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Jesse J. Dice  
Homelessness As Trauma:  
A Theoretical Analysis Exploring  
Treatment of Symptoms of Grief  
And Loss in Single African-  
American Homeless Women

### **ABSTRACT**

The purpose of this theoretical study was to explore and describe the trauma that single homeless African-American women are at risk for before and during homelessness. Grief and loss theory and attachment theory were used to bring attention to the need of addressing traumas during homelessness. Literature was reviewed relating to exploring the areas of cross-sectional identities of race, gender and socioeconomic status within this population, historical contexts of homelessness in the U.S., and homelessness as trauma, to analyze the language used to describe the barriers in receiving treatment as a single homeless African-American woman.

Through exploring these topics and their relation to single homeless African-American women, it is noticed that much research pertaining to this population carries negative and pathological tones. Social workers are challenged to consider strength-based modes of practice, as well as, develop research that gives voice to a largely unseen population.

*Keywords:* Homelessness, Trauma, Grief and Loss, Attachment Theory, African-American Women

**HOMELESSNESS AS TRAUMA: A THEORETICAL ANALYSIS EXPLORING  
TREATMENT OF SYMPTOMS OF GRIEF AND LOSS IN SINGLE AFRICAN-  
AMERICAN HOMELESS WOMEN**

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## CHAPTER I

### Introduction

Joyce, a single middle-aged African-American woman from Washington, D.C. quit her stable job to help care for her dying father. As his condition worsened, Joyce would take off to the liquor store, pick up a 12-pack of beer and a fifth of liquor, and down it all in less than two days. Soon enough, a half-gallon of liquor was her breakfast, lunch and dinner. On the night of Barack Obama's Presidential Inauguration, she hit bottom, drinking the night away and waking up in the street. In her own words Joyce recounts her transition to homelessness:

“I felt hopeless and helpless. I was just watching my father waste away. Before my father passed, I called myself a social drinker. When he died, there was nothing else in my life. I had given up my job of three years working with mentally handicapped adults. I had given up my apartment. I arrived back in D.C. on Inauguration Day, and that night, I drank until I passed out. I woke up in Howard University Hospital. I didn't have a dime.”

She heard of a first rate homeless shelter from her peers that might be able to help her kick her addiction, but there were some strong barriers in her way to accepting treatment. She had to commute by foot for an entire week from Silver Spring to NW Washington, D.C. with all of her bags of possessions. This added up to 118 miles in one week. As she remembers how she felt when she got to the shelter she describes her wariness in interacting with staff and others:

“At first, I didn't want to talk to anyone. I just wanted to know if the program they talked about -- for sobriety -- would work. I spent time at the shelter looking around, and listening. One day I heard a lady say she was

hungry. She smelled. A staff member gave her a comb, a toothbrush, soap, lotion, a towel and a washcloth. Then she showed the lady where she could take a shower. When she dried off, they got her some new clothes -- tennis shoes and an outfit. I looked at that transformation, and I said, 'I'm going to stay right here'" (N Street Village, 2010)

The short story of Joyce described above, serves as an introduction to this theoretical research because she demonstrates the common traumatic experiences and psychological battles that many individuals suffer before finding themselves without a home. This story illustrates the traumatic grief and loss that can come before homelessness and during in Joyce's loss of a secure attachment figure and selfobject, her father. This case is a real story of a client that used the homeless women's shelter that I did my first year internship in for clinical social work. She had used our services for a couple of years and was able to successfully transition out of homelessness. I had very little contact with her, as she only visited the shelter every so often to give back to the community, but her story captured the ambivalence of accepting support from a homeless shelter that many homeless individuals experience.

Although much research coming from the UK and the U.S. mainly report the positive effects of providing primary needs and housing for the homeless in attempts to transition back to stability (Collins et. al., 2012; Padgett, Stanhope, Henwood & Stefancic, 2011; Szeintuch, 2011), researching the affects of individual and group therapy may also be extremely important (Atherton & Nicholls, 2008). According to Tischler, Edwards, and Vostanis (2009) the path to homelessness is often riddled with psychological trauma, and homelessness itself can also be seen as form of trauma. If this is true, then this means that approximately 1% of the American population suffers from



the traumas of homelessness, much like Joyce (U.S. Department of Housing and Urban Development, 2010).

Homelessness has long been an important concern of many health professionals in America, as homelessness has been on the rise since the 1980's when many social services budget cuts were introduced under the Reagan regime (Burt, 1997; Dreier, 2011). In 1986 the U.S. government estimated that there was anywhere from 200 thousand to 500 thousand homeless individuals in America. The U.S. Department of Housing and Urban Development (2010) most recent report on homeless statistics found that there are approximately 650,000 homeless individuals on the street or in shelters on any given night in America's major cities. The National Alliance to End Homelessness recently reported a slight decrease in the number of homeless individuals on the street or in shelters on any given night compared to the previous report, with approximately 636,000 individuals (Witte, 2011). Nearly 4 out of every 10 of these individuals were unsheltered (Witte, 2011).

The reason that statistics for homelessness are so varied and hard to ascertain is because statistics depend on research methodologies used and available resources for studying homelessness (U.S. Department of Housing and Urban Development, 2010; U. S. Conference of Mayors, 2008). Often due to lack of financial resources, homeless research organizations located in America's major cities will take a count of the nearby homeless for one given night and submit this to the organizations national database. An example of this process can be found on Seattle/King County Coalition on Homelessness (2012) "One Night Count" website.

In taking a snapshot in time sample, many homeless individuals who are on the streets may not be recorded because of their difficulty to locate. There are also many homeless individuals that are left out of these estimates because they are not located in major cities (U.S. Department of Housing and Urban Development, 2010). In the past decade the availability and quality of data collected on the homeless population has improved due to stronger government initiatives such as the U.S. Department of Housing and Urban Development's Annual Homeless Assessment Report (AHAR) publication, and policy and research support from the U.S. Department of Health and Human Services (U.S. Department of Housing and Urban Development, 2010).

Though researching the homeless population, in general, would benefit millions of individuals, this research paper will focus on discussing single African-American homeless women. This subsection of the homeless population is of interest because of the author's previous clinical work with this population, and because of the lack of research done on issues and risks that this population is more likely to experience in engaging homeless services (Christian, Clapham, & Abrams, 2011). This gap in literature can be noticed because most of the current literature focuses on homeless families, single mothers, children or adolescents (Tischler et al., 2009; Tischler, Rademeyer and Vostanis, 2007; Beharie et al., 2010).

From the perspective of the author, the lack of literature on single African-American homeless women further marginalizes this population because this illustrates the lack of attention being focused to serving this population. Although, according to The United States Conference of Mayors (2008), single homeless women do not make up the largest demographic of the homeless (14%) they are important to research because single

individuals are more likely to be homeless due to lack of affordable housing, substance abuse, and mental illness, which may result in higher percentages of chronic homelessness (U.S. Conference of Mayors, 2008). African-Americans are important to research because they are disproportionately represented in the homeless population with 49% homeless individuals identifying as African-American. This percentage figure is so astonishing because African-Americans only make up 12% of the U.S. total population (U.S. Conference of Mayors, 2008; U.S. Department of Housing and Urban Development, 2010).

In working to fight against the marginalization of single African-American homeless women, this particular research will be focused around the concept of grief and loss as it relates to multiple theories. In this research, I explore the validity of using the concept of grief and loss as a beneficial theory from which to help determine a single African-American homeless individual's needs (Tully, 2003; Morse, 1998). In this theory, the social traumas that homeless individuals encounter, such as, losing contact with family, not having reliable shelter, and feeling unsafe, can be seen as physical and emotional losses. Using this theory, homeless individuals are understood to be suffering from grief due to their losses (Tully, 2003). I will also illustrate the grief and losses that single African-American homeless women may be of higher risk to experience, and incorporate this with the exhaustive bodies of literature on societal labels or definitions of homelessness or homeless identity, the trauma's observed in homelessness, and attachment theory.

This theoretical research is important because although, some of these theories have been explored extensively in literature, the basic tenets of these theories have not

yet been applied to working with African-American homeless women towards the goal of transitioning out of homelessness. Because there is not much theoretical research on single African-American homeless women within the social work field, social workers know very little about the needs of this population. It is important to do the research to identify this population's needs and strengths so that more appropriate clinical interventions, and social and public policies may be developed in response to these needs. It is through theorizing and developing responsive policies that helping professionals will have the opportunity to provide gender and culturally sensitive clinical interventions (Clapham, 2003).

## **Methodology**

In their discussion of racism, Miller & Garran (2008) argue that racism has been a part of the American society from the earliest European settlers to the present. Miller & Garran (2008) state that, "many ethnic groups, including some considered to be white today, encountered prejudice and social exclusion, but the ethnic/racial groups socially constructed as people of color experienced racism that was significantly more extreme and persistent" (p. 59). They argue that the affects of racism harm individuals affected by it in far more ways than just maintaining unjust stratification. Miller and Garran (2008) believe that racism can actually hurt the individual biologically and psychologically. The biological and psychological tolls that racism can take on an individual is instilling the individual with prolonged anger, rage, guilt, shame and can cause extreme stress and trauma or grief and mourning (Miller & Garran, 2008). Although, these emotions are normal and can also serve a beneficial purpose such as alerting the individual of their

harmful surroundings and the need to adapt or change their environment, they can also have severely debilitating biological and psychological affects.

This research paper will theoretically examine and compare Miller and Garran's (2008) and Tully's (2003) understanding of the experiences salient to African-American women when transitioning into homelessness. In this research paper these concepts will also be cross-examined using attachment theory and grief and loss theory to construct what ethical, meaningful and effective therapeutic treatment may look like with single African-American homeless women. Attachment theory and grief and loss theory (Bowlby, 1968, 1980; Freud, 1917) will be used because both theories work well together to examine how an individual internalizes relationships and the loss of relationships in his or her life (Bretherton, 1992). From these internalizations, we can gain a better understanding a person's functioning and behaviors in relationships.

Examining single African-American homeless women using these theories is logical given that we know little about what meaningful attachments look like for this population. Often our society reflects negative connotations about this population's relationship patterns, furthering racist stereotypes (Miller & Garran, 2008; Tully, 2003; Johnson, 2010). A byproduct of this research will illuminate the pitfalls that we as health professionals fall into when only focusing on and treating an issue such as homelessness based on meeting "basic needs" (housing, food, clothes, etc.), and not understanding the impact of the individual's identity or trauma history. In fact, if we understand the homeless individual's trauma, we may be able to better assess if and how housing might help them (Rayburn et al., 2005).

**Research question.** The research question to be examined is: What are some of the traumas that single African-American homeless women may be at higher risk for, and how might using attachment and grief and loss theory contribute to our understanding of how these traumas affect the single African-American homeless woman's attachment relationship with helping professionals?

The key aspects of attachment theory will be identified in this study. The key aspects of attachment theory will then be explored as it applies to the experiences that many homeless individuals encounter. The experiences of isolation from the public, racism, experiencing poverty, physical, sexual and emotional abuse from strangers and family members before and during homelessness, physical injury prior to homelessness, and the effects of being a single parent (Miller & Garran, 2008; Hwang, et al., 2008; Washington, Moxley & Taylor, 2009; Feen-Calligan, Washington & Moxley, 2009; Tischler, et al., 2009; Goodman, Saxe & Harvey, 1991; Perron, Alexander-Eitzman, Gillespie & Pollio, 2008) will be considered in opening a discussion of traumas that are of particular importance to African-American homeless women.

**Sequence of chapters.** In order to provide a well-organized conceptual framework for this study, the theoretical areas explored will be separated into different chapters. The areas of theoretical study will be Defining Homelessness, Biopsychosocial effects of homelessness (Grief and loss chapter), Attachment Theory, followed by a discussion chapter. The following is a brief chapter outline:

*Exploring the societal labels of homeless African-American women.* It is accepted that definitions have the ability to shape lives through facilitating or hindering

the provision of social assistance. Definitions can also be used in punishing individuals through the establishment of categories that evoke certain connotations to individuals, and society as a whole (Schiff, 2003; Miller & Garran, 2008). Chapter II will attempt to identify and explore some cultural differences in labeling of homelessness, as well as exploring knowledge gaps within homelessness research in it's relation to the intersection between what it means to be a woman, and an African-American in America.

In exploring the particular traumas, prior to, and during homelessness that African-American homeless women are at higher risk for, it is important to consider the historical definitions of homelessness that many different cultures hold. In American history, it is also especially important to explore the effects that slavery and immigration have had on defining homelessness. In exploring these prejudices and labels, a better context for grief and loss within the African-American homeless women population may be created.

Lastly, this chapter will explore the intersection between the definitions of homelessness, historical prejudice labels of women and African-Americans, and how the intersection of these labels may affect the single homeless African-American individual in terms of grief and loss. The meanings of the terms grief and loss will be expanded on in the following chapter. Attachment theory will later be applied to this chapter in the discussion chapter.

***Biopsychosocial effects of homelessness.*** Chapter III will explore the many psychological effects that homelessness has on an individual. Previous psychological effects that many individuals encounter on the road to homelessness will also be considered. The psychological barriers that many homeless individuals suffer are:

neurotic and psychotic levels of depression, low self-esteem, bereavement, anxiety, lack of self-efficacy, and lack of trust (Ogden & Avades, 2011). Homeless men and women are often also concerned with feelings of being misunderstood or mislabeled, feeling trapped or out of control, and feeling unable to accept help (Ogden & Avades, 2011).

Sociological, or macro-level barriers to accessing treatment for transitioning out of homelessness will also be defined. These barriers include: societal racism, sexism, substance abuse, access to a stable housing atmosphere, lack of knowledge and connection to specific homeless services, and limited space and resources in shelters (Ogden & Avades, 2011 ; Foster, Lefauve, Kresky-Wolff & Rickards,2009; Bride & Real, 2003; Tischler et al., 2009 ).

Within this chapter, psychological and sociological barriers that single African-American homeless women may be at greater risk of being affected by will also be discussed. These barriers will be understood in terms of grief and loss, which consists of the feelings of loss of belonging, loss of companionship, and loss of the support of loved ones (Morse, 1998). Grief and loss is a theoretical structure that measures the psychological distress of individuals. In this research it will be used to empathically understand the experiences of the single African-American homeless woman (Morse, 1998).

