to narrative implies that there is always an *other* to which we are attempting to connect to – whether that be a connection with the dominant culture, an individual person, or the *idea* of an *other*. This relational view of selfhood and identity is consistent with Smith and Sparkes' (2008) *storied resource* description of narrative identity which allows for identity to be referenced as both a thicker social-relational identity and a thin individual perspective of selfhood. Similarly, for Freeman (2014) the *other* holds significant meaning in the constructing of self as an individual’s orientation to the other “...is the primary source of meaning, value, and existential nourishment.” (Freeman, 2014, p. 5).

For individuals who have a history of homelessness and mental health concerns, the disconnection from dominant culture, from family, and from the self they were prior to becoming homeless or mentally unwell has been well documented in the literature. This disconnection from various *others* forms the psychodynamic “lack” to which their stories may be reacting or responding. Boydell, Goering, and Morrell-Bellai (2000) outline how the stereotypical view of homeless individuals by the dominant culture includes descriptors such as passive, lazy, disaffected, and disempowered. The master narrative that society tells about the homeless person thus includes descriptors of shameful and stigmatized identities that lack openings for connection with others and ultimately result in distance between homeless individuals and the *other*.

Goffman (1963) writes,

When a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind.... He is thus reduced in our minds from a whole and usual person to a tainted, discounted one.... Shame becomes a central possibility, arising from the individual's perception of one of his own attributes as being a defiling thing to possess, and one he can readily see himself as not possessing (pp. 2-7)

Goffman's (1963) description of the dynamic interplay between a stigmatized person and a “normal” person, highlights the contributions of *normals* in the development of identity problems for the stigmatized person. Research by Boydell et al. (2000) found that individuals who are chronically homeless come to use disparaging language when describing themselves relative to those who are recently homeless thus displaying how shame ridden or stigmatized identities become more accepted as true over time.

Snow and Anderson (1987), drawing on the work of Goffman (1963), describe how society is stratified by race, socioeconomic status, religion, and sex, and thus the intersectionality of social location means that each person holds a unique role. Different roles imply that each person has different access to narrative materials of self-worth. In order to become privy to

storylines of self-worth and dignity, homeless individuals have utilized strategies such as trying to “pass” for “normal” by concealing aspects of their identity and presentation that differ from dominant society (i.e., their stigmas, disabilities, etc.; Snow & Anderson, 1987). Distancing their identity from that of the stigmatized group, embracement of the stigmatized identity, and fictive story telling about the past or future experiences are all strategies that Snow and Anderson (1987) identify as means of managing the stigma of their homeless identities. As individuals transition out of homelessness, they may require new strategies to manage their identity and consolidate their past homeless selves with their current housed selves.

**Need for Dwelling.** The second human drive that becomes compelling to explore in the context of research on homelessness and mental health, is that of the human need for dwelling. According to Bieger (2015), there is a phenomenological lack that humans are faced with in their daily living. Phenomenological lack, in this context, can be described as a perceived lack of connection to physical spaces and places. A lack of connection to spaces (i.e., the natural world, a space to dwell) implies that people are constantly in the process of positioning themselves in each story over time and across places. The lack of connection to the natural world results in feelings of rootlessness, insecurity, and a lack of safety in one’s being-in-the-world (*Dasein*). Narrative allows a person to ascribe meaning to a particular time and place thus allowing for a sense of dwelling as meaning is constructed for a person in relation to the seemingly chaotic, un-meaningful natural world.

Given that humans have a desire for dwelling in chosen spaces, and feelings of unease when we are left without a space to dwell, we can begin to look at how participant narratives were constructed in response to their disconnection from houses, constructed to adapt to street living and subsequently, to adapt to apartment spaces. Humans are driven to respond to their



disconnection from the natural world by finding ways to dwell within spaces and by making meaning via storytelling. From a narrative theoretical lens, we are always storying our position relative to space and time in order to situate ourselves within the world, to root ourselves, and to consolidate our dwelling in the world. Human narrative activities thus embed us within our relational worlds but also within the very narratives that bridge time and space in our day to day lives (Morgan & Pritchard, 2005; Somers, 1994). Beiger (2015) mentions that, "...dwelling is never securely given but rather a matter of *learning to dwell*" (p. 32). In human stories we can find examples of this type of building, particularly as stories describe the processes of "affective, sensual, and quintessentially imaginative perception of the world" (Bieger, 2015, p. 33). While we live in houses (the physical environment), we create homes (cultural environments) within these spaces via our habits, stories, and objects. This process of story telling and the building of cultural environments within houses is important when studying identity construction for individuals who have been houseless as they transition to housed living.

There is an assumption underlying the phenomenon of dwelling that human beings would never choose to be without housing (a space to dwell) if a safe and secure space is available. Secure spaces extend beyond the four walls of a house or apartment to include neighbourhood or regional spaces. Historically, humans rarely left a home or a region unless there was a need to do so. Human connection to familiar places is a cultural phenomenon in the natural order of the world. Tuan (2012) describes that once a person leaves home, "A longing to return follows and is suffered in silence...pining for home can make people melancholic and even seriously ill" (p. 232). Tuan (2012) describes how Johannes Hofer's research in the late 1600s about the phenomenon of homesickness was reframed as a study of nostalgia in order to make the experience of the phenomenon more palatable and respectable. The longing for home implies

that there is a human desire to be rooted in spaces and that unsolicited disconnection from these spaces creates unease. This assumption, that human beings long for spaces that they can dwell within, predicates the importance of listening to the stories of individuals who have been without safe dwelling spaces (i.e., houseless individuals) and how their identity construction shifts when they have access to stable housing spaces.

### **Current Study**

In the current study, I endeavoured to study meaning making processes for individuals with a history of homelessness and mental health problems who are now living in stable housing. My purpose is to further study the necessary and creative endeavour of identity construction through the theoretical lens of ontological security and via Beiger's learning to dwell, as it relates to previously houseless individuals with diagnosed mental health problems. My research provides depth to the literature on the psychological and identity making components of adapting to a new life in stable housing and will provide further understanding of this process in a Canadian specific context. With significant public resources being invested in the development of new HF programmes and the maintenance of current HF programmes, understanding the meaning making process of individuals engaged in the transition from houseless to housed is a significant part of the sustainability and wellbeing for HF consumers.

## **Methods**

### **Qualitative Research Strategy**

The primary research strategy utilized in this study was narrative methodology. However, given the significant power imbalance between the sample population, and myself, I borrowed elements of participatory action research in order to help provide a safe, respectful, and reflexive research environment. Narrative research methodologies were used in order to study the stories of belonging and home in order to better understand the (re)construction of selfhood

after homelessness. There are several reasons why I chose narrative methods for this study. First, this methodology is particularly suited to understanding the processes and nuances of identity construction as narrative is the study of how people make sense of their being-in-the-world through language and the stories they tell. Narrative methodologies and stories have been found to be a method particularly suited to understanding the meaning making process for individuals who have experienced disruptions or conflicts, like homelessness, in their life story. Giddens (1991) writes that, “The best way to analyze self-identity in the generality of instances is by contrast with individuals whose sense of self is fractured or disabled....[those who] lack a consistent feeling or biographical continuity” (p. 53). Second, narrative methodology had been relatively under-utilized in the study of housing interventions and thus there was room to provide novel understandings and applications regarding meaning making and identity to future intervention policies. Third, there was likely to be some cultural and historical relevance of storytelling and oral culture within my predominantly Indigenous sample.

As a complement to narrative methodology, I chose to use photo-elicitation techniques to provide another way for participants to share their stories and to level some of the power between participants and myself. This technique, referred to as photo elicitation or photo interviewing, involves the use of participants’ photography in order to “evoke thoughts, feelings and the reactions of participants on some aspect of social life” (Vila, 2013, p. 52). The research literatures posits that the “use of oral communication research methods, such as narration, contemplative listening, yarning, painting, installation, photography, dancing, oral recordings and filming peoples’ stories or yarns, are practices that Aboriginal academics have developed and explored” (Adams et al., 2012, p. 499) and thus more culturally suited, in theory, to the majority of my sample. The use of photo interviewing and modified photovoice techniques have

been found to be effective and culturally appropriate for use alongside Indigenous populations (Castleden, Garvin, & Huu-ay-aht First Nation, 2008; Hergenrather, Rhodes, Cowan, Bardhoshi, & Pula, 2009) and generally results in the participants sensing their role as a producer of knowledge and as an authority on their narrative (Vila, 2013). Given that the population of interest has traditionally been subjected to discrimination and marginalization, I felt it was important and ethical to level the imbalance of power and to provide participants with opportunities to shape the narrative wherever possible.

The second reason for using photo-interviewing techniques was that the combined use of interviewing and photography can provide a way to move beyond concrete material to more socially abstract topics (Vila, 2013). As underlying social and discursive themes were important to the study of the transition to housing, belonging, and “home”, the use of photo-interviewing techniques was a specific way of constructing interviews conducive to the discussion of abstract topics. Additionally, from a pragmatic perspective, the use of “photos also promote the communication process by reducing some of the potential problems of the interviews (the discomfort that some participants may experience, for example) because there is something that respondents can focus on” (Vila, 2013, p. 52). Similarly, Adams et al. (2012) reported that the use of photo interviewing techniques results in “balancing power between researchers and participants, creating a sense of participant ownership, increasing trust between communities and academics, building skill and capacity and providing responsiveness to cultural preferences” (p. 499). Balancing power between the interviewer and interviewees was seen as an important ethical and pragmatic goal of this research study and thus photo-interviewing was used purposefully in the context of this study.

Another way that I sought to balance power and engage in a meaningful study of the transition from homeless to home was to host a knowledge exchange (or knowledge translation) event with my participants after they completed their interviews and I had primary findings. According to the Canadian Institutes of Health Research (2012), knowledge translation can be “...any activity aimed at diffusing, disseminating or applying the results of a research project” (p. 13). The goal of the knowledge exchange event was to increase knowledge and awareness of the findings to the participants of the study and their invited guests. In order to present the initial findings of this study, I hosted participants and their invited guests for a meal and a brief, informal presentation where we discussed a handout of the primary findings (see Appendix A). I invited each participant to extend their invitation to family members, friends, service workers, or anyone else that they thought would be important to include in hearing the findings of the study. I let participants know that if they were uncomfortable attending the small event and preferred to receive information about the study findings via telephone or mail that I was happy to communicate with them directly. None of the participants asked to have me mail them information about the findings or to call them. Several participants attended the event and one participant brought a guest to attend with them. Using lay language, participant quotes and photographs, and informal discussion over a meal, the event provided an opportunity for me to see how the findings “landed” with the sample of participants and their invited guests and to thank them for their investment in the project. Concurrently, including this knowledge exchange event allowed me to receive feedback from the participants of the study, which I will discuss later in this paper.

Taken together, the current study was conducted using a combination of narrative methodology, photo-elicitation techniques, and an emphasis on knowledge exchange. With

narrative theory driving the data analysis, I will now outline some of the narrative terminology and assumptions of the current study.

**Defining Narrative Terminology.** There are several assumptions that I hold as a researcher that shape how I approach the study of identity, narratives, and the specific transition of interest (from homeless to home). Given the importance that I have placed on the use of an ontological security lens to study the stories of formerly homeless individuals, and given that identity construction is so central to the development of ontological security, it is necessary to outline specifically what I mean by the terms “identity” and “narrative”.

In the broadest and simplest sense, narratives are stories. Stories rely on the social construct of language, and thus are always social activities (Danziger, 1997). We tell stories to ourselves to make sense of our interactions and experiences (e.g., Joe was rude to me today, he must be having a bad day). We also tell stories to others to construct meaning for ourselves and to create shared meaning with another (e.g., telling a friend about a bad day, sharing a hope for the future). Czarniawaks defines narrative as, “...a spoken or written text giving an account of an event/action or series of events/actions, chronologically connected” (Creswell, 2007, p. 54). The term narrative can refer to books, short stories, photo-journalism, film, songs, or any medium that is created to tell a story. Additionally, within the social sciences, narrative methodologies have emerged as a means of understanding the structure, content, and performance of stories within human interactions (Creswell, 2007; Riessman, 2008). Narrative can also refer to more abstract constructs such as societal norms and attitudes (e.g., the dominant discourse or story in society about a topic). For the purpose of this study, it is important to recognize that there are the stories that individuals tell (personal narratives) and broader, societal stories (dominant discourses or master narratives).

The *act* of telling stories and hearing stories is the basis of narrative identity (C. Taylor, 1989). As an individual tells a story, they are making choices about how to position themselves as the protagonist or heroine in their own life narrative. The process of placing themselves within a particular story is the creation of a *narrative identity*. Not every story is equally important in narrative identity or in the process of constructing a sense of self. Based out of social constructionist theory which posits that truths are multiple and constructed (rather than singular and objective), multiple or conflicting stories can be equally true at the same time or over time as there is no one exclusive, objective “true narrative”. While each story we tell may have a particular plot (structure) and message that is set as the story is told, narrative identity, the interpretation of the collection of stories we tell about our being in the world, is fluid and can change over time. This is an important distinction, because when a specific story is told from one person to another in a discrete context, it becomes a time-limited representation of one true story out of a great many real or true stories. Thus, the context and environment in which a story is told, who the characters are, and why they are telling the story (i.e., the stage of setup of a play) is just as important in narrative analysis as the content of the story.

People build their narrative identities over the course of their entire lifespan. Narrative identity is thus influenced by both time and place; it is an inherently *social-cultural* endeavour. This is a significant feature of narrative identity, that it is, “born out of sociocultural matrix that limits and influences the themes, imagery, plotlines, and characters that serve as the raw material for its construction” (Singer, Blagov, Berry, & Oost, 2013, p. 570). One way to understand the inherently social nature of narrative identity is on a continuum from individually to relationally focused. As mentioned earlier, I draw from Smith and Sparkes’ (2008) *storied resource* description of narrative identity in this thesis. This means that I recognize that in the context of

stories about home, the impact of relationships with others must always be interpreted as part of the story telling. This also means that the dominant narrative of society can limit the possible storylines that are available to individuals during any particular time or place (i.e., during America in the early 1800s the influence of slavery influenced what stories were deemed as legitimate about the worth of Black lives). The way in which individuals draw upon dominant discourses can lead to compelling narrative research when societal narratives are inconsistent with personal narratives. Some theorists believe that it is an essential human activity to develop a coherent narrative. A coherent narrative holds together and makes sense of incongruence between personal and societal narratives.

**Narrative and Ontological Security.** The most important reason for the use of narrative methodology was that the question of interest – the construction of identity as the foremost pillar of the development of ontological security – follows from narrative theory. What was of interest to me as a researcher was how participants positioned themselves socially and spatially relative to dominant cultural values and groups. Understanding the interconnection between participants and the people in their communities can be accessed by the way that participants talk about their experiences of home and well-being in their world. Narrative and discursive analyses allow for discussion of underlying social structures that may be maintaining cyclical patterns of homelessness. Research demonstrates that providing housing for previously homeless individuals is not the only component necessary for these individuals to thrive in their world and develop a sense of security. The narratives that are developed when an individual experiences the physical changes in housing may provide some clarity regarding which markers of ontological security are and are not met by the change in housing status. Given the recommendations to further explore the experiences of Indigenous communities and individuals who have been homeless,



analyses that explore the underlying social structures that individuals draw upon to maintain their identities are vital to understanding this life experience through narrative methods.

### **Participants & Recruitment**

Participants were recruited from the At Home/Chez Soi project in Winnipeg and as such all participants met the criteria of 1) a history of absolute homelessness or precarious housing status, and 2) met diagnostic criterion of a mental health disorder (i.e., depression, mania, psychotic episode, anxiety, and/or alcohol or substance misuse), and 3) were minimum 18 years of age. All participants were asked at their final follow up interview of the At Home/Chez Soi project if they would be willing to be contacted for future studies. From this pool of participants that had consented to be contacted, I recruited a total of 10 participants.

Recruitment took place over the course of five months. Participants were contacted by the telephone number or email address they had provided. I began by contacting individuals who reported living in stable housing at their last interview with the At Home/Chez Soi research demonstration project. I used scripts (see Appendix B) to explain the nature of the study and to determine each individual's eligibility to participate. Participants were asked about their current housing status in order to determine if they met the inclusion criterion of living in an apartment that was leased or rented in their own name. I used purposive sampling to find participants who were currently in stable housing. Participants were excluded from participation if they did not have stable housing status at the time of recruitment. I contacted 28 participants, 14 via telephone and 14 via email communication. A total of 18 participants either did not respond to my invitation, had contact information that was no longer valid, or were unable to schedule an appointment. A total of 10 participants agreed to meet for an interview and after reviewing the

data and consulting with my research supervisor, it was determined that thematic, structural, and discursive content was saturated with this sample.

### **Forms of Data**

There were four forms of data collected in this study.

**Semi-Structured Interview.** Participants participated in one to two semi-structured interviews, which ranged from 45 to 60 minutes in duration. There were two main reasons for inviting participants to participate in two separate interviews: 1) to develop rapport and relationship between the participants and myself as the interviewer, and 2) to allow for photo interviewing techniques to be utilized in the second interview. The interview guideline (see Appendix C) included six open-ended questions in order to capture participant narratives and experiences around feelings of home and belonging. Questions were amended or added in order to follow the participants' stories and to clarify or further explore themes relating to wellness, relationships with others, sources of hope and strength, and the experience of transitioning to stable housing.

**Demographic Information Form.** Participants completed a short demographics form in order to gather information on their age, sex, ethnicity, income, education, and history of homelessness (see Appendix D). Participants were provided space on the form to provide any additional information that they wanted to express to the interviewer, but no participants chose to add any additional comments to the form.

**Field Notes Form.** The interviewer completed notes in the field after the completion of each interview (see Appendix E). This form allowed the interviewer to comment on any non-verbal details observed during the interview, any comments made before or after the interview, methodological issues, and other notes about interview protocol. These forms were completed

immediately after each interview in order to contextualize the tone and experience of each individual interview.

**Photo Elicitation Materials.** Participants were asked to take photographs to document and capture their experience of their home, belonging, and wellbeing. Participants were instructed in the materials (see Appendix F) to take, “pictures in your daily life of things, people, or places that are significant to you. More specifically I am interested in seeing pictures of what it is like for you to be “well” what “home” looks like for you”. After being provided a camera at the end of the first interview, we discussed the participants’ photographs over the course of the second interview.

### **Procedure and Analysis**

After determining that an individual was eligible to participate in the study, I invited them to select a date and time to meet with me at one of two community locations. I chose locations that were easily accessible by public transit or within walking distance of the downtown core of Winnipeg. From my involvement with the At Home/Chez Soi study, I knew that the majority of participants lived near the downtown core of the city or spent significant time accessing services in this neighbourhood, making my interview spots accessible locations. These locations were also used for interviews during the At Home/Chez Soi research study, thus participants were familiar with the buildings and the interview spaces.

During the initial interview meeting with participants we discussed issues of informed consent, participants provided their consent to participate in the study, participants completed demographics information forms, and we conducted our first semi-structured interview. At the start of each interview, participants were also provided with an honorarium of \$30.00 and two adult fare bus tickets.

After completing the first interview, participants were provided with a digital camera, memory card, and additional batteries along with instructions for the camera's use (See Appendix F for instruction sheet and Appendix G for script). Participants were told to take photographs that represented home, belonging, wellness or conversely, to take photographs of barriers to wellness. My experience as an interviewer for the At Home/Chez Soi research project enlightened me to the many barriers that participants discussed in their pursuit of health and security and I felt that focusing only on the destination of "home" and "security" without asking about what has been overcome on the way to get there would be a disservice to my participants, akin to ignoring the "elephant" in the room. Participants were asked to bring the camera back to the second interview so that they could discuss the photographs with the interviewer. One participant was not invited for a second interview as she was visibly uncomfortable during the initial interview and mainly provided short, one-word responses to interviewer questions.

The remaining nine participants completed their second scheduled interview one to three weeks later. Out of these, a total of six participants returned for the second interview with their camera filled with photographs while one participant returned the camera empty, explaining that she forgot to take any photographs. The two remaining participants completed the second interview without providing photographs and reported their camera was lost or stolen. One participant did contact me when his camera was stolen and I was able to provide him with a replacement camera, which he used to take photographs for our second interview. I made it clear to participants that participants were welcome to complete the second interview regardless of if they provided photographs, as I did not want to create any barriers to their participation.

After participants provided the interviewer with the rights to the photographs (See Appendix H), the interviewer used a laptop computer to transfer photographs from the camera's

memory card to a password protected encrypted USB drive. Participants were given the choice to have copies of their photographs on a USB drive (provided to them by the interviewer) or to receive physical copies of the photos in the mail. One participant chose to have copies of the photographs sent to him in the mail and the remaining five participants chose to have copies of their photographs on a USB drive. Over the course of the second semi-structured interview, we discussed the photographs that participants had taken on their cameras. We scrolled through the images one at a time discussing the situations depicted in the photos or where the photos were taken. Participants took anywhere from 14 to 63 photographs. I asked participants during the first interview to come to the second interview with an idea of which photographs they would like to discuss but typically, the interview involved the participant taking me through their whole collection of photographs and us spending more time on the photographs that participants chose to discuss further. On average, we discussed 11 photographs (range of 7 to 16) throughout the interview. At times participants took multiple photographs of the same scene (i.e., a building, their family), which participants attributed to their attempt to capture a good photograph of the scene. In these cases I would ask participants to select one of the photos of the scene and we would discuss the photo and why it was important that they captured this scene well. Participants set the pace of how quickly they wanted to move from photograph to photograph and could go back to a photograph if they wanted to elaborate on a previous story. The quality of the photographs was variable but usually clear enough that I could understand what the participants were capturing. Oftentimes it was helpful to have slightly blurry photographs as it allowed me to ask the participants to describe, in their own language, precisely what or who they had chosen to photograph. The interviews ranged from 40 minutes to 60 minutes in duration.

For the three participants who did not take photographs, we discussed instead what they had considered photographing or what they maybe would have wanted to photograph in the time that had transpired since the last interview. These discussions were often fruitful in and of themselves as participants told me about interactions or events that I never would have known to ask about (e.g., a graduation ceremony they attended in their community). Regardless of whether participants had taken photographs or not, discussions of belonging, wellness, and home were embedded in the second interview similar to the first. At times, participants would refer back to comments from the first interview and elaborate, having thought more about their story in the time that lapsed between interviews. Having reviewed my field notes and the audio file in the time that lapsed between interviews, I was prepared to follow up on questions and themes that participants had discussed in the first interview.

The 19 interviews were audio-recorded and transcribed verbatim using a set of transcription conventions (see Appendix I). Interview transcripts were password protected and stored on an encrypted USB drive, along with signed consent forms, field notes and demographics forms, in a secure research space on the Fort Garry campus of the University of Manitoba. Taken together, the transcribed interviews, photographs, demographics information, and field notes form formed the data for narrative analysis.

### **Analytic Strategy**

Narrative research is a strategy of inquiry that utilizes the construction and co-construction of individual experiences through language as a basis of understanding a phenomenon or process. As participants were interviewed and prompted to articulate their story or experience of the phenomenon of health and home within their transition from houseless to

housed, the content (themes), manner (structure), and process (discursive) of storying their experience of home and wellbeing, can be analyzed (Riessman, 2003, 2008).

Narrative methods include the analysis of patterns within and across stories. In the context of this thesis, I analyzed each individual's data (i.e., interview transcription, collection of photographs and field notes) idiosyncratically and drew themes from each case prior to looking to draw comparisons across cases. For each individual case, I would analyze the data via all three levels: thematic, structural, and dialogic. All three of these levels were conducted simultaneously and interwoven throughout the analysis and themes or elements that remained poignant through multiple reviews were given greater weight and priority in the analysis. I looked for both commonality and distinction in the narratives in order to draw out novel meanings and to give voice to important contrasts and dissensions from the core narrative of the participants. I will now briefly describe each of these three levels of analysis as well as why I chose to prioritize thematic and dialogic levels in this analysis.

**Thematic Analysis.** Thematic analysis can be understood as the study of the content of stories. This level of analysis involves focusing on “what” is being said (Riessman, 2008) in the interviews and the content of what was displayed in the photographs. Rather than focusing on how the story is put together or how participants are positioning themselves in the story, the thematic level of analysis looks at pervasive and striking themes that emerge in participant descriptions of their housed lives. Thematic analysis is particularly helpful in order to understand the temporal nature of stories.

