ETHNOGRAPHIC PERSPECTIVES ON HOMELESS AND HOMELESS MENTALLY ILL WOMEN

Proceedings of a two-day workshop sponsored by the
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PREFACE

Approximately 15-20 percent of the homeless population is comprised of homeless and homeless mentally ill women, and there is evidence that this proportion is increasing. Since it has been noted that traditional mental health care and conventional shelter programs do not adequately address the particular needs of homeless and homeless mentally ill women (Baxter and Hopper, 1981; Martin, 1982; Stark, 1986; Stoner, 1983), new programs must be developed which are responsive. These new programs must be based upon a thoroughly grounded understanding of the special characteristics, needs, and lifestyles of the population to be served. Unfortunately, very little research exists characterizing the unique service needs of homeless and homeless mentally ill women.

The small amount of information we do have about homeless and homeless mentally ill women is derived mostly from survey research efforts. While structured interviews with respondents at one point in time produce data which are well-suited to the task of answering certain kinds of questions, they are not capable of revealing all we need to know to fully understand homeless individuals and to effectively provide services to them. In fact, there are tremendous gaps in our knowledge regarding how homeless individuals make it from one day to the next, how their lives change over time, how they perceive their own experiences, and how their beliefs and values affect their behavior and choices. Ethnographic, or qualitative participant-observation research, can provide a perspective which is richer and perhaps truer to experience.

In sponsoring this colloquium on October 30-31, 1986, the National Institute of Mental Health (NIMH) Program for the Homeless Mentally Ill therefore had two goals in mind: to advance our knowledge concerning a large growing subgroup of the homeless population (homeless and homeless mentally ill women), and to explore the contributions which an ethnographic research approach can offer to a better understanding of homelessness. The colloquium participants generated and synthesized an enormous amount of enriching and qualitatively different information than was previously available about homeless and homeless mentally ill women. All agreed that ethnographic research provides an invaluable supplement to quantitative survey research.

We were glad that this colloquium could be coordinated with an October 29 meeting by Dr. George McCall of the University of St. Louis and Dr. Gary Morse of Four County Mental Health Services, Inc. in O'Fallon, Missouri, on methodological issues in conducting ethnographic research on the homeless population.

We want to recognize the many months of hard work Ms. Natalie Reatig, of NIMH, devoted to organizing and planning this colloquium. We also thank Deirdre Ince for volunteering her time to develop an annotated bibliography on homeless mentally ill in preparation for this colloquium, and for assisting with the logistics of the meeting itself. Finally, we want to thank Dr. Paul Koegel for his invaluable assistance in planning the colloquium, and for the extraordinary job he has done in capturing the full flavor and substance of the colloquium in these proceedings.

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INTRODUCTION

Not very long ago, it was easy for the average American to dismiss homelessness, were he or she to think about it, as a very rare phenomenon characteristic of an infinitesimally small group of individuals. Recently, however, it has become increasingly more difficult to do this. Today, anyone who reads the newspaper or watches television--indeed, anyone who traverses our city streets--is aware that the contemporary homeless population has mushroomed. Growing numbers of homeless individuals daily cross our paths, suggesting by their ubiquitous presence that what was previously viewed as a mere blemish must now be accepted as a malady in need of serious attention. No longer is it controversial to state that homelessness is one of today's most pressing and visible socio-economic problems.

It is not only its size, however, that differentiates today's homeless population from those of decades past. As more attention is focused on homelessness, it has become apparent that homeless individuals can no longer be easily or accurately reduced to time-worn stereotypes. While still present, elderly white denizens of the Bowery and Skid Rows have been relegated to minority status by an influx of younger, largely non-white individuals (Hopper & Hamberg, 1984; Crystal & Goldstein, 1984). Alcoholics have been joined by individuals suffering from chronic mental illness as well as by individuals with no apparent disability whatsoever (Farr et al., 1986). What was previously an exclusively male population now includes increasing numbers of women--not only single women but battered wives and women with children (Bassuk et al., 1986; McChesney, 1986; Merves, 1986; Stoner, 1983). Runaways, throwaways, intact families who have lost their sources of livelihood, undocumented workers from Latin America--all contribute to a

level of pluralism in the contemporary homeless population which was previously unimaginable (Hopper & Hamberg, 1984).

The rampant heterogeneity of the homeless population points to the fact that efforts to help the homeless must at least in part be sensitive to the problems, experiences, needs, and values of the various groups which together comprise the homeless population. This is not to say that general service delivery principles (such as respect for human dignity and the paramount importance of meeting needs for food and shelter) cannot be applied across subgroups of homeless individuals, or that advocacy on behalf of the homeless as a larger group is ill-advised. It <u>is</u> to say, however, that the effectiveness of efforts to serve target groups among the homeless may very well be a function of their success in identifying each subgroup's unique needs and in meeting those needs in ways which are congruent with the lifestyles and values of its members.

For this to take place, of course, a thorough understanding is needed of each of the homeless subgroups known to exist--the kind of understanding that comes from integrating the findings of a variety of research perspectives. In this sense, it is somewhat unfortunate that research efforts aimed at understanding contemporary homelessness have relied almost exclusively on cross-sectional designs featuring structured interviews with individuals at one point in time. For all of the important contributions which research of this nature offers--documenting the changing composition of the homeless population, estimating the proportion of homeless individuals who suffer from mental disorder, identifying the socio-demographic characteristics of various subgroups--it is still the case that data from sample surveys are not by themselves capable of revealing all we need to know about homeless individuals to fully understand and effectively provide services to them.

They tell us little about how homeless individuals actually make it from one day to the next--the resources they draw upon to meet their needs, the kinds of crises they face, and their strategies for solving them. They tell us little about the oscillations in their circumstances and the changing nature of their adaptation over time. Yet further, they tell us little about how homeless individuals themselves perceive their experiences, and how their beliefs and values affect their behavior, choices, and willingness to accept certain kinds of services. They tell us little, in other words, about those areas which have traditionally fallen within the purview of more qualitative approaches to the study of human behavior.

All of this suggests that what we need is not only a better understanding of the subpopulations which make up the homeless population-at-large. We need the qualitative perspective which emerges from ethnographic research--from the intensive study of homeless individuals over time and in the contexts and settings of their everyday lives--in order to complement, and in certain instances, correct what we have learned and can learn from more quantitative approaches.

With these concerns in mind, the Division of Education and Service Systems Liaison (DESSL) of the National Institute of Mental Health (NIMH) brought together a small group of researchers on October 30-31, 1986, each of whom had employed ethnographic methods toward the end of better understanding homeless and homeless mentally ill women. Its goals in doing so were (1) to focus on what we know about one readily identifiable homeless subpopulation--homeless and homeless mentally ill women without dependent children--and to assess what might be recommended to those involved in delivering services to this group of individuals, and (2) to focus on how ethnographic methods may produce a different perspective on homeless and homeless mentally ill women--

one which is more vivid, truer to their experience, and most importantly, capable of providing new and different insights to those involved in implementing public policy and providing services.

This report, which is organized into four sections, summarizes the proceedings of this day-and-a-half colloquium. Section One provides a general overview of workshop events, including a brief description of the agenda and summaries of the remarks of invited speakers. Section Two discusses more specifically the individual participants and the studies in which they were involved. Section Three summarizes a wide-ranging discussion which focused on myriad issues in the lives of homeless and homeless mentally ill women. Finally, Section Four presents a series of recommendations, ranging from the very general to the very specific, which emerged from issues raised during the substantive discussion.

AN OVERVIEW OF COLLOQUIUM EVENTS

Day One

Anne Lezak: Opening Remarks

The colloquium began with opening remarks from Anne Lezak, Coordinator of DESSL's Program for the Homeless Mentally Ill, who sought to provide a context for the meeting by discussing how it fit into DESSL's ongoing goals. Ms. Lezak described DESSL as a vestige of NIMH's earlier days, when a strong services orientation accompanied its present emphasis on research. As a services-oriented division in a research-dominated Institute, DESSL's general concern has been to explore how research can be used to develop more effective services for mentally ill individuals. In keeping with this, the mandate of the Program for the Homeless Mentally Ill has been to apply research on homelessness and mental illness to the task of better addressing the service delivery needs of homeless mentally ill individuals. Ms. Lezak stressed that the focus of the colloquium was thus not the methodological intricacies of conducting ethnographic research with the homeless, a topic which had been covered in a meeting sponsored by the University of Missouri on the previous day. Rather, the focus was the way in which an ethnographic understanding of homeless women could advance DESSL's efforts to meet their needs.

Up to this point, Ms. Lezak indicated, the Program for the Homeless Mentally Ill had sought to maximize its limited resources by casting as broad a net as possible over issues of homelessness and mental illness. Efforts to date, however, made it clear to them that to focus exclusively on the homeless population as a whole was to ignore the existence of distinct subpopulations which differ from one another. The colloquium, she offered,

was one of many steps signaling a shift on the Program's part toward a focus on special populations. Given the existence of several exciting research efforts directed at issues in the lives of homeless women, this particular special population seemed to be a particularly appropriate one with which to start. As for why DESSL was interested in exploring what ethnography could tell us about homeless and homeless mentally ill women, Ms. Lezak suggested that what she referred to as "traditional" research on homelessness, while useful, was not capable of providing all of the information needed to develop effective service-delivery models. It was her hope that an ethnographic perspective could fill some of these gaps and contribute to a richer understanding of homeless individuals.

Dr. Delores Parron: Special Populations

Ms. Lezak's emphasis on the importance of attending to the diverse groups included in the homeless population was echoed by the next speaker, Dr. Delores Parron, Associate Director for Special Populations at NIMH. For Dr. Parron, the organization of a colloquium on homeless and homeless mentally ill women was particularly inspiring, given the extent to which the special needs of women have historically been ignored. In tracing the development of the Special Populations program at NIMH, Dr. Parron noted that it was not until 1984 that women were included in the program's mandate, and that only recently was a research agenda on issues pertaining to women prepared. This blind eye toward the needs of women has been equally apparent in the area of homelessness, she observed, noting that the index of the American Psychiatric Association's task force report on homelessness failed to include a single reference to gender-related issues. As such, the colloquium was hailed by Dr. Parron as a benchmark, a pioneering effort to begin differentiating within the field.

Dr. Paul Koegel: What Do We Mean by the Term "Ethnography"?

Following Dr. Parron's comments, Dr. Paul Koegel addressed the issue of what we mean by the term "ethnographic research". He began by expressing a sense of encouragement at the recognition which ethnography has received within the field of homelessness, citing the attention which has been directed at Baxter and Hopper's research (1981, 1982) and the fact that conferences on homelessness sponsored by NIMH and NIAAA meetings have consistently highlighted the importance of ethnographic research. At the same time, however, he expressed a sense of concern that many people are jumping on the ethnographic bandwagon without really knowing what ethnography is and how it is pursued--that there has been a cheapening of the term which allows one or two open-ended interviews with a small sample of homeless people to be referred to as an "ethnographic study". Noting the importance of arresting this semantic drift, Dr. Koegel shared his view of ethnographic research as a way of initiating a process by which colloquium members could reach consensus on the meaning of the term.

Most fundamentally, Dr. Koegel noted, ethnography is the documentation of a way of life and, as such, an end in and of itself. Toward this end, any number of different methods might be applied, including methods which are traditionally associated with hypothetico-deductive approaches to the study of human behavior. Even so, there are two features which he felt distinguish ethnography from alternative strategies by which to understand people--features which could be used, in a sense, as yardsticks with which to measure the extent to which studies claiming to be ethnographic were actually justified in doing so.

The first of these features, he indicated, was a reliance on participant-observation, a method so intimately associated with ethnography

that the two terms are often used interchangeably. For Dr. Koegel, the use of participant-observation as a backdrop against which all other methods are applied is fundamental to ethnography. By becoming immersed in the lives of the people under study--by observing them over time, watching them behave across the many contexts in which they live their day-to-day lives, asking them questions, listening to what they say during natural interactions, interpreting their behavior, presenting these interpretations and listening to their informants' reflections on them--the participant-observer, he noted, is granted access to a wealth of data which would otherwise remain elusive. Together, these data stand as a powerful corrective against the biases of data collected through interviews conducted at one point in time, and the tendency of people to provide accounts of their behavior which differ from their actual behavior.

The second feature unique to ethnography, Dr. Koegel indicated, was its "emic" point of view--its concern with the meanings which behavior and social life hold for the people under study. For ethnographers, the way in which people see and make sense of the world is of paramount importance, for what those people think and feel is inextricably tied to how and why they behave as they do. Given the fact that meaning is not as easily encountered as observable behavior, the "thick description" (Geertz, 1973) which intensive participant-observation yields becomes all the more important.

