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A phenomenological inquiry of chronic homeless individuals' challenges to independence

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Walden University

COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES

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Dewana Hall

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Walden University
2010

ABSTRACT

A Phenomenological Inquiry of Chronic Homeless Individuals' Challenges to
Independence

by

Dewana Hall

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Psychology

Walden University
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ABSTRACT

Homelessness is a comprehensive social problem affecting approximately 744,000 people in the U.S. Despite consistent efforts from politicians, state and local leaders, and service providers, the number of homeless people continues to rise. Although there are some explanations in the literature to account for the increase of homelessness, the literature tends to not include the voices of the homeless themselves. The purpose of this phenomenological study, which used Maslow's hierarchy of needs as its conceptual framework, was to understand the life experiences of members of the homeless population, as perceived by four male residents of a mission in an eastern U.S. state. In depth interviews investigated the core research question of the participants' perceptions of what prevents them from living productive lives without the shelter. Follow up interviews were scheduled with each participant to verify the accuracy, context, and credibility of documented information. The process of horizontalization was used to analyze transcripts for meaning units that were then clustered into themes, sorted, and documented by alignment to the research question. After all transcribed interview protocols and the researcher's notes were analyzed, validity of the findings was improved through member checks and researcher bracketing to control bias. Data revealed that common themes of childhood abuse and mental health issues influenced shelter dependence, and that the desire for recovery kept the men from leaving. Results from this study can foster positive social change by informing therapeutic interventions that screen for and target specific underlying causes of chronic homelessness within the larger population of homeless adults. Such interventions can contribute to sustainable independence for those served as well as more efficient use of scarce program resources.

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DEDICATION

With Much Love and Appreciation to

Meredith, Chelsea, and Sandy

&

In fond memory of

Dr Martin Gerstein

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TABLE OF CONTENTS

LIST OF FIGURES	v
CHAPTER 1: INTRODUCTION TO THE STUDY	1
Introduction.....	1
Background.....	2
Problem Statement.....	4
Purpose of Study.....	5
Research Questions.....	5
Operational Definitions.....	6
Assumptions of the Study.....	7
Limitations of the Study.....	8
Delimitations of the Study	8
Significance of Study.....	8
Summary.....	9
CHAPTER 2: LITERATURE REVIEW	9
Introduction.....	10
Method	10
Organization.....	10
CHAPTER 3: RESEARCH METHOD	28
Introduction.....	28
Selection of Participants	28
Formulating the Interview Questions.....	31
Data Collection	32
Organizing, Analyzing, and Synthesizing Data.....	33
Credibility, Dependability, and Quality.....	35
Ethical Considerations	36
Summary.....	37
CHAPTER 4: RESULTS.....	38
Introduction.....	38
Participant One: Scott.....	38
Participant Two: Dennis	38
Participant Three: Larry.....	39
Participant Four: Joey	39
First Research Question	39
Second Research Question.....	50
Third Research Question.....	54
Discrepancies and Non-conforming Data.....	70
Evidence of Quality	71

CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS	72
Summary	72
Interpretation of Findings	73
Implications for Social Change.....	75
Recommendations for Action	75
Who should pay attention?.....	77
Dissemination of Results	77
Recommendations for Further Study	77
Researcher Experiences	78
REFERENCES	79
APPENDIX A: CONSENT FORMS.....	81
APPENDIX B: SIGNATURE PAGE: SCOTT	83
APPENDIX C: SIGNATURE PAGE: DENNIS	84
APPENDIX D: SIGNATURE PAGE: LARRY	85
APPENDIX E: SIGNATURE PAGE: JOEY	85
APPENDIX F: EXPERT PANEL MEMBER ACKNOWLEDGMENT LETTER	87
APPENDIX G: INTERVIEW PROTOCOL	88
APPENDIX H: CLUSTERED THEMES - SCOTT.....	91
APPENDIX I: CLUSTERED THEMES - DENNIS	92
APPENDIX J: CLUSTERED THEMES - LARRY	93
APPENDIX J: CLUSTERED THEMES - LARRY	93
APPENDIX K: CLUSTERED THEMES - JOEY.....	94
CURRICULUM VITAE.....	95

LIST OF FIGURES

Figure 1. Life events leading men to the mission for help.

49

CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Homelessness is one of our nation's most misunderstood and difficult social problems. According to the most recent data available, in January 2005, approximately 744,000 people experienced homelessness (Cunningham, 2007). This massive population is comprised of many subgroups, including families with children, single adults, teenagers, and the elderly. The problem of homelessness exists across the country, in small rural towns, suburban neighborhoods, and large metropolitan cities. All races of people are affected, and all struggle with the devastating effects of the problem.

While the duration of the homeless experience can vary, some people remain homeless for an extended period of time. These people are considered chronically homeless, and have a unique set of problems and issues. The chronically homeless constitutes one of many subgroups within the homeless population. According to researchers, chronically homeless individuals were those who had essentially lived on the streets or a combination of shelters, hospitals, and jails for longer than a year (Grzeskowiak, 2005). Other researchers suggested that between 10 and 20 % of all homeless single adults could be classified as chronically homeless, which was translated into a range of 150,000 and 200,000 chronically homeless people in any given year (NAEH, 2007). Without reason, a disproportionately high percentage of community resources continue to be invested for this population, despite the ongoing and unfavorable

outcomes. To gain an understanding of the rationale behind this societal approach to the homeless problem, the chronically homeless population became the focus of this study.

Background

In 2003, President Bush changed the government's approach to the problem of chronic homelessness by shifting the focus from managing it to ending it within 10 years. The president called on government leaders to create additional permanent housing and \$1.4 billion were allocated for homeless assistance grants. Under the leadership of Philip Mangano, the U.S. Interagency Council on Homelessness worked in coordination with the U.S. Conference of Mayors, the National League of Cities, and the National Association of Counties, to promote the presidential "housing first" strategy, designed to find housing for homeless people before providing them with other social services. The council's priority was to ensure adequate resources from Washington without placing stipulations on the local communities. In union with the president, Mangano believed that adequate housing would solve the problem. He was optimistic that a 10-year-business-plan approach would produce favorable outcomes, no matter the size or location of the communities. According to Mangano, politicians have spent the past 20 years having committee meetings and task forces while the number of homeless people continued to rise. (Grzeskowiak, 2005 & Prism Business Media, 2006) In spite of these political efforts, more recent numbers confirmed the population was still growing.

According to the U.S. Conference of Mayors' 2006 Hunger and Homelessness Survey, demands for emergency food assistance and shelter were still rising; of 23 cities

surveyed, on average, the request for emergency food rose 7 % while requests for emergency shelter increased 9 %. Most of the mayors in the surveyed cities expected the requests to rise again the following year. They called for increased federal, state, and local funding to address these problems.

The NAEH presumed that ending homelessness was well within the nation's grasp (2000). According to the NAEH, most American communities had planned how to manage homelessness, not how to end it. Data have shown that most localities could be more effective in problem solving if they would incorporate the perspectives of the clients they serve rather than depend on the opinions of their staff (NAEH). The data collected by the National Survey of Homeless Assistance Providers and Clients (NSHAPC) reported that a significant proportion of program staff self-disclosed that they did not know their clients well enough to estimate their needs. Their "don't know" responses had been disproportionately high for certain types of services, including education, general health care, substance abuse services, and mental health services. According to the NAEH, these "don't know" responses were more likely to occur among representatives of food programs because they had fewer opportunities to get to know their clients in depth (NAEH).

More recently, research by the NAEH (2007) suggested that the momentum to end homelessness was building across the country. To date, over 300 communities had undertaken efforts to end homelessness and over 180 communities had completed plans to end homelessness. These plans echoed the key strategies outlined in the alliance's plan

representing a critical, collective effort to end homelessness nationwide. In response to the research, Cunningham, Lear, Schmitt, and Henry (2006) reported that, even though the plans were a step in the right direction, in order for a community to see real declines in the number of homeless people, their plans had to be implemented. The results of the study showed that there were still gray areas and the plans did not contain clear numeric indicators. According to Cunningham, et al., the overall plans were deficient, lacking timelines, implementing bodies, or identifiable funding sources for each strategy.

Problem Statement

According to the research, several political committees and task forces have tried to resolve the problem of homelessness and, consequentially, several programs and interventions were developed. Despite the consistencies in approach to resolution, the number of homeless people continued to increase, particularly the number of chronically homeless. While these individuals represented only 10% of all homeless people, they used up 50% of all the homeless services and resources that were available. According to the NAEH (2007), the public costs to care for the chronically homeless was extremely high while their outcomes were very poor, further substantiating the discrepancy between the political ideals and the community realities.

The most troubling aspect of this societal problem is the unanimous agreement among the politicians, state and local leaders, researchers, and social service providers that the number of homeless people, no matter what their subgroup, is ever increasing. As evidenced by the literature, the authorities have continued to miss their mark, and

thereby established the need for further study. Understanding the experiences of homeless individuals and the meanings they ascribe to the experiences may lead to improvements in practice. With this in mind, I initiated a phenomenological inquiry into the problem, in an attempt to understand it from the perspectives of those who had experienced homelessness.

Purpose of Study

The purpose of this phenomenological study was to understand the essence of what it means to be homeless, by exploring the life experiences of homeless individuals and understanding the meanings they ascribed to those experiences. For the purposes of this study, a phenomenological inquiry is primarily an attempt to understand empirical matters from the perspectives of those being studied. Phenomenology served as the rationale behind my efforts to understand individuals by entering into their fields of perception in order to see life as these individuals see it.

Research Questions

1. What prevents the participants in the study from living what they perceive to be productive lives without the supportive services of the York Rescue Mission? What was going on in your life that led up to you going to the mission for help?
2. Describe the role mental health or substance abuse issues played in your continued need for the mission? What supports do you have?
3. What barriers do you face? What needs to change to help others?

Operational Definitions

The following definitions were provided for convenience to the reader.

Chronic Homelessness: A chronically homeless person is an unaccompanied homeless individual with a disabling condition who is either continuously homeless for a year or more, or experienced at least four episodes of homelessness in the past three years (Federal Register, 2003).

Epoche or Bracketing: Used interchangeably, these terms identify the first step in the process of data analysis in which the researcher sets aside all preconceived ideas to best understand the experiences of the participants in the study (Moustakas, 1994).

Essential Invariant Structure: The goal of a phenomenologist is to provide a brief description that illustrates the experiences of all of the participants in the study. By reducing the textural (what) and structural (how) meanings of experiences, the Essence of the experience is uncovered (Moustakas, 1994).

Humanistic Psychology: A theoretical view of human nature that stresses a positive view of human nature and the strong belief in psychological homeostasis (Moustakas, 1994).

Intentionality of Consciousness: The core doctrine in phenomenology is the teaching that every act of consciousness that we perform, every experience that we have, is intentional: it is essentially “consciousness of” or an “experience of” something or other. “Intending,” means the conscious relationship we have with an object (Sokolowski, 2006).

Mental Illness: Refers collectively to all diagnosable mental disorders. Mental disorders are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning (APA, 1994).

Phenomenon: The central concept examined by a phenomenologist, the concept experienced by the subjects in a study. A phenomenological study describes the meaning of experiences of a phenomenon for several individuals. The researcher reduces the experiences to a central meaning essence of the experience (Moustakas, 1994).

Self-Actualization: According to Maslow's hierarchy of needs theory, self-actualization is the final level of psychological development achieved, all needs fulfilled and the "actualization" of the full personal potential occurs (Maslow, 1968).

Substance Abuse: Refers to a maladaptive pattern of substance use leading to clinically significant impairment or distress. May lead to addiction or dependence (APA, 1994).

Assumptions of the Study

I made a few assumptions about the participants of the study. It was assumed that the participants had utilized all of the services available from the mission for at least one year, that they had unmet needs, and that they were trapped in dependence on the mission. I also assumed that multiple realities would emerge.

Limitations of the Study

The number of participants limited this study. Four residents met the criteria for participation. Nevertheless, I gained a rich and in-depth understanding of the participants' experiences. Another limitation was that the findings of the study were not representative of all homeless people and, therefore, could not be generalized.

Delimitations of the Study

The boundaries I established limited the generalizability of the findings. Several factors, including location of the study, the participants, time, the means of data collection, and the role of the researcher bound the study.

Significance of Study

While there has been a social/political movement toward ending homelessness, little research was available outside of the political arena explaining the roots of this problem. This study focused on the perceptions of men who have actually experienced the phenomenon and how these experiences continued to influence and shape their lives. This study addressed a gap in the literature by providing a firsthand account of the experiences of four chronically homeless adult males. This study empowered the participants by giving them a voice and validated their efforts to change. Further, the study promotes social change by establishing a foundation on which more effective interventions could be developed.

Summary

Homelessness is an ongoing social problem. In spite of the political efforts to address the problem, the population numbers continue to increase. Insufficient research was available for anyone wanting to understand the origin of the problem. This research study proposed that homeless individuals could serve as a valuable resource for individuals or organizations looking for alternative interventions to address the problem. A review of the available research is presented in Chapter 2. The gaps become evident during the discussions on homelessness, poverty, and the role of faith-based organizations in society. According to Abraham Maslow (1908-1970), the creator of humanistic psychology, a society or culture can either foster or inhibit growth. The sources of growth and humanness are within human beings, not created or invented by society; society can only help or hinder the development of humanness. Maslow's work, including his views on motivation and human needs, was integrated into this phenomenological approach to the problem. Chapter 3 provides an explanation of phenomenology and outlines the qualitative research methods used in the study. The results of the study are presented in Chapter 4, and the conclusions, with recommendations for social change are presented in Chapter 5.

CHAPTER 2: LITERATURE REVIEW

Introduction

To prepare for this research study, the available literature was reviewed to establish a context for the study. This literature review presents and critically evaluates the designs, methodologies, and findings of other relevant studies on homelessness. The review also identifies the controversies, the suggestions for further research, and the gaps in the literature. Utilizing these guidelines, the topic of chronic homelessness was under review. This societal problem continues to destroy families and plague our nation.

Method

An integrated method was used to compare and contrast the information retrieved from the sources. The available information made a minimal contribution toward understanding homelessness and the use of mission services. A thematic review of the sources assisted me in the organization and presentation of the core themes identified in the literature. As suggested by Moustakas (1994), I used both formal and informal methods.

