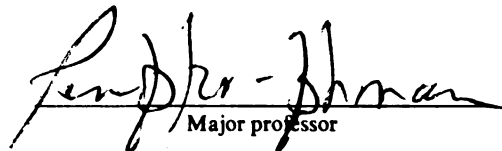This is to certify that the

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WHEN THE SHOE FITS:
HUMAN DIGNITY DENIAL AND RECOGNITION
IN A SHELTER FOR HOMELESS FAMILIES

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WHEN THE SHOE FITS:
HUMAN DIGNITY DENIAL AND RECOGNITION
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By

Elaine Shpungin

A DISSERTATION

Submitted to
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ABSTRACT

WHEN THE SHOE FITS:
HUMAN DIGNITY DENIAL AND RECOGNITION
IN A SHELTER FOR HOMELESS FAMILIES

By

Elaine Shpungin

Research on homeless families has examined individual family characteristics and evaluated the efficacy of specific programs and services for families. However, little research has examined the effects of how these services are delivered to families, despite evidence from the service delivery field that suggests that service delivery philosophies and models have a significant impact on clients. The current study addressed this gap in the literature by examining the denial and recognition of the human dignity (inherent self-worth) of families within a homeless shelter using a phenomenological, grounded theory methodology. Participant observations and qualitative interviews with 17 homeless mothers and 14 service providers in a homeless shelter were utilized to answer the following research questions: (a) what experiences constitute human dignity denial and recognition according to homeless mothers and staff?; and (b) what is the process that leads service providers in a homeless family shelter to deny and recognize client human dignity? Data revealed that (a) clients and staff provided remarkably similar definitions of experiences that would constitute the recognition of client human dignity (i.e., respectful and non-degrading treatment and recognition of human individuality); (b) both clients and staff believed that recognizing client human dignity was as important as providing clients with resources, because recognition of human dignity increases client motivation to

search for housing and employment and improves client self-esteem; (c) the extent to which client human dignity is recognized or denied within the shelter depends on an ecological interaction of multi-level variables, including environmental factors, organizational structure, and the goodness of fit between families and the shelter system; and (d) the overall family experience in the shelter (positive vs. negative) is directly affected by this multi-level interaction.

To my grandpa Lazar and grandma Fanny - whose consistent support and love have shone

for me my whole life.

ACKNOWLEDGMENTS

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INTRODUCTION

> Everyone has the right to a standard of living adequate for the health and well-being of him- [or herself] and of his [or her] family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment ...or other lack of livelihood in circumstances beyond his [or her] control.
>
>> - Article 25 of The Universal Declaration of Human Rights (Adopted by the General Assembly of the United Nations on December 10, 1948)

Upon a backdrop of relatively high levels of world stability, wealth, and peace, large numbers of the world's population, many of whom are women and children, continue to live in abject poverty (The World Bank Group, 2000). This unfortunate truth is no less present within the United States, despite its standing as one of the wealthiest nations in the world, and the unprecedented economic boom it has experienced towards the turn of the century (U.S. Census Bureau, 1999). In fact, few experiences highlight the contrast of wealth and poverty within the United States more sharply than the growing crisis, within the last two decades, of family homelessness.

The Crisis of Family Homelessness in the U.S.

Homelessness among U.S. families is now recognized as a serious problem of unprecedented dimensions (U.S. Conference of Mayors, 2001; U.S. Department of Housing and Urban Development, 1999). Estimates in the late 1980s indicated that between 20,000 and 35,000 families experienced homelessness yearly, with family requests of nightly emergency shelter in many major cities increasing by five times compared to previous decades (Rossi, 1994). In the 1990s, U.S. cities across the nation reported consistent increases in family requests for emergency shelters, which they

expected to continue into the 21st century (U.S. Conference of Mayors, 2001).

Current Research on Family Homelessness: What We Know

As will be briefly described below, researchers have responded to this crisis by conducting studies which have helped us learn about the characteristics of homeless families (e.g., family makeup, family histories, mental health consequences of homelessness) and the benefits and limitations of certain kinds of services utilized by homeless families (e.g., counseling vs. subsidized housing vouchers). However, as will also be described below, research has not examined the complex interactions between families and the service delivery system they encounter, or the impact these interactions may have on families.

Homeless family characteristics. One body of research on homeless families, which encompasses some of the earliest studies on family homelessness (e.g., Bassuk, Rubin, & Lauriat, 1986), has focused on documenting family characteristics and the effects and correlates of family homelessness on women and children. This research has shown that the majority of families that are homeless are composed of a young mother with one or two small children (U.S. Department of Housing and Urban Development, 1994), struggling with the double burdens of parenting and economic hardship. Findings from this body of research have also shown that families can be clustered into different groups according to their pathways into homelessness (Weitzman, Knickman, & Shinn, 1990) and current levels of functioning (Danseco & Holden, 1998).

These studies have also found that, as may be expected, the experience of being homeless is detrimental to the health and well-being of both the women and their

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children. Children living in homeless shelters have significantly more adjustment difficulties in all arenas, including developmental difficulties, health problems, poor academic adjustment, and emotional and behavioral difficulties (Buckner, Bassuk, Weinreb, & Brooks, 1999; Graham-Bermann, Coupet, Egler, Mattis, & Banyard,1996; Masten, Miliotis, Graham-Bermann, Ramirez, & Neeman, 1993; Molnar, Rath, & Klein, 1990; Rescorla, Parker, & Stolley, 1991). Women staying at shelters with their children also experience high levels of psychological distress, including depression and anxiety (Ingram, Corning, & Schmidt, 1996; Menke & Wagner, 1997; Vostanis, Cummella, Briscoe, & Oyebode, 1996), as well as stressors associated with parenting under shelter rules (Hausman & Hammen, 1993).

Substantial evidence also exists to suggest that mothers who are homeless have significantly fewer social supports (e.g., people they can count on for assistance) than comparable samples of housed women with low incomes (e.g., Bassuk, Rubin, & Lauriat, 1986; Bassuk et al., 1997; Letiecq, Anderson, & Koblinsky, 1996; Letiecq, Anderson, & Koblinsky, 1998; Shinn, Knickman, & Weitzman, 1991; Wood, Valdez, Hayashi, & Shen, 1990). In addition, the extreme poverty and lack of resources of women and children without homes place them at an elevated risk for a variety of physical health problems (Aday, 1993; Bassuk, 1993; Burg, 1994). Clearly, families who find themselves without a home experience multiple stressors, including academic and developmental difficulties for the children, parenting and social support concerns for the mothers, and emotional and health problems for both.

Services and programs for homeless families. Another body of literature has

focused on the study of services and programs designed to assist homeless families in becoming re-housed and preventing future homelessness. These studies have examined mental health services (e.g., counseling, substance abuse programs), educational and skill building programs (e.g., job training, parenting classes, budgeting skills), short-term emergency shelters, transitional housing facilities (i.e., facilities where homeless families live together for many months while receiving services or assistance), and "systemic" factors (e.g., government policies regarding poor single mothers, availability of affordable housing, availability of living-wage jobs for less educated individuals). The studies have found that exits from homeless shelters are often impermanent and that many families "cycle" back into homelessness (Metraux & Culhane, 1999; Shinn, Knickman, Ward, Petrovic, & Muth, 1990). This body of research has also shown the importance of housing subsidies in preventing future family homelessness (e.g., McChesney, 1990; Stretch & Kreuger, 1992; Rog et. al,1997; Zlotnick, Robertson, & Lahiff, 1999; Stojanovic, Weitzman, Shinn, Labay, & Williams, 1999), while suggesting that case management and intensive counseling services are less effective at helping families (Bogard, McConnel, Gerstel & Schwartz; Fogel, 1997; Rog, Holupka, & McCombs-Thornton, 1995) or do not offer sustainable gains (Phillips, DeChillo, Kronenfeld, & Middleton-Jeter, 1988). To summarize, the current research has contributed much to our understanding of homeless family characteristics and the effectiveness of certain kinds of services to homeless families. However, this research has also neglected some areas of inquiry, as will be discussed below.

Future Directions for Research on Family Homelessness: What We Need to Know

Despite providing us with important insight into family homelessness, current research offers little insight into the way different families perceive their interaction with the vast service provision system established to help them, or the way families are affected by certain types of service provision philosophies or models. That is, while 96% of all homeless families utilize shelter services (Rossi, 1994), almost no research has examined the impact of how shelter services are offered to families, or of the way families interact with service delivery personnel. However, a small body of recent studies suggests that the way families are treated (or the way services are offered to families) is just as important, if not more important, than the kinds of services they receive. These studies have examined the treatment of homeless persons and families from the perspective of human dignity, arguing that the extent to which the human dignity of homeless individuals and families is recognized by others affects their psychological well being and their ability to persist in the face of multiple barriers, as will be briefly described below.

Recognition and Denial of Human Dignity in Homeless Populations

Human dignity is defined as the inherent human worth of all people, regardless of their specific characteristics, behaviors, or feelings about themselves (Gewirth, 1992). While examining the experiences of homeless families in Los Angeles, Seltser and Miller (1993) found that human dignity was a particularly salient theme which connected the struggles, goals, successes, and experiences of these families as they journeyed through the service provision system. That is, the authors found that the service delivery system with which the families interacted often denied their human dignity (or their inherent

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human worth) by treating them in degrading ways, offering them little choice over their lives, and regarding them as a unified mass, rather than as unique individuals. Seltser and Miller argued that this kind of treatment was detrimental to the self-esteem and mental health of families, and counterproductive to the service outcomes which the system was trying to help families achieve (re-housing, viable employment, and independence).

Later, Miller and Keys (2001) followed up on Seltser and Miller's research with a study of single homeless adults (without dependant children) in Chicago, which examined the way their human dignity was denied and recognized by the service delivery system, and the impact these experiences had on the participants. This study supported Seltser and Miller's argument that it was important to homeless individuals to have their human dignity recognized, and that experiences which recognized client human dignity increased their motivation to search for housing. While highlighting the importance of a service delivery system which honors the human dignity of clients, this studies left several important areas unexamined, as will be described below.

Family and staff perceptions of human dignity denial/recognition. First, neither of these studies examined family perceptions regarding the types of experiences which constitute the denial and recognition of human dignity for families. Similarly, neither study examined the extent to which families believe their human dignity is denied/recognized in the service delivery system, or the potential importance of human dignity denial/recognition to families. That is, Seltser and Miller's conclusion about the importance of human dignity to families was based on post-hoc analyses of family narratives of their homeless experiences. However, families in their study were not

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explicitly asked about their experiences of human dignity denial or recognition in the system. While Seltser and Miller used their expertise as scholars and ethicists to illuminate the family narratives, theories about disenfranchised populations (e.g., low income single women) which do not include direct input from these individuals themselves, may be subject to researcher bias, which often reflects a white, educated, "academic" worldview (e.g., Reid, 1993).

Thus, it is important to combine the observations and opinions of academics with the subjective voices of the individuals themselves, as was done in the Miller and Keys (2001) study. However, while these studies did explicitly ask participants their subjective opinions about human dignity denial and recognition, they did not include any families (adults with dependant children). Although this research showed that human dignity denial and recognition was an important concept to homeless individuals, as pointed out by Miller and Keys (2001), this research cannot be generalized to families, as there are significant differences between the issues and histories of single homeless adults and those with children (see previous literature review). Thus, our understanding of both the service delivery system to homeless families, and of homeless families themselves, can be greatly advanced by examining human dignity denial and recognition from the perspective of families.

In addition, neither the studies described above, nor other studies of homeless shelter settings (e.g., Fogel, 1997), have examined the perceptions of service delivery personnel regarding the recognition/denial of client human dignity. That is, while recommendations have been made for "homeless policies and programs [that] aim to

increase the stability, integrity, and dignity of the homeless family" (Anderson &

Koblinsky, 1995, p.17), no one has examined the perceptions of those who would deliver

these programs (i.e., shelter providers). Thus, examining provider perceptions of this

construct could help guide shelter policies towards the creation of environments which

support the human dignity of families. In addition, such information could provide

insight into factors which may affect the well-being of families who are homeless (e.g.,

the extent to which families are understood by providers) and further our knowledge of

human dignity. This is particularly important to examine because families and providers

have been shown to have divergent beliefs about other aspects of homelessness (e.g.,

factors that help families exit homelessness) (e.g., Lindsey, 1996; Lindsey, 1998). Thus,

the current study's explicit examination of both family and staff perceptions of

experiences constituting the recognition and denial of client human dignity has helped

illuminate factors which affect staff treatment of clients, and has furthered our

understanding of how these services may be improved.

     The process of human dignity denial/recognition. In addition to having no

research on family and staff perceptions of experiences which constitute dignity denial

and recognition for families, no studies have examined the process (i.e., the how and

why) that may lead service delivery personnel or service delivery systems to recognize or

deny client human dignity. This examination has particular implications for improving

services to homeless families, as knowledge about the process can help service delivery

settings to modify those practices (or variables) which lead to client dignity denial. The

current study utilized ecological theory in order to address this limitation in the literature.

That is, the data was collected with the assumption that human behavior is a result of an interaction between individuals and their environments, not simply an interaction of "intrapsychic" elements (Levine & Perkins, 1997). Thus, the denial and recognition of client human dignity was understood to be influenced not only by the individual characteristics of the clients and staff, but by organizational factors, situational barriers or supports, and the degree of "fit" between the organization, its surrounding environment, and the individuals involved in the organization (i.e., clients and staff). This concept, known as Person-Environment Fit (P-E Fit) refers to the "match" between an individual's characteristics and the characteristics of the environment (Lewin, 1951). The P-E Fit concept postulates that differential outcomes result from different levels of "match" between people and environments. For instance, an overwhelmed parent living in an understaffed shelter would lead to different outcomes than the same parent living in an environment rich with resources and assistance. Thus, although the study addressed previously unexamined questions, the interview protocol and analyses were guided by the understanding that both environmental and individual factors would be involved in the process of denial or recognition of client human dignity.

To summarize, while providing much important information about family homelessness in the last fifteen years, few studies have examined the interaction between families and the service delivery system, or how treatment of clients within the system affects them. At the same time, the studies that have begun this examination, using the framework of human dignity recognition and denial, have not examined these experiences from the perspective of families or service providers and have not examined the process

that may lead to human dignity denial/recognition in shelters.

The Current Study

The purpose of this study was to address the current limitations in the literature and to expand our knowledge about the experience of human dignity recognition and denial for homeless families receiving services. Specifically, the study examined (a) client and staff perceptions of experiences which constitute the denial and recognition of family human dignity in a homeless shelter; and (b) the process by which the denial and recognition of client human dignity may occur in a shelter setting.

In the following chapter, the concept of human dignity recognition and denial will be more fully explored, an example will be provided of services delivered within a human dignity framework, and literature relevant to human dignity and homelessness will be reviewed in more detail. However, because the study of human dignity is relatively new to the social sciences (i.e., it is more commonly discussed by philosophers and ethicists), there is little published research describing this concept from a psychological perspective. Thus, the following discussion will include literature from other areas of psychological study (e.g., poverty, racism) which are related to the key components of human dignity denial and recognition.