Dr. Koegel acknowledged that these two aspects of ethnography hardly provide clear-cut criteria by which to judge whether research should rightfully be referred to as ethnographic. Questions such as "How much participant-observation is necessary in order to call research ethnographic?" and "What level of meaning must be penetrated before one can say an emic understanding has been reached?" are unanswerable. He suggested, however,

that findings from a study which logged hundreds of hours of participant-observation over several years deserved more attention than those derived from 20 hours of fieldwork over the course of six months. Likewise, results from a study which carefully documents how attitudes, beliefs, and values influence behavior should be treated more seriously than those from efforts which deal with this issue superficially or not at all. In the end, he offered, it was hard to believe that those who have pursued knowledge in multiple settings over longer periods of time, focusing on beliefs and values as well as behaviors and accounts, would not produce richer, more detailed, and more comprehensive explanations of human behavior. The richness and parsimony of these explanations, he suggested, was the final arbiter of a study's validity.

The discussion which followed Dr. Koegel's presentation highlighted the uniqueness of participant-observation in fostering what one colloquium participant referred to as a "profound phenomenological sense of subject". Rather than distancing themselves from people in the name of objectivity, as other methods require, participant-observers strive to identify with them--to experience the world as they experience it. If the issue at hand is what people need and how services affect them, ethnography, it was agreed, has an important and unique contribution to make.

Substantive Sessions

At this point, attention shifted to the actual research in which colloquium participants had been involved. Following a round-robin format, participants briefly discussed the factors which led them to become involved in ethnographic research with homeless women, the nature and duration of their research, the general characteristics of the women with whom they worked, and the kinds of data collection strategies they employed. (The

substance of this session is summarized in Section Two.) This paved the way for three sessions, each of which focused on important aspects in the lives of homeless and homeless mentally ill women. The first dealt with characteristics of the homeless, stressing in particular the factors which precipitated their homelessness and the nature of their social network ties. The second, which followed a lunch break, explored health and mental health issues. Finally, the third session--the last of the day--addressed issues pertaining to the interaction of homeless women with service providers. (The substance of these sessions are summarized in Section Three.) All three of these sessions featured wide-ranging discussions which reflected the broad scope of ethnographic research and which highlighted the very complex nature of the adaptation of homeless women.

Day Two

The colloquium's second day began with presentations by Dr. George McCall and Dr. Gary Morse, organizers of the October 29th meeting on the application of ethnographic methods to the study of homelessness. Drs. McCall and Morse each sought, through their presentations, to identify critical aspects of the process of conducting ethnographic research with homeless individuals which had emerged over the previous two days.

Dr. George McCall

Dr. McCall began by reviewing some of ethnography's distinctive virtues with regard to research on homelessness. He cited the fact that it poses a different set of questions, allowing behavior to be seen in a new light; that it revels in the complexities of human behavior, rather than trying to simplify it; that it adds an important longitudinal dimension; and that it is particularly suited to addressing the question of which services are acceptable to particular groups of homeless individuals. He remarked on the

frequency with which colloquium participants had expressed "surprise" at what they found, suggesting that ethnography is particularly effective in upsetting one's preconceptions. He highlighted the important role of ethnography in capturing that surprise, and in educating a larger audience to the experiences of the homeless population. He also commented on the fact that ethnography is less rigidly geared to homelessness as a characteristic of the individual--that it directs researchers to the wider context in which homelessness is situated.

Dr. McCall also noted that ethnography was the only method which allowed one to use what he referred to as "null data"--which allowed one to focus on what did not happen or what was not said. With this in mind, he observed that the past two days had seen very little discussion on the process of inquiry and how that process affects what one finds. He stressed the importance of remembering that where one looks, how one looks, how one relates to individuals in the field, and the nature of one's working theories and concepts all feed into the process of discovery. In addition, he reminded colloquium participants that ethnography is one of several ways of pursuing qualitative, descriptive research, and that it is not necessarily the benchmark to which we should aspire. The methods one uses, he suggested, should be dictated by the nature of the questions one is addressing.

Dr. Gary Morse

Dr. Morse organized his comments around four issues which he felt emerged out of the previous two day's discussion--issues which in his mind reflected some of the challenges facing those interested in pursuing ethnographic research to better understand homelessness. To start, he raised the issue of how one conceptualizes homelessness and the homeless. For Dr. Morse, ethnography offered a framework within which to view the behavior of

homeless individuals in a more positive light. Noting that most approaches focused on the deficiencies of homeless individuals, he cited the importance of looking at how behavior might be adaptive, or better yet, of providing descriptions of behaviors without labeling them as problems or skills. The task of describing behavior in value-free ways, he felt, without letting one's bias get in the way, was one with which ethnographers were going to have to continually grapple.

Dr. Morse also noted that an ethnographic approach challenges us to broaden the range of what we study. Here, he was responding to a theme which had emerged repeatedly during the previous day's discussion--that the study of homelessness should not be restricted to homeless people themselves but rather should include the entire ecology in which homeless people are situated. He cautioned colloquium participants, however, that to broaden our scope to include service providers and service settings without also focusing on higher levels of social organization and decision-making is to perpetuate the myth that homelessness exists as a problem in and of itself, rather than as one which is tied to many other factors. He acknowledged the many problems inherent in "studying up and out", but stressed the importance of doing so.

Dr. Morse also cited the danger of losing the forest for the trees. Because of the needs and demands of granting agencies, he noted, we tend to orient ourselves to very specific questions, rather than cultivating the holistic picture which is ethnography's hallmark. In his mind, it was critical to place value on the "thick description" of the way of life of homeless people. Finally, Dr. Morse raised the issue of how ethnographers can best work with other disciplines and policy makers. He conceded that ethnography has been devalued by funding sources but challenged ethnographers

to clarify how ethnographic research and findings might bring together people from many different arenas. Here, he emphasized the need for ethnographic researchers to work together, rather than fall prey to the tensions which arise from different disciplinary orientations.

Recommendations

Following the presentations of Drs. McCall and Morse, colloquium participants turned their attention to synthesizing a series of recommendations regarding the delivery of services to homeless and homeless mentally ill women based on the previous day's discussions. While a round robin-format was employed in order to ensure each participant the opportunity to identify the recommendations he or she felt were most critical, the format was flexible enough to allow spirited discussion on the relevance and implications of what each participant had to offer. These recommendations are summarized in Section Four of this report.

Closing Comments

The workshop closed with participants and conveners alike agreeing that a tremendous amount of information had been shared. All were acutely aware that knowledge available to date was not sufficient to yield an exhaustive and comprehensive account of issues in the lives of homeless and homeless mentally ill women. Even so, there was a feeling of gratification that a small group of researchers who had only recently begun charting what was new territory could, with so little formal support for their research, make such a sizeable contribution to our understanding of homeless women. Lastly, there was a feeling of hope that with time, and with the same degree of institutional support which other methodological approaches have received, these and other researchers could realize the promise offered by the ethnographic approach to the study of homelessness.

COLLOQUIUM PARTICIPANTS AND THEIR RESEARCH

The substantive discussions which took place during Sessions Two through Four were based on the experiences of six workshop participants with six independently-conducted ethnographic studies of homeless women (see Figure One). A seventh workshop participant, Dr. Sue Estroff, was present by virtue of her seminal ethnographic research on chronically mentally ill individuals in the community (Estroff, 1981), some of whom periodically found themselves homeless.

Dr. Elliot Liebow

Elliot Liebow's work involved women encountered at a shelter in Rockville, Maryland where he served as a volunteer. While it had never been Dr. Liebow's intention to carry out ethnographic research on homeless women, he found himself drawn to these women by their sense of humor, their sense of irony, their cynicism, and their capacity for introspection. Before long, he began taking systematic fieldnotes on his experiences with the women at the shelter, though only after acquiescing to the conditions which two women placed on him--that he not publish anything about their experiences until they decided whether to do so first. Dr. Liebow spent an average of 20 to 25 hours a week with these women in a variety of settings over the course of 18 months, and continues to have regular contact with them. He estimated that he had at least some contact with perhaps as many as 100 women, but more intensive and regular contact with a smaller group of 15 to 20. His general strategy was to hang out with them, not only at the shelter but in other settings in which they typically spend time. In addition, he conducted life history interviews with a smaller group, and interviewed friends, family, and agency personnel wherever possible in order to obtain additional perspectives

on the women as well.

Anne Lovell

For Anne Lovell, it was difficult to delineate the actual parameters of her ethnographic research with homeless women because it spanned such a long time and so many different involvements. Beginning in 1982, for instance, she spent a year engaging in participant-observation at an outreach program on the upper westside of New York City. During this time, she spent a great deal of time with homeless women, accompanying them as they engaged in their daily routines, and conducted a series of life history interviews with six individuals. More recently, she has played a significant role in a formal evaluation of several innovative programs for the homeless mentally ill which is jointly funded by NIMH and the Research Foundation for Mental Hygiene. This evaluation was unique in that it implemented a qualitative component, which featured five field researchers who engaged in extensive interviewing and participant-observation with sample members at each of the research sites, to complement quantitative data collection. For the purposes of this meeting, she drew upon information on 30 women with whom she and/or project staff had maintained regular contact through the use of ethnographic methods, each of whom had been labeled by a service provider as being seriously mentally ill.

Dr. Marsha Martin

Marsha Martin traced her involvement in ethnographic research with homeless women back to the shock she felt at seeing homeless "bag ladies" when she first arrived in New York City from Iowa. The question of how they survived haunted her, and eventually became the topic of her dissertation (Martin 1982). Over the course of six months, Dr. Martin interviewed and spent time with 25 homeless women in five New York City locations, each over

the age of 40 and homeless for at least six months. Her concern, most fundamentally, was with how they met their needs for food, clothing, and shelter. Shortly after the completion of the research, she became the director of an outreach program for homeless individuals. She was thus granted the rare opportunity of building a service delivery program which incorporated findings from her research on the streets.

Dr. Esther Merves

Esther Merves' research grew out of a consulting role with a local group of service providers who sought her help in analyzing and drawing recommendations out of survey data they had collected in Columbus, Ohio. Struck by how little was known about homeless women, she ultimately recommended that an ethnographic examination of their lives take place and proceeded to follow that recommendation. She began, as part of her dissertation research, by engaging in extensive interviews with a broad spectrum of service providers--shelter operators, mental health workers, case managers, people responsible for funding programs--but was frustrated by the very sketchy view they were able to provide regarding the lives of homeless women. She thus spent six months as a volunteer in a shelter for single homeless women, an experience which provided the foundation for her intensive work with 15 women. Over the course of eight months, she conducted a series of life-history interviews with each of these women, seeking to uncover not only the facts of their lives but a sense of them as individuals (Merves 1986). For Dr. Merves, life-history interviewing was very much a form of participant-observation. As such, her encounters with the women in her sample included such activities as accompanying them on job interviews and witnessing hospital discharge planning.

Dr. Louisa Stark

Louisa Stark's involvement with homeless women has spanned many years and as many roles. In 1982, she began hanging out in Phoenix's soup kitchens, informally initiating conversations with homeless individuals and trying to learn more about them. In time, she became an active advocate on behalf of the homeless of Phoenix and eventually became the director of Phoenix's city shelter as well, all the while using these experiences to arrive at a better understanding of homeless people. Upon being asked to write a piece on chronically mentally ill homeless individuals, she realized that she was more familiar with homeless women than any other subgroup of homeless individuals. She thus focused her attention more systematically on the women who crossed her path, either in the city shelter or as she made her way about the streets of Phoenix. In the case of two-thirds of the 94 women on whom she had some information, Dr. Stark was able to supplement the general knowledge she had gathered through casual and informal interaction over long periods of time with information obtained through more focused interviews with them and their significant others. In the case of more isolated, non-communicative individuals, she relied on observation and the perspectives of others (Stark, 1985).

Dr. Judith Strasser

As a nurse, Judith Strasser approached a Philadelphia soup kitchen for homeless women with several questions in mind, some of which pertained to health-related issues, others of which were more general in nature. For six weeks, she spent 60 hours per week at the soup kitchen, engaging 56 women in non-directive interviews and observing their behavior (Strasser, 1978). She then re-visited the setting every three months during the following year, and every six months during the year after that. Interestingly, by her last

visit, none of the women who had originally been included in the study were there.

Discussion

As a group, these studies are clearly characterized by myriad differences. Target populations, for instance, were not uniform. Two studies (Lovell and Stark) focused on chronically mentally ill homeless women; the others dealt more generally with homeless women regardless of mental health status. Likewise, duration and intensity of contact with research participants varied from study to study. In addition, methodological approach was not always the same. While all studies incorporated a blend of many methods, some relied primarily on participant-observation (e.g. Liebow and Stark), others relied more heavily on unstructured interviewing (e.g. Martin and Merves), while still others relied not only on a blend of these methods but on more structured and standardized interviews as well (e.g. Lovell).