Organization

The literature review was structured to cover three topic segments: the significance and implications of homelessness and poverty in the United States; the recent yet unsuccessful efforts to end homelessness, including the roles of substance abuse and mental illness; and a discussion of Maslow's work, including his concept of self-actualization.

Searches conducted through psychological and sociological databases resulted in a limited number of relevant articles for the study. The primary databases used included Academic Search Premier, EBSCO Host, ERIC, PsycARTICLES, and PsycINFO. I retrieved most of information from The National Alliance to End Homelessness (NAEH) web site. The Alliance works collaboratively with the public, private, and nonprofit sectors to build stronger programs and policies that help homeless individuals and families make positive changes in their lives. The Alliance provides data and research to policymakers and elected officials nationwide. To strengthen the foundation of this study, I also reviewed several psychological books.

This literature review reflects the limited sources available. While the nominal research may be reflective of public opinion, it minimally establishes a framework for this study. However, it does strengthen the need for further research. I evaluated the designs, methodologies, and findings of the available research and identified the controversies between populations. Areas for further study were also identified. I compared the findings to present knowledge.

Homelessness

Homelessness Defined

The US Department of Housing and Urban Development (HUD) defined a homeless person as someone who was (a) sleeping in an emergency shelter, (b) sleeping in places not meant for human habitation, such as cars, parks, sidewalks, or abandoned or condemned buildings, (c) spending 30 consecutive days or less in a hospital or other

institution, yet ordinarily sleeping in the already mentioned types of places, (d) living in transitional/supportive housing but having come from streets or emergency shelters, (e) being evicted within a week from a private dwelling unit and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing, or (f) pending discharge from an institution and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing (NAEH, 2007).

Significance of the Problem

According to the National Alliance to End Homelessness (2007), counting the number of homeless people has been a difficult task. The reports from their latest efforts suggest that, on a national level, in January 2005, an estimated 744,313 people experienced homelessness. Of this count, 56% were living in shelters and transitional housing and 44% were unsheltered. In addition, 59% were single adults, while 41% were living in families. Overall, the total count was 98,452 homeless families. The chronically homeless equaled 23% of the count. These alarming numbers confirm that homelessness has plagued the nation and substantiate the claim that homelessness is a social problem, rather than a mere isolated event or situation. A closer review of the numbers confirmed that the residents of Pennsylvania were not exempt.

Pennsylvania Homelessness

Of the 744,313 counted in January 2005, 15,353 resided in Pennsylvania. Of this total, 7,926 were family members with children and 7,427 were individuals, of whom,

1,787 were chronically homeless. Based on the Commonwealth's desire to meet HUD's goal of ending homelessness by 2012 and its recognition of the importance of addressing the homelessness problem among Pennsylvania residents, the Interagency Council on Homelessness evolved. In 2005, the council approved the following vision for Pennsylvania:

Pennsylvania envisions a state where there are no homeless individuals or families. Each person will have the support services needed to live as independently as possible in permanent housing of his or her choice. The mainstream services will be adequate, well-coordinated, consumer driven, and recovery oriented. Providers will respect the dignity of the individuals they serve and carry a message of hope. (Vision section, ¶ 1)

Socio-political Implications of Homelessness

There is a nationwide effort to end homelessness. Thousands of stakeholders- policy makers, advocates, researchers, practitioners, former and current homeless people, community leaders, and concerned citizens are involved in an effort to end homelessness on a local and national level.

Faith Based Social Service Programs

Yancey and Atkinson (2004) conducted a qualitative study of 15 faith-based programs to understand the individuals' motivations for reaching out to faith-based organizations for help and for returning repeatedly for the same care. The researchers spoke to 13 participants in the 11 months of study. The central theme of the participants' stories was trust laid by program staff, administrators, and volunteers. The participants spoke of experiences gained, needs met, and practical skills learned. The researchers reported that the encounters have painted a larger picture, "a landscape of love and trust

where participants know they have a place to go where someone loves them” (Yancey & Atkinson, 2004).

Yancey and Atkinson (2004) reported that giving voice to the participant’s addresses the paucity of information related to their views of faith-based organizations. These researchers hoped that their work would encourage other researchers to give voice to what participants say about these programs.

Contrary to the majority support of research for rescue missions, Rooney (1980) states, “program failure is essential for many organizations in that effective solution of the problems they address would eliminate the purpose of their existence” (p. 904). Rooney described the rescue mission as the only social institution that has a purpose of reforming outcast men. The missions attempt to convert these “sinful” men by urging them to accept Christ. These missions encourage attending church, abstaining from alcohol, and above all, accepting continuous employment. Rooney reported that work is a symbolic activity of worth for the identity of an individual. It manifests basic motivation for assuming responsibility.

Rooney (1980) lived as a participant observer over the course of 10 years visiting more than 200 rescue missions across the United States. He supported himself as a migratory farm worker and casual industrial laborer. He observed the residents through informal conversations while engaged in daily activities, listening to the remarks of others, and observations of the congregations during the gospel services.

From the data collected, Rooney (1980) was able to classify the men that use the missions into four categories: unemployed workers, pensioners, alcoholic spree drinkers, and mission stiffs. Rooney reported that, contrary to popular belief, a large number of the residents work regularly. Unemployment is due primarily to seasonal demand for unskilled industrial, service, and farm labor. When unemployed, many of these men attend missions until work is again available. More than a third of the men that interacted with Rooney received public assistance. Some of these men run short of money at the end of the month and use the missions as an emergency kitchen. Contrary to public stereotypes, only about one third of the residents characterized as excessive drinkers. After periods of excessive drinking, these men use the mission for food and shelter while they sober up before seeking work. A small minority of men learns to tolerate the mission services and lose the work ethic. By continuously taking advantage of the free food and shelter, they develop a complete dependence on the mission. Rooney identifies this group as mission “stiffs.”

Rooney’s (1980) work is significant because it incorporates the actual lived experiences of the participants. Rooney discusses the discrepancies in perceptions between the mission directors and the congregation (homeless men) on the causes of poverty. The men accredit structural forces, such as unemployment and inadequate welfare payments to their dependency. On the other hand, the administration proposes that dependency is a manifestation of irresponsible self-indulgence, most frequently

involving excessive drinking. The dichotomy between the mission directors and the congregation emphasizes class, power, and status relationships.

Rescue missions offer food and shelter in hope of developing a congregation of potential converts. On the contrary, men make themselves available for religious services in exchange for food and shelter. Rooney (1980) defines this relationship as a superior-inferior one in which offensive implications of failure and unworthiness occur.

Because they control the food and shelter, the mission management has a commanding position. The mission expects to receive the attention of the men during the sermon while the men only expected to be a presence. Rooney (1980) reported that the difference in definition of commodity of exchange became evident when the men would fall asleep during the sermon. Rooney witnessed ushers patrolling the isles and prodding the men that dozed. Further, most of the men stared blankly at their hymnal while a few others in the congregation sung. The preacher would call for louder and livelier singing while the ushers would shout at individuals to join in the song. When the congregation realized that the service—and the food—were delayed by nonparticipation, the singing rose to an acceptable level.

Rooney (1980) identified the overall theme of the sermons: the men were sinners and in need of salvation. Their very presence at the services assigned guilt of failure to the men. They had no choice but passively listen and affirm their own inadequacies.

The essence of missionary work is to instill the value system of one group onto another. It implies that one group's value system is less worthy. Rooney (1980) reported

that the physical appearance of the mission staff emphasized the status differences. The staff, wearing their Sunday suits and ties contrasted unfavorably with the dirty and tattered work cloths of the men. Rooney described the connotation that prestige is in store for all who accept Christ.

The reactions of the men in Rooney's (1980) report provide insight into the experience of residing at the missions. The power, status, and economic relationships not only frustrated the emotional and physical needs of the men but violated their sense of inequity as well. The desires for adequate nourishment and material comfort go unmet in most missions. Rooney reported that most of the men complained about the quality and quantity of food given. The men felt a strong feeling of injustice and resented being in such a destitute position that the gospel mission was the best available means of survival.

Rooney (1980) described how the men responded to the continual humiliation of the mission service by condemning the mission, seeking missions that were less accusatory and making efforts to be self-supporting again. Regardless that there were no other support services available, most men that used the missions strongly condemn them. Rooney heard the men share the widespread belief that the missions steal money from the public under the disguise of charity.

In his final discussions, Rooney (1980) reports that his analysis has shown that rescue missions fail on an enormous scale in attempting to achieve their primary goal of religious salvation and that continued failure is necessary for their existence.

Poverty.

Because many homeless individuals have never received public assistance or had difficulty maintaining their benefits, welfare recipients differ from homeless persons in terms of housing and in their ability to secure and maintain benefits through social service agencies. Toro, Bellavia, Daechler, Owens, Wall, Passero, and Thomas (1995) reported that over 50 cross-sectional studies conducted in the past decade focused on describing the characteristics of the homeless. While the locations and methodologies varied, the findings were consistent, suggesting high rates of pathology among the homeless, including mental illness, substance abuse, criminal behavior and health problems. Toro, et al. reported that these studies had a number of methodological limitations; most importantly, very few of these studies included the appropriate comparison groups of nonhomeless individuals.

Toro, et al. (1995) reported that better comparison groups are necessary to differentiate the factors uniquely associated with homelessness from those associated with poverty and residential instability. Using representative samples of both housed and homeless individuals Toro, et al. studied three groups, the currently homeless, the previously homeless, and the never homeless-poor. The findings of the study suggests the rate of substance abuse was significantly higher among the homeless and previous homeless than the never homeless-poor. Interestingly, the rate of severe mental illness did not vary significantly by group. Toro, et al. suggest that perhaps mental illness, defined based on rigorous methods and separate from poverty, may not be as critical a factor in homelessness as many believe.

From a social perspective, Lott (2002) examined the responses to poor people and poverty by those who are not poor. She found that the dominant response was institutional and interpersonal “distancing,” or separation, exclusion, devaluation, discounting, and designation as ‘other.’ According to Lott, distancing and demeaning responses operationally define discrimination. These, together with stereotypes and prejudice constitute classism. While social class distinctions have significant consequences for everyone, Lott reports that how poor people are treated has the most pervasive consequences on society as a whole.

From an individual perspective, the impact of poverty on adults can be far-reaching because poverty often has a ripple effect downward, devastating even the youngest family members. Brown (2005) reports that the direct physical consequences of poverty and the stigma attached to being poor have a direct impact on a person’s identity. Using a qualitative study, Brown explored the incorporation process of poverty into adult identity. The results of the study suggest that there is a general progression through phases of incorporation into poverty, even though the rate of progression is individualized.

Brown (2005) describes the process as transitional; as individuals experience their poverty conditions, they develop changing perspectives about themselves-developing an identity. Many of the study participants were preoccupied with how others perceived them rather than how they perceived themselves. They reflected lowered self-confidence and a conflict between the self-in-mind and the self-in-community. Brown suggests the

most important links between poverty and adult identity formulation are the consequences, the physical (deprivation) and psychological (stigma attached to being poor).

Mental Illness and Substance Abuse

Like Toro, et al (1995), North, Eyrich, Pollio, and Spitznagel (2004) reported that methodological difficulties, including inconsistent definitions of homelessness and various sampling strategies often hinder comparing homeless populations. A difference in the estimates of the prevalence of homelessness varies by tens of millions because of sampling. North, et al. reported that samples of current homeless-shelter users only generate low estimates while samples of individuals with any episode of unstable housing generate high estimates. This situation makes it difficult to weigh risk factors for homelessness, such as mental illness or substance abuse.

Caton, Dominguez, Schanzer, Hasin, Shrout, Felix, McQuiston, Opler, and Hsu (2005) examined the risk factors for long-term homelessness among newly homeless individuals. The study examined the course of homelessness for an 18-month period. The results of the study showed that the participants who had a lifetime history of drug treatment experienced a longer duration of homelessness than those who did not. Caton, et al. did not find that the duration of homelessness was associated with lifetime or current DSM-IV Axis I disorder, substance use disorder, posttraumatic stress disorder, antisocial personality disorder or severity of psychiatric symptoms. The findings suggested that functioning and coping skills were better indicators of an individual's

ability to exit homelessness than are psychopathology or diagnosed mental illness or substance use disorder.

Booth, Sullivan, Koegel, and Burnam (2002) report that mental illness and substance abuse do not in themselves account for the prevalence of homelessness. Rather, they are risk factors that leave individuals more vulnerable to homelessness in communities where there is a shortage of affordable housing.

In their discussion on substance abuse, Booth et al. (2002) report that the participants of their study with lifetime substance dependence had substantial childhood and adolescent issues, specifically family and personal difficulties before the age of 18. In particular, they were more likely to have been evicted, shared housing but had to leave, or moved to less desirable housing during childhood or adolescence. They were also more likely to have experienced a caretaker with an illness or disability, violence or abuse within their household, to be in an institution or an out of home placement before the age of 18.

Similarly, the participants of Booth et al.'s (2002) study who were substance dependent and homeless reported multiple episodes of homelessness, longer episodes of homelessness, and slightly more troubles before their first homeless experience. They were more likely to have experienced institutional care, physical or mental health problems, and substance use before their first episode of homelessness compared to homeless individuals with no substance dependence. They had more "cycling", defined as cycling in and out of homelessness at least once per year.

Booth et al. (2002) found that homeless individuals with substance dependence appear to be at high risk for continued homelessness because they have minimal access to mental health, substance abuse, and physical health services.

Humanistic Psychology

Abraham Maslow (1908-1970) is the single person most responsible for the creation of humanistic psychology. His theory of self and self-actualization served as a foundation for later humanistic psychologists including Carl Rogers' client centered therapy (Maslow, 1943). Maslow envisioned humanistic psychology as a psychology of a whole person, based on the study of healthy, fully functioning and creative individuals. Maslow often criticized the other psychologists of his time for spending so much time studying mentally ill or maladjusted people and for seeking to explain higher levels of human experience by means of neurotic mechanisms. Maslow proposed studying "superior specimens" as a pathway to understanding the highest potentials of human nature. He studied the life patterns of "self actualized" individuals and concluded that the highest reaches of human nature included the capacity for self-transcending altruism, later called transpersonal experiencing. Maslow played a significant role in the founding of the transpersonal psychology movement, a branch of humanistic psychology dedicated to the study of humans' highest potential.