HUMAN DIGNITY DENIAL AND RECOGNITION IN THE LITERATURE

> Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world.
>
> - Preamble of The Universal Declaration of Human Rights (Adopted by the General Assembly of the United Nations on December 10, 1948)

Human Dignity Defined

Human dignity, as defined by Immanuel Kant (1798), is the intrinsic human worth of all individuals (Gewirth, 1992). This essential inner worth is neither "earned" nor "deserved," but belongs equally to all people, regardless of their ethnic or racial background, economic status, sex, age, political orientation, national origin or other individual characteristics. Thus, "human dignity is the worth of a person who is worth being for his own sake, regardless of his usefulness for another" (Spiegelberg, 1970, p.59).

Human Dignity Denial and Recognition

The concept of human dignity, as described above, is recognized universally, and has served as the foundation for numerous international treatises and policies that describe human rights and the minimum level of treatment which apply to all human beings (e.g., the Universal Declaration of Human Rights, United Nations, 1948). The purpose of these treaties is to ensure that the human dignity of individuals is protected by governments and bodies of law around the world. This is because, while human dignity cannot be altered (i.e., diminished or enhanced), assaults upon the human dignity of individuals are quite possible, through violations of the three main components or

conditions to human dignity: respect, autonomy, and individuality (e.g., Klein, 1997; Schacter, 1983; Spiegelberg, 1970), which are described below.

Respectful treatment. The first, and most critical, component of human dignity recognition is its demand of an unconditional "personal respect" towards all human beings based simply on their humanity (Spiegelberg, 1970). As described by Kant (1798), an individual "...possesses a dignity (an absolute inner worth) whereby he exacts the respect of all other rational beings in the world, can measure himself against each member of his species, and can esteem himself on a footing of equality with them" (Spiegelberg, 1970, p.49). Spiegelberg, in a brief analyses of the commonalities of actions that are considered to be "incompatible" with human dignity (e.g., torture, impersonal treatment, racial segregation) concludes that they all constitute "affronts" to human dignity through "...attempts to break down the personalities of individuals and deprive them not only of the respect of others but of self-respect" (Spielberg, 1970, p.60).

One of the first, and most obvious ways, in which respect is conveyed to others is through the use of language (Schacter 1983; Seltzer & Miller, 1993). In general, language that implies the "lower worth" of another (e.g., calling a mother who is homeless "lazy", using verbal insults) connotes disrespect and is considered to be an affront to human dignity, whereas language that denotes the equal worth of another (e.g., calling a mother who is homeless by her title and last name, using polite terms such as "please") is considered to be respectful and supportive of human dignity. This is supported by preliminary research with single adults who are homeless, who reported that "[being] treated like a child or an animal, [being] yelled at with insults or stereotypes, and

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[being] ignored or avoided by other people" was a denial of their human dignity, and was related to negative psychological symptoms, such as depression and anger (Miller & Keys, 2001, p. 344). Another way in which respect towards individuals may be expressed is through the interpersonal actions of others. This category encompasses a wide variety of events which can express to people who are homeless that their human worth has been recognized (e.g., being listened to, being given nutritious meals and comfortable shoes, being invited to a show or community event) or that they are not as worthy as others (e.g., being ignored and avoided, being given spoiled or badly cooked food, being physically assaulted, being excluded from community events) (Lankenau, 1999; Phelan, Link, Moore, & Stueve, 1997; Snow & Anderson, 1987). Again, single adults who were currently and formerly homeless, discussed how respectful treatment was supportive of their human dignity, and related to positive psychological consequences (e.g., increased motivation to search for housing and/or employment and help others, increased feelings of self-esteem and happiness) while disrespectful treatment was an assault on their dignity and was related to negative psychological consequences (e.g., depression, anger) (Miller & Keys, 2001).

Unfortunately, the condition of homelessness itself has been shown to elicit the disrespect of others and, thereby, challenge the self-respect of individuals who are homeless. For instance, research has found that people's attitudes are more negative and stigmatizing in nature towards a person they believe is homeless than towards one they believe is poor but domiciled (Phelan, Link, Moore, & Stueve, 1997; Snow & Anderson, 1987). Similarly, public attitudes as seen in images, descriptions, and commentary in

mass market weekly magazines (e.g., Time, Newsweek) are highly stigmatizing of individual and family homelessness (Austin, 1992). These negative attitudes are then translated into rudeness, and sometimes abuse, of persons who are visibly homeless (e.g., living or asking for money in the streets), causing them to feel both disrespected and ashamed. For instance, Lankenau (1999) in an ethnographic study of panhandlers, reported the humiliation experienced by these individuals when they are ignored or harassed by passersby: "Well, sometimes people just walk past you like you're nobody, like you're a piece of garbage. And they don't look at you... And they make us feel really bad. They call us all kinds of things" (p.293). Similarly, women in a qualitative study of homelessness described feeling humiliation, shame, and loss of self-confidence, as a result of other people's negative reactions to their homeless status (Menke & Wagner, 1997).

Literature discussing issues within the lives of persons who are poor and marginalized also notes the prevalence of disrespect towards these individuals.

> Increased worldwide disrespect for the poor harms them and decreases their well-being, and public policies and attitudes that enhance respect for those who are poor. Though economic resources are central for poor people, economic sustenance is not; rather, its provision depends to a major extent on attitudes about the poor. Respect is increasingly an economic and political commodity, affecting access to resources and a sense of well-being among the poor. Poor people are often marginalized and rejected, and treated disrespectfully as unworthy persons (Miller, 1994).

What is notable about this literature is that, similarly to some discussions of dignity within the lives of individuals who are homeless (e.g., Snow & Anderson, 1987), respect and dignity is seen as being equally important to economic resources in the lives of

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individuals living in poverty (Stockdale & Clippinger, 1973).

Provision of autonomy. Another component of dignity recognition that has been

discussed by Kant and numerous other scholars is the provision to others of autonomy or

self-determination (e.g., Schacter, 1983; Seltser & Miller, 1993). Thus, in addition to

being "worthy of personal respect," the concept of human dignity also demands that

"...human beings [are given] a sphere of choice, a sphere of action over which they have

some control and discretion" (Seltser & Miller, 1993, p.84).

Autonomy and empowerment (i.e., the "process of gaining influence over events

and outcomes of importance to an individual," Fawcett et al., 1994, p.471) are

particularly relevant to families who are homeless, because of the lack of control

generally perceived by individuals in shelter settings (Milburn & D'Ercole, 1991) and the

lack of choice that is often available to them (Farge, 1989). In addition, the uncertainty

and lack of control that are inherent to being homeless also makes choice and self-

determination particularly important to these families (Seltser & Miller, 1993). Ridgway,

Simpson, and Friedner (1994) discuss the outcomes of having individuals who are

homeless participate in the decision-making process around the services they receive,

which in turn, results in personal empowerment. These outcomes include "...the recovery

of a sense of self-identity, self-esteem, and sense of security and privacy, improved social

status ... and recovered personal efficacy and competence ..." (p.412). Such outcomes

were demonstrated by a project in Santa Monica, California, where individuals who were

homeless were given the opportunity to have input into the community response to

homelessness (Toro & Warren, 1999). By utilizing computer monitors in public areas

such as libraries, these individuals were able to advocate for changes in the community (e.g., access to shower facilities) which resulted in positive outcomes in their lives (e.g., increased employment). Thus, having control and choice in the allocation of resources in their community led to improvements which were important to these individuals. Similarly, single adults who were formerly and currently homeless reported that institutional policies which encouraged their autonomy and freedom (e.g., settings which provided money vouchers vs. pre-chosen goods, encouraged active participation by guests, and did not have visitor limitations or curfews) felt supportive of their human dignity.

In contrast, a lack of control over one's circumstances has been associated with depression and hopelessness, and is negatively correlated to motivation and psychological health (Seligman, 1991). For instance, environments which "paternalize" individuals, treating them as though they were incompetent or unable to make sound decisions, actually lead to poorer performance (e.g., Rosenthal & Jacobson, 1968). Such environments are also considered to be demeaning and degrading to the human spirit: "To manipulate men, to propel them toward goals which you -- the social reformer -- see, but they may not, is to deny their human essence, to treat them as objects without wills of their own, and therefore to degrade them" (Berlin, 1969 - page#). This idea is also supported by the previously described research with single adults who were currently and formerly homeless, who reported that seemingly unfair, unreasonable and arbitrary shelter rules, which limited their personal autonomy (e.g., only two sheets of toilet paper per bathroom visit), negatively impacted their sense of human dignity (Miller & Keys,

2001) and led to feelings of anger, sadness, and lowered self-esteem.

The theme of autonomy and empowerment is also seen in research with other individuals around the world who live in impoverished conditions, similar to those experienced by persons who are homeless. This research recognizes that the cornerstone of healthy, successful communities is the promotion of equal and respectful treatment and the enhancement of opportunities for autonomous decision making in every day life, for all their members (Howard, 1995). For instance, recommendations for policies to alleviate poverty include those that encourage and support self-reliance, equity, participation, and human dignity (Kothari, 1980). Such policies and programs encourage autonomy and community building by focusing on community mobilization, microcredit and credit unions and educational opportunities for people who are poor (e.g., Rimmer, 1997; Counts, 1996). What is important about these recommendations is not the exact details of the interventions themselves, but their underlying message that people who are poor can be trusted (e.g., with loans), are smart, motivated, and strong (e.g., they can articulate their own needs through unions), and are interested in bettering their lives (e.g., through education). Thus, these programs go beyond the purely economic and psychosocial needs of individuals, utilizing a human dignity framework:

> A new generation of poverty programmes focus on building community organizations to directly articulate people's needs and priorities - rather than concentrating on income-generating activities alone. Some of their greatest successes have been in mobilizing and organizing poor women ... [and] one of their greatest accomplishments [has been] to increase people's access to knowledge, skills and technology - often the biggest priority cited by community members (United Nations Poverty Development Report, 2000).

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Recognition of human individuality. The third component of human dignity

recognition that has been discussed by scholars is the recognition of human individuality

(e.g., Klein, 1997; Spiegelberg, 1970). That is, a recognition of human dignity also

demands the acknowledgment that people are unique and individual, and therefore,

possess different characteristics, histories, desires, needs, strengths, and limitations

(Seltser & Miller, 1993). Thus, behaviors and environments that deny the individuality of

people are those that imply that a certain group of people are all identical in a particular

way (e.g., they are all lazy) or that they are "less human" than others (e.g., they have no

feelings) based on a distinguishing characteristic these individuals have in common (e.g.,

sex, age, economic status, religion, ethnic background, etc.).

The negative psychological effect of actions and attitudes, which violate people's

human dignity by denying their individuality are well known. Racism, for instance, is an

excellent example of the denial of human dignity in this way, because racist attitudes and

actions (e.g., discrimination) are based on the underlying belief that some people are

inferior to others simply due to their membership in a socially constructed "group" (e.g.,

based on certain physical characteristics) (Jaret, 1995). That is, racist acts deny the

individuality of others, because they are based upon assumptions about the characteristics

of people due to their membership in a particular group, rather than on their unique

individual attributions. The unfortunate and long history of racism in the United States,

and around the world (Jaret, 1995), has given social scientists ample opportunities to

observe and study its effects on the targets of racist attitudes and behaviors. One of the

effects of experiencing racism is stress, which has been associated with heart disease

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(Adler et al., 1994), hypertension, and other health difficulties (Hislop, 1991; Seyle, 1982). For instance, racist comments can significantly raise the blood pressure of the individuals at whom they are directed (McNeilly, et al., 1996). Moreover, a comprehensive model of the effects of racism has shown ways in which it leads to depression, negatively affects self-esteem, and increases learned helplessness (the belief that one is not capable of changing one's circumstances) (Fernando, 1984). Because the underlying commonality of racist actions and attitudes is their attack on human dignity through the denial of the individuality and humanity of others, these findings strongly suggest that violations of one's dignity can result in negative psychological consequences such as depression, lowered self-esteem, and feelings of disempowerment. This suggests that treating all families that are homeless as a mass with similar characteristics and needs denies their unique human individuality and neglects the specific needs and contexts of each family. Preliminary findings on the dignity of single individuals who are homeless suggest that they, at times, also experience similar affronts to their individuality. For instance, Miller and Keys (2001) reported that single men and women who were currently and previously homeless "...discussed dehumanizing events as the most common type of interpersonal interaction that undermined their dignity" (p.14). Such interactions included being "treated like a number or having no individual identity in a group"(p.14) and had important implications for the psychological well-being of the individuals in the study. That is, as previously described, the men and women reported that violations of their dignity were related to feelings of anger, worthlessness, and depression. Conversely, having their individual identities recognized (i.e., "... being treated like an individual

human being, person, or adult") enhanced their sense of personal self-worth, and

contributed to their psychological well-being (e.g., increased self-esteem, increased

feelings of happiness, increased motivation to help others and improve their lives) (Miller

& Keys, 2001).

The importance of attending to individual needs and priorities of different families

is also illustrated by research describing their heterogeneity. Even a casual glance at the

literature reveals that families that are homeless do not represent a homogenous

subsample, but rather, unique constellations that are made up of different life experiences,

struggles and strengths (Anderson & Koblinsky, 1995). For instance, in a national study

of almost 1300 families that were homeless, the researchers noted the significant

variation in demographics and characteristics that were found across families (e.g.,

racial/ethnic backgrounds, marital status, residential stability, educational levels of

mothers) (Rog, McCombs-Thornton, Gilbert-Mongelli, Brito, & Holupka, 1995). Other

studies have also found that despite their similarities, families experience different

struggles, and are dealing with different issues at the time of their homelessness,

including mental health problems and substance abuse, partner violence, and the trauma

of disruptive childhoods (e.g., Bassuk & Rosenberg, 1988; Bassuk et al., 1997; Burt &

Cohen, 1989; Mills & Otta, 1989; Vostanis, Cumella, Briscoe, & Oyebode, 1996; Wood,

Burciaga, Hayashi, & Shen, 1990). Research has also shown that mothers who are

homeless possess a variety of skills and strengths that further increase their heterogeneity

(e.g., ability to access supports, parental competencies, confidence and determination,

problem solving, motivation, and faith) (Banyard, 1995; Banyard & Graham-Bermann,

1995; Hodnicki & Horner, 1993; Lindsey, 1996; Thrasher & Mowbray, 1995).