Even so, these studies are far more similar than they are different, especially if compared to the cross-sectional research efforts which have thus far dominated the field. For instance, a longitudinal focus involving multiple contacts with participants over time is apparent in each of these efforts, even if in varying degrees. The relationships established with the women in these studies were ongoing ones, in some cases spanning many years. Researchers were thus provided with opportunities for viewing change in the lives of their informants--not only short-term change, such as the impact of a shelter being closed, but long-term change as well. It was this perspective that allowed one researcher to speak of the changing nature of her relationship with a woman she first encountered in a drop-in center but who now works in a professional setting; that allowed another to talk about

factors involved in the process by which one of her informants cycled in and out of homelessness; and that allowed yet another to know how homelessness ultimately resulted in the death of one of her research participants.

The issue of the relationship between researcher and subject is another area in which these studies are uniquely alike. In most of these studies, relationships between researcher and subject not only spanned long periods of time; they became deeply personal, such that the researcher was no longer as much of an outsider looking in. One researcher remarked that her relationships with several of the women with whom she had worked eventually approximated that of friend, with all of the accompanying anguish and responsibility for intervention that goes along with such relationships. Many reported ongoing contact with their research participants even after they ceased their formal research efforts. Many also reported playing advocacy roles in these women's lives both during and after research involvement. Most reported having been drawn to this field of study in the first place because of deeply felt needs to understand and help homeless women. The intensity of these relationships, it was clear, made it possible to obtain uniquely intimate views of these women and their feelings. At the same time, they raised thorny issues of how one balances a research and advocacy role.

All of these studies also held in common the fact that they uniformly employed the strategy of observing and interacting with women in multiple settings. Women were observed not only in service settings such as shelters or drop-in centers, but on the streets, in shopping malls, and in the host of public settings in which they typically spend their time. Such a strategy allows one to correct the mistaken tendency to assume that behavior observed in one setting can be generalized to all others. In a similar vein, all of

these studies were alike in seeking multiple points of view on the homeless women in question, balancing their perspective against the perspectives of service providers, agents of the law, family members, and friends and acquaintances.

Finally, and perhaps most strikingly, these ethnographic studies were alike in not having received formal grant support. Of the six studies described above, only one (Struening, Barrow, and Lovell) had traveled the traditional route of submitting a proposal to a granting agency and carrying out the research with funding from that agency. The remaining studies were conducted with little or no formal resources, in virtually all cases relying exclusively on the primary investigator to collect project data. To a limited extent, this was a function of the somewhat spontaneous and ad hoc genesis of some of these studies, as seen most clearly in the case of Elliot Liebow's work, and the tendency of certain ethnographers to work alone. More importantly, however, it reflects the difficulty of obtaining support for ethnographic research on homelessness from formal funding agencies.

ISSUES IN THE LIVES OF HOMELESS AND HOMELESS MENTALLY ILL WOMEN

The ultimate goal of this workshop was to arrive at a better understanding of issues in the lives of homeless and homeless mentally ill women so that more effective strategies for meeting their needs could be developed. With this in mind, Sessions Two through Four were devoted to group discussions on four topics: (1) the antecedents of homelessness among homeless and homeless mentally ill women; (2) their social support networks; (3) issues related to mental health; and (4) the interactions of homeless women with service delivery systems and providers. There was little hope that an exhaustive account of these topics could be arrived at in the limited amount of time available. Instead, the objective was to begin pushing back the borders of our knowledge concerning homeless women, to stimulate the development of new ideas regarding the application of knowledge to service delivery efforts, and to point the way toward new areas of investigation. This section highlights the main points of these discussions.

Antecedents of Homelessness

The Social and Economic Underpinnings of Homelessness

The question of how and why a woman becomes homeless is an extraordinarily complex one which was addressed on many levels. To begin with, group discussion focused on some of the social and economic underpinnings of homelessness. Most significantly, there was a common recognition that most homeless women are drawn from the ranks of the marginal and working poor, a group which has not fared well in the last decade. Having little in the way of ongoing resources and even less in the way of back-up resources, individuals and families in this group constantly find themselves teetering

on the brink of economic disaster. For people maintaining such a tenuous social and economic balance, a major or even minor turn of events might result in homelessness for one or more family members. Moreover, people in such dire straits were often limited in the extent to which they could absorb the economic and psychological strain of family members who, because of unemployment, mental illness or any other reason, were not able to pull their weight. Where systems of social support were especially impoverished, brittle or overtaxed, the risk of homelessness was that much higher.

Workshop participants agreed that it was often difficult to determine the immediate antecedents of homelessness in individual cases, especially when dealing with disoriented individuals who lacked the capacity, or were reluctant, to reconstruct the past. Answers from such women to the question of why they were homeless were often vague--"Something happened and I lost my room", for instance. Even so, several specific precipitating scenarios were discussed which shed further light on how social and economic marginality sets the stage for homelessness. Situations in which people had been evicted from their rooms for any number of reasons--failure to pay rent because of a job loss, fire, co-operative conversion, an emotional crisis--and had neither the resources nor the skills to find replacement housing were common. Also mentioned were those problems which typically arise when informal systems of care break down and individuals must rely on formal systems of care--the inevitable bureaucratic error, such as failure to send an entitlement check, or the inability of a social worker to adequately monitor a chronically mentally ill individual in SRO housing. One researcher highlighted how "aging out" leads to homelessness--how homelessness, in other words, often results when children who have grown up relying on the support of the system come of age, are no longer eligible for that support, and are emancipated.

Precipitating Factors Unique to Women

Scenarios such as these are commonly experienced by all homeless individuals. Other scenarios were reported, however, which are disproportionately experienced by women and which underscore the heightened vulnerability of women tc particular sets of circumstances which can culminate in displacement. Stories were told of live-in domestic servants who found themselves without a home or livelihood when the families they had worked for moved away. Examples were offered of women who were the "last of the caretakers"--destitute widowed women, for instance, who had put all of their family's savings toward a husband's terminal illness and were left with no financial resources on which to survive after their husbands' deaths. Mention was made of single battered women who were at a loss to compete with abused women with children for the very few available shelter beds.

Such scenarios highlight the role of homeless women as victims of situations over which they have little control. It was also recognized that for some women, homelessness may reflect an active decision, at least on some level, to refuse roles which threaten their ability to maintain a positive identity or which compromise their independence. A compelling example of the operation of role refusal was that of women who would sooner be homeless than endure the monotonous, institutionalized life that often accompanies a board-and-care existence. For these individuals, homelessness was in part an act of defiance and, as such, a victory, though a decidedly pyrrhic one. That homelessness was the only way in which these individuals could exert their independence and their need for an eventful life was recognized as a stunning indictment of the system, and a clear reflection of its inability to consistently provide clients with meaningful choices.

The roles of wife and mother were also mentioned in the context of role refusal, though care was taken here to make it clear that the simple presence of single women in shelters or on the streets was in no way incontrovertible evidence of this concept. Indeed, the point was made that on the contrary, single homeless women may highly value the roles of wife and mother and even, in certain cases, be occupying them in spite of the fact that appearances suggested otherwise. In this regard, one researcher noted that there are often significant differences between administratively-defined categories and self-perception such that many women who are defined by shelter operators as single women without children do have partners, do have children who visit them in the shelters, and do see themselves as filling those roles, even if economic factors have placed constraints on them which force them to cycle in and out of the shelter system and leave them unable to care for their children.

The Process by which Women Become Homeless

In addition to discussing factors which impelled women into homelessness, colloquium participants addressed the process by which women become homeless. The concept of a "skid", also referred to as a "slide" by one researcher (Merves, 1986), fit the experiences of many of the women with whom they had worked, particularly the older women. Homelessness, in other words, was not the outcome of one single event but was rather the culmination of a downward spiral which the individual was powerless to negotiate--of a series of events, in other words, which resulted in the individual being destitute and without shelter.

For other homeless women, however, the concept of a "skid" was not seen as being appropriate. Speaking of her small sample in Ohio, Merves identified women whose homelessness was a result of a "critical juncture",

rather than a slide. These women had entered a homeless state as a way of taking control of their lives--they had left behind an abusive partner, for instance, or other bad situations. In a somewhat different vein, Lovell highlighted the existence of a group of persons who cycle in and out of homelessness as part of a larger strategy for meeting one's survival needs. Individuals such as these are constantly juggling many limited resources--both informal ones, such as those offered by family or friends (a meal, lodging for a few days, a loan), and more formal ones, such as a bed in a city shelter, or a place in a vocational rehabilitation program for homeless individuals--trying not to overtax any one of them. Such individuals may not think of themselves as being homeless in the same way that longstanding street dwellers do, even if they are, in fact, periodically homeless. For them, the critical factor is obtaining access to certain kinds of much-needed services. (See Hopper et al., 1986 for a more detailed discussion of these strategies.) In this sense, it is clear that becoming homeless can be part of a strategy for obtaining help.

Social Support Networks

The Myth of Total Isolation

One theme, more than any other, characterized the discussion on social support networks: the prevailing notion that homeless women are isolated, disaffiliated individuals is a misleading one. Popular stereotypes and a professional literature which tends to support them notwithstanding, workshop participants repeatedly stressed that their research contained far more evidence of affiliation than of disaffiliation. The relationships among the women with whom they worked were often structured in ways which differed from the norm, and often followed patterns or involved exchanges which were not readily understood. It was nevertheless clear that true isolation was more

rare than not, and that achieving a better sense of the relationships in which homeless women were involved was one of the more pressing challenges which researchers face.

Several points emerged from the discussion on social support which can be seen as corollaries of this central theme. For one, the point was emphasized that the population of homeless women is itself a heterogeneous one. Workshop participants stressed that the "bag lady" image which most people call to mind in thinking about homeless women was appropriate for only one segment of the homeless women population. Not all homeless women are severely mentally ill isolates; many of the women with whom they worked were embedded in caring relationships. Data from New York City, for instance, suggested that many of the women in shelters for single women regularly receive visitors--family members, even children--who might bring them food and other tangible goods as well as the emotional support implied by a visit. To extrapolate from one highly visible slice of the homeless women population to the population as a whole, it was agreed, was to obscure important differences among homeless women which had important implications for service delivery.

Even beyond this, however, there was evidence to suggest that not even the severely ill isolates are as overwhelmingly isolated as is usually thought. For instance, among Martin's sample of 25, a group which most closely approximated the "bag lady" stereotype, each woman had at least one connection to an "other". Other researchers commented on how people who tended toward isolation ultimately became involved in caring relationships once they entered a setting which fostered such relationships.

There was also evidence which suggested that a style of isolation, when present, was not necessarily a manifestation of unmanaged schizophrenia--an

immutable result of disease, in other words. One researcher spoke of a woman who, if encountered today, might be dismissed as a schizophrenic isolate. Her longitudinal perspective on this woman, however, allowed her to understand the genesis of the isolation in a different way. Six months before this woman had been fully functional. The murder of her best friend at the hands of a pimp, however, precipitated a sharp slide which the woman's aunt was powerless to forestall. Over the course of a few months, this woman lost 50 lbs, withdrew, became completely dysfunctional, and wandered the streets, louse-ridden, covered with feces, and beset by hallucinations. The woman, by that time, was an isolate. Her isolation, however, was not the result of an inability to form and sustain relationships. Rather, it resulted from the trauma of losing an important relationship.

The Subcultural Context of Relationships

While it was agreed that individuals are embedded in social networks more often than not, it was also agreed that the relationships of these women are often complicated and tend not to fit our usual notions and categories. This was as true for relationships involving ongoing contact as it was for those which had a supportive effect in spite of there being no apparent contact. It was clear, for instance, especially among the more isolated individuals, that relationships with others were sometimes maintained solely in the minds of these women, and that these relationships provided a great deal of comfort. It was also clear, again especially among the more isolated individuals, that a very real connection was perceived with those around them, even if no regular contact took place, and that there was an expectation that those around them could provide help if necessary. Indeed, while an outsider might not view these connections as important parts of a support system, many women valued them so strongly that they were reluctant

to leave the streets for a room. On the streets, they offered, people will see you and might reach out to help you if you are in serious trouble. To be in a room indoors, invisible to the world-at-large, was to cut oneself off from this important source of support.