Motivation

In his discussion on motivation theory, Maslow (1943) identified 13 propositions about motivation for consideration. The first proposition is that an individual is an

integrated, organized whole; the whole individual is motivated, not just part of them. One cannot take a limited, somatic partial drive as a standard for motivation theory. The study of motivation must account for conscious and unconscious motivations, stress ultimate rather than partial goals, and ends rather than means. Maslow reported that customarily there are cultural paths to the same goals. Therefore, conscious, specific, local desires are not as useful for motivation theory as fundamental, unconscious goals.

When understood, motivated behavior can be a channel for needs to be uncovered. Usually behavior has more than one motivation. Maslow (1943) believed that most living beings are motivated and human beings perpetually want. Needs must be arranged in hierarchical predominance because the appearance of a need is influenced by prior situations and other needs. Maslow reported that having *lists of drives* is insignificant because any classification of motivations must deal with the level of classification. Further, classifications are based on goals rather than investigating drives. Considerations include the situation or environment in which an organism reacts and the possibility of an isolated or partial response. Field theory cannot substitute for motivation theory. The final proposition of Maslow is that motivation theory must be human-centered, not animal-centered.

Maslow's Hierarchy of Needs.

Within the theory of human motivation, there is a hierarchy of five sets of needs. As humans meet basic needs, they seek to satisfy successfully higher needs. Each of the four lower levels collectively defines the deficiency needs, while the top level identifies

the growth needs. Deficiency needs are associated with physiological needs while growth needs are associated with psychological needs. While deficiency needs take precedence, growth needs are continually shaping behavior. Maslow's concept is that after substantially meeting the lower needs, the higher needs become the focus of attention. Individuals can move up and down the hierarchy. (Maslow, 1943)

The foundation of the hierarchy includes the need for water, food, air and sleep. These basic, *physiological needs* are primary for survival. The *security needs* include safety and security, such as a safe neighborhood or shelter from the environment. Continuing up the hierarchy, *social needs* identify the need for belonging, love and affection such as those relationships with family and friends. *Esteem needs* include things that reflect on self-esteem, personal worth and accomplishment. *Self-actualizing needs*, the highest level of the hierarchy, includes self awareness, a concern for personal growth and reaching individual potential.

Maslow (1943) suggested that when all of a person's wants are unsatisfied, the search for gratification will dominate the consciousness and the behavior. Interestingly, Maslow reported that it is common for a person with unmet wants to be unaware of having any wants other than the physiological wants. This person's only conscious goal is to get food and water. They often make the naive assumption that if they are satisfied in these wants they will be happy and content. Maslow reported that this is simply not true. When the most dominant want is satisfied a new one emerges into consciousness, usually the next higher in the hierarchy. If the second want is satisfied, then a third appears.

Maslow acknowledged that there are some individual exceptions to the hierarchy or reversals in order and it is possible for an individual to lose the higher wants in the hierarchy.

Maslow (1943) described his theory in a simplified way by such aphorisms, as “Man lives not by bread alone-except when his stomach is empty”, “The search for love is not a main motivation-except in rejected people”, and “Sex is not a fundamental motivation-for those who are sexually satisfied” (p.92).

Self-actualization.

Maslow (1971) stated, “self-actualizing people are, without one single exception, involved in a cause outside their own skin, in something outside of themselves” (p. 42) Maslow reports that these individuals are devoted to a search for, “being” values, (“B” for short). There are approximately 14 B-Values, which behave like needs. The deprivation of these needs foster certain pathologies that Maslow called metapathologies or sicknesses of the soul. Maslow claimed that B-Values are the meaning of life for most people, yet many people do not even realize that they have these metaneeds. Maslow suggested that when trying to help someone move and grow towards self-actualization, the individual might need enlightenment about these personal needs.

So, what does it mean to actualize in behavior or procedure? Maslow (1971) described eight ways in which one self-actualizes. First, it means fully experiencing without self-consciousness, selflessly and with total absorption. Maslow described life as a series of choices, progression-growth and regression-fear choices. The second way

towards self-actualization is making each choice, a growth choice. Third, let the self emerge. Maslow suggested that most of the time people do not listen to themselves. Rather, they listen to the voice of their parents, the establishment, of authority or of tradition. Fourth, when in doubt, individuals need to be honest. Being honest implies taking responsibility. Each time one takes responsibility; this is an actualizing of the self. Maslow stated that as an individual takes these steps they would reach a point when they know what is constitutionally right for them. The individual will come to know their destiny and mission in life. One cannot choose wisely for a life unless they dare to listen to themselves. The fifth way toward self-actualization is to demonstrate this courage. Sixth, actualizing personal potential through a commitment to do well at the thing one wants to do. Seventh, peak experiences are transient moments of self-actualization. Maslow suggested that these moments of ecstasy are not for sale or guaranteed. Eighth, identify defenses and find the courage to give them up. Maslow reported that giving up defenses is worthwhile because repression is not a good way to solve problems. Maslow presented that self actualization is not a magical moment event. It is a matter of degree, or little accessions accumulated one by one.

Maslow (1968) suggested that a society or culture could be either growth fostering or growth-inhibiting. The sources of growth and humanness are within the human beings, not created or invented by society. Society can only help or hinder the development of humanness.

Considering Maslow's description of how one *self-actualizes*, including, making choices, listening to oneself, being honest, courageous and accountable, one has to wonder if the efforts of the administrators and policy makers are helping or hindering the development of humanness, particularly the personal growth and potential of chronically homeless individuals. The available research fails to provide any answers. This research study proposes that homeless individuals may prove to be a valuable resource for individuals or organizations looking to understand and effectively address the problem.

A phenomenological approach will be used to cross the threshold of this previously unexplored resource. Gaining a firsthand account of the chronically homeless individuals' experiences and perceptions may provide the direction and guidance policy makers have been looking for, merge the public ideals with the community realities, and decrease the gap in the literature. Chapter 3 describes the approach or methodology that will be used for the study and it outlines the role of the researcher.

CHAPTER 3: RESEARCH METHOD

Introduction

A phenomenological method was chosen to gain an understanding of the lived experiences of homeless men. This approach provided data reflective of the firsthand accounts of the natural lived experiences of men who have received services from the York Rescue Mission. Other methods of qualitative research were not appropriate for this study because I sought to understand a phenomenon, not create a theory or gather many perspectives about an incident. This psychological approach followed the procedures outlined by Moustakas and created the framework for the study.

Moustakas (1994) described phenomenology as an approach that focuses on individual experiences rather than group or collective experiences. According to Moustakas, the researcher would need to understand how people actually experience a phenomenon. Accordingly, the researcher brackets or releases personal bias about the phenomenon and becomes fully connected to the participants. The researcher composes questions to further investigate the lived experiences of the participants and asks them to verbalize their lived experiences. The researcher collects the data through a structured interview. After analyzing and categorizing through a process of horizontalization, the researcher transforms the data into meaning clusters. From the meaning clusters, textural and structural descriptions will unfold, providing insight into the lived experiences.

Selection of Participants

Data for phenomenological studies come from several individuals who have experienced the phenomenon under review. An important step in the data collection

process is to gain access and develop rapport with participants who will provide good data. An interrelated step in this process involves developing a strategy for purposeful sampling of individuals. Criterion sampling was used to select participants who had the common experience of utilizing the mission. The criteria for inclusion were that the participants were male, aged over 30 years, and resided at the mission longer than one year. In addition, the participants had to demonstrate their willingness to be interviewed and audio recorded by signing the Consent Form and allows their experiences to be published in a dissertation. The exclusion criteria included the residents who felt coerced or pressured to participate, residents incapable of autonomous decision-making, and any residents with previous involvement with Community Counseling Services, LLC, an outpatient mental health and substance abuse clinic owned and operated by the researcher. Creswell (1998) cautioned against studying a site or individuals in which one has a stake. While examining “your own back yard” may appear initially attractive, Creswell reported that the negatives outweigh the positives. “Studying such people establishes expectations for data collection that may severely compromise the value of the data; individuals might withhold information, slant information toward what they want the researcher to hear...” (p. 114).

. The number of participants, or sample size, was another important consideration. According to Creswell (1998), it is desirable to reach a point of saturation in the data. This point is met when the collected data becomes redundant, and without anymore new

emergent themes. Creswell reported that a researcher might need to interview up to ten people to reach this “saturation” point. Even though there were no strict requirements for the number of research participants, Moustakas (1994) identified some other factors to consider, including the participant’s age, gender, and economic status.

As the community research partner for this study, the Director of the Men’s Ministry distributed the recruitment flyer to all of the residents who had resided at the mission for longer than a year. The researcher met with the potential volunteers to discuss the research guidelines, including anonymity and confidentiality, informed consent, and the criteria for participation. I explained the benefits of participating in the study, which included an opportunity to "tell their story" in a safe environment, to know that their life experiences may contribute to the Mission's efforts to help others, and \$30 compensation. The participants were also informed of a minimal risk for experiencing psychological distress and my plan to offer a referral for professional counseling if necessary. I explained that there were no safety risks identified and, to minimize the privacy risks, the identity of the participants were protected utilizing a fictitious name, the interviews were conducted in a private office setting, and the security of all written documentation was maintained. I screened the potential volunteers and answered their questions. Four eligible residents volunteered to participate and their interviews were scheduled. Appendix A contains the Consent Form and Appendix B, Appendix C, Appendix D, and Appendix E, the signature pages utilized for this study.

Formulating the Interview Questions

According to Moustakas (1994), it is important to develop questions that provide structure, that elicit meaningful responses, and that allow the researcher to thematically analyze the data. The questions needed to support accurate research inquiry. The questions were designed not only describe experiences but also evoke further interest and concern about the phenomenon. The interview questions asked the participants to “describe” their past, present, and future in relation to the mission. According to Creswell (1998), the primary procedure for data collection in phenomenological study is in-depth interviewing. The interviews are structured to focus on the topic being studied. To aid the researcher with this study, an interview protocol was developed. The interview questions were designed to explore each participant’s past, present and future; what was going on in your life that leads up to you going to the Mission for help? Describe the role mental health and substance abuse played in your continued need for the Mission, and what barriers do you face and what do you need? Describe what you believe needs to change to help others, at the Mission, in the community and in society.

A three-member panel of experts was used to establish the reliability and validity of the interview questions. Each panel member received an acknowledgement letter outlining the nature of the study (Appendix B), a copy of the Abstract, the Purpose of the Study, the Research Questions, and the Interview Protocol. The expert panel included two mental health professionals and one medical doctor. The protocol was designed to answer the research questions and provide structure for the interviews. After expert panel

review and approval, the protocol served as a guide and a tool for recording the information. (Appendix C)

To prepare for the interviews, a storage folder was created for each participant. Each folder contained the Consent Form, the Interview Protocol, and later, the researcher notes, the transcriptions, and the individual's table.

Data Collection

To mentally prepare for the interviews, I took a few moments to bracket, or mentally acknowledge then let go of, any preconceived ideas or projections about the participants or what would be disclosed. This quick process allowed me to fully engage in the interview process with an open and objective mind.

The interviews occurred in the newly refurbished computer lab at the Mission. Two workstations and a few chairs seemed to fill the small room located just outside the kitchen. The participants were proud of the renovations they had completed and shared the mission's plans to offer computer classes for the residents.

My introductory statements set the tone for the two-hour interviews. In spite of the initial nervousness, all of the participants were eager to share and quickly transitioned into disclosure mode. Each participant became vulnerable; three shed tears and one repeatedly paused and appeared to be swallowing his feelings. One of the participants, Scott, stated, "I've been here for over a year and nobody has ever asked me none of these questions before... people in the office don't even know who I am... they don't know nothing about my background." I relied on personal clinical experience to maintain the

boundaries and follow the structure of the protocol during the interviews. Once the floodgates opened, the rivers of experiences flowed. To protect the emotional state of the participants, significant time was used to transition out of the interviews. The participants were grounded in the present and the floodgates closed before leaving the interview room. Each participant was reminded of the next step in the process. I mentally debriefed between interviews and made note of thoughts and observations. The interviews were audio recorded and the participants' nonverbals were noted. Each interview lasted just over one hour.

Organizing, Analyzing, and Synthesizing Data

To prepare for the organization and analysis phase of the study, I began with bracketing, by setting aside any preconceived ideas about the collected data and the answers to the research questions. Through this process, I became aware of a tendency to analyze the information without a full understanding of the meaning and context in which it was presented. With guidance from the dissertation chairperson, I was able to develop an objective mindset and move forward with the analysis.

The procedures for organization and data analysis followed those outlined by Moustakas (Creswell, 1998). Organization of the data began with having the audio recordings of the interviews transcribed. I verified the accuracy of the transcriptions by reviewing them while listening to the audio recordings. Once confirmed, I compared the field notes to the transcribed documents. By reading and re-reading the data, I gained a "feel" for the information and moved forward with the analysis. I hand sorted and then

organized the data by participant and research question. This approach to indexing the data was utilized to safeguard against the possibility of bias or misinterpreting the meaning or context in which it was delivered. Once organized, the transcribed documents, the interview protocols, and my notes were exhaustively reviewed and, through the process of horizontalization, meaning units were discovered. The meaning units were clustered into themes, sorted, and documented by participant and research question. Appendix D portrays the charts that were used to record the clustered themes. Follow up interviews were scheduled with each participant to verify the accuracy, context, and credibility of documented information.

During the follow up interviews, I presented the individual's clustered themes chart, and the interview notes and transcriptions. Each follow up interview lasted approximately 30 minutes. Two of the participants perceived the follow up as an opportunity to restate and further elaborate on their experiences. I obtained the necessary clarification on a few details. All of the participants verified that the documented information was accurate, in context, and credible. The last few minutes of the interviews were spent putting closure on the experience.

To achieve further reduction in the data, I organized the individual themes by research question. After exhaustive review, I merged the individual clustered themes for each research question to create clustered meanings, or general descriptions of the experiences. From these descriptions, the textural description of *what* was experienced

and the structural description of *how* it was experienced were written. From there, the essence of the mission experience emerged.