Despite these differences, even researchers who discuss the importance of individualizing assistance to families often cluster them by "type," recommending different interventions for different *kinds* of families, rather than emphasizing the importance of treating each family, and each family member, as unique. For instance, Weitzman, Knickman, and Shinn (1990) argue that the three pathways to homelessness taken by families in their study require different prevention and intervention efforts by policymakers and service providers. For the 43% of low-income families that had recently lost their permanent and stable housing to a crisis (e.g., loss of employment, eviction), the authors recommended immediate reconnection with stable and affordable housing, rather than a plethora of social programs aimed at improving the family's functioning. For the second group of families (13% of total), who experienced a long downward spiral of instability following a loss of housing, the authors suggested that both social services (e.g., counseling), and housing supports may be necessary. Finally, the authors believed that for the remaining 43% of families in their study, which were most likely to be long-time welfare dependants who have never enjoyed a stable, permanent home, transition services such as job skills and day care, along with housing assistance, would be most beneficial. Similarly, a study examining the characteristics of 180 families that were homeless, found that families clustered into three distinct groups, which the authors called "resilient," "getting by," and "at risk" (Danseco & Holden, 1998). "Resilient" families, making up 29% of the total sample, had the smallest number of single parents, experienced significantly lower amounts of parenting and life stress,

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and were somewhat less likely to be receiving welfare benefits (i.e., food stamps, AFDC [Aid for Dependant Children], WIC [Women, Infants, and Children program], SSI [Social Security Income]). The "getting by" families, making up the majority of the group (54%) were significantly less likely to have a history of homelessness and had fewer single parent households than the "at risk" families, although more than the "resilient ones." Similar to the "resilient" group, the adults in these families also experienced relatively low levels of parenting and life stress. Finally, the "at risk" group, making up 17% of the families, contained the highest number of single-parent households, were significantly more likely to experience parenting and life stress than the other families, and had adults who reported more physical and mental health problems than those in the other families. Similarly to Weitzman et al. (1990), the authors suggest focusing social services such as counseling on the "at risk" families, while providing less intensive support to the "resilient" families.

However, despite the fact that some of the families in these studies fit together thematically based on their histories or characteristics, these sub-categorizations of families still overshadow the unique qualities and needs of each family, denying this important aspect of their human dignity. In addition, simply assuming that certain families would benefit more from social services than others implies that their homelessness is due to personal inadequacies and ignores the complex interaction of structural inequalities, personal tragedies, and life decisions that lie behind every family's pathway to homelessness (Seltser & Miller, 1993).

Moreover, research, policies, and service interventions that are based on

similarities in the characteristics of families that are homeless neglect to attend to the

multiple contextual variables that are present in any interaction of a person and his/her

environment. This ecological concept, known as "person-environment fit," refers to the

way in which individual-level outcomes result from an interaction between a person and

his or her environmental context (Lewin, 1951; Murray, 1938; Pervin, 1989). Thus, even

families with the same characteristics are understood to have different outcomes

depending on the characteristics of their environment (e.g., shelter, community), while

similar environments may have very different impacts on families that are dissimilar

(Toro, Trickett, Wall, & Salem, 1991). This concept is supported by a qualitative study

of a transitional homeless shelter, which found that women who did not seem to "fit in,"

or had difficulty with the many rules and restrictions of the program, were less likely to

receive an adequate level of support from the staff or other residents and were sometimes

asked to leave the program before they could find housing (Fogel, 1997). Thus, women

with styles of interacting that differed from the styles preferred by the staff, were less

likely to find a safe, permanent housing situation and were more likely to exit the shelter

into an unsatisfactory housing situation or into the street. In contrast, women who could

follow the house rules and utilize the social and advocacy supports offered in the shelter,

increased their chances of exiting into safe, stable housing. This body of literature,

therefore, suggests that the individuality (and thus dignity) of families that are homeless is

affronted when a) others assume that families share the same characteristics based on

their common experience of homelessness; b) providers and policymakers assume that

families have the same types of needs, resulting in services that are not individualized;

and c) families with unique needs or backgrounds are blamed or "punished" for not "fitting into" a system or shelter setting. The following example illustrates how these factors can be potentially taken into consideration in order to provide homeless family services which do not deny the human dignity of families.

Services With a Dignity Framework: an Example

One example of how the human dignity of families can be recognized through an acknowledgment of their uniqueness and an emphasis on personal control and respect is seen in a recent movement in the human service delivery arena towards providing services in a "family-centered" way (VanDenBerg, & Grealish, 1996). While not designed specifically to support the human dignity of families, the goals of family-centered services are aligned with those of a dignity framework, because they are designed to support the values of individuality, self-determination, and respect. This philosophy and system begins by focusing on the individualized needs of families and children, rather than reflecting the priorities of service providers. The services are then delivered in a culturally competent way that respects and builds on the strengths and unique social and racial background of the families and children. The model emphasizes accessibility by being community or home-based, and is collaborative and unconditional, integrating the input of families into every step of the process and shifting services to meet changing needs, rather than removing families from services when conflicts arise. Thus, contrary to traditional ways of assisting families, which consider the provider to be an "expert" and the clients to be passive recipients who can be helped in limited pre-prescribed ways (e.g., weekly counseling sessions), person-centered services focus on the

unique capabilities of families and attempt to meet their individual needs through flexible

programming and interventions (Trivette, Dunst, & Hamby,1996).

Findings from program evaluations of family-centered, strength-based models

show that individuals receiving these services benefit greatly from this model, showing

higher levels of satisfaction and exhibiting better behavioral and emotional outcomes than

individuals receiving traditional services (e.g., Hyde, Burchard, & Woodworth, 1996;

McDonald, Boyd, Clark, & Stewart, 1995; Rosen, Heckman, Carro, & Burchard, 1994;

Sullivan, et al., 1992; Sullivan et al., 1994; Sullivan & Bybee, 1999; Yoe,

Santaarcangelo, Atkins, & Burchard, 1996). In addition, a study examining help-giving

practices and philosophies of different kind of agencies (e.g., departments of social

service, public health departments, early intervention programs) found that programs

which were family-centered delivered services in a more empowering manner and were

associated with greater feelings of self-efficacy and control by families (Trivette, Dunst,

& Hamby, 1996). The authors note that these results are consistent with a growing body

of research supporting practices which believe "help-seekers" to have existing strengths

and competencies, and which contrast traditional ways of delivering services, which see

them as being "minimally capable of solving their own problems," (p.274). In other

words, services which treat families with respect and value their individuality and

autonomy (i.e., recognize their human dignity), have been shown to be associated with

greater empowerment, feelings of self-efficacy, satisfaction, and improved outcomes.

This conclusion further highlights the importance of examining the dignity framework in

the context of family homelessness.

Dignity and Homelessness

Despite the importance of exploring this critical aspect of their experience, only one study has examined dignity in the lives of families that are homeless. This study, however, was not a planned, systematic examination of dignity, but rather, a post-hoc analysis of the experiences of 100 heads of households in Los Angeles homeless shelters, 93% of which were female (Seltzer & Miller, 1993). That is, after conducting qualitative interviews with these families about their pathway into homelessness and their struggle to regain housing, the authors found that human dignity played an important role in the narratives of the families.

> The term "dignity" was not frequently used by the homeless families we interviewed. But in listening to parents tell their stories of how they became homeless and their struggle to find housing for themselves and their families, the subtext in many of these narratives was the threat they felt to their humanity - to their personhood. In probing their descent into homelessness and their interactions with welfare workers, shelter personnel, and people they encountered in their efforts to find housing, what seemed to be at stake was whether they were treated with dignity and whether, personally, they were able to continue to relate to their own circumstances with a sense of dignity (p.97).

The authors also discussed factors that may limit family autonomy, self-expression, participation in their community, and the predictability of their circumstances. Although this study provided some preliminary insight into the way different settings (e.g., welfare offices, shelters) may impact dignity for families that are homeless, it had several important limitations. First, because families were not asked to speak about dignity per se, the picture portrayed through the post hoc analyses may have been incomplete. For the same reason, the authors were not able to present specific types of events that impacted the dignity of families, but rather, discussed different examples of events within

the main categories they presented. In addition, this study only described environmental events that could pose affronts to the human dignity of families, without providing any insight as to how the dignity of families may be better supported by their environments.

Building on the work of Seltser and Miller (1993), Miller and Keys (2001) conducted a study which focused explicitly on the dignity experiences of single men and women (without children) who were formerly and currently homeless. These individuals, who were interviewed in a community setting in Chicago, reported that denials or violations of their dignity (e.g, being yelled at, being treated as a non-individual) in all arenas of their lives (i.e., within shelters, service settings, businesses, and communities) decreased their sense of worthiness, lowered their self-esteem, and increased feelings of sadness, hurt, anger, depression, insignificance, and suicidality. In contrast, they reported that actions and policies that recognized (or enhanced) their sense of dignity (e.g, being treated with caring, being regarded as an individual with unique needs) increased their feelings of worthiness, happiness, confidence, self-esteem, and their motivation to become self-sufficient, search for housing and/or employment and help others. Thus, according to these participants, recognition of their inherent worth as human beings was directly related to their emotional and psychological well-being and their pathways towards rehousing.

While this study further expanded the understanding of human dignity in the context of homelessness, it did not significantly further the knowledge of the unique experience of dignity within the lives of families who are homeless. This is because, while families who are homeless differ significantly from each other (as described

previously), they also differ in several critical ways from single individuals who are

homeless. That is, the typical family seeking shelter, which consists of a mother with one

or two young children, presents a distinct profile from most single men and women who

are homeless. Specifically, these women with dependant children are more likely to be

younger, to be women of color, and to be receiving benefits for themselves and their

children, and less likely to have psychological difficulties or substance abuse, to have a

lengthy history of homelessness, or to have spent time living on the streets (e.g., Burt &

Cohen, 1989; U.S. Department of Housing and Urban Development, 1994; Johnson &

Kreuger, 1989; Morris, 1998; Goodman, 1991; North & Smith, 1993; Roll, Toro, &

Ortola, 1999; Sumerlin & Bundrick, 1997; Zlotnick, Robertson, & Lahiff, 1999; Wong &

Pollavin, 1997). Thus, the information we gain about human dignity recognition and

denial in the lives of single adults who are homeless can be generalized to families to

only a limited degree. For instance, because families typically spend no time on the

streets, they are less likely to have experienced affronts to their dignity from passersby,

police officers, city officials, or business owners, as was described previously (e.g.,

Lankenau, 1999). On the other hand, because families are significantly more likely to

utilize shelter services and programs, they have a higher likelihood of confronting

assaults to their dignity from shelter staff and policies. Another major, and obvious,

difference in the experience of families that are homeless is the presence of children,

which brings with it dignity issues that are not experienced by single adults who are

homeless. For instance families have described their inability to provide for their

children as an affront to their dignity (Seltser & Miller, 1993), and have discussed ways

in which they are humiliated by scoldings from staff persons in front of their children (Banyard & Graham-Bermann, 1995).

Thus, while the study by Miller and Keys (2001) further highlights the importance of treating persons who are homeless with respect, autonomy, and individuality, it does not provide information about the kind of actions and events that are considered by families to be affronts and/or supports to their human dignity. In addition, although both studies discussed both external variables (e.g., funding) and individual variables (e.g., staff attitudes) as having a potential role in human dignity denial and recognition, neither of the studies examined the interaction of these variables in creating situations where client human dignity was denied or recognized.

In addition, while both of these studies discussed the important role that shelter staff played in regards to the human dignity denial and recognition of participants (i.e., the extent to which they were respected, had their individuality recognized, and had their autonomy supported), neither of the studies explored staff attitudes regarding human dignity or interviewed staff about their perceptions of the role of human dignity denial/recognition within the shelter setting. Thus, we currently have no knowledge of the extent to which a human dignity framework is important to providers, the degree to which they perceive human dignity recognitions and denials to be a part of the shelter culture, or the factors that may influence the provision of shelter services with attention to human dignity (e.g., shelter policies).

Dignity within family shelters. Emergency shelters in general, and family shelters in particular, have grown tremendously in the last two decades as a response to the

national crisis of homelessness. Started first by private organizations, charities, and religious bodies, shelters are now commonly subsidized by government funds and often offer social, psychological, and medical services that go far beyond hot food and beds (Rossi, 1994). Shelter staff and volunteers are often doing their best to cope with large case-loads, minimal training, and a highly stressful setting (e.g. Lindsey, 1998; Miller & Keys, 2001). Thus, it is understandable that relations between workers and clients may sometimes become strained, that mutual respect and comprehension are not always forthcoming, and that humanistic issues such as dignity are not always the top priority of the overworked shelter providers.

The presence of children in family shelters may further complicate matters, since shelter staff may disagree with cultural or individual parenting practices, and adult family members may suffer from a lack of privacy or childcare services. In addition, interpersonal issues that may be present in both family and single adult shelters may impact the dignity of family members. For instance, Liebow (1993) described the climate of violence, fear, and mistrust that permeates some homeless shelters. According to Liebow, the mutual fear and distrust of those who stay at shelters and those who work there (e.g., fear by service providers that the clients will get violent; fear by persons living in shelters that services will be withheld from them), is enhanced by the explicit power differences between the "server" and "served." Mutual resentment on the part of staff and clients in the areas of giving (e.g., staff feeling guests were ungrateful; clients feeling staff was uncaring and begrudging), and in the areas of rules (e.g., staff feeling rules needed to be followed for everyone's safety; guests feeling they were often arbitrary and

forcefully and unnecessarily enforced) also creates tension. Finally, Liebow described the abuse of power that often occurs in shelter settings, and the disrespect that clients often experience when shelter staff seemingly do stigmatizing and unhelpful things "for their own good." Although Liebow did not frame these interactions in terms of dignity, as previously discussed, settings which are disrespectful towards clients and deny their individuality and autonomy undermine their sense of human dignity (e.g., Miller & Keys, 2001).

Other researchers have also discussed the lack of privacy, over-reliance on rules and curfews, impersonal treatment by shelter staff, and other ways in which the dignity of families and individuals who are homeless may be violated within shelter settings (e.g., Bogard, McConnel, Gerstel & Schwartz, 1999; Golden, 1992; Grunberg & Eagle, 1990; Gounis, 1992; Huttman & Redmond, 1992; Hausman & Hammen, 1993; Stark, 1994). For instance, single men and women living in Chicago homeless shelters described the following shelter setting:

> I feel like they don't care about me as an individual. And they have their own rigid structure or personal agenda that has nothing to do with any of their clients. They don't support what we are up to, they're doing their thing. (Miller & Keys, 2001)

Unfortunately, as described previously, such affronts to dignity may be even more painful to parents staying in family shelters, because they may experience humiliation with their children as witnesses (Banyard & Graham-Bermann, 1995).

Finally, the physical environments of shelters may also play an important role in the way the human dignity of families is recognized or denied. For instance, Shinn et al.

(1990) discussed the importance of "normalized" shelter settings that feel less institutional and more like "home." Greer (1986) also argued for the importance of shelter environments in upholding the dignity of residents and recommended that shelters minimize degrading signs and posters, furniture arrangements (e.g., bolted down) or other physical features that implied that shelter guests were second-class citizens who could not be trusted. This is because shelter settings which promote negative stereotypes of individuals who are homeless (e.g., they are likely to break or steal things) deny their individuality (i.e., some people are clumsy and dishonest while others are not), limit their control over their circumstances (e.g., limiting seating arrangements to prescribed places), and express disrespect for them (e.g., implying they are not as responsible or worthy as shelter staff). Conversely, "home-like," normalized settings uphold the dignity of individuals by recognizing their individuality and autonomy and showing them respect.