**Structural Analysis.** The structural level of analysis provides useful information on “how” narratives are put together and organized. Rather than looking specifically at subsets or themes within a particular story, structural analysis involves the researcher stepping back from

the data, "...to notice how a narrator uses form and language to achieve particular effects" (Riessman, 2008, p. 81). When combined with other levels of analysis, structural analysis allows the researcher to better understand how particular ideas are emphasized or quieted within a particular interview. Also, at times, certain findings can be evident both thematically and structurally which bolsters the evidence for those features or findings in the analysis.

**Dialogic Analysis.** Last, but not least, dialogic analysis is the level of analysis that studies how stories are performed. A story or narrative is always constructed as a performance in which the teller directs their speech to an *other*. Thus, "who" the speech is directed to, as well as "when" and "why" the words are used in the context of an interview can be analyzed by the researcher. This level of analysis takes into consideration historical, interactional, and cultural context of stories (Riessman, 2008). Dialogic analysis allows the researcher to step back from the data to analyze how the political and social structure of the interaction influences what is discussed and how.

The discursive layer of these stories, the manner in which they are performed and co-constructed between the interviewer and participant, can be used to more fully understand the role of cultural discourses in the construction of a storied experience of the intervention. Individuals who are members of groups of ethnic minorities, the mentally ill, in poverty, or homeless find themselves at intersections filled with stigma and systemic challenges. Thus, how they choose to describe their day-to-day life with the obstacles and the *other* they are up against will be particularly important.

**Integrating Thematic, Structural, and Dialogic Levels of Analysis.** Reissman's narrative framework was utilized as an initial way of framing the different components of participants' narratives and then further in depth analysis was conducted using a narrative-



discursive analysis. My analytic strategy followed the synthetic narrative-discursive analysis described by S. Taylor and Littleton (2006) which is derived from the earlier work of Wetherell (1998). There are two aspects of this analytic process. The first step is to look for common elements which occur across different interviews and that also occur at different points in the same interview. In this first step, my narrative-discursive analysis included careful reading of the transcripts, along with contextual information from the demographic and field notes forms. I looked at themes emergent in the data through the lens of ontological security, taking care to pay attention to how participants discussed constancy, routine, control, safety, belonging, and interactions with others. This first step resulted in a thematic analysis of the narratives consistent with Reissman's content (thematic) analysis.

The second step described by S. Taylor and Littleton (2006) involves the investigation of resources, or the biographical details, that the participant is using within the context of a particular interview in order to develop a personal narrative. In this second step of analysis I analyzed the identity work or construction that was accomplished by use of the resources the participant was using and the possible "'trouble'.... the resource gives rise to" (S. Taylor & Littleton, 2006, p. 29). This second layer allowed for understanding the interplay between the participant and the dominant cultural discourses they were using to construct their personal narrative. For example, I analyzed the data and paid attention to how participants were using language consistent with or in contrast with commonly held beliefs about "street people", "Indigenous people" or "mentally ill" people. In this second step, Reissman's structural and performative layers of analysis were utilized to better understand the social nature of participant stories. Together, these two steps of analysis provided a narrative analysis of ontological security or belonging and wellness among a sample of individuals in the midst of a careful transition from

houseless to housed.

### **Methodological Rigor**

Given the diversity of approaches taken by qualitative researchers in order to study their research questions, which has resulted in a plurality of methodologies and criterion for rigour, I will discuss my approach to methodological rigor. Levitt, Motulsky, Wertz, Morrow, and Ponterotto (2017) published recommendations for review and publication of qualitative research in psychology. With the overarching goal of achieving *methodological integrity* (i.e., rigor, trustworthiness, validity), I will discuss the steps I took and considered to achieve *fidelity to the subject matter* and *utility in achieving the goals* of the research (Levitt et al., 2017, 2018).

**Fidelity to Subject Matter.** This standard of qualitative research integrity is defined as an “intimate connection”(Levitt et al., 2017, p. 10) between the researcher and the phenomenon of interest and includes the following sub-standards: adequacy of data, perspective management in both data collection and analysis, and groundedness. In terms of adequacy of data, I aimed to collect several unique forms of data that were conducive to answering my research question on the phenomena of home and belonging. The “number” of interviews or participants does not dictate the adequacy of my data as so much as the variety of evidence, the depth, and the interpretive status of evidence (Erickson, 1986). I chose to utilize four forms of data as a way of providing different ways for participant narratives to be constructed: demographics details, photographs, interviews, and field notes. In addition to this, a strength of the data collection process in this study was that I, as the primary interviewer, had prior relationships with participants through the At Home/Chez Soi project and community events associated with the research project. I had spent several years as a field interviewer, presenting research at Knowledge Translation events and interacting with the community prior to starting the current

study. Thus, I was able to integrate my data within the context of the community and context of the participants and through relationships I had built with participants over the four prior years.

An overarching principle of qualitative research is that of transparency. In order to manage the inherent biases and influences of my perspective in both data collection and analysis, I engaged in reflexive personal practices independently, with other researchers, and with individuals with lived experience. Reflexivity is an inherent part of my methodology and involves me as the researcher making outright and explicit the biases and foundations in order to manage the influence of my perspective. Below I have included a personal statement on my own perspective and contributions to the current study that may help frame the ways in which my personhood as the primary researcher and interviewer impacted the construction of participant narratives; it outlines my personal agenda. The process of making overt my assumptions and biases is a well established tradition within qualitative research and more specifically narrative methods (Bishop, Shepherd, & Bishop, 2011). Further, my goal was not to bracket my assumptions, (i.e., setting them aside so as not to influence my findings; Husserl, 1931; Morrow, 2005), but rather to integrate and combine my views along with the participant's view in order to construct a collaborative narrative (Clandinin & Connelly, 2000). Due to a history of discrimination and marginalization by researchers in relation to stigmatized and marginalized populations such as the mentally ill, the homeless, and Indigenous peoples, I also felt that it was essential that my research questions and process was subjected to checks by other researchers, the participants of the study, and the Lived Experience Committee.

The Lived Experience Committee (LEC) was formed in 2010 by the Mental Health Commission of Canada as an advisory body to the At Home/Chez Soi study at the Winnipeg site. It is comprised almost entirely of people with lived experiences of homelessness and mental

illness. In addition to advising the research investigators regarding study procedures, the Circle's mandate expanded over the years to include community events such as service fairs, community events, and knowledge exchange forums. I presented my original research questions to the LEC providing them with an overview of both my quantitative and qualitative research projects (see Appendix J for handout provided to LEC committee).

My preliminary findings of the qualitative study were presented to my participants and their guests at a luncheon (see Appendix A for handout provided to participants). This luncheon served two purposes within this study. First, it was an opportunity for me to engage in knowledge exchange with my participants and to provide them with my overall conceptualization of the project. The second reason for hosting this event was to engage in a cursory member check with my participants. While narrative research methods assume that data collection through interviewing is a collaborative form of data that is created between the interviewer and participant, and that the analysis that comes from these interviews will inevitably be shaped by the researcher conducting the analysis, I wanted to check in with my participants to see if I had missed important parts of their stories or if anything that I was presenting was inadvertently offensive or harmful due to my personal biases. In part, this was done for the purpose of rigor and reflexivity in order to check to ensure that my interpretations of the interviews were not overly impacted by my construction and that participant voices were not silenced.

Given that the participant group had a history of marginalizing experiences and that there is a history of researchers conducting research on rather than with participants of Indigenous descent, I constructed this event in order to allow participants to help me shape the findings or in the least, to help me ensure that the final project was plausible and constructive. Participants

expressed that the preliminary themes captured important elements of their stories and during the event participants shared further stories and insights about their journey of finding home. I interpreted this fruitful discussion as a sign that the themes I had drawn out from the narratives were important and meaningful to the individuals who participated in the study.

A senior qualitative researcher also reviewed my transcripts and findings in order to help me move beyond my own initial interpretations and biases. These checks – by the LEC, a senior researcher, and the participants - allowed me to see where my “blind spots” existed and where my own assumptions were overriding the stories of my participants.

***Personal reflexivity statement.*** I am a 30-year-old Caucasian female who was born within a rural area in the Canadian prairies. I have never been homeless or “houseless” nor has any member of my immediate family. However, from a young age, my parents involved my family in volunteer service to a number of communities of need, including the homeless. Thus, from a young age I developed an understanding of communities of homeless individuals from the perspective of what I felt at the time was my role as the “helper”.

I first began to develop a more in-depth understanding of the lives and stories of homeless individuals in graduate school when I became a field interviewer for the At Home/Chez Soi research demonstration project. I must admit that when I first began this work I was concerned that I would be “too different” from my participants to make meaningful connections with them. However, over time, it became clear to me that my life was different from that of my participants by virtue of factors I had no control over – the socioeconomic status of my family, the absence of traumatic accidents and experiences, genetic predisposition to health or mental health, my skin color, a community that supported my family when stressors arose – that all of these factors made the difference between me sitting as an interviewer rather

than a participant. This learning has changed my perspective from that of the “helper” to that of the person walking side by side with a person that could be my brother, sister, or self if circumstances were different. Partially, this perspective was developed through my clinical training as a psychologist and through the findings of my master’s thesis, which looked at the narratives of service providers who interacted with populations of homeless individuals.

My development as a researcher has been impacted by my own experience of chronic medical health issues within the public health care system. From a young age I was diagnosed with a chronic metabolic condition and the lack of attention paid to the psychological experience of my health inspired me to become a psychologist, mental health researcher, and advocate. My attention to the psychological experience of the transition from houseless to housed is based out of that experience. I know that many other professionals and researchers are focused on the primary needs of stable housing, physical health care, and sociological processes. It is because I know that other professionals are focused on those areas that I feel I can attend to what I believe is an important and equally vital psychological experience of this transition for participants. My role as the researcher is to bring to light their experience of their identity in the midst of such change.

Given this information I know that I was and am primed to write and construct the current study as a story that gives voice to the unseen psychological experience of the participants, and to serve as an advocate for this community that has not had as strong a voice as they deserve. In order to strengthen my ties with this population, I served as a volunteer co-leader of a support group for primarily street-involved individuals who used solvents as their drug of choice. From my work as a field interviewer on the At Home/Chez Soi research demonstration project, through presenting research findings at Knowledge Translation events in

the community, and my volunteer experiences, I have come to better understand (though not close to completely understand) and co-construct narratives of hope and wellness with the homeless population in Winnipeg Manitoba. I have sought out additional training (i.e., summer school training at the Network For Aboriginal Mental Health) in order to attend to the layers of ethnic and cultural meaning within participant stories.

Over the course of the study, certain assumptions about the participant population informed my approach to the study. I was determined to conduct a project that focused on agency of the population rather than participating in or perpetuating dominant discourses of defeat and brokenness. As I reviewed my findings I noticed that I chose to ask questions in the interviews that pulled for stories of overcoming obstacles. I wanted to document in one way or another, the *other* that participants felt up against. I had an interest in exploring the ways that the *other* posed barriers for the participants of the study. While I believe that I came by this interest after listening to dozens of stories on this theme from participants during my time as a field interviewer, I recognize that these assumptions shaped the study I conducted. However, I also recognize that I may have limited or not provided space for participants to tell stories that were contrary to this agenda.

I assumed that participants eventually wanted to live in an apartment or house and that they wanted it to feel like their own. Having had such positive memories and associations with home for myself, I assumed that everyone wanted that for themselves. I also assumed that ownership of the space (financially or metaphorically) was an important part of finding home. While I noticed that many participants described childhoods that were the antithesis of “home”, I still assumed that they wanted to find home in some way for themselves. This is one of the points that I became curious about, as I recognized that someone who has not had a history of home that

was positive might have very different hopes for home in their future. The assumption that everyone wants to find home anchored the theoretical lens that I chose (i.e., ontological security), the questions I asked, and the way I looked for feelings of comfort and enjoyment in apartment spaces. I could not come at this project any other way given my background but I believe I may have missed nuances of home and belonging for people who have a history of not feeling like they belonged.

Lastly, I also held the assumption that participants of the current study wanted to discuss mental health openly as part of their overall wellbeing. My work and research involves talking about the minutia of mental health day in and day out. I am comfortable with the language of symptoms and delving into the very private and personal experiences of psychological distress with others. The way I interpreted discussions on mental health, and the absence of certain discussions on mental health, is related to my belief that psychological wellbeing is imperative to a sense of home and belonging. My view is inconsistent with the dominant societal discourses on mental health. I imagine that despite my efforts to respond empathetically and carefully around issues of mental health, some of the participants of the study may not have been as practiced at conversing about mental health in the way that I approached the topic as a researcher and clinician.

The third sub-criterion of fidelity to the subject of study proposed by Levitt et al. (2017) is groundedness, or in other words, the fit between the data and the research findings. As mentioned above, I obtained feedback from both a senior researcher and my participants to determine if my findings had grounding in the interview data, photographs, and field notes that I had collected. The data I have included in this manuscript include quotes, photographs, and details from the field notes in order to allow the reader to follow how the findings are drawn



from the data. Other researchers have referred to the criterion of argumentation as a measure of rigor; that as a researcher I have come to a storied truth that is reasonable and understandable given my data and analysis. This is in contrast to more positivist and quantitative methodologies that look to demonstrate a single irrefutable truth that is both reliable and valid. Rather, I would know that I have met the criterion of argumentation if the findings have resonance with the reader in which, “validation of claims about understanding of human experience requires evidence in the form of personally reflective descriptions in ordinary language and analyses using inductive processes that capture the commonalities across individual experiences” (Polkinghorne, 2007, p. 475). In other words, if the arguments that I have presented fall in line with the data collected, and can be argued reasonably from these sources, the criterion of argumentation or groundedness is met.

**Utility in Achieving Goals.** The second core process of qualitative research is concerned with the effectiveness of the synthesis between research questions, design, and methods (Levitt et al., 2017). In order to demonstrate the fit between the phenomenon of interest and the research method, the sub-criterion of the utility of the research study include the contextualization of data, data as a catalyst for insight, meaningful contributions, and coherence within the study. In terms of contextualization, Levitt et al. (2017) posit that it is important to consider the data within the context in which they were collected, constructed. While the introductory literature I have presented should provide some evidence of the theoretical and historical considerations that impacted the data and the findings I can draw from the data, I also drew upon my limited experience as a field interviewer within the study in order to contextualize the findings of the study. I have provided basic demographic details of participants and where appropriate, elaborated on specific participant characteristics in order to provide depth to their quotes and my

analysis of their narrative. I was confident in my ability to navigate and utilize the research modality of interviewing in a way that created relational safety and openness for participants due to my comfort with that medium as a clinical psychologist in training.

The second sub-criterion of utility of research is the principle that the data being collected for the study can act as a catalyst and “...will provide rich grounds for insightful analyses” (Levitt et al., 2017, p. 15). I carefully chose to pair my data collection strategies with the phenomenon of interest. My choice to utilize photo-elicitation techniques allowed for a visual exploration of participants’ physical worlds in order to capture aspects of the phenomenon that I might not be able to elicit using interviews exclusively. My research questions were discussed with a senior research supervisor who helped me craft my initial list of open ended, yet strategic, questions.

In order to draw meaningful contributions from the findings of the study, the third sub-criterion of utility, I was purposeful in connecting the findings to psychological theory and applications. Utilizing the theoretical lens of ontological security, which has been studied rarely with respect to homelessness, I attempted to bring novel and meaningful understanding of the identity transition from houseless to housed. The function of this study was to deepen understanding of the phenomena of identity development and maintenance in a specific population.

The fourth anchor point of research utility is to demonstrate *coherence* among findings of the study. Utilizing a figure in order to provide a visual representation of the findings and highlighting contradictions when they were salient, were steps that I took to demonstrate coherence of the findings. Coherence has also been described as using the various forms of research data to triangulate themes and more complex abstract relationships between the themes

(Elliott, Fischer, & Rennie, 1999; Morrow, 2005). In order to meet this criterion, I relied heavily on two layers of narrative analysis that I mentioned earlier – both thematic and dialogic layers of analysis as the pillars of my methodology with some reference to structural analysis when it was useful to include. By going beyond themes to explore the dialogic relationships and constructs within my participant stories, I aimed to matriculate the complex and abstract relationships that a coherent method requires.

### **Ethical Considerations**

Prior to beginning the study, the proposed project was presented to the Lived Experience Committee (LEC) committee of the Winnipeg At Home/Chez Soi site project. The LEC committee reviewed my proposed study and we discussed the considerations (i.e., what types of questions are important, what their experience of transition had been) that I should be mindful of as a researcher. The primary piece of feedback that I utilized from this meeting was to approach my interviews with participants with curiosity and respect; as though exploring a foreign experience. The LEC found my questions to be appropriate and important so no changes were made to the interview guide. The feedback luncheon or feast, a form of knowledge exchange, was strongly supported by the LEC and thus I made it a priority to ensure that participants and their guests had the opportunity to hear the initial findings and to honor their participation with a shared meal.

Following the feedback from the LEC, I obtained ethical approval from the University of Manitoba Bannatyne Campus Health Research Ethics Board. I submitted my research to the same ethics board that had jurisdiction over the original At Home/Chez Soi research project.

### **Findings**

First, I would like to start by providing some demographic information about the participants of the current study. The ten participants of the study ranged from age 35 to 61 years and the longest period of homelessness reported by participants ranged from two months to six years. Five participants reported they were first homeless between the ages of 12 to 18 years, three reported they were first homeless in their early 20's –late 30's and two participants were first homeless after age 40. In terms of self-identified ethnicity, eight of the participants identified as Indigenous Canadians, reporting Native, Ojibway, Métis, First Nations (Status) and Aboriginal ethnicities. One participant identified their ethnicity as "Mulatto" and another identified as European Canadian. In total, there were five women and five men that participated. While no questions were asked about sexual orientation, one participant chose to identify as homosexual in his interview. Three participants disclosed being raised in foster care or adoptive homes. Without specific prompting on the demographics form, all of the participants discussed their history of mental health problems and symptoms, which included: alcohol dependence, substance dependence, anxiety disorders (social anxiety, agoraphobia), psychotic episodes, depression, self-harm, and suicidality. With respect to income, all of the participants, except one, cited social assistance, welfare, or disability payments as their primary source of income. Several participants cited secondary sources of income such as panhandling or can collecting. One participant was employed full time as a social service provider. In terms of educational attainment, the range of experience spanned middle school (grades 7-9; N = 4), secondary school (grades 10-12; N = 3) to graduating with an undergraduate university degree (N = 2).

The participants of this study provided narratives evoking a struggle between voicelessness and agency as they storied their transitions from homelessness to living in stable housing. As I asked questions about home and belonging, I was told stories of street living,

learning to be at home in a new apartment, and the feeling of being “perched” in their apartment homes. Their narratives resembled a temporal patchwork quilt as they moved in, between, and among memories of street living, present focused anecdotes, and their imagined dreams for the future. While I have organized the findings in a chronological pattern that maps onto the transition from houseless to housed, their narratives, which focused most predominantly on stories of street living and the initial move to living in an apartment, were far from linear. This temporal organization was purposeful in order to better understand the “identity problems” that emerged from this challenging transition but it should be noted that the stories told to me jumped from across past, present, and future events.

Overall, participant narratives of street living evoked themes of dehumanization, loss, and uncertainty. However, as participants moved into their apartments, they storied the ways in which they adapted to their new and unfamiliar environments and moved towards ontological security. While not every participant found home and belonging after spending time in their apartment, all participants demonstrated through their stories that the way they narrated their place in the world was changing. As participants looked to their futures, their narratives were saturated with emotional language as they remarked how both fear and hope were a part of their being-in-the-world. This findings section, following the chronological structure I have imposed for the sake of clarity and parallel to the temporal trajectory of the phenomenon of interest (i.e., the transition from houseless to housed), delves into the themes of voicelessness and agency, negotiating relationships with the *other*, and the shifts in temporal perspective that occurred as participants narrated living in different spaces.

### **Stories of Dehumanization and Rootlessness During Street Living**

I distinctly remember being struck by the story of the first participant I interviewed, Doug, as he described his experience of collecting beer cans for extra income. Doug described this activity saying, “*We collect beer cans sometimes you know...just to get through right. And um, here I am, \$100,000 a year earner collecting beer cans just to get by... it’s humiliating, but it’s also it’s survival”*. Doug went on to tell me about his feelings of “nothing”-ness. “...*your self-esteem when you’re homeless is nothing. That’s the biggest...one of the biggest downfalls of being homeless is self-esteem. You’re a nobody. You’re a nothing.*” He describes the “downfall” from being a *somebody* employed in a high-level position to a *nobody* labouring as a beer can collector. After he lost his work due to his declining mental health, he became homeless. Doug lived with depression and over time found himself disconnected from his wife and children, living out of a car, struggling against suicidal ideation, and fighting for his own survival. Doug’s language in his story struck me as almost poetic in stark contrast to the brutal reality of his dramatic fall. His story contains a disparate span between the power he held before homelessness and the humiliation he described feeling during homelessness. While subsequent stories did not convey such a dramatic Icarus-like fall from pre-homeless to homeless living, the stories of homelessness all engendered the same quality of dehumanizing experience. These stories highlighted the voicelessness that is part and parcel of the experience of powerlessness for participants who are homeless and at the same time dealing with significant mental health distress.

The uncertainty of street living and the accompanying *rootlessness* along with *dehumanizing* interactions with others, led to internalized beliefs about the participants’ insignificance and “nothingness” within their narratives. Another participant, Steve, described several concrete interactions with social service providers (i.e., social assistance office,

temporary shelter institutions) in which he felt powerless and dehumanized. Steve, a 59 year old Métis man, reported that he had spent nearly 30 years between his 20s and 50s in and out of jails along with one or two long term stays at psychiatric facilities. While he did not describe the mental health issues that led to his psychiatric treatment, he alluded to symptoms of psychotic episodes, suicidality, and depression. Steve reported that if he were to become homeless again, he would prefer the predictability of jail as he would be guaranteed a place to sleep with “three square meals a day”. He contrasted this predictability with the uncertainty (rootlessness) of temporary shelter where one could be evicted at any time for not following the rules of the agency. Through his story, Steve conveyed voicelessness and a lack of power to control his safety that he had during street living.

***Steve:** Like at- like over at the [Temporary Shelter Name], you're- you're always under that pressure right? You know like- there's some staff that I never got along with. I thought they were sadists, just the way they treated people- like they treat you like garbage. I mean like- you know like second hand citizens. And they don't care. They don't care if it's 40 below, they'll kick you right outside. Kick you out. Bang. So you got- you've always got that over your head eh?*

This story highlights two important ideas that were threaded throughout the collection of participant narratives. One of the elements that I heard throughout the interviews was that participants felt mistreated and *dehumanized*, at times by the very people employed to make them feel safe and secure. Powerlessness, in response to the lack of control of their housing, emerged in these narratives about street living as a theme of rootlessness. Steve's story highlights how the lack of power (or in this case choice and control) to maintain a stable living space resulted in fear over his safety and wellbeing. Taken together, the *dehumanizing* interactions and the sense of *rootlessness* (or uncertainty) that participants constructed in their street stories makes clear the lack of beneficial narrative resources that were available to participants in order to construct identities of wellness and ontological security.

Nearly every participant included dehumanizing descriptions of themselves in their stories. Doug and Steve were not the only participants to discuss thinking that they were *nothing* or *garbage*. As participants told these stories of voicelessness, they narrated how seeing themselves in this way made it difficult to make sense of their personal worth. Being caught in the intersection between the stigmas of homelessness and mental health diagnoses, participants found themselves challenged to construct a story in which they could voice their worth and value. Linda, along with Doug and Steve, is a 42-year-old Indigenous woman, who also articulated feeling powerless in her interactions with social service providers. She describes a meeting she had with her Child and Family Services social worker in which she was “...*small, or like I’m not good enough*”.