Credibility, Dependability, and Quality

Creswell (1998) suggested that writers use qualitative equivalent approaches to establish the traditional quantitative validity and reliability of a study. As suggested by Creswell, I established the credibility of the findings from the participants during the follow up interviews. The purpose of this qualitative research was to understand the phenomenon from the participants' perspective; they were the only ones who could legitimately determine the credibility of the results. Creswell stated, rather than reliability, the qualitative researcher seeks dependability, in that the results will be subject to change. The qualitative researcher looks for confirmability rather than objectivity when determining the value of the data. Confirmability refers to the degree to which the findings can be confirmed or corroborated by others. To enhance the confirmability of the findings, I conducted an audit of the data collection and analysis procedures to rule out any potential bias. According to Creswell, dependability and confirmability are established by auditing the research process.

To establish the quality and credibility of the study, I implemented three procedures suggested by Creswell (1998), acknowledging researcher bias, implementing member checks, and writing thick narrative descriptions. I acknowledged having the preconceived belief that the participants were "stuck" in dependence on the mission. Creswell discussed the importance of understanding one's bias and the impact it can have

on the study. The most significant technique for establishing credibility, member checks, involved taking the data, analysis, and interpretations back to the participants so they could judge the accuracy and credibility of the work. This technique was implemented through the follow up interviews with the participants. The other technique involved presenting rich, thick descriptions of the participants' lived experiences, allowing the reader to determine transferability because of some shared characteristics. These techniques established "the truth of things" by validating that the outcomes were well grounded and well supported.

Ethical Considerations

The proposal for this study was evaluated and approved by the Institutional Review Board (IRB) of Walden University. The approval, number 1-01-2010-0101809, confirmed that the proposed study complied with the university's ethical standards and U.S. federal regulations. The approval further indicated that the potential risks of this study were outweighed by the potential benefits. In addition to IRB approval, I conducted this study in accordance with the standards for research outlined in the PA Code, which included informed consent, confidentiality, and due process protections. Clearly established safeguards were implemented to protect the integrity, emotional states, and anonymity of the participants. I protected the quality and integrity of the data being collected during the interviews by adhering to the interview protocol, honoring the established time frames, active listening, and refraining from offering advice. The interview materials were transported in a locked brief case and once collected, the data

was stored at my home. All of the information relevant to this study will remain protected, in locked storage at my house for a period of five years.

Summary

I utilized a phenomenological inquiry in attempt to describe the lived experiences of chronically homeless men who had utilized the services of the York Rescue Mission. Four residents of the Spiritual Life Program participated in the study by answering questions regarding their life experiences that led them to the mission, the role mental health and substance abuse issues played, and their suggestions for program and societal change. The interviews were audio recorded and transcribed. The analyzed data was integrated into composite textural and structural descriptions of their experiences. Techniques were implemented for validation that the outcomes were well grounded and well supported. The results of this study are reported in the next chapter.

CHAPTER 4: RESULTS

Introduction

The research questions were designed for gaining an understanding of the life events that led the participants to the mission, understanding the role of mental health and substance abuse issues played in their continued need for the mission, and realizing their suggestions for change at the mission, in the community, and for society. This chapter begins with an introductory few sentences on each participant, followed by the descriptive results of the study, which are presented in order of the research questions.

Participant One: Scott

Scott was a 53-year-old man, from New Jersey, who has resided at the York Rescue Mission for 14 months. He went to the mission following a divorce after 27 years of marriage and being fired from a job he loved. Scott had six children whom he had not seen for over a year. Scott had been an addict for many years and missed a lot of time from work because of depression. Reportedly, when Scott refused the psychotropic medication prescribed by the EAP doctor, his employer gave him an ultimatum: take the medication or don't work here. Scott chose the termination rather than jeopardize his recovery. "My recovery is more important than anything." Scott had eight years clean.

Participant Two: Dennis

Dennis was a 51-year-old man who had been at the mission for two years. To escape the pain of an unfaithful girlfriend, he left town 12 years ago to travel with the carnival. He described it as easier, because "all I did is sit around and collect people's money and drink all day." Initially, Dennis had planned to stay at the mission only four

months, yet he has been there ever since. Dennis had two children and had never been married. He had a hereditary hip problem that would someday require replacement.

Participant Three: Larry

Larry was a 48-year-old man who had resided at the mission for 2.5 years. He had previous experiences with the mission, and stated, “A series of relapses brought me back again.” Larry’s biological father had died when he was 6 years old. Larry had described his first stepfather as an extremely abusive alcoholic. Larry had never been married and had no children because “drinking and drugging were always more important.” It hurt Larry to admit how often he had acted like his stepfather, by breaking promises to the children of the women he cared about. According to Larry, “I got off the drugs, but alcohol has always been a problem... once I start, I can’t stop” Larry’s mother is currently married to stepfather number three.

Participant Four: Joey

Joey was a 52-year-old man who had resided at the mission for 14 months. Joey had described himself as a “frequent flyer,” with at least 5 previous stays at the York Rescue Mission, and at least 20 stays at other missions. Joey was never divorced yet had been separated from his wife for 29-30 years and he had a daughter. Joey described the turning point in his life, when “I was carjacked and then my mother died... went off the deep end... didn’t care about anything.” Joey had been smoking cigarettes since age 6.

First Research Question

What was going on in your life that led up to you going to the Mission for help?

The first question was designed to gain an understanding of the significant life events that led up to the participants going to the mission for help. The direct quotes of the participants substantiate the claim that three common themes had emerged, childhood abuse and victimization, mental health issues, and alcohol and substance abuse. The degrees of disclosure on these themes were varied among the participants. A few secondary themes had also emerged; two of the participants had experienced the death of a parent and one participant had a hereditary health condition.

Childhood abuse and victimization.

Three of the participants discussed their experiences with having an alcoholic father, a chaotic family system, and being abused. One participant shared how his own substance addiction started at age 13, and it had cheated him out of a childhood.

Dennis had briefly described growing up with an abusive alcoholic, his father: “back when I was like five years old, he came home drunk and beating on mom and stuff all the time, and we ain’t really talked much since then.”

Joey shared that he had a lot of problems growing up; he was a loner that never got along with others. As a child, someone in the neighborhood had molested Joey. He adopted a survival skill of people pleasing. In his words, “As I look back... I was a complete people pleaser. I turned into one, to try to get by.”

Unlike the others, Larry had spent considerable time discussing the “mental, physical, and emotional abuse” he had experienced after his biological father died. His experiences are presented in the “Death of a Parent” section below.

Mental Health Issues.

All of the participants had contributed unresolved mental health issues to their need for mission services. Dennis described shame and low self esteem in his discussion of the loss of his childhood sweetheart:

My daughter's mom, she was a cheerleader for Suburban (a local school district). We started going together in school and were together for about six, eight years, and her parents got in between us; I wasn't good enough for her. I was a city kid.

And his efforts to move forward with his life:

Well me and my daughter's mom broke up. I started seeing this one girl in the bar for a little while, and after about two, three months, something like that there, and we broke it off. Next thing you know she's back and says she's pregnant; pregnant and getting married to another guy.

Dennis reported that his next relationship was with the woman he wanted to marry. They were together for 13 years before he discovered her infidelity. His need to escape both her harassment and his own feelings led him to leave town with the carnival, which eventually lead him to the mission. "One day a guy handed me a paper that said something about needing rescued or wanting rescued or something like that there and I came here from Jacksonville (Florida)."

Larry had described himself as an "angry, rebellious teen" who was "learning how to come out of myself and turned to drugs and alcohol just to be accepted." Even though Larry was able to "stay off the drugs", alcohol remained a problem. Larry shared that a series of relapses lead him to the mission. He described his experiences with rehab programs and antidepressants:

Well the first rehab they wanted me to start upon anti-depressants...it was suggested by a couple people that maybe you'd wait until you get through the first few withdrawal symptoms and I never received them (medication) until about three and a half years ago when I went into another rehab. Then I went off, but this last time, even with/on the anti-depressants I would take them one day and then the next day I wouldn't and the whole time I'd be drinking and then I wouldn't eat, and then all of a sudden I ended up having to go to the hospital.

Being there for 10 days, six days I needed help to get out of bed, lost equilibrium. I learned how to walk with a cane; had to learn how to walk basically over again, get my sense of balance back and my strength back in my legs. When I came to the Mission, they said that I had three days, three to five days that I had to be up and moving, and the doctor said that I'd be on the cane for at least 30 days to 40 days, and in five days I was still using the cane, but I was becoming less dependent on it.

Joey had described the mindset he adopted after his mother passed as one of not caring about anything, his escaping behavior, and the depression that drove him to his first mission experience:

I can remember the first mission I went to. It was in '95 and I had no idea. But since then, it's given me awareness and the state of mind I'm in, I was really depressed, you know. Kind of like didn't care. And once you start to these missions it's a trap.

I mean it, it – you're going to a mission and your, your mind is where it is and all's you got to do is just do a job and then all your needs are met. You don't have to do anything, you know what I mean? I mean you don't have to worry about nothing. And it's like, next time the boss gives you a bunch of crap you tell him off. You can tell the landlord, "screw you too" because I got a place to go.

It's a funnel back. And it's very dangerous. That once you start getting, going to these places it gets easier and easier.

Joey had described the turning point in his life:

Shortly after I was married, before my mother died, I think that was the turning point in my life. When I was, they call it car-jacking now, but it happened to me back then. I was coming home from work one evening, stopped at a red light and a guy asked me for a light about 4 o'clock in the morning. I was just getting off. I was looking down in my console and just ready to give him the matches and he put a gun to my head. I was put in the trunk of my car by the guy and rode around; I got out myself while the car was still moving. I jumped out and then I think from that point on I didn't care. I just, uh, (long pause) I view most people as, a lot, well a lot of people as users. (long pause) I'm kind of, more of a loner now.

And shortly after that when my mother died and then I just went off the deep end. I just didn't care about nothing. Nobody wanted me around and that was just as good because I didn't want to be around.

Scott had described losing time from work as he was going through the breakup of his marriage and described his employer's efforts to help:

You know, I started missing days. I was going through a depression thing. You're with a woman for 28 years and she don't want to be with you no more it's, it's a little depressing.

And first the job sent me to their company doctor and they wanted to prescribe some kind of anti-depressant that had narcotic in it. I'm a drug addict I'm not taking no narcotics. And I told them I'm not taking them and he told me it's either take the medication or you can't work here. So I couldn't work there. They couldn't accept my recovery is worth a lot more than any job to me.

Alcoholism and Substance Abuse.

All of the participants had started using drugs and alcohol at an early age. As stated earlier, Scott had started smoking cigarettes and drinking alcohol at age 11 and using drugs at age 13. In describing his addiction and efforts to stop, Scott stated:

I was a heroin addict for 30 years. I know how to be selfish. And you're not going to stop until you say you're done. 'Cause I, I had judges telling me I had to, because I didn't do this and stop and probation officer's telling me not give no dirty urines. Wife's threatening to leave me for using. Mother tell me don't bother with her and I didn't stop for none of that.

I stopped when I knew I couldn't do it no more. You know? Got tired of living, in the book it says, it talks about living on an animalistic level and I was worse than that. I seen animals that was living better than me. You know, I been homeless for a couple of years, working, but homeless because I didn't want to waste my drug money on rent. My priorities messed up. So I've been out there for too long and I owe it to myself, I owe it my kids. I owe it to my mother, my brother and my, uh, my ex-wife. You know, I ruined their lives. You know? 'Cause it all comes back when you get yourself together.

Scott went on to discuss the significance of losing the job:

I ran a halfway house out in, uh, Jersey City, New Jersey called the XXXXX. It was like 51 residents there. And I got through to a lot of them because I lived there with them. You know, whenever they had problems and I told them my door was always open. I spent a lot of nights spent awoke but it's worth it to see somebody that's hurting and trying to get to the other side... I felt real good about that job, uh, because I was helping people. And to me it's no better feeling. I was rich. Didn't have no money but I was rich. It gives you a rich feeling.

Dennis had started smoking cigarettes at age 9 and drinking alcohol at age 11. In describing the severity of his addiction, he stated, "I had serious problems and I couldn't get out of bed in the morning without a beer. I had a refrigerator next to my bed so I could just reach in and grab a beer in the morning."

Joey had started smoking cigarettes at age 6, using drugs at age 18 and drinking alcohol at age 19. In describing his use, Joey had stated:

My stepping-stone has always been alcohol. In my life I had never used a chemical before using alcohol. Because always I tell myself you're not going to do that this week. Then I got a couple beers into you and there goes the will power out the window.

Joey had elaborated on the correlation between his drug and alcohol use and the mindset that lead his dependency cycles through to the mission:

With the wrong mindset starting, if you're not changing your mindset and the program isn't guiding you down the path to your being more held responsible it makes it easy to do that. You know, I, I've brought it down to where you're either going to do the responsible thing or you're not. You're either going to pay your bills and pay your electric or you're going to go out and give to your crack man on, on the corner.

I've quit so many jobs in my life because I started on that road, like Friday get my pay, go out, have a couple drinks and the next thing I know I'm smoking that shit and I'm like this is what I'm going to do with my money. The only way to stop myself is to not go to work.

Larry had described himself as an alcoholic that could not stop drinking once he started. He had shared about his efforts to deny the problem:

I lied to myself for maybe the first two or three days, but then I start getting the shakes and everything else. Then I know to go buy and keep going and keep going just to get rid of the shakes.

Death of a Parent.

Larry's biological father died when he was 6 years old. Larry had described his biological father and the impact of his father's death:

As far as I can remember, my biological father, he was very supportive of us and loved us. I mean he worked two full time jobs which we didn't really see much of him around the house, you know. He'd be there and then be gone because mom had stayed home and raised us. And when my stepfather came along it was more or less mom had to do the two jobs and whereas we used to visit relatives and when my first stepfather came along it was like the relatives were cut off, you know, or the relatives didn't even want to welcome him because of his attitude.

During the discussions of his stepfathers, Larry had identified them only by number. Larry's family was with stepfather number one, whom he had described as the worst, from ages 6 to 14.