Lastly, this chapter will review and compare the effects that labels of homelessness from the previous chapter have explored and relate them to the theory of grief and loss. This complex picture of grief and loss will then be later applied to the basic tenets of Attachment theory in the discussion chapter.



It is noteworthy that some researchers have done research that did include perspectives of African-American homeless individuals, women, and those without families through interviews (Acosta & Toro, 2000; Ogden & Avades, 2011; Barrow & Laborde, 2008; Bride & Real, 2003; Tavecchio & Thomeer, 1999), however, there are no current studies that are authored or directly include perspectives from a single African-American homeless woman. This is important to consider because this means that researchers are including their own labels, biases, and interpretations into the research of single African-American homeless women, which inherently affects the tone of their own research (Matsumoto & Juang, 2004; Miller & Garran, 2008).

*Attachment theory.* Chapter IV will discuss attachment theory in understanding the psychological effects of grief and loss on single African-American homeless women. For the purpose of this research, attachment will refer to an emotionally significant and persistent bond between one person to another. When in infancy, this attachment promotes the survival of the child (Bowlby, 1969).

The origins of attachment theory as created by John Bowlby (1969) will be discussed, alongside some contributions from Mary Ainsworth (1985), who was Bowlby's student. It is very difficult to solely explore Bowlby's theory of attachment, as Ainsworth often co-contributed and created parts of the theory that is understood as the origins of attachment theory (Conners, 2011). Most importantly, Ainsworth is credited for defining secure attachment and the different categories of insecure attachment that will be used in discussing how homeless trauma may shift or affect the individual's attachment style (Conners, 2011).

Bowlby's theory of the stages of loss will also be reviewed and compared to the theory of grief and loss in homelessness in this chapter as it is of particular importance to the research subject. Bowlby believed that the stages of loss result when extreme anxiety occurs due to the fact that an attachment figure is not present (Bowlby, 1980). Bowlby (1980) theorized that in these stages, a person may have many adverse symptoms, such as, denial and detachment from others when attachment trauma is prolonged. This chapter will detail a theoretical outline for the psychological barriers that may result from prolonged homelessness.

Perhaps the most surprising aspect of using attachment theory as a lens to consider homelessness is that this theory has not been currently exhaustively used in homeless research. This is ironic considering the foundation of attachment theory was created from observations of homeless children who did not have a strong maternal presence growing up (Bowlby, 1980, 1969). It seems only natural that this theory be used in discussing homeless adults (Carll, 2007).

***Discussion.*** Chapter V will conclude the research with a discussion regarding the previous chapters on the history and stereotypical labels of homelessness, grief and loss theory, and attachment theory. All of the key concepts of each chapter will be synthesized and related to the general concept of grief and loss and trauma. By using this synthesis a better understanding of the traumas that single homeless African-American women are at higher risk for will be detailed. It is in this chapter that the research questions will be addressed: what are the psychological and sociological effects that homelessness has on single African-American women? How might we, as helping professionals, target and

effectively meet the psychological needs of these clients? How can a strengths perspective be considered in working with this population?

The purpose of the research discussion will be to offer a more informed and gender and culturally responsive approach in conducting further research in engaging single African-American homeless women in the therapeutic process. A need for a more comprehensive understanding of the emotional needs and strengths of single African-American homeless women will be highlighted.

## **CHAPTER II**

### **Exploring the Societal Labels of Homeless African-American Women**

Definitions have a surprising ability to shape our lives while remaining obscured in the background of our daily activities...definitions facilitate or hinder the provision of social assistance or punishment through the establishment of categories of approved recipients in either case (Schiff, 2003, p. 491).

#### **Defining Homelessness**

It is necessary to analyze how homelessness is defined for multiple reasons. It is important because through defining homelessness, a society or an individual can then consider the negative or positive connotation that is attributed to this status. On a societal level, this leads to policy that is made for the homeless, which dictates how societies support their homeless. In other words, how we view a social problem impacts our response to it. Lastly, it is also important to define homelessness because in doing so, we can bring more meaning and understanding when counting homelessness in research (Speak & Tipple, 2006 ; Cordray & Pion, 1997).

It is well accepted in the social science research community that the conceptions of homelessness are culturally determined (Toro, 2007; Cordray & Pion, 1997). One way that a culture determines the definition of homelessness is through relying on “common sense approaches” such as a dictionary definition of the word, or defining the word from how the press uses it (Cordray & Pion, 1997). For example, a news station might refer to the homeless as “people living on the street.” This definition could include anyone living on the street, even runaway kids, and omits those who are living in shelters. The obvious problems with these ways of defining homelessness is that the definition is too general

and leaves much up to the reader interpreting the meaning (Cordray & Pion, 1997).

Another way of defining homelessness is determined through specific definitions either from policy or operational definitions in research. These types of definitions specifically name characteristics that are being used within the definition. Examples of these characteristics are duration of homelessness, age of the individual, and where the person is living. Defining homelessness in this manner often results in the identification of subgroups (Cordray & Pion, 1997). Some important subgroups that have been researched extensively are homeless substance abusers, the homeless chronically mentally ill, homeless families, and unaccompanied youth (Cordray & Pion, 1997). Although this way of defining does give the reader and researcher a more precise definition of whom they are studying, it can also result in a biased value being placed on the population through the subdivision label's connotation (Speak & Tipple, 2006).

**U.S. definitions.** In America, it is very hard to understand how homelessness is generally thought of or defined (Toro, 2007; Schiff, 2003; Cordray & Pion, 1997). As mentioned above, this is because the definition of homelessness depends on the context one is defining such a status. To understand America's present day understanding of the homeless, we need to first briefly look at the history of homelessness in America.

***History of homelessness in America.*** Throughout American history, our society, researchers, and historians have largely marginalized the homeless (Kusmer, 2002). Impressionistic evidence suggests that prior to the 1730's homelessness was seen as relatively insignificant, both to the public and policy makers (Kusmer, 2002). Interest in this population only started to grow in the late 1800's as the American cities grew. This

newfound attention was largely negative due to America's punitive action towards the homeless in recording vagrancy convictions against such persons (Kusmer, 2002).

From the 1700's to 1800's homeless individuals were given negative subgroup names such as "tramps," or "hobos" for those who were considered homeless and traveled often. These individuals did seasonal work at the apex of the Industrial Revolution (Kusmer, 2002). With the publication of Charles Darwin's *Origin of Species*, Social Darwinism, or the philosophy of "survival of the fittest" was embraced when thinking of the poor and homeless (Blau & Abramovitz, 2010). This made it easy for many citizens to turn a blind eye towards the poor and homeless. The ideology of the day was that these individuals were poor and homeless because they were not fit, and should not be coddled. If the poor were coddled, then capitalism as American's understood it would crumble in favor of helping weaker individuals (Blau & Abramovitz, 2010).

By the late 1800's, it became increasingly harder for American's to ignore the existence of homeless individuals. Starting in the 1870's, the homeless were made more visible in America because of their increased mobility through use of trains (Kusmer, 2002). Kusmer (2002) states that the homeless were just as likely to use the train as walk on foot during this time period. By World War II the homeless were commonly discussed in magazines and daily newspapers, and usually referred to as "beggars" because of how many Americans encountered homeless individuals begging for handouts. Kusmer (2002) believes that despite an increase in publicity for homeless individuals by World War II, and its pervasiveness in American history, homelessness has received relatively little attention from historical scholars. In fact, if mentioned in general histories of America at all, "tramps" and "beggars" were usually simply and dismissively categorized as a side

effect of the business cycle.

The first census of the homeless was done in 1933 in America. Sociologist Nels Anderson identified a homeless individual as pertaining towards the individual's connection with family (Cordray & Pion, 1997; Kusmer, 2002). He identified that a destitute man, woman, or youth, either a resident of the community or a transient, who was without domicile at the time of enumeration was considered to be homeless. He believed that this individual may have a home in another community or relatives in the local community, but is for the time detached, or cannot return (Kusmer, 2002). This definition is significant because it considers how important family is when determining if a person is actually homeless, but Anderson's definition does not take into account that homelessness is often a transitory condition. This means that a person may be technically with a roof over their head, but for all functional purposes they are homeless, yet they would not be counted as such (Kusmer, 2002).

Currently, many societies including America, still do not define homelessness as being a transitory condition, but rather only "see" the issue when an individual has no roof over their head, or is living on the streets. Because of this understanding, no effective policies have been made in America that help those who are in insecure or instable living conditions, and thus in danger of transitioning into homelessness (Schiff, 2003).

When analyzing the history of the definition of American homelessness an extremely important population to consider for this study is African-American history. African-American history is important to consider because of the unique ways that slavery affected the label of homelessness within this population.

Although it is difficult to understand how homelessness is defined in America (Toro, 2007), it may be even more difficult to understand what homelessness means in the context of African-American individuals (Johnson, 2010). This is due to how racism in America affected record keeping of homeless African-Americans (Johnson, 2010). During the beginning of the slave trade, African-American slaves were not considered homeless even though they exhibited extreme poverty and inadequate shelter (Johnson, 2010). It was in fact free African-Americans who were considered homeless, and this was tantamount to being criminals because they were deemed fugitives. Although they were not recorded, these slave runaways should be considered an example of early American homelessness (Johnson, 2010).

As mentioned previously, African-American homelessness has been shown to be over represented in America. The over representation of African-American's within the homeless community has also been shown throughout American history. For example, W.E.B. Du Bois recorded that there was more than twice the percentage of homeless African-Americans in the Philadelphia Almshouse than there was in the general Philadelphia population in 1837. African-American women represented more of this population than African-American men (Johnson, 2010). During the Civil War, even more homeless African-Americans existed because there were not enough jobs to support the newly freed blacks. When reconstruction failed, this marked the beginning of African-American economic dependence as tenant farmers and day laborers (Johnson, 2010).

In the early 1900's, housing and jobs were also scarce for African-Americans because of segregation and racism (Miller & Garran, 2008). Of the jobs that African-



Americans could obtain, many were unstable, low paying, and unregulated. African-American women were more likely to acquire these types of jobs through working as domestic employees (Miller & Garran, 2008).

The Great Depression of 1929 amplified African-American over-representation in the homeless population largely because African-Americans were less likely to receive aid at this period (Johnson, 2010). All sharecroppers and surplus day laborers were not considered unemployed, and thus were not given federal aid (Johnson, 2010; Miller & Garran, 2008). This means that 40% of African-Americans were not considered in need of aid (Johnson, 2010). Not only were many African-American impoverished and homeless not getting aid, they were also found to have more punitive actions take against them. W.E.B. Du Bois recorded that in the late 1900's African-Americans were more likely to be arrested because of their homeless status than to get assistance.

Structural racism targeting impoverished African-Americans continued well into the late 1900's. Urban renewal projects in the sixties attacked African-American's well being and increased their chance for homelessness. This is because during this time period, 404,000 housing units were destroyed and only 41,580 housing units replaced these (Gee, 2002). This affected the African-American community the most as they were more likely to be trapped in the ghettos that were being torn down (Gee, 2002).

Redlining, a form of segregation, greatly affected Blacks during this time, as well. Redlining is when lending institutions are biased in regard to their loan dealings with members of racial minorities (Gee, 2002). This bias led to African-Americans not being able to obtain necessary loans for housing outside of "ghettos" because other housing was not made affordable (Johnson, 2010; Gee, 2002). In a study that compared the affects that

redlining has on minority individuals, Gee (2002) found that many of the minority individual's mental and physical health were greatly affected by perceived racism. Gee (2002) geocoded data from the cross-sectional Chinese American Psychiatric Epidemiologic Study (CAPES) with data sets from the 1990 census and the 1995 Home Mortgage Disclosure Act. Gee used these data sets to evaluate the socio-economic and health discrepancies among minorities in a city that has a large Chinese American population. Statistics from these databases were then used to analyze interviews done in 1993 through 1995 that evaluated responses from minority respondents on how they subjectively experienced institutional discrimination and racism. Gee (2002) found a difference in responses and statistics from African-American respondents compared to other populations of color. He found that African-American's who were victims of redlining were still affected due to the institutional racism that still exists within the ghettos.

He mentions that perceived discrimination has a robust link with African-American men and women and their mental and physical health. This means the more perceived discrimination in the individual's life, the worse their physical and mental health was (Gee, 2002). This finding was true for other populations of respondents of color, but the physical health correlation was not as significant with other respondents of color compared to African-American respondents. Gee (2002) suggests that a future area of study should explore this difference. Future research could explore whether mental health has a lower threshold for being effected by racism than physical. If this is the case, African-American's may have suffered greater endemic institutional discrimination within America and were therefore able to break the physical health threshold. Gee

(2002) qualifies this supposition through showing in his study that perceived institutional discrimination affected the respondent's physical and mental health more than perceived individual discrimination.

Based off of the historical observation of African-American homelessness we can surmise that as a society we do not have an adequate definition, narrative, or understanding of the experiences of homelessness by African American individuals. Society often continues to blame the African-American homeless individual, rather than attribute homelessness to lack of structural changes and beneficial public policies that address discriminatory practices that may put African-American's at a higher risk of becoming homeless. Our society's lack of understanding and empathy for the African-American homeless population plays a large part in how much of our population views barriers that this population has in accessing treatment and transitioning out of homelessness (Johnson, 2010; Schiff, 2003; Speak & Tipple, 2006).

***Current U.S. definition of homelessness.*** Currently, the definition of a homeless individual has shifted from a family-oriented approach to operational definitions. These operational definitions are supported by current federal policy in regards to homelessness (Kusmer, 2002). A "common sense" resource that American's tend to use to define homelessness is the Merriam-Webster Dictionary. In this resource, homeless is defined as "having no home or permanent place of residence" (Homeless, 2011). As one can tell, this simple and general definition leaves the reader to make his or her own decision on whether those who are living with their family or in an treatment center qualify as homeless.

The way that homelessness tends to be defined in American policy is those who are living on the streets or in public shelters, and do not have a shelter of their own. This definition is supported by the McKinney-Vento Homeless Assistance Act passed in 1987 (Schiff, 2003), which provides federal funding for homeless services, such as shelters.

The McKinney-Vento Act of 1987 defines a homeless individual as:

An individual who (1) lacks a fixed, regular, and adequate nighttime residence and (2) has a primary night-time residence that is (a) a supervised, publicly or privately operated shelter designed to provide temporary living accommodations, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

This definition notably does not include individuals who are doubled up with family or friends, or those who do not use shelters and do not tend to stay in one primary area (Schiff, 2003). This current definition significantly marginalizes those individuals who are currently relying on the complete support of friends or family members to stay off the streets, because this political definition does not allow resources to be allocated to this population.