The consequence of dehumanizing interactions within these narratives was that participants were left with conflict in how to story who they were in relation to others. This conflict can be described in the words of another participant Danny as an identity *mess*. Danny, a 36-year-old man of Ojibway descent, told me stories about his reliance on God and the importance of his Christian beliefs in the context of significant childhood trauma. Danny recalled crying out to God, “*God(.) a person like me(.) a mess up like me(.) how could you- how is it that you could still love me?*”. While I will discuss the narrative structure of Danny’s question further below, it is important to contextualize this quote with details about the interview performance. In the interview, Danny identified his sexual orientation as homosexual and shared with me how he was dependent on crystal methamphetamine and other narcotics. Over the course of the interview, we discussed how his sexual attraction to men was a source of distress as his religious beliefs precluded him from acting on his sexual interests or caused him significant guilt when he did. His grief and pain were evident in our interviews as he sobbed over his current



life. Danny's distress was significant and we needed to refocus our second interview in order to address the suicidal thoughts he was expressing and he eventually left our interview with a plan to connect with supports. Danny struggled with how his sexual identity and spiritual identity could be integrated. The result of this struggle was feeling lost and conflicted between these two identities.

What did this have to do with his experience of homelessness and dehumanization?

Danny, like several other participants, had experienced sexual abuse in childhood and believed this was a significant contributor to his pathway into homelessness. The dehumanizing experiences of early childhood precipitated homelessness for several participants whether it was violence, racial prejudice, neglect, or experiences of displacement in foster care. The trauma of Danny's childhood, and the intergenerational trauma of his people that had affected his family, had preceded his current *identity mess*.

Identity problems were threaded throughout participant interviews as the stories of rootlessness and dehumanization of homeless living were linked with a disintegration of psychological self for participants. Doug and Steve described how living on the streets led to feelings of apathy towards themselves and their daily lives.

**Steve:** *...before I got this place, when I was homeless...I really didn't care. Because there was nothing there for me to begin with- there was nothing to care about. Like what do I got to care about when I'm homeless? You know- you know- you're looking for a bed- you're looking for a meal- you know? A lot of people you know like to carry their backpacks- that's all they've got. And uh- that's all you look forward to. You- you- you stop caring. You know? What do you got to care about when you're homeless- there's nothing to care about.*

**Doug:** *I went to [Hospital Name] and I met with a psych nurse and she was- just as(.) rude as anything- it's all about this homeless person wants a bed and she said(.) and she said um, uh- 'there's a doctor, and she probably won't see you for 4 or 5 hours and then, but I don't think she'll help you.' Just exactly that tone, exactly that- and she said you really gotta work on stuff. And it's like- ugh I don't have anything to work on- I have zero to work on. >That much. I have nothing to work on.<*

Steve's narrative structure, similar to Danny's above (see page 96), poses a question to the listener by asking "what did I have to care about?" Through these questions, these participants challenged me, and by extension, broader society to consider what makes life worth living when one has no security or rootedness. Steve discussed scavenging in order to meet his physical needs (i.e., meals, a place to sleep) and the fear of being thrown out of temporary shelter (see quote on page 90 above) which, when taken together, represent feeling scarcity rather than security; temporality of living spaces rather than rootedness. Doug did not ask a question but instead answered the rhetorical question, "what do I have left to work on?" In saying, "*I have nothing to work on*" Doug is responding to the nurse's assumption that he had some part of his self left to rebuild. In Doug's story he portrays how the nurse dismissed him and demonstrated grave misunderstanding of his mental health emergency. By embedding his narrative response to her in our interview, Doug was able to offer a challenge to the medical profession that he could not issue at the time of that interaction. Doug's description of his interaction with the psychiatric nurse highlights the feeling of being a ghost in a shell; of being a de-individualized, anonymous lifeless body. In Doug's telling of the story and the tone he used (i.e., his voice came across as guttural, choked, and pleading) conveyed to me that he was not reacting to the nurse in pride or deflecting his responsibility in managing his mental health but rather was highlighting how there was nothing left of his self or emotional being that could be "worked on". Doug went on to describe how this interaction, and several others, where he felt that health care workers did not understand how dejected he felt as a human being, preceded a serious suicide attempt. Doug performed this story with passion (i.e., emotion in his voice) as it marked a pivotal moment for him in which he felt abandoned by the health care system designed to keep him safe in his suicidal state. Doug also chose to send me some of his personal journal writings and poetry that

he had drafted about this pivotal time in his life. He took photographs of the hospitals that he had visited when he was in suicidal crisis in order to capture their importance in his story. The way in which he told his story and the number of means (i.e., voice, photographs, sending written works) he used to communicate to me demonstrated the importance of this event in his life.

Another participant, Bill, described several stories in which his interactions with health care providers sent him a message about his place in the world as a “...*poor Indian that is out on the road*”. Bill, a 44-year-old male who identified as Native, told me a story in which a health care worker ignored him in the emergency room. Weeks before his visit to the emergency room, Bill completed a series of inconclusive medical tests with a physician at a walk-in clinic which left him feeling used (i.e., the physician was making a profit over his ill health by sending him for excessive testing). He went on to say,

**Bill:** *I had to be convinced to go down, because I don't trust anybody.... I'm just a poor Indian that's out on the road, ... They(:) made me wait, and I waited and waited and waited, and then finally got a room. First thing that happened, the nurse came in, texting on her FUCKING phone. And she stood there texting right in front of me, and I told her to get the fuck out of my room. She says, oh. She says you can't talk to me like that. I said, ya I can, you obviously don't work here, she goes- I'm your nurse. I came in here to help you. I said, ya- how are you helping me? Are you texting the doctor to get him down here or something? Fuck you she says and she went out and got the security guard and they escorted me off the fucking property. Ya. And that's what you get down there, because I'm just an Indian off the street, and that's what it was. ((Sighs)) Does that make sense? Would you have accept...Have they ever come in texting? And then stop in your room and keep texting?*

My field notes from this interview marked my feelings during the telling of this story as tense.

Bill presented as bitter and angry about this interaction with the nurse and told the story looking me square in the eye and speaking in short, terse sentences. After explaining to me his version of events, he asked me, if I would have accepted that type of treatment. This question was direct and I felt both responsible and compelled to answer him. I think that the narrative purpose of this

question was to urge me to express that I as a white, relatively wealthy and powerful individual, would never be treated in such a dehumanized fashion by a health care provider, thus bolstering his narrative position and participating with him in deconstructing the master narrative of the worthless street Indian. The structural form of this narrative, with such overt questions, was consistent with Steve and Danny's narrative questioning.

In these questioning narratives, the participants outlined their position relative to the health/social service provider *other* and narrated their powerlessness to obtain what they needed while in a vulnerable situation. While Bill did not describe the nurse's race, he highlighted his lower status as a street dwelling "Indian" relative to his medical provider. Later in our interview, Bill told me about how the term Indian holds a negative ethnic connotation to him (while his self-identifying term, Native, does not). Bill narrated a story in which he was punished for not enacting the role assigned to him (i.e., the less powerful, lower status street Indian). His choice to refer to himself as *Indian* in this story signifies how he used his language to perform a narrative in which his ethnicity resulted in disconnection, ethnic discrimination from others, and overall dehumanized treatment. While his housing status had changed over time, Bill's skin color and ethnicity remained, and throughout our interview he highlighted how his ethnic status, along with his current socioeconomic and previous homeless positions, continued to result in poor treatment from the dominant culture.

The stories from participants, and the associated rhetorical questions, highlight that the "*others*" – who can be understood as the individual health and social service providers or the broader community – are missing the point. Homelessness disintegrates the psychological self and the *other* always plays a role in that. In every interaction with another human being, each participant chooses to engage, ignore, challenge, encourage or deny personhood in the other. In

these interview stories, participants constructed narratives about seeking help in crises and being turned away or misunderstood, leaving their concerns ignored. To be ignored is a dehumanizing experience, a type of de-selfing. It sends a powerful message about what a person is worth and whether they are worth connecting with.

I interpreted the narrative use of questions as each participant's desire to reposition his or herself to the *other* now that they were no longer homeless. These stories, were about historical interactions in their homeless past. Given the nothingness they reported feeling, and the voicelessness that consumed them during their street living, they may not have had the resources to stand up for their personhood while living out those interactions. However, by telling stories about those past interactions in our interviews, participants were able to embed questions that served to integrate selfhood back into their narrative. This narrative action was an act of agency, as a housed individual challenging the status of their homeless past. I interpreted their questions and requests of me as the interviewer as a request to understand their stories, thereby, engaging me to listen and convey their point to the discursive audience (i.e., society, health care providers, etc.). As previously homeless individuals, participants were making the audience aware of the power differential that existed for them when they were homeless and the role that society plays in maintaining their disparate state. Having the security and resources that accompany housing, participants were now narrating a story in which they were evoking the action of the *other* to respond to the grave imbalance. The discursive role of the *other* in these stories, and maybe even more importantly in their questions, engages our focus to the social nature of identity of homeless people with mental health concerns.

After exploring several stories of *dehumanization*, I want to take a moment to also present stories of *rootlessness*. There were several ways in which participants described the

uncertainty or rootlessness of street living. One consequence of the worry of street living was the notable performance of fatigue in participants' street stories, as revealed in the tone, pacing, and volume of their words and phrasing. The repetition of specific words and the slow and purposeful tonal emphasis of words (i.e., tired) highlighted their importance within participant narratives. For example, Bob said,

*...when you're homeless it's the- it's- you're hungry and you're tired, you're constantly tired. And you don't seem to have enough rest. Um.....because you're worried about your own security like people are coming around and where you're at, and coming around to where you are and bothering you or, you're just it seems like you're just in a depressed state of mind all the time and you're always tired...*

He mentions being tired and without rest four times and describes feeling depressed in this short segment. His weariness came through to me as the interviewer, the weariness of being on edge and without space to rest. Bob was one of several participants who discussed how walking and wandering were significant activities of daily living when on the streets. Bob described himself as “*walking in circles.*” This observation seemed to hold both literal and figurative meaning for Bob as he described the many kilometers he would walk each day. Contrary to running a race or reaching a destination or endpoint, the type of walking and wandering that participants described seemed to be more aimless. While the walking was a *certain* activity of daily life, it was an activity bred by *uncertainty* and restlessness. Participants told me about walking to avoid the nuisance of storeowners or to take their place in line for meals at a soup kitchen. There was a repetitive routine of daily living on the streets, which was described by one participant as the “*repeat cycle*”. This routine started anew each day as participants sought out to build a cache of food and hygiene items and to find shelter for the night. The *repeat cycle* kept participants in a temporal focus on the goals of “today” rather than thinking ahead to next week, month, or year. Even the structure of several narratives mirror the repetition of street living as several quotes (see

Bob's use of the word *tired*, Bill's *waiting* page 94, Joy's humming *over and over* page 100, etc.) contain recurrent words and phrases.

This temporal focus is significant as being stuck on repeat does not allow for new identity resources to make their way into the story. Planning ahead for the future and interacting with new people provide us with new narrative materials (i.e., ideas, compliments or insults, opportunities) in order re-route our stories about ourselves. A story stuck on repeat has nowhere to go; thus a purported disintegrated psychological self stays disintegrated. The rootlessness of street living is developed in these stories about wandering; about not having a location or a place from which they can become rooted, to grow and to rest.

### **Identities in Transition**

In the above section, I chronicled several stories of street living, and I now move on to stories about how life changed when participants gained access to stable housing. I titled this section, *Identities in Transition*, to highlight that while the geographical move to living in stable housing appeared instantaneous (i.e., houseless one day, living in an apartment the next), the transitions embedded and constructed in their narratives were often uncomfortable and gradual. In this sub-section, I will highlight how access to stable housing served as an identity resource that allowed participants to tell stories of rootedness and re-humanization.

**Becoming Rooted in Apartment Spaces.** Employed as a research interviewer, collecting data for the Winnipeg site of the At Home/Chez Soi project, I had the opportunity to have hundreds of conversations with participants of the study on their wellbeing and housing. I initially thought that after months or years of shuffling between street living and emergency shelters, participants would feel relieved to have a stable residence to make their home. Rather, the stories I heard from participants described a range of feelings:

**Joy:** *It was KIND OF WEIRD, cause you could- like(.) the house itself made a lot of noises. I wasn't used to. I was used hearing traffic, and(.) trains, and(.) birds in the morning. Ya. You just hear pipes banging, or you hear the water running. ((Chuckles)) Ya. It felt weird.*

**Becky:** *I don't live around the most savoury characters and(:) I- the fact that a lot of them drink and do drugs and stuff- I don't drink, I don't do drugs. I don't look down on them for what they do, ....but I don't feel like I belong there*

**Linda:** *...like being in there, when I first moved in was- it was — it was scary and, because it felt like it was too good(.) to be like real?*

The feelings of discomfort and fear were evident in participants' narratives as they told me stories about what it was like to have an apartment to live in. In our interviews, participants told stories of how they adapted to their new surroundings, during which, several common strategies emerged.

One of the ways in which participants became more comfortable and rooted in their apartment spaces was through their senses. Becky, a 35 year old self-identified “Mulatto” woman, moved into a public housing complex shortly after the birth of her daughter. She told me how this move signified a clean break from her cocaine use while on the streets. I suspect, in listening to her story, that Becky's substance use helped her to cope with high levels of anxiety and agoraphobia while she was homeless. After becoming sober and moving into her apartment with her daughter, Becky found it challenging to leave the four walls of her apartment and described how she made it feel more like home,

**Becky:** *My mom suggested, she's like, well if you're supposed to take pictures of things that make you feel at home, >why don't you< take a picture of your wax melt warmer? I was like- why? She's like because your smells make you feel at home. I was like, this is true...I'm- I'm obsessed- pretty obsessive about um(.) having things that smell good in my house. So I have like(.) 3 wax melt warmers going at all times, plus plug ins and the spray things. Ya...I don't know, I just don't like it- my house to SMELL. I don't like me, or my daughter, or my house to SMELL. I have(:) I'm kind of obsessive about everything smelling clean and pretty. <I don't know.>*

**Interviewer:** *Have you ever had any bad situations where things didn't smell well?*



**Becky:** *I- I think just people that I've spent so much time around when I was using drugs and stuff, and people that live on the streets, and ((sigh)) <just in that lifestyle in general don't smell good. And I know how much I- how grossed out I was, and I- I always thought, like> Nobody? Nobody seems to notice? Or they just don't care, I don't know <but then I started thinking like do I smell like that and nobody tells ME? Because I never tell anybody.> ((Chuckles)) And(:) I don't know, maybe it just stuck with me*

Becky went on to tell me how the scents of pumpkin spice, fresh linen, and berries were comforting to her and made her house feel more like a home. Whether it was the agency to choose and control the scent in her environment, or the ability to create an environment that was distinct from street living (i.e., unhygienic or foul smelling), the scents of her house held meaning for Becky. She went on to say that her daughter, “*I think I kind of like(.) that's rubbed off on my daughter too, cause she walks in and she goes ((deep inhale)) 'Home now!'*”. In a symbolic sense, providing a space in which her daughter can feel at home, is a beautiful depiction of rootedness.

While Becky utilized scent to develop rootedness and evoke a sense of home, Joy drew on the sense of sound to develop her rootedness. You may recall that Joy (see above quote on page 98) described her initial reaction to her apartment as a “weird” experience. However, over time she described how the use of sound helped her to develop rootedness within the walls of her apartment.

**Joy:** *Ya. ((Laughs)) I would pace around, and just, you know. I'd even put mus(.) headphones and just lay there and(.) picture myself outside. ((chuckles)) It took a while to get used to being inside.*

In the course of our interview, as if to demonstrate, Joy would occasionally hum in the midst of our discussion. Joy went on to say,

**Joy:** *So ya. I- I tend- now- now I tend to hum. HUM songs that get stuck in my head that are kind of repetitive over and over and over.*

**Interviewer:** *And is that calming?*

**Joy:** *Ya. It is, but it gets annoying to the people around me. And I'm like- I do it when I'm nervous... I'll put on some music while I'm [getting ready in the morning]. Um, usually*

*I'll go to Youtube and put on a song, that makes me feel comfortable that has good memories attached to it. Where there's lots of smiles and laughs and stuff like that. Ya. It makes me feel better.*

Joy, a 36-year-old Indigenous woman, had alluded to symptoms of anxiety and discussed her childhood trauma throughout our interview. To her, music and song provided her relief from worry and fear and allowed her to move past her anxiety to make herself at home in her apartment. What is more, the music was tied to her “good memories” which I can only assume were memories in which she felt important, enjoying an experience with someone she cared about or cared about her, or she felt at peace. Music carried her memories, a powerful identity constructing resource, and allowed her to embed them into the identity she was constructing of herself as a housed person. If senses can hold memory, they then serve as the building resources of identity construction. Given that participants could not hold onto many belongings while living on the streets, senses served as a continuous identity resource, which held memory and served to tie together past and present lives.

If scents and sounds hold meaning, so can the visual and tactile senses as embedded in objects. Indeed, participants chose to tell me stories and share many photographs of the objects in their apartments. Nearly half of the photographs that participants shared with me in our interviews were of objects and scenes displaying their belongings. Photographs of television sets were often paired with stories about control and choice (i.e., to choose what to watch and when). Several furry friends were displayed in photographs as we discussed the companionship of pets. Photographs of kitchen appliances, bedding, and furniture were discussed in reference to the people who gifted the objects to the participant (see Figure 1). The generosity and care of others was embedded in belongings. Bob describes the meaning his furnishings held for him,

**Bob:** ...Those are expressions of love, it's nothing else, except that's what it is. ...And why would anybody give someone gifts- because they care about you and um (I) love you. So



*Figure 1.* Photographs of belongings from 3 different participants.

*that's what that meant....that's sort of helped me (1) um (.) stay on track I mean, I don't always stay on track. I've, I'll still go- way out on the left side sometimes. But um, I can always come back to the place where I can restart again. Pick myself up again and say okay, this is- the way it went the other day, it's not the way ((chuckles)) to go again. ...You know, I can't, ah (1) if I don't do my part it means I'm disrespecting the ones that are- that's how I look at it.*

When Bob mentions staying “on track” he is referring, in part, to managing his alcohol abuse. A coffee maker or a kitchen chair held meaning and invoked the connection to the *other* in Bob’s story. The role of the *other* as a source of encouragement and hope, rather than a dehumanizing force, was represented in these objects. This visual and tactile reminder allowed Bob to use the message of “you are worth these gifts”, to re-route his narrative about himself. Bob used the meaning of these items in order to construct his identity to an individual who was loved and worth investment, which in turn created resiliency in managing his addictions and mental health. The reminder of *others’* love and care beckoned a response from Bob to honour their investment. The rootedness of having the space to return to, to regroup and to be reminded of the positive *other* was a part of the identity transition for Bob in stable housing.

Given that eight of my 10 participants identified as Indigenous peoples, I wish to highlight for a moment some of the unique narrative elements of their stories of transitioning to home. While the thematic structure of the narratives between Indigenous and non-Indigenous participants was similar, it was undeniable in the narratives of participants of Indigenous heritage that the intersectionality of their status (i.e., previously homeless, mentally ill, and minority ethnic status) was made more complicated by society’s master narratives around their ethnic status. In their stories, participants of Indigenous heritage described discrimination from others because of their ethnic status and, for example, discourses regarding alcohol or substance use by Indigenous persons. While one of the non-Indigenous participants also discussed growing up in foster care, the meaning of displacement from family in the foster care system was connected to

greater cultural displacement and disconnection for Indigenous participants. Each of the eight Indigenous participants discussed one or more of the elements that have been conceptualized in the literature as the results of intergenerational trauma (i.e., lack of belonging with culture, low self-worth, limited education, involvement with the justice system). While the two non-Indigenous participants may have also shared some of these elements in their stories (i.e., low self-worth, reliance on substances for coping) their stories did not contain the same response from dominant society in reaction to these elements.

One example of ethnic or cultural differences in the narratives of participants was the way in which participants of different ethnicities discussed the alcohol or substance use in their stories. Becky, the participant who identified as “Mullato” discussed her substance use as an episode in her story while some of the Indigenous participants discussed their struggle with alcohol or substance use as significantly more chronic. While Becky discussed how her use of cocaine was a serious issue in her past, she did not align herself with the “addict” identity as much as some of the participants of Indigenous heritage (i.e., Danny and Bob). Given the dominant cultural narratives around Indigenous alcohol and substance use, one interpretation of the difference between Becky and Danny or Bob’s recount of their addictive behaviours in their story is the way in which society influences participant narratives about their self and identity. Given that the focus of this paper is not exclusively related to Indigenous identities and cultural factors, I feel it is important to highlight some of the differences but I recognize that this was not the primary focus of my analysis and research targeting Indigenous and cultural meaning of these perceived differences is required in the future.

While I will explore stories of discrimination in a subsequent section, I want to focus on how participants established rootedness and connection as they transitioned to stable housing.

For example, I was struck by the rootedness in nature described by Joy. Joy described growing up in a remote rural reserve community where she would hunt and trap with her father and brothers.

**Joy:** *Um(:) I'm getting(1) I'm getting more comfortable being inside than I am being outside now. But I enjoy being outside, I'll just(.) you know, kinda sit somewhere, and kind of listen to the birds, you know, for a moment.*

**Interviewer:** *What other sorts of things do you like about being outside?*

**Joy:** *Um(:) I like hearing(:) traffic (.) now. Ya. I'll just- I'll just at the museum and just sit there and listen to the traffic. Ya. I'll just go sit by a train, like by the underpass and I'll just sit there and listen to the train cause I used to live by a train tracks(:). So ya. I like comfortable sounds that I'm familiar with, with being outside.*

**Interviewer:** *Mhm. It sounds like those sounds are an important part for you aye?*

**Joy:** *Ya. It's kind of like a safe(.) safety. Ya. (2) They hold memories those sounds I guess, >from living...by the train tracks(:)< I like going by the river that's where I used to have a campsite too with my brother.*

Joy took photographs of the space by the river, amongst the trees, where she and her brother used to camp out (see Figure 2). The rootedness of the familiar sounds of the outdoors and the connection to her trusted family member evoked feelings of safety for Joy. These memories could not be held as easily indoors within the walls of an apartment. As such, in her story Joy was faced with the challenge of finding a way to find that rootedness despite being geographically removed from the outdoors. Within her narrative, Joy shares how she continued to visit familiar street locations that held memories, sounds, and safety for her as she also engaged in the process of settling into her apartment.

This feeling of safety in nature was present in other participants' narratives as well.

Valerie, a self-identified 46-year-old Aboriginal woman, took all of her photographs outdoors. As we discussed the photographs, she took me along with her on her Saturday afternoon walk. Her photographs started in the downtown core of the city where she used to sleep outside, down along the river, and ended in a public park. Valerie did not take photographs of belongings or her apartment like many other participants did. She went on to say,





*Figure 2.* Joy's photograph.

***Valerie:** I think the only thing I liked about the experience about being homeless was the freedom of it. It's- there was a peaceful feeling that came with it That I've never felt. Ever in my life. It's- I just felt happy.*

While the majority of Valerie's experience of homelessness was not described in a positive manner, she introduced a counter-narrative, which centered on her feelings of peace and freedom of not being tethered to an apartment and the responsibilities inherent in holding tenancy. For Valerie, being expansively "outside" in the world to intuit using all one's senses, was an unparalleled feeling. This peace was a feeling that Valerie continued to seek as a housed individual on her walks.

Bob took a photograph of a ceremonial drum he had crafted and his medicines (i.e., sage, tobacco) in his apartment. We spent some time discussing the meaning of this photograph, as he had taken several photos of the items to ensure that a "good one" came out for us to discuss (see Figure 3: Drum Photograph). After discussing how these items signified the "*permanency*" of his place, Bob went on to say,

***Bob:** ...But uh(.) what it means to me, when I was making the drum...I was thinking about my family and all the ones that were passed- passed on eh? And also the ones that were still surviving. Uh, because in my family we lost about (1) I lost about 4 siblings Ya. And they were all tragic. ....And I said hey- I know what this drum is going to represent you know? It's going to represent the family drum....So that drum I'll never sell. Because it belongs to the family. It's like a family heirloom.*

When one thinks of rootedness, the symbolism of how roots allow a plant both the opportunity to grow upwards and an ability to weather resistance comes to mind. Bob's rootedness – his desire to grow and to "get back on track" – comes from connection to the *other*. In this case, the significant *other* he was referring to is his family, both deceased and alive. Having stable living quarters allowed Bob to display and share items embedded with meaning of his past, his family, and ultimately his future. Bob mentions that he considers this item to be a family heirloom, which invites the listener to imagine him passing on the item to another member of the family.





*Figure 3.* Bob's drum photograph.

Bob's story seems to imply that these items hold memories of family. Where memories exist, one's identity and family both have a future in the world. These stories of connection to nature and family demonstrate the cultural identity resources that participants utilized to adapt to their new apartment spaces.