It should be noted, however, that most findings about actions and settings that deny the dignity of families within shelters come from post-hoc examinations of studies where dignity was not the main focus. Thus, an explicit focus on actions that families themselves consider to be violations and supports of their dignity within shelters is required for a more accurate understanding and a more complete picture of the role of dignity in their lives. In addition, the perceptions of shelter staff about the place of human dignity within shelters can yield rich findings in this arena, and add a hereto unexamined perspective to the literature.

Dignity and service providers. As will be described below, it is critical to consider the perspective of service providers because, while provider understanding of client

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perceptions can influence the success of their interactions, providers and families often

disagree about important aspects of family experiences. That is, the degree to which

service providers value human dignity and understand the perspective of families

regarding human dignity in their lives can greatly influence the way families are treated

and the extent to which shelter settings and services include a dignity framework. These

values and attitudes can be thought of as a "world view."

World views are assumptions, thoughts, actions, and language that express (often

unspoken) philosophies and explanations about the behavior of others and can affect the

transactions of people with each other (Ibrahim, 1985). Specifically, research has shown

that it is important to have a match between the world view of clients and service

providers (Dana, 1993). For instance, when discussing help giving withing the

psychology field, Dana (1993) explains that "to the extent that these [world] views

diverge, the services tendered may be unacceptable" (p.9). Thus, a gap between the

world views of families who are homeless regarding dignity (e.g., dignity is just as

important to me as my economic needs) and that of providers (e.g., dignity is of

secondary importance to economic needs) may minimize the positive effects of service

provision. For instance, studies have shown that the perceptions of people of diverse

cultures (e.g., Native American, Eskimo, Australian Aborigine) about the nature and

origin of sickness and healing (e.g, breach of taboo, spirit intrusion) can prevent

successful communication and understanding between individuals from these cultures

and practitioners with a dominant, Western medical world view (Steffensen & Colker,

1982; Trimble, Manson, Dinges, & Medicine, 1984). Similarly the traditional view of

service delivery which is based on a medical model of pathology and operates from a deficit-oriented view of help-seekers (e.g., Dunst & Trivette, 1997; Trivette, Dunst, & Hamby, 1996) is a world-view which may be incompatible with the needs, beliefs, and experiences of families who are homeless, and is certainly incompatible with a dignity framework.

In contrast, effective service provision involves the understanding of, and a respect for, the client's world view (Cross, Bazron, Dennis, & Isaacs, 1989) and the provision of "services that are perceived by clients as relevant to their problems and helpful for intervention outcomes" (Dana, 1993, p. 220). Thus, if dignity is a critical component of the world-view of families who are homeless, as implied by the literature on dignity (e.g., Miller & Keys, 2001; Seltser & Miller, 1993), providers whose world view includes dignity will be better able to meet their needs and help them as they work on regaining housing and rebuilding their lives. To summarize, the extent to which providers and families view human dignity, among other things, similarly, may influence the effectiveness of services within family shelters.

Despite this importance, several studies indicate that families and service providers have somewhat different perceptions of certain aspects of family experience. In particular, the literature indicates that service providers are more likely to hold families personally responsible for their homeless situation and their difficulty in getting rehoused. For instance, a study examining perceptions of families and service providers regarding successful rehousing, found that service providers were more likely than families to discuss the importance of personal family characteristics such as internal strengths and

motivation, which were not, in fact, found to be critical to successful rehousing by this

study (The Stanford Center for the Study of Families, Children and Youth, 1991).

As a follow-up to the Stanford (1991) study, Lindsey interviewed formerly

homeless families (Lindsey, 1996) and shelter providers (directors and case managers)

(Lindsey, 1998) and found that they disagree about factors that help families become

stably rehoused. That is, mothers in Lindsey's (1996) study discussed the importance of

motivation (e.g., having children as a motivating factor), personal resources (e.g., having

religious faith, being strong and persistent), external resources (e.g., social support,

concrete assistance), and socio-economic contexts (e.g., job market, discrimination). In

contrast, despite their acknowledgment of the lack of available housing in the community,

shelter directors and case managers rated mothers' attitudes and motivation as the most

important variables influencing successful rehousing, and social support as the least

important one (Lindsey, 1998).

These findings echo that of other research examining provider perceptions of

client needs. For instance, one study showed that while consumers (i.e., housing

residents) reported their top needs and difficulties to be around community and public

level variables (e.g., public transportation, language barriers), key informants and agency

directors were more likely to cite personal level variables (e.g., marital and family

conflicts, emotional problems) as being the top needs and difficulties experienced by

these residents (Sung, 1992). Lindsey (1998) notes the alarming implications of such

findings, in light of the serious structural difficulties that face families in most

communities (e.g., McChesney, 1990; Shinn & Weitzman, 1994), and the role of provider

attitudes in delivering services to families (e.g., service providers are less likely to be helpful to clients when they perceive them to be responsible for their circumstances) (Degarmo, 1993).

In summary, literature indicates the importance of having shelter staff understand and respond to the world view and perceived needs of the families with whom they work, who may perceive human dignity as an important aspect of their homeless experience. Studies also indicate that providers have misconceptions about the factors that matter to families who are homeless, which may lower the effectiveness of services delivered to them. Yet, no studies have examined this important phenomenon from the perspective of staff or providers working within family shelters. This gap in the literature further highlights the current need to examine the perceptions and views of service providers regarding human dignity recognition and denial in the lives of families that are homeless.

Thus, the current literature on human dignity recognition and denial in the lives of homeless families is limited by a lack of attention to the voices of both families and staff regarding the meaning of human dignity recognition/denial. This literature has also neglected to examine the process by which denial or recognition of client dignity may occur within a shelter setting. The current study addresses these limitations in the literature in the following manner:

Research Questions

The current study addressed the following research questions: (a) what experiences constitute human dignity denial and recognition according to homeless mothers and staff?; and (b) what is the process that leads service providers in a homeless

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family shelter to deny and recognize client human dignity? The study methodology and

results will be described in the following chapters.

METHODS

In the current research, a phenomenological, grounded theory methodology was utilized to explore the role of human dignity recognition and denial in the lives of families that are homeless, from the perspectives of both families and the service providers with whom they interact. A phenomenological approach was chosen because it regards reality as it is seen from the perspective of participants, and assumes that this reality is unique, subjective, and fluid (Lincoln & Guba, 1985). This approach attempts to understand the point of view and subjective experience of others and to describe their experience in the context in which they live it. Thus, this approach is particularly well-suited to a human dignity framework of inquiry, as well as to the study of under-explored phenomena.

Grounded theory was chosen because there are currently no well-developed models or theories regarding human dignity and homeless shelters. The foundation of the grounded theory approach is the construction of theory based on the simultaneous collection and analysis of data (Glaser & Strauss, 1999). This approach can, therefore, be utilized to answer study questions while building a conceptual model that explains the relationships between identified constraints and processes. Thus, while the interview protocol is followed in grounded theory methodology, questions are added as the researcher begins to develop and test the model. Because data collection and data analyses are iterative in this approach, data collection will be described in the Procedures section, while the grounded theory methodology will be described more fully in the Analyses section.

The phenomenological, grounded theory inquiry was conducted through qualitative interviews and participant observations. Qualitative interviews were chosen because they are open-ended to allow for individual variation in responses, encourage in-depth study of a phenomenon, and provide rich data. Qualitative interviews are also particularly well suited to a grounded theory methodology, because they allow for a more inductive process (Taylor & Bogdan, 1998). Participant observations were utilized in order to provide an additional source of data, strengthening the study findings and increasing data trustworthiness (see Procedures and Analyses for more detail).

Setting Description[1]

The study was conducted in a large, rapidly growing Midwestern city, which has a considerable number of homeless families (e.g., approximately 600 families with 1,500 children served in 1999) and a multiplicity of shelters and agencies which address their needs. The city has a two-tiered shelter system, as is common in many areas in the U.S. (Rossi, 1994). The first tier, through which all families (adults with minors) seeking shelter in the city must pass, is considered a short-term (or emergency) shelter, where families may stay and receive services for up to three weeks. If families have not found housing in this time, and if they are eligible, they may be referred to one of the second-tier (long-term or transitional) shelter facilities in the system, where they may be housed and receive services for up to a year.

The study was conducted in the first-tier short-term shelter facility, because of its

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Names of the city, local agencies, and agency administrators was changed in order to maintain confidentiality.

role as the "gateway" to *all* families seeking shelter in the city (due to a lack of housing, rather than domestic violence). As is common for many shelters in the U.S., this facility serves as a "day shelter," where families spend time, and receive services, from 8am-6pm. The purpose of this day-shelter is to provide a "base" for families during the day (e.g., where they can receive telephone calls, store their belongings); to provide breakfast, lunch, and snacks; to help in the process of obtaining jobs, housing, and financial aid through case-management; and to connect families to some outside resources (e.g., transitional longer-term facilities, housing programs) when appropriate.

The shelter is located in a large ware-house shaped building in the main downtown area (near businesses, museums, restaurants). The space is roughly divided into two areas: one for family use, and one for staff. The family space is further divided into two sections: a dining area, made up of long tables with chairs, a refrigerator, sink, and food serving area; and a living area, made up of small child-sized tables and chairs, and surrounded by sofas and stuffed chairs. This area also contains a bookshelf with children's books and some adult novels. On one wall, roughly between the office and family space is a staffed front desk, along with a bulletin board and telephone for family use. The office part of the space is divided into several office cubicles for the use of shelter staff, as well as a mailroom and copy machines. Families and children are prohibited from entering the office portion of the space without appointment or invitation by staff.

During the day, families are required to leave the shelter for a total of two designated hours (one hour in the morning and one in the afternoon), in order to look for

housing and jobs. In the evenings, families are bussed to a variety of overnight locations

around the city, which include hotels/motels, and church facilities. Families usually do

not know where they will be going until that day, and may be placed in one overnight

facility anywhere from one to seven nights. Thus, most families experience a number of

overnight facilities during their time at the shelter. Although the families referred to their

overnight experiences during the interview process, the main focus of this study was on

the day-shelter, as the overnight facilities were not centrally managed, varied

significantly in their policies, and were unevenly experienced by families.

Entry Into Setting

Entry into the setting was gained in several steps. First, I met with the head of the

Shelter Commission, the city agency which oversees and funds most city shelter

facilities. During this meeting, I described my interest in homelessness, my experiences

of volunteering in a homeless shelter in Michigan, and my current research interests. I

emphasized that I conduct research from a collaborative, community-based model, and

am, therefore, interested in how I can assist the Shelter Commission in their efforts to

serve the homeless, while also answering my own research questions. The Commission

director expressed enthusiasm and interest in the study, and said that the Shelter

Commission would welcome a qualitative study of shelter services, as they currently have

a good system of quantitative data collection. We agreed that I would forward a copy of

my interview protocol to the director, once it was completed, allowing the Commission

an opportunity to add questions or request modifications in the protocol.

Next, I met with the shelter directors or service coordinators of five shelter

facilities which served homeless families. These included the "gateway" first-tier facility

where the study was eventually conducted, several long-term transitional shelters to

which families were referred from the first-tier shelter, an agency which coordinated

services to families living in special subsidized apartments around the city (a third type of

transitional housing provided by the city), and a small transitional shelter which did not

operate under the Shelter Commission. In all of these meetings, I described my interests

and proposed research study and elicited input from the directors as to issues they

considered to be important for the families with whom they work. In all instances,

directors were invited to collaborate with me on the study by adding questions to my

research protocol once it was completed. All shelter directors and service coordinators,

with the exception of the one from the small private agency, expressed interest and

enthusiasm about the study, and about the chance to receive feedback about their services

and facilities. Eventually, the small private agency had to be removed from my sample of

possible interview sites due to a lack of interest in working with me (e.g., not returning

phone calls, being unwilling to set up follow-up meetings).

In the next step, I decided upon the most appropriate site(s) for addressing my

research questions, by consulting with colleagues and re-examining the current literature.

It was then agreed that the first tier, "gateway" shelter was the most appropriate for my

study, as it would allow me access to the broadest sample of families (all families seeking

shelter in the city due to unavailability of housing), and would allow a more standardized

comparison of family experiences, since all families utilize the Center services for

approximately 10-30 days.

In the next step, I conducted a follow-up meeting with the Center director about

the details of the study, bringing with me the completed interview protocol. The shelter

director, once again, expressed enthusiasm for the study, which the director hoped to use

in order to improve shelter services. Neither the director, nor the head of the Shelter

Commission chose to add any questions to the interview protocol at this time. Thus,

because of my desire to conduct my research in a collaborative way, I offered my help to

the director in whatever other arena the shelter needed. The director then referred me to

the Resource Manager, who is in charge of volunteer services. The Resource Manager

expressed interest in having me assist the Child Specialists with managing children in the

afternoon, as the shelter becomes crowded and chaotic when children return from school.

I was then introduced to the two Child Specialists, who were enthusiastic and grateful for

any help I could offer. A regular time was then scheduled for me to help with the

children (supervise coloring, reading, and homework activities) three times a week. I was

then introduced to the front desk staff as a volunteer and given a volunteer name tag for

this initial period of volunteering. During this initial period (lasting several weeks), I

came to the shelter during the pre-agreed times simply to interact with the children,

slowly allowing parents and staff to become accustomed to me, and beginning informal

shelter observations. This type of investigative work is considered a critical step towards

understanding the ecology of a setting and fostering successful entry (Kelly, 1988).

During this investigation and volunteer phase, I also engaged in conversation with

shelter staff and families, introducing myself and my study, and asking general questions

about shelter policies and customs as I observed them. I explained that I was a student at

Michigan State University and that I was interested in learning about the experiences of both families and staff in a homeless shelter, as researchers often leave out their opinions from studies. As a result, several mothers who learned about the study during this initial phase expressed interest in participating, although they did not yet meet criteria for the 10 day minimum stay. At the end of each day at the shelter, I recorded my observations and feelings in a journal, which was later partially transcribed into the database.

After this initial exposure period, during which I established some relationship with the front-desk staff, I was able to begin interviews with families, as will be described below. As my role slowly shifted from volunteer to researcher, I begun to spend less time assisting the Child Specialists with the children, although I continued to spend at least one afternoon a week doing this during my time at the shelter.

After the first eight family interviews were conducted, as I began to form some hypotheses about family experiences with human dignity (as will be described further in the Analyses section), I began to recruit staff for interviews. After this point, I continued to interview staff and families interchangeably, according to their availability, as will also be described below.