Most notable in this current political definition is the loss of focus on external factors, such as family or social structure breakdown that was apparent in the beginning of the 20<sup>th</sup> century. Although Nels Anderson's definition lacked clarity and specifics, it was very progressive in including attachment or relationship vulnerability that occurs when transitioning into homelessness. Today we would be more likely to see homelessness having connotations with mental and physical illness and drug abuse (Kusmer, 2002). Although poverty, mental illness, and drug abuse are definite risk factors for becoming homeless, these factors carry much blame in our society (Kusmer, 2002;

U.S. Conference of Mayors, 2008; Ogden & Avades, 2011; Bride & Real, 2003; Tischler, et al., 2009). Perhaps, this is because our society does not connect these characteristics to the traumatic experiences that place many individuals at risk for homelessness (Speak & Tipple, 2006; Johnson, 2010).

U.S. society has, and still is clearly marginalizing the homeless population through its use of negative definitions and connotations for the homeless, as illustrated above. This language effectively constructs the homeless as “other” and institutionalizes their stigmatization. These very labels keep the homeless dissociated and disconnected from our society (Speak & Tipple, 2006). In fact, until the last decade Western research and public opinion has focused on homelessness as being an issue that primarily affected males (Minnery & Greenhalgh, 2007). This limited lens further marginalized and minimized how homelessness has effected other populations in our society. As a result, it is difficult to find narratives of individuals who have stories of survival and strength within a stigmatized and marginalized population (Miller & Garran, 2008).

It is apparent that when more of our society was visibly struggling with homelessness during the Great Depression, it was easier for the public to accept Nels Anderson’s definition of homelessness. During the Great Depression a greater percentage of people found themselves impoverished and homeless, which normalized these conditions, and sensitized the public to this economic state. Many children found themselves homeless, which also helped force national opinion to become more empathetic towards the homeless (Cravens & Mancall, 2009). However, as our society became blind to our stratification after the 1940’s, we have regained our blaming values towards the homeless (Kusmer, 2002).

What does our society suggest about the human condition during homelessness through use of our definitions of homelessness? Because it is known that through the theory of ethnocentrism, our own culture can produce a bias in how we view and define what we see in the world, we should understand how homelessness is conceived in other societies (Matsumoto & Juang, 2004). In doing so, we may gain some insight into the American bias, and perhaps unveil pieces of what the true human condition is during homelessness.

**Homelessness defined internationally.** For the purposes of this study only a few cultures will be examined. Although these cultures cannot be considered representative of all the world's many definitions for homelessness, they will provide great samples of the variation in definitions the many cultures of the world have. The cultures that are to be studied are as follows: Japan, the United Kingdom, Ghana, and China.

A cross-national policy analysis is useful in understanding how social policies and definitions impinge on homelessness. Both, social policies and socio-cultural beliefs and practices, particularly with respect to social exclusion, are important for understanding rates and characteristics of the homelessness (Shinn, 2007).

Special attention will be paid to any positive and negative connotations or perceptions that the homeless are given in these countries. This is to show the contrast of how effectively a negative definition of the homeless effects their stigmatization and marginalization, compared to how more empathetic views speaks to the population's strengths.

***China.*** In China, two main terms are used to refer to the homeless. The main

Chinese term that refers to homelessness is “mangliu.” This means ‘blindly floating’; having no registration in the place of residence (Speak & Tipple, 2006). Another common name that the Chinese use for the homeless are beggars, or ‘Jiaohuazi’ (Speak & Tipple, 2006). Homelessness in China reflects complete disconnection from society and loss of citizenship. “Street sleepers” are not tolerated at all and are usually forced to occupy areas of poor-private housing, which are developed by house-owners keen to make money for rooming accommodation (Speak & Tipple, 2006).

The Chinese homeless are also denied many rights that other Chinese citizens have, such as the right to vote and ability to access many social services. This further illustrates the fact that homeless Chinese individuals are treated as illegal aliens.

**Ghana.** In Ghana, they have no term for homeless. In this society to have a “home” is synonymous to having a family. The only individuals who can truly be homeless are those who do not have a family (Speak & Tipple, 2006). Based on this definition, homelessness is a new phenomenon resulting from a recent decrease in the cohesion of extended family networks, and partly from ethnic violence (Speak & Tipple, 2006). This newly classified homelessness affects mostly young people, who may be found living in public areas. However, the definition of homelessness is sometimes broadened to include those who are renting space to sleep within the courtyard of a house (Speak & Tipple, 2006).

The societal stereotype that is held in Ghana of the homeless are that they are “beggars,” even though a very low percentage actually engage in begging. Many of the homeless are also defined as having a mental illness (Speak & Tipple, 2006). This definition is even supported by many charitable institutions that support the homeless. To

illustrate this point, Speak & Tipple (2006) interviewed an official at Oxfam about the homeless in Ghana, and the official described homeless individuals as, “ the mentally ill whose movement cannot be easily controlled” (p. 178). In Ghana, many of the homeless do hold some sort of job to earn meager wages. These jobs range from being head porters, polishing shoes, selling oranges, or selling water (Speak & Tipple, 2006).

*Japan.* In Japan, the homeless are often labeled or defined as “rough sleepers,” which has been derived from the U.K.’s definition. This definition was translated into Japanese after WWII because this is when Japan’s central government started providing support for those without homes (Okamoto, 2007). Prior to this time period, a word for homelessness did not exist in Japanese society (Toro, 2007).

Homelessness in Japan seems to have been seen as a national problem only since the early 2000’s when public policy first appeared (Okamoto, 2007). This may come from the belief that the families and friends of the homeless are expected to support them. In this matter, homelessness seems to be more of a private issue than public issue. Since policy has been in place, much of the Japanese public feels that the support systems in place for them are adequate, and therefore do not need to further consider the homeless. Through these policies, the Japanese society categorizes the homeless as those who cannot work due to their mental capacity or physical capacity, to those who can. However, policies only provide adequate assistance for those who are deemed able to work (Okamoto, 2007). As can be seen, this second label of non-working homeless further stigmatizes and discriminates against certain populations of the Japanese homeless.



*U.K.* In the United Kingdom (U.K.), the homeless are referred to as “rough sleepers,” as previously mentioned (Toro, 2007). The U. K.’s “rough sleepers” are defined in a much different way from Japan, China, or America. U.K. society has recognized homelessness as a sociopolitical issue since the late 1960’s, some years before America started to make homelessness a socio-political issue in the early 1970’s (Okamoto, 2007). The U.K. builds its definition of homelessness off of the idea that homelessness is a national issue. In the U.K., as with much of Europe, there is a much more fluid definition of homelessness that pertains to those who do not have their own housing, those who have tenuous ties to housing, and even those whose housing is inadequate (Shinn, 2007).

Shinn (2007) and Minnery & Greenhalgh (2007) note that of all of the European nations, the U.K. is the only one that takes statutory responsibility for homelessness. This means that the U.K. believes it is federal or state duty to provide shelter for its homeless. Although some cities in the United States recognize this responsibility, it has not become federalized, or a nationwide duty. In the U.K., the National Assistance Act further defines homeless individuals who are eligible to receive government assistance as those who are homeless through no fault of their own. This U.K. definition of homeless also states that the individual has to be unintentionally homeless. These definitions exclude homeless individuals who choose not to present to a service, and those who are deemed to have priority need (Minnery & Greenhalgh, 2007).

These sub-categories of homelessness further stigmatize certain homeless populations based on subjective evaluations of who is seen as more needy. Having these categories can also be discriminatory because a certain level of sophistication is needed

in determining if one's own self is unintentionally homeless. Also, how does one determine if someone has more priority need over another? Because of these subdivisions, many single homeless individuals do not present to agencies for fear that they will not be identified as having a priority need (Minnery & Greenhalgh, 2007).

Interestingly, both the United States and most European countries also define homelessness as a short-term anomaly through how their policies are designed to help homeless individuals for a short-term period. Many of the policies do not focus on "chronic homelessness," which has no clear definition in either society (Shinn, 2007).

### **Cross-cultural Synthesis**

In an historical analysis within the United States, Shinn (2007) notes that theories about psychological dysfunction and solutions vary over time, with environmental explanations favored in times of social reform and individual explanations favored in politically conservative times. This theory holds true for how the currently conservative American society has responded to homelessness, and is also true for the reason why we see greater sensitivity in European nations towards greater endorsement of government responsibility for its homeless (Shinn, 2007).

It can also be noticed that homelessness definitions throughout the world have become more progressive. These expanded definitions and differentiations have resulted in categories of homelessness involving: rooflessness, houselessness or insecure housing, and inadequate housing (Minnery & Greenhalgh, 2007). Whatever the definition is, homeless people are no longer seen as just being exclusively male and alcohol dependent. This understanding has developed the recognition of the "new homeless" population, which are defined as families, women, children, youth, the elderly, and marginalized

ethnic or migrant groups (Minnery & Greenhalgh, 2007). With this recognition of diversity within the homeless population, research has started to expand to include specific concerns of these new populations. This has started to lead to a more comprehensive understanding of the complexities of working with the homeless population.

Upon reviewing the different definitions of homelessness in different cultures, we find that societies that do not have strong or useful definitions of homelessness tend to not have supportive policies for their homeless. This supports the understanding that societies support negative definitions of homelessness, or generalized definitions, if they believe that the issue of homelessness is an individualized responsibility rather than a societal responsibility. Conditions are even worse when societies do not even have their own words for homeless individuals because this suggests how unseen the homeless population is.

It can be inferred from the American definitions and cross-cultural perspectives that categorizing the homeless, giving the homeless pathologizing labels, and seeing the homelessness as anything other than a failure of the particular societal system is to marginalize this population. In other words, all of the societies studied to some extent are discriminating against their population's homeless by enacting policies that are born from their culture's definition of homeless. As Miller & Garran (2008) believe, discrimination can have a very negative psychological impact on the individual, and the individual can also be negatively impacted through the social stigma that results from not fitting in to their society's definition.

Fortunately, some societies are embracing the exploration of the definition of

“chronic homelessness” and are starting to theorize and enact policies that attempt to address homelessness as a transitory condition. It is the author’s hope that “chronic homelessness” research continues, and is able to gain global support. If this research continues more comprehensive policies can be created in addressing all facets of homelessness.

### **Identifying Historical Attributes and Characteristics Ascribed to African-American’s in White American Society**

On top of discussing the definition of homelessness in America, it is also important to analyze how African-Americans have been discriminated and labeled in white American society. This is a part of an extremely important intersectional identity in America, and therefore will be important in analyzing how a single African-American homeless woman’s social identities affect her (Miller & Garran, 2008). To begin, we must consider where the label of an African-American originates and what it means. To do this, we must define what race is, because an African-American refers to a general racial category (Smedley & Smedley, 2012).

In America, defining a person’s “race” forces the individual into a category where they may be identified as Black, Hispanic, Asian, Pacific Islander, White, etc. (Smedley & Smedley, 2012). Race is meaningful in America and most human societies because it is a category that has been used for ages throughout the world to separate people of different cultures, and those who look different from each other (Smedley & Smedley, 2012; Miller & Garran, 2008).

The idea of race is thought to have first originated or gain importance in the Iberian peninsula in the 15<sup>th</sup> and 16<sup>th</sup> centuries. The idea of race was tied to religious bigotry as

the Spanish battled the Moors and wanted to differentiate themselves from Jews, whom they thought had tainted blood (Miller & Garran, 2008; Smedley & Smedley, 2012). During this time, the Portuguese and Spanish had started exploring Africa and the Americas and strived to conquer the natives in these areas, which was rationalized based on their different physical look, or race (Miller & Garran, 2008). The Spanish word for race is 'raza' which refers to the cast or quality of horses. Horses in Spain were branded with an iron so as to be recognized for their differing qualities (Smedley & Smedley, 2012). This social desire to differentiate humans based on their looks and heritage builds a foundation for social Darwinist ideals.

The definition of race progressed through the European Enlightenment where humans started to be viewed as descending from animals rather than God. This was also a time of scientifically classifying and ordering the world. Europeans who defined themselves as being "white," privileged their own race and thought themselves to be more sophisticated and superior to other races (Miller & Garran, 2008; Smedley & Smedley, 2012). Social Darwinist ideals were held by Europeans during the colonization period in order to rationalize the hostile and barbaric take over of entire societies (Miller & Garran, 2008; Smedley & Smedley, 2012).

The actual term "race" is found in all the languages of European settlers in the Americas. "Race" generally denoted populations of differing origins from "white" individuals (Smedley & Smedley, 2012). It is noteworthy to mention that not all European's consider each other white. Societies and cultures were made "colored" to target the population as being inferior or even sub-human. The Irish, Jews and Italians initially were labeled as "non-white" when they immigrated to America, based on the

oppressive label of the majority English settlers who were already in America (Miller & Garran, 2008). As can be seen Anglo-Saxon societies labeled people of other “races” as being of color to stigmatize, discriminate and perpetuate hostility towards them.

Through examining the history of the definition of race, progressive racial theory in America has determined that our social identities can hold power through social privileges, and can also lead us to being targeted or disparaged (Miller & Garran, 2008). Social statuses may warrant a person an “agency status” or “target status” depending on the individuals’ setting (Miller & Garran, 2008). An “agency status” is a status of privilege, where the individual reaps social benefits from being labeled with a certain identity, whereas a “target identity” is when someone is discriminated against or marginalized based on their social label.

In our society, a person of color or dark complexion has been historically discriminated against (Miller & Garran, 2012; Johnson, 2010). American society was founded by white settlers and was designed to privilege those who are white. These privileges have resulted in enslaving those who are not seen as white, labeling individuals as a certain social identity who are not seen as white, racial violence, and monopolizing of resources, to name a few. The history of marginalization of those identified to be of color currently results in individuals that match this visual criterion as having a “target status” within our country (Miller & Garran, 2008). Because an individual’s social identity is determined by the society or setting they are in, a person may hold a privileged “agency status” in one setting, and a “target status” in another.