**Learning to feel human again: Re-humanization.** Apartment spaces allowed participants to set down roots and begin constructing their re-humanized identities as persons of worth and importance. However, having an apartment tenancy meant that participants needed to re-negotiate their social networks. Participants told stories of re-learning how to interact with friends and landlords in a way that did not jeopardize their housing status. Beyond those particular social networks, participants also told stories of re-connecting with family or expanding their social networks to include new relationships as they became more comfortable and rooted in their housing. In this section on what I call re-humanization, I will present stories about interactions in which participants were questioning their worth, standing up for their needs, and becoming more receptive to humanizing interactions with others. Through their stories, participants narrate the ways in which their relationships with others changed as they relocated from the street to their apartment spaces and how this impacted the way they positioned themselves in the world.

I felt sad when I first reviewed the collection of transcripts from this study as I heard this message from so many participants: in order to keep my apartment I had to disconnect from my friends on the street. If our identities are co-constructed in the stories we tell to others and with others, then street community significantly impacted participant identities during street living. Valerie told me about how she had been evicted from a previous apartment because she had let a

homeless friend stay with her. For many participants, hosting a longstanding guest or disruptive guests meant the end of their apartment tenancy. Steve said,

*You gonna lose [the apartment] if you keep hanging around with the people you were hanging out with.... so I don't really hang out with anybody. Like uh- I really don't want anybody over at my place*

While some participants felt that disconnecting from their street community was a healthy part of their journey as it meant disconnecting from their addictive or criminal lifestyle, for some, this cut held a sense of loss. Whether participants chose to completely sever past connections, or put some distance between them and their friends (i.e., connecting only via social media), there was significant disruption and disconnection between participants and their family and friends from the streets. This loss of close connections initially created a vacuum for some participants, as they had not yet established new friends or a new family. For Bob, this experience of distancing himself from his friends created feelings of loneliness,

**Bob:** ...Because you've really developed your relationships on the street. So when you get housed, um (I) all a sudden you're just alone. You're- you're not used to that. You're always used to being around your friends, or you're being around people eh? And always trying to ah- talk to people. But when you're- when you get housed (I) uh, there's nobody there.

**Interviewer:** You're in a box away from everybody.

**Bob:** Ya that's it! You know- exactly.

This experience of severing connections has significant ramification for identity making as it meant cutting off a source of identity construction resources. The social vacuum of apartment living was a poignant part of participant stories and allowed for the growth of new connections and social experiences.

One type of relationship, however, was a necessary and immediate part of apartment living for all participants – a relationship with their landlord or building manager. For the good or for the bad, landlords had a significant impact on the process of rootedness and re-

humanization for participants. Bill described a negative experience with his landlord over his ethnic identity,

**Bill:** *Ya. When she [the landlord's daughter] has her bad day, I'm going to pay for it, right?... She even called me(.) INDIAN. Ya. And the lady I was with, like I (2) she(.) is a north end native. And she took great offence to it immediately...*

**Interviewer:** *So, is that something you come across often?*

**Bill:** *Yep. ALL THE TIME.*

Recall earlier that I presented Bill's story about his interactions with the nurse in the emergency room. In this quote, Bill explicitly described how he encountered racial discrimination with his landlord. In addition to this specific incident, Bill told me that several times, he called to set up a viewing of an apartment and was told when he arrived, that the apartment was no longer available. He believed that when people saw the color of his skin, they would turn him away. Bill associated landlords with the dominant culture, which he storied as being dismissive of him by virtue of his ethnic and cultural status.

Another participant who also reported Indigenous heritage, Bob, described how he was “*watched like a hawk*” by his landlord. Bob told me that despite having no rules in his tenancy agreement about overnight guests, his landlord and property manager required him to ask for permission prior to having guests visit his home overnight. In discussions with his neighbours, Bob discovered that other tenants of the building were not required to obtain permission for this activity. Bob believed he was treated differently than other neighbours because he was a participant in a HF program; he also believed his landlord was discriminating against him due to his history of mental health concerns.

Bob and Bill were not the only participants who discussed difficulties in their interactions with their building landlord. Linda, another Indigenous participant, described how she felt her landlord was “*picking*” on her unnecessarily. She described harassment that ranged from

excessive questioning and notifications in her mailbox about payment of rent (that had been arranged between Linda's HF program and the landlord), to questioning Linda about noise complaints that were the result of other tenants in the building. In discussing these notifications with her HF team, Linda discovered that the landlord was acting outside of the tenancy act and she was considering reporting her landlord's misconduct. Linda told me a story about being accused of setting off a fire alarm in the early morning,

***Linda:** ...somebody downstairs at 3 in the morning burned was burning something. And fire trucks were there, and they didn't come up upstairs they were downstairs. I get a call at about 3:30 and [the landlord](:) assumes or I don't know- "we heard from neighbours it was you burning something" and I'm like- I was sleeping when you called me and fire trucks were here but not in my suite. So you know what I mean?*

Linda told me about how this level of surveillance and mistrust resulted in feelings of anxiety.

Linda went on to say how it, *"feels like walking on eggshells at first you know? It was like- like what if I burn my eggs?"*

These stories taken together display the significant impact that landlords and building staff play in the transition from street living to stable housing. Landlords have power and influence in terms of scrutiny and eviction of tenants. Landlord powers are keenly felt by participants who fear that at any point and for reasons out of their control, they may lose the stability of their housing quarters. These types of interactions appear to undermine the "stability" or permanency of stable housing quarters and thus impair feelings of rootedness in those apartment spaces. On another level, these interactions display harassment and discrimination in line with the dehumanizing experiences that participants had while living on the streets. Participant histories and the stigma of homeless, ethnic, or mental health identities followed them into their housing accommodations. As they were re-learning how to adapt to living in an

apartment space, the *others* around them were often a force that made them question their worth and their belonging in an apartment space.

The timing of these interactions with landlords is incredibly important in the context of the transition from street living to stably housed. In a transition that is uncertain, unfamiliar, and uncomfortable, this type of stressor led some participants to exit their lease or return back to street living. Despite some of these dehumanizing interactions, Linda's story points to how her identity was in transition from herself as a nobody to a somebody. Linda sought out support and advice from her trusted support team when she was met with unfair treatment. Instead of continuing to construct a narrative of I am a nuisance and a nobody who doesn't deserve to live here, she chose to construct a new narrative of I am important, I deserve the right to live here, and you are not treating me well. This is a narrative of an identity in transition from dehumanized to re-humanized. While the re-humanizing force in this narrative was her support team rather than her landlord, the role of landlords in co-constructing or interfering with identity reconstruction is of import.

After weeks, months, or years of living in dehumanizing conditions, it was a challenge for participants to begin to tell stories about themselves where they situated themselves as important, worthwhile, and valuable protagonists in their stories. Housing helped participants set down roots and provided them with the base to begin to see these qualities in themselves, but it was through encouraging words with others that these identities of worth became solidified in their narratives. Bob described how his friends on the streets treated him differently when he transitioned to an apartment.

**Bob:** *I didn't notice it. It was people saying 'hey wait- you're- you're doing well' and I said 'what do you mean?' I didn't understand what they were talking about. 'Well look at you' ((Laughs)) And I said well 'what about it- what are you seeing?...And um (3) and if somebody tried to – to bother me, like in the street tried to be rough with me my other*

*friends would just jump in and say 'Don't bother him. He's not doing nothing to you.' ...when I was homeless. I was just another (1) somebody that was out there*

Bob's friends could see the transformation that Bob was in when he was not able to see it for himself. He became an important *somebody* who was worth standing up for versus “*just another somebody*” on the streets. These words from others helped him to change his own storyline about himself in the world.

For Linda, she described how housing and the care from others helped her to heal from emotional abuse and anger, “*...when good things started happening. Um (4) like getting a home. Um, actually, having people(.) that care about me today. This was probably like, ya, by when I first got my apartment.*” Linda timidly and uncomfortably (i.e., chuckling) described how her son's praise of her artwork, helped her to see her own talent.

**Interviewer:** .....Um, do you have any hobbies or- or things that you do for fun that you've been able to start or get back into?

**Linda:** Um(:) drawing. I- I a lot of people say to me that um, cause I have them on my walls now, that like friends or whoever are like 'You could be selling your art man' and they tell me this but I'm like- I don't know how to sell art...

**Interviewer:** What- what does it feel like to have people say that about your work?

**Linda:** (2) I don't know cause I don't (2) It's just a doodle. But a doodle looks so good they said. ((Chuckling))

**Interviewer:** Do you believe it? Like do you buy into what they're saying or are you kind of- not sure.

**Linda:** Cause it's like you know- like even my son.... when he came home and he'd seen my drawings, or my art book and he said 'Holy(:) shit mom you're amazing'.

Not only did her apartment allow for her to have a space to being practicing her “doodles” but it also allowed her to show them to friends and family. The stability that Linda gained from her apartment allowed her to expand her interests and hobbies to include her artwork. The artwork, as she describes in her story, served as a route of encouragement as her friends and family saw her giftedness. The degree to which Linda believed she was talented was unclear in our discussion. She appeared embarrassed to share this story, almost as though she felt she had no

right to boast about what she felt were menial doodles that others mistook as works of art.

Regardless, the fact that she chose to tell this story to me highlights that she was a protagonist in the midst of the transition from *nobody* to *somebody*.

In addition to the positive interactions with friends and family that resulted in re-humanizing experiences for participants, employers and service providers also significantly contributed to the story lines of participants. Doug described how he began to see himself differently over time through his interactions with his employer. He linked his success in transitioning from homeless to stable housing to his strong social support system. Doug took photographs of notes and gifts he had received from his employer at his job and described how the praise from his employer had a strong influence on his belief in himself.

**Doug:** *He did, and he said, two or three times over and over about(.) how honored he is to work with me. And it's like wow. And I heard that word- I heard those words from [employer] over at [organization] when she called me and she said it would be such an honor for you to come and work with us. It's like ugh- are you talking about me?! You know?*

**Interviewer:** *Is it- is it hard to believe some of that?*

**Doug:** *It is. It is. It really is. I said you know I don't think you're talking to the right person. You know. Um. Ya you know I don't see it. I don't see it..... more and more every day I'm realizing that I don't see myself as other people see me you know. Cause I also know my frailties and things*

Doug later went on to say, “*And I was actually- I still get emotional about it...because um(.) of the fact that other people see me differently than I do, and they- I guess they see(:) me as being relevant. And that means something to me too*”. Given Doug’s challenges with his mental health, namely depression and suicidality, these words and narrative materials from his social networks have helped him to begin re-constructing a narrative of relevance and worth.

For Linda, having her Assertive Community Treatment (ACT) team worker accompany her to meetings with her Child and Family Services social worker served as protection from being treated poorly. I described earlier (see page 96) that Linda reported feeling “small” when



interacting with her social worker. However, when she invited her ACT team worker along to her social services meeting as an advocate, she went on to say, “...*but when I can have the ACT program, a worker with me, when I have a meeting with her and the way I have somebody with me and not treated(.) like shit*”. The presence of her ACT support worker served as a buffer in her story. These supportive buffers prevented dehumanizing experiences between the participants and other social service workers in these stories. Linda believed she was worth treating well and summoned her supports in order to construct an interaction with her social worker that was humanizing rather than dehumanizing. Linda’s telling of this story makes the listener aware of her voice and agency to create a new reality for herself as a *somebody*.

The rootedness and the re-humanizing experiences that took place as participants became housed were the foundation of significant transition in identity. Houseless to housed. Nothing to something. Voiceless to agentic. These identity transitions required the physical space of an apartment to embed meaning of the other and to re-story their place in the world. Trusted others, such as friends, family, employers and service providers participated in transforming these identities. Transforming often means taking apart the old to rebuild the new and participants needed to let go of the parts that did not fit in their construction of humanized selves. These losses included relationships with streets friends (or family) and ideas they held about themselves as being irrelevant or unimportant. Letting go of the certainties of their past identities was a challenge but one that all participants had to actively engage in. Their losses bore room for new identity materials to become part of their stories about themselves and inevitably their futures.

### **Perched Precariously in “Stable” Housing**

In my findings, I have organized participant narratives in their chronological journey from street living to their early adaptation to housed lives. While wrapping up the story at this point would make for a positive and uplifting narrative of participants overcoming the challenge of homelessness to the beginnings of growing rooted and confident in their homes, there remains a significant part of the story left to tell. In terms of identity construction, the narratives of participants' moves from homeless to home help to elucidate how humans undergo multiple phases as they become increasingly ontological secure in their being-in-the-world. If striving to be "at home" is the aspiration of all human beings to be well and confident in their being in the world, then participants' narratives about their first few months or years in their apartment spaces indicate that they felt feeling *at home* was still a distant dream.

None of my participants told me that the life they had built in their current apartment was the epitome of feeling *at home*. However, there was a clear movement towards feeling *more* secure and well than they felt at the streets. They told stories of participating in meaningful hobbies, being able to maintain employment, or reconnecting with their children, which indicated to me that in their stories, participants felt they were beyond the crisis of meeting the physical shelter and safety needs. However, stories of ongoing challenges with poverty (i.e., food security), maintaining their housed status, and managing their sobriety indicated that participants were far from secure and relaxed in their apartment spaces. Theoretically, no human ever achieves ontological security, but rather all people are striving to feel well, connected with others and secure in their world. Stranded somewhere between the imminent crisis of street living and feeling *at home*, participants' narratives indicate that they felt perched in their housed lives; well enough for the moment but with no guarantee of how long they could maintain their position.

By using the word perched to describe the stories of participants' lives in apartment spaces, I inevitably evoke some imagery. Perched evokes an image of a bird balanced on a narrow branch or telephone wire. A bird can rest comfortably on a perch for some time. It is completely reasonable and normal for a bird to be perched. However, the perch is not a permanent resting place and any threat can cause the bird to take flight to a safer location. I believe this imagery helps us to understand the final theme of perching in participants' stories. In this final subsection of my findings, I will be highlighting the ways in which participants' narratives are presented as tentatively secure.

The final theme I pulled from participant narratives was the precarious nature of their apartment homes. In my study, I sought to determine how participants were constructing narratives of being *at home* in the time since they were housed. I was constantly reminded as they jumped around between past and present stories that the process of identity construction is far from linear but rather it is a continual process that is non-linear. Throughout the scattered stories, I was able to conceptualize the ways in which, despite the relative physical security of their apartments compared to street living, participants were living in fear and trepidation of losing their place in their journey towards home. Thus, in this section, I would like to present the role of emotion (namely fear and hope) in participant narratives, how emotion impacted participants' dreams for their future, and how participants constructed adaptive, resilient identities that allowed them to position their current self relative to their past and future realities.

In the context of this paper, being at home represents the establishment of a meaningful, safe, connected, and healthy life within a particular living space and social network. As I asked participants about the activities that filled their daily lives, I heard numerous stories of advocacy and generosity towards people who remain homeless. In our interviews, I asked participants the

question: “*do you still see yourself as homeless?*” Valerie told me how, despite having stable housing, she still identified as being a homeless person. She identified herself as having “*two sides*” – a part of herself that would always be homeless and her current self. I interpreted that she was in the process of integrating this two-sided nature of being through advocacy and voicing her own story. Valerie went on to say,

**Valerie:** *These like- MOST of them did not choose to be there. It just happened. And a lot of people- a lot of them get in the street and you know(.)...they were once just like me and you. They did have a life, they did have a house, like you know. They just made a mistake. And- you know- why is it that people treat homeless people- like (1) like they (.) like they are not any value of- you know- they- like you know like- they're lower. Like you know what I mean? Like they're kind of treated like shit. You know, I used to be one of those people- mm- I- until I experienced it for myself, like you know? ...I hid away from my family, and I kind of felt ashamed, and angry with myself because I never thought I'd ever be in this position. But (.) that's where- you know- that's when I opened my eyes, and you know what? I've got nothing to be ashamed of? You know, that's why I say- I'd rather be a spokesperson and tell my story.*

Valerie told me several times during our interview that sharing her lived experience of homelessness as a spokesperson was a significant part of her identity. While I will explain the importance of this in further detail below, for now notice how her story of advocacy contains no evidence that her mental health was part of her journey. Regardless of the inclusion or exclusion of mental health discourse in this narrative, Valerie took the imperative to speak up and change the dehumanizing course for those who remain homeless. Similarly, throughout my interview with Steve, he took me on a virtual tour of his apartment and described the possible future that was available to other homeless people, if they wanted it. While half of his photographs were taken of street places he often frequented when homeless, the other half took me on a tour of each (see Figure 4) orderly room in his apartment. Steve went on to say,

**Steve:** *Ya, yo- what you COULD have when you do have housing. ...I'd imagine if you sat with any other guy and say he's been homeless for a while and you show him of all the places- he will say oh, I know the places, I go to these places all the time. And you say- and you show him a picture of my place and say this is what you could have, you*



*Figure 4.* Steve's apartment tour

*know if you push for it right? You know? And a guy will just open his eyes and go 'Really? Wow.*

Participants did not merely accept their transition from homeless to housed, move forward in their lives, and forget their past. Rather, they staunchly embodied the transition and felt it was their responsibility to pass on the benefits and the hope inherent in their individual transitions to others. Their bodies, lives, and their identities stood as a representation of possibility for all homeless people. They shouldered this responsibility and took it upon themselves to speak out when they could have silenced themselves.

I interpreted this apparent solidarity with the *other* homeless peoples as participants voicing their fear around their own homeless identities. If we re-read Valerie and Steve's quotes from above (pages 124 and 126 respectively), imagining that they are speaking to their past homeless selves, you can see the way in which the "*other*", for which they are fighting, could be their past self. I can imagine Steve trying to convince his younger self to smarten up and put aside his criminal behaviour to take up the housed life he presents in his photographs. This Bakhtinian self-dialogue highlights how strongly each of my participant's selves remained grounded in homeless identities.

While participants were vocal in telling stories about their homeless identities, I found it compelling that, despite having diagnosed mental health problems, participants remained silent on issues of mental health in their present and future. During our interviews, some participants chose to tell stories about how their mental health problems were part and parcel of their pathways into homelessness, yet stories of mental health were non-existent in their present and future focused stories. In Valerie's narrative above (see page 124), she stories her transition into and out of homelessness without even referring to the role of mental health. Similarly, Steve (see page 124-126 above) focuses on how "if you work for it" housing is possible for a homeless

person without any reference to overcoming the psychiatric concerns he described as part of his pathway into homelessness (see page 95 above). It was as if mental health status was a peripheral detail thrown into stories of life during and before homelessness but was meaningless and thus vapourized in participants' stories about their future plans. As the interviewer, I chose to ask questions about general wellbeing in the interviews. However my questions about wellness in their lives never resulted in conversation or stories about the role of the present or expected mental health challenges. Rather, in their stories about their imagined dreams for the future, participants silenced the role of mental health. Perhaps, in doing so, participants were following the master narrative of dominant society that being well means having no mental health challenges. I also suspect that there is a performative function to their silencing of mental health in their stories; as though discussing their current mental health difficulties would be shameful. Their silence about their mental health status in their dreams for the future, whether well or unwell, was consistent across all of the participants' narratives.

Both their silence on their mental health status and the steadfast commitment to advocacy for the homeless person highlighted for me the identity *mess* that participants were caught in as housed previously homeless, mentally ill individuals. With one foot always grounded in their past homeless (and their silenced mentally ill) identities, I believe that emotion, more specifically fear, was the anchor that kept their experiences of homelessness so formidable and present. Their advocacy was a plea to help assuage the fear of falling backwards or returning to their homeless being-in-the-world. Their very apartments – which on the one hand signified their rootedness – on the other hand, symbolized what was not available to them when they were homeless and what they could lose if they fell backwards. Similarly, by not mentioning their mental health challenges, they were not giving power to discourses that might cause them to accept being ill

and helpless. I remember Bob telling me about a quote that inspired him and how, “*everybody’s going to fall - but fall forwards*” – never backwards.

This was a compelling phrase for me and kept coming to my attention as I completed this thesis. Falling traditionally implies a negative, uncomfortable outcome. Forwards, traditionally implies movement in a desired direction. The juxtaposition of these two terms held together – falling forward - highlighted for me the confusing state of transitioning to home for individuals with a history of homelessness. The idea of falling forward as an inspirational motto is also compelling. Typically, falling implies an accidental or passive state –for example someone tripping and falling forward onto the pavement. I think Bob recognized the inevitability that he was going to fall in his route to feeling at home. His focus on falling forwards implied a degree of agency that resolved to keep himself on “track” instead of letting those falls take him back into homelessness or into despair. Falling forwards, although painful or uncomfortable, was better than being stuck in the repeat cycle with nowhere to go.

For those participants who remained stuck in the pragmatic reality of persistent poverty despite having gained housing, the fear that accompanied their financial vulnerability was poignant in their narratives. Despite the many gains that participants made in setting down roots and learning to value themselves, every single participant in the study discussed the constant fear that they lived in on a daily basis. They described fear of losing their housing, losing all of the gains they had made; the fear that they would fail to stay off of the streets; fear that their income source would be cut off and they couldn’t make their rent payments; fear that they would fall backwards. Bob described the insecurity of his poverty, saying,

**Bob:** *I still can’t find work, all this period eh?....And that made me feel insecure...I’m still feeling like my home is not quite my home yet? Because I just feel like I could uh-probably lose it at any time, <because my only source of income is income assistance and if they decide to cut me off then I’m back out in square one again..... this is the*



*insecurity that I get sometimes so that I'm just sitting there sometimes by myself and I say when am I going to lose all THIS you know?*

The insecurity that resulted from their poverty and their dependence on public income assistance undermined the very stability of their housing status. Valerie discussed the fear of opening mail from the income assistance office because it might be a letter stopping her income benefits. She went on to discuss the worry and lack of control over her life,

***Valerie:** I still kind of feel homeless. Because I'm not in CONTROL of ME paying that rent. Maybe if I had a job, then maybe I will feel (.) better (.) because then at least I'm in a little bit of control, but right now I'm not in control of my life.*

While the majority of participants no longer identified themselves as homeless, the fear and the vulnerability that they could return to homelessness was clearly evident in their stories. While participants described gains in interpersonal relationships, re-joining meaningful activities, and taking care of their health and wellbeing, there nevertheless was a shifting bedrock layer of fear that everything could be lost. If losing an apartment means losing the rootedness participants cultivated in that space, it also means losing the personhood that was developed in and associated with that space. Fear was the primary emotion that structured, organized, and determined participant narratives of their present.

Given the continuums of fear and confidence, stability and uncertainty, it is a mark of resilience that the fear of falling backward did not prevent participants from embedding hope in their stories for the future. While participant stories held a present temporal focus during street living (e.g., the repeat cycle), their time spent in housing allowed them to direct their attention to the future. Having relatively stable housing quarters, allowed participants to begin to construct a sense of self in those spaces and imagine what their future could look like. In our interviews, participants enacted a shift in temporal focus from present focused street stories to future focused housed stories. The degree to which each participant felt like they belonged in their apartment

varied due to a number of factors (i.e., financial stability, surveillance by landlord, quality of the housing, or community of neighbours). Earlier I shared how Bill's landlord had used racially discriminatory language against Bill and his guest. Bill refers below to his apartment as a roof over his head, rather than a space in which he felt *at home*, and in describing his apartment, Bill's temporal focus remained in the present without plans for the future:

**Bill:** *Right now(1) it's just nice to have a place to go to. I have no expectations of what the future brings. I DON'T. I may not finish school, I may fuck up tomorrow, I may whatever- but right now I've got a roof over my head.*

With some prompting, Bill was willing to describe to me the future he wanted to have, but it was couched in a hopelessness or disbelief that his desired future was a possibility.

**Bill:** *What I want to do(1) welding is the one thing I want to do....I just want to move outside of town, get a place, get a car. I mean (1) just be happy doing what people do. Come home, eat, barbeque on weekends right? And start running again. That's one thing that I've been procrastinating on that. I started last year for a while, and I've still got it in me. I can run. I just never (3) I just gotta start seeing results before... you start, you wheeze, you ache. Ugh- maybe I'll do it tomorrow. Maybe tomorrow. Maybe tomorrow. Never happens.*

Bill's story was an exception to the dominant narrative of future dreaming. It took additional prompting for me to evoke some hesitant hopes for his future in our interview. Bill's story was consistent with the trend in the narratives where those who felt less rooted or secure in their apartment spaces were less likely to integrate future hopes and dreams into their stories. In studying the structure of Bill's narrative, we can also see his present focused repetition in the last line of the excerpt above "...maybe I'll do it tomorrow. Maybe tomorrow. Maybe tomorrow..." His repetition beckons the listener to wait along with him in disbelief for the tomorrow that does not seem to arrive. In contrast to Bill's story of housing insecurity and lack of belonging, Bob described how his apartment provided the foundation or base around which he could begin to plan, dream, and hope for his future.