Participants

An initial goal of 20 families and all 16 shelter staff was identified based on a review of published qualitative studies with similar methodology (e.g., Fogel, 1997; Menke & Wagner, 1997). These studies reported participant numbers ranging from 10 to 16. However, the actual number of participants included in a qualitative study depends on data saturation (the point in data collection at which no new information is forthcoming

from participants, and new cases do not provide unique data for the study findings).

Families. For families in this study, data saturation occurred at around 14 interviews, and data collection was continued for five more interviews in order to verify the emergent model. Two interviews were later excluded from data analysis due to cognitive and mental impairment on the part of the participants. As a result, interview data were analyzed for a total of 17 families.

Family demographics. Fifty three percent of mothers interviewed (n=9) reported that this was their first homeless episode, while 47% (n=8) reported previous homeless experiences. At the time of the interview, families were in the shelter for an average of 22 days, with a range of 10 to 53 days. Mothers ranged in age from 20 years to 46 years, with a mean of 32 yrs. Sixty percent of women (n=10) identified as African-American, 29% (n=5) as Caucasian, and 11% (n=2) as Bi-racial. Only 17% (n=3) of women reported having no high school degree. The majority (60%; n=10) reported having a high school degree (or a GED), while another 17% reported having a technical degree, and one woman reported having an Associates degree.

Most women (65%; n=11) reported being unemployed at the time of the interview, while the remaining 35% (n=6) reported working an average of 38 hours a week, with a range of 32 to 45 hours. These women reported an average salary of $9.75 per hour, with a range of $7.75 to $13.00 an hour. In addition, 60% of women (n=10) reported receiving some kind of government benefits for themselves or their children, and some women reported income from their partners or child support from ex-spouses. Thus, the total monthly income for the sample of families interviewed ranged from $0.00 to

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$2,900, with a mean of $879.00 a month.

Women had an average of three children under the age of 18, with a range of 1 to 7 minor children. Children's ages ranged from 3 months to 17 years, with a mean of 7 yrs of age. In addition, two women in the sample reported that they were pregnant. Sixty five percent of women (n=11) reported being in a serious romantic relationship with a man (63% of these reported being married to their partners). An equal percentage of women (65%; n=11) reported having other sources of social support beside a romantic partner (e.g., mother, sibling, friend).

Staff. While all 16 staff members agreed to be interviewed, two were not able to participate (one due to medical reasons and one due to time constraints), resulting in a total of 14 staff interviews which were transcribed and analyzed.

Staff demographics. Of participating staff, 71% were female (n=10), with an average age of 31 yrs (ranging from 23 to 51 years). Fifty percent of the staff identified as African-American, 43% as Caucasian, and one staff person as biracial (7%). Twenty eight percent of staff people (n=4) reported having a high school degree or equivalent (GED), with an equal percentage (28%) reporting a technical degree or some college. An additional 21% (n=3) reported having a bachelor's degree, and two staff members (14%) reported having post college or graduate degrees. Staff reported working at the shelter for an average of 14 months, with a range of 2 to 48 months. Staff reported working an average of 45 hours a week, with a range of 40 to 65 hours, for an average salary of $11.00 an hour (ranging from $7.00 to $22.00 an hour). Staff positions included front desk staff, telephone screeners, intake workers, case managers, a resource specialist, and

the shelter director.

Procedures

Data were obtained from three sources: observations, family interviews, and staff
interviews.

Observations. I spent five months in the shelter setting (February-June), visiting
the shelter 3-4 times per week, 4-6 hours per day. During this time, aside from
recruitment and interviewing, I conducted participant- and non-participant observations in
the shelter. Participant observations were conducted while helping staff with mealtime,
cleaning, and child-related activities (helping children with homework, reading to
children); non-participant observations were conducted during free time and between
interviews. Specific attention was paid to behavioral data which illustrated the dynamics
between staff and clients and clarified the organizational culture of the shelter (e.g., staff
responses and communication to clients, client responses and communication to staff,
staff responses and communication among each other, shelter norms, rules, policies, etc.).
My observations, personal experiences, and responses to the setting were recorded in a
journal during, or after, each day spent at the shelter. Relevant portions of this journal
were then transcribed into a database (along with interview data) and used in data
analyses, as well as a tool for monitoring my personal bias during data analyses.

Family interview procedure. Because the majority of homeless families are
headed by a female, interviews were conducted with women only, whether or not a male
partner was present at the shelter with them. All women who had been in the Center (with
their families) for a minimum of 10 days were eligible for the study. At the start of each

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week, I obtained a list of families and their dates of arrival from shelter staff, who helped me identify the families in the shelter. I then introduced myself to eligible families and recruited them during different times of the day throughout the week.

I first approached mothers and asked whether they would like to participate in a study about the experiences of families that are homeless (see Appendix A: Introduction to Study for Families). I told mothers that their participation was voluntary, that the interview data were confidential, and that their responses would not affect their status at the shelter or other agencies. I also told mothers that, if they agreed to participate, they would be paid $10.00 for the interview. An appointment was scheduled with all women who agreed to participate but were not immediately available.

Interviews were conducted in either a private conference room, empty staff cubicles, or a café next to the Center. These locations varied in level of confidentiality (e.g., the café sometimes had other patrons in the area), and women were always given a choice of interview location ahead of time. Before the interview, a consent form was given to all participants and the parameters of the study were explained again (see Appendix B: Consent Form for Families). Participants were then asked whether they felt comfortable having the interview audio-taped for use by me and my research team only (none of the participants declined auidio-taping).

An average of 43 families a month utilized shelter services during the time of data collection. A range of 10 to 20 families were present at the shelter each week during the data collection phase, with several families per week "turning over" as some families left and new ones entered. Of these, a range of one to five families qualified for the study

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each week. All qualified families that were approached to participate in the study agreed to be interviewed using the interview protocol described below.

Family interview protocol. In-depth, semi-structured interviews were conducted with all participants using an interview protocol developed for the study (See Appendix C: Family Interview). The family instrument was modified from similar instruments utilized with families and individuals who were homeless (Miller & Keys, 2001; Seltser & Miller, 1993). The main purpose of the protocol was to learn about women's definitions and experiences of human dignity, to learn about the process of human dignity recognition/denial within the shelter, and to explore the impact of these experiences on homeless families. As previously described, the instrument was designed to enhance the dignity of all participants by treating them as sources of valued and important knowledge (e.g., Bartunek & Lois, 1996).

In order to assure that the women's voices were heard, the interviews first followed an unstructured, undirected format, through which participants were able to describe in their own words their observations and experiences since they became homeless (e.g., "What has it been like for the past three weeks since you became homeless?"). During this portion of the interview, open-ended questions were also asked about family experiences in the shelter (e.g., "What has been helpful? What would you change?") In addition, when women spontaneously described shelter dynamics (e.g., interactions between staff and families, shelter policies), in depth probing questions were asked around these descriptions. Finally, as data were analyzed and hypotheses emerged, additional questions were added to this portion of the protocol (e.g, "What do you think

of the shelter rules? What do you think helps families accomplish their goals?").

After the unstructured portion of the interview was conducted, the idea of human dignity was introduced to women. First, women's own definitions of dignity were elicited, in order to gather data on what human dignity denial and recognition meant to them. Following this, additional ways of thinking about dignity were offered to the women, when applicable, to be combined with their definitions. This allowed a more standardized definition of dignity to be used for the second portion of the interview, as women's personal definitions varied, as was expected. Following this, women were asked to provide examples of experiences they or their family members had, since they became homeless, which they considered to be recognitions and denials of their human dignity, based on both their definitions and the ones I may have offered (e.g., "Can you think of an experience or event here in the shelter that has felt to you like your human dignity was being recognized?" "You said human dignity was when someone respected you - can you think of an example of that happening here at the shelter?") Further questions were then asked to elicit information about the effect of these experiences (e.g., "How did that make you feel?" "Did it have any effect on your housing/job search?"). At the conclusion of the interview, women were asked to weigh the importance of these human dignity experiences against the receipt of tangible resources (e.g., clothes, food, housing assistance). Following the interview, women were asked a series of demographic questions, and were asked whether they would agree to further contact in the event of future data collection. For those women who agreed (all 19 participants), women were asked to complete a release of information with the name and contact information of a

person (or persons) in their lives whose residences were relatively stable and who kept in contact with the women (usually, the women's mothers). Women were also given a stamped card addressed to me, and asked to mail it with their own contact information upon receipt of housing.

For both the unstructured and structured portions of the interview, paraphrasing and verification were used throughout, in order to come to a shared understanding of the information provided (Holstein & Gubrium, 1995). All interviews were audio-taped and transcribed verbatim, and supplementary notes on each interview were taken during, and immediately following, each interview.

Staff interview procedure. All shelter staff (and administrators) who had worked in the shelter for a minimum of two months were eligible for the study. By nature of my prolonged presence at the shelter, some staff members learned about the study from informal conversations with me, and volunteered to participate when they had time. Other staff were approached during the data collection phase, introduced to the study, and invited to participate (see Appendix D: Introduction to Study for Service Providers). Following agreement to participate, similar procedures as those described for family interviews were used to introduce the study and obtain consent to audio-tape the interviews (see Appendix E: Consent Form for Service Providers). As with the family interviews, all staff agreed to be audio-taped.

Staff interview protocol. The staff instrument was created to closely reflect the family interview. Similarly to family interviews, staff interviews began with an undirected portion which asked them to describe their position, their observations and

experiences since they began working in the Center, and the variables they found helpful

(and unhelpful) to the success of families. Similarly to family interviews, particular

attention was given to staff descriptions of shelter culture, organizational climate, rules,

or service philosophies, and detailed probing was employed to gather more information

around these areas. Following this less structured portion of the interview, human dignity

was introduced to the staff in a similar way that it was to families (i.e., their definitions

were first elicited and then supplemented with my definition, when appropriate).

Similarly to the family interview, staff were then asked to provide examples of events,

experiences, or actions which they believed were denials and recognitions of client

(family) human dignity. These were also further explored through probing and clarifying

questions. Towards the conclusion of the interview, similarly to families, staff were asked

to weigh the importance of recognizing client dignity against the importance of providing

clients with tangible resources and services. Similarly to the procedure used for families,

all staff interviews were transcribed verbatim for data analysis.

Data Analyses

For all research questions, interviews were transcribed verbatim and imported into

N.U.D.I.S.T., (Non-numerical Unstructured Data Indexing Searching and Theorizing

system), a qualitative software tool for data organization and exploration. Research

question one (client and staff perceptions of human dignity recogniton/denial) was

content analyzed thematically, one interview at a time. That is, codes (labels) were

inserted into the text as distinct themes emerged within and between participants (e.g.,

"self-respect" as a theme in the definitions of human dignity). New codes were created

and further clarified with each participant. Some codes were collapsed into "secondary codes" (e.g., "self-respect" and "respect for others" collapsed into "respect"). Some codes were unique to only one participant's response (e.g., "having choice" as a definition of human dignity). The coding framework was final when it captured all of the participants' responses. These coded themes were then utilized to answer the second research question (the process of dignity recognition/denial within the shelter), for which a modified grounded theory approach was utilized, as will be described below.

Grounded theory is a methodology for discovering theory through the systematic analysis of data. This method is in contrast to scientific verification of previously existing theory; instead, in grounded theory, a conceptual framework emerges from the data that explains the examined phenomenon. In the current study, I utilized a methodology which followed the main tenets of grounded theory (Glaser & Straus, 1999), while making some modifications based on the study setting and requirements. Such modifications to grounded theory are common practice in the field of qualitative research. The main modification to the study was related to the extensive literature review that I conducted as part of the dissertation writing process. By coming into the setting with pre-conceived areas of interest (e.g., a desire to examine the ecological interaction of variables), as well as a background knowledge of literature relevant to the study (e.g., on the experiences of homeless families, on existing definitions of human dignity), I carried a possible bias which had the potential to influence my data coding process. I addressed this common modification to grounded theory in two ways: through methods which consciously increased my awareness of potential bias (e.g., journaling, discussing potential bias with

colleagues, examining the codes for potential bias) and through the use of data analytic

techniques that enhanced data trustworthiness, described in the Data Trustworthiness

section.

Aside from this modification, the current study followed the six main tenets of

grounded theory as described by Corbin and Strauss (1990): it (a) generated theoretical

concepts based on the data; (b) showed the way in which these theoretical concepts are

systematically related to each other; (c) demonstrated linkages and categories in a way

that was conceptually dense (well developed) enough to have explanatory power; (d)

demonstrated both variation (allowing the theory to explain a variety of

events/experiences) and specificity (showing the context in which the variation occurs);

(e) included broader "macroscopic" conditions (e.g., economic factors) within the theory,

explicitly linking them to the theoretical concepts; and (f) provided both relevant

(practical) and significant (new, meaningful) results that may be applied or used in the

"real world."

The current study also utilized data analytic techniques that are considered "best

practices" within the field, specifically focusing on the constant comparative method of

grounded theory (Glaser & Strauss, 1999). This method combines analytical coding

techniques seeking to verify hypotheses with theory-building inductive techniques

seeking to discover themes. The constant comparative method consists of four stages,

which are not strictly chronological, but feed back upon each other throughout the

process of data analysis and coding. These stages described below.

Category building. In the first stage, category building, I coded incidents in the

data into emerging categories (or labels). For instance, the categories "rejects rules" and "follows rules" emerged from participant descriptions of shelter policies. That is, rather than simply describing shelter rules, women often commented on whether or not they chose to follow them, or whether other families chose to follow them: "*Well you know, you really have to like, when they send you out, they give you a goal plan. And sometimes, I don't even go by their goal plan.*" [rejects rules]

> *When she [staff person] tells you to do something, do what she told to ask and that's it, you know? The policy is keep your kids with you. When you go to the bathroom, your daughter goes to the bathroom... Just DO the rules. Just follow the rules. And a lot of people be like, "She [staff person] ain't doing nothing but pick on me all day." Well, you know, if you follow the rules you wouldn't hear nothing... I'm never hearing my name being called...* [follows rules]

During this stage of coding, I compared each new incident in the data to categories that already existed, creating new categories when data did not apply to pre-existing ones. At the same time, I began to generate ideas (theories) about the way the codes may be fitting together, or influencing each other. For instance, in the quote given above, the idea is expressed that following the rules may have certain positive consequences for families. Thus, I became alert for this theme (consequences of following or rejecting rules) in the incidents described by other participants, adding a category called "rule consequences" as data coding proceeded. As themes like this emerged, I also went back to previously coded transcripts and checked for the theme in those.

Category integration. In the second stage, category integration, the data coding expands to the comparison of category with category, rather than focusing solely on the comparison of incident with incident. Thus, in this stage, I began to discover a set of relationships between categories. For instance, a complex relationship began to emerge

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between "rule rejection/following" and categories that originally may not have been coded as being related to these (e.g., "housing resources" "human dignity recognition/denial" "empowerment"). That is, it became evident that the extent to which families had access to housing resources, had their human dignity was recognized, and felt empowered about exiting homelessness, was related to the extent to which they followed or rejected shelter rules.