Miller & Garran (2008) define a “target status” as a social identity that someone holds that makes them susceptible to harmful prejudices that negatively impacts their

lives in a social, psychological, emotional, or economic level. An “agency status” is defined as a social identity that someone holds that affords him/her the privileges of many social benefits based off that person’s social identity (Miller & Garran, 2008). An example of an agency status in America is a man doing the same job as a woman in our society statistically will make more money based on his male status. People who hold an “agency status” also have the privilege of not having to worry about negative social consequences of their particular “agency status” identity (Miller & Garran, 2008). Meaning that as a man I am not made aware through any stigmas or discrimination in society that I am a man.

Miller & Garran (2008) show that because individuals of color hold a “target status” in our society they are negatively affected by this label on an intrapersonal level, an interpersonal level, an intergroup level, an institutional level, an official and state level, and sometimes at a state sanctioned level. The effects that race can have on an individual at an intrapersonal level are that people inherently hold prejudices, biases, beliefs emotions, ideas, and cognitions having to do with other people’s races and their own that lead to stereotypes (Marger, 2003; Miller & Garran, 2008). A “target status” race may even have internalized inferiority based on their learned prejudices from our primarily white ethnocentric society (Miller & Garran, 2008).

The idea of race also affects us at an interpersonal level. At this level, prejudices are expressed towards others, which can be defined as discrimination, racism, or “micro-aggressions.” “Micro-aggressions” are “unintentional acts of racism often unrecognized by the perpetrator but often agonizing and hurtful to the target of the interaction” (Miller & Garran, p. 32). A person with a “target status” in our society would have a great chance

of being exposed to racism, discrimination and micro-aggressions. At an institutional level, “target status” individuals may be excluded from neighborhoods, schools, politics, health and mental healthcare based on race. They may also have greater exposure to environmental hazards, higher risk of arrest and incarceration, and lower life expectancies (Marger, 2003; Miller & Garran, 2008; Matsumoto & Juang, 2004).

The effects of race at an official or state level describe situations in which the state is overtly targeting a group because of their race. For people of color, this means that the state that the person lives in could legalize or sponsor racism. An example of this in America was when Jim Crow laws were legalized (Miller & Garran, 2008). At this level, our states have also used their power to define a person’s racial identity in the past to oppress individuals of color. This is evident in the one-drop rules that many states endorsed in the early 1900’s, which said that if someone had any African ancestry in them, they are legally “black” (Marger, 2003; Miller & Garran, 2008). Currently, the federal government still exercises this power through the Bureau of Indian Affairs that created “blood quantum” criteria, which stipulates that someone must have at least one-quarter Native American blood to be legally defined as Native-American. Those who do not qualify as Native-American are not eligible for specific federal assistance that is given to Native-Americans (Smedley & Smedley, 2012). Lastly, the effects that the label of a race has at a state sanctioned level are the most appalling when understanding how persons of color are affected at this level. In world history, this includes genocide, ethnic cleansing, slavery, and racial apartheid (Miller & Garran, 2008).

It is important to understand that racial categories are now considered by the anthropological and other scientific communities to be a social construct that does not



have any scientific merit (Miller & Garran, 2008; Smedley & Smedley, 2012). It is now understood that there is actually far greater genetic variation within racial groups than between them. However, though racial categories and differences may not actually be scientifically valid, we must understand their perceived social validity (Miller & Garran, 2007).

As a white individual, I am able to shed my racial label and not think about my race in my American society, while people of color are unable to do so. Most minorities have no option but to accept their racial label in our society and accept this label as a reality (Miller & Garran, 2008; Smedley & Smedley, 2012). This is an enormous burden in a supposedly free society. Sadly, even currently, a person or group's identity as racially inferior takes precedence over any other qualities that might be present (Smedley & Smedley, 2012). The fact that race is still used in defining humans, despite current scientific invalidation and poor ethical credibility, shows how powerful this term is for many societies. The effects of racial categories have clearly led to very real consequences, such as racism, which has a clear impact on people of color.

An important product of racism and discrimination is the fact that narratives of strength and empowerment among people of color in the U.S. are often excluded. This exclusion allows for pathologizing language and stigmatizing discussion to emerge within our society when addressing issues that affect people of color. The intersection of the labels that a single African-American homeless woman carries will continue to be explored in the next sections to expose much of the discriminatory language that has been used towards this group, as well as the absence of strength based narrative.

Miller & Garran (2008) believe that there is a great need to understand that though

African-Americans are a part of a “target status” in our society, they are not just victims, but survivors (Miller & Garran, 2008). Much strength may come from being defined as an African-American in that many of these individuals and their ancestors may have endured dreadful conditions, discrimination, and hostility, yet have refused to give in (Johnson, 2010; Miller & Garran, 2008).

### **Exploring the Historical Labels of Women in America**

The historical discrimination and societal label of what a woman is in America is also very necessary to understand for this research, given that it is another important “target status” identity (Miller & Garran, 2008). This identity contributes to the societal impact that an individual experiences as a homeless African-American person (Matsumoto & Juang, 2004). It is extremely important to understand the history of the label of a woman in our society because of how it is bonded to the label of an African-American individual in American history.

As with many other aspects of our lives, culture influences the behaviors associated with being male or female (Matsumoto & Juang, 2004). To start off, we must define what is meant by the term “sex” in our society. “Sex” generally refers to the biological and physiological differences between men and women. “Sex roles” is a term that is used to describe the behaviors and patterns of activities men and women may engage in that are directly related to their biological differences and the process of reproduction (Matsumoto & Juang, 2004). In contrast, “gender” refers to the behaviors or patterns of activities that a society or culture deems appropriate for men and women, and “gender role” refers to, “the degree to which a person adopts the gender-specific behaviors ascribed by his or her culture” (Matsumoto & Juang, 2004, p. 182). Current traditional

gender roles in our society expect that women are nurturing, caring, and highly emotional. Generally, they are also seen as the primary caregiver for children, and should take care of children at the home (Matsumoto & Juang, 2004).

It is recognized that not everyone can be or should be pigeonholed into stereotypes according to sex or gender roles, however, when people stray from these societal roles, they are often stigmatized. In the colonial era, our society had already developed an ideology for what a woman is, or should be. Families were seen as economically productive units, and all members were important participants in the required work. Men were seen to be in charge if they were seen as successful, and women, children, servants, and slaves were subordinate (Blau & Abramovitz, 2010). Blau & Abramovitz (2010) state, “For white women, as for white men, those who failed to meet this standard were classified with women of color as unworthy poor” (p. 239). Ironically, social uprisings came from those who did not wish to fit inside this unethical colonial hierarchy, as our nation rose and went to war for independence against the British (Blau & Abramovitz, 2010).

In the Civil War era, we see an ethic that split the world of work from the work at home, which assigned work to men and domesticity to women. By nature, women were seen as more delicate, weaker, and vulnerable. This characterization inflated women’s dependence on men and perpetuated their label as being “less than.” Yet again, anyone who did not conform to these roles was greatly stigmatized. (Blau & Abramovitz, 2010). It is in the end of this era that we see the clear parallel of the struggle that African-Americans and women had in America’s white patriarchic society. William Lloyd Garrison, Frederick Douglass, and Sojourner Truth addressed the issue of race by trying

to eradicate slavery during this time, as Susan B. Anthony and Elizabeth Cady Stanton fought for women's suffrage (Blau & Abramovitz, 2010).

During the Progressive Era from 1900-1932, women were finally able to find higher paying jobs in the work place through new administrative positions that required mediating between business and workers. Although some women found a better sense of freedom and economic success during this time period, the ideology during this time period was still very marginalizing (Blau & Abramovitz, 2010).

Female reformers of this era were determined to preserve a separate domestic sphere for women for empowerment. Women were viewed as potential caretakers of the nation, however this notion subjected women from the poorer classes to moralistic condemnation. These women were to be saved from their environment through a process of victim blaming that was often ignorant of their actual universe of choice. During this time period the first national movement for black people appeared, and women won the right to vote (Blau & Abramovitz, 2010).

During the New Deal and WWII era, women, much like the poor and homeless, were given more attention and were more empowered by our society as social welfare was constructed to help those in need. Women were encouraged to do previously hard labor "male jobs" as the men fought in the war. This started the breakdown of previously held social norms of women (Blau & Abramovitz, 2010). This progressive swing in a woman's ability to define herself and create groups such as, the National Organization for Women, lost much momentum by the late 1960's.

The previous progressive swing completely stalled with the conservative ideologies of the late 1960's to early 2000's, which found many of our political leaders unsupportive

of social movements. With Reagan in office, Social Darwinism was touted once again through his lack of support of welfare policies. It was the white upper class American's conservative belief that those who do not work or find success do not deserve societal support or recognition (Blau & Abramovitz, 2010). ]

Using these discriminatory labels that have been attributed to women in our society, the discriminatory labels for African-Americans in our society, and the discriminatory labels for homeless individuals, a much more complex understanding of single African-American homeless women's "target status" can be explored. This curiosity and appreciation of complexity within identities is necessary when theorizing barriers that a large population may be at risk for in transitioning out of homelessness.

For the purposes of this study, a single African-American homeless woman constitutes a homeless individual who does not have a partner and is not currently living with a family or children, is identified as being homeless through the previously mentioned American definitions, and identifies herself as being African-American.

### **Intersectionality of Identities**

In order to synthesize all of the information in this section, I will be using Speak & Tipple's (2006) understanding of the justification that many societies give for perceiving homeless individuals negatively. From this analysis I hope to show how many societies including the U.S. discriminate homeless individuals based on the intersectionality of their identities.

Speak & Tipple (2006) believe that there are four major categories of reason that societies hold for justifying negative perceptions of the homeless. These categories are: competitiveness, worth, appearance, and pity. Single African-American homeless women

are discriminated against in all of these categories and have shown much strength throughout history in overcoming many of the obstacles involved with overcoming multiple levels of discrimination based on the intersectionality of their identities.

Based on our society's competitiveness engendered in our ideals of capitalism, single African-American homeless women may be seen, and therefore treated as, casualties of our economic system. She may be seen as a failure because she cannot provide for herself through obtaining a stable income because of her status as being homeless (Blau & Abramovitz, 2010), a competitive failure because of her subordinate "target status" as a person of color in America's white elitist dominated economy (Miller & Garran, 2008), and a competitive failure because of her "target status" as a woman who still battles against many sexist labels attached to her within the working force (Matsumoto & Juang, 2004).

A single African-American homeless woman's "worth" in our society is also jeopardized by her "target status." The term "worth" at a societal level can be defined as a person's deemed need of help, and benefit to society if helped, according to Speak & Tipple's (2006) understanding of how societies hold value for certain populations or industries. In general, because of our country's relatively conservative social welfare policies, we see homelessness more as an individual issue and therefore deem supporting the individual as not worthy on a societal level. American's deemed worthiness of supporting a single African-American homeless woman may also be affected by racism and sexism within the U.S.

Although, currently our society and welfare system rarely holds overtly racist practices, institutionalized racism still has long lasting effects on how a person of color's

worth is viewed (Miller & Garran, 2008). For example, with our current welfare system, many women face hardships in supporting themselves when trying to transition off of welfare. This is because often when they obtain a job, the wages are lower than the support they would receive on welfare (Burnham, 2001). This often leads to housing insecurity, homelessness, food insecurity, and hunger. African-American women are overrepresented on the welfare rolls and are very vulnerable to the negative impact of welfare reform (Burnham, 2001). African-American women are also overrepresented on the welfare rolls based on their gender “target status” (Miller & Garran, 2008; Burnham, 2001).

Because a woman in our society is often labeled and portrayed as the primary caregiver, her worthiness is also judged off of her capabilities as a parent. Often, homeless women are devalued in our society because of their perceived inability to care for their children. Many lose their children based on the fact that they are homeless, rather than the factors of drug dependence, domestic violence, and institutional treatment (Barrow & Lawinski, 2009).

The loss of children during homelessness is often times due to lack of public support. In a society that is increasingly more suspicious of the merit of those who use public resources, programs for the poor, and homeless shelters, incorporate methods to discourage their use and dependency that is thought to come with it. Many homeless service agencies undermine autonomy and intactness using guidelines such as, excluding older children, or requiring that child support be provided (Barrow & Lawinski, 2009).

Appearance is also a societal justification for negative perceptions of single African-American homeless women. As can be seen from America’s history of defining

the homeless, and cross-cultural homeless definitions, the negative perceptions of homeless individual's appearance were used in clearing city street operations (Speak & Tipple, 2006). This unsympathetic dehumanizing of a population has led to literally stripping the homeless of their rights in China, to criminalizing homelessness through vagrancy laws in America (Speak & Tipple, 2006).

As discussed previously, race has also been a very important concept in targeting a population based on their appearance. Historically, people of color have been marginalized based on appearance and Social Darwinist values. Due to these gross racist portrayals, African-American homeless individuals have been further targeted by the American society (Smedley & Smedley, 2012).

Additionally, a woman in our prejudicial society can sometimes be referred to as less capable of independence, and may be primarily evaluated by her appearance (Matsumoto & Juang, 2004). If the single African-American homeless woman does not meet the standards set by these white western ideals, she is at risk of being marginalized even further by our society. This could come in the form of being labeled mentally ill or neurotic (Matsumoto & Juang, 2004). Some research has shown that African-American women are generally not perceived in terms of the traditional gender roles, which suggests that all African-American women are marginalized based on their appearance and gender roles (Matsumoto & Juang, 2004).

Lastly, pity can also be used to justify the negative perception that single African-American homeless women have in our society (Speak & Tipple, 2008). Religious and philanthropic institutions place more sympathetic labels on the homeless individuals in our society and use positive language in their acceptance and inclusion of homeless



people. While this charity may be seen as beneficial to homeless individuals, it may undermine the potential of many homeless people through labeling them as helpless victims. This danger applies to the understanding of the effects that racism and sexism has had in our society. As mentioned previously, women and people of color should not be purely seen as victims of racism and sexism, but rather as survivors that hold many strengths (Miller & Garran, 2008).

When discussing the negative labels and prejudices that single African-American homeless woman have imposed on them, it is important to recognize the impact that society has on individual's stereotypes. Because everyone has cultural biases, stereotypes, and schemas that they learn from the society that they live in, it is important to know who has the privilege to create and control any particular definition or label and who can challenge them. It is also important to know who is actually doing the labeling.