**Bob:** *I think it's the most important thing I think is giving people hope again. And that's what my place does. It gives me hope. When I'm out there, and I'm going too, way off to left field, and I see the other way people are behaving and stuff like that, it affects me eh? Inside. It's got a negative effect to me sometimes. And then I have to try to get away from that- that scene and then I come home(.) and I go ugh ((sighs)) it's like(.) and then I have a little bit of time to recoup in there. Get rejuvenated. >And I start to feel normal again.< (2) And um, and then I start dreaming again. Like, I start making plans eh?*

Bob's story emphasized the hope and dreams for the future that were possible because of his home base. Relative to Bill, Bob stories how he is much more settled in his apartment and less precariously perched there. He shares how his apartment space has become a foundation of safety and restoration and because of this resource, he was able to feel "normal" and look to the future. Contrasted with his earlier stories of the weariness of street living (see page 102), Bob's rejuvenation and future temporal focus were ascribed to housed living in his story.

These stories highlight how participants were now able to see beyond the needs and requirements of their daily living and begin to imagine and organize their lives around their hopes for the future. Valerie captured this symbolism in a photograph (see Figure 5) she took.

**Valerie:** *It's like the light at the end of the tunnel, that's kind of what it looks like. So.*

**Interviewer:** *It does. Because you just see that brightness at the end of the tunnel. What does a picture like this mean for you?*

**Valerie:** *I don't know- maybe there's like- finally that there's a light at the end of my tunnel? ((Laughs))*

**Interviewer:** *What would that light be for you?*

**Valerie:** *Mm, >well (1) getting back on my feet, and you know- hopefully finishing school(:), and getting a career started (1) and just pretty much- pretty much that's all I'm focused on.< Possibly buying a home one day.*

Despite the fear and insecurity that followed participants from their street living, participants told stories about their hope for the future. This future focused orientation included expanded possibilities for them, their families, and the communities they wished to give back to. Their dreams for the future allowed for new narrative avenues to be explored. If a participant could begin to imagine owning their own home and enjoying BBQ on the weekends, that



*Figure 5.* Valerie's light at the end of the tunnel.

narrative thread held possibility for a new reality. By imagining stories of these wishes, participants were daring to believe that these futures were a possibility they were worthy of.

### **Findings Summary**

The findings of this paper chronicle the identity *mess* of rootlessness and dehumanization of street living, the transition of identities as participants were housed, and the future oriented identities they began to imagine. From a social identity perspective, participants told stories about how they integrated their interactions with the *other* to construct identities of “*nobodies*” and “*somebodies*”. Participants’ stories highlighted the way that senses and memory helped participants story a continuous sense of self despite significant changes in housing status. The uncertainty and rootlessness of street living was in some ways mediated by the presence of stable housing, but the fear of returning to the *repeat cycle* of homeless living never left. The persistent fear of falling backwards left participants tentatively perched in their apartment spaces and consequently their being-in-the-world. While participants often discussed the role of the mental health concerns that led them to becoming *nobodies*, they were silent about how their mental health impacted their journey to become a *somebody*. As participants imagined their dreams for the future, their resilience was evident as they conveyed hope that they would someday, find home.

### **Discussion**

The purpose of the current study was to explore the meaning making process of individuals with histories of mental health problems after they made the transition from living with housing instability to stability. The narratives of these participants provide a rich array of data on the transition from homeless to at home for adults with mental health concerns. The “resolution” of these narratives is that of the precarious ending in which the striving towards a

subjective feeling of *at home* is in process but not complete; in other words, *learning to dwell* (Bieger, 2015). As a way of organizing the narrative findings consistent with the temporal transition of houseless to housed, I present three distinct parts or phases of participant stories in Figure 6:

1. Stories of street living
2. Stories of transitions to apartment living
3. Stories of being perched in apartment spaces

Stories of street living were categorized by stories in which the participants discussed having a disintegrated sense of self; that they were “nothing” in relation to self and others. The primary emotion that characterized stories of street living was that of fatigue and restlessness. Themes of voicelessness, rootlessness, and dehumanizing interactions with others were presented in the stories participants told about their street living. These stories of street living were often present focused (i.e., stuck in the “repeat cycle”) and included stories of wandering in the neighbourhoods that participants inhabited.

The stories that participants told about their initial transition to apartment living were characterized by the emotion of discomfort. Participants discussed feeling disoriented as they found themselves navigating between homeless “nothing” and housed “someone” identities. Housing became an identity resource that participants used as they constructed rootedness and agency in their apartment spaces. One of the core features of this part of the narratives included discussing the negotiation of new social networks and distancing the self from relationships on the street. Another core feature of this transition was the use of senses and memories to establish roots and to reconstruct a sense of self within apartment spaces.

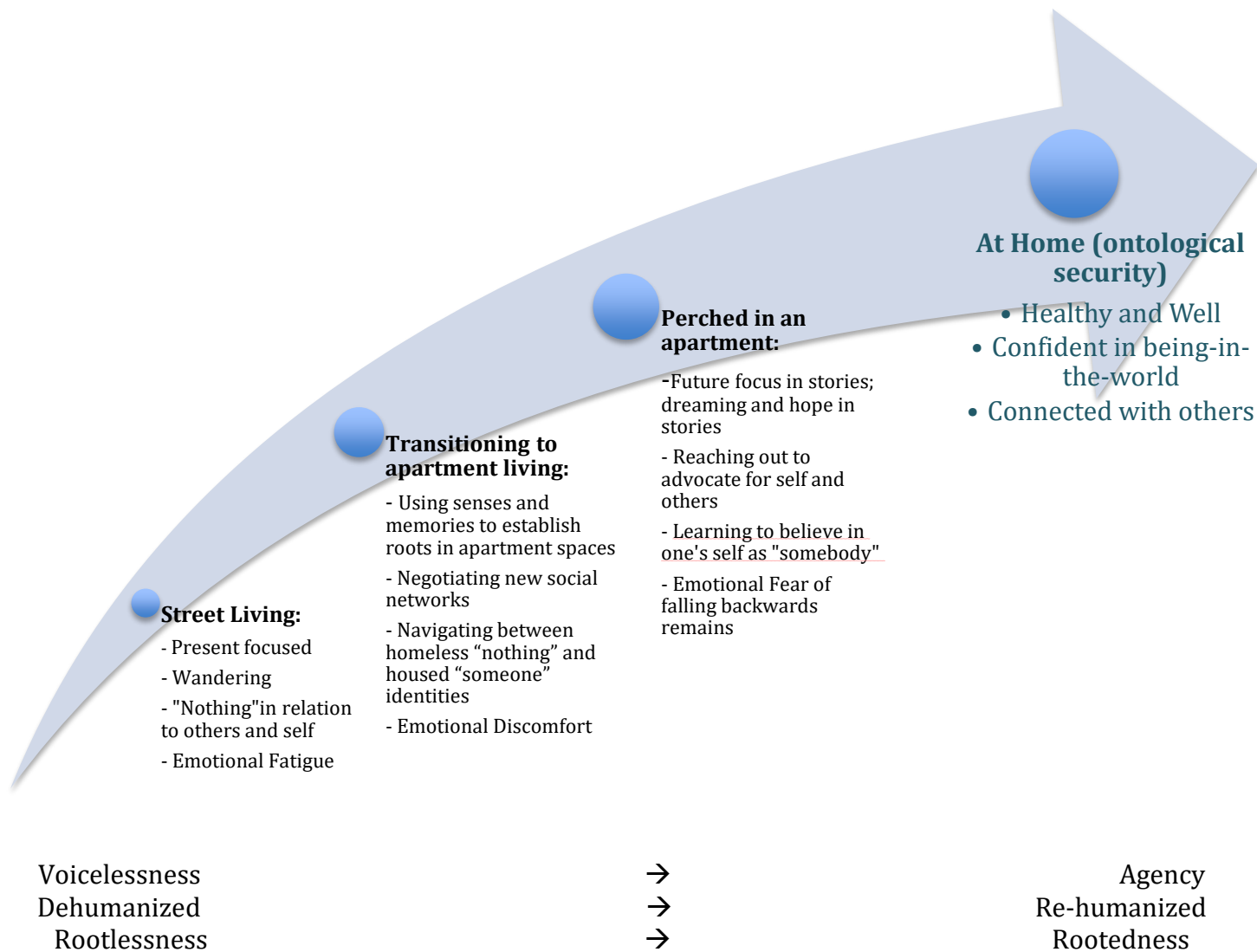


Figure 6. Narrative structure of findings: the development of ontological security over time.

The third phase of participant narratives was the state of being perched in their apartment space. During this phase of participant stories, they shared how they were actively engaged in constructing a sense of self as a “somebody”; a fundamentally re-humanizing shift. This process of re-selfing included reaching out to advocate for oneself and for others who remain as “nobodies” in their homeless state. While the emotional fear of “falling backwards” was dominant in participant narratives at this phase, the temporal shift to future oriented hopes and dreams became evident in participant narratives for those who found themselves rooted in their apartment spaces.

While the participants of the current study did not tell stories in which they had reached the ideal of *home* (ontological security), the movement towards narratives of wellness, confidence in one’s place in the world, and connectedness with others were increasingly part of participants’ narratives as they became rooted in their apartment spaces. One way to understand the meaning inherent in the transition towards ontological security is to discuss the findings in the context of Bieger’s (2015) narrative framework. The findings will be discussed in terms of how participants storied their lives in response to both psychoanalytic lack (i.e., social disconnection) and phenomenological lack (i.e., lack of space to dwell). Their narratives provide understanding about some of the ways these individuals, at the complex intersections of homeless, mentally ill, and for some participants Indigenous identities, made meaning out of their suffering and illness after completing a significant change in housing status.

**Lack of Connection to Others.** Similar to prior research on street living, the stories about street living by the participants of this study and their pathways into homelessness were saturated with themes of disconnection from others, lack of social capital, discrimination, abuse, neglect, and consequential social isolation (Daiski, 2007; Johnstone, Jetten, Dingle, Parsell, &



Walter, 2015; Prince & Prince, 2002; Radley, Hodgetts, & Cullen, 2005; Radley et al., 2006; Snow & Anderson, 1987; S. Williams & Stickley, 2011). Their stories highlighted their vulnerable position at the intersection of mentally ill, homeless, socioeconomically disadvantaged, and for some participants, Indigenous identities. Previous research on mental health and social relationships has demonstrated how individuals with mental illness report higher levels of disconnection from others and co-occurring identity problems (Adler et al., 2015; Tran Smith et al., 2015) and that chronic homelessness is associated with turning towards their street community for affiliation and identity validation (Farrington & Robinson, 1999). Whether through early life adverse experiences (i.e., abuse, neglect), the experience of mental health problems, or homelessness itself, stories about these experiences demonstrated that participants came to understand their own embodied selves as disconnected from others.

The transition to stable housing proceeded with a concurrent transition in social-relational communities. Through the acquisition of stable housing, participants had to shed part of their homeless identities that had served them in surviving the harsh conditions of street living. Participants discussed how they distanced themselves from their street communities in order to make room for their housed identities and to maintain their housing status. It is as if transitioning to housing created a social no man's land; a period of social vacuum as participants were in the process of becoming the *somebodies* that housing demanded of them. The sense of loss of their past selves was evident along with the fear that they would be forced to return to their homeless selves. There were several ways in which participants navigated their course between their homeless and housed selves as they maintained connection with others one of which was advocating for their homeless selves and the second of which was by juggling the intersectionality of their multiple identities.

*Advocating for homeless selves.* It was Valerie who mentioned in her story that she still saw herself as homeless despite living in what could be called “stable” housing for over a year. Her story, and those of other participants, highlighted how participants were actively wading through the continuum between what I have already mentioned as the extremes of the housed “somebody” and houseless “nobody” identities. While the trajectory towards valued selves was clear across participant stories, it was equally clear in the analysis that this trajectory was in process but not complete. Participants described how both of these identities were essential to the self they were constructing; tasked with making sense of who they were when their disparate selves were seemingly incompatible with one another. It became clear as I listened to participants that there was no dominant, reputed narrative for them to draw upon in their transition back to home as there is no dominant narrative for the reversal of homelessness. It was also clear that remaining in their homeless, *nobodied* selves was not an option and that they had to find a new self to put on. This was evidenced by participant stories about how landlords would evict them if they invited other homeless people to stay with them over time, if they engaged in alcohol use, or criminal activity. This was also communicated to participants by their street community and friends, as participants like Bob (see page 118-119) explained that his friends noticed the *somebody* he was becoming. Bob’s street friends would not let him fall back to the status of a *nobody*. Participants were actively sorting through the dominant narratives held by society regarding homeless selves and housed selves and creating for themselves a mix of the two that was congruent for their own person.

While participants could have kept silent about their homeless selves in their interviews, they did the opposite. They spent significant time during the interviews and used the cameras to take nearly half of their photographs of their life when they were homeless. Rather than shed

their homeless life, they stood as advocates for those who remained homeless and embodied the opportunities available to those who had no place to live. Advocacy can be viewed as a way of maintaining connection and affiliation with their peers who remained homeless; a way of grounding participants in the roots of who they used to be and felt they still were. Advocating can also be seen as a way of maintaining the connection with their homeless community when participants knew that their housed status was precarious and their poverty or racial discrimination by others could threaten their housed status. Research consistently demonstrates that individuals who have been chronically homeless develop connection and affiliation with their homeless community (relative to those who are newly homeless) (Farrington & Robinson, 1999) and as individuals exit homelessness, they are left with the challenge of maintaining a sense of self without the community they have become housed within. Participants stories also demonstrated how despite the change in housing status, their experiences of discrimination remained as they remained poor and for some mentally ill. It was clear that participants did not see themselves as housed *somebodies* by virtue of the way they were treated by others, also making advocacy necessary. Advocacy can be seen as one way of staying connected with their community of fellow homeless *nobodies*.

The master narrative that society tells about the homeless person thus includes descriptors of shameful and stigmatized identities that lack openings for connection with others and ultimately result in distance between the homeless and the other. Boydell et al. (2000) outline how the stereotypical view of homeless individuals includes descriptors such as passive, lazy, disaffected, and disempowered. Participants in the current study did not describe their street selves as passive or lazy but they did describe how dominant society treated them as such (i.e., Doug's story in which the nurse told him he needed to "work" on himself). By interviewing

participants post-street living, they were able, within my interviews, to advocate for the re-writing of the dominant narrative around their (previously) homeless selves and to highlight the role of the *other* in the construction of marginalized and disempowered street identities. Having crossed over and out of their houseless state, gave some participants the opportunity to story a sense of self and worth that they did not have the resources to construct while they lived on the streets. Advocacy and voicing the importance of their street selves was vital to participant narratives in their third phase of housing transition.

***Juggling multiple identities.*** While the change in housing status had a direct impact on the development of housed “*somebody*” identities for participants of the current study, the intersectionality of their status as individuals with active or past mental illness, low socioeconomic status and for some, Indigenous ethnicity resulted in a juggling of multiple identities. Participant stories highlighted how their lack of housing but also their socioeconomic status, mental health status, and ethnicity resulted in significant disconnection from others. For example, Doug described how his experience of collecting cans for money to survive was a humiliating experience. Bob described how his connection to a HF program, thus highlighting his history with both homelessness and mental health problems, resulted in differential treatment by his landlord in his building. Bill described how he felt insulted by his landlord’s daughter referring to his guest as an Indian and how he was removed from the emergency room after being treated poorly by his nurse. Being unable to tease apart precisely which parts of their identity resulted in disconnection from others, these experiences of disconnection highlighted the multiple layers of identity that contribute to connection and conversely disconnection with dominant culture.

Goffman (1963) describes how one of the tasks of the stigmatized person is to take on the role of the “speaker” in which they “... represent the case for the stigmatized and, when they themselves are natives of the group, provide a living model of fully-normal achievement, being heroes of adjustment” (Goffman, 1963, pp. 24-25). Participants’ narratives as housed individuals mirror this speaker’s identity in which they embody the case of the homeless group. The risk for individuals in this transition from stigmatized to normal is that if they rise too far above their original stigmatized identity group, they lose their association with the homeless companions and connections. If they don’t rise high enough, they fail to connect with their housed counterparts. They remain in between two disparate social worlds; juggling the face they present to the world in order to ensure connection.

While some of the participants described the drastic change in their housing conditions, for many of the participants, their mental health status did not immediately change and other factors, like their ethnic status or socioeconomic status remained the same. Of particular interest to me as a mental health practitioner, is the manner in which participants managed their identities as individuals with a history of mental illness. Throughout history, individuals with mental illness have been ostracized and pushed out of the dominant community. In the 18<sup>th</sup> century, governments in Western cultures, used public funds to create asylums and madhouses apart from dominant society as the mad were relocated to rural areas (Chouinard, 1999; Parr, 2008). The dominant discourse around mental illness and madness has not been one of connection and embracement. So how did participants of the current study story their mental illness within the current study? As I asked questions about housing and home and belonging, participants told me stories about how mental illness was part of their pathway into homelessness but they were silent on the role of mental illness in their pathways out of homelessness. The tension of experiencing

mental health challenges which were referred to by the participants as “frailties” and “going off track” were talked around, rather than through, in our interviews. While one or two participants made it clear that their illness was currently an issue (i.e., Danny’s performance in the interview and the need for suicide risk management), their stories were silent about the role of mental illness in becoming well and belonging at home.

The silence of mentally ill identities in the context of the current study speaks volumes. The dominant narratives about mental illness speak to recovery and management of illness not the absence of the illness. Where does that leave people who are attempting to re-construct *somebodied* selves and connection with dominant society when history has told them that mental illness results in disconnection? One way that individuals with mental illness can manage this disconnection is to be quiet and to hide that part of themselves. I believe, that the way I constructed the interview with an emphasis on their change in housing resulted in a suppression of stories of mental illness.

I argue that their silence around mental health issues is a choice made in order to manage the intersectionality of multiple marginalized identities in order to protect their housed selves. Their connection with others is precarious owing to their transition from homeless to home. To offer other identity confusion – to discuss another plane in which they are not normal and not mentally ill and thus not affiliated strongly with one group or another – would be potentially harmful to their existing connections within their narratives. Similarly with ethnic identity, that represents another plane of belonging and disconnection; of affiliation and discrimination. The goal of this silence was to present a coherent narrative of “I am passing in my housing status as a normal” but the underlying tone of that message is that “I have had to sacrifice friendships and affiliation to do so and silence my other struggles to make you think your investment was enough

to solve all of my suffering”. Brown and Reavey (2015) discuss how society assumes that when individuals with mental illness are well they are to be “settled and docile” (p.171). Participants focused their interviews on how their housing change fit that expectation.

Parson’s Sick Role Theory outlines the implicit expectations inherent in the societal master narrative around suffering and illness for the mentally ill and homeless. There are three assumptions on the roles of the ill (sufferer) and the *other* inherent in Parson’s Sick Role Theory (Frank, 1997).

1. Illness, or suffering, is not the sick person’s fault
2. The sick (or suffering) person is exempt from normal responsibilities and others (i.e., medical professionals, family, tax payers) have a reciprocal obligation to offer support.
3. Due to exemption from responsibilities, the sick person must respect the dominant authority of those offering the support.

According to Frank (1997), under Parson’s theory, there is an expectation that the sick person or the suffering individual eventually gets better.

As individuals who clearly experienced suffering and illness, participants of the study found themselves influenced by the master narrative around the sick role. The above assumptions most strongly align with experiences of physical sickness (i.e., a broken leg) while mental illness, trauma, or homelessness have more complicated or stigmatized narrative consequences. For example, the movement towards recovery-focused care in mental health care has directed the current standard of care for those with severe and/or chronic mental illness (i.e., schizophrenia, depression) towards the management of the disease rather than eradication of the disease. Thus, the expectation for an individual with mental health concerns is that of recovery and living a full and meaningful life, while managing the symptoms of the disease, rather than absence of an

illness experience that might be expected with certain types of primarily physical diseases or illness experiences. In participant narratives, I saw several individuals reach out for help when they were suffering and unwell – asking for a place to sleep, seeking care in the ER, seeking social assistance, and thus subjecting themselves to the role of the sick person. Under the assumptions outlined above, we would expect to hear stories about how they were cared for in their suffering, but the stories we heard were instead those of being rejected, dismissed, belittled, or ignored. As we observed in Bill’s narrative, acts of resistance to the dismissal of their concerns were punished.

The narratives of the current study did not follow the common illness narrative trajectories that Frank (1997) associates with illness or suffering. It leads us to address the question of how participant experiences differed from the prototypical theoretical assumptions inherent in Parson’s Sick Role Theory. Goffman’s (1963) work on stigma can help us to understand how the sick role, or the suffering role, did not hold together for participants of the current study, thus resulting in significant social disconnection. S. Williams and Stickely (2011) above write how the homeless become “subjects of avoidance” due to their dissention from the normal. One explanation for this may be that it is less uncomfortable for most normal people to come into contact with the abnormality of someone with physical sickness like a broken leg compared to mental illness. Socio-emotional illness or sufferings (i.e., sexual abuse, poverty, addiction, severe mental illness, ethnic imbalance, and homelessness) often carry significantly more shame and are more likely to be silenced (i.e., hidden) in the ill person’s narrative out of preservation of the person’s connection with the *other*. By this I mean that when a normal person (i.e., someone who does not hold or share the stigma) comes into contact with someone embodying one of these types of shame, it makes the normal person uncomfortable.



Additionally, while the treatment for a broken leg is straightforward and most often successful, the “treatment” for poverty is less clear, is systemically and culturally influenced, and not consistently successful. While Parson’s theory dictates that a sick person is not responsible for their illness or suffering, according to Goffman’s work on stigma, the sick person is responsible for managing how they are perceived by the world to reduce the discomfort from the *other*. Thus stuck between seeking help for their suffering and hiding it so as not to cause discomfort and disconnection from others, street persons at the intersection of homelessness, mental illness, and Indigenous identities are caught in a tight space that can quickly result in isolation or power imbalances between themselves and the other.

Frank’s (1997) work on illness narratives provides some structure as to how participants attempted to tell stories about their homeless suffering in order to create connection with others. Participants’ street stories follow Frank’s structure of restitution narratives in which a suffering person stories how they desire to be well and relieved of their suffering. Participants’ street stories demonstrate how they sought out support to relieve their sufferings and yet their rejection, belittlement and so forth left them feeling disconnected and disrespected by dominant society. In these stories we see how participants’ fatigue around the repetitive nature of seeking help to get off of the streets and back to “normal” was unproductive and exhausting. Rather than receiving help, participants were rebounded with “*you* need to work on stuff,” or evicted from putative spaces of safety and support. The break down in the sick role contract between the sufferer and society resulted in significant disconnection and mistrust of the health care system, the social assistance system, and a myriad of other dominant cultural institutions.

Participants’ narratives bring to our attention the lack of response from dominant society; how dominant culture failed to meet their end of the contract. Despite voicing their need,

participants' stories tell us that they were met with dismissal rather than reciprocated contractual support. The restitution narratives demonstrate how participants were caught trying to enact their role in a system that does not meet the needs of the mentally ill but in a society where there is no other recourse to try. In this sense, the response of dominant society was not consistent with Parson's Sick Role Theory which left participants disconnected from society and left with few social or narrative options in order to ease their suffering.

### **Lack of Connection to Dwelling**

Connection to both social and material worlds is necessary for a sense of ontological security, or a feeling of "at home". Participant narratives help us to understand some of the ways in which they positioned themselves in their social networks in order to facilitate connection and deal with the psychoanalytic lack in their stories. According to Somers' (1994) narrative theoretical framework, in addition to exploring the social-relational elements of narrative, we need to study identity activities as embedded in "overlapping networks of relations that shift over time and space" (Somers, 1994, p. 607). The current study includes a collection of narratives told after a period of transition in living spaces from streets to apartments – or arguably, during a time of significant spatial transition. Scholars have highlighted that identity construction views human lives as entrenched in the both relational and spatial-temporal networks (Brown & Reavey, 2015). Thus, now we turn our attention to the phenomenological lack (i.e., disconnection to dwelling in time and space) inherent in identity stories, all the while realizing that both relational and spatial-temporal networks are interwoven in identity making processes.