Workshop participants recognized that we have barely begun to understand the relationships of homeless women, and that the process of reaching that understanding--of actually documenting the nature of their relationships and of uncovering the meanings which those relationships hold for them--is an extraordinarily complicated one. It was clear, however, that attempts to understand the support available to these women by counting social support network members as traditionally defined and by determining frequency of contact with such members ultimately obscure as much as they reveal. Such methods provide little information on the context in which supportive relationships occur, and thus leave one unable to assess the costs associated with the giving and getting of support, the cost-benefit analyses that determine whether an individual will attempt to activate a potential support resource, the ways in which the individual perceives her relationships, and so forth. Attempts to understand the social support available to homeless women, it was felt, must be grounded in the context provided by a detailed knowledge of their everyday lives and everyday thoughts.

The Danger of Romanticizing

Much of the discussion on supportive ties reflected an implicit assumption that, at least to some degree, the relationships in which homeless women are involved are adaptive--that is, structured to accommodate their needs and the circumstances in which they found themselves. A chronically mentally ill homeless woman, in other words, may find very intense dyadic relationships threatening, and thus may seek to meet her needs in

relationships of a more diffuse nature. The feeling was also expressed, however, that while it is important not to ignore evidence of affiliation and that it is particularly important to understand different ways in which people affiliate, it is also important to avoid the danger of romanticizing relationships. Homeless women may not, as a rule, be entirely isolated. But there was much evidence to suggest that they did not consistently have access to the kind of support they needed and wanted, a fact which was perhaps most clearly reflected in their very regular attempts to meet certain needs, solve certain problems, and resolve myriad crises by calling upon the researcher with whom they were involved. Women in particular, it was noted, face restricted opportunities for establishing relationships within the homeless ecology because most settings in which socializing can take place--SRO's, drop-in centers, parks--are male-dominated and correctly perceived as dangerous. The need for settings in which women can form and nurture relationships, and just as importantly, the need for mechanisms which will allow these relationships to survive an individual's departure from those settings, was clear.

Issues Pertaining to Mental Health

At the outset of the session on mental health issues, three questions were posed: (1) Is it useful to use diagnostic distinctions in talking about homeless women?, (2) How do we talk about behavior which is thought to be symptomatic of mental illness?, and (3) How does this affect the way in which services are delivered? The ensuing discussion touched on many points and yielded several important concepts which underscore the difficulty of reliably diagnosing mental illness, the effect of a diagnosis on clients, the meaning of mental illness for homeless women, and the ways in which issues pertaining to mental health uniquely affect women.

The Difficulty of Reliably Diagnosing Mental Illness

The extreme complexity involved in determining who was and was not mentally ill was a frustration which virtually all of the researchers shared in common. In comment after comment, the difficulty of accurately assessing mental illness was expressed. Most basically, these comments reflected the difficulty of determining whether behavior which appeared to be abnormal was actually symptomatic of chronic mental illness or whether it was simply the result of some combination of factors tied to the individual's homeless condition--situational, environmental, subcultural, or even adaptive. Time and again, researchers met women who were clearly guarded, perennially frightened, confused, depressed, and perhaps even delusional. Were they chronically mentally ill or were they simply reacting very sanely to the enormous stress of an insane situation? Was the fact that they wore four pairs of pants during the summer a reflection of an inability to properly identify weather-appropriate clothing or was it a highly conscious strategy aimed at frustrating potential rapists? Was their confusion a function of psychopathology or was it the result of longstanding sleep deprivation? Was their poor hygiene the result of poor self-management skills or their restricted access to sinks and showers? Was their belief that they had untold riches ferreted away in secret bank accounts simple delusions or complex coping mechanisms allowing them to maintain at least a shred of self-respect and dignity? Behavior which at first glance seemed indicative of mental illness often proved to be nothing of the kind when viewed in environmental and cultural contexts. Moreover, behavior which actually was symptomatic of mental illness was often revealed to be temporary manifestations of an acute crisis brought on by stress, rather than ongoing

manifestations of a chronic disorder.

For several researchers, the enormous difficulty of sorting out these factors suggested that the question of who is and is not chronically mentally ill was not a meaningful one. Rather, it was simply the case that at any given point in time, some individuals will be more troubled and less able to manage than others. For others, however, the question of differentiating chronically mentally ill homeless individuals from other troubled individuals remained an important one, if for no other reason than to document for clinicians the many pitfalls they face in trying to accurately diagnose mental illness.

In this regard, it was fascinating to learn that in the New York evaluation study, diagnostic instrumentation revealed that 17% of the individuals sampled in programs mandated and geared toward serving the chronically mentally ill homeless had no diagnoses, either present or in remission. Puzzled by this anomaly, investigators turned to the qualitative data on these individuals in order to determine the context in which these individuals had found their way into a program for the chronically mentally ill. Qualitative data made it apparent that these individuals <u>appeared</u> to be chronically mentally ill but were actually experiencing acute reactions to situational crises. For clinicians used to dealing with a very different population, it was difficult to imagine how bereavement, loss, assaults to dignity, and the shock of being homeless could produce symptoms which so closely mimic chronic mental illness, including hallucinations and delusions, in otherwise healthy individuals. The result was that they diagnosed chronic mental illness, and developed treatment plans based on those diagnoses, in individuals who were in fact <u>not</u> chronically mentally ill.

Four important points were raised by virtue of the New York study's

efforts at complementing traditional psychiatric assessment with longitudinal, qualitative perspectives on each of their sample members. To start, there was the fact that among homeless individuals, psychosis will be expressed in ways which differ dramatically from individuals in hospital settings. In Anne Lovell's experience, situational depression among homeless individuals can be so severe that its manifestations no longer resemble depression as we commonly know it. Individuals may become actively delusional or experience atypical psychoses--indeed, may even mutilate themselves and become catatonic. Such behavior may be sufficient to warrant hospitalization, but does not necessarily reflect chronic mental illness.

That this is the case suggests the importance of diachronic validity--that is, validity over time. An emphasis on diachronic validity and the longitudinal perspective it implies reminds us that behavior can be exceedingly different at different points in time, and that oscillations in behavior will very much be related to contextual and situational factors. It was the experience of the New York study that an ongoing record of an individual's behavior was the best way of arriving at accurate assessments; even dipping in at two points in time left significant gaps in understanding. Moreover, an emphasis on examining behavior over time reminds us that every disease has a course and a natural history which can involve very different directions and very different kinds of behaviors, and thus stands as a corrective against the tendency to cling tenaciously to the expectations implied by a label such as chronic mental illness.

Perhaps most importantly, the issue was raised of how one treats women whose symptomatology mimics chronic mental illness but who are in fact situationally depressed. While an argument could be made that they are experiencing the same kinds of problems and are thus, in effect, identical,

it was stressed that individuals in these two categories were different, and should thus be treated differently. For instance, ongoing medication provided in the context of other supports might be the treatment of choice for chronically mentally ill individuals. This treatment strategy, however, would be inappropriate for situationally depressed women, who need intensive support more than anything else. Given this, the importance of carefully screening individuals upon their entry into shelter and other programs is critical.

Overall, it was the consensus of workshop participants that the notion of caseness as it currently stands in psychiatric epidemiology may not serve this population well. Because of the many mediating factors referred to above, it can be exceedingly difficult to accurately diagnose and evaluate the condition of homeless individuals in clinical interviews or through standardized instrumentation administered at one point in time. While diagnosis can play an important role in directing treatment and intervention, it can mislead and distract if it is based on a simplistic and superficial understanding of the context in which the individual finds herself. Though more time consuming and not always feasible, case identification based on an in-depth and wide-ranging understanding of the individual obtained over longer periods of time may stand as a powerful corrective against the tendency to misinterpret the behavior of homeless women, and may forestall a process which often blinds service providers to many homeless women's real needs.

The Effect of Diagnoses on Homeless Women

Another issue pertaining to mental illness raised by several colloquium participants was that of role engulfment. Put simply, a label of mental illness was described as locking a person into a master status which, in

effect, becomes all-encompassing. Several researchers spoke of women who would sooner deprive themselves of the perquisites that accrue to chronically mentally ill homeless woman--a center in Phoenix, for instance, which provides films, games, picnics, a chance to receive SSI, warmth in the winter, and a place to get out of the heat in the summer--than to allow themselves to be placed in the role of chronic mental patient. Their fear--one which could be traced back to their experiences with the system--was that to accept this role was to deny and be denied the other important roles they saw themselves as filling--wife, mother, or even worker. Once labeled mentally ill, in other words, all of the ways in which they viewed themselves, no matter how important to them, could no longer be sustained, largely because others seemed unable to see past the blinders imposed by a chronic mental illness role.

Workshop participants realized further that role engulfment laid at the foundation of an attitude implicit in the words and actions of many service providers: if chronically mentally ill homeless would only take their neuroleptic medication on a regular basis, they would no longer be homeless. This again highlighted the fact that diagnosis, however important, often distracts service providers from needs which are as pressing, or even more pressing. A common principle of service delivery, it was agreed, was that providers must focus on <u>all</u> of a chronically mentally ill woman's life problems, not simply those which fall within the domain of mental health services as traditionally defined. Moreover, such services must be provided in acceptable ways. If the fear of a label is keeping people from services, service modalities must be developed which allow resources to be received in non-stigmatizing ways.

It was recognized, of course, that the threat of role engulfment

notwithstanding, not all women will reject services oriented specifically to the chronically mentally ill. Older women, for instance, tended to be more compliant. Younger women, on the other hand, more closely approximated what has been referred to as the young chronic population in displaying a sense of independence and autonomy. These women were far more likely to use the system strategically--to manipulate the system to meet their needs by picking and choosing among available services as they saw fit, accepting today what they might have rejected two months ago when circumstances were different. Differences were also observed between ethnic groups. One researcher noted that homeless Hispanic women tended to behave in treatment settings in ways which paralleled their accounts of how they behaved in family settings. These women were anxious to do what the service provider wanted, did not rebel against medications, assumed a caretaker role with regard to others in the programs, and almost seemed to accept the role of client as "a woman's lot", a stance which stood in marked contrast to the rebellious one of the younger women described above. All of these differences, plus the recognition that some individuals are able to periodically or regularly avail themselves of services for the chronically mentally ill without relinquishing the other roles they deem important, reflected a complexity which underscored the importance of additional research in these areas.

The Meaning of Mental Illness for Homeless Women

It is perhaps axiomatic that the more sensitive a topic, the less amenable it is to direct forms of questioning. This was certainly the case with regard to how homeless women themselves perceived mental illness and where they fit themselves along a mental health continuum: direct questions about these issues most often elicited competency stories or definitions which stressed that the woman doing the defining was not an appropriate

candidate for the category. It was thus necessary for researchers to turn to more indirect indicators for an insider's view of mental illness.

A great deal of information was embedded in researcher observations on the ways in which homeless women reacted to symptoms of mental illness in other homeless women, though these observations did not consistently support identical conclusions. One researcher noted that his inclination within shelter setting was to make allowances for people who were experiencing troublesome symptoms or other behaviors which seemed to be direct consequences of mental illness. The women, however, felt differently. They insisted that their peers be held to the same standards to which they were held. Being mentally ill or being troubled was no reason, in their minds, to excuse people from accountability for their actions. Indeed, when he tried to act on the basis of his beliefs, he was accused of being an "enabler". Whether their beliefs stemmed from intolerance, a strong sense of equality, or a value system which simply denied the relevance of mental illness was not clear. What <u>was</u> clear was that these women were not interested in the mitigating factor of temporary incompetence.

In contrast to this researcher's experiences, however, another researcher offered that women who are not chronically mentally ill are <u>very</u> tolerant of, and even kind to, chronically mentally ill women--much more so than non-homeless individuals--<u>but only up to a point</u>. Whenever it appeared that the behavior of chronically mentally ill women might threaten or destroy the stability of the environment, i.e. a shelter or day center, that kindness and tolerance immediately disappeared.

Yet another researcher provided the bridge between these two antithetical sets of observations by noting that in her experience, tolerance for mental health symptoms was very much a function of the <u>size</u> of a setting.

In one setting with which she was familiar, a small, almost claustrophobic transitional housing arrangement, there was virtually no tolerance for women who hallucinated, talked to themselves, or acted out in any way. On the other hand, in larger shelters, where people exhibiting problematic behaviors were highly dispersed, tolerance was more often the rule. This observation again highlighted a recurring theme: behaviors, attitudes, and beliefs are subject to situational determinants, and must be evaluated in context--better yet, across multiple contexts.