Theory delimitation. In this stage, I clarified and solidified the relationships between categories, removing or collapsing categories that were not relevant to the theory. During this stage, I aimed for both "parsimony" (explaining the phenomena using only those categories and relationships that are necessary), and "scope" (generating a theory that can be expanded and applied to similar phenomena in other settings, or to similar settings). For instance, as a theory emerged showing the relationship between family rule rejection/following and the recognition/denial of their human dignity, categories that turned out to be irrelevant (race of family, family's reason for homelessness) were dropped (parsimony). At the same time, the theory that was emerging was wide enough in scope to possibly explain client-staff interactions in other service-delivery settings (e.g., clinical hospitals, domestic violence shelters) or with a similar population in different settings (e.g., single homeless men). During this stage in coding, I began to reach category "saturation," whereby new data neither contributed to a new understanding of the theory, nor discounted the theory by providing categories or relationships that went against it.

Theory writing. In the final stage, theory writing, I combined the theoretical

concepts and links into a cohesive theory which could be understood by someone familiar with the field. Theories derived using the grounded theory constant comparative method tend to be "developmental" in nature (rather than static), and describe "... process[es], sequence[s], and change pertaining to organizations, positions, and social interaction," (Glasser & Strauss, 1999; p.114) which is true for the current study, as is described in the Findings section.

Data trustworthiness. Because qualitative methodology is particularly reliant on researcher input, and because I modified grounded theory for this study by conducting a literature review, I took several steps to ensure the "trustworthiness" of data collection and analyses, as prescribed by "best practices" in the field.

First, in order to enhance the credibility of the data (the loose equivalent of internal validity in quantitative methodology), the study utilized (a) prolonged engagement in the setting (immersion in the place of study for a period of time which allows the researcher to learn detailed information about the setting's patterns, rules, and interactions); (b) triangulation (the utilization of multiple types of data collection and multiple sources of data); (c) observations (which verify and augment interview data gathered from participants)); (d) negative case analyses (seeking exceptions to study findings in order to verify study conclusions); and (e) member checks (testing emerging ideas with participants in order to verify study conclusions) (Lincoln & Gubba, 1986).

In addition, I aimed for enhanced transferibility of data (the loose equivalent of external validity in quantitative methodology) by providing thick [detailed] descriptions of the setting and findings, in order to permit others to determine the study's similarity to

other contexts.

Finally, in order to enhance dependability (the loose equivalent of reliability in quantitative methodology), several external audits of the data (data verification by qualified researchers unfamiliar with the study conclusions) were conducted by competent and disinterested parties at each of the three steps of data analyses (category building, category integration, and theory delineation).

RESULTS AND DISCUSSION I:

PARTICIPANT DESCRIPTIONS OF DIGNITY DENIAL AND RECOGNITION

The current study's aim was to address two main research questions: (a) what experiences constitute human dignity denial and recognition according to homeless families and homeless shelter providers?; and b) what is the process through which denial and recognition of client dignity occurs in a homeless shelter? As described previously, thematic content analysis and a modified grounded theory approach was used to examine these questions from the perspective of both families and shelter staff.

The examination of experiences which constitute human dignity denial and recognition according to staff and families encompassed three areas of the interviews. First, in the structured portion of the interview, mothers and staff were explicitly asked to discuss their understanding of how people's human dignity is recognized or denied. Second, analyses of the unstructured portion of the interviews showed that concepts related to human dignity recognition and denial (as described in the structured portion) were spontaneously mentioned by mothers and staff, before human dignity was brought up by me. Finally, mothers and staff in both the structured and unstructured portions of the interview were asked to discuss why, or to what extent, the recognition of human dignity was important to clients. The following section will describe the types of experiences that mothers and staff defined as being denials/recognitions of human dignity, as derived from these three areas of analysis.

In the structured portion of the interview, participants were explicitly asked how they define the recognition and/or denial of human dignity. This question was initially

framed in an open-ended way in order to reduce the influence of any preconceived

meanings of denial/recognition that I may have gained from the literature. After

participants provided their descriptions of human dignity recognition and denial, I

sometimes offered additional aspects of dignity denial and recognition in order to come to

a shared understanding for the remainder of the interview (e.g., "I also think of it as

somebody treating you like a human being" or "In addition to what you said, I also think

it is when somebody treats you like you are unique and not part of a group - like

homeless people"). However, the participant descriptions presented here came from

responses to the first, open-ended question regarding what human dignity denial and

recognition meant to participants.

Some participants described human dignity recognition/denial as having a

singular meaning for them (e.g., respect), while others provided responses which

contained multiple meanings (e.g., respect AND acknowledging human individuality).

For purposes of clarity, distinct definitions will be presented in separate categories, even

when they were given by the same individual. In addition, because the themes of human

dignity recognition and denial were also prevalent in the unstructured portion of the

interview, both portions of the interview were analyzed to answer this research question.

Overall, definitions of human dignity given by participants can be divided into three main

categories. These three main themes will each be described in more detail below. For ease

of presentation, categories will be presented as descriptions of human dignity recognition.

Respectful Attitude Towards Self or Others

The most common theme among participant definitions of human dignity

recognition and denial was that of respect. About seventy percent of participants (12/17 mothers and 10/14 staff members) mentioned respect at some point in their definitions. Both external aspects of respect (treating others respectfully) and internal aspects of respect (having self-respect, self-pride, or carrying yourself with pride) were mentioned by mothers and staff members as being related to human dignity recognition. Mothers and staff did not differ on how likely they were to define human dignity recognition as having to do with external vs. internal respect, and these two types of respect were mentioned in equal amounts by participants in the structured portion of the interview. Some examples of each kind of respect definition are provided below. First, in the following quotes, mothers and staff talk about the recognition of human dignity as having to do with external respect (treating others respectfully).

Mom #1-01

> *Respect, to be honest to one another, open to one another. I mean, it's just like I said, you may have a home and get a paycheck everyday, but still, I have an education, I have a high school diploma, still show me that respect.*

Mom #1-09

> *I just think it's the same thing as respecting you...*

Mom #1-14

> *...Give me respect, give me common courtesy...*

Staff #2-04

> *I guess* [another person would show recognition of human dignity] *by the way he would react to you - in a very positive way. He would probably show you a lot of respect.*

Staff #2-08

For one, you're showing respect. And that's all that stands out for me...

In this next set of quotes, participants describe both internal and external respect (having

both self-respect and respect for others) as integral parts of human dignity recognition.

Mom #1-07

Someone that has respect for theirself and can show respect to someone else, you know? That's how I define it. Respect, to me, is everything.

Mom #1-08

They respect themselves and others, you know?

Staff #2-06

The respect of yourself and others.

Finally, some participants focused more on internal self-respect (having self-pride,

carrying oneself in a dignified manner) as being the key component of human dignity

recognition, as seen in these quotes:

Mom #1-10

Ok, like "The Greatest Love of All" [a song performed by Mariah Carey] - *you know, "Can't take away my pride, my dignity."* [The lyrics to which the participant is referring are: "No matter what you take from me, you can't take away my dignity."]

Mom #1-12

I would say - you know - how you carry yourself...

Mom #1-18

Dignity - somewhat like pride.

Staff #2-01

> *Human dignity - I would define it as your self-well being, your respect, your pride.*

Staff #2-05

> *The way you feel, your pride...*

Staff #2-09

> *I think -- when I think of dignity -- self-respect comes to mind. The whole self-respect, self-esteem ideal of being proud of who I am. And there are just some things that I'm not going to do, not willing to do or not willing to sacrifice. Just having some values and some beliefs about myself that just aren't going to be [compromised]. I say sometimes, it's just some things that I'm not going to argue about.*

To summarize, the most important and commonly mentioned component of human dignity recognition, for both staff and families in the study, was that of respect. This closely mirrors the scholarly and political writings on human dignity, as respect for self and others is often mentioned as the key component of human dignity recognition by philosophers, ethicists, academicians, international organizations, and human rights activists (e.g., Menke & Wagner, 1997; Spiegelberg, 1970).

<u>Nurturing, Non-degrading Treatment</u>

Another theme in the definitions of staff and mothers regarding human dignity recognition was that of nurturing others. Again, approximately equal numbers of staff and mothers mentioned this theme (about 30% of each) in the structured portion of the interview, although this theme was much more likely to be brought up by both staff and families in the unstructured portion of the interview. In this theme, the treatment of others in a degrading manner was described as a way to deny someone's human dignity, while,

conversely, the treatment of others in a nurturing or equal manner was described as a way

to recognize the human dignity of others. Although these definitions contained aspects of

respect in them, they were coded separately because they (a) did not mention respect

explicitly; (b) described a cognitive de-valuing of individuals, rather than simply the

behavior of disrespect; or (c) described behaviors which explicitly degrade or demean

others, or behaviors that explicitly encourage or "uplift" others. For instance, this

definition, given by a mother, refers to denials of human dignity as having to do with

blaming homeless individuals for their situations, thereby implying that families who are

in the shelter are in some ways more deficient than families who are domiciled (e.g.,

more lazy, less competent).

Mom #1-02

> *To have my human dignity recognized? It would be nice. It would be nice if
> people could understand that a lot of people are not really out here on purpose.
> You know, some people, it's certain things happen that put them here. And don't
> treat them--don't treat them as [if] they're not trying to do anything. You got a lot
> of them [families] who are out there trying to do - and do it the right way - and
> get what they got to get. You know, a lot of times, they [staff] treat you like, well,
> you homeless, you did that, well, it's because you put yourself there.*

This sentiment is echoed by the following staff person, who talks about human dignity

recognition as treating families in a way that does not make them feel "less" than others,

simply because they are homeless.

Staff #2-01

> *... I think that - I don't think that we as people ACKNOWLEDGE that everybody
> here has [human] dignity... Everybody should be not be made like they're less than
> everybody else because of the situation.*

In the following exchange, a mother defines denials of human dignity as being "put

downs" and recognitions of human dignity as being treated the way we want to be treated:

Mom #1-06

> *They way you treat people. And to me, that way would be you have to have - you can't have people constantly putting you down and talking low to you. And I have never, ever heard anyone say an encouraging word - except for a couple of people...*

Me:

> *So human dignity is having people encourage you, having people not put you down?*

Mom #1-06

> *It's just talking to you like you want to be treated.*

This sentiment is also echoed by the following staff person:

Staff #2-13

> [Recognition of human dignity is] *treating people the way I want to be treated.*

The following quote from a mother also describes degrading treatment (being treated like a child or an animal) as a denial of people's human dignity:

Mom #1-14

> *... Treat me as an adult or maybe if I'm a child, treat me as a child, not as a dog or cat or something - an animal. Don't treat me like that.*

This sentiment (being treated like a child) is also echoed by a different mother in this exchange:

Mom #1-06

> *... the staff here - you know, I'd hate for them to be treated like this because they wouldn't be able to take it. I mean, if they got treated the way we get treated - no respect, no kind words - you know, it's constant just, you know, put downs...*

Me:

What kind of things have happened to you with the staff?

Mom #1-06

They're just RUDE, they talk down to you. They treat you like kids...

In this quote, a mother describes an actual experience of degrading treatment by a staff

person, focusing both on the content of what the staff person allegedly said and on the

tone of the staff person's communication.

Mom #1-01

> *... since I been - from the day I been here, they were trying to put me out of here...*
> *since I've been here, I've had nothing but a hassle with*[my case-worker]. *And*
> *how she talks to me, I feel like if you're gonna become a social worker you really*
> *need to have that comfortable warm heart. I mean, how can I put it? It's like this,*
> *when* [staff] *people leave the office do you think they care about you? No they*
> *don't. And just like she put to me, "When I leave the office I don't give a damn*
> *about you." And that's how she put it to me. And it, like, really hurt my feelings*
> *cause truly, I don't need to know that... It was what she said and her tone.*

The following exchange I had with a staff person echoes the degrading experience

described by the mother above:

Staff #2-01

> *... And I know they* [clients] *just need a break - need that chance. And a lot of*
> [staff] *people, they - I mean, they won't give it to them. People, like, treat them*
> *like garbage. And I think that's wrong. Some people do give them a break, as it is*
> *with* [some staff] *here. But I noticed too that some of our people will go strictly to*
> *the point as in seek you out and making things more difficult... The way they treat*
> *the clients - I mean, this is just my observations. From me sitting back from afar*
> *just watching them. Some of the things you hear them say.*

Me:

Can you give me an example?

Staff #2-01

> *For example, you might have* [staff people] *say, "Well, that's all right. I don't care. When I leave here I'm going home to a big screen TV." Or, "I'm going to lay in a queen sized bed."*

This quote by a staff member also describes the staff person's frustration with other staff members who treat clients in degrading ways. In the situation described here, in which the interviewee explicitly uses the word "degrading," an incident is described in which a staff person was unwilling to arrange transportation for a client who missed the bus and had no money to take a taxi back to the shelter:

Me:

> *So how has it been to work here so far?*

Staff #2-06

> *I haven't had any problems with the families... But I've come to realize, it's not the clients, it's the employees. And that made me look deeper into how social service workers are as far as personality and the backgrounds, and stuff like that. Because sometimes people like--just because you have a degree, it doesn't mean you can treat someone else lower than you are. Like--we had a situation once where we had a family come in, and they were homeless and came from out of town. They got evicted from a place so they moved to relocate. She was working a job and everything. And for some reason, the bus didn't come pick them up from where they had been staying at* [overnight]. *And when that usually happens, they have to talk to* [a certain staff person] *and tell them about it. So they* [the family] *did, and* [the staff person] *knew that they* [family] *didn't have any money or anything. This was their first night there. And the way that the* [staff person] *talked to her* [mother], *it was like <u>degrading</u>... She* [staff person] *was like "You just need to find your own way." She* [mother] *missed the bus, and it really wasn't her fault... And it made me think, like sometimes the job can get frustrating, but you can't take it out on the clients.*

As mentioned previously, some participants focused on non-degrading behaviors, rather than degrading behaviors, describing human dignity recognition, rather than denial. These

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participants talked about kindness, fair treatment, and nurturing behaviors, as seen in the

following quotes:

Mom #1-13

> *The staff have always been good. They don't look down on you... Yeah, the staff is really equal. And they are not, they don't look upon or judge you... Yeah, because I'm not prejudice for anybody and I'm glad I don't see it out of staff because I would probably would have left if I would have.*

Mom #1-18

> [The staff are] *trying to make us feel good in our time of need, and stuff like that. I think it's good. It's very important because if we didn't get that – if we didn't have them for our staff, we probably would have somebody worse. I probably would go: "Oh, forget this place, I'm leaving."*

Me:

> *You would? ... Where would you go?*

Mom #1-18

> *I don't know, but if it was mean people in here, I wouldn't be here.*

Staff #2-10

> [Human dignity is] *being treated with tenderness and kindness - and that is not so much dignity, but that demonstrates that we believe that they* [clients] *are worthy of dignity.*

Finally, when talking about being treated in degrading (or non-degrading ways) in the

unstructured portion of the interview (before the idea of human dignity was introduced),

some mothers (but no staff members) actually used the term "human" or "human being,"

showing their awareness of the connection between staff treatment and people's status as

human beings. Examples of these statements are provided below:

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Mom #1-06

> *They [staff] just seem like they're above and beyond. And I'm sorry - just because I'm homeless don't make you better than me. Ok? Because I'm not better than you - but, damn it, I'm just as good. And I'm still human. And I have feelings...*

Mom #1-13

> *Generally, it has been pretty good. They [staff] don't treat you like you're the scum of the earth. They treat you like human beings...*

Mom #1-14

> *You got some staff, like, because you are homeless that don't mean that you're not a human being. I am still a human, treat me as an adult, don't treat me as - because I'm homeless, don't treat me bad...*

To summarize, both staff and families mentioned degrading (vs. non-degrading) treatment as being an important component of human dignity denial and recognition. It is, of course, noteworthy that staff did not use the word "human" or "human being" in the unstructured portion of the interview, even though staff members described aspects of human dignity recognition/denial before the human dignity questions were asked. This may reflect the power-differential and vulnerability experienced by clients in a shelter setting. That is, homeless families may be more acutely aware of the connection between being treated in certain ways and their inner self-worth or humanity. Studies done with other disenfranchised individuals, especially those living in poverty, also suggest this awareness. For instance, studies conducted with homeless men living on the street (e.g, Lankenau, 1999), low-income families receiving food stamps (e.g., Rank, 1994), and mothers receiving welfare benefits (e.g, Jarrett, 1996), also found that stigmatizing and degrading behaviors were commonly mentioned by these individuals as part of their experience of being poor and/or receiving social services.