In this section I will discuss how participants enacted several significant identity making processes that highlighted their building of a dwelling space during this distinct period of transition (from street to apartment living). First I will discuss how participants' temporal focus

in their stories tells us something about how they were making meaning of the transition.

Second, I will discuss how participants' attention to objects via their senses, invoked the use of memory to create a dwelling space and a particular sense of self within their apartment spaces.

Third, I will address how participant narratives, culturally and historically situated, serve as a response to the lack of cultural safety for Indigenous peoples in Canada.

**Temporal significance in narrative.** According to Levy (2014), we create our personal identity by connecting past, present, and future together via our narratives. Telling stories about the past, and thus evoking memories, re-embeds the meaning of an event into one's present life. Similarly, looking towards the future by imagining a potential life enables a "...*projection* of new possibilities of redescribing the world" (Ricoeur, 1978, p. 154). Ricoeur provides us with a theoretical avenue for understanding how imagination is a transformative narrative strategy. In other words, "imagination enables us to redescribe reality, thus allowing the emergency of new meaning" (Levy, 2014, p. 48). In the interviews of the current study we saw how participants performed their narratives with changes in temporal focus that created a distinction between street life and housed lives. We saw how participants used present focused language to describe their lives stuck in the repeat cycle on the streets. Conversely I have presented how participants' temporal structure changed to more future focused imaginative stories when they became housed. As participants told future focused stories about family visiting their home and having BBQ meals on the weekends, we witnessed participants daring to imagine that these lives were possible. The fact that participants ventured to tell these future focused, imagined realities represents important narrative meaning. I believe that these future focused stories allowed participants to embed those hopes as fuel for the present goals.

On a performative level, the choice of participants to share stories about their imagined hopes for the future was a narrative action; a choice to bring their story to that ending. If we assume that the storyteller is the main actor or heroine in their own story, we can look at the choice to tell hopeful stories about the future as an agentic narrative choice (Mattingly, 1994). The act of participating in a research interview about home, became an opportunity for participants to write the script for their life narrative or play and thus bring into the script their desired ending. While the ending of each participant's narrative was not identical and the degree to which participants were hopeful they could achieve these desired ends was variable, the fact that they all chose to describe some desired ending can be seen as a narrative act of hope. Another way that Mattingly (1994) describes this phenomenon is "Story time...is shaped by motive and intention. To see myself as in a story, or a series of stories, is to see my life time as stretching towards possibilities (both hopeful and fearful) which I have some influence in bringing about" (p. 817). The presence of a distinct shift from present focused street stories that were stuck on repeat, to future focused housed stories demonstrates that the change in location also resulted in a change in time perspective for participants. Time and space are inextricably linked and we can see that connection in these participant narratives. The shifting of temporal focus in participant narratives provides the listener with a sense of the resilience of this group of individuals and how hope was maintained in their narratives despite significant fear and opposition.

**Spatial-material significance in narrative.** Humans use houses for a number of reasons. Somerville (1992) describes how home has physical (home as shelter), physiological (home as hearth), emotional (home as heart), territorial (home as privacy), ontological (home as roots), and spatial dimensions (home as abode). Regardless of which dimension of home we refer to, houses

become homes through the construction of routines and habits that provide us not only with a sense of safety and security, but also the creation of a particular identity or self. In understanding that there are several ways in which a physical, material space can be made meaningful to a person, we can also understand that an individual can be physically housed but remain metaphorically homeless in one or more of the other dimensions of home (Kearns & Smith, 1994; Somerville, 1992). The participants of the current study utilized their embodied selves, their senses and their connection to their belongings to construct an identity of a *somebody* within their apartment spaces. What makes the physical space more than shelter are the human acts of building a dwelling; of using language, signs and symbols, to give meaning to the space and all it contains.

Groot and Hodgetts (2012) describe how “identities are anchored in the material world” (p. 267). Stories and photographs of participants’ material worlds demonstrated the meaning that their spaces and sensed-experiences held for them. Whether living on the streets or in an apartment, the participants of the current study discussed how they used their embodied physical selves through routines (i.e., waiting in line ups for a meal, their morning hygiene practices in their apartment) and objects (i.e., their remote control for the television, their coffee maker, their notebook filled with doodles) to organize their world and give meaning to their housed lives. Their embodied living allowed for a sort of re-selfing through connection to their physical environment over time.

Tuan (2012) describes how routines make a place a home and how this process can unfold over years or decades. Participant narratives confirmed a truth that I had noticed over the course of my work as an interviewer for the At Home/Chez Soi research demonstration project. The stories of the current study demonstrated to me that it takes a significant amount of time for

participants to reconstruct their sense of self and worth after living as a homeless person. For some of these participants, five years of living in their apartment was not sufficient for them to feel at home (i.e., Doug) and to feel as though they were a *somebody*. This finding has been replicated in multiple other studies; that time is part of the re-construction of self in general (Somers, 1994) as well as specifically after a person has been homeless (Chan et al., 2014). While none of the participants described themselves at home or as though they had achieved the identity of the *somebody* they were in the process of becoming, they did describe two ways in which living their embodied lives in apartment spaces were helping them to arrive at home. The current study sheds light on the gap between averting the crisis of houselessness and the social/relational transition to community integration following homelessness for individuals with mental illness. What this study reveals is that there is a significant period of time in which individuals remain “perched” or in-between their homeless and homed selves. The findings of this study reveal two of the ways in which learned to dwell and re-self in their apartment spaces. The two ways in which participants of the current study chose to story their lives in their apartments was through the presentation of their belongings in their homes and through their sensed experiences of their apartments.

**Senses.** Participants discussed how their senses allowed them to feel more at home in their apartment spaces. Telling stories about connecting with the material world through senses is a natural way of responding to the lack of dwelling in our lives. The participants of the current study took time to focus on their sensed experiences in order to ground themselves within new and often unfamiliar (i.e., Joy described her experiences as “weird”) apartment spaces. At times their senses were used to create enjoyable experiences or to connect them to past memories (i.e., Joy playing music in her apartment; Valerie’s outdoor walks) that evoked feelings of comfort.

The emotional and cognitive implications of using their senses were evident in their narratives. Tuan (2012) describes how children use their sensory experiences to engage with their world and thus find their place in it. Tuan goes on to say,

Home is never more more a nurturing shelter than to the very young who are well aware of their vulnerability; children's engagement with home has a directness and immediacy that grown-ups, more prone to critical appraisal, have lost; children's senses, undulled by habit, are keen; more-over, they like to touch, they know the world through tactile intimacies; they live close to the ground, the source of many odors....children have no pressing responsibilities that divert them from the full sensory experience. (Tuan, 2012, pp. 226-227)

Our senses are a way of making meaning of an experience and the participants, similar to the children described in the quote above, were undulled by the habits of apartment living. The novelty of apartment living after spending significant amounts of time houseless, evoked the use of senses in order to construct a new sense of self. The immediacy of the senses to ground us within spaces makes this way of rehoming very practical given the significant amount of time it can take to reconstruct a sense of self in new housing conditions.

**Objects.** In addition to sensed experiences, participants discussed their connection to tactile objects in their apartments. There is a significant body of literature on the meaning humans ascribe to objects (i.e., object relations theory) and objects have a concreteness and permanence that other cultural resources, such as ideas or feelings, lack (Csikszentmihalyi & Rochberg-Halton, 1981). Our belongings have functions within the home (i.e., Linda had a notebook that she used to draw pictures) but they also hold meaning (i.e., Linda had a notebook which contained doodles she created and that helped her to see herself as a somebody when she received compliments on them from her friends and family). Cassim, Stolte, and Hodgetts, (2015) write how objects, "elicit thoughts, histories, memories, understandings and feelings" (p. 975). For example, Bob's story about the appliances in his apartment (see page 106-108) became

a story beyond the functional use of chairs and toasters, but how these items became representations of society's investment in him as a human worth gifting to. He used those items as meaning for his course towards sobriety as "reminders" to "stay on track". Objects can serve as a meaningful bridge between past, present, and future selves due to the material permanence. While many participants did not have the continuity of objects in their lives while they lived on the streets due to frequent theft or inability to store items, the permanence of their items allowed for new stories to be told about their selves.

Due to their ability to bridge selves across time and hold meaning, objects are meaningful identity constructing resources. I discussed how past selves are important in identity construction and how participants held onto their past homeless identities rather than shed them or silenced them. Memory thus becomes an essential part of identity formation as it serves as a link to the representations of past selves in our cognition. Having an apartment space – a place that is not continually taken away or moved – meant have a steady place in which they could work to construct a self within. It meant that they were now able to draw upon their memories of past selves in order to build and shape their current and future identities. Apartments themselves became identity resources that anchored this sort of delicate yet essential identity constructing activity that is essential for a fulfilled, *sombodied*, self. Noble (2004) goes on to describe how objects accumulated in the home are a way of accumulating our "being". Groot and Hodgetts (2012) write that, "Objects...offer proof of being, memory, and participation." (p. 263). Objects serve to remind us of the temporality of our living as they become "reference points that maintain links to one's past, present and future life" (Cassim et al., 2015, p. 980). Some of the items that participants chose to take photographs of included furniture, artwork, their television sets, their pets, and family photographs. These items anchored, within their apartments, the self



they were becoming. While Steve's photographs displayed his sparsely decorated but neat and tidy apartment, Joy took photographs of the pictures on her walls and the flowers her children gifted her for mother's day. The unique presentation of their spaces became a mirror of the person that participants were in the process of becoming.

Participants described how the objects and individuals they surrounded themselves with were a significant resource in building an identity of a *somebody*; of constructing confidence in their being-in-the-world as a person of worth. By caring for their apartment spaces like Steve did with his photographed tour of his neat and tidy home, participants were constructing selves of responsibility, care, and worthiness; they were re-writing and advocating for a new storyline about themselves. Thus, their interaction with their objects and the apartment spaces participants found themselves investing their attention or energy to accomplish a goal that furthers the self we desire to be, it serves a purpose.

The link between spaces and time is made through objects and thus the link between multiple selves can be contained in the objects we surround ourselves with. Given the complexity of the multiple identities that participants were managing at the time, perhaps the emphasis on objects in their narratives allowed for some consistency and stability in the midst of a great deal of identity ambiguity. Perhaps these objects became so important for participants because they were not able to possess objects or belongings over time while living on the streets. Space and time are inextricably linked and objects are a way of linking spaces and the material world with the non-material passage of time. Within this unique transitional experience – of having transitioned from streets to housed living, perhaps, “Memories serve to integrate the various patterns around which the self is organized at different points in time” (Csikszentmihalyi & Rochberg-Halton, 1981, pp. 112–113). Tran Smith, Padgett, Choy-Brown, and Henwood

(2015) describe the process of identity construction where individuals piece together a coherent unified narrative by “reconciling fragments of past, present and future desired selves” (p. 109). The goal of this identity work is describe by Snow and Anderson (1987) as storying experiences “that provide them with a measure of self-worth and dignity” (p.1338). Temporal focus and connection to the spatial world via objects and senses allowed for participants to tell stories of dignity and possibility for previous *nobodied* selves.

### **Cultural Homelessness**

The majority of the current sample (eight of the ten participants) identified as having Indigenous heritage. In the findings I highlighted some of the direct and indirect stories of discrimination told by participants of Indigenous ethnicity. While the intersectionality of socioeconomic status, mental health status, and ethnic status makes it nearly impossible to disentangle which aspects of participant experiences were directly a result of the ethnic affiliation, what is clear is that the participants of this study told stories that included reference to cultural disconnection from people and their land. Given the over-representation of Indigenous Canadians in homeless populations (Thurston, Oelke, & Turner, 2013), discussion of the meaning inherent in their stories is warranted to better understand how the transition from homeless to housed is storied for Indigenous participants.

The goal of this paper was to explore the transition from homeless to home for a population with mental health concerns through the lens of ontological security. I have used terminology such as belonging, dwelling, and wellness to describe the confidence and security that accompanies a physical shelter that feels like home. This is the way in which I have chosen to define and approach ontological security from my non-Indigenous perspective and I recognize that as a non-Indigenous person looking in on the narrative of Indigenous persons, I must be

Caryl (2014) encourages non-Indigenous researchers to pay attention to the “inherently political” (p. 8) and systemic aspects of Indigenous homelessness and poverty as part of responsible and productive research alongside Indigenous peoples. In the introduction I outlined some of the ways in which the historical Canadian cultural context has shaped the systems and culture within which the participants of the current study live.

Within the eight Indigenous participant narratives, themes of advocacy, creativity, and agency were present as participants managed the aforementioned challenges of cultural homelessness, displacement from their kinship lands and networks, and the discrimination from the other of dominant society. In terms of social belonging and relationships, disconnection from family was evident in the current study as participants discussed their own experiences in foster care or their attempts to reconnect with their own children who were in the foster care system. Participants like Danny described the abuse they experienced as children and discussed how those events contributed to the identity *mess* he has to manage in his present life. Danny’s story highlights how the impact of child abuse has resulted in mistrust and a lack of social safety that persists despite improvements in his housing stability.

Several of the participants discussed the ways that housing was an identity resource that enabled them to re-establish connection with their children. For example, Joy discussed how having a clean and stable apartment allowed for the opportunity to schedule visits with her children in her home rather than at the Child and Family Services office. She discussed how housing allowed her to continue reconciling with her children and developing her identity as a mother and a provider. Linda, called on her support team in order to change the conversation (i.e., she reported feeling small in her interactions with her social worker) and to use her voice in

her conversations with her social worker as she persevered to reconnect with her children. To me, these stories highlighted the resiliency and persistent strength of these parents. As participants photographed pictures of their telephones or computers, I was aware of how the presence of those objects were a medium of connection between participants and their families. Bob's story and photographs of the drum he holds in his home, became a meaningful way of memorializing his relatives that have passed and connected him to his family that remains. For Bob, his housing allowed him to dream for future connection with his family and a place to hold objects that represented the self he would become. Housing became a resource that Indigenous participants used in re-writing the narrative of disconnection for participants of Indigenous heritage.

One other way that housing became an identity resource or barrier for participants of Indigenous heritage is the way in which housing policies and rules of apartment owners and caretakers influenced participants' narratives of housing stability. Consistent with other literature (Christensen, 2016), participants told stories about how housing policies (enforced by the dominant culture) regarding guests is incongruent with participant needs for Indigenous homemaking and causes disruption in family ties. Participants of the current study had mixed reactions in their stories about excluding friends and families from their apartments; many of whom travel between reserve and urban communities or live on the streets. At times, participants described how disconnection from the influences of the addictive or criminal culture of the streets was helpful during periods in which they were attempting to establish different health routines in their apartment spaces. However, at other times this separation was a significant social and emotional challenge as it meant disconnecting from their family and actively creating separation from their community. What is clear is that further participant driven study of

solutions to this type of disconnection from community is warranted in order to ensure that housing policy works for (rather than counter to) Indigenous participants transitioning from houseless to housed.

Stories of discrimination from health and social service providers was another significant component of narratives of Indigenous participants. While this theme was not exclusive to the Indigenous participants and the majority of participants did not voice stories of ethnic or racial discrimination directed at them, Bill took the time during both of his interviews to directly discuss his story of racial discrimination. Again, the intersectionality of socioeconomic status, ethnic identity, and mental health status complicates the detangling of specific characteristics or minority identities that are the target of discrimination. The lack of stories about racial discrimination for the majority of these participants does not mean that there were no stories of discrimination to tell, but rather, I interpret the choice to not emphasize stories of discrimination similarly to the silence of participants about their mental health challenges as housed individuals. In order to navigate the multiplicity of their marginalized states (i.e., as individuals living in poverty, with a history or active mental health problem, as previously homeless individuals) and in the context of interviews about housed identities, silencing their ethnic identities is one potentially adaptive explanation. Bill was not silent and I choose to highlight his narrative as a way of responding to his questioning of me as the interviewer. Bill engaged me as the interviewer through his direct questions to reconstruct the narrative about the “poor street Indian”. His fight to re-route and rewrite the narrative of him and his people was clear and at the heart of our interaction. His lone voice spoke loudly and what I took from our interactions was a call for the *normals* of society to engage in changing the conversation about the targets of discrimination and to reflect on their role in creating disparate wealth and privilege. The ways in

which Bill and the other seven participants carefully and purposefully managed their role in their stories and positioned themselves to the other actors of dominant society demonstrate the identity management work they regularly undergo. The addition of this layer of identity reconstruction is important to consider when individuals are in the midst of the delicate transition from houseless to housed.

### **Applications and Recommendations**

The story telling of these participants on this specific transition brings to light some clear clinical and policy implications for health and housing services. The first point being that participants are not passively involved in maintaining their housed status but rather their story telling highlights their agency and some of the struggles they are encountering from a psychological perspective as they settle into housing. Second, participant narratives make clear that this transition is not instantaneous but rather it is a gradual change that requires time to consolidate. Third, I wish to discuss some of the applications of the influence of the “other” within participants’ stories. Fourth, there are several direct applications from the findings of this study to psychological practice with previously homeless clientele.

**Active storytellers.** The participants of the current study demonstrated their active and purposeful identity construction through the stories they told. The intersectionality of their multiple marginalized identities became a central element of these stories as well as the strategies the participants utilized to manage each unique identity or role. For frontline workers engaged in supporting individuals who are transitioning to housing, the silence of certain identities should be noted as an important signal of the identity load. In other words, if clients transitioning to housing speak about their housed identities to the exclusion of their ethnic, socioeconomic, or mental health identities, that does not mean that those other identities are well and “resolved” but

rather that the work on those identities is not being brought to the surface at this particular time. Frontline service providers can use this knowledge to gauge the multiple fronts on which these clients are re-constructing a self and that their silence may be an active strategy to manage multiple intersections of their identity. The use of occasional prompts by service providers on identities that may be silenced (i.e., I know that the transition to housing has taken up a lot of our time today but how is your mental health today?) may allow participants to choose to accept the support of service providers in co-constructing narratives around mental wellness, ethnic belonging, or socioeconomic security.

These participants were far from passive in their identity reconstruction. They shared with me how the process of rebuilding their self required both spatial/residential security and positive relational consistency. Policy makers who provide funding to interventions that help individuals to exit homelessness and enter stable housing should be aware of the fear and trepidation that individuals live in as they question their housing security and income assistance. Continuity of funding for individuals in this transition is vital to the success. Every single participant reported that the lack of control over their financial resources was a barrier to them feeling secure and at home in their “stable” living spaces. My interpretation of this fear is that it kept individuals stuck in a “perched” position and prevented a sense of dwelling and rootedness in their apartment spaces. As participants have the fear of falling backwards, the lack of assurance, particularly given changes in government or re-shifting of priorities in health care, can be threatening to the success of the intervention if clients do not know that their funding won’t be stripped from them. This fear is an additional barrier that participants must overcome in order to engage in healthy living. As clients are letting go of parts of their past selves and choosing

what to bring forward with them into the current and future selves, identity work should not be underestimated as an activity of daily life.

The role of allies and co-narrators in the construction of identity cannot be underestimated. Just as Linda brought her Assertive Community Team worker to an appointment with the Child and Family Services office, when support workers can “throw their voice in” to legitimize the voice of their clients, they are affecting the possible course of the story for the client (DeBoer, Medved, Sareen, Hiebert-Murphy, & Distasio, 2016). Individuals in a peer supportive housing model have reported that positive relationships with building superintendents was a significant contributor to feelings of stability, wellbeing, and belonging in their housed spaces (Yamin et al., 2014). Allies can be important in carving out opportunities for hope to be embedded in the person’s narrative. Just as landlords could be a source of scrutiny or surveillance, landlords who are supportive and knowledgeable about the identity work that their clients are undergoing, can assist in co-narrating stories of worth. This may mean flexibility in the allowance of guests and family who stay with the client in their apartment. This may also include respectfully allowing the independence that clients require in order to learn how to be rehoused on their own terms. One of the markers of ontological security is the feeling of freedom from surveillance (Dupuis & Thorns, 1998). Support workers should be attentive to client feelings of surveillance by their landlords or caretakers that result in their clientele feeling as though they are walking on eggshells. As one of the participants shared, some landlords were not respecting legal tenant rights. As these individuals are in the process of re-building their identities as somebodies, co-narrators (i.e., support workers, family members) can assist in carving out new narrative paths of respect and worth even when *others* continue to reinforce discriminatory patterns.



**Gradual not instant.** The identity rebuilding that was performed in participant narratives indicates that this process takes time. Plain and simple, this is not an instantaneous identity change from “houseless” to “housed” and the transition from the identity of a “*nobody*” to that of a “*somebody*” is one that takes months or years to gain traction. Front line supports can attend to the temporal focus in participant narratives to gauge whether the present focus or the future focus is more dominant in their stories about their self. This has implications for the level of support required and the type of supports that may be required at different times throughout the process of the transition. Due to the intersectionality of identities, clients in this transition may see changes in one domain of their identity but not others and managing that can be challenging.

The time it took for participants to begin to tell stories of being at home leads me to again re-assert that prevention of de-selfing should be a priority of health and housing policy. If the transition back to a *somebody* takes this much time, efficient and effective conversations should be focused on how the pathways into homelessness can be prevented. The dehumanizing and traumatic stories of homelessness depicted in the narratives of these participants indicate that homelessness leaves a permanent mark on those who endure it.

**Treatment for the trauma of homelessness.** It is compelling that participants living in apartment spaces for months, if not years, used their interview time to focus on the fear of falling backwards and discriminating street experiences. The trauma of homelessness, which has been chronicled in other literature (Goodman et al., 1991; S. Williams & Stickley, 2011), is a trauma that requires healing for individuals who move from streets to houses. Narratives and stories of participants have direct clinical applications for psychotherapy as the, “...key factors in healthy narrative identity translates into invaluable information for assessment and treatment of clients in psychotherapy” (Singer et al., 2013, p. 570). Narrative autobiographical memories, for example,

can be understood via cognitive models (e.g. schemas about the world, self, and others). A participant's narrative identity can be understood through an attachment lens as an internal working model of self. The current study highlighted the significance of the de-selfing or (de)constructions of self that occurred during homeless life. Participants of the current study included emotionally salient stories of their street lives and discussed the importance and preformed the impact of that life history on their current identities. Research on self-defining memories has found that memories that are considered by a person to be important to their life story were more emotionally salient, more in line with personal goals, were more accurately recalled and were more rehearsed than memories that were considered peripheral to the individual's life story (Singer et al., 2013). Thus, salient memories of homelessness have a significant impact on future mental health trajectories and adjustment trajectories of individuals exiting homelessness.

Given the dehumanizing stories of street living we can draw some applications from interpersonal trauma treatment literature and psychological adjustment to post-homeless living. The participants of the current study told stories of utilizing their sensed experience to root themselves within their apartment spaces. The NeuroAffective Relational Model (NARM) of complex developmental trauma uses somatic mindfulness and grounding exercises to help individuals self-regulate and to re-train the nervous system to re-engage the parasympathetic nervous system (Heller & LaPierre, 2012). The NARM model has four primary organizing principles, which include,

1. Supporting connection and organization
2. Exploring identity
3. Working in present time

#### 4. Regulating the nervous system (Heller, 2018)

Negotiating their identity and finding ways to (re)connect meaningfully with others in their world were core themes of the current study. Participants' focus on their sensed experience of the world can be interpreted as a means of connecting themselves to their world in present time and away from fears of the future. The way participants performed their stories is consistent with individuals who have experienced complex developmental trauma. Similarly, the ways participants storied their coping and resiliency strategies are consistent with the recommendations of the NARM model. Clinicians can help this population to focus on their present lived experiences and to build upon the strengths of sensed experience that help them root within their homes. Similarly, as participants tell stories of their past selves, clinicians can help them to explore temporal focus within their narratives in order to help manage tensions between past, present, and future selves. In these ways, clinicians can help this population move towards the development of a coherent self-story which builds the opportunity for reconnection with self and ultimately with others.

Singer and Conway (2011) write that,

When we integrate episodic memories that register the sights, smells, and sounds of the world with...our long-term self that draws on the power of our abstracting and symbolizing capacity for metaphor and logic, we create a synthesis that does justice to the intricacy of both the living world and the psychological one inside us" ( p. 1203).