A glimpse at an insider's perspective of mental illness among homeless women was also apparent in what researchers were able to observe and record regarding the tendency of many homeless women to express self-aggrandizing beliefs about themselves which were clearly untrue. From an outsider's perspective, these beliefs were clear reflections of delusional thought processes. For ethnographic researchers, however, they could not simply be dismissed as overt manifestations of psychosis. Rather, they were potent indicators of a struggle to maintain a positive sense of self against all odds. One researcher noted that when young kids taunt you and urinate in your hair, or when some thug steals your bags which, however worthless, contain everything you own, it helps to believe you are actually the mayor of a large city, or that you have friends in powerful places who would love nothing more than to exact revenge on those who victimize you. Indeed, four of eight women on whom this researcher collected detailed life histories offered elaborate delusions about how rich they were, a pattern noted by other researchers as well. The content of psychotic symptoms, it is clear, reveals that symptoms of mental illness can reflect strategies for coping--attempts, in other words, to maintain one's dignity in a world which refuses to respect it.

Issues Which Uniquely Affect Women

While at least some of the issues discussed above have relevance for all homeless individuals, additional points raised in the context of this session pertained exclusively to the special case of homeless women. Several of these points surrounded the question of violent behavior in women. One researcher, for instance, suggested that expressions of violence among homeless women were treated quite differently than those of men. In her capacity as director of a shelter, this researcher repeatedly experienced encounters in which a highly agitated women diagnosed as paranoid schizophrenic threatened to kill her. While the police consistently responded to calls for help, the woman would invariably reappear within 15 minutes. Similar incidents with men were taken far more seriously, and usually culminated in hospitalization. For this researcher, this scenario was only one of several which suggested that compared to homeless men, the problems of women are not viewed with the same degree of seriousness.

A somewhat conflicting point of view was offered by another researcher. In her experience, when women behaved in ways which were similar to the ways in which men behave--that is, when women became very violent or threatening, they received care instantaneously. Two or three women in an outreach program in which she spent a great deal of time were extremely aggressive, violent, and homicidal in their ideation. These women were attended to quickly. On the other hand, depressed and withdrawn women--that is, those experiencing symptoms expected of women--were ignored. Indeed, one such woman's desperateness was recognized only after she slipped into such a heightened state of malnutrition that she had to be hospitalized. For this researcher, deviant deviancy was a concept which helped explain this

tendency. We deviate, in other words, in ways which are gender specific; in the triage-like atmosphere of programs for homeless women, it is only when deviation takes place in deviant ways that attention will be secured.

Do homeless women in fact engage in significant levels of violent, aggressive behavior? This question was somewhat difficult to answer. There was certainly evidence to suggest reasons why one might expect an unusually high level of violent behavior. For instance, the point was made that the population of homeless mentally ill women probably includes disproportionate numbers of people who were either expelled from available treatment facilities, including board and care homes, because of disruptiveness, or who exhibited a constellation of characteristics associated with disruptiveness which led them to reject those alternatives. The point was also made that the personal histories of many homeless women--particularly those who exhibited violent tendencies--were filled with evidence of victimization, and that violence is a typical response to incessant victimization. (It was also noted that withdrawal and depression are common reactions to constant victimization, and that women who display these characteristics as a result of victimization experiences are often dismissed as having "dependent personality". Again, the point of examining behavior in the context of a woman's present and past experiences was highlighted.)

It was generally agreed, however, that the threat which outsiders perceive is rarely actually there, and that when violence does occur, it is often less serious than it seems. Many of the women, it was noted, seemed to "play around" with violence and aggressiveness as modes of expression, in contrast to men, among whom violence is indeed a reality. Often, expressions of violence were engaged in for their strategic value. Scaring people off by making them feel you are volatile and unpredictable, for instance, served as

an effective protective strategy for some women. Likewise, expressions or acts of violence in some cases seemed to reflect a woman's intuitive understanding of the concept of deviant deviancy--by behaving violently, she called attention to herself and received the help she wanted.

More critical than the violence of women themselves, it was felt, was the reaction of service providers and shelter staff to expressions of violence. Any expression of violence clearly scared staff members, catalyzing responses which were completely inappropriate to the meaning and level of the violence expressed. By overreacting, and by responding in arbitrary ways to behavior which was not truly dangerous, staff often exacerbated the situation. For women turned out of a shelter because they threatened--only threatened--to strike another woman, a sense of outrage, indignation, and injustice was not unusual. In the end, the behavior of staff--misunderstanding the true meanings embedded in expressions of violence and turning women out onto the streets to forestall a threat of violence which never truly existed--seemed more violent and more conducive to violence than the behavior of the homeless women themselves.

Alcohol and Drugs

A final topic addressed in this session was the extent and nature of the involvement of homeless women with alcohol and drugs. There was general agreement that substance abuse is not as widespread a problem among women as it is among men. Several points were made concerning those who are affected by alcohol and drug problems, however.

For one, it was noted that a woman need not actually drink or use drugs to be affected by them. One researcher spoke of women with whom she had worked who, while not alcoholics themselves, were paired with male alcoholics, most often playing a caretaking role for them. The day-to-day

lives of these women were no less tied to the demands and effects of alcohol than those of actual alcoholics.

As for those who actually were substance abusers, the point was made that women substance abusers differ from men in striking ways, most notably in their tendency to drink with others, particularly with men, rather than following a pattern of solitary drinking. In the case of both women and men, however, the need for an understanding of what the participation in drinking or using means to the person involved in it was stressed. Alcohol and drugs, it was agreed, could not be considered independent of the context in which it arises. To view drinking and using simplistically as a technical problem of diagnosis and treatment, rather than recognizing that there are serious consequences attached to pulling people out of their world without recognizing the important needs met by that world, was viewed as a recipe for failure.

Interactions of Homeless Women with Service Systems

The Myth of Treatment Resistance

If there was one message which emerged from discussion on the interactions of homeless women with service systems, it was that the notion that homeless women will not accept services is a myth. Women who would not under any circumstances accept institutional help were far more the exception than the rule. Indeed, there was evidence to suggest that while women may initially be more guarded than men when faced with an offer of services (such as handouts from an outreach program), they were more likely than men to become further involved with service providers once that initial phase was weathered and trust was built.

This was not to say that any and all services would be, and have been, welcomed by homeless women. Services, it was agreed, will only be utilized

if they are valued, if they are offered with compassion and respect, and if accessing them does not involve incurring costs which outweigh the benefits. The most typical homeless woman-service setting scenario was not one in which a homeless woman refused services. Rather it was one in which a homeless woman recognized her need for services but either (1) could not find a reasonably accessible facility which offered the service in which she was interested, (2) encountered services which were inadequate, inappropriate, or dehumanizing, or (3) was asked to do something in exchange for the service which was unacceptable to her (such as accept that she was chronically mentally ill or agree to take medication). It was not that homeless women did not want services, in other words. It was that when they sought them, they tended not to get what they wanted and thus did not return, or found that the services were set up such that accessing them was too difficult, too costly, or too frustrating.

Toward an Understanding of the Ecology of Service Delivery

This view of the interaction between homeless women and the service delivery system was very much tied to the practice of ethnography. The ethnographic approach employed by these researchers allowed them to focus not only on the quantifiable characteristics of homeless women themselves which lead them to seek or reject services, but on a qualitative sense of the entire ecology of the service delivery arena. As such, the characteristics of service providers and service delivery settings, and a qualitative understanding of the interactions between service providers and clients within particular settings, became every bit as important in trying to understand the patterns of service use exhibited by homeless women, often with startling results.

Two examples in particular demonstrated how qualitative methods provide

different kinds of understandings than quantitative methods. Anne Lovell, for instance, described a study in which she had been involved which sought to better understand what happens when homeless mentally ill individuals are referred to traditional mental health services. A regression analysis of data on clients who had received referrals revealed that the presence of dual diagnoses and of high material need best predicted lack of acceptance into a mental health referral. Qualitative interviews with service providers in each of the settings to which clients had been referred, however, revealed a picture that went far beyond the characteristics of individual clients. These interviews indicated that service providers believed that the presence of homeless individuals in their programs would adversely affect their other patients and even further, that it was impossible to manage homeless mentally ill clients because their needs were too wide-ranging and too overwhelming. Setting and service provider-related characteristics, in other words, were every bit as important as client-related characteristics.

A second example was offered by Deborah Dennis of the New York State Office of Mental Health who described efforts to understand why the Queen's Shelter, a 200 bed facility in New York City for chronically mentally ill homeless men, was so underutilized. Quantitative data in the form of numbers of referrals from the New York City Shelter system and other selection points supported the notion that chronically mentally ill homeless men were unwilling to avail themselves of this shelter and the long-term housing program into which it fed. Qualitative data, however, revealed that access to the shelter and the organizational structure of programs in both the shelter and its associated mental health clinic were such that only the highest functioning clients with the highest tolerance for traditional services could survive the obstacle course which one had to navigate in order

to receive desired services. Lower functioning clients were either selected out by the service providers or they selected themselves out, not necessarily because of their unwillingness to avail themselves of services but because of the formidable barriers that prevented them from doing so (Dennis et. al, 1987a; 1987b).

Treatment-Resistant Service Providers: The Other Side of the Equation

Several issues were raised during the course of group discussion which further underscored the fact that perspectives which focus on the individual characteristics of clients can be misleading unless they also include a focus on how service providers, service settings, and service modalities either foster or discourage service utilization. First, attention was directed at the people who staff the wide variety of programs which are designed to serve homeless women, a group which exerts a tremendous influence over the experiences of homeless individuals in service settings. Even while recognizing that differences in staff members do exist, colloquium participants were unanimous in their belief that those who serve the homeless--particularly those who staff shelter programs--often lack the knowledge, skills, and attitudes which underlie the effective delivery of services.

By and large, the front-line staff members encountered by researchers were poorly educated workers who were earning minimum wage in a job for which they had received little or no training. More often than not, their attitude toward homeless individuals was a highly ambivalent one. Many displayed by their words and their behavior a tremendous fear of homeless people. Others demonstrated a shocking ignorance and insensitivity, as witnessed in one shelter worker's insistence that women live on the streets because they want sex. Still others, especially those who were sensitive to their low status

or those who had previously been homeless themselves, betrayed a strong need to differentiate themselves from those they served, and almost seemed to revel in the opportunity to set the rules for others. Most suffered from endemic burn-out.

Whether because of being afraid, ignorant, status conscious, or merely petty, shelter workers sometimes acted out their needs and attitudes by trying to control clients in rigid and often arbitrary ways. As indicated earlier, any hint of violence, whether verbal or physical, tended to be dealt with in harsh, exaggerated and inappropriate ways. Sensitivity to the fact that many homeless individuals came from, and live in, worlds in which violent ideation and violent acts are normal means of expression was rare. A kick or a slap in an altercation between two women could easily lead to temporary banishment from a shelter, leaving the unfortunate perpetrator no choice but to face the greater violence of the streets. Indeed, even the hint of violence was sometimes enough to elicit a strong response from staff: one woman was evicted from a shelter after it was reported to staff that she had kicked another woman on the bus during the day. So it was with alcohol intake as well. The merest hint of alcohol on a woman's breath was often used to justify eviction from a shelter, even when the woman's conduct was otherwise exemplary.

These and other observations indicated that staff often expected and demanded that shelter clients conform to an arbitrarily strict set of standards--one which would tax even model citizens. Staff needs and concerns, then, sometimes weighed heavily in the equation determining staff-client interactions and shelter policies. Moreover, such needs and concerns often contributed to the creation of an environment which, for good reason, was rejected by homeless women.

These observations notwithstanding, colloquium participants were not unaware that caring, committed, and exemplary shelter workers exist. Nor were they unsympathetic to the concerns of staff. It was acknowledged that fear, where it was present, stemmed not only from unreasonable stereotypes but from actual events as well, and that fear often prevented well-meaning individuals from behaving as they themselves wanted to. The inappropriateness of expecting low-paid individuals to consistently behave with the sensitivity expected from professionals was likewise acknowledged. Shelter workers, it was recognized, often mirror societal values--values which decree that homeless individuals are different and unpredictable; that one should not make it "too easy" on homeless individuals; and that homeless individuals are not deserving of more than a minimal standard of care. It was thus somewhat unfair to expect shelter workers to not reflect these societal values. Even so, the feeling was expressed that we must expect shelter workers, and equally importantly, help shelter workers, to rise above these values--to deal with their fear and their ignorance. Those who cannot, it was asserted, belong in other jobs.

Setting-Specific Characteristics

While a great deal of attention was focused on how service providers contribute to the atmosphere of a service setting and whether services will be used, it was recognized that setting-specific characteristics are equally critical in trying to understand service-related issues. The size, location, purpose, and perhaps most importantly, the ideology of a service setting all affect the experience of homeless women within it. As was mentioned earlier, the way in which the psychotic rambling of a chronically mentally ill homeless woman is dealt with in a service setting will at least in part be a function of the size of that setting. Likewise, the way in which violence is

dealt with will in part be a function of such factors as the ideology of the setting. In a low demand, no questions asked, drop-in center, for instance, the tolerance level for minor violence will be far higher than in a highly structured shelter setting characterized by a siege-like atmosphere. One researcher pointed out that in psychiatric hospitals, a woman who expressed her rage by breaking everything in sight is not evicted from the setting but rather is worked with--the behavior is seen as part of her illness. The same person behaving in an identical manner in a shelter would be put out on the street. Behavior, it was clear, could not be evaluated independent of context.