... one of the important times of a father being around you, supporting you when you get involved in school activities and stuff. He wasn't there to do that, you know. When it was all said and done, it was mentally and physically, you'll never be nothing, a lot of putting our heads through the wall if you didn't do the dishes or leave spots on the glasses because we wanted to go out and play, you know. And if he wanted to stay out and drink, we all had to wait for him to come home before we could sit down and eat.

Larry did not elaborate on stepfather number two, only that he passed away and "now she's on my third stepfather."

Joey had also lost a parent: his mother, who died when he was 20 years old. He had described his mother and the impact of her death:

...she was my rock. And when she died, I kind of, I was married, just gotten married and I just lost all ability to communicate with everybody around me. Later on, by the time I realized what I, what was going on it was too late and things just kept- now, I lost my wife and my daughter so I just kept right on the same path, you know, of destruction.

Hereditary Health Condition.

One of the participants, Dennis, shared about his hereditary “hip problem.” Even though he was unable to identify the medical diagnosis, he did state, “my grandma had it, my mom got it and now I got it.” Dennis had reported that his mother had hip replacement surgery and “I’m gonna need hip replacement surgery before long.” During the discussions of his hip problem, Dennis shared that he had to leave his job of 22 years, as a rider on a trash truck, because of the condition. Dennis stated, “people tell me go get disability because of my hip, but I don’t need it and I wasn’t raised that way- when I need it, cause my hip falls off, I will.”

Evaluating the essence of what lead the participants to the mission according to Maslow’s Hierarchy of Needs, it became clear that unmet deficiency needs motivated the participants. Maslow described life as a series of choices, and suggested when an individual’s needs are unmet, their search for gratification dominates their consciousness and their behavior. The clustered themes that emerged, childhood abuse and victimization, mental health issues, and alcohol and substance abuse were the growth-hindering circumstances that had motivated the participant’s choices and behaviors. There was strong evidence in each of the stories that the participants naively and unconsciously assumed they would experience a magical moment during which all of their needs would be met, allowing them to be happy and content. According to Maslow, and the participant’s experiences, this is simply was not true. In Maslow’s description, when the most dominant want is satisfied a new one emerges into consciousness, usually

the next higher in the hierarchy. If the second want is satisfied, then a third appears.

Figure 1 reflects the individual life experiences/deficiency needs that lead the participants to the mission for help, suitably displayed on a pyramid.

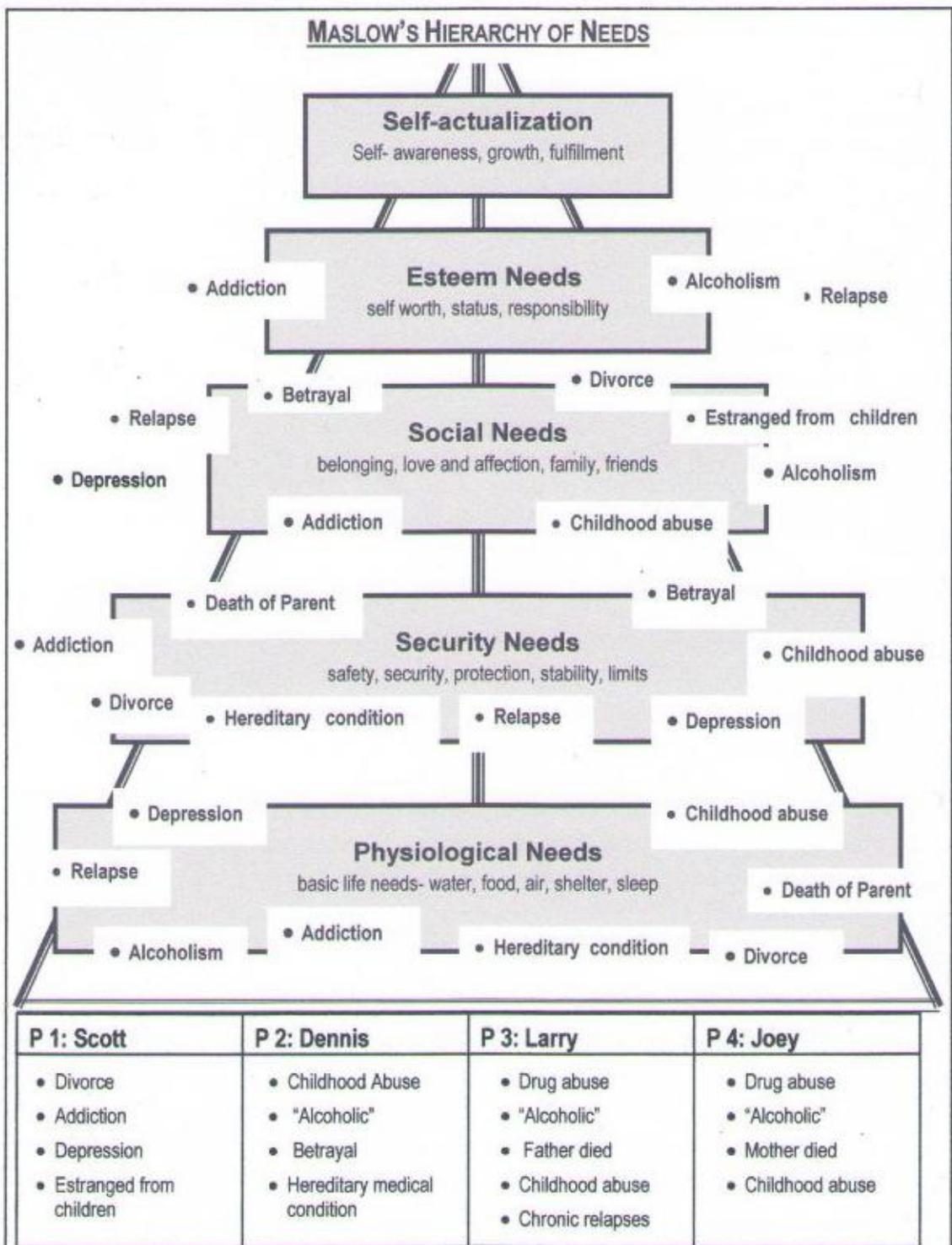


Figure 1. Life events leading men to the mission for help.

Second Research Question

Describe the role mental health or substance abuse plays in your continued need for the mission. What supports do you have?

All of the participants reported having a lifetime of alcoholism and addiction problems. Relapse was a common factor among the participants. The mission provided an opportunity to achieve sobriety and experience the rewards of a sober lifestyle. The sense of loyalty and belonging was evidenced in each of their stories. Scott clearly summarized the experience when he stated:

I've been a heroin addict all my life and I know how to be selfish. The mission is an opportunity to give back... be appreciated... be honest... be accepted, and carry the message of hope.

Relapse

Relapse was a common experience among the participants. Scott described abstinence as simply not using versus recovery as working a program. He defined relapse as "when you work a program and fall." Scott stated he had been trying for 30 years to get sober. Now having 8 years clean, Scott reported his reason for being at the mission was to get closer to his God and deal with his depression issues without medications. He stated: "I'm not here for the money 'cause there is none here. And I don't care what position you have, you're not making too much money in here. But, um, today I feel rich."

Dennis shared that he “only came here to stop drinking. I planned to leave in four months, Craig said no and I’ve been here ever since.” With a broad grin, Dennis reported that he had two years of sobriety for the first time. And he had his family back! His words:

It only works when you work it... if you don’t want it, you’ll not get it... took me getting sober to figure it out.” I’ve been through a lot in this place... when you’re out there drunk, you don’t care; only where you’re gonna get another beer. Where’s that next beer coming from. You don’t care about whatever, but now I care. But now I’m sober and my brain’s starting to dry out.

Larry and Joey both had previous experiences with the York Rescue Mission and other missions around the country. Both accredited relapses for their previous evictions. In describing his last tenure at the mission, Larry reported achieving 2.5 years of sobriety and working through many of his issues. Thinking he was ready, Larry returned to his brother’s house and a familiar lifestyle that led him back to drinking. “Last time I was here I had no supports, no church or Bible study... I was an isolator and a stuffer.” This time is different, “I now have church and 12 Bible Studies.” Larry explained that alcohol has always been his “stepping-stone, I never used a chemical before using alcohol.” Larry elaborated on his previous 5 stays at the York Rescue Mission:

I’d get put out for drinking, that’s all. And that’s my crime, drinking. It’s not arguing with people. It’s not fighting with people. It’s not, not working. It’s I drink, and when I drink they throw me out.

Larry described his cycle of utilizing the missions as a trap:

Once you start to these missions it's a trap. It's a trap... just do your job and nothing to worry about... Like next time boss gives you crap, tell him off... can tell the landlord, "screw you too" because I got a place to go.

It's a funnel back... very dangerous... once you start going to these places it gets easier and easier...

It's a mindset, either you're going to be responsible or you're not. ...either pay your bills... or give it to the crack man...

Supports

The participants unanimously identified the leaders of the mission program as their primary supporters. Each of the participants shared of trusting the staff and their personal experiences of being accepted, understood, and valued. Joey's description summarized it well, "these people are true Christians." In addition to the Mission staff, each of the participants had other meaningful supports.

Dennis: "I like it here... There was a bunch of ladies on the third floor of the office, and they keep me sane and sober...I have my own room, TV, stereo, it's like a little apartment"

Scott stated:

I go to NA (Narcotics Anonymous) meetings, but I go to AA (Alcoholics Anonymous) if I don't have transportation." Scott shared that he did not have a sponsor or follow any of the other 12-step program suggestions since he had been in York, however, "I'm still talking to my sponsor in New Jersey and I do a lot of step work.

Scott described the other residents as supportive, but at times he still felt very lonely and he missed his children. Larry and Joey both identified the church services and the Bible studies as their supports and neither attends 12 Step meetings.

The results of this study support an earlier qualitative study conducted by Yancey and Atkinson (2004), in which they sought to understand the individuals' motivation for reaching out to a faith-based organization for help and for returning repeatedly for the same care. The central theme that emerged from their study was the trust established by program staff, administrators and volunteers. The participants in their study spoke of experiences gained, needs met, and practical skills learned. According to Yancey and Atkinson, their participants "painted a larger picture- a landscape of love and trust where participants know they have a place to go where someone loves them." The central themes that emerged from this study, trusting the staff, the sense of belonging and the learning to live a sober lifestyle indicates that the Spiritual Life Program is meeting its stated purpose and providing an opportunity for its residents to get their needs met.

Evaluating the essence of what kept the participants at the mission in relation to Maslow's Hierarchy of Needs, it became evident that the participants chose to participate in the program because their needs were being met. This choice reflected a different perception than the dependence perceptions reported in the literature. When applying the participant's behaviors to the Hierarchy, it was important to remember that people were complex and their motivations contained elements of each level in the hierarchy.

Third Research Question

What barriers do you face, what needs to change to help others?

Interestingly, the participants did not identify many personal barriers they faced while participating in the program. The participant's loyalty and emotional investments to the program were evident as they spoke of themselves and the program as one, and from an -us versus them- perspective. The results of this study align with earlier research reporting on the significance of giving a voice to the residents of a faith-based program to gain and understanding of their experiences. All of the participants agreed in their perceptions of how the community viewed the homeless population and the mission, how these perceptions manifested into program barriers and how they sustained the stigmatized perceptions of homeless individuals within the community, therefore, permitting the community barriers to continue. Direct quotes from the participants substantiate these claims.

Program Barriers.

Transportation.

One of the participants was not a local and identified transportation as a barrier that he faced. Scott stated, "We're not allowed to have a car and its five hours on the bus to see my family..."

Community Dumping Ground.

Larry: “Mental Health Facilities and the hospitals dump people on our door... we are even dealing with more and more mental health people now... it’s sad, we’re not really a program for them...”

Larry: “A lot of men here aren’t about the program... they’re here because its court appointed or just here to be here... some put on the act for the program, just do what they gotta do...”

Funding.

Larry: “The mission is not funded by the state and we don’t get any money so we gotta go by what’s donated... with the economy, more and more (people) are coming in.”

Community Barriers.

Limited Housing.

Dennis: “For the men, there’s no place to house them but here. The women have the Bell Shelter.”

Dennis: “They ain’t doing enough to help all of us homeless. They got tent cities out there, you know, sitting in parking lots, tents, cars, whatever. No other place for them.”

Support Services.

Dennis: “No place to help with jobs and things to do during the day-go to the library or your stuck.”

Stigma in Society.

According to the literature, non-poor individuals tend to interact with the poor using a demeaning and devaluing approach. This discriminatory approach, coupled with stereotypes and prejudice, constitute classism. According to Lott (2002), social class distinctions have significant consequences for everyone, yet how poor people are treated has the most pervasive consequences on society as a whole.

One of the participants in this study, Joey, had been utilizing mission and Salvation Army programs since 1995. His experiences expanded over 3 states and included involvements with more than 25 programs. Joey shared a life-changing event that occurred when he was managing the front desk of a mission located in a neighboring county; where he was expected to ignore the classism, just as Lott described. Joey shared his experience:

XXXXX Mission, I worked the desk over there, it's the dead of winter. You get 50 points, they give them to you and every time you do a boo-boo they take some points from you.

Well mom's upstairs, she's got six kids. She's upstairs. She's get this, this, this (violations) – lost all of her points except for five. She forgot to make her bed one morning. There goes your last five points! It's the dead of winter! Pack it up and get out! They call Children and Youth Services! See, we have a way of dealing with six children. Will you please meet her on the porch?

I've seen that more times over there- more times than I can count. You are a Christian? I think you ought to re-examine yourself! But this time, here these little babies are! But to this day, I flash back to this day, the kids

screaming bloody murder, ripping mom's shirt, trying to hang onto her. I wanted no part of it! It left such a, a foul taste in my mouth of what these places are about and other ones I've been to are turning the same way.

They, they make a very good living off the poor is all I can say. Because obviously they're not there for the job but for their wallets to be growing and they're doing it in the name of Jesus and in the name of God!

And Dennis had commented on the stigma: "Once you're homeless you're done- you're an outcast."