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Recognition and Acceptance of Human Individuality

The third major theme that was mentioned by both mothers and staff as having to do with human dignity referred to the recognition and acceptance of individual differences and differences in lifestyles or opinions. Participants in this category discussed the importance of (a) acknowledging and accepting the individuality of other people as a component of human dignity recognition (i.e., not being lumped in with others of the same category; not being discriminated against based on human differences); and (b) acknowledging and accepting their own individual opinions/values, even if they differ from those of others. In this first set of quotes, two mothers and a staff person talk about the first aspect of the definition, the recognition and acceptance of other people's differences and uniqueness as human beings:

Mom #1-03

> [Human dignity recognition is being treated] *like you're the same - like you're not being treated differently cause you look - being treated the same as everybody else - not because you look different or a different color, or something like that - like* [based on your] *skin color, or how you look, or how skinny or fat you are - stuff like that.*

Mom #1-14

> *Treat me as an individual with my own personality, my own goals, my own mind, and my own personality.*

Staff #2-02

> *To respect them where they are, not where we would like them to be. To understand that they have opinions that are different than ours - whether it be family values, hygeine - Just because we think something's right doesn't mean it is. So, I think, ALLOWING a person to be who they are - and not just because we work here and we're staff, we're not here to govern their lives, we're just here to help them in the time that they are here with us.*

In the next two quotes, a mother and a staff person describe human dignity as having both

an external component of accepting differences in others, and an internal component of

recognizing and accepting one's own unique beliefs and values:

Mom #1-04

> *It's like respecting my culture, respecting the way - who I am. Because on the for*
> *real level, I'm not going to change who I am.*

Staff #2-04

> *First thing comes to mind is just standing up for oneself, standing up for one's*
> *beliefs and ideas. Sometimes you might have an idea or belief and you stand up*
> *for it - but a thousand people might not agree. Let's not be abrasive to those*
> *thousand people, let's just allow them to also have their beliefs and ideas and not*
> *infringe upon them... I think overall it's standing up for oneself, for one's ideas*
> *and beliefs - keeping a hold of what you know to be right and true - while also*
> *being compassionate and understanding of everything else going on around you.*

Finally, the mother in this quote describes human dignity as being mainly about one's

own self-integrity:

Mom #1-08

> [People who have human dignity] - *they're just themselves, so to speak. They don't*
> *care what others think.*

As with respect/disrespect and degrading/encouraging treatment, the recognition of

human uniqueness and individuality as a definition of human dignity recognition and

denial is also echoed in research conducted with other populations. For instance, literature

on the effects of family-centered service provision advocates for services that are

individually designed to meet the needs of different families (e.g., VanDenBerg, &

Grealish, 1996).

 To summarize, in response to an open-ended question regarding experiences that

constitute human dignity denial and recognition, staff and family descriptions were remarkably similar in frequency and meaning. In fact, as noted previously, some staff and family quotes echoed the same sentiments in almost the same words. This is important to note because some literature suggests that human dignity denials on the part of staff may be a result of differing world-views and philosophies that are held by clients and staff (Lindsey, 1996). However, the agreement between mothers and staff in this study regarding components of human dignity (i.e., respect and degrading treatment) suggests that denials/recognitions of human dignity may be due to more complex causes than gaps in the philosophies/world views held by service-providers and families. This finding further supports the importance of examining human dignity recognition and denial in a more dynamic, ecological framework, as was proposed by research question two (described later).

In addition, it is important to note that the staff and family definitions of human dignity denial and recognition were both similar to those in the academic literature (regarding aspects of respect and human individuality), and differed from some scholarly concepts regarding dignity denial/recognition (having autonomy and choice). Although women (and some staff) frequently mentioned their dislike of shelter rules and policies in other portions of the interview, participants did not equate the rigidity of rules with denial of their human dignity. Even in the cases where I offered that being treated like an adult may be an aspect of human dignity recognition, participants did not provide personal examples of human dignity denial or recognition that had to do with having more choice. This seems to suggest, that at least for this sample of participants in a short-term

homeless shelter, how services are offered (in a degrading vs. caring way) may be more

important than the type (or variety) of services offered.

Finally, the finding that human dignity recognition and denial was uniformly

discussed by clients and staff in both the structured and unstructured portions of the

interview highlights the importance of the final portion of the meaning question: the

importance of human dignity recognition to families. In fact, when asked why it was

important to treat clients in a way that recognized their human dignity, both clients and

staff focused on psychological consequences such as self-esteem and increased

motivation to search for housing and/or employment, as will be described below.

Importance of Human Dignity Recognition

The fact that human dignity was shown to be a salient concept in both the

structured and unstructured portions of client and staff interviews suggested that human

dignity was an important way in which clients and staff regarded the shelter experiences

of families. This was supported by follow-up and direct questions which asked women

and staff to describe why human dignity recognition was important to them, and a

question which asked participants to compare the importance of receiving tangible

resources to the importance of having their human dignity recognized. In response to

these questions, both women and staff strongly endorsed the importance of human dignity

recognition, because of its link to increased motivation to search for housing and/or

employment for clients. In addition, while arguing for the importance of human dignity

recognition, many women expressed the sacredness of their inner sense of self-worth.

That is, they argued that denying people's human dignity lowers their "self-esteem," but

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does not lower their worth as human beings. However, a human being who feels bad about oneself, they argued, will still accomplish less than one whose humanity is recognized by others, because that person will be less *motivated* to improve their life or tackle external barriers. Thus, both clients and staff agreed that human dignity recognition served as an important motivator for clients to work on their goals of re-housing and re-employment, while women endorsed an additional dimension of keeping their inner self-worth intact regardless of the process.

The following interactions with the women I interviewed illustrate this concept of the importance of human dignity recognition, even though one's sense of self may stay intact. In the first interaction, a mother describes the effect on her self-esteem of being treated "as a nobody." She maintains that "you know that you are" a somebody, but explains that it still hurts people and negatively affects their self-esteem to have their human dignity denied:

Me:

> *When you're homeless, it's important to get stuff -- to get a new house, to get furniture... How important is it that people treat you with human dignity compared to that?*

Mom #1-02:

> *It's very important. Cause, if people don't treat you with human dignity, it lowers your self-esteem, it brings you down. Makes you feel like nobody cares.*

Me:

> *But, is that really an issue--if what you really need is stuff?*

Mom #1-02:

> *It is--It is. It, you, you need stuff but still at the same time, you don't - when people*

treat you like you're not about nothing, that hurts. I mean, you know that you are, and you are trying, but they still wanna knock you down for no reason. They don't know you, they don't know the situation, and they just judging you right then and there and they just treat you as a nobody.

In this next quote, a mother explains that human dignity denial decreases, or halts, the efforts of families to meet their goals of re-housing and/or employment. At the same time, she maintains that her inner sense of self-worth would not be affected by this kind of treatment, suggesting that human dignity denial is more about external motivation than internal self-evaluation:

Mom #1-04:

> *I know for a fact - that when somebody degrades you and lowers your self esteem, you ain't going nowhere. Because that means you putting a stop to it [their efforts to get somewhere] 'cause you making that person feel like they ain't worth nothing. I ain't going to let nobody make me feel that way. Because I'm worth a lot more than people give me credit for.*

In the following interaction between a mother and me, the same theme of increased motivation while holding on to one's inner sense of self-worth is described by the mother:

Me:

> *So, you're saying it is important for people to be treated like human beings?*

Mom #1-14:

> *Yes. It's very - as far as anybody - it is real important for any human being [hitting table for emphasis] to be treated with common courtesy, respect, and decency... As long as you give them [these] three things in life, as long as you GOT them three things in your heart now, you can go wherever you want to go and people will say whatever they want to say - they can say whatever they want to say about me, it protects me. It isn't me - my personality - but as long as I got them three inside my heart, you and nobody else could ever, EVER, you could NEVER do anything, you might physically hurt me but you cannot take my self-worth. That's how I feel. That's how I see it...*

Me:

> *Now, let's, let me take the shelter for a minute. So we have folks here who have needs - they need stuff - they sometimes need new clothes, they sometimes need jobs, they sometimes need a house. So, it's puzzling to me because don't you think it is more important that folks in your situation –*

Mom #1-14:

> *No. If you give a person common courtesy, respect, and decency this right here* [points to my hand, which is holding metaphorical "stuff" in it] *will go right along with the other part* [points to my other hand, which has "human dignity recognition" in it]. *Because if you give a person respect, common courtesy, and decency, them people that's trying to get a job, a house, and raise their kids, they will be happier and there will be* [motivation] *to get what they need and they will be coming up...*

Staff persons agreed with families that recognizing client dignity increased client motivation to search for housing and/or employment. In addition, staff talked about human dignity recognition having a preventative function. That is, staff believed that recognizing client human dignity could help start a positive cycle which could prevent clients from becoming homeless again. This is exemplified in the following interaction I had with a staff person after the staff person told me that having a positive attitude towards clients (recognizing client dignity) was important. The staff person goes on to express the belief that clients are all human (all born as babies), and that, when they are treated like human beings, they are more likely to achieve their goals and less likely to return to the shelter:

Me:

> *I guess my question is - well, why* [is it important to have a good attitude towards clients]? *I mean, here's a homeless person. They need stuff. They need money. Right? They need a house, they need clothes. What's with the attitude, why's that important?*

Staff #2-03:

> *Ok. Stuff is fine. But if you can't - if you don't - yeah, they do need all that. BUT, if they don't have no - if they don't care*[about themselves] - *you can give them all the stuff in the world and it's going to be out the door.... Look - if you are not going - if we don't treat them like what they are, and we're people - every one of us was born - you were a baby first. You didn't know you were going to be here. If you don't treat this person with some respect and let them own up and give themselves some respect ... you can give them all the services in the world, they going to return* [to the shelter]...

Me:

> *Oh, so if you treat - if you recognize that somebody has human dignity - you think they're going to be more likely to --*

Staff #2-03:

> *To achieve... I think the dignity, it helps - I mean, a lot of the problem is that people lose faith in themselves.*

In the following interaction with a staff member, the staff member expresses the belief that not only would denial of human dignity increase a family's likelihood of coming back to the shelter, but it may also increase the likelihood of them having "issues," such as mental health problems.

Me:

> *Now, if I had to put that on a scale for you, so you've talked a lot about services and how important it is. You've talked about education, mental health, drugs, all those things that they need--I'm going to put that here* [on one side of the scale]. *And on this side, I'm just going to put the other things we talked about, attitude, lack of respect, sarcasm. How would my scale come out as far as like families meeting their goals in two weeks? How much of each do you have to give them in an ideal world - to help them meet their goals quickly?*

Staff #2-09:

> *I think it should be balanced. Because you can give somebody all the services in the world and kill their self-esteem, and get them in housing and they not be able*

to maintain.

Me:

> *You would get them into housing you think, but it's the preventive piece of it that would suffer? You think you can get them into housing in two weeks, but they'd come back?*

Staff #2-09:

> *Yeah, or have issues, some type of issues because of that. And I see so many families come in with other issues. I don't want to add issues to the pot.*

This importance of recognizing client dignity as a way to "empower" them and prevent repeat homelessness is expressed again by the following staff person, although this staff person frames the repeat homelessness as a dependancy on the system which stems from human dignity denial:

Me:

> *You're saying that's equally important*[to have services and human dignity recognition]. *So I guess I want to know why you think it's equally important.*

Staff #2-12:

> *Yeah, it's important to give them services, but I think it's also important to build a relationship where people feel like they can empower themselves... So I think we have this really great agency, and it's not going to do any good if you don't have workers who can empower them [families]. Like, okay, this is what I do for you, this is what the agency can do. Now tell me, what can you do for yourself? What can you do for your family because they're going to keep coming back into the system. That dependency thing, they're just going to keep coming back.*

These findings echo those of Miller & Keys (2001), who found increased motivation to search for housing and/or employment to be a theme in the experiences of single men and women who were homeless (or formerly homeless). This theme is also found in studies examining the effects of family-centered service delivery, as described

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previously. These studies have found that client self-esteem is increased when services are delivered in a way that recognizes the human dignity of clients (are delivered in a respectful way which recognizes client individuality and autonomy) (e.g, Hyde, Burchard, & Woodworth, 1996). This is particularly salient for families staying in a homeless shelter, as increased motivation and self-esteem are related to achievement and success in arenas such as education and employment (Covington, 1989; Gage & Beriner, 1992; Tesser, Stapel, & Wood, 2002), suggesting possible increases in positive outcomes for families who report recognition of their human dignity.

Thus, to summarize, homeless mothers and service providers described human dignity recognition in ways that are similar to those described by philosophers and ethicists, focusing on aspects of respect, non-degrading treatment, and recognition of human individuality. In addition, both mothers and service providers emphasized the importance of human dignity recognition for homeless families, because they believe that this recognition helps motivate families to search for housing and/or employment. Finally, mothers emphasized that they themselves recognized their own human worth, and clarified that their human dignity is not something that can be taken away from them, regardless of whether it is recognized or denied by the system.