The Importance of Understanding Transitions

Much in the same way that too little attention has been directed at service provider and service setting characteristics, researchers agreed that too little attention has been directed at what happens when a homeless woman tries to leave the streets for the structure of a program, or when a previously homeless woman "graduates" from a structured program and then takes the next step. For the most part, we think of women as living isolated lives on the streets, or as participating in programs designed to help them, or perhaps as living in SRO hotels and other low income housing. We tend not, however, to think about the process by which individuals leave each of these spheres for the others, in spite of the fact that attention to this process can help explain why so few women travel a linear path from street to program to housing and why so many cycle continuously between these alternatives.

From what they had observed about the lives of homeless women, it was clear to these ethnographic researchers that movement from the street to a program, for instance, involved a complicated process of resocialization, the

intricacies of which were rarely acknowledged. Women who had spent long periods of time on the streets had, over time, learned effective survival strategies for dealing with the rigors of street life, many of which were suddenly inappropriate, ineffective, or even maladaptive in the radically different environment of the treatment program or shelter. Unlearning one way to live and learning another is not a simple matter. Programs which asked women to quickly relinquish these strategies risked alienating them. Those which sought to build on these strategies, and which recognized the difficulty and importance of a transitional period, were much more likely to enjoy success.

The shift from a program to permanent housing is no less complicated than moving from the street to a shelter. While programs are by definition designed to socialize individuals into what they should know to take this step, it was the experience of several researchers that many of these programs fail to take into consideration how leaving a program can represent a pyrrhic victory for a woman. Many women who found in structured programs the opportunity to develop valued supportive ties, for instance, learned that departure from a program meant losing those ties, since the new settings in which they found themselves often failed to provide the same opportunities to nurture those relationships. Just as a good program builds on street strengths in making the transition from street to program, a good program attends carefully to the transition from program to the next step, attempting to create environments that support the positive outcomes--both intended and unintended--which emerge from involvement in a service setting.

Listening to and Respecting Client Needs and Concerns

Above all else, the ethnographic work of these researchers highlighted that to effectively and successfully provide services to homeless woman, it

is absolutely essential to listen to what they have to say about what they want, and to respect their wishes and concerns. Time and again it was clear from their observations of the interactions between homeless women and service providers that what homeless women feel they need and what providers think they need can be markedly different. If providers offer services which are not valued, they will not be used. Instead, providers must define the problem as their targeted clients define the problem. If a woman's concern is an ulcerated foot, it is the foot that should be treated, not the individual's schizophrenia. If the expressed need of a woman is a warm blanket and a sandwich, the warm blanket and sandwich should be offered without any insistence that the woman enter a shelter. Trust, rapport, and further opportunities to provide these and other services can grow only from respect for a woman's dignity and right to self-determination, especially in the case of chronically mentally ill homeless women. Reaching out to people where they are, meeting them on their own terms, and defining mental health services broadly enough to include the provision of food or any other kind of exchange are the most important lessons mental health workers can learn.

It was also clear from the ethnographic work of these researchers that what homeless women most value in the services they are receiving may not be what service providers actually think they are delivering. Support, a sense of caring, and expressions of warmth were the drawing cards which kept many clients attached to service programs, as opposed to the medication, therapy and psychiatric referrals with which mental health service providers were primarily concerned. A heightened sensitivity to the pivotal importance of these less tangible but very critical needs may allow service providers to implement their own agendas in ways which leave homeless women feeling that they are receiving what <u>they</u>, and indeed all of us, deem to be important.

Service Utilization: A Wider Perspective

In the end, researchers agreed that it was impossible to arrive at a formula which would predict who will or will not utilize services. Different people will or will not use different kinds of services depending on a host of variables which comprise the service delivery ecology--characteristics, attitudes, and needs of the homeless women themselves; characteristics, attitudes, and needs of the service providers; characteristics of the service delivery programs; and the ways in which all three sets of characteristics come together and interact at a given point in time. Far more work is needed before we can fully understand this ecology.

But even descriptive work of this sort, it was agreed, would not by itself allow us to appreciate these service delivery issues in their entirety. Much of what determines the success or failure of services for homeless women lies on an institutional level. If this is not described, we are left blaming either clients or providers for failures in their interaction, when in fact many of those failures reflect practices and policies over which they have little control. In this regard, one researcher commented that in France she encountered a sense of public psychiatry and an acknowledge of society's responsibility for the homeless mentally ill which was not nearly as evident in the United States, where the way we educate professionals, train and pay staff, and so forth betrays a certain ambivalence over whether they are worthy of help. More than documenting the characteristics of clients, service providers, and service settings, the holistic perspective which is ethnography's hallmark holds the promise of documenting the broader context in which homelessness and the pieces of these puzzle are set.

IMPLICATIONS AND RECOMMENDATIONS

While the colloquium schedule very clearly allocated the first day of the conference to the discussion of issues in the lives of homeless women and the second day to the formulation of recommendations based on the substance of the previous day's discussion, the boundaries between discussion and recommendation proved not to be as firm as had originally been envisioned. Most of the issues raised during Day One (discussed in the previous section) implied directions for future research and implications for program planners, policy makers, and service providers. Likewise, many of the recommendations offered during Day Two included new insights which had not emerged the day before. In what follows, the major implications/recommendations highlighted during the last session of the colloquium are summarized. These recommendations are organized around three thematic areas which emerged from group discussion: (1) service delivery issues; (2) areas in which further research is needed; and (3) the special role of ethnography in understanding homelessness. The issues discussed within each of these three areas, it should be stressed, are those which these ethnographic researchers offered in the context of the discussion on recommendations itself. The careful reader will find a wealth of additional implications and recommendations embedded in the previous section of these proceedings.

Service Delivery Recommendations

Basic Principles

The most fundamental and critical recommendation made by these researchers to service providers was that **homeless and homeless mentally ill women should be given what they want and ask for, not what <u>we</u> think they need or should have.** The importance of working with a client's own priorities

before trying to introduce other kinds of care was stressed again and again.

Implicit in this basic principle is an important corollary: service providers need to recognize the right to freedom from intervention and the importance of proceeding slowly. Nowhere is this corollary more appropriate than with women who are leery of service providers. Outreach efforts have made it clear that success with such women is a function of respecting the independence and dignity of the individual, of having the patience to allow a relationship to develop slowly, of proving one's good intentions by responding to their self-expressed needs, and of knowing how to listen for signals indicating that it is time to retreat.

This corollary is as true for those who are anxious to receive shelter as it is for those whose experiences have led them to express a preference for the streets. Many of the women who service providers encounter in shelter settings will have been living on the edge of panic, often for long periods of time. Such women need to know that there is a safe, warm place for them night after night--a place where expectations are low, where they can feel safe and secure, and where they can begin sorting out their own thoughts regarding what they need. Women who are panicky and distraught cannot think clearly. To force them to jump into the task of planning for their future as a precondition of shelter is unreasonable and unfair. Only after spending protracted periods of time in a stable and secure environment can they be expected to grapple with decisions about their lives.

The basic principle of honoring the priorities of the client extends to the mental health service delivery system as well. While some homeless mentally ill women may be amenable to traditional mental health care, most are extremely suspicious of mental health workers and of traditional mental health settings. Available data argue strongly for a continued broadening of

the meaning of mental health care and a search for innovative ways of delivering mental health care. Of critical importance is the recognition that mental health care consists of far more than medication and therapy. The provision of any service, including food, tangible items which can ease the burden of homeless women, shelter, or even the simple act of establishing a relationship with a homeless client, should rightfully be viewed as mental health treatment. The acceptance of medication, therapy, or the status of mental patient should never be a precondition for these kinds of services.

Specific Needs and their Service Implications

The importance of privacy and anonymity.

One critical need which emerged from these ethnographic accounts of homeless women was the need for privacy, and in some cases, for anonymity. The need for privacy--a basic human need--is rarely acknowledged in most service settings. This is especially apparent in shelter settings, where large numbers of individuals are crowded into relatively small quarters. While the reasons for accommodating as many people as possible in a shelter are clear and laudable, it may be possible to shelter as many people while at the same time acknowledging their need for privacy. Screens, which block out the sight of other people and which at least yield some semblance of privacy, may be one way of accomplishing this. As for anonymity, the importance of allowing individuals to go nameless for as long as they choose to, especially during the early stages of outreach, was clear not only from the accounts of homeless women but from the observations of those researchers who had actually been involved in service delivery.

The importance of providing storage opportunities for homeless women.

A second critical need identified during the discussion on recommendations goes right to the heart of the image which most people hold

of homeless women--the bag lady image. Why are there bag ladies? The reason may have less to do with the psychotic need to surround oneself by one's possessions than the simple fact that these women do not have access to storage facilities. Shelters rarely allow homeless individuals to leave their belongings behind when they are evicted for the day. As a result, women are faced with the choice of finding public storage facilities for their belongings or of carrying them around with them. Many women did, in fact, avail themselves of public storage lockers, some spending 50 to 80 percent of their income to hold on to the belongings which represent to them what "home" represents to us. Many, however, could not afford to do so, and all faced a dwindling supply of available lockers. Providing daytime storage opportunities in shelters would be a relatively easy way of meeting a very basic need of these women. In this context, the need for locked refrigerators in which women on medication could store their prescription drugs was mentioned as well.

Recognizing the unique gender-related needs of homeless women.

While the recommendations discussed thus far are as pertinent to homeless men as they are to homeless women, several needs unique to women were raised as well. The first stemmed from the reality that rape is commonly experienced by homeless women. This experience, which is devastating for any woman, is yet further aggravated by the fact that after being raped, homeless women cannot count on retreating to a safe and secure place. More often than not, they remain on the street, vulnerable once again to the person who assaulted them or anyone else who chooses to do so. Sensitivity to the impact of rape on homeless women is clearly indicated, as is the need for places of refuge for women who have experienced rape or other sexual assault.

A second issue raised with respect to the gender-related needs of homeless women provides a quintessential example of the capacity of ethnography to generate completely new, and somewhat surprising, notions. It was clear to many of these ethnographers (though most patently clear, interestingly, to the one male researcher) that life on the streets threatens the femininity of homeless women. Elliot Liebow told of a presentation by a Mary Kay cosmetics representative held at the shelter at which he conducted his research. He, like all of us, felt that such an activity would be perceived as trivial and almost insulting by the women. Instead, the presentation was more successful than any other activity the shelter had sponsored. Likewise, the two most appreciated gifts he was able to present the women in the shelter were a full-length mirror and an ironing board. Small gestures which recognize the femininity of homeless women may go a long way toward improving the quality of their lives on a day-to-day basis.

The need for sensitivity to social network issues.

Recommendations related to social network focused on two somewhat different issues. The first pertained to recognizing network ties where they exist, avoiding practices which inadvertently disrupt such ties, and integrating existing network members into efforts to help an individual. At the same time, it was stressed that service providers must also make an effort to assess the extent to which network members have the energy and resources to provide such help in order to avoid overburdening what may be fragile relationships. Network members are often themselves marginal and struggling to survive.

In addition to recommending that affiliative ties be recognized where they exist, researchers offered that planners and providers must be sensitive to the ways in which services can nurture new social relationships and foster

denser social networks for those who seek them. Care must be taken to ensure that such efforts not only include strategies for cultivating relationships within a program but also strategies which will ensure that such relationships are sustained independent of the service context in which they develop. Care, however, must also be taken to avoid inflicting on all homeless women an ideal model of social relationships which may not meet their needs. Relationships, it will be recalled from the previous section, take many forms, many of which are difficult for us to understand but which serve particular women in important ways.

The need for sensitivity to transitional phases.

Discussion during the previous day had highlighted the failure of the service delivery system to adequately attend to transitional phases--to the process of moving from the street into a shelter, or from a shelter into housing. Knowledge in this area is still woefully lacking, but enough is known so that planners and providers can implement programs which are sensitive to what transpires during these pivotal transitions. Models for programs which seek not only to support individuals who live on the streets but to help them move from the outdoors to indoors by building on the strategies and strengths which allowed them to maintain themselves on the streets already exist (e.g. the Midtown Manhattan Outreach Program), and should be implemented more widely.

It was also stressed that shelter programs must be sensitive to the fact that skills which are essential to survival on the streets may be problematic in shelters. Having a context in which to understand such behaviors may help service providers deal with them.