The barriers identified by the participants in this study confirmed that the political efforts outlined in the literature review have yet to be initiated in the York Pennsylvania community. These were the same barriers that President Bush had charged the U.S. Interagency Council on Homelessness to address, with a primary goal of ending homelessness in 10 years. According to the Council, the politicians had spent the past 20 years having committee meetings and task forces, while the numbers of homeless people continued to grow. Further, and as evidenced by the participant's statements, the identified barriers hindered the development of humanness. Many suggestions for change emerged from this study. These suggestions were outlined and substantiated by direct quotes, for the mission program, the community, and then the larger society.

Suggestions for Program Change

All of the participants had ideas for how the mission could strengthen and expand the services available to their residents and the transients they serve. The suggestions for services to the program residents were as follows:

Professional counseling, medical services, 12 Step meetings

Joey: “Like to see us get more connected with the other agencies and have easy access to medical for the homeless”

Scott: “Have weekly 12-Step meetings, AA and NA, that are open to the public”

Larry stated:

More knowledge of the addiction concept. There is a Christian 12-step program that they do in the XXXXX Mission and that is Christian 12-step program, but it also relates to the scriptures and has various lessons on your different triggers and helps you find out your triggers and what your triggers may be and stuff like that. I think that would help a lot of the younger ones in here that are serious about the program.

Scott stated:

I think they could use some kind of treatment program here. I think they should counsel here, have a counselor here and I think they should have some kind of addiction meetings...That’s the only thing I really see wrong with the place.

Designate a private visiting area for family and friends

Scott stated:

If I had my kids come here I wouldn’t want everybody to be in and out while I’m doing it. There’s no place that I could bring them to sit down and talk. I would have to go somewhere else.

‘Cause I talk to my kids every night but if they was to come out here we have a lot, a lot we could talk about after a year... Cause right now I really don’t know my kids... I know what they let me know about them but I haven’t been there for a year... I would love to see them.

Consistently enforce the program rules.

Larry stated:

Different rules for different ones apply. If one set of rules applied to all it would be easier. They (management) create their own problems... when it is brought to their attention, they throw up the Christian standard right away and you gotta forgive and forgive and forgive...

When do you draw the line after you have forgiven somebody and when do you decide your enabling somebody... they don't realize they are playing the role of enabler.

Dennis: "Everyone should tell the truth."

Scott: "They (mission) pass out a paper saying they do a lot of stuff that they don't really do, and they should do them."

Dennis: "Around here they tell you something (new rule or expectation) and a few weeks later they forget about it."

Dennis: "There are guys that have been here since December that were only supposed to be here a month...it's the end of January."

Overall, the participants were concerned about the limited resources available for the transient population. According to the participants, "transients" was the identifying label for the men who received emergency shelter, meals, clothing, and chapel services at the mission. Each man was allotted 7 overnights and 15 meals every 30 days. Chapel service was required, and free clothing was available at the mission's economy store. According to the participants, there were categories of transients. Joey had described two types of transients, those that "are here for the first time... they need and want help... they want to get back up on their feet." Then there were the others:

We call them frequent fliers... coming here for 15 or 20 years.... Work every day... come and eat... get toiletries... why buy it when I can get it for free... to say no is a dirty word... can't say no to these people... it's you owe it to me... I get sour sometimes because it kills me.

You can set the clock by some of our older guys that come in here...or know the day on the calendar by their showing up because they done took their money, went to the motel, got the ladies, spent it on crack or whatever they're doing and then they hit our doorstep eight days after they got their social security.

And Larry commented, "The ones off the street that just come in to eat, a lot of them are very grateful for the meals." In the literature, Rooney (1980) had identified these "frequent flyers" as "mission stiff's."

Overall, the participants in this study were concerned for the transients because no resources were available for them in the community. The participants had suggestions to more effectively serve this population, including supportive services and increasing their own accountability for their lives. Direct quotes from the participants describe their suggestions.

Develop structured support and services for the transients.

Scott: "If I ran it the transients would be more connected to the residents... who could better help than somebody that's been through it?"

Dennis: "Transients can sleep here only seven nights a month, and that's it, you're done... that means 23-24 on the street until you can come back... there's no foundation until they start the (residential) program."

Dennis: “Transients get fifteen meals a month... but just think about that, 15 meals a month... You’re supposed to eat every other day.”

Larry stated: “I think right now they’re (mission) doing the best that they can, but there’s always room for improvement. The donations just aren’t there. They’re just not there.”

Establish accountability for the transients.

Larry shared his concerns for the lack of transient accountability:

We’re supposed to be an open door, but then there’s a certain limit where we can help, and if they want the help, then they’re realizing what they’ve got to do too. We can only do so much for them, but they’ve got to do the stuff for action for themselves also. Some of them don’t want to see it that way. Like I said they want to hear what they want to hear. If they don’t get a yes from me they’re gonna go to someone else that they think they can get a yes from.

Larry suggested using breathalyzers to screen the transients:

Well they are abusive talking out their mouth, and just the way they walk. Some of them you can smell the alcohol on them, and they get it wrong if you ask them to do something, they go away and puke. They get a little combative, cuss at you and anything else and they can barely stand up... that (breathalyzers) would tighten up the program.

Another suggestion Larry had: “For safety, check their bags... I’m afraid of a liability suit of somebody coming in here too fired up (intoxicated)... if somebody would snap, the possibility of somebody getting sick or injured or worse yet or be killed in here.”

Larry stated:

The way we have it now, they (management) want to believe, they want to show the guys they trust them, but the word is on the street, come here its easier, it's the whole mindset, come here you can get away with it.

Sometimes with the guys that come in they want to complain about this one snoring and that one feet stink and everything else, you know, but that's up in the transient room. You know, there's nothing you can do. You can ask them to take a shower, but again, up at XXXXX that's mandatory. You shower or you don't stay. It's mandatory that you shower. Then again that calls for a lot more overseeing on the staff's part. A lot of the stuff the budget don't allow because we don't have a budget that's enough. I already ran into that wall because I discussed this quite a few times.

The participant's experiences with the mission program reflected the opportunities they had been afforded, and therefore, support the concept that individuals helping others are in fact helping themselves to grow and develop. Many of the characteristics displayed by the participants mirrored those of self-actualizing individuals, including:

1. Objective judgment.
2. Perceive problems as challenges needing a solutions rather than personal complaints or excuses.
3. Independent, relying on own judgment and experiences.
4. Accepting of others the way they are.
5. Socially compassionate, a kindness for humankind.

Direct quotes were used to portray the participant's overall feelings about the mission program:

Larry stated:

I like it here with the responsibilities I have with being on the front desk. I get to – it keeps it clear to me that it isn't getting better out there. It's still out there, besides more. 'Cause I see younger guys and I hate to say it but it's a little worse.

Joey stated:

I needed to be able to get my head together and my mind together. Uh, get focused on what it is I'm doing. And it's, it's like most, most of your – this is the last, one of the last places on the planet like this. I mean, good or bad, I would rather walk into this place and talk to these people here than any of the places that I've been in this area. I mean within 70/80 miles...

Because when you walk back out the door you can say they're Christians. The rest of them, they say they're Christians. They've got the cross on there but you are a number.

Scott: "This is a good place – get out what you put in to it."

Larry stated: This time when I came here it was a lot more different because I felt, myself I felt guilty for having to come back the second time, but that time I knew I had more work to do to get more in touch with my savior as I would understand him. I mean get a complete understanding, and I didn't get involved in outside groups. I was an isolator and so I more or less kept to myself when I got here.

I didn't have no support. I didn't get involved in church, Bible study, that type of deal where I had somebody to relate to and discuss different issues. You know, if I didn't understand stuff out of the bible.

This time is thinking about deeper meaning of life. Doing more of a cleaning and opening up more to let people know where I'm at because I'm a stuffer and an isolator and that's not good for an alcoholic and that's not good for an isolator or a stuffer. I know that for years and years of being in recovery.

Scott stated:

Cause I'm the head cook and it feels good to be on the other end of things. You know, helping out people that really, really need help rather than trying to see what I can get from them... And there's a lot of people that come here that's real grateful... 'Cause I put my heart into my work... Even if one person just say they enjoyed that's good enough for me.

And Dennis, "I like it here."

Suggestions for Community Change.

More Shelters.

Larry stated:

I get called on the phone for families, and we don't house families. We have the men's division which is this building here, where the main office is. Uh, then we have the women and children's shelter. We have nothing for the mother/father/family type of shelter.

Larry stated:

I think its very important to be a duly-married family. Some of them nowadays are not even married and they want to consider him a husband. I don't know. I'd be a little leery on that. I'd think I'd have to push for marriage maybe. If they're married, if there would be a shelter that they'd be married because if you're a Christian organization, well I don't want to see just a relationship; I see what challenges a girlfriend would bring.

Joey suggested: "Start a city shelter and open some decent rooming houses for single people, ones that are affordable, secure and safe."

Support Services.

Scott: "...A lot of people don't know how to get back on their feet."

Dennis:

You have some guys that are on the street and haven't had a shower in a week. They ain't gonna find a job. They'll take someone else that ain't qualified that just looks right. The only reason why that man looks bad is that he ain't had a place to clean up or whatever. Seven nights a month here. Where can you get more than seven nights a month if you're homeless? You'll spend 23, 24 nights on the street till your time is back up and you can come back in here again. There's no foundation until they start on the program. You start and there's nowhere to go.

There ought to be some kind of place at least in the daytime where guys can go and use a computer to find a job or something like that there. Somewhere he can go hang out and get him off the street. It ain't just York. I've been all over the country traveling with the fair, and it's like that everywhere... nothing for them to do.

Workfare instead of Welfare.

Dennis suggested:

Start a program like workfare instead of welfare. You know what I mean? Instead of me going to pick up a check and doing nothing, you go out here and work, clean that curb, paint that gutter. Do something around the city... Make a couple dollars here, there, whatever. Earn their food stamps. Do something. There's always something to be done.

And then you pay people with the benefits or food stamps or whatever they're getting. You just can't cut people off. People got to still to eat. There's something they could do there to earn that but nobody has asked them to... If it's not set up why are we saying that they won't do it. We don't know that they won't do it...

I'm sure there'll probably be people that would go out there and do something to put food in their kid's stomach or something. I mean I would've if I were in that situation. But it's not like that, it's not set up for them. As long as you're homeless you're done. You're an outcast.

Job training and placement.

Dennis stated: “Teach you how to use computers; some kind of training or something.”

Joey: “How to interview, fill out interviews, resumes, how to talk and interview to an interviewer.”

Joey suggested:

Actually employ someone that is an employment specialist that works in the field with the factories... that goes out and does personal one-on-ones with owners, supervisors and says hey-do you think maybe, you know? Couple of them get on board...do it like a referral.

Scott suggested: “Have a little job training thing going on. You’d be surprised how much talent you find in AA or NA. To me, I think, alcoholics and ex-alcoholic and drug addicts are the best workers in the world.”

Financial support for our program.

Larry stated:

I know we don’t get as many donations as we wish we could, but then again I don’t think this Mission is funded by the state and we don’t get state money so we gotta go by what we get donated... we worry about the food supply... there’s people that couldn’t make it on 11 meals (a month) because it was a meal here and a meal there... they got up to 13... when they (management) decided to go with a meal card and have the meal card stamped, we added two more; that way they won’t ask for any more...that’s been over a year ago and the economy’s not getting any better.

Suggestions for Social Change.

Scott suggested that society “do more than house and feed people.”

Affordable Housing Programs.

Scott stated:

There would be like a low income housing type of thing where you know, 'cause you'd have to work to be there but depending on how much you make is how much pay. Um, I would make sure I had proper counseling there, nice sleeping arrangements... Make sure the food is good and try to keep everybody happy.

Joey: “Affordable housing. Short, short-term to long-term because, uh, if you're moving into a room probably later on, if you're in the right frame of mind you're thinking about upgrading somewhere down the road.”

Day Programs.

Dennis stated:

They come in and they get their lunch or breakfast or whatever, and when they're done they leave. If you got time to stay late and come back that day; if not, where are you supposed to go? You know what I mean? If the programs are full. Where are you going to go then? I mean as cold as it has been, and they all come in and get served, but who wants to sit on a park bench in the wintertime. It's just, we need more places for them to go.

Dennis: “With the economy the way it is and everybody losing their jobs like that there, we need an adult center.... place to hang out and get off the street... it's not just in York, its everywhere.”

Cold Weather Shelters.

Larry stated:

I think there should be more centers for homeless families. Now during this cold spell, I think we're about the only cold shelter that was open and there were a lot of people come in. I think they were all maybe from churches, but they're usually open, the Salvation Army opens up the doors, you know, for cold weather shelter. But I don't know if they do at this time. I may be wrong, but with this cold weather spell, I'll tell you what, I wouldn't like it out there.

Accountability for Homeless Programs and Social Service Providers.

Joey had described his frustrations with the enabling behaviors of homeless programs that allow individuals to continue their drug-using lifestyles with no motivation or expectation to change. Joey stated:

We do it here. We have men coming here anywhere from five to 15 to 20 days a month, month after month, year after year. When do we say I can't help you anymore? You need something else. I'm not going to continue enabling you to go out to work 40 hours, 48 hours a week, 52 hours a week and then come stay here for free with no money because you done spent it all on drugs again and you've been doing this year after year.

And Joey's concern that social service agencies are contributing to the problem:

I've been in XXXXX, Maryland and there were some ladies coming down there and at night everybody would just be mingling around, you know, and they were from, uh, this one organization and they help people get SSI, SSD. Well I happened to eavesdrop on the conversation. I didn't want to eavesdrop but she was just putting it out there and I'm just listening to her.

She was instructing them how to act, what to say. She said the first thing you do is when you go in to fill your application out just sit there and look

at it. Don't ask for help because remember you feel guilty and ashamed because you don't know how to read or write so you just sit there. And if it takes an hour or two hours someone will notice you and they'll come over to you and ask you what the problem is. And then you bashfully tell them "I don't know how to read or write." They'll fill it out for you. Your foot's in the door already. And they're telling them to do this, this, and this...and that's just these two women! It's not counting all the other ones across the nation that's doing this. I don't know where they think this money's coming from.

One Participant's Perception of the Homeless Problem.

Scott stated:

I seen the worse homeless problem I ever seen in my life out here. And I've been around you know? I've been homeless myself and I've never seen it this bad before. I never seen so many people on a desperate case before.