In this particular research a young, white, upper middle-class male is discussing single African-American homeless women's labels. This factor is significant because it is through the intersectional lens that I view and discuss various identities in my research and presume the effects of homelessness. It is through recognizing my inherent biases that I claim absolutely no truths to any projected characteristics of single African-American homeless women as a population, or truths in assuming the best practice for the helping professional in addressing how to best serve this underserved population. Rather, I hope to generate and add to diverse theoretical discourse about barriers in engaging with and allying with homeless individuals. It is also my hope that any micro-aggressions that have inevitably been written in this research may generate additional discussion in determining ethically sound language and conceptions in discussing homeless African-

American women.

It is extremely important to note that much of the discourse that is currently available on homeless individuals shows a great lack of strength-based perspectives. I have found that frequently that many of the authors that research homelessness do not include input from the homeless individuals actually being studied. When some of the homeless individual's language is included, it is often interpreted and presented through the author's own lens. Not once did I encounter research authored or co-authored by a homeless individual, and I did not find many interviews that allowed space for a homeless individual to express their own input and concerns about current research on homelessness. An example of a study that did include the voice of homeless individuals is Padgett, Henwood, Abrams, & Davis' (2008) study that interviewed a number of homeless individuals about what factors promoted their use or lack of use of homeless services.

## **CHAPTER III**

### **Biopsychosocial Effects of Homelessness**

No more fiendish punishment could be devised, were such a thing physically possible, than that one should be turned loose in society and remain absolutely unnoticed by all the members thereof (James, 1950, p. 293).

It is a cold Wednesday afternoon nearing the end of fall at a women's homeless shelter and residential treatment center. There are many single women packed into two adjacent dining room areas that sit four tables of four each. The women here are mostly middle-aged and identify as African-American. They are a mixture of residential clients that were accepted into the shelter for addiction/psychological treatment and transitioning help, of which there is a long referral line, and women who are left sleeping on the streets or find shelter over-capacity emergency night shelters nearby.

Another middle-aged single African-American woman enters the dining room area, which is the entrance of the day program of the shelter, and asks a staff member if they have an available bed for the night. The woman is running out of clean clothes and can't remember the last time she had a good nights sleep without having to worry about her few belongings getting stolen in one of the overnight emergency shelters.

The staff member explains to her that this shelter is actually not an emergency shelter, so they actually do not have beds available to people just walking in for the first time. The staff member further explains that if the woman does want to eventually try and obtain a bed, she would need to come in on a Monday, Tuesday, or Wednesday at 8:00 AM sharp to do an intake session and be assigned a case manager. She will only be able

to do an intake session, however, if she is the first one in line. If she does happen to get an intake session, she will have to attend two “get to know you” sessions with her assigned case manager, only then will she be eligible to be put on the waitlist for the next available bed in the various treatment facilities in the shelter.

Flustered, the woman explains how hard it is to get a decent bed in an emergency shelter night after night, and how endangered she feels at the emergency shelters. She says that she has been told the same thing by all the other staff members in the other treatment shelters that she has been to, and can't believe that she has run into the same situation again. She asks if there is any other way of getting an intake because she doesn't know how she will be able to make it to the shelter by 8:00AM in order to do so. What if someone comes before her? She will never be able to be the first in line. She has absolutely no idea of what to do for the night, and cannot see any hope in ever transitioning out of homelessness.

She sits at an empty chair in the dining room area up against a wall because there isn't even space at a table to sit. The homeless woman doesn't even feel like interacting with the unhelpful staff anymore, or engaging in any of the group activities going on that day because she thinks, “What is the point if I can't even find a stable place to stay for the night?” Both, the homeless woman and staff member are left feeling frustrated, helpless, and deeply saddened.

This is a common experience in women's homeless shelters all across America. This scenario, which is a case composite from my experiences in my first year internship at a homeless women's shelter, illustrates the frustration and anxiety that many homeless women have in trying to advocate for themselves and engage in treatment. This type of

experience may be reflective of, or a reenactment of many prior traumatic experiences that many single African-American homeless women face in transitioning in and out of homelessness. The traumatic experiences and impediments that single African-American homeless women may face, prior to, and during engaging treatment will be referred to as treatment barriers in this research.

Again, it is also vitally important to pay attention to the lack of strength-based language that is used in much research, especially in trauma and grief and loss. I hope to detail this point in this chapter, as well as give an example of a strength-based theory on grief and loss within the African-American homeless community. In providing an example of strength-based theory, I hope to shed some light on how viewing homelessness as a trauma may contribute to the formation of a treatment barrier.

### **Barriers in Transitioning Out of Homelessness**

The treatment barriers that single African-American homeless women potentially face can be divided into two themes. The two themes are macro-level barriers and micro-level barriers, which refer to societal and psychological trauma, respectively. Some of the macro-level barriers that this population experiences are societal racism, sexism, substance abuse, poor access to a stable housing atmosphere, lack of knowledge and connection to specific homeless services, and limited space and resources in shelters (Ogden & Avades, 2011; Foster et. al.,2009; Bride & Real, 2003; Tischler et al., 2009 ). Some of the micro-level barriers that this population may experience include neurotic and psychotic levels of depression, low self-esteem, bereavement, anxiety, lack of self-efficacy, and lack of trust (Ogden & Avades, 2011). Homeless men and women are often

also concerned with feelings of being misunderstood or mislabeled, feeling trapped or out of control, and feeling unable to accept help (Ogden & Avades, 2011).

These barriers can be observed through examining the homeless individual's cognitions, narratives, and nonverbal behaviors. A homeless man or woman may think that they want to stay away from health professionals because they will just label them. A homeless person may also show a hopeless narrative of never being able to transition out of homelessness. This belief may lead to not wanting to engage with services, which may be observed through the homeless individual physically keeping away from shelter staff. (Plasse, 2002).

Single African-American homeless women are often faced with both, macro and micro level barriers, which greatly decrease their ability to transition out of homelessness (Bride & Real, 2003). For example, a large portion of the homeless population is diagnosed with co-occurring disorders (COD) in conjunction with homelessness (Padgett et al., 2008). This means that many clients are diagnosed with a mental health disorder and a substance abuse disorder. A recent report states that anywhere from 20% to over 50% of homeless individuals have CODs (Padgett et al., 2008). Foster et al. (2009) note that 52% of the men and women they gathered data from in various homeless shelters had CODs. Mentally ill women in particular, are more vulnerable to the intoxicating and addicting features of illicit drug use, which may be biological in origin (Padgett, Hawkins, Abrams & Davis, 2006). Abusing substances is a major barrier when trying to access homeless services because many shelters will not allow a substance-abusing client in (Bride & Real, 2003). Many homeless individuals abuse substances as a means to cope with previous or current psychological distress or trauma. These stresses and traumas

may continue as a result of not being able to access proper services (Bride & Real, 2003; Stein, Dixon, and Nyamathi, 2008). Thus a traumatic cycle ensues.

For the purposes of this research, it is critically important to explore the circumstances that place a single African-American homeless woman at risk of abusing substances, using other potentially harmful coping skills, or contribute to ambivalence in accepting or asking for help. In doing so, an understanding of the traumatic experiences a homeless African-American woman may experience, prior to, and during homelessness will be considered. Micro-level barriers will be highlighted, while discussion of macro-level barriers will be used in relation to how they might affect the homeless individual's mental health, or micro-level barriers. It should also be noted that for effective clinical treatment it is critically important that future research continues to explore positive coping skills and strengths within this population.

For the discussion of homelessness as trauma, it is extremely important to first characterize or define what trauma means as it is explored within this research. In defining trauma, a brief history of the definition of trauma will be reviewed, as well as, current understandings of trauma. Exploring these definitions will provide more context around how trauma can be a barrier to receiving help or treatment while homeless.

**Defining trauma.** In the 19th century, trauma was first defined solely as a physical event, characterizing an open wound or violent rupture to the surface of the skin. Any ailments that could not be determined to be physical in nature, were considered to be mental illnesses (Jones & Wessely, 2007). In the early 20<sup>th</sup> century, the definition of trauma started to expand and health professionals believed that traumatic events might

take other tolls than purely physical. Leading psychoanalysts of the time, Sigmund Freud and Josef Breuer, believed that a person who was said to have been affected by trauma, had such symptoms because it was of some benefit to the individual (Jones & Wessely, 2007). For instance, a traumatized war vet would be able to leave a dangerous warzone due to mental instability, and thus save himself. It was not until the mid to late 20<sup>th</sup> century that trauma was separated from other mental illnesses, through understanding that the symptoms of trauma are caused directly by traumatic events, rather than traumatic events exposing underlying mental weakness (Jones & Wessely, 2007).

Currently, trauma can be categorized into severe symptoms that may manifest both physically and mentally (National Institute of Mental Health, 2009). Physical trauma has to do with how a person's body responds to serious injury or threat, while mental trauma has to do with how an individual's mind responds to serious psychological or emotional injury (National Institute of Mental Health, 2009). Mental trauma produces frightening thoughts and painful feelings, which can result in extreme behavior.

Some examples of extreme behaviors resulting from mental trauma include, intense fear or helplessness, withdrawal or detachment, lack of concentration, irritability, sleep disturbance, aggression, hyper vigilance, and flashbacks (National Institute of Mental Health, 2009). Stolorow (2007), a current leading psychoanalytic researcher, believes that emotional or mental trauma's most significant characteristic is withdrawal or detachment. He sees this as a numbing of the feeling of attunement based on the profound sense of singularity built into the experience of trauma. This means that a person who suffers from emotional trauma may feel extremely isolated and significantly different from others. This in turn may lead to a person physically isolating his or herself



from a world they no longer know (Stolorow, 2007).

Although symptoms resulting from trauma are currently understood as how a person tries to cope with the extremely negative effects of trauma, the stigma of a traumatized homeless individual being labeled mentally ill is still common (Wakin, 2011). The possibility of feeling stigmatized combined with the isolation and detachment that may follow physical and emotional trauma, may create a particularly large barrier for accessing treatment within the homeless population. Trauma as a barrier may be particularly disruptive for homeless individuals because many are affected by the trauma that results from being homeless, and also carry trauma from events leading to homelessness (Wakin, 2011).

**Trauma prior to homelessness.** Often, the pathways into homelessness are laced with multiple traumatic events. These events have cumulative adverse effects on the individual's physical and mental health. For example, a recent study has shown that traumatic brain injury is a leading cause of permanent disability in America, and is common among the homeless population (Hwang, et al., 2008). Exposure to physical abuse during childhood, and substance abuse both increase the risk of traumatic brain injury and homelessness. There is approximately an 8.5% lifetime prevalence rate of traumatic brain injury among the general American population, with a few studies showing that homeless individuals have closer to 45% lifetime prevalence rate (Hwang, et al., 2008). These studies were working from small sample populations and single shelters from countries primarily outside America; however, they were able to demonstrate similar statistical comparisons within America. Tentative data from the

National Center for Injury Prevention and Control also shows a high prevalence of traumatic brain injury within the African-American population in the U.S. (Hwang, et al., 2008). Although Hwang, et al. (2008) do not discuss the results of this research within their own research, the author speculates that this may have some association with African-American's over-representation in poorer and unequal living conditions (Miller & Garran, 2008).

As women become a greater presence among the homeless, African-American women continue to be disproportionately represented, and therefore more likely to be affected by the adverse traumas associated with homelessness (Washington, Moxley & Taylor, 2009; Feen-Calligan, Washington & Moxley, 2009). Increasingly, newly homeless women will be transitioning into homelessness due to unmet demands for affordable housing as many baby-boomers reach older adulthood and struggle in our current economic climate (Washington et al., 2009; Feen-Calligan et al., 2009). Often these women are left alone through traumatic events such as death of a spouse, divorce, or loss of job, which directly results in homelessness (Washington et al., 2009). Washington et al. (2009) also suggest that African-American women may be more likely to become homeless because they tend to live alone or be unmarried compared to their male counterparts (Washington et al., 2009). By not having this primary support, they believe that many African-American women have less of a buffer for withstanding trauma (Washington et al., 2009). Washington et al. (2009) may be trying to demonstrate the importance of having close social supports in dealing with trauma, however, the framing of this research can be problematic as it is disempowering to suggest that single African-American women's strength is tied to their relationship status.

Research also shows that often women may have added stress because they are more likely to hold dual responsibilities in being primary caregivers for children and elderly relatives, as well as, participating in the work force (Feen-Calligan et al., 2009). Women are also more likely to report experiences of domestic violence, which is very traumatic within itself, and also may lead to divorce (Lee, Tyler & Wright, 2010). As previously mentioned, it is important to consider how an individual's social supports may contribute to the individual's resilience. However, it is also of the author's opinion that more diverse research needs to be included in this resiliency discussion that includes strength-based research regarding single heterosexual women, lesbian women in relationships, and women of all sexual orientations who live independently.

As mentioned previously, African-American women are at risks that differentially impact them due to intersections of structural and individual discrimination. These risks affect African-American women's ability to overcome homelessness (Washington et al., 2009; Miller & Garran, 2008). Diminished social status can produce negative life outcomes, such as, lack of health care, adequate housing, and appropriate employment, especially for homeless women who might not have a strong support system. These diminished statuses can result in the loss of control over health, appearance, and motivation, which further diminishes the homeless minority woman's status (Washington et al., 2009). Though these risks and barriers are valid and must be understood, it does a disservice to African-American homeless women to focus on addressing these barriers without exploring and using their strengths for empowerment.

In exploring the social context for some of the previously mentioned barriers, one should note that social class has been strongly related to the triangulation of race,

poverty, and gender-based threats to women of color's well being (Washington et al., 2009). Given the historical American discriminatory labels for the African-American woman that was discussed in the previous chapter, it is also not surprising that in our society some African-American women's vulnerability to social forces reach a level that may be too overwhelming from which to insulate themselves. For example, a single African-American woman may be at a greater risk for losing housing because of the cumulative toll of segregation, exclusion, discrimination, racism, poverty, aging, lack of affordable housing, or loss of a living wage (Washington et al., 2009). In a culture that promotes expectations of achievement relative to merit, the discrimination that results from being a single African-American homeless woman can lead to frustration and anger (Washington et al., 2009).

Some of the stress that single African-American homeless women experience during homelessness is often augmented by prior emotional trauma resulting from childhood family life (Lee et al., 2010). Although understudied, many homeless individuals were found to have sustained significant trauma in their family life or home arrangements growing up (Lee et al., 2010; Tavecchio & Thomeer, 1999). This includes exposure to physical and sexual abuse, neglect, family conflict, premature and traumatic losses of parents or other key family members, or having parents who suffer from substance abuse or severe mental illness (Lee et al., 2010; Tavecchio & Thomeer, 1999).