Finally, attention must be paid to the kinds of housing which will work for these women, and which will ease the transition from a programmatic

context to a stable domicile. Here, too, knowledge is less than adequate. Still, fundamental features were apparent in the previous day's discussion--protection from invisibility, a high tolerance level for deviance and disruption, opportunities to sustain relationships--which can be used to develop housing models that can be implemented, evaluated, and improved upon.

Responding to vocational needs.

For many of the women followed over the course of these ethnographic studies, employment was extremely important. In some cases, women expressed feelings which indicated that working was inextricably tied to their self-esteem, as evidenced in comments such as "I don't feel normal unless I'm working." Unfortunately, homeless women face fewer opportunities to work than do homeless men in that the casual labor pools to which homeless individuals so often turn are completely male-oriented and male-dominated. It was thus recommended that vocational rehabilitation programs and opportunities for work be part of overall efforts to help homeless women, again, for those who seek such pursuits.

In pursuing models of vocational rehabilitation, planners and providers were cautioned against preparing people for jobs which no longer exist or resorting to models such as sheltered workshops which ultimately reinforce marginalization. The emphasis should be placed on innovative work models, rather than on sheltered and supportive work arrangements. Work cooperatives in Italy which have brought together unemployed poor workers and deinstitutionalized individuals offer lessons in what such models might look like. Work models which foster community--perhaps piggy-backed on to housing--were also suggested.

Service Providers, Service Systems, and the Locus of Responsibility for Homeless Individuals

Taking care in the selection of shelter staff and other service providers.

During the previous day's discussions, attention had been directed toward the observation that shelter staff and other service providers appear to differ, sometimes markedly, in their orientations toward homeless people. There was little agreement regarding the factors underlying these differences--one researcher argued that volunteer as opposed to paid staff tend to be more benevolent while another felt that volunteer staff are often affiliated with religious organizations which adhere to "blame the victim" ideologies. Still, it was clear that people who work with the homeless can be placed along a continuum, with those preoccupied with control and their own ego needs on one end and those motivated by the desire to help and a concern for social justice on the other. Those involved in staffing programs for the homeless were urged to be sensitive to this issue, and to seek those individuals whose motivation for working with the homeless tended toward the altruistic pole.

The importance of training shelter workers and other service providers.

The pressing need to educate shelter workers and other service providers to a more complete understanding of the homeless population--a direct implication of the previous day's discussion on how shelter workers are often themselves "treatment-resistant"--was verbalized by several researchers. Training, it was felt, should encompass many issues, ranging from structural ones such as how social policy and economic trends have contributed to the swelling of the homeless population, to more descriptive ones which would allow service providers to appreciate who the homeless are, why they behave

as they do, and how to best interact with them. Such training might also emphasize the unfairness of holding homeless individuals to rigid sets of rules--the kinds of rules that lead to expulsion for liquor on one's breath or minor acts of aggression--and the practical knowledge needed to deal with people who may have serious alcohol and/or mental health problems. Ideally, NIMH or some other agency would support the production of a training curriculum and training manual which would facilitate this process.

It was stressed, however, that training of people who staff facilities or programs for the homeless must take place carefully and respectfully. To fall prey to a stereotypic view of the service worker as an ignorant, uninformed individual would be a serious mistake. Trainers should not forget that there are many street level workers and service providers who have a tremendous amount of relevant education and experience. With this in mind, the recommendation was made that training, wherever possible, should allow for the reciprocal exchange of information which acknowledges not only what staff workers know by virtue of their front-line experiences but the legitimacy of many of their concerns as well. Training which does <u>not</u> do so will be rejected, and rightfully so.

<u>The importance of cross-training and the need for a better understanding of dual and multiple diagnoses.</u>

The general recognition that homeless women--indeed, homeless individuals in general--experience multiple problems which interact with one another in complex ways suggested the importance of cross-training specialists so that they understand problems which fall outside the traditional boundaries of their expertise. Health, mental health, and substance abuse specialists, for instance, must be sensitized to the problems which homeless individuals face on a day-to-day basis and the impact of such

problems on their attitudes and their clinical profile. Likewise, health, mental health, and substance abuse specialists must be cross-trained in each other's disciplines, at least to the point where they can work with problems which are multiply determined and inextricably interwoven.

Alcoholism and drug abuse did not appear to be as serious among homeless women as it was among homeless men but it was clearly present, in some cases among women suffering from chronic mental disorders as well. This recognition led to the recommendation that more attention be directed at the special case of individuals with dual diagnoses of major mental illness and serious substance abuse. The belief was expressed that cross-training and learning how to recognize dual diagnoses is not enough. Rather, there is a need for new ways of thinking about and handling this problem that do not fall prey to our tendency to compartmentalize.

Recognizing the heterogeneous character of the population of homeless women and the consequent need for diverse models of service delivery.

The fundamental premise which led to the organization of a colloquium on homeless women was that the homeless population is a heterogeneous one, composed of many groups of people with different problems, values, and needs. The exploration of issues in the lives of homeless women made it clear that this premise was as true for this more narrowly-defined group of homeless persons as it was for the homeless population-at-large. While homeless women may share certain features in common, they are also characterized by significant differences in lifestyle, in the kinds of problems they experience, and in their attitudes toward the service delivery system. This suggests very clearly the need for not one but many models of care for homeless women. The diversity in the lifestyle and characteristics of homeless women must be matched by a diversity in the programs designed to

serve them.

The potential role of generalists.

The difficulty of separating out the many interwoven problems and needs experienced by homeless women suggested to these researchers that while cross-training was crucial, well-trained generalists might be best suited for work with the homeless. Generalists, unfettered as they are by the blinders imposed by a specialty discipline, have no vested interests. They are thus operating from a vantage point which can allow them to see the needs and problems of homeless individuals in their entirety, and to allow clients to set their own priorities. Trained to an ethnographic understanding of homelessness, such practitioners could serve as pivotal front-line workers, linking their clients into services where desired and warranted, and serving as general advocates and culture brokers. Moreover, generalists could provide mental health care outside of the umbrella of the mental health system, thereby meeting the desire of many homeless women to avoid the stigma attached to the "mental patient" role. Models for the delivery of services through generalists have already been designed and implemented (for instance, the Midtown Manhattan Outreach Program). Such models should be more fully embraced, implemented, and evaluated.

The failure of Community Mental Health Centers to deal with the homeless mentally ill.

A theme which repeatedly surfaced in the accounts of those homeless women who suffered from mental illness was that community mental health centers were not, and had never been, a force in these women's lives. The few examples which existed of a community mental health center presence suggested that if anything, the impact of such agencies had been more negative than positive. The failure of the community mental health centers

to deal with the homeless mentally ill may have less to do with their refusal to take responsibility for this population than the fact that purely mental health-oriented modalities of service simply do not work for the homeless mentally ill. While more work is necessary to determine the extent to which each of these is the case, Federal and State agents need to pressure community mental health centers to assume some responsibility for the chronically mentally ill homeless and to begin exploring how they can play an effective role in meeting their needs.

The need to support those in professional schools who wish to pursue research on, or service delivery to, the homeless.

For any of a number of reasons--the relatively recent explosion of concern over the homeless, a general societal ambivalence over marginal populations, and others--there is precious little support within professional educational settings for individuals with an interest in pursuing work with homeless persons. Many researchers active in such settings had come across students, both in social welfare, the social sciences, and the health/mental health sciences, who would have naturally gravitated in this direction had opportunities for exploring the subject matter been available. The importance of asserting by word and deed that homelessness is an area worthy of involvement, whether on the level of research or practice, was stressed. The development of curricula for schools of nursing, social work, psychiatry, and medicine would go a long way toward validating homelessness as a relevant area of study, and could serve to draw potentially interested individuals into the field.

The need for efforts directed at identifying the locus of responsibility for homeless individuals.

In spite of many significant efforts on behalf of the homeless, their

multiple problems and the lack of any clearly defined agency or set of agencies mandated to meet their needs often condemns them to the fate of the gang members in West Side Story's "Officer Krupke"--that of being passed from one agency to the next because each sees the problem as falling within the domain of the other. One colloquium participant likened the service delivery system for the homeless to a pinball machine, with homeless individuals as pinballs which bounce, almost randomly, from one community agency to another. Researchers agreed that efforts to serve the homeless had to be coordinated and that responsibility for the homeless had to be more clearly located and institutionalized. Setting up a superagency mandated to either directly meet the broad spectrum of needs for the homeless or to do so indirectly by linking the homeless into other services was suggested as one way of achieving this goal.

Research Recommendations

Because the mandate of this colloquium was to arrive at recommendations to service providers and policy-makers, colloquium participants did not spend as much time as they otherwise would have on identifying issues in need of further research. Still, it was clear from the previous day's discussion that we lack the knowledge to make important decisions regarding the way in which services are best provided--knowledge which must come from empirical studies.

Documenting the Diversity of Shelter Arrangements

For example, the point was made that because so little research has been conducted on shelter settings, we continue to use one word--shelter--to refer to a multiplicity of extremely different domiciles, ranging from private homes which accommodate two women to warehouses accommodating hundreds of women in barracks-like conditions. Descriptions of the many different kinds

of shelter settings are needed before a vocabulary can emerge which allows us to specify with greater precision what we mean when we use the term "shelter".

Evaluating the Relative Efficacy of Different Shelter Models

Far more than documentation of the diversity of shelter arrangements is needed, however. Different shelter models must be examined closely in order to discover the general features which foster a more satisfying experience for homeless women--characteristics of settings, for instance, that create community while respecting privacy. Such examinations can provide the foundation for the development of model shelter programs which can then be disseminated more widely. The heterogeneity which characterizes the homeless women population, however, suggests that a single model program may not fit the needs of all women. Different models must thus also be examined with an eye toward obtaining an understanding of what works best for whom under which circumstances. Here, both experimental and ethnographic approaches should be used hand-in-hand.

Evaluating the Relative Efficacy of Service-Delivery Models

It is not only in the area of shelter programs that this kind of empirical knowledge is needed, though. There is precious little sense of what works best for whom on all levels of the service delivery system for both homeless women and homeless individuals in general. For instance, the field has yet to sort out its confusion regarding how best to sequence and integrate service resources (food, a place to live, entitlements, a job) and treatment resources (medication, therapy) for homeless individuals with chronic mental health problems. Empirical studies which provide insight into the differential outcomes associated with different intervention modalities would go a long way toward alleviating this confusion. Also mentioned in

this regard was the possibility of (1) empirically testing the effectiveness of systems of care for the homeless based on the provision of services by a generalist, as opposed to systems in which care is separated out between specialists, and (2) comparing the effectiveness of organized programs as opposed to empowering people directly with money and/or resources.

Evaluating Models for the Delivery of Services to the Homeless Mentally Ill

A related question in need of far more research is whether service resources for the homeless mentally ill are best provided by the mental health profession. At this point, systems of care are structured such that much of what the mentally disabled homeless need--housing, food, recreation--is the responsibility of the mental health system. Because the homeless mentally ill are typically seen as more deserving of help and support than other groups of homeless individuals, more money is available for them than for any other group--money which tends to be placed in the hands of mental health agencies. Virtually no empirical evidence is available with which to evaluate the appropriateness of this arrangement, though several issues raised by researchers suggest the importance of looking into this question more carefully. On an organizational level, it was clear that mental health agencies often lack experience with, and the structures for, providing subsistence services. It was also clear that structuring services in this way often meant that if an individual wanted access to housing, she had to go through the system as a patient--a problem for many people. Lastly, it was clear that because resources have primarily been directed toward the homeless mentally ill, individuals whose problems are primarily physical or substance abuse-related are being labeled as such by service providers so that they can secure desperately needed services for these clients. This, too, accounted for why such a large percentage of women in the programs for the chronically

mentally ill homeless in New York were found to have no diagnoses of mental illness. Far more research is necessary to determine how to provide services to the mentally ill homeless without creating these kinds of thorny problems.

Examining the Social and Economic Contexts of Homelessness

Finally, the need was expressed for attention on a broader level to the economic and social systems of inequality which generate homelessness. The tendency of those who pursue research in homelessness is to focus on characteristics of individuals, and to think only of change on an individual level. Previous discussion had highlighted the need to turn our attention to the characteristics of those who serve the homeless and the settings in which they are served. Even these are easier to change than societal conditions which foster inequality. Intransigent though they may be, such conditions must be understood if we are to fully appreciate the context in which homelessness takes place.

The Special Role of Ethnography

For colloquium participants, the value of ethnographic research, and the need for additional research of this sort, was evident in the substance of the previous day's discussions. As a result, they avoided the redundant exercise of reiterating the ways in which ethnographic research can further our understanding of homelessness. In a sense, these proceedings as a whole stand as statement of the need for more research of an ethnographic nature, including more ethnographic research on homeless women.