Narrative (meaning making) provides the opportunity of reconciling and adapting our memories with our current lives. Inviting this population to tell their stories, in the context of therapy or other social actions, is a therapeutic endeavour as it can allow individuals to utilize stories to, "*explain, reveal, or cause change* in the self...[which]...is generally predictive of psychological health, well-being and capacity for growth" (Singer et al., 2013, p. 576).

**The role of the other.** The impact of dominant societal beliefs on the transition from houseless to housed, from nobody to somebody, cannot be underestimated. The dominant stories that society builds and constructs about the homeless, the mentally ill, Indigenous peoples, and the intersectional stories about those caught in between all of these narratives, have a significant impact on the way people find their way out of the identity of a “*nobody*”. Housing became a significant identity resource that participants utilized to build their sense of self around. Housing became a resource in terms of psychological treatment from a *nobody* to a *somebody* worth investing in.

The findings within the stories of these participants highlighted the feelings of discrimination, abandonment, and victim blaming by the *other*. There has been a persistent thread of victim blaming, in relation to homeless populations, in academic literature, and popular media (Wright, 1993). Other social issues where media has played a role in perpetuating the dominant discourse of victim blaming have looked to social media as a vehicle to intervene and change the dominant narrative (Fairbairn, Bivens, & Dawson, 2013). By presenting information about the intersectionality and societal contributors to sexual violence via social media platforms, researchers have endeavoured to use mainstream media to shift conversations about the responsibility of preventing sexual violence in youth (Fairbairn et al., 2013). Researchers also recognize the importance of bystander interventions and social norms marketing campaigns to prevent sexual violence by addressing social attitudes and behaviours (i.e., norms) of the dominant culture (Banyard, Moynihan, & Plante, 2007; Levy Paluck & Ball, 2010). Future research is necessary to study interventions directed at shifting community attitudes and beliefs about homeless individuals and populations.

### **Strengths, Limitations, & Future Research**

Some of the strengths of the current study include a unique clinical sample and use of photo-elicitation as part of the methodological design. The sample is comprised of previously homeless Canadians including a number of participants with Indigenous heritage from a range of educational and mental health backgrounds. There were counter-narratives present in the data that demonstrate the unique ways in which each participant navigates the transition and yet enough convergence between stories to contribute new findings to the literature. This study adds to the literature about the process of becoming after a person becomes housed. The findings and applications of this research are vital in ensuring that programmes such as HF become sustainable and helpful over time; after the crisis of houselessness is averted. The use of photo-elicitation techniques also bolstered the richness of the data that was utilized in the current study and allowed power of interview discussion to be distributed more evenly between the participants and researchers.

In terms of limitations, one of the limitations of the current study is that I did not ask participants about how long they had been living in their current apartment or how satisfied they were with their housing conditions. Having this information would have given me further room to comment on the relationship between the consistency and satisfaction of the housing space and the development of identity. Similarly, information on the neighbourhoods or community areas that participants were living in could have provided more context about participant belonging within particular neighbourhoods. Given the specific research questions of this particular study and the methods which were utilized, understanding those specific relationships were not the direct focus of this study. As the study progressed, another area of future research that became increasingly relevant is the study of individual narratives and meaning making at different time points in their housing transition or to look at their narratives over time as they

transition throughout their housing journey. This study focused on each individual's narrative at one point in time and was focused on studying housed individuals as a group rather than looking at the heterogeneity of housed, meaning making experiences. The current study did not investigate the narratives of individuals across the lifespan so adolescent, young adult groups and older adult groups were not represented in the current sample.

Another limitation of the current study is that I included individuals who had gained access to stable housing and excluded individuals who remained houseless. This was an intentional decision in order to better understand the process out of homelessness for this population and to help clarify the needs and supports that can be put in place for individuals in the midst of rebuilding a sense of self after the crisis of homelessness has been averted. Interviewing individuals who were without stable housing would have resulted in a different collection of narratives that would undoubtedly highlight other facets of the construct of ontological security. Future research could compare and contrast the narratives of individuals before they gain access to stable housing and to see how their narratives change over time and if reference to mental health symptoms, relationships with others, or other dimensions of ontological security shift in new spaces and over time. Another way that future research could build upon the current study is by comparing the narratives of individuals who are at different points in the transition from homeless to home to identify any similarities or contrasts that occur across people and across differences in housing stability. In particular, given the silencing of mental health status in the future focused narratives of the current sample, the role of mental health in the narratives of individuals in this transition over time requires further exploration.

I also recognize that one of the inherent limitations of the current study is that these particular narratives were told to one particular person. While this does not make the current

findings any less rich or untrue, it does limit what participants may have felt they could have communicated to me by nature of my gender, socioeconomic status, ethnicity, or other factors. The narratives that could be constructed when participants discuss this transition with a person with lived experience or of similar ethnic or socioeconomic status could create other, novel and useful findings.

**Future Research.** The findings of the current study provide a jumping off point to multiple other streams of research. Given the increasing focus on HF care (relative to continuum of care approaches), more information is needed about the complex relationship between the identity resource of housing and the re-selfing that takes place for individuals who have previously been homeless. This is particularly important if interventions such as HF are designed to address both the spatial and social/relational dimensions of homelessness. Of particular interest to me as the principal investigator of the current study would be to see if the narratives presented in Figure 6 of the current study take place more generally among individuals with mental health issues as they transition from houseless to housed. If this identity-making trajectory is shared within this population, this developmental model could be used to help organize participant experiences and help this population to develop a master narrative for themselves around the transition out of homelessness and towards home.

## **Chapter 4: Conclusion**

In the concluding chapter of my thesis, I plan to summarize the finding of the two studies, integrate and compare the findings from these two disparate research methodologies, discuss the conclusions and implications of the findings as a whole, and future research directions that follow from this thesis.

### **Summary of the Research**

The current thesis focused on how adults with a history of homelessness and mental health concerns move towards a sense of home and belonging and away from housing instability and isolation. Study 1 provided information on the relationship between traumatic life experiences, physical and mental health diagnoses, and demographic characteristics with the outcomes of home and health over time in a sample of homeless individuals with mental illness. The sample was stratified by level of need and I found that individuals in the Moderate Needs category had distinct predictors of health and home relative to those in the High Needs category. This finding indicates that these groups have distinct needs and courses out of homelessness beyond their level of mental health severity or service use. A second finding of Study 1 was that the two outcome variables, housing stability and community functioning, have distinct predictors. The demographic factors associated with housing stability are disparate from the characteristics that predicted community functioning in this sample. While we know that both housing stability and community functioning are core components of finding home for previously homeless individuals, my findings suggest that they remain unique sub-parts of home each with their own distinct predictors. This finding is particularly important when the literature suggests that interventions, such as HF, have improved rates of housing stability but that community functioning and integration does not improve as quickly. While I cannot draw a



temporal relationship between the outcomes of housing stability and community functioning within Study 1, if we utilize Maslow's hierarchy of needs to assume that physiological and safety needs (housing stability) must be met prior to the development of meaningful relationships and self-worth (community functioning), then it would also follow that predictors might have different salience and impact on the outcome variables over time. Future research is necessary in order to make any temporal associations between housing stability and community functioning over time.

Another key finding of the quantitative study was the presence of a history in foster care as a predictor of both lower rates of housing stability and community functioning over time in the current sample – the only variable found to have negative associations with both outcome variables. The impact of early childhood experiences in foster care and the transition from foster care to adult supports and independence are important and requires further understanding in order to prevent pathways into homelessness and difficulty exiting homelessness for individuals with a history of mental health difficulties. Individuals reporting Indigenous ethnicities were found to have poorer rates of housing stability and compared to non-Indigenous participants which, when coupled with the stories of racial profiling interactions with landlords told in Study 2, this finding points to a history of discrimination against Indigenous persons and the impact that has on the movement towards ontological security and a sense of home. The findings of this study also suggest that prevention remains important in reducing chronic homelessness as historical, social determinants such as foster care history, education, and time spent homeless remained significantly associated with the outcome variables in Study 1.

The purpose of study 2 was to better understand the ways in which individuals with a history of homelessness and mental health issues tell stories to construct an identity of safety and

confidence (ontological security) as they transitioned to living in stable housing. Ten participants participated in up to two semi-structured interviews and took photographs in order to tell their story of what home and belonging meant to them. While Study 1 highlighted the attributes associated with exiting homelessness, Study 2 provided information on how participants found a sense of home and wellbeing. The stories of these participants chronicled their dehumanizing experiences of homelessness, their process of becoming familiar with life in stable housing, and their hopes of one day feeling *at home* in their apartment spaces. The narratives of Study 2 were organized into two distinct but interrelated avenues: stories of connection with others and stories of connection with spaces (dwelling). The participants of this study demonstrated several ways in which they were actively engaged in reconstructing their identities and sense of self as they juggled the multiplicity of their social location. As part of their identity management, participants storied how their mental health status contributed to their entry into homelessness but they were silent on the symptoms and challenges that their mental health status might pose in their futures. The participants of the qualitative study questioned their interviewer as they advocated, and assumed responsibility, for evoking changes in the way the dominant culture responds to homeless individuals (and individuals of Indigenous ethnic groups). Participants discussed the ways in which they renegotiated their identities as they transitioned from *nobodies* to *somebodies* in relation to the *others* in their worlds.

The qualitative study also included stories of building connections to spaces and in this second thematic layer, several unique and emergent narratives emerged from the data. One novel revelation was the way in which participants storied how they used their senses and embodied selves (i.e., through sound, scent, vision, and touch) to learn to dwell in their new apartment spaces. Senses were found to be a means of connecting past and present selves and to store

memories in the absence of continuous physical spaces or objects in the lives of participants. While the structure of participant narratives ended with hope for the future as they continued to become at home in their new spaces, the fear of falling backward rather than forward, was diffused throughout each participant's narrative. Significant *others* played a role in constructing hope alongside participants and using their power to legitimize the suffering and thus, open up new avenues of social action for participants (Hydén & Sachs, 1998; Hydén, 2008, 2010) The presence of this emotional dialectic (hope-fear) along with the temporal markers (i.e., present-focused/repeat-cycle stories versus future oriented stories) of these narratives make it ever so clear that while housing status had changed, their psychological mindset and psyche were continuing to transform and adapt as participants settled into their new surroundings.

### **Integration of Findings from Study 1 and Study 2**

Although the two studies had distinct methodologies and answered separate questions, they both informed the literature on home and belonging for previously homeless adults with mental health issues. The quantitative methods in Study 1 allowed for analysis of specific characteristics that predicted outcomes of spatial security (housing stability) and wellbeing and belonging (community functioning). In order to better understand this transitional period through the lens of ontological security, the literature suggests that we need to go beyond understanding what contributes to housing stability to discuss the role of health (and psychological wellbeing) in exiting homelessness. Thus, the inclusion of both housing stability and community functioning variables as measures of the equally important outcome variables, allowed for a better understanding of the numerous and interrelated predictors of the transition to housed living for this unique population.

While quantitative methods allowed for the explorations of differences across individuals that impact exits from homelessness, the qualitative study allowed for exploration of *how* participants navigated their movement towards home and belonging given their particular social locations. Here the stories of participants highlighted how factors such as childhood foster care, skin color or ethnicity, socioeconomic status, and mental health symptoms impacted their psychological understanding of themselves in the context of their communities. Taken together, these two studies inform pathways out of homelessness and the development of ontological security for adults with a history of mental illness.

While the two separate studies of the thesis stand independently of the other, there were some inevitable comparisons (i.e., triangulation mixed methodology) that could be made across studies by virtue of studying the same construct within the same population. Certain factors such as ethnicity, foster care, alcohol use problems, and the length of homelessness (history of chronic homelessness) were present as important factors in both studies. Some of the predictors from Study 1, were not as salient in the narrative analysis of Study 2, such as education, sex, physical pain conditions, trauma to someone close, or the number of traumatic events individuals had experienced. While future research could investigate how these latter factors impact the construction of identity and wellbeing during the transition from homeless to housed, within the design and purpose of the qualitative study, ethnicity, foster care history, alcohol use problems, and the length of homelessness emerged more prominently.

The length of time that participants spent homeless emerged in the narratives not in a quantifiable way, but in the way some participants discussed their adjustment to homelessness and community within homeless living. Research suggests that individuals who are chronically homeless, that is homeless for longer periods of time, are more likely to identify with the

homeless community and to reference other homeless individuals as their in-group (Snow & Anderson, 1987; S. Williams & Stickley, 2011). This pattern emerged in the narratives of the participants as they discussed the ways in which they felt part and separate from their homeless communities.

Another significant predictor in Study 1, alcohol use problems, was an important part of the narratives of participants in the qualitative study. Several participants in Study 2 discussed alcohol use problems as a barrier to maintaining their housed status. Interestingly enough, in the narratives of the participants, it was not the alcohol use itself that caused difficulties, but often the social nature of hosting parties with friends at which alcohol was consumed that became an obstacle in maintaining housing. Similarly, participants discussed how their alcohol or substance use had historically occurred within groups and that individuals coming to their homes to invite them to participate in using or acquiring substances was a risk to maintaining housing. Participants described how their alcohol or substance use could contribute to them being perceived as an undesirable tenant. Other participants discussed their alcohol use as an ongoing chronic battle that was less tied to social interactions and more of a personal struggle within their narrative. For Bob, housing was described as a resource that was helping him to construct an identity apart from his addiction and rooted in his family and cultural traditions as sources of strength. The connections between housing and addiction related issues were evident in narratives, though not statistically in Study 1. While alcohol misuse at baseline was associated with poorer rates of community functioning among participants in the High Needs group, there was no statistically important association with housing stability in the quantitative study. Stories that involved alcohol misuse in the qualitative study focused more often on the social aspects of alcohol use and the renegotiation or termination of relationships with others who misused

alcohol or other substances. One possible bridge of explanation between the findings of Study 1 and Study 2 is that by only drawing from a sample of participants who had acquired stable housing, of which some had a history of alcohol and substance use problems and some did not, and in the context where identities regarding alcohol or substance use was not the primary research objective, the findings of the second study miss the narrative perspective of individuals with a history of alcohol or substance use history who have not been able to acquire or maintain stable housing. The connection between alcohol, or other substance use, housing and community functioning requires further study in order to understand the transition to housed within the sub-population of homeless individuals who have alcohol misuse challenges.

Both studies highlighted the consequences of foster care for this population and how foster care experiences shaped expectations and hope for home in the stories of the participants. Ethnicity also came through as a theme in the narratives of participants, directly and indirectly. While Study 1 allowed me to present the isolated factors that had power to predict the study outcomes, Study 2 provided me with the opportunity to discuss the intersectionality and combination of factors that impacted identity reconstruction within the population. For example, for Becky, a non-Indigenous participant, her foster care history was a discrete episode in her story that she did not position as having a significant impact on her life as a housed individual. Her story about her time in care and her insulated period of substance misuse were important but not threatening her security and settlement in her housing. She did not spend a significant portion of her interview discussing the importance of these events as much as she described her current grounding to her home through her wax melts and her hopes for her and her daughter. Becky also discussed her supportive relationship with her biological mother over the course of our interview. Conversely Danny, reported that his history of childhood maltreatment and substance use

remained a significant part of his narrative at the time of our interview. Danny, an Indigenous man, was caught in a distinctly different social location relative to Becky in terms of family resources, socioeconomic status, education, and ethnic status. The prevailing impact of his substance use, his disconnection from his family and his people, and his spiritual identity “mess” were evident in his narrative during our interviews. Here, the social location of two unique individuals, who shared the experience of foster care and substance use in their history, resulted in two very different courses out of homelessness and towards home. The narratives of the qualitative study demonstrated the complexity of the relationships between ethnicity, family history, substance or alcohol use, and the transition to home.

### **Conclusions From Both Studies**

Despite the intentional concurrent sequencing of both studies, there were several narrative elements that were consistent with the quantitative results. As I have discussed some of those individual variables above, I am also able to draw some general conclusions across the two studies. First, taking an intersectional approach to interpretation of the findings, or integrating the unique determinants of their social location, was important in both Study 1 and Study 2. Focusing on individual details without appreciation for the context of the findings would not have provided meaningful representations of the narratives of the individuals behind the data.

A second general conclusion from both studies was the finding that social determinants of health and early life experiences have a significant impact on the transition from homeless to housed for individuals with a history of mental illness. Some of the strongest predictors of health and housing outcomes in Study 1 came from the social determinants of health including, but not limited to, demographic characteristics of sex, ethnicity, and education. Foster care history was another significant predictor, in Study 1, of both housing and community functioning outcomes.

These variables were more often significant predictors of outcomes than the majority of physical and mental illnesses and traumatic life events that were included in the analysis. I take the social constructionist, theoretical assumption that people are born with particular sex characteristics or ethnicities that immediately shape the world that is available to them. People are born into families with particular socioeconomic backgrounds and levels of education that limit or expand options for health and wellness. These factors shape the opportunities available to any particular individual and their vulnerability to later life experiences including foster care placement, negative life events, and physical or mental health problems.

Early life experiences shape how people think about home and belonging. The stories of some of the participants recalled childhood neglect and abuse that permanently shaded their construal of their world in their narrative. The complex and multifaceted relationship between ethnicity, social status, addiction, and homelessness were woven throughout participant narratives. The findings of Study 1 demonstrate that when controlling for other demographic variables, one variable like ethnicity or foster care history, can remain a statistically significant predictor of the outcome of interest. The quantitative study outlined certain characteristics or variables that are associated with higher self-reported housing stability and community functioning over time. Some of these variables were prominent in the narratives of the participants of Study 2. For example, Bill's narrative highlighted how he struggled to construct an identity of a *somebody* and to find home while others were treating him as a "*poor Indian that is out on the road*". His unique social location as an Indigenous male, adopted as a young child, a history of addictions, and low socioeconomic status is all context and foreground for the passionate narrative he constructed in the interview. Study 2 outlined how these multiple factors



are interwoven and that conversations about one factor, such as ethnicity, were intrinsically tied to other factors such as socioeconomic status or family resources.

This general finding – that early life experiences by virtue of particular social locations influences the transition out of homelessness – has direct implications for the prevention of homelessness. The findings of this thesis point to the importance of preventing homelessness. This means addressing widespread health and quality of life discrepancies between Indigenous and non-Indigenous peoples in Canada throughout the life-span. If homelessness has both spatial and relational dimensions, addressing the trauma of displacement and cultural genocide of Indigenous peoples is paramount to preventing continued homelessness in Canada. With respect to mental health differences, Nelson and Wilson (2017) write that there is no shortage of research highlighting the discrepancies in mental health, particularly suicide rates and substance use, between Indigenous and non-Indigenous peoples. What is missing in the research literature and in applied practice, is an understanding of health inequality with attention to the colonial influence and historical trauma that is pervasive within Canadian health and housing services and policies. The findings of the current thesis point to broader policy changes and integration of the voices of Indigenous peoples in all levels of policy and service delivery as being an important goal in the prevention of homelessness and the subsequent trauma of homelessness in Canada.

A third general conclusion that I can draw across the two studies is the way that time became a variable of interest and increasingly important as I conducted my analysis. By this I mean that within the narratives of participants, temporal focus emerged as an important structural element, time to develop a narrative of home, and the timing of data measurement and analysis all became important within the current thesis. The transition from homeless to home is a non-linear process in which movement forward and backwards happens uniquely for each individual.

Here is one example of how time emerged as an important consideration across the two studies. When I reflect on the community functioning findings from Study 1, I recognize that the data represented a snapshot, self-reported answers at one discrete point in time. One of the components of the overall community functioning score were numerical ratings of the number and quality of social relationships and interactions that the participant reported in their daily life. In general, higher scores indicate greater frequency and quality of social interactions. The stories of Study 2 provided me with additional context with which to interpret the community functioning data. The narratives of Study 2 reminded me of the non-linear development of social relationships and renegotiated networks that occur over time. For example, for some participants, having fewer social relationships at one point in time as they extricated themselves from some of their relationships that were built during homelessness, was part of clearing space for adding new and different connections in their housed lives. Following from this storied thread, lower scores in social connectedness on a community functioning measure at one point in time, may be part of the improvement of community functioning and health over time. For some individuals this process started shortly after they first gained stable housing and for others it took time to come to the realization that they needed to let go of certain relationships and connections. For some individuals this renegotiation of relationships was essential and for others it was not evident in their narratives. It is also important to recognize that for some Indigenous participants, such as Bill, the dominant society and community in which they were living was not always open to welcoming their participation. Given the racialized history between Indigenous and non-Indigenous peoples in Canada, measures that do not take into consideration the role of the *other* in contributing to ongoing, collaborative relationships can unintentionally lead to blaming the victims of societal power imbalances. The beauty of quantitative methods is providing

overarching patterns across individuals in order to generalize to other populations. The qualitative methods I utilized helped me to explore the meaning of similar factors or findings (i.e., community functioning and social relationships) on a case-by-case basis. Both methodologies provided information about the outcomes but with different forms of measurement and analysis on the outcome over time. While I did not study use the quantitative findings to direct the qualitative study, future research using a mixed methodology in which multiple studies are completed sequentially in order for the first to inform the second could provide novel findings on the outcomes of interest. Regardless, within the current thesis the limits of the quantitative methodologies were complemented by the meanings and stories of the qualitative study and vice versa.

### **Implications**

Perhaps one of the most important implications or applications of my dissertation, is the link between the temporal-focus of participant stories and the trauma of homelessness. Homelessness, a distressing experience, was performed as a neglectful and traumatic story for the participants of Study 2. This trauma had both physical and social layers – it was not merely the physical danger but the social/relational danger of homelessness (i.e., dehumanization) that was narrated by participants. The second study highlighted how exits from homelessness and the transition to home are non-linear and similar to recovery from trauma, time is essential to heal the wounds of homelessness. Participant stories highlighted the dialectic tensions from their daily lives as they weaved between fear-hope, and falling backwards-falling forwards. As I traced through participants' non-linear narratives that jumped between historical reports of street living and current anecdotes, I became aware that the work of learning to be at home was just beginning – that finding home is a task enduring a lifetime. Although I defined the type of

housing that participants were living in as “stable”, their stories demonstrated that despite living in apartment spaces for months or years, their living arrangements did not feel that way or hold that meaning (i.e., “perched” in stable housing).

The trauma of homelessness and the lasting impression of the past shaped the narratives of participants post-homelessness. One of the important clinical applications that can be derived from this finding is that the psychological sequelae of homelessness, particularly for those who have experienced negative life events in childhood that precipitated their pathway into homelessness, can be understood and treated through trauma and attachment clinical frameworks. Clinical interventions that take into consideration the social location of the individual and how that has influenced their lack of connection to places and people, may be useful in assisting individuals who are transitioning out of homelessness – particularly in the period between crisis and home. Here, the terminology of the “perched” nature of participant stories may be helpful in pointing to the need for support and intervention in the transition to apartment living. The findings of the current study thus help to better understand the gap that occurs between the acquisition of stable housing and the community integration and functioning that is expected to follow over time. By utilizing the nuanced findings from Study 2, service providers and policy makers can acknowledge the inherently psychological and identity related components of the transition towards ontological security in order to pair and sequence spatial and social interventions. Similarly, the findings of the current project implore the need for preventative measures (i.e., continuity and support services to children aging out of foster care) in order to prevent dehumanizing experiences of homelessness that may take years or a lifetime to re-write in the lives of those who survive it. This becomes increasingly important when

interventions are designed to meet the needs of Indigenous communities and peoples who have intergenerational trauma and homelessness that extends beyond a lack of housing stability.

One of the common threads across both studies was the significance of foster care history for the participants. This finding has implications for the prevention of homelessness and the complex intersection between foster care involvement and homelessness. In the past 20 years, there has been increasing attention paid to the transitions out of foster care for emerging adults (Courtney et al., 2016; Dworsky, Napolitano, & Courtney, 2013; Fowler, Toro, & Miles, 2009). Youth aging out of care have been described as a heterogeneous group with differing needs as they transition to independent housing and living after a history in foster care (Miller, Paschall, & Azar, 2017). The combination of an abrupt end of both housing and financial support as individuals in care turn 18 years of age, in conjunction with the lack of social support and connections that family often provides for emerging adults, puts youth in foster care at increased risk of becoming homeless (Osgood, Foster and Courtney, 2010).