It has been found that parent divorce or separation, and other social relationship disruption is significant in its effects on the future homeless individual. A study done in 1991 in New York City, found that of a random sample of homeless women applying for federal assistance in finding shelter, many had experienced higher levels of a variety of

childhood and adult events indicative of disruptions in social relationships compared to those not searching for shelter (Shinn, Knickman and Weitzman, 1991).

**Trauma resulting during and from homelessness.** When discussing trauma experienced during homelessness, Tischler, et. al. (2009) and Goodman, Saxe, & Harvey (1991) suggest that the state of being homeless is a trauma in itself. The trauma accrued in homelessness through loss of stable housing, poor conditions of shelter life, increased threat to personal health, etc., may lead to social disaffiliation, learned helplessness, and demoralization (Tischler, et al., 2009; Goodman et al., 1991). This trauma may also be responsible for a lack of trust in others, as well as, depression and shame. Although, homelessness as trauma has been discussed in general previously, there is some recent research that highlights how the population being studied may be affected by homelessness (Tischler, et al., 2009; Goodman et al., 1991).

Single African-American homeless women may have many negative experiences before actually becoming homeless that contribute to their overall state of wellbeing while they are homeless. Social workers working with this population need to be aware of the environmental factors that may have placed these women at greater risk of homelessness, including how the intersection of the single African-American homeless woman's identities have been targeted by our society. Additionally, clinical interventions must also be sensitive to the life traumas experienced on the pathway to homelessness, during homelessness, and acting as barriers to exiting homelessness.

To begin, the pathway to homelessness immediately socially excludes and isolates the homeless individual. The homeless individual is often no longer referred to as a

person by name in our society, but is rather referred to by their status as “homeless” (Horsell, 2006). This “others,” or excludes the individual from mainstream society immediately. Many policies and laws also help physically keep the distinction of homeless individuals as “others” through not allowing homeless individuals and their allies to maintain visible safe havens for themselves in public (Horsell, 2006). Some examples of this overt exclusion is, the creation of “bum proof” benches, lack of public bathrooms, and sprinkler systems that turn on randomly to keep people from sleeping on public lawns (Horsell, 2006). This exclusion and dehumanizing may even lead to additional traumas due to a newly homeless individual’s lack of societal support and defenses.

Much research shows that when an individual becomes homeless, they are immediately at higher risk of being victimized through violent and non-violent crimes, than other housed populations (Burt, 2001; Lee, 2005; Perron, Alexander-Eitzman, Gillespie & Pollio, 2008). Within the homeless population, women are more vulnerable to victimization. Homeless women are two to four times more likely to have been physically or sexually assaulted as adults compared to housed women (Perron, et al., 2008). It is also worthy to note that those who have mental illnesses are more likely to be victimized and victimization can induce or exacerbate mental health problems. Tischler, et al. (2009) and Goodman et al. (1991) note that women are more likely to be physically or sexually abused prior to, and during homelessness. Younger homeless women also have a higher chance for being physically victimized than older individuals, which can result in higher rates of distress than non-physical victimization. In fact Foster et. al.

(2009) have found that almost 80% of homeless men and women with CODs have a history of physical or sexual abuse.

Homeless individuals are also at greater risk for being victims of theft, or even being vicariously victimized by feeling unsafe due to hearing about crime happening to others (Lee et al., 2010). Additionally, homeless individuals are at risk for being victimized by unscrupulous business operators, such as labor contactors who withhold pay, or liquor store clerks who overcharge (Lee et al., 2010). Perhaps the most painful fact is that individuals also victimize and offend each other. Shelters and street dwellings afford homeless individuals close physical proximity, limited ability to guard possessions, and have a low probability to sanction individuals. These negative shelter characteristics may result in preemptive displays of toughness, and retaliation between homeless individuals (Lee et al., 2010). In other words many shelter atmospheres have the perfect breeding ground for homeless-on-homeless crime.

Depression has been found to be significantly associated with victimization in the homeless population, and high rates of victimization have also been associated with higher rates of psychotic symptoms, and hospitalization (Perron et al., 2008). Although there have been no studies that have conclusively measured the effects of perceptions of safety on mental health in the homeless population, similar studies that have measured this in different populations after traumatic national events have shown increased rates of depression (Perron et al., 2008). It is also reasonable to assume that higher rates of perceived risk may lead to depression based on results from studies showing the correlation between victimization and depression (Perron et al., 2008).

As can be seen, homeless individuals are very susceptible to, both, mental and physical traumas, and often times these traumas are results of the same event. The majority of trauma that comes from being homeless comes from the susceptibility of the homeless individual to becoming a victim. However, this victim status is also often compounded with childhood and family trauma that many homeless individuals carry with them into homelessness.

Grief and loss may be a very useful theoretical framework to use in organizing how these various traumas affect single African-American homeless women. This is because loss often characterizes many of the homeless traumas that have been mentioned thus far. Perhaps it is even within the parameters of grief and loss that homeless traumas reside. The limitation of the grief and loss lens is that the strength perspective of the population or individual being analyzed is often missing as grief and loss often talks to vulnerabilities.

**Grief and loss in homelessness.** The element of grief and loss is a significant theme within the aforementioned homeless traumas. Grief and loss is not unique to single African-American homeless women, but rather it is a universal experience that everyone encounters in their life (MacNeil & Darnell, 2010; Pies, 2008; Tully, 2003; Laurie & Neimeyer, 2008). Many individuals who experience the loss or potential loss of a person or thing to which they ascribe importance in their lives may undergo grief or may become depressed (Tully, 2003).

It is evident that trauma can result in an extremely large barrier for single African-American homeless women due to the many risks they face to experience grief and loss, which may alienate them from much of housed society. Therefore, it is important to



explore the grief or bereavement that results from the significant losses that single African-American homeless women are at high risk of being exposed to. In exploring the affects of these specific losses with this population, I hope to be able to illustrate the importance of homelessness as a trauma. In doing so, I hope to open a discussion about how to address therapeutic impasses that may result in the therapeutic relationship with a single African-American homeless woman due to prior trauma.

*Loss.* Some common losses that homeless individuals experience that may lead to grief are death of a parent, divorce or separation, loss of a job, or injury on the job (MacNeil & Darnell, 2010). The impact of the loss of a job has been reported to have affected homeless individuals' marriage and may lead to an overwhelming sense of failure (MacNeil & Darnell, 2010). Loss of role, identity, independence, freedom and safety are also important "losses" that homeless individuals are affected by that can contribute to grief and may be hard to process (MacNeil & Darnell, 2010).

Loss of roles and identity may be one of the largest losses in homelessness (DeWard & Moe, 2010). Homeless individuals suffer this loss immediately in becoming homeless because they are often cut-off from their family and housed society. Secondly, if the homeless individual chooses to find and live at a homeless shelter, they are dependent on the shelter and may lose some of their role in their own free will (DeWard & Moe, 2010). Often staff at shelters enjoy wide degrees of discretion in terms of enforcing rules, administering services, and providing access to resources (DeWard & Moe, 2010). This creates a deep power differential between residents and staff. In this manner, residents are reduced to child-like roles, which can be very humiliating. Holding

a dependent role may be the hardest for women who are often single parents, and sole heads of their families prior to homelessness and are forced to relinquish much dependence. Often, these women may feel as though they have lost their dignity and pride (DeWard & Moe, 2010).

Losing one's independent role to substance abuse and addiction has also been reported to be particularly challenging (DeWard & Moe, 2010). Often the homeless individual's family and/or surroundings embrace the use of drugs as a coping mechanism. The use of drugs may have been associated with the loss of friends, family, income, property, and employment pride (DeWard & Moe, 2010). A sense of feeling trapped may occur as the homeless individual may also suffer another loss if he or she tries to seek treatment for substance abuse because he or she is asked to give up friends and culture associated with the drug use (DeWard & Moe, 2010). These risks of loss that affect many homeless women may be even more meaningful to understand when exploring how the African-American homeless woman may experience grief.

***Grief.*** Grief or mourning is natural and separate from clinical depression, even though depression may be caused by the same environmental influences, and presents similarly to grief. The emotional impact from grief may include sleep and appetite disturbance, mental confusion, increased stress, poor memory, emotional numbness, disorganization, despair, and lethargy (Tully, 2003; Pies, 2008).

Unfortunately, much research studying grief theory tends to focus on the impact of losing a loved one, rather than losing other possessions or intangible qualities, and also seems to assume that grief is universally experienced the same way (Laurie & Neimeyer,

2008). The validity in applying the affects of literal loss of a loved one to the previously mentioned losses is quite apparent and logical, however, a single African-American homeless woman's experience of grief and loss may be different compared to white American culture's portrayal of it. To initiate discussion on grief and loss theory regarding single African-American homeless women, I first draw on the psychoanalytic theory of Freud.

Limitations are glaring in assuming that a theory from a white upper middle-class male from a different culture and time period may be applied in understanding grief and loss in this study. However, I find Freud's understanding of grief and loss worthwhile in considering trauma in single African-American homeless women because of how influential Freud's work has been in mainstream grief and loss theory. Freud perhaps explains the possible symptoms of grief best in suggesting that a person is exposed to, "profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, and inhibition of all activity" (Freud, 1917). These symptoms may also be the same for depression, except depression has the added element of, "lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment" (Freud, 1917; Clewell, 2004).

In depression, a person is exclusively devoted to a mourning process, and has no energy for other purposes or interests. Traditional symptoms of depression have been described as having more profound characteristics than grief, because it has an added lack of energy for intimate connection with others (Pies, 2008) The lack of energy for intimate connections is usually influenced by the individual exhibiting distorted self-assessment,

which entails low self-esteem and utter hopelessness (Pies, 2008). This creates a vicious cycle, as it is often through others that we are able to reclaim a sense of wellbeing. Freud explains the paradox of transitioning out of grief as difficult if an individual does not have the needed social supports or their basic needs being met. Both of these needs are paramount in combating depression because they enable the person to relinquish self-debasing emotional ties to what they are grieving, and invest themselves in a different “object” or emotionally uplifting drive (Freud, 1917; Pies, 2008; Clewell, 2004).

Freud argues that in order to process grief, one must acknowledge their loss to the extent that they feel the loss in relation to their own sense of coherent identity (Freud, 1917; Clewell, 2004). This means that the individual identifies a trace of the lost object in his or herself and may initially experience rage at this part of his or herself, which then leads to self-loathing symptoms (Freud, 1917; Clewell, 2004). This means that an individual has to emotionally move from rage over the loss, to recognition, even if this means the person is aware that the mourning may never cease.

In the United States, grief theory has relied largely on the experience of white Western culture to explain how American’s grieve. Individuals of color, most notably African-Americans have received little attention from grief theorists (Laurie & Neimeyer, 2008). To begin to understand the possible differences in experiences of grief, we must include trauma statistics mentioned in the previous section that African-Americans and the homeless are more likely to experience. For example, this population is at a higher risk of experiencing the premature loss of a loved one, and the death of a close family member or relative through homicide than housed whites. This is important to recognize

because studies show that when an individual suffers a loss in a violent manner, the individual is more likely to enter depression than grief (Laurie & Neimeyer, 2008).

Unique histories of poverty, racism, and oppression may also place untold stresses on African-Americans that may contribute to the different ways that African-Americans experience and cope with losses (Laurie & Neimeyer, 2008). Family and spirituality are important assets that African-American's use in dealing with loss. Rather than seeking the help of professionals in times of distress, African-American's often rely on a social support system that includes family, friends, religious leaders, and sometimes their surrounding community members, who may all be considered to be "family" (Laurie & Neimeyer, 2008).

Often, African American women turn inward and play a leading role in the family when addresses a crisis such as loss, so as to empower those affected and provide meaning (Laurie & Neimeyer, 2008). This meaning usually derives from a spiritual realm that is influenced by, both, African and Christian faith. African-American spirituality determines resilience in dealing with grief and loss, and spirituality may be greatly affected by loss (Laurie & Neimeyer, 2008). Primary to African-American religious convictions regarding death is the belief that death is not a final ending but instead is part of the continuum of life (Laurie & Neimeyer, 2008).

Often, African-American spirituality encourages a relationship with those lost. This idea contradicts Freud's theory, which states the importance of severing emotional relational ties with the lost object (Laurie & Neimeyer, 2008). For this reason, and the previously mentioned specific traumas that this population deals with, it can be suggested that single African-American homeless women experience grief and loss differently than

many of the classic grief and loss theories suggest. Perhaps, for some single African-American homeless women it is not a freeing of energy from the source of grief that is needed, but rather it is necessary to carry an ongoing relationship with the lost object (Laurie & Neimeyer, 2008). This illustrates the need for the clinician to be culturally aware of the differences in how individuals grieve. In doing so, an individual may have space to tap into his or her own strengths to naturally move through the grieving process, rather than be pathologized for “not moving on,” for example.

Grief and suffering have also been shown to be part of the African-American worldview (Laurie & Neimeyer, 2008). This may greatly affect how an African-American individual characterizes loss. Loss may be seen as something that is inevitable and is to be tolerated privately, rather than air one’s dirty laundry out with health professionals or others (Laurie & Neimeyer, 2008). Complicated grief, or clinical depression may also affect the African-American population more frequently because of the individuals awareness of the ways in which discrimination both denied them opportunities and lead to their traumatic loss (Laurie & Neimeyer, 2008). Perhaps these notions imply that to involve the single African-American homeless woman’s own strengths in addressing grief and loss, a certain level of privacy must be given so that she may tap into her own support systems.

In exploring how a single African-American homeless woman is affected by trauma in homelessness it also important to recognize that the impact of additional losses in a person’s life may be influenced and shaped by the way previous experiences of loss were managed (Colman, 1988). For many homeless African-American women, their

resilience in navigating early family life trauma and racially based traumas must be examined to analyze possible barriers between them and their helping professional.

Perhaps the largest barrier to receiving treatment results from an engagement challenge that many workers struggle with in treating marginalized individuals. This challenge may be seen as pushing the client to accept our help by borrowing our ego strength, while conducting effective treatment that can only be achieved through empowering the marginalized client in the treatment process (Levy & O'Hara, 2010).