While a list of researchable issues which demand an ethnographic perspective was not compiled as part of this session, several important aspects of ethnography were highlighted:

Using Ethnography to Better Understand Gender-Related Issues

However complex the task of understanding homelessness and homeless people may be, the goal of understanding homeless women is that much greater. We are just beginning to understand the role of gender in society-at-large. We have hardly begun to understand gender-related issues as they affect special populations such as the homeless, the chronically mentally ill, and the group which represents their intersection. Our tendency is to desexualize these individuals. Instead of doing this, we need to seek more information on how they view their roles as women. We need to know how they want to live their lives as women, and the ways they manage to retain their sense of themselves as women in the face of their unique problems and the special circumstances in which they find themselves. In this regard, ethnography has a tremendously valuable contribution to make.

The Myth-Exploding Power of Ethnography

Also underscored was the myth-exploding power of ethnography. Through its emphasis on understanding behavior in context and from the point of view of the actor, ethnography provides the knowledge which allows us to question such concepts as isolation/disaffiliation and treatment resistance, and to instead direct our attention to such issues as the unique ways in which homeless women relate to one another and to others, or to the way in which providers and settings encourage responses which are then labeled "treatment-resistance". The contrasting viewpoints offered by these ethnographic studies remind us that what one discovers is at least in part a function of how one proceeds. Since issues such as treatment resistance have tremendous implications for social policy decisions and for service provision, it is that much more important that an ethnographic perspective--one which sometimes manages to call into question the findings of more traditional

research methods--be applied as well. A review piece commissioned by NIMH on the most appropriate methodologies for determining which services are acceptable to which segments of the population under which circumstances would highlight this even further.

The Ethnographic Relationship as a Model for Service-Client Interaction

It was also emphasized that there are lessons to be learned for service providers from the relationships which ethnographic researchers enjoy with their research participants, a fact which suggests that researchers must pay more attention to the dynamics of these relationships. By and large, researchers reported that their relationships with those they studied worked, even those who were defined as "difficult to reach". Why did they work? How were they sustained? The answers to these questions tap into concepts such as unconditional acceptance, wanting to learn from the person, and considering the person an expert on her own life. All of these are principles which, if integrated into the outlook of the service provider, can lead to more successful staff-client interaction.

Finding Lessons in the Change which Ethnographers Undergo

It is not only the relationship of researcher and research participant that holds lessons for others, however. In sharing their personal odysseys with one another, it became clear to these ethnographic researchers that they had each undergone experiences which had dramatically changed them. Their work with homeless women had allowed them to break through prevailing myths and stereotypes to reach very different kinds of understandings--to synthesize a view of homeless women which managed to be less condemning and less punishing. From this followed the realization of how critical it is to understand how this change came about, so that information can be communicated to others in a way which allows them to undergo a similar

transformation. Effective dissemination, an active role as providers of technical assistance to those involved in planning services, and the kind of advocacy which stems from educating the public to the individual consequences of social policy were stressed as tasks to which ethnographers are particularly well-suited by virtue of their special information.

The Need for Funding for Ethnographic Research

Finally, and inevitably, colloquium participants recommended that the National Institutes acknowledge the pivotal role that ethnography can play by funding such research. In doing so, they became the fifth panel of researchers convened by NIMH and NIAAA within the last three years to urge that both Institute policy and the composition of grant review committees be modified to reflect a commitment to ethnographic research. Ethnographic researchers have managed to make seminal contributions to the understanding of homelessness in America. Given a greater degree of support, their ability to untangle the intricate questions which remain, and our ability to more effectively meet the needs of homeless people, can only be enhanced.

REFERENCES

Bassuk, E.L., Rubin, L. and Lauriat, A. (1986) The characteristics of sheltered homeless families. American Journal of Public Health, 76, 1097-1101.

Baxter, E. and Hopper, K. (1981) Private Lives/Public Spaces: Homeless Adults on the Streets of New York City. New York: Community Service Society.

Baxter, E. and Hopper, K. (1982) The new mendicancy: Homeless in New York City. American Journal of Orthopsychiatry, 52, 393-408.

Crystal, S. and Goldstein, M. (1984) Correlates of Shelter Utilization: One Day Study. Human Resources Administration of the City of New York.

Dennis, D., Morrissey, J., Gounis, K., and Barrow, S. (1987a) Sheltering the homeless mentally ill. NYS Office of Mental Health Research Notes 2(4).

Dennis, D., Gounis, K., Morrisey, J. (1987b) Housing and homeless mentally ill. NYS Office of Mental Health Research Notes 2(5).

Estroff, S.E. (1981) Making It Crazy. Berkeley: University of California Press.

Farr, R.K., Koegel, P. and Burnam, M.A. (1986) A Study of Homelessness and Mental Illness in the Skid Row Area of Los Angeles. Los Angeles: Los Angeles County Department of Mental Health.

Geertz, C. (1973) Thick description: Toward an interpretive theory of culture. In The Interpretation of Cultures: Selected Essays by Clifford Geertz. New York: Basic Books.

Hopper, K. and Hamberg, J. (1984) The Making of America's Homeless: From Skid Row Poor to New Poor. New York: Community Service Society.

McChesney, K.Y. (1986) Families: The new homelessness. Family Professional, 1, 13-14.

Martin, M.A. (1982) Strategies of Adaptation: Coping Patterns of Urban Transient Females. Unpublished doctoral dissertation. Columbia University School of Social Work.

Merves, E. (1986) Conversations with Homeless Women: A Sociological Analysis. Unpublished doctoral dissertation. The Ohio State University.

Stark, L. (1985) Strangers in a strange land: The chronically mentally ill homeless. International Journal of Mental Health 14.

Stoner, M.R. (1983) The plight of homeless women. Social Service Review, 57, 565-581.

Strasser, J. (1978) Urban transient women. American Journal of Nursing, 78, 2076-2079.

Study and Investigator (s)	Organizational Affiliation/ Funding Source	Location	Duration	Sample Size	Settings	Data Collection Strategies
Participant-Observation with Homeless Women Elliot Liebow	None	Silver Spring, MD	11/1/84-5/1/86 18 months Ongoing on an informal basis	Some contact with 60-100 women. Intensive contact with 15-20. Very intensive contact with 6-10.	Shelters, day centers, streets, shopping malls, and other service settings in largely suburban area	An average of 20-25 hours of participant-observation per week. Ongoing encounters with homeless women, agency personnel, family members, and friends. Intensive life history interviews with two women.
Innovative Programs for the Mentally Ill Homeless Elmer L. Struening Sue Barrow Anne Lovell	New York Psychiatric Institute NIMH and Research Foundation for Mental Hygiene	New York, NY	1/84 - present Ongoing	Total sample size: 101 Eligible sample size: 30	Shelters, day centers drop-in centers, streets, and other settings, mostly in the inner-city	An average of 15 interviews with each participant in the context of ongoing participant-observation. Extensive life histories on 6 additional women. Approximately 20 interviews, ranging from 3-4 hours, with agency personnel regarding participants.
Strategies of Adaptation: Coping Patterns of Urban Transient Females Marsha A. Martin	Doctoral Dissertation Columbia University School of Social Work None	New York, NY	1/81 - 9/81 9 months	25 women	Shelters, day centers, and public congregating areas (Penn Station, Port Authority) in the inner-city	40 interviews, ranging in duration from 1 to 4 hours-an average of 1.6 per participant. Approximately 25 interviews with agency personnel and police officers. 200 hours of participant-observation.
Conversations with Homeless Women: A Sociological Analysis Esther S. Harves	Doctoral Dissertation, Ohio State University Campaign for Human Development and the Junior League, Columbus, OH; The Center for Women's Studies of the Ohio State University	Columbus, OH	6/85 to 1/86 8 months Ongoing on an informal basis	Total sample size: 15 Eligible sample size: 9	Shelters, day centers, and the streets of skid row and the general inner-city area	5-10 life history interview sessions per woman, in the context of ongoing participant observation. 26 interviews, averaging 1 1/2 hours, with non-homeless individuals-social workers, mental health workers, case managers, shelter operators, etc. 120 hours of participant-observation in a shelter for homeless single women.
Strangers in a Strange Land: The Chronically Mentally Ill Homeless Louisa Stark	Arizona State University None	Phoenix, AZ	1/82 - 9/85 45 months Ongoing on an informal basis	94 women	Shelters and streets of skid row and the inner-city area	Approximately 300 interviews with 65 of the women. Approximately 6 short life history interview sessions with each of 5 women. 100 interviews with approximately 20 agency personnel and friends of these women. 1000+ hours of participant-observation.
A Descriptive Study of Women Who Utilize an Hospice Off Skid Row in Philadelphia Judith A. Strasser	University of Maryland None	Philadelphia, PA	5/74 - 9/75 4 months and follow-up. Ongoing on an informal basis	34 women	Day center, streets, train stations, bus depots, parks, and libraries	Approximately 70 non-directive interviews with the women-an average of 2 per participant. Key informant interviews with agency personnel, traveler's aid personnel, street vendors, and family members. 360 hours of participant-observation over a six week period of time.

APPENDICES

HOMELESS AND HOMELESS MENTALLY ILL WOMEN:
AN ETHNOGRAPHIC RESEARCH COLLOQUIUM

A Workshop Sponsored by the National Institute of Mental Health
Division of Education and Service Systems Liaison
Program for the Homeless Mentally Ill
The Omni Shoreham Hotel, 2500 Calvert St. NW, Washington DC

PRESIDENTIAL BOARD ROOM
OCTOBER 30 - 31, 1986

AGENDA

Thursday, October 30

9:00 - 9:20 Introductions and Overview of Agenda

Natalie Reatig, Director
Protection and Advocacy Program, DESSL

9:20 - 9:30 Opening Remarks

Irene Shifren Levine, Associate Director,
DESSL

9:30 - 9:40 Remarks on Serving Special Populations

Delores Parron, Associate Director for
Special Populations, NIMH

9:40 - 10:00 What Do We Mean by the Term "Ethnographic Research"?

Paul Koegel, Assistant Research Anthropologist,
Department of Psychiatry, UCLA

10:00 - 10:45 SESSION 1. CHAIR: Judith Strasser, Assistant Professor, School of Nursing, University of MD

Round-Robin Descriptions of Ethnographic Studies by Participants

- o purpose of study
- o duration
- o sample
- o setting
- o strategies

10:45 - 11:00 COFFEE BREAK

11:00 - 12:30 SESSION 2. CHAIR: Sue Estroff, Assistant Professor, Department of Social and Administrative Medicine, University of NC

Group Discussion: Characterizing the Population

- o demographics
- o antecedents and course of homelessness
- o day-to-day lifestyles
- o social support networks

12:30 - 2:00 LUNCH

2:00 - 3:30 SESSION 3. CHAIR: Anne Lovell, Research Fellow, Institut National de la Sante et de la Recherche Medicale Villejuif Cedex, France

Group Discussion: Health and Mental Health Issues

- o informant/observer perceptions of health/mental health
- o informant/observer perceptions of drug and alcohol use and abuse
- o impact of homelessness on self-concept and psychological well-being
- o bizarre behavior as protective strategy: myth, reality or both?
- o do styles of adaptive behavior differ between mentally ill and non-mentally ill women?

3:30 - 3:45 BREAK

3:45 - 5:00 SESSION 4. CHAIR: Marsha Martin, Hunter College School of Social Work, New York, NY

Group Discussion: Interactions with Service System and Providers

- o who uses shelters and services?
- o which ones, when, why?

5:00 ADJOURN FOR THE DAY

6:00 GROUP DINNER: THE OMEGA RESTAURANT
1856 Columbia Road, NW

Friday, October 31

9:00 - 9:10 Opening Remarks
Natalie Reatig, NIMH

9:10 - 9:45 Methodologic Problems and Ethical Issues in Ethnographic Research with the Homeless: Special Issues Relevant to Homeless and Homeless Mentally Ill Women.

George McCall, Department of Sociology, University of Missouri-St. Louis, MO.

Gary Morse, Four County Mental Health Services Inc., O'Fallon, MO.

9:45 - 10:00 BREAK

10:00 - 11:45 SESSION 5. CHAIR: Louisa Stark, Adjunct Professor Department of Anthropology, Arizona State University, Tempe, AZ

Group Discussion: Workshop Conclusions

- o basic principles of service delivery
- o specific recommendations for services/programs

11:45 - 12:00 Final Remarks and Future Plans

Paul Koegel, UCLA
Irene Shifren Levine, NIMH
Natalie Reatig, NIMH

12:00 ADJOURN

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