While there have been shifts in policies in order to address the needs of youth who transition out of care, research suggests that increased education and training to foster independent living skills or extending time in care has not decreased the risk of homelessness for youth transitioning out of care (Fowler, Toro, & Miles, 2011). Rather, Fowler et al. (2011) found that reunification with families during adolescence was a factor that was significantly associated with a decreased risk of absolute homelessness in adulthood for youth who had a history of foster care. Similarly, Dworsky and Courtney (2009) found that while there were a number of factors (i.e., physical abuse in childhood and a history of delinquent behavior) that were associated with an increased risk of homelessness for youth in care, the factors that were associated with a decreased likelihood of homelessness were a close relationship with at least one adult family

member and the perception that the youth had social support. This research highlights that in transitions out of foster care, caring relationships, connection to family, and perceived social support are instrumental in decreasing the risk of homelessness for individuals with a history of care. The findings of emerging research in foster care transitions, is consistent with the needs of ontological security that have been explored throughout this paper and the emphasis on defining homelessness as a deficit of both material/spatial security and social/relational security. While further research is required to better understand the impact of access to good quality, stable housing and independent living skill interventions for youth transitioning out of foster care, what remains equally important is that connection to others and construction of relationships in which youth feel supported (by both individuals and society) are vital to preventing homelessness. Within Canada, where Indigenous youth are over-represented in child welfare systems (Trocmé, Knoke, & Blackstock, 2004; Trocmé et al., 2010), the familial and kinship needs of Indigenous families must be part of the considerations of Indigenous homelessness and foster care. One of the important implications of the current thesis is the role of the social/relational layer of ontological security in studies of home and homelessness and how failing to address the social and familial nature of wellbeing in Indigenous and non-Indigenous communities is at best limiting the effectiveness of interventions and wasting resources, and at worst causing harm.

Another significant implication of this thesis is the agency of the individuals who participated in these two studies. While participants described the distressing and dehumanizing stories of street living, their resiliency and fortitude became clear in their narrative actions. The act of shaping a coherent narrative about a disruptive or multiple disrupting life events is a social action. The narratives that participants and I co-constructed in our interviews became a demonstration of how agency is negotiated in stories and how certain actions become a

possibility because of the stories that we tell to ourselves and to others. Narrative allows individuals to link the structure of the world and society to our experiences in order to explain our place (emplotment) and then to act in response to that knowledge (Somers, 1994; G. Williams, 2004). Through their structural questions and passionate performances, the participants of Study 2 were demonstrating resiliency and fortitude in re-writing their own narratives and shaping the master narrative of finding home for people who have been homeless. By participating in narrative interviews, the participants were involved in reconstructing the meaning of the life disruption and trauma (Warren, 2008) that was homelessness and linking that past event to their present uncertainties and their hopes for the future. If I approach homelessness as a form of trauma, or at least a form of life disruption, then periods of homelessness can challenge the “taken-for-granted everyday identities” (Hydén, 2010, p. 36). The act of engaging in dialogue, with an interviewer, service provider, friend, or family members, is a performative social act of renegotiating the story or the plot of one’s life; of embedding hope into the story. Warren (2008) writes, “Hope is a resource to generate action” (p. 181). The act of participating in the construction of narratives in which hope for home is a possibility demonstrates the agency of these individuals and that finding ways to *fall forward* is one option to enact. The agency of the individuals and communities of homeless individuals speaks to the creativity and adaptability of human lives under life-threatening and identity-fragmenting circumstances.

The findings of these two studies contribute to the broader literature on the transition out of homelessness and towards home for individuals with a history of mental illness. Together, these two studies demonstrate that the exit from homelessness (i.e., transition from street living to housed living) is not the same thing as finding home (i.e., the development of security and belonging in a housed space). I believe that this is where the gap between the spatial housing

stability and relational community stability exists – between leaving the threats of homelessness and the reconstruction of life at home. It is in this “perched” period that the cultural construction of homing and dwelling can take root or not. There has been limited research on the transition from homelessness to home. By analyzing the transition towards home through the lens of ontological security, I was able to attend to the interrelated social/relational and spatial components of identity, and thus present novel findings about this important transition. The findings and applications of these two studies begin to address the disjoint between the physical change of having a roof over one’s head and the psychological or identity shift of feeling at home in housed spaces. These findings also suggest that a sort of no-man’s-land, a time and place of feeling perched, may exist between the exit from homelessness and the sense of ontological security and home.

### **Future Directions**

One of the questions left unanswered by the current study is the temporal relationship between spatial security and relational security for those who are in the process of finding home with a history of homelessness. While the results of the current study allude to a potential temporal connection where housing stability is established and community functioning or wellbeing follows, detecting this finding was beyond the scope of these two studies. From the lens of ontological security, establishing the pattern, or patterns, of temporal sequencing of these outcomes would be helpful to facilitate courses out of homelessness as it would allow service providers to tailor and sequence supports. In order to attend to the psychological needs of individuals at different points in the transition from homeless to at home, more information about the sequencing of these outcomes is important.



The current thesis explored an important and unique transition through the theoretical lens of ontological security in a sample that included a majority of individuals reporting Indigenous heritage. It contributed to the research on pathways out of homelessness by following recommendations of Indigenous researchers to provide the agenda and biases of the researcher/author, by telling success stories of Indigenous participants, addressing the general public's attitudes about Indigenous persons and by involving Indigenous persons in the development of the research (Caryl, 2014). While this study was proposed to and approved by a lived experience committee that included many individuals with Indigenous heritage, if ontological security is an appropriate and helpful lens to better understand exits from homelessness for individuals with mental health difficulties, further research on the construct by Indigenous researchers and leaders on the use of this construct and what the phenomenon means to Indigenous groups is warranted. The constructs of ontological security and identity reconstruction, which both prioritize the spatial and relational elements of finding home in a holistic manner, may be increasingly important in research with Indigenous persons as these theoretical constructs provide a language and structure for two aspects of effective, cultural research. This theoretical lens allowed for discussion of issues of racism inherent in societal policies and the personal beliefs of individuals as they overcame historical and cultural trauma (Caryl, 2014). If ontological security is viewed as a feeling of confidence in a person's place in their world by nature of their relationships with places and people, then it may serve as an appropriate lens to understand the reconstruction of narratives around home for peoples who have suffered significant cultural and identity disconnection.

While the current study was restricted to a sample of Canadians in an urban setting, there are other sub-groups of the population that would benefit from research on the transition from

homeless to home. Veteran and youth populations have been identified as other key sub-groups that require further understanding and support in their exits from homelessness (Gaetz et al., 2016). While there is recent and active Canadian research looking at exits from homelessness among adolescent and young adults (Karabanow et al., 2016; Kidd et al., 2016; Kidd, Karabanow, Hughes, & Frederick, 2013), there is little research on veteran exits from homelessness. Beyond Indigenous sub-groups, future research is required to better understand how the construct of ontological security can be used to better understand embodied exits from homelessness.

In the context of emerging literature in North America on the impact of HF in facilitating exits from homelessness, the current study contributes to understanding the ways in which HF can be adapted to Canadian and Indigenous populations. The findings of the thesis indicate that membership in a HF intervention group was associated with better housing stability and community functioning than those who had access to traditional services in their communities. Within the HF literature, there have been mixed results on the impact of HF programming on community integration and functioning. The findings of the current study suggest that over time, participants in HF programmes were more likely to have high rates of community functioning than those in traditional services, particularly those with higher service needs and mental health severity. This result is significant as it is also in the context of an Indigenous sample because narrowing health disparity gaps is an increasingly important goal in Canadian health and social service care. These findings suggest that even when taking into consideration a history in foster care, ethnicity, education, sex, and other demographic variables, participants in HF fared better on both outcome variables relative to participants without HF access.

In participant narratives, support workers were storied as providing re-humanizing identity resources that participants utilized to tell stories of their personal agency. Participants also alluded to the importance of continued funding and surety that their housing would not be terminated as a result of financial cuts to their HF program. As within any health or social service program, continued government allocation of funding is essential for program maintenance. The fear that remained in participant narratives despite months or years of housing tenure speaks to the stability that must be ensured for participants if HF or other housing supports are offered. Overall, these findings suggest that HF is a promising approach that is associated with exits from homelessness in urban samples of Indigenous and non-Indigenous Canadians with mental health concerns. Future research could focus on how HF supports aid individuals during the period of transition to re-shape their *nobody-somebody* identities. Given that HF is one of several types of intervention for individuals exiting homelessness, the comparison of psychological re-selling that occurs between different types of interventions would also be a useful future direction from the current thesis.

### **Concluding Remarks**

In summary, the current thesis used quantitative and qualitative methodology to the transition to home and belonging for individuals with a history of homelessness and mental health problems. Using a lens of ontological security to study the spatial and relational components of home allowed for rich findings across both quantitative and qualitative methodologies on the transition out of homelessness and towards home in a predominantly Indigenous urban sample. The findings of this thesis present a complex picture of the transition out of homelessness with the multiple intersecting factors that are associated with housing stability and community functioning across a high-risk clinical sample of individuals who have

been homeless. Along with efforts to improve housing stability, the facilitation of wellbeing and identity construction is an important and essential component to maintain housing and wellbeing over time. The psychological construals of the meaning of housing within each individual's life story, is an important part of the recipe in maintaining housed living for those who have previously been homeless. As individuals leave their homeless routines and social networks, they enter a new space, which comes with an instant shift in their relational networks. The meaning making and understanding of this shift, particularly given the trauma and distress of homeless living, is an essential bridge towards the embracement of an identity of a *somebody* and finding home within housed spaces. The findings suggest that improvements in housing stability, belonging, and positive identity shifts are possible for individuals with a history of homelessness and mental health problems and that the gap between having a roof over one's head and the development of community and a positive sense of self within that community can be understood through narrative. The findings of the current study suggest that the theoretical lens of ontological security, is useful in considering the concurrent domains of spatial and relational security that underlie the ultimate destination of *home*. Identity construction and development among this population is an important part of re-learning to dwell at home and can direct service providers to the invisible challenges and struggles that previously homeless individuals endure as they exit homelessness.

If "there's no place like home", the participants of this thesis were certainly headed in the right direction. Their agency and advocacy helped create a narrative pathway for themselves and for others to follow in their wake. There were no magical powers that facilitated the exits from the fear and chaos of homeless living for the participants of the current study. Unlike Dorothy of Kansas, exiting the chaos of homelessness was just the one part of the story of finding home and

not the final destination for individuals with a history of homelessness. Rather than returning to a familiar place and back into the arms of loved ones as Dorothy did upon waking, participants of the current study had to create a whole new homestead and community as a housed person.

These individuals overcame many of the obstacles and the decks stacked against them as they questioned the authority of *others* as the experts of human worth and dignity in their life-story.

Through reminders from trusted people in their lives, participants were able to re-story that their reality was not a dream and that they too, deserved a place to call home.

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## Appendix A: Findings Handout for Participants



*"When you come from being homeless it takes a long time to your self-esteem when you're homeless is nothing. That's the biggest...one of the biggest downfalls of being homeless is self-esteem. You're a nobody...things have turned the last couple months, and I'm getting a real voice" ~Greg~*

### **Preliminary Results: A Study of Home and Homelessness**

- The researcher was interested in knowing about how people who have been homeless make sense of their life story as they transitioned to living in a house or apartment.
- 10 people participated; 5 Men & 5 Women; Ages 35-61
- On average, participants completed 2 interviews; 7 participants took photographs with a camera provided by the researchers.

*"And um so I am always under- even today- I'm still feeling like my home is not quite my home yet? Because I just feel like I could uh- probably lose it at any time, <because my only source of income is income assistance and if they decide to cut me off then I'm back out in square one again." ~Bob~*

*"So ya, I just and it's like- I do my morning check before I get up, I just kind of lay there, I'm up, now what? How am I feeling? What am I thinking? What- what did I dream? You know? And then if I'm feeling good, I'll get up out of bed, I'll get showered and changed and then I'll put on some music while I'm doing that. Um, usually I'll go to Youtube and put on a song, that makes me feel comfortable that has good memories attached to it. Where there's lots of smiles and laughs and stuff like that. Ya. It makes me feel better." ~Sarah~*

*"Um so I don't really hang out with anybody. Like uh- I really don't want anybody over at my place, my place ain't a party place or anything like that. It never has been, never will be. Because uh, you don't want to lose it right? So, some of the people I used to hang out with, I uh- I don't hang out with no more." ~James~*

**Interviewer:** So do you still see yourself as-as being homeless in some ways- do you still see yourself- in that way?

**Joy:** No. I don't think I want to go back there? But, ya. Try. Try staying in a home. I think it would be more to lose than I think I'd lose more of myself than if I were to lose my home.

**Interviewer:** Ya. What would you lose?

**Joy:** I'd lose my kids. And that's what I want is my kids. That is my main goal.

## **Appendix B: Recruitment Scripts**

### **Telephone Recruitment Script**

Hello \_\_ (participant name) \_\_. My name is Tracy DeBoer, I am a PhD candidate with the department of psychology at the University of Manitoba. I am supervised by Dr. Maria Medved, an assistant professor at the University of Manitoba.

I am conducting a study on how people who have a history of homelessness make sense of home and belonging in their community. This project will focus on your experiences of housing and home, belonging and community.

My results will be included in my final PhD research which will be shared at conferences and in publications and will allow me to make recommendations to facilitate the supports for people who have been without stable housing.

To participate we are looking for individuals who have a history of homelessness but are now currently in an apartment or house. This study involves participating in two audio recorded interviews which will last anywhere from 60 to 120 minutes each and filling out some questionnaires. Additionally, I will provide you with a camera between the two interviews to take pictures of things that remind you of home and belonging or lack thereof. In the interviews I will be asking you questions such as: Do you (still) see yourself as a “homeless” person? How have things changed for you now that you have housing? How has having a place to live affected your relationships? Where do you see your life going from here?

The interviews will take place in one of two locations: the PsychHealth centre at the Health Sciences Centre hospital or the Aboriginal Centre. These interviews will always take place in a private office in one of these two buildings. I can schedule a time for you to participate at a time that is convenient for you.

There is a chance that talking about your experience of homelessness and what it is like to have housing may lead to distress. If at any time you feel distressed or do not wish to continue an interview, you may stop participating at any time.

This study is separate from any participation in the At Home/Chez Soi research demonstration project.

All interviews and study information are collected and stored confidentially. Your name will not be associated with your interview at any time. I will be using a pseudonym to describe your interview and a number to associate your interviews with the photographs and questionnaire data you provide.

Do you have any questions?

Are you currently living in an apartment or a house?

(Individual says No): Thank-you for your time. You are not eligible for the current study.

Do you have a lease or any tenancy rights for your current place?

(Individual says No): Thank-you for your time. You are not eligible for the current study.

Would you be interested in participating in this study?

(Individual says No): Thank-you for your time.

(Individual says Yes): That is great. Let's set up a time for us to meet and to review the informed consent form and participate in the project.

**Mail/Email Recruitment Script**

Dear (participant name):

My name is Tracy DeBoer, I am a PhD candidate with the department of psychology at the University of Manitoba. I am supervised by Dr. Maria Medved, an assistant professor at the University of Manitoba.

I am conducting a study on how people who have a history of homelessness make sense of home and belonging in their community. This project will focus on your experiences of housing and home, belonging and community.

My results will be included in my final PhD research which will be shared at conferences and in publications and will allow me to make recommendations to facilitate the supports for people who have been without stable housing.

To participate we are looking for individuals who have a history of homelessness but are now currently in an apartment or house. This study involves participating in two audiotaped interviews which will last anywhere from 60 to 120 minutes each and filling out some questionnaires. Additionally, I will provide you with a camera between the two interviews to take pictures of things that remind you of home and belonging or lack thereof. In the interviews I will be asking you questions such as: Do you (still) see yourself as a “homeless” person? How have things changed for you now that you have housing? How has having a place to live affected your relationships? Where do you see your life going from here?

The interviews will take place in one of two locations: the PsychHealth centre at the Health Sciences Centre hospital or the Aboriginal Centre. These interviews will always take place in a private office in one of these two buildings. I can schedule a time for you to participate at a time that is convenient for you.

There is a chance that talking about your experience of homelessness and what it is like to have housing may lead to distress. If at any time you feel distressed or do not wish to continue an interview, you may stop participating at any time.

This study is separate from any participation in the At Home/Chez Soi research demonstration project.

All interviews and study information are collected and stored confidentially. Your name will not be associated with your interview at any time. I will be using a pseudonym to describe your interview and a number to associate your interviews with the photographs and questionnaire data you provide.

If you have any questions or are interested in participating, please contact me at : 204-XXX-XXXX or [umdeboet@myumanitoba.ca](mailto:umdeboet@myumanitoba.ca).



**Appendix C: Semi-Structured Interview Guide**

1. Do you (still) see yourself as a “homeless” person?
2. How have things changed for you now that you have a “home”?
3. What are some of the challenges you have experienced now that you live in a “home”?
4. How has having your own place to live affected your relationships with some of your friends from the streets? What about other types of friends? What about family?
5. What are some of your hobbies or meaningful activities in your life?
6. Where do you see your life going from here?

**Appendix D: Demographic Information Form**

Participant Code #: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Self-Identified Ethnicity: \_\_\_\_\_

Age of First period of Homelessness: \_\_\_\_\_

Longest amount of time spent homeless: \_\_\_\_\_

Education History: \_\_\_\_\_

Current Income Source: \_\_\_\_\_

Any other information you think is important for researchers to know:

**Appendix E: Participant Field Notes Form**

Participant Code #: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Relevant Background (context, observations, pre-session info/comment by the participant):

Location of Interview:

Interview Climate (nonverbal behaviors, comfort level, etc.):

Methodological Issues (how it went):

Post-session comments of relevance (after tape recorded was shut off):

Other:

## **Appendix F: Photo Elicitation Instructions Handout**

### **What is Photo Elicitation?**

Photo elicitation is a research tool used to collect data in a non-traditional way. This data collection method emphasizes the participant's perspective. In this study, you will be asked to take pictures that represent important aspects of your life and your life – what it is for you to feel at “home” or “well”. We want you to have the freedom to take pictures that are significant in YOUR life. Pictures might represent difficulties you encounter because of your health or your past, important people, places, or things that are important in your recovery or that make you feel resilient...the options are limitless and up to you!

For a better understanding of this research approach, check out:

<http://www.youtube.com/watch?v=X8lSw5Cdi8k>

This video captures the essence of photo elicitation. The projects are about different topics, but it will give you an idea of what this research project is about.

### **Why use photo elicitation?**

Photo elicitation allows you to create visual representation of your life as a person who has been homeless and/or dealing with mental health concerns. In terms of research, gaining information via different mediums allows for a more diverse understanding of the issues. Furthermore, it can be hard to articulate our experiences in words; pictures, as they say, are worth a thousand words. Collecting data using different mediums allows for a deeper understanding of an issues that is important to you as a person with a burn injury and for us as researchers.

### **What will happen to pictures?**

The pictures belong to you. We will ask that you choose 5-10 pictures to bring to the interview. We will use these pictures to guide the interview. If there are pictures you would like us to have to use for research publication and dissemination of results, we will save a copy on a USB key at the time of the interview (or photographs will be scanned in cases where disposable cameras are used).

### **What if I have problems?**

If you have questions about the process or have any difficulty taking pictures, please contact:

**Tracy DeBoer**

Phone: 204-XXX-XXXX

Email: [umdeboet@myumanitoba.ca](mailto:umdeboet@myumanitoba.ca)

### **What if I have concerns about how this study is being conducted?**

Contact the University of Manitoba Bannatyne Campus Research Ethics Board at: 204-789-3389

**TIPS:**

1. Take pictures of things, people, or place that have inspired you in your recovery.
2. Take pictures of your daily life.
3. Take pictures that make you emotional.
4. Take pictures of parts of your life that you think are important or that most people would not understand.
5. Take pictures of what you think is positive or awesome in your life.
6. Take pictures of what is difficult in your life.
7. Take pictures of what At Home/Chez Soi has meant to you.

**DO:**

- Obtain verbal permission from others to take pictures of them
- Explain why you are taking the pictures
- Obtain verbal permission from parents when taking pictures of children
- Permission is not necessary if people are not recognizable in the photo

**DON'T**

- Do things out of the ordinary; taking pictures of places you don't normally go or things you wouldn't normally do
- Forget that the goal is to share your idea, not to upset people with photos
- Take pictures of things that are "private" for you or others

### **Appendix G: Instructions for Taking Photos**

The following script will be used to explain instruction for taking photos to the participants:

The purpose of this portion of the study is to gather information via photographs of what life is like for you as a participant of the At Home/Chez Soi project. What we'd like you to do is take pictures in your daily life of things, people, or places that are significant to you. More specifically I am interested in seeing pictures of what it is like for you to be "well" what "home" looks like for you. Be creative. Have fun with it. You might take pictures of people that helped you in your recovery, of places you went for support, or of things that remind you of where you came from or where you are today. I am particularly interested in the positive and negative parts of being part of the At Home/Chez Soi project. You can take photos of what has been successful or helpful for you or what has been unhelpful. Photos could also be of difficult aspects of the At Home/Chez Soi project, things you struggle with, or situations that make you uncomfortable. Do not feel limited to these suggestions. We want to understand *your* experience through these pictures. We want the insider's perspective. Please see the brochure on *photo elicitation* for more guidance on picture taking, ownership of photos, and photographic consent.

Do you have any questions?

**Appendix H: Photograph Waiver**

I consent to the use of my photographs as part of the research project entitled *Quantitative and Qualitative Narratives of Security for (Previously) Homeless Individuals*, which is being conducted at the University of Manitoba.

In addition, I hereby give my permission to make copies, in whole or in part, of my photographs. I agree that the research investigator has all rights to use these materials and has all intellectual property rights in them. I also give up my right to inspect or approve these photographs or any captions or text that may be used with them, or to approve the use of these materials.

I understand that this research will be made available online, in print, and made public at research conferences. In addition, should I wish to have my photographs removed from this research project, I understand I am to contact Tracy DeBoer at [umdeboet@myumanitoba.ca](mailto:umdeboet@myumanitoba.ca).

I agree that I shall have no claim against the University of Manitoba or against anyone accessing this research product, whether online, in print or by any other means.

I confirm that I am over 18 years of age and that I have not given anyone the exclusive right to use my photographs.

Name (print in block letters): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix I: Transcriptions Conventions**

< > Speed up talk

> < Slow down talk

[ ] Start and end of overlapping speech

(2) Pauses in seconds (here: 2 seconds)

(.) Micropause

(:) Prolongation of preceding vowel

((Text)) Transcriber's comment

Underlining Emphasis

**CAPITALS** Speech that is louder than surrounding speech

— Utterance interrupted

*Italics* Increase in pitch



## Appendix J: Handout to LEC Committee Explaining the Purpose of the Current Study

**Security:** when a person feels safe in their world and when they have a sense of belonging within meaningful relationships they are able to thrive

### ***Security Theories Say:***

- Being “Well” means having Material Security (a safe place to lay one’s head)
- Being “Well” means having Social Security (belonging and being part of a community)

Study 1: What do the numbers say?	Study 2: What do the words/stories/pictures say?
<p>- Using the 2 years of follow-up data from At Home</p> <p>1. See “who” was able to have high rates of <b>housing stability</b> (high % of days spent in stable housing over the 2 years) Ex. *Did men or women have higher rates of housing stability? *Did people with a history of foster care have different rates of housing stability than those who did not have a history in foster care? *Did people with a mood disorder at enrollment have different rates of housing stability than those who did not have a mood disorder?</p> <p>2. See “who” was able to have high rates of <b>community functioning</b> (i.e., engaging in hobbies and meaningful activities, have a social support network, less psychiatric symptoms interfering with life, less justice service involvement)?</p>	<p>- Conduct interviews with 7-10 participants involved in the study - Using photo interviewing to hear the participant’s stories about “Home” “Wellbeing” “Belonging”</p> <p><b><i>Sample Interview Questions:</i></b></p> <ol style="list-style-type: none"> <li>1. Do you (still) see yourself as a “homeless” person?</li> <li>2. How have things changed for you now that you have a “home”?</li> <li>3. What are some of the challenges you have experienced now that you live in a “home”?</li> <li>4. How has having your own place to live affected your relationships with some of your friends from the streets? What about other types of friends? What about family?</li> <li>5. What are some of your hobbies or meaningful activities in your life?</li> <li>6. Where do you see your life going from here?</li> </ol>