This challenge takes on more meaning when we factor in how much resilience and power African-American women often harness in traversing traumas accrued from racism and sexism, as well as the traumas unique to homelessness. Essentially, we must ask these clients to give up parts of their empowering roles, which is an important piece of their identity that has been tied to their survival, in order to help them transition out of homelessness. It is the author's belief that the impasses in the helping relationship between single African-American women and social worker should be witnessed and explored rather than used to pathologize the client.

In summary, grief and loss via trauma is universal; however, single African-American homeless women may be at greater risk for developing certain relational traumas. Because of some of the traumatic experiences that single African-American women are at higher risk for, it is obvious that mainstream white culture concepts of grief and loss may not completely apply to this population. This means that any worker who engages in helping this population and operates under the assumption that grief and loss manifests itself similarly in all homeless individuals, will neglect attending to important experiences that may pathologize the individual. Some of the important experiences that

the worker may want to touch on are how the loss of identity as an individual, rather than a “homeless person” affects the individual, and how the experienced lack of control affects them. Additionally, the worker may want to explore if there is a need to harness spiritual strength to maintain a relationship with what has been lost.

To further help analyze grief and loss in single African-American homeless women, I will be applying attachment theory in exploring how a single African-American homeless woman’s relationship patterns may be influenced by their unique grief and loss. In doing so, I hope to theorize modes of “pre-treatment” that may be the most beneficial for single African-American homeless women. “Pre-treatment” is a term that is commonly used in literature about addiction and recovery that means an approach that enhances treatment readiness through supportive therapeutic intervention (Levy, Havens & Modzelewski, 2010). I find this term helpful in explaining the process that clinicians are involved in when trying to join with homeless individuals to provide them with the empathetic care that might be needed to transition out of homelessness.

Though “pre-treatment” in its original terminology speaks to attempting to engage a difficult to engage population, I find that this term may be more useful in understanding how any therapeutic worker may make themselves more useful to the client. The difference in the usage of these terms is that the latter does not assume all homeless individuals need therapeutic intervention to transition out of homelessness, and it recognizes that a worker’s own application of self and counter-transference may be the cause of a barrier in treatment.

Attachment theory applies to an individual’s likelihood of seeking a secure relationship, or engaging in “pre-treatment.” This is because the theory provides an



understanding of how the individual's relationship history can predict the individual's current engagement in presenting relationships. In using attachment theory, the author hopes to synthesize grief and loss theory with issues of "pre-treatment" to create a non-pathological and complex picture of why single African-American homeless women may find it hard to engage in a trusting relationship with social work clinicians. This exploration and synthesis will be detailed in the next chapter.

## **CHAPTER IV**

### **Attachment Theory**

Practically all theorists of psychopathology have stressed thwarting of the love needs as basic in the picture of maladjustment. (Maslow, 1954, p.63)

This chapter is focused on attachment theory, which was created by John Bowlby and developed further by his student Mary Ainsworth. Bowlby was a trained psychoanalyst who became interested in exploring developmental psychology through weighing the importance of separations and losses (Conners, 2011; Davies, 2011; Berzoff, Flanagan & Hertz, 2008). This was radically different from psychoanalysis of Bowlby's time and was rejected by some theorists as being superficial as it did not deal with internal fantasy (Conners, 2011).

The main tenet of Bowlby's theory consists of the understanding that attachments, or emotional ties to a specific person who promotes a sense of security, are important (Davies, 2011; Allen, 2001; Bowlby, 1969). The purpose of attachment is to provide the individual with emotional security and protection against stress (Allen, 2001). Bowlby wished to explore the quality and the characteristics of the attachment that people have to one another (Bowlby, 1969). He and Mary Ainsworth also strived to diagnose pathological and normal attachments, or securely attached and insecurely attached relationships. Bowlby did so under the premise that normal human development begins with a bond between infant and caregiver that promotes the survival of the infant (Bowlby, 1969).

Bowlby suggests that an attachment occurs if the bond between the infant and caregiver is emotionally significant and persistent and involves proximity seeking. This means that the infant is considered attached to the caregiver if he or she uses the caregiver as a secure base from which to explore the world. The infant should also seek the caregiver in conditions of stress, novelty, or danger (Conners, 2011; Bowlby, 1969).

In normal development, distress is shown when the infant is separated from an attachment figure but can be easily comforted upon reunion. This type of attachment is considered secure (Bowlby, 1969; Conners, 2011; Davies, 2011). In a secure attachment, affect regulation is also developed in the infant through an attachment figure aiding the infant when it is aroused or distressed. Good self-regulation helps the child feel competent (Davies, 2011). A high degree of mutual involvement, attunement to each other's feelings, and attentiveness and empathy are necessary for secure attachment between parent and child. The attunement between caregiver and child promotes the expression of feelings and communication (Davies, 2011). Exploratory behaviors increase when the child knows that his or her attachment figure can look out for them, even if the child or parent leaves each other's proximity (Davies, 2011).

If a caregiver does not make him or herself emotionally and physically available to the infant in a consistent manner, an insecure attachment may develop (Conners, 2011). This type of attachment may teach the child that the world is a dangerous and unpredictable place, and he or she may feel at the mercy of strong and dangerous impulses and emotions that the child tries to inhibit (Davies, 2011). Additionally, the child may remain hyper-vigilant in trying to assure himself or herself that attachment

figures are available and may not engage in exploratory behavior if they have an insecure relationship (Davies, 2011).

Through researching attachment behaviors of infants, Mary Ainsworth classified different forms of insecure attachment (Ainsworth, 1985). These classifications labeled specific patterns of behaviors and symptoms that a person may have depending on the insecure attachment they experience (Conners, 2011; Berzoff et al., 2008). In her research, Ainsworth classified “insecure avoidant attachment,” “insecure preoccupied attachment,” “insecure ambivalent attachment” and “disorganized attachment as the four different types of insecure attachments (Ainsworth, 1985; Berzoff et al., 2008). These insecure attachment styles classified infants that exhibit anxious attachment behaviors as, not protesting the mother leaving them and not responding when she returns, showing highly anxious and hyper vigilant and sometimes boisterous behavior in searching for his or her mother upon leaving and only accepting help when her mother returns, being upset when his or her mother left and not readily accepting the mothers attempts to calm them right away upon return, to the absence of a consistent strategy in trying to re-attach with a caregiver, respectively (Berzoff et al., 2008).

Presently, attachment theory is touted for its unusually sound foundation in empirical support and is understood as one of the most influential psychodynamic theoretical frames to date (Conners, 2011) On a cross-cultural level, attachment theory has been criticized for involving Western civilization ideals and biases in pathologizing types of relationships that may be considered to be adaptive or ideal in eastern civilizations (Rothbaum, Rosen, Ujiie, & Uchida, 2002). Although much attachment research focuses on infancy and childhood, Bowlby believed that attachment styles were

important processes throughout ones life (Bowlby, 1969; Berzoff et al., 2008; Allen, 2001).

How do attachment processes shift when a person is an adult? It is first recognized that attachment patterns in adults are not the same as in infants or children. Adults do not require close physical proximity for attachment, but rather are able to keep attachments that span across time and distance (Allen, 2001). Bowlby theorized that the child gradually develops an internal working model of attachment based on the type of attachments the child engaged in throughout early life. This working model may then be influenced and changed by attachment experiences later on in life (Davies, 2011). An adult may express a secure attachment internal working model through expressing empathy, talking openly about another's distress, and balancing support with autonomy. The person with a history of insecure attachments may mistrust the intentions and emotional responsiveness of other adults (Davies, 2011; Berzoff et al., 2008). The older child or adult, may also show symptoms or patterns of behavior consistent with an insecure attachment category (Berzoff et al., 2008). Once established, working models become unconscious filters and organizers of the child or adult's perceptions of relationships. However, working models are also malleable and may adjust according to context.

Through secure attachments, powerful and persistent internal working models can be changed from negative to positive evaluations of attachments. Internal working models can also be altered in negative ways through family changes, such as divorce or a parent's illness. In general, Bowlby and Ainsworth believed that significant new relationships, new opportunities, or new risks could change an individual's working

models, either positively or negatively (Davies, 2011; Berzoff et al., 2008). Although attachment theory seems very applicable to most individuals, much research still needs to be conducted to evaluate whether attachment theory applies to all populations in the same way, and whether the theory is equally valid across different populations.

Research has supported that there are no significant differences in attachment behaviors between males and females in Western societies. This means that males and females develop insecure attachments at the same rates and to similar stimuli. The attachment behaviors are even significantly similar between genders from childhood through adulthood, (Berzoff et al., 2008) suggesting that age may not be a large factor in evaluating attachments. However, when taking into account societal contexts when applying attachment theory, some significant differences exist (Erdman, Ng & Metzger, 2010).

Cultural or societal context has been shown to have a significant affect on how an individual's attachment is labeled (Erdman et al., 2010). In reviewing an exhaustive sample of literature, Erdman et al. (2010) believe that infant-caregiver attachment behaviors across cultures are fundamentally similar. This supports Bowlby's understanding of attachment, given that the need for attachment seems to be universal. However, the difference between cultures comes in the frequency of certain attachment styles, and the perception of certain attachment styles being pathological (Erdman et al., 2010). For example, among Americans the most common attachment style is secure attachment (approximately 62% of mother-child relationships), and among children reared in Israeli kibbutzi it is the anxious-ambivalent style that is most commonly found

(Heine & Ruby, 2010). In some contexts, researchers have not been able to identify all of the three attachment styles in certain cultures (Heine & Ruby, 2010).

Mary Ainsworth primarily worked with limited groups from Western cultures in establishing attachment styles, which did not allow for the exploration that culture might have on attachment. Within the last two decades researchers have promoted the idea that attachment needs to be evaluated based on the collectivistic or individualistic nature of the culture (Erdman et al., 2010). Studies done on subcultures within a society even show a need for research on the validity of applying secure and insecure attachment styles to all populations (Erdman et al., 2010).

Even though attachment research has been expanded to adults and across cultures within the past two decades, very little attachment research can be found on the homeless. This is shocking considering the previously explored concepts of loss and grief that surrounds the homeless individual (Connors, 2011). Attachment theorists do currently support the idea that those who are impoverished show less continuity in attachment patterns because of the multiple risks that are associated with poverty (Davies, 2011). For example, a single parent who loses her job and becomes homeless suffers in her ability to provide responsive care giving, which may shake the foundation of her internal working model (Davies, 2011).

### **Attachment Theory Applied to Homeless Grief and Loss**

Bowlby believes that humans are naturally inclined to maintain a dynamic balance between familiarity-preserving, stress-reducing behaviors, and exploratory or information seeking behaviors (Bowlby, 1980). If this balance is upset in anyway, the

individual may experience extreme anxiety that drives them to correct the balance through seeking an attachment figure (Bowlby, 1980). Bowlby believed infants and children experience separation anxiety when a situation activates both escape and attachment behavior, but no attachment figure is available (Bowlby, 1980). Current attachment theory, which emphasizes the needs for healthy attachments in adulthood, provides context for the need to explore how homelessness may affect the quality of attachment. Depending on the quality and ability to build and keep secure attachment relationships within the stress of homelessness, grief may occur over the loss of secure objects (Bowlby, 1980).

As discussed earlier, transitioning into homelessness is riddled with losses, and homelessness is traumatic in itself. This means that all homeless individuals have experienced traumatic loss, and depending on the homeless individual's grieving process, the loss(es) can be very debilitating. Bowlby theorized four phases that a person progresses through when faced with grief and loss. These phases are: the phase of numbing, the phase of yearning and searching for the lost object, the phase of disorganization and despair, and finally the phase of reorganization or restoration (Bowlby, 1980).

In the numbing phase, the individual is in a state of shock over the loss of an attachment object. The individual may exhibit denial over the loss, a strong sense of isolation, panic and apprehension. This phase usually last for a few hours or weeks after a loss and may be interrupted by outbursts of extreme distress or anger (Bowlby, 1980).

The next phase is a phase of yearning and searching, where an individual feels the need to act or find alternatives to experiencing or understanding their loss, and



continuously searches for reattachment. This phase may last for months or years (Bowlby, 1980).

The next phase is the phase of disorganization and despair. In this phase an individual may feel utterly helpless after experiencing that shutting down emotions and continually searching for reattachment is not sustainable. Loss of self-worth and feelings of guilt may predominate. For a woman, this may be related particularly to family duties and relationship role responsibilities. Feelings of depression result due to these perceived failures or loss of roles (Bowlby, 1980).

Lastly, the individual goes through the phase of reorganization and restoration. In this stage, the individual adjusts and adapts to their loss, and tries to make the best of a bad situation. The individual may experience a more positive outlook towards ability to cope and move on from traumatic loss experienced during this stage. The person may finally be free and open to attaching with secure attachment figures again (Bowlby, 1980).

Using Bowlby's theory of grief and loss, we may understand the struggles that homeless individuals have sometimes in engaging with services. At a relational level, the homeless individual may have a barrier in engaging in homeless services resulting from the individual's sense of despair and helplessness due to the anxieties of grieving over losses. The homeless individual's despair may be exacerbated by not being able to find people in other agencies or settings that have met their needs.

When further contemplating how Bowlby's phases of loss help us conceptualize the experiences of single African-American homeless women, we must further consider the trauma that an individual's attachment system has sustained. "Attachment trauma

damages the safety-regulating system and undermines the traumatized person's capacity to use relationships to establish a feeling of security" (Allen, 2001, p.22). One of the most important losses that homeless women experience is the loss of safety (Allen, 2001). Homeless women of color experience increased occurrence of childhood sexual and physical abuse, as well as the witnessing of violence (Burt, 2001; Lee, 2005; Perron et al., 2008). This suggests that homeless women of color may be at a higher risk of experiencing attachment trauma.

These types of trauma may be especially horrific because the individual may be caused distress by the attachment figure from which they are looking for safety and comfort. This can result in abusive relationship cycles that are extremely hard to get out of because the woman is being terrorized through the desire of attachment of a loved one. (Allen, 2001). This experience may also result in increased risk for depression and isolation in the victim (Allen, 2001). If the individual turns away from attachment they may be at a higher risk to use drugs that mimic a comforting effect that secure attachment relationships would usually provide (Allen, 2001). Thus, it is important for clinicians to understand and be aware of how attachment trauma relates to drug use, depression, low self-esteem and detachment when treating homeless African-American women.