And Scott's comments on the connection between addiction and homelessness:

You know, like I did for so many years – you know, when I was growing up they told me once you're a drug addict you're always going to be drug addict and I believed it...

See, but from what learned is once you hit the bottom there's nowhere else to go but up and I figured if I could get myself together the sky is really the limit to where I go. So you don't have to be homeless. You can work at that. It's tough out here with no jobs but you have to settle for less...

I seen people out here, that are homeless that'll go out and spend \$150 for a pair of sneakers and don't have no money for the bed to put them under. I really don't understand why, why it is. I understand it but I don't like what I see.

And Scott's closing comments:

I feel good. You know what? I learned to stop, I learned to tell the truth a, a while back, when I got clean...Because my whole life was a lie... And it's a lot easier to tell the truth than it is telling a lie... I sleep better at night and everything. I haven't got nothing to hide. Everything that I thought I learned everybody already knew anyway.

A number of important conclusions were drawn from this study. Specifically, the findings of this study concurred with the literature in describing the characteristics of substance dependent and homeless individuals, particularly:

1. Substantial childhood and adolescent difficulties.
2. A caretaker with an illness or disability.
3. Mental health issues.
4. Violence or abuse within their household.

The findings supported the reality that repeated homelessness occurred because mental health, substance abuse, and physical health services were simply not available. Booth, et al. (2002) described this pattern as “cycling”, or moving in and out of homelessness.

This study has shown that homeless individuals can be a valuable resource for individuals or organizations looking to understand and effectively address the homeless problem. It has provided firsthand accounts of the barriers homeless individuals faced and suggestions from which action steps could be developed to initiate change.

Discrepancies and Non-conforming Data

While the data reflected varying degrees of individual awareness and insight, none of it proved to be discrepant or non-confirming. Additionally, and as explained

throughout this chapter, many of the results from this study supported earlier research, and yet a few new questions had emerged. These questions are presented in the next chapter under recommendations for further study.

Evidence of Quality

Several actions were taken throughout this research process to ensure the quality of this study. Creswell described the participant selection process as a key decision point in any qualitative study. Accordingly, the criterion for selecting the participants for this study were carefully considered and developed with consideration for the researchers other roles within the community. The next actions taken involved developing the interview protocol, designed to serve as the tool for data collection. A three-member panel of experts reviewed and approved the interview protocol before it was used. Once the recorded interviews were transcribed, and the individual themes identified, the researcher confirmed the accuracy and completeness with each participant during follow-up interviews. And as a final point, the researcher strictly adhered to all of the research procedures previously outlined in this study.

The next, and final chapter presented a brief overview of why and how this study was completed, a summary of interpretations of the findings and implications for social change. The chapter also included some recommendations for action, dissemination of the results, and recommendations for further study. The chapter closed with the role of the researcher.

CHAPTER 5: SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

This qualitative study was conducted to gain an understanding of the essence of the homeless experience. Phenomenology served as the conceptual framework for the study and the rationale behind my efforts to understand the participants' experiences and the meanings they ascribed to those experiences, allowing me to see life as the participants see it.

Four residents of the Spiritual Life Program participated in the study by answering questions regarding the life events leading them to the mission, the role mental health and substance abuse issues played, and their suggestions for change. The recorded interviews were transcribed and I moved the data through the analysis procedures as outlined by Creswell (1998). Member checks were conducted to confirm the accuracy and credibility of the findings. Through exhaustive efforts and further reductions in data, the textural and structural descriptions were developed, from which the essence of the experience emerged.

This study resulted in rich, thick narrative descriptions of the participants' homeless experiences. The technique of persuasive writing was used to engage the reader to experience being there.

By comparison, the results of this study were consistent with the literature in validating the significance of the homeless problem and the lack of progress being made by the administrators and policy makers charged to address the problem.

In order to explicitly realize and describe the homeless experience, each participant had to be already living an understanding of the meanings of being homeless. The participant protections provided by the framework of the study gave the participants a voice and fostered a sense of healing as the participants engaged in reflection and disclosure activities. The meaningful suggestions that emerged from the interviews were used to establish the Recommendations for Action in this study.

Interpretation of Findings

The findings of the first research question identified the common factors and experiences that led adult males to a mission program for help. According to the findings, childhood abuse and victimization, mental health issues, and alcohol and substance abuse were primary; other factors included the death of a parent and a hereditary medical condition.

The findings of the second research question revealed that the need to recover from early-age use of drugs and alcohol, addiction, alcoholism, and cycles of relapse kept adult men residing in mission programs longer than one year. Mental health issues, such as anxiety and depression, also contributed. According to the findings, the mission program staff was the primary support for the residents. Other supports included fellow residents, chapel services, Bible studies, and the opportunities to help others.

The findings of the third research question identified the barriers homeless individuals face, in the York Pennsylvania community and within the larger society. The following barriers were identified:

1. Lack of safe and affordable housing.

2. Lack of supportive services, case management.
3. Lack of medical and behavioral health services.
4. Lack of employment and training services.
5. Limited food supply.
6. Insufficient emergency/cold weather shelters.
7. No shelters for intact families.
8. Growing homeless population.

The findings also identified suggestions for change, both in the York Pennsylvania community and within the larger society. These suggestions were as follows:

1. Affordable housing.
2. Day programs.
3. Cold weather shelters, emergency shelters.
4. Shelters for intact families.
5. Support, case management services.
6. Medical and behavioral health services.
7. Workfare instead of Welfare.
8. Job training and placement.
9. Financial support for mission programs.
10. Increased accountability for homeless individuals.
11. Increased accountability for homeless programs and social service providers.

Implications for Social Change

The first implication for change was the immediate benefits of the interview process. The participants had an opportunity to reflect and share their life stories. While they may have been initially drawn to the financial compensation, in the big scheme of things, the money seemed trivial in comparison to the importance they felt and the opportunity they had to emotionally let go. Additionally, the participants were eager to share their thoughts and suggestions to improve conditions for other homeless individuals. I was humbled by the interviewing experiences. The sense of empowerment was evident in each participant's demeanor as they strolled from the interview room with a lightened step.

A second implication for change was the evidence supporting the notion that, through helping others, one is truly helping one's self. Contrary to popular opinion, the residents at the mission were not there to exploit the program or "get over" on the system. The residents were receptive to the Christian values and the unconditional positive regard demonstrated by the staff. In response, they had grown and recovered from many of their own issues and were learning how to be available for others. Seen in this light, the York Rescue Mission is achieving its stated goals and purpose.

Recommendations for Action

Recommendations for Action include the following:

1. The York Rescue Mission may consider restructuring the Men's Ministry to establish boundaries and guidelines for the services they provide. The results of this study can be used to establish a framework for each program, the Transient

Care Program and the Spiritual Life Recovery Program. According to the findings, a variety of needs are being addressed, and decisions made as issues emerge. Establishing goals and objectives, admission and discharge criteria, rules, consequences, and expectations of the consumers may provide clarity and guidelines for everyone involved. Restructuring will not require change in their Christian approach to the consumers. Nor will it require additional funding. The findings in this study make clear that the numbers of homeless individuals and families are on the rise. With structured and updated policies and procedures, including ones that address the safety and security issues that emerged from this study, the mission may be better prepared to respond to the increasing demand for their services.

2. The Mission's board members may form a coalition of volunteers, including residents of the Spiritual Life Program and consumers participating in the Transient Care Program, to explore funding opportunities for faith-based organizations, other churches for community linkage opportunities, and state and federal linkage opportunities, such as the National Alliance to End Homelessness. As evidenced by this study, homelessness is a societal problem that needs to be addressed on a larger scale. The reciprocity that occurs through networking may guide the mission leaders in their decision-making practices and strengthen their presence in the community.
3. Another recommendation would be for government officials to increase the accountability of the state representatives responsible for implementing the vision

for Pennsylvania developed by the Interagency Council on Homelessness. The vision reads as follows:

Pennsylvania envisions a state where there are no homeless individuals or families. Each person will have the support services needed to live as independently as possible in permanent housing of his or her choice. The mainstream services will be adequate, well-coordinated, consumer driven, and recovery oriented. Providers will respect the dignity of the individuals they serve and carry a message of hope. (Author, 2005)

Who should pay attention?

The results of this study may be beneficial to the board members, management, staff, residents, and transients of the York Rescue Mission. Others that may benefit include local churches, other Christian organizations serving homeless populations, potential funding sources, state and local officials, and politicians.

Dissemination of Results

The results of this study might be disseminated to the board members of the York Rescue Mission, other Christian organizations and churches within the community, the mission's referral sources, and the mission's financial supporters. The results may be incorporated into marketing campaigns for the mission programs, funding opportunities, and speaking engagements to raise awareness within the community.

Recommendations for Further Study

Further studies are needed to investigate the barriers between policy makers and those who control the money and the homeless populations. A qualitative approach may best serve to understand the perceptions, beliefs and the factors that influence decision-

making, and the factors that maintain the barriers. These findings may provide a framework for much needed action.

Researcher Experiences

Through the process of conducting this research my character has strengthened. To establish an objective approach, I had to reevaluate my views of the world, and specifically of the homeless population. I realized that my preconceived ideas were subjective and based on my life experiences and previous readings.

The data analysis phase of the study was the turning point. As I reviewed the transcribed documents and reflected on my notes, a few themes emerged for me as well. I realized the value of accepting others the way they were rather than trying to change them; homelessness is a challenge in need of a solution, not a reflection of one's strength, character, or desires; and what it means to be comfortable and content with one's self, despite shortcomings. The process has taught me how to let go of my preconceived ideas and embrace a fair and nondiscriminating understanding of humanity.

I came to believe that knowledge is only as significant as my understanding of it, and what matters is my willingness to use it for the greatest good. In this light, this research process has opened my eyes and humbled my heart, and prepared me to serve others, as an agent for social change within society.

The war against hunger is truly mankind's war of liberation.
- John F. Kennedy

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APPENDIX A: CONSENT FORMS

Informed Consent

Dear Potential Volunteer:

My name is Dewana Hall and I am a doctoral student at Walden University. I am conducting a research study designed to look at men's experiences with the York Rescue Mission. I am inviting you to participate in the study because you are over 30 years old and you have been involved with the mission for over one year. Please read this form and ask any questions you have before agreeing to be part of the study.

Background Information:

The purpose of this study is to understand the experiences of men who have resided at the mission for a year or more. This study is designed to look at the barriers or life events that have kept men at the mission and give the men a chance to share their thoughts and feelings. The information may be used to improve the services being provided by the mission and the larger community.

Procedures:

If you agree to be in this study, you will be asked to:

- Sign this Consent Form
- Make up an anonymous name for yourself and allow me to call you by that name during the interview and the follow up interview.
- Be interviewed alone by participating in a 2-hour interview and then a 30-minute follow up interview a week later.
- Review what I have written about your interview to make sure it is correct.
- Allow me to tape record your interview and follow up interview.

Voluntary Nature of the Study:

The decision to participate, or not, is up to you. Either way, your decision will be respected. No one at Walden University or The York Rescue Mission will treat you differently because of your decision. If you decide to join the study now, you can still change your mind later. If you feel stressed during the study you can stop at any time. You can skip any questions that you feel are too personal or you simply do not want to answer.

Risks of Being in the Study:

Sometimes people have uncomfortable feelings when they talk about things that have happened in their lives. There is a small risk that you will have some uncomfortable feelings during your interview. If you need someone to talk to about your feelings during this study, I can refer you to a professional counselor. No other risks of being in the study have been identified.

The Benefits of Being in the Study:

This study will provide you with a chance to talk about your life and your experiences with The York Rescue Mission. You may experience satisfaction knowing that your experiences will contribute to helping others in the future. You will be compensated for your time.

Compensation:

You will receive \$20.00 for completing the 2-hour interview and \$10.00 more for completing the 30-minute follow up interview. If you stop during the first hour of the interview, I will give you \$10.00 for the time you spent and you will be finished with the study. You will not be eligible for further compensation.

Anonymity and Confidentiality:

Your identity will remain anonymous. You will sign this form using your anonymous name. Anything you tell me will be kept confidential. I will not include anything that could identify you in any documentation for this study. I will not use any information that you share for anything outside of this research project.

Contacts and Questions:

If you have any questions during your participation in the study, you can contact me at (717) 845-2425 or dhallhar@waldenu.edu. You can also contact my faculty advisor, Dr. Pat Carmoney at 1-866-492-5336 or pat.carmoney@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 1210.

I will give you a copy of this form to keep.

Statement of Consent:

I have read the above information. I have received answers to any questions I have at this time. I am 18 years of age or older, and I consent to participate in the study.

Participant's Printed Anonymous Name

Participant's Anonymous Signature

Researcher's Signature

APPENDIX B: SIGNATURE PAGE: SCOTT

PI: Scott

The Benefits of Being in the Study:

This study will provide you with a chance to talk about your life and your experiences with The York Rescue Mission. You may experience satisfaction knowing that your experiences will contribute to helping others in the future. You will be compensated for your time.

Compensation:

You will receive \$20.00 for completing the 2-hour interview and \$10.00 more for completing the 30-minute follow up interview. If you stop during the first hour of the interview, I will give you \$10.00 for the time you spent and you will be finished with the study. You will not be eligible for further compensation.

Anonymity and Confidentiality:

Your identity will remain anonymous. You will sign this form using your anonymous name. Anything you tell me will be kept confidential. I will not include anything that could identify you in any documentation for this study. I will not use any information that you share for anything outside of this research project.

Contacts and Questions:

If you have any questions during your participation in the study, you can contact me at (717) 845-2425 or dhallbar@waldenu.edu. You can also contact my faculty advisor, Dr. Pat Carmoncy at 1-866-492-5336 or pat.carmoncy@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 1210.

I will give you a copy of this form to keep.

Statement of Consent:

I have read the above information. I have received answers to any questions I have at this time. I am 18 years of age or older, and I consent to participate in the study.

Participant's Printed Anonymous Name

SCOTT

Participant's Anonymous Signature

Scott

Researcher's Signature

Dorothy J. J.

APPENDIX C: SIGNATURE PAGE: DENNIS

P2: *Dennis*

The Benefits of Being in the Study:

This study will provide you with a chance to talk about your life and your experiences with The York Rescue Mission. You may experience satisfaction knowing that your experiences will contribute to helping others in the future. You will be compensated for your time.