### **The Attachment System Applied to Single African-American Homeless Woman**

In looking at the full scope of homeless African-American women's attachment trauma and loss, I would argue that the single African-American homeless women are at a very high risk to suffer trauma to their attachment system. This is because single African-American homeless women would theoretically have a strong drive to build new

attachment relationships due to their increased level of anxiety and stress and their risk for lack of primary attachment support. Therefore, any attachment prospect could be considered as being in an attachment relationship with a homeless individual, and will have similar traumatic results when the relationship is not viewed as secure.

Whereas the previously mentioned avoidance or hesitation in trust of an attachment relationship is a minimizing strategy, it is also very possible that the person may use a maximizing strategy such as adapting to an ambivalent attachment internal working model (Davies, 2011). This may be experienced if the homeless individual has had their needs met periodically, but inconsistently. In this model, the homeless individual may be intensely preoccupied with establishing safety within an attachment relationship, yet unable to accept help for fear of the inconsistent outcome (Davies, 2011).

If attachment trauma can influence an individual's internal working model in ways that could cause more barriers in the therapeutic relationship, what are some ways to provide a space to feel safe to attach? One method that I noticed provided space for my attachment relationships with the single African-American homeless women in my internship was to provide a space for them to tap into their own spirituality. This approach was phenomenal in my drive to include empowerment into my practice. However, I found myself reflecting and questioning my facilitation of this space given my limited familiarity with organized religion and spirituality. I was also unsure of the cultural differences that some African-American's share in their spirituality. I wondered many times how I would be a beneficial facilitator in spiritual empowerment, and make sure that I did not pathologize or micro-aggress individuals out of my own ignorance.

I also wondered how being with the women in a spiritual empowerment group allowed me greater access to attach with the women. I found myself wondering if a homeless African-American woman's spiritual life affects her attachment internal working model, and if so how it does?

Studies have suggested that a person's relationship with God or a deity qualifies as an attachment that resembles the attachment relationship between a child and adult (Granqvist, Mikulincer & Shaver, 2010). Much like any other attachment, the main underlying factors that individuals look for in secure attachment with God are perceived availability and benevolence (Granqvist et al., 2010).

When experiencing highly distressing situations, one of the most likely religious or spiritual responses is to pray to God as means of reaching for a safe haven. Seeing God as omnipotent also provides the religious individual with a secure base from which to explore their world (Granqvist et al., 2010). Although, individuals may not lose proximity of God like they might with other attachment figures, individuals have been reported to experience the loss of God as deeply traumatic, and may result in a hyper-vigilance like state of searching for God (Granqvist et al., 2010). Those who show a secure attachment with God have been shown to reap particularly large psychological benefits if their other attachment relationships are insufficient or unavailable.

Given that African-Americans are over-represented in the homeless population, and are therefore more likely to sustain attachment relationship traumas, attachment theory may be a beneficial tool to use in understanding how to facilitate secure attachments. Specifically, providing space for spiritual connection within the helping relationship may be an empowering way of initially addressing attachment trauma. By

allowing the homeless individual space for a private spiritual relationship, their internal working model may be able to shift to a secure attachment model, and relieve some stress the individual may have due to having to be in a public space for a majority of her time. By honoring this need for privacy and attachment, a more secure attachment may be able to be built between a single homeless African-American woman and a worker.

## **CHAPTER V**

### **Discussion**

This theoretical research was conducted to explore the psychological traumas that single African-American homeless women experience in their transition into homelessness and state of homelessness using the tenets of trauma theory, grief and loss theory, and attachment theory. These theories were chosen based off the themes of trauma and loss that is common to many single African-American homeless women. Attachment theory was used to explore the specific loss of attachment figures, which may be the most significant losses this population sustains.

The purpose of this research was to illuminate the barriers that may occur between single African-American homeless women and accessing resources, and the impasses that may result in searching for a helping relationship within homeless shelters. Additionally, this research was also conducted to explore possible causes for some of these impasses based on prior trauma in the homeless woman's life. Specifically, this research attempts to answer the question: what are the sensitivities a therapeutic worker should be versed in, in order to break down psychological barriers that exist between single homeless African-American women and professionals in a helping relationship?

Because one cannot possibly act as mirror in a clinical relationship, or remove one's self of biases in writing a research paper, this research also inherently explores how to address barriers that a white male mental health clinical professional constructs in therapeutic relationships with this homeless population. In this manner, this research also

serves purpose as an exhibit of the hardships and complexities that are included in working and theorizing cross-culturally, and across gender lines.

### **Findings and Synthesis**

The findings in this research demonstrate the many important biological, psychological, and sociological factors that could result in impasses in the therapeutic relationship. Given that this paper discusses the building of supportive relationships, these transferences stem from relationship traumas and losses that a single homeless African-American woman may be exposed to. Even her perceived identity in our society can affect her own psyche and relationships.

The African-American homeless woman currently and historically has been viewed as holding many positive and negative stereotypical roles and qualities depending on the societal context. She has been viewed as the strong head of the household, empathic, a survivor, adaptive, beautiful, intelligent, and spiritual. She has also been discriminated against through racial, sexist and classist prejudices, which may negatively affect her psyche.

Because single African-American homeless women have many risks in experiencing trauma and loss, they are also at a high risk of experiencing grief and depression. Although this study found that depression is a natural psychological reaction to loss, depression may lead the individual to be more aware of, and think and act in accordance to their negative stereotypes. Also, society and others may treat a traumatized individual this way, perhaps to relieve themselves of responsibility or guilt, thus perpetuating relational trauma and discriminatory stereotypes.

Given how society may negatively reflect on single homeless African-American women it can be understood that single African-American homeless women are complexly affected by attachment figure losses, and other tangible and intangible losses. This study found that this population's losses and resulting grief may stem from racism, sexism and classism, prior relational trauma, and trauma during homelessness.

Attachment theory helps to analyze this pattern of trauma and grief through explaining the affects that traumatic relationships may have on the individual and how one may productively work through their grieving process. Attachment, a biological, psychological and sociological process necessary for the survival and development of humans, can greatly affect and even predict the chance that a single African-American woman becomes homeless based on her attachment history. If an individual has many positive secure attachments in the beginning of their lives, then they are more likely to carry a secure attachment internal working model, which enables the individual to trust relationships enough to engage in secure attachments later on in life. If the person has negative attachment experiences growing up and sees others as being dangerous, unsupportive, or unpredictable, then the individual may carry an insecure attachment internal working model, where they are more likely to not trust relationships and may engage in reenactment patterns with others that demonstrates their past relationship traumas.

If an individual suffers from many insecure attachments, and is victim of some of the traumas mentioned above, then the lack of support that they have in their life to deal with stress may leave them to isolation in homelessness if they are unable to support themselves. The saving grace of even the most traumatized individual, is that no matter



what a person's attachment pattern history is like, their internal working models can be altered if an individual is afforded healthy attachment relationships. This can result in the rebuilding of trust patterns in relationships, which can provide the individual with supports that they can share and receive help for their stress. Spirituality also affects how the single African-American homeless individual understands loss of attachment. In some African-American Christian faiths, a relationship is seen to continue on even after loss.

This research suggests that grieving single African-American homeless women may be able to address their grief and become empowered by engaging with attachment figures that can provide a secure attachment. By moving on from grief, they may find a relationship that can be trusted, and may be able to address other issues specific to transitioning out of homelessness. These beneficial attachment relationships may include attachment objects that are clinical professionals, friends, family, or spiritual.

### **Implications for Practice and Policy**

This study supports the notion that building secure attachments are supportive in being able to process or adapt to grief and loss. Additionally, adapting to one's loss may be essential in transitioning out of homelessness. To foster a secure attachment within the therapeutic relationship with single homeless African-American women, clinician's need to be mindful of the woman's and their own identity. This includes being mindful of the client's identity within our society, the homeless woman's history of attachment trauma, and experiences of loss in addressing impasses within the helping relationship. This is especially true when working across racial and gender lines, as these relationships are more prone to the use of micro-aggressions and other deleterious assumptions.

If the clinician can show and communicate their empathy for the single homeless African-American woman's complex experience of loss and anxiety, and commit to empathizing with the individual even through impasses, then trust may be built. From this trust, grief may be addressed through the creation of this new secure supportive attachment, which enables a safe space to be created for the single homeless African-American woman to feel and process her grief.

However, this practice and attachment relationship is not just limited to the homeless individual and clinician, but rather it may also take form in a group setting as well. Having a space to develop attachments with multiple individuals in a setting where the group members at least share the status of being homeless may be very beneficial. This is because the individuals may feel empowered by sharing their narratives, strengths, and weaknesses. Specifically, providing space for single homeless African-American women to connect on a spiritual level may be very beneficial, as this provides a unique empowering attachment for the women.

### **Strengths and Limitations of This Theoretical Study**

There are multiple strengths in conducting this theoretical study. One of the biggest strengths is because a theoretical approach allowed for the detailed analysis of why we should study grief and loss and attachment theory as they specifically relate to homelessness as a trauma in single homeless African-American women. When we apply these theories homelessness as a trauma in this population, we are able to explore the mental health needs of this population in a way that an analysis of empirical data cannot provide for this population. National statistics on this population cannot begin to describe

the psychological impact that grief and loss has on single homeless African-American women's attachment relationships. Without understanding this psychological impact, the general public cannot fully experience the empathy necessary to advocate for a population that they may know has a higher rate of being subject to various forms of sexual and physical crime, and drug abuse. However, if the psychological impact of homelessness could reach the awareness of more people, perhaps we could create more public demand for more culturally sensitive, ethical, and impactful homeless care reform.

There are also multiple limitations of this study. Using grief and loss theory and attachment theory in analyzing the psyche of a single African-American homeless woman has some significant limitations. John Bowlby and Mary Ainsworth, upper class white individuals, created attachment theory, and grief theory is of general Western origin. Grief and loss theory is also heavily influenced by John Bowlby's stages of grief and Elisabeth Kubler-Ross's stages of grief, also upper class white individuals. Given that both of these theories are influenced and created by white Western culture, these theories hold white Western biases that may not be fully applicable to other cultures (Conners, 2011).

Additionally, this study only presented two theories that were applied to the experiences of single African-American homeless women. Further research on other theories may prove exceptionally relevant to the study of homeless as trauma in this population. Object relations, self-psychology, and relational theory seem very appropriate theories for future research. Researching theories that have more voice from an African-American perspective would be essential. Secondly, even though my personal experiences with this population can be considered a strength in this study, my

experience may also be seen as a limitation. Through using my own experiences, I have only understood clinical relationships with this population from a white male perspective, which may carry my own biases and micro-aggressions. What I see as a therapeutic relationship for both parties may also be seen as pathologizing. However, if the issues touched on in this research can be further addressed in future research then these limitations can prove to be strengths, as theoretical research often serves as a gateway to developing more specific studies. Future research should perhaps be geared towards sharing the voices of homeless women in discussing their barriers to treatment, as this was lacking overall in my research findings.

### **About the Author's Experience**

The reader may be confused to see a section within the discussion section titled “about the author’s experiences.” This section is not a narcissistic rambling about disclosing the author’s prior achievements or background, but rather an important discussion on the author’s experience in writing this theoretical research. The author finds this to be an important piece of information when doing research, or holding a discussion having to do with the effects of prejudices. Demonstrating transparency is essential in continuing conversation on the barriers and difficulties of conducting this type of research. Often the effects that an author has on his or her own research goes without discussion, which has been perplexing in the author’s own experience of gathering a literature review.

While writing this paper, I was very passionate and excited to promote research on such an understudied population. Often throughout my own writing, I would find

myself wondering about the micro-aggressions and biases that I was portraying in my work. As a young white male graduate student, I found it particularly hard to write and apply research using white Western theories to a population with so many “target statuses.” I was often concerned with my research’s validity and contribution to the wide sea of white Western research being applied across cultures haphazardly. I also at times found myself frozen and fearful of how I was writing certain pieces of information. While I wanted to convey the strength and validity of my arguments, I was also mindful of needing to keep a tone that would welcome discussion. Should I use hurtful language to make a point and how might that affect my research? To what end should I draw on my own experiences with homeless women? How does it affect the tone of my research if I state a traumatic experience impacts a population on an individual basis versus stating a particular traumatic experience is a common occurrence for a particular population, knowing that there may be some truth to both statements?

Some of my fear and anxiety came from understanding through this important work I would also be exposing my own biases and micro-aggressions to readers including at the very least my research supervisor. Along the way I found myself erasing much of my own theoretical commentary, and battling with the uneasy feelings that come with my instinctual desire to provide more “answers” than create more questions. In the end after I sufficiently muddied the waters, I found that a way I could continue the discussion on prejudices and my own research would be to include this section. Throughout all the research that I read in writing this particular research I did not once see how the authors may have affected their own research through their own biases. I felt because of this lack of information, I had been cheated out of some important and relevant discussions that

some of my resource's reported results found. With this section, I believe that I have left the discussion sufficiently open to continue research on this topic in an ethical and meaningful manner.

## **Summary**

This study calls for greater awareness of the affects that grief and loss has in single African-American homeless women, and a more empathic approach to engaging homeless women in treatment and in need of assistance to transition out of homelessness. With the limited resources and the necessary structure found within most homeless shelters, it is easy to engage in power struggles with homeless clients. It is easy to act on feelings of counter-transference when a client may reject an offer of kindness or intervention. It is far more difficult to work through transference and counter-transference in order to address the client's real pain that results through prior and current trauma related to grief and loss. Bearing witness and allowing for the natural emotionally charged exchanges that happen in any relationship, where one or both individuals have prior attachment traumas, may actually build trust. This research also reinforces the need for quick and respectful crisis intervention being implemented when a client is in an emotional crisis, and not just a basic needs crisis. This need is evident as many homeless individuals may be put on long waiting lists, or may not be able to access therapeutic intervention when needed. Lastly, this research calls for a more transparent way of conducting research to build an inclusive discussion.

In conclusion, it is not surprising that a society, which has recently suffered one of the worse economic crises since the Great Depression, supports the notion that a person's

basic needs must be met to establish a better quality of life. What is surprising is that mental health care is often not included in a part of people's basic needs that need to be addressed. As this research suggests, the affects of grief and loss from losing economic stability at the very least may result in mourning, depression, and attachment disturbance. If these issues are unaddressed, the affected individual may have a larger psychological barrier in obtaining assistance, and if the helping professional does not see these factors, then they too contribute to the barrier in the potential client receiving help.

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