Compensation:

You will receive \$20.00 for completing the 2-hour interview and \$10.00 more for completing the 30-minute follow up interview. If you stop during the first hour of the interview, I will give you \$10.00 for the time you spent and you will be finished with the study. You will not be eligible for further compensation.

Anonymity and Confidentiality:

Your identity will remain anonymous. You will sign this form using your anonymous name. Anything you tell me will be kept confidential. I will not include anything that could identify you in any documentation for this study. I will not use any information that you share for anything outside of this research project.

Contacts and Questions:

If you have any questions during your participation in the study, you can contact me at (717) 845-2425 or dhallbar@waldenu.edu. You can also contact my faculty advisor, Dr. Pat Carmony at 1-866-492-5336 or pat.carmony@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 1210.

I will give you a copy of this form to keep.

Statement of Consent:

I have read the above information. I have received answers to any questions I have at this time. I am 18 years of age or older, and I consent to participate in the study.

Participant's Printed Anonymous Name

DENNIS G. DELL

Participant's Anonymous Signature

Dennis G. Dell

Researcher's Signature

[Handwritten Signature]

APPENDIX D: SIGNATURE PAGE: LARRY

3: Larry

The Benefits of Being in the Study:

This study will provide you with a chance to talk about your life and your experiences with The York Rescue Mission. You may experience satisfaction knowing that your experiences will contribute to helping others in the future. You will be compensated for your time.

Compensation:

You will receive \$20.00 for completing the 2-hour interview and \$10.00 more for completing the 30-minute follow up interview. If you stop during the first hour of the interview, I will give you \$10.00 for the time you spent and you will be finished with the study. You will not be eligible for further compensation.

Anonymity and Confidentiality:

Your identity will remain anonymous. You will sign this form using your anonymous name. Anything you tell me will be kept confidential. I will not include anything that could identify you in any documentation for this study. I will not use any information that you share for anything outside of this research project.

Contacts and Questions:

If you have any questions during your participation in the study, you can contact me at (717) 845-2425 or dhs1@waldenu.edu. You can also contact my faculty advisor, Dr. Pat Carmoney at 1-866-492-5336 or pat.carmoney@waldenu.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 1210.

I will give you a copy of this form to keep.

Statement of Consent:

I have read the above information, I have received answers to any questions I have at this time. I am 18 years of age or older, and I consent to participate in the study.

Participant's Printed Anonymous Name

Larry

Participant's Anonymous Signature

Larry

Researcher's Signature

James J. J.

APPENDIX E: SIGNATURE PAGE: JOEY

P4: JOEY

The Benefits of Being in the Study:

This study will provide you with a chance to talk about your life and your experiences with The York Rescue Mission. You may experience satisfaction knowing that your experiences will contribute to helping others in the future. You will be compensated for your time.

Compensation:

You will receive \$20.00 for completing the 2-hour interview and \$10.00 more for completing the 30-minute follow up interview. If you stop during the first hour of the interview, I will give you \$10.00 for the time you spent and you will be finished with the study. You will not be eligible for further compensation.

Anonymity and Confidentiality:

Your identity will remain anonymous. You will sign this form using your anonymous name. Anything you tell me will be kept confidential. I will not include anything that could identify you in any documentation for this study. I will not use any information that you share for anything outside of this research project.

Contacts and Questions:

If you have any questions during your participation in the study, you can contact me at (717) 843-2425 or dballbar@walden.edu. You can also contact my faculty advisor, Dr. Pat Carmoney at 1-866-492-5336 or pat.carmoney@walden.edu. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Director of the Research Center at Walden University. Her phone number is 1-800-925-3368, extension 1210.

I will give you a copy of this form to keep.

Statement of Consent:

I have read the above information. I have received answers to any questions I have at this time. I am 18 years of age or older, and I consent to participate in the study.

Participant's Printed Anonymous Name

JOEY _____

Participant's Anonymous Signature

JOEY _____

Researcher's Signature

Pat Carmoney _____

APPENDIX F: EXPERT PANEL MEMBER ACKNOWLEDGMENT LETTER

Dewana Hall
XXXXXXXXXX
York, Pennsylvania 17403
Phone: (717) XXX-XXXX Fax: (717) XXX-XXXX

December 3, 2008

XXXXXXXX, MD
XXXXXXXX, Pennsylvania

Dr XXXXX,

Thank you for your willingness to serve as an expert panel member for my dissertation entitled, *Moving up the pyramid: A phenomenological look at unmet needs*.

Your assistance is needed to establish the reliability and validity of the data collection tool that I created. The interview protocol currently has three questions. I am trying to gather information from the participants describing what lead up to their need for the York Rescue Mission (YRM), what keeps them dependent, including mental health or substance abuse issues if applicable, and what do they need or what needs to happen so they can become independent of the YRM. The goal is to understand the perceptions of the participants- their past, present and future.

For your convenience, I am attaching a copy of the following documents:

- Abstract
- Purpose of Study / Research Question
- Interview Questions

I kindly ask you to review all of the information and provide any feedback or suggestions you may have. You can simply write on the Interview Question documents and fax it back to me at the above fax number. If you would prefer to discuss this on the phone, please contact me at (717) XXX-XXXX.

I appreciate your time.

Sincerely,

Dewana Hall
Doctoral Student
Psychology
Walden University

APPENDIX G: INTERVIEW PROTOCOL

Protocol for Researcher: Interview Questions

Opening Statement: I would like to thank you for your willingness to participate in this study. I will be asking you about your experiences with the Mission. This interview will last approximately 2 hours and the tape recorder will be running. If at any time during the interview you need a break, just let me know. I would like you to be as open and honest as possible. I will probably be taking notes while you are talking. This is to make sure that I gather as much information as possible. If you have any questions throughout this process, please do not hesitate to ask me. Ready to begin? Smile.

1. What was going on in your life that led up to you going to the Mission for help?

Did he mention:	Y	N	Comments	Nonverbals
Spouse				
Children				
Others				
Housing				
Mental Health				
Alcohol				
Drug Use				
Job				
Other				

2. Describe what role mental health and/or substance abuse plays in your continued need for the Mission. Tell me about the supports that you have. (Document Nonverbals)

3. What barriers do you face and what do you need? Describe what needs to change to help others. (Document Nonverbals)

APPENDIX H: CLUSTERED THEMES - SCOTT

Clustered Themes			
Participant	Question 1 What was going on in your life that leads up to you going to the Mission for help?	Question 2 Describe role mental health or substance abuse plays in your continued need for the Mission. What supports do you have?	Question 3 What barriers do you face, what needs to change to help others?
1 Scott	Divorce Depression Addiction	<p>Role of MH/AOD:</p> <p>Addiction took away childhood</p> <p>Supports:</p> <p>12 Step Meetings</p> <p>Mission is an opportunity to give back</p> <ul style="list-style-type: none"> -Be appreciated -Be honest -Be accepted <p>Carry the message of hope</p>	<p>Barriers:</p> <p>Transportation</p> <p>Suggestions for Mission:</p> <p>Have counseling here</p> <p>Host 12 step meetings</p> <p>Visiting area for family and friends</p> <p>Suggestions for York Community:</p> <p>More shelters</p> <p>More counseling</p> <p>Suggestions for Larger Society:</p> <p>1. Realize a lot of people don't know how to get back on their feet</p>

APPENDIX I: CLUSTERED THEMES - DENNIS

Clustered Themes			
Participant	Question 1 What was going on in your life that leads up to you going to the Mission for help?	Question 2 Describe role mental health or substance abuse plays in your continued need for the Mission. What supports do you have?	Question 3 What barriers do you face, what needs to change to help others?
2 Dennis	<p>Never married, betrayed in love</p> <p>Hereditary medical problem</p> <p>Childhood abuse</p> <p>Alcoholic father</p> <p>Alcoholism</p>	<p>Role of MH/AOD:</p> <p>Stayed sober since here</p> <p>Got my family back</p> <p>Supports:</p> <p>Staff</p> <p>Other residents</p> <p>Spiritual Life Program</p> <p>Church services</p>	<p>Barriers:</p> <p>Stigma in society</p> <p>Suggestions for Mission:</p> <p>Everybody tell the truth</p> <p>Help transients more</p> <p>Suggestions for York Community:</p> <p>More housing for the men</p> <p>Help with job search</p> <p>Day program- Adult Center</p> <p>Teach computers/ job training</p> <p>Workfare versus Welfare</p> <p>Provide transients with place to shower</p> <p>Suggestions for Larger Society:</p> <p>*</p>

APPENDIX J: CLUSTERED THEMES - LARRY

Clustered Themes			
Participant	Question 1 What was going on in your life that leads up to you going to the Mission for help?	Question 2 Describe role mental health or substance abuse plays in your continued need for the Mission. What supports do you have?	Question 3 What barriers do you face, what needs to change to help others?
3 Larry	<p>Drug and alcohol abuse Alcoholism Young age- father died Abusive step fathers Grandfathers functional drinkers Never married Involved, AOD use came first Relapses lead to mission</p>	<p>Role of MH/AOD: Stayed sober since here Like it here, keeps it green Opportunity to help others</p> <p>Supports: Church Bible Study</p>	<p>Barriers: *Suggestions for Mission: Teach addiction concept Host Christian 12 Step meetings Stricter enforcement of the rules Make same rules apply to everybody Stop defending inconsistencies with forgive and forgive some more Decide when we are enabling Use a breathalyzer machine for everyone For safety, search the transients bags Mandate the transients to shower</p> <p>Suggestions for York Community: Need a shelter for families that have the mother and father, don't split them up More shelters for homeless families More Cold Weather shelters Financial support for our program Suggestions for Larger Society: 1. Realize more and more people are in need</p>

APPENDIX K: CLUSTERED THEMES - JOEY

Clustered Themes			
Participant	Question 1 What was going on in your life that leads up to you going to the Mission for help?	Question 2 Describe role mental health or substance abuse plays in your continued need for the Mission. What supports do you have?	Question 3 What barriers do you face, what needs to change to help others?
4 Joey	<p>Young age- mother died Separated in marriage Drug and alcohol abuse Alcoholism Traumatic victimization Childhood molestation</p>	<p>Role of MH/AOD: Stayed sober since here Funnel back mind set Need to get my head straight, get focused</p> <p>Supports: These people here, true Christians</p>	<p>Suggestions for Mission: Access to medical care for the homeless Employment training, how to interview and fill out applications Employ a n employment specialist with referral connections to factory employers Screen people for benefits they can receive from the mission Start holding people you help accountable</p> <p>Suggestions for York Community: Start a City Shelter A Rooming House that is affordable, secure and safe Long term and short term rental options based on individual need</p> <p>Suggestions for Larger Society: Know that things are so bad out here Staff at a mission in another state are telling homeless how to act and what to say to get on SSI/SSD Homeless people are taking advantage of it while some people that really need disability cant get it.</p>

CURRICULUM VITAE

CONTACT INFORMATION

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EDUCATIONAL HISTORY

- 2001 – 2010 Ph.D. in Psychology
 Walden University
 Minneapolis, MN
 Dissertation: *A Phenomenological Inquiry of Chronic Homeless Individuals' Challenges to Independence.*
 .Chair: Pat Carmoney, Ph.D.
- 1999 – 2001 Master in Human Services
 Lincoln University
 Philadelphia, PA
 Thesis: *Breaking The Cycle Of Abuse: An Intervention For Adolescents Who Batter* © TXu-002-867

PROFESSIONAL LICENSE

- 2002 - PRESENT Licensed Professional Counselor
 Pennsylvania: PC002158

PROFESSIONAL CERTIFICATIONS

- 2008 - PRESENT Internationally Certified Alcohol & Drug Counselor
 Pennsylvania ICADC: 100320
- 2008 - PRESENT Internationally Certified Criminal Justice Addictions Professional
 Pennsylvania ICCJP: 500074
- 2003 - PRESENT Certified Criminal Justice Addictions Professional
 Pennsylvania CCJP: 5065
- 1999 - PRESENT Certified Addictions Counselor
 Pennsylvania CAC: 2837

HONORS

- 1999 Pi Gamma Mu International Honor Society in Social Science
 PA Alpha Lambda Graduate Chapter
- 2002 Psi Chi – The National Honor Society in Psychology
 Walden University Chapter

PROFESSIONAL MEMBERSHIPS

2000 Gold Member, American Psychological Association

EMPLOYMENT HISTORY

2004 - Present Founder / Agency Director
Community Counseling Services, LLC
*Dual licensed outpatient mental health / substance abuse clinic

2002 - 2004 Director of Children's Services, York / Adams Counties
Pennsylvania Counseling Services, Inc.

2001 – 2002 Behavioral Specialist Consultant / Mobile Therapist
Youth Advocate Programs, Inc.

2001 - 190-Day Contract Behavior Manager for Alternative Education Classrooms
Manito, Inc.

2001 - 2002 Program Closed. York County Prison Addictions Therapist
Stepping Stone Counseling and Education Services, Inc

2000 - 2002 Program Closed. Treatment Specialist
Cornerstone Counseling and Education Services, Inc.

1990 - 2000 Youth Counselor, Shift Supervisor
Children's Home of York

COMMUNITY SERVICE

1996 – Present Volunteer, raise funds, serve meals
York Rescue Mission

2008 – Present Board Member, Community Networking, Fund Raising
"Safe York" Crime Prevention
York County Sheriff's Department

2007 - Present Volunteer, Raising Funds, DUI Awareness
Community Services Division, York City Police Department, PA

1998 - 2005 Volunteer, food runs to serve meals in community
York Helping Hands for the Homeless, Inc

COMMUNITY SERVICE AWARDS

October 29, 2009 Governor's Citizen Crime Prevention Award

"Each award recipient deserves recognition and praise for their continued dedication to keeping our communities safe," said Pennsylvania Commission on Crime and Delinquency Chairman Walter M. Phillips Jr. "The assistance they provide to law enforcement plays a vital role in keeping our towns and cities safe from crime."

October 1, 2008 PCCD Certificate of Appreciation, YCDP

"In recognition of citizen volunteer services provided in support of Community Crime Prevention"