What was interesting to note during analyses of the meaning question is that participant reports of their shelter experiences were heterogeneous. That is, out of 17 participants, nine women described their overall shelter experience as negative, or mostly negative. These women also provided a number of examples of having their human dignity denied, and mentioned few, if any, examples of having their human dignity

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recognized within the shelter. In contrast, eight of the participants described a positive

overall shelter experience. The same eight participants also provided a number of ways in

which they felt their human dignity was recognized, and mentioned few, if any, examples

of human dignity denial within the shelter. Given this discrepancy in family experiences,

it became particularly important to examine research question two, which dealt with why

or how the human dignity of clients is denied or recognized in the shelter, and the effect

of these differential experiences on clients.

RESULTS AND DISCUSSION II:

PROCESS OF DIGNITY DENIAL AND RECOGNITION

Hypotheses Regarding Staff Denials of Client Human Dignity

For question two (the process affecting client human dignity recognition and denial in a homeless shelter) both observational and interview data were analyzed using grounded theory methodology. The theoretical model that emerged from the grounded theory analysis offers an explanation of the complex relationship between factors that affect staff recognition/denial of client dignity and clients' experience in the system. However, before this model is presented, a thematic description will be provided of client and staff hypotheses regarding human dignity denials, which do not offer a satisfactory explanation of client experiences in this sample. These hypotheses will be presented because their inability to explain the reported experiences of clients was part of the process which led to the final model development. Following a description of these hypotheses, the conceptual model of human dignity denial and recognition in the shelter is presented.

Beliefs about the homeless. When asked to provide their opinions about why denials of client dignity may occur in the shelter, or when spontaneously talking about denials of client dignity, clients and staff provided a diversity of responses. The first of these, which was discussed mostly by clients, was the hypothesis that stereotypes or derogatory beliefs about the homeless leads staff to deny client human dignity. For instance, in this interaction between a mother and me, she explains that the same staff may not act in a degrading way towards clients if they met in a different situation (not in

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a homeless shelter):

Mom #1-12

> *'Cause probably if you met them in another situation it wouldn't even be that way.*

Me:

> *You don't feel like it's their* [staff] *personalities?*

Mom #1-12

> *No.* [I think it's]*: "You're a client. And you're here. And you're homeless and I'm not."*

Similarly, in this quote, a mother expresses her opinion that human dignity denial may be

a result of staff attitudes towards homeless persons:

Mom #1-15

> *It just - it just kind of seems like they think, to me, it seems like they think they are better than us - because we are homeless or something and - I don't know what they really think of homeless people - I don't. They just seem like they think they are better... just watching them, how they talk to people, for no* [good reason] *- the smart comments I seen them give people, the tone, the attitude...*

Although this is a feasible hypothesis for why human dignity denials may occur in a

shelter, it does not offer a comprehensive explanation for the differential experiences of

clients in the system (i.e., both dignity denials and recognitions were described by

clients). That is, although all clients in the shelter were homeless, only a subsample of

clients reported experiences of human dignity denials.

Stress and time constraints. Another possible theme given by participants as to

why human dignity denials may occur in the shelter had to do with the level of stress

experienced by staff. In contrast to the previous theme, this category was presented

mostly by staff. For instance, in this interaction between a staff member and me, the staff

person expresses the belief that human dignity denial can sometimes be an effect of staff

being overwhelmed:

Me:

> *And you find at some point all staff are prone to do this* [treat clients in a way that denies their dignity] *or is it some staff are more likely?*

Staff #2-06

> *... It just depends because recently we've been having a lot of families come in. So it all depends--we've got all these people in there, and it's only like two or three staff members in there. They get frustrated and they're frustrated so it kind of collides sometimes. But most--it's pretty much the high frequency times when it's a lot of people around. We get people coming in--walking in, you got the phone ringing, you got kids running around. You got parents not watching their kids run around...*

Similarly, this interaction with a staff person occurs after he admits that sometimes a

"little thing" may cause him to be rude to a client, if the staff person is having a bad day:

Staff #2-08

> *Yeah, I mean I have my days. I have my days--it's like--everybody has their days... Sometimes it will be some garbage that I bring in with me that I haven't put no closure to.*

Me:

> *What's an example of a little thing that might get to you* [on a bad day]*?*

Staff #2-08

> *Things like asking me the same thing over and over and over, some of the clients.*

The next quote from a staff person echoes both of the previous staff members, as it

discusses the frustration of having to repeat oneself over and over and being

overwhelmed by too many families. This staff person also adds a lack of support from

supervisors as another possible exacerbating factor.

Staff #2-07

> *... In a perfect world* [staff would never deny client human dignity], *but I know everyone has their own stressors... It is hard* [the job]. *It's very hard. And-- sometimes I know that the staff has to repeat themselves in many different ways; go over the same topic to the same person. And that can be very frustrating.*

Me:

> *Do you have a feeling for what might make some staff in certain situations* [not deny client human dignity despite client behavior], *and other staff not? What the variable is?*

Staff #2-07

> *It probably depends on what else they have going on their plate, how much time with this particular family or this particular situation is taking up - since they've got 20 other people or half the other families that are in the shelter. I think those are the factors. And whether or not they feel supported by their supervisor.*

Finally, although most mothers did not discuss this aspect of staff experience as a

possible reason for denial of human dignity, this quote from a mother mirrors the above

staff sentiments:

Mom #1-13

> *They don't have the opportunity and chance to do it* [give people the individualized care that she defines as a recognition of her human dignity]... *I think they deal with so many families* [that] *it is hard.* [There's] *overcrowding... I mean, they do as much as they are allowed to do. But they don't have the time to get down, they have so many people dealing with every hour, every minute, that they don't really - can't take the time, they're not able to take the time.*

Again, while stressors experienced by staff members may exacerbate their tendency to

"snap" at clients at times, this variable does not explain why a subsample of mothers were

more likely to report positive shelter experiences and human dignity recognition, while

others were more likely to report negative shelter experiences and human dignity denials.

Individual staff characteristics. Quite a few mothers and staff members expressed

the belief that human dignity denials were more likely to come from specific staff

members. However, there was general agreement from staff and families about only two

staff members (the agreement was that these two never denied the dignity of any clients).

For most other staff members, clients and staff disagreed as to the likelihood of human

dignity denial and recognition coming from that staff person. For instance, for one staff

person, two mothers reported that they often experienced denials of their dignity from this

staff person, three mothers reported that they were treated very well by this staff person,

and one staff person described this staff member as being mixed. Some of this

contradiction is exemplified by the two quotes below:

Mom #1-07

> ... *you know, everybody talks bad about* [this staff person] *but to me...*[this staff
> person] *has done wonders for me.*

Mom #1-16

> [My husband] *came in and he was upset about* [the bus being late and missing his
> job] *and he told* [this staff person]: *"You guys need to get the buses under
> control."* *He told* [this staff person] *about it and* [this staff person] *got in his
> face:"Oh well"* - *like she didn't even care*[that he lost his pay for the day].

Similarly, for another staff person, one client reported experiences of dignity denial

specific to this person, one client described this person as "great" and reported no denials,

and one staff member expressed the opinion that this staff person not only denies the

dignity of clients, but affects the extent to which other staff people might deny client

dignity. This pattern was similar for several other staff people. In addition, one client

reported that "all staff members" treated clients with respect and caring, while one client

reported that "all staff members" denied the dignity of clients. Again, while individual

staff personalities probably played a role in the denial and recognition of client dignity (as

exemplified by the two staff members about whom everyone agreed), this variable is not

able to explain the difference between client experiences in the shelter, as there is

disagreement about the extent to which individual staff members denied/recognized client

dignity.

Staff position and education. In addition, a number of staff and families expressed

the belief that human dignity denial may be a factor of staff position or education (the

staff hierarchy will be discussed in more detail later). However, there was no real

agreement about this factor either. For instance, three clients and two staff members

reported that human dignity denial was more likely to come from educated staff in higher

positions; three clients reported recognition of client human dignity from educated staff

in higher positions; two staff members expressed the belief that denials were more likely

to come from less educated staff in lower positions; and one client and two staff persons

reported that denials of dignity were equally likely to come from staff in any position.

Some of this disagreement is exemplified in the following quotes. In the first interaction

between a mother and me, she describes her belief that higher staff status can affect the

extent to which staff deny client dignity:

Mom #1-15

>... *I think that most of them - some of them - some of the ones at the desk* [less
>educated front desk staff] - *they're pretty decent people. Caseworkers* [more
>educated higher level position] - *I don't particularly care for them; they're,
>they're not - like there is a supervisor or something here - who has a really bad*

attitude.

Me:

> *So, you're thinking is that the higher you get* [in the shelter structure] - *it's almost the worse* [in terms of human dignity denial]*?*

Mom #1-15

> *Yeah, kind of, yeah. It's kind of like you give them a little position or power - and that goes to their head or something...*

In the next quote, a staff person expresses the opinion that entry level staff (the less

educated, front desk staff) are more likely to deny client dignity (act inappropriately

towards clients) than more educated social workers and case workers at the shelter:

Staff #2-09

> *... Entry level staff do not have the skills to recognize that some of the things that they do are not appropriate. And sometimes I feel like some of them don't care. Any time you go into an entry level position--a lot of people go into entry level positions and say: "This is not what I'm going to do forever." So their heart is not in it. Whereas the social service field, although the caseworkers may not be here for the rest of their lives, this is their field. This is what they're going to do. So I think that plays more of a role in their* [social workers' and caseworkers'] *everyday interaction* [with clients]. *And they* [social workers, case workers] *understand a lot of things differently, better than frontline staff...*

Thus, once again, while education and staff position may contribute to the denial or

recognition of client human dignity in specific instances, it does not help explain the

process through which some clients report experiencing much higher levels of denial or

recognition from staff than other clients.

Racism. In addition to the hypotheses presented by clients and staff, I myself

hypothesized that demographic variables may be a contributor to the denial or recognition

of dignity for clients. Specifically, I wondered whether race, or racism, played a role in

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how clients were treated. When asked their opinions regarding this variable, both clients and staff reported that they did not believe race to be a factor in client treatment at the shelter. For instance, this African-American mother, after describing a "nasty attitude" from staff, states that she does not believe it was related to race:

Me:

Have you seen a difference in how you are treated based on your race?

Mom #2-04

Well, I haven't seen no difference.

Me:

You feel like you haven't been getting a harsher attitude or a nastier attitude, based on your skin color?

Mom #2-04

I can't call it.

Similarly, this African-American mother expresses the same sentiment after she describes denial of her human dignity in the shelter:

Me:

And you don't think this has anything to do with, you know, being black or being white?

Mom #2-06

You know what - in my situation, I really can't say because most of the people that I deal with have been black in this shelter. Ok? And [Caucasian staff member] *is cool, and so is* [another Caucasian staff member].

In the following interaction between a staff person and me, I follow up on a comment the staff person made about class/education being a factor in human dignity denial of clients:

Me:

> *And what you're describing to me is, I think, real interesting about these two halves - and you said that one of the reasons [dignity denial] might be happening is middle class versus being more familiar with some of the neighborhoods that families come from. Is it also that these folks are more light-skinned?*

Staff #2-01

> *No - I don't think that's it. It's more of an, "I'm better than you."*

Me:

> *Not because you're Hispanic or black or whatever?*

Staff #2-01

> *No. More of "I'm better than you." Yeah, "I got money and you don't." The majority of people [clients] who come through here are black and African. The majority of people back here [staff people] are [also] black.*

A statistical demographic breakdown of the sample supported these staff and client opinions. That is, out of nine women who reported more negative shelter experiences and denials of their dignity, five identified as African-American (56%), two as white (22%), and two as bi-racial (22%). Similarly, out of the eight women who reported more positive shelter experiences and human dignity recognitions, five identified as African-American (63%) and three as white (37%).

Previous homelessness. Another demographic variable that I examined was whether the family was experiencing homelessness for the first time, or had experienced previous homeless episodes. Although I did not ask clients and staff to discuss this variable in relation to human dignity denial/recognition, a statistical breakdown of the families by this variable did yield interesting results. Specifically, six out of the nine mothers (67%) who described more negative experiences and human dignity denials, as

opposed to only two out of eight mothers (25%) who described more positive experiences

and human dignity recognitions, reported that they had experienced previous homeless

episodes. That is, mothers who reported previous homeless episodes were more likely to

report denials of their human dignity and negative overall shelter experiences. Although

not explored in this study, literature suggests that this variable may have contributed to

the "goodness of fit" that families described experiencing in the shelter system (Fogel,

1997). This goodness of fit, as described below, was shown by the data to be one of the

explanatory variables in the conceptual model of human dignity denial and recognition.

Conceptual Model of Human Dignity Denial and Recognition in a Homeless Shelter

As described previously, a number of plausible hypotheses regarding the process

which may lead to the denial/recognition of client human dignity in a shelter, were not

able to provide satisfactory explanations for the differential experiences of families in the

sample. However, interview and observational data revealed several variables which

interact in a way that provides a possible explanatory model for the differential

experiences reported by families.

Specifically, the interview and observational data yielded a theoretical model

which shows that an interaction between the organizational structure and culture of the

shelter and the family's goodness of fit to this structure and culture affects (a) the extent

to which family human dignity was denied/recognized in the shelter; and (b) the extent to

which families reported a positive overall experience in the shelter. In addition, the extent

to which staff denied/recognized a family's human dignity had a direct effect on the

overall family experience in the shelter. A brief description of the theory will be

provided below, followed by in depth descriptions of each factor making up the model.

Brief Model Overview

The Conceptual Model of Human Dignity Denial and Recognition (see Figure 1) operates in the following manner: First, macro-level factors (e.g., restrictive funding, high ratio of clients to shelter, welfare reform policies, increased emphasis on accountability of non-profit sector) combine to create pressure on the shelter to be "efficient" (produce a high ratio of output to input) regarding homeless family outcomes (e.g., get families rehoused in under 30 days). The shelter responds to the pressure to be efficient by (a) following a "mechanistic" organizational structure, where tasks are highly specialized, rules are numerous and rigid, and decision-making rests in a small number of individuals who are higher in the organizational hierarchy (Burns & Stalker, 1961); and (b) adopting an organizational culture of self-sufficiency, where both staff and clients are expected to perform their roles with a minimum of assistance or training.

This organizational structure and climate interacts with client characteristics to affect both staff behavior towards clients and overall client experiences in the shelter. Specifically, clients who reported having a "good fit" with the mechanistic structure (e.g., reported an appreciation for the need to have shelter rules), and/or a "good fit" with the shelter culture (e.g., reported needing little assistance in their re-housing and employment process), were less likely to report staff denials of their human dignity, and more likely to report staff recognition of their human dignity. That is, the extent to which staff responded to clients in a way that denied their human dignity was a result of an interaction between the demands placed on staff by the shelter system (structure and

culture), and the extent to which individual families fit this system. In addition, clients

who reported a good fit with the system were also more likely to report positive overall

shelter experiences, based both on their interaction with the system, and the direct

experience of having their human dignity recognized by staff.

In contrast, clients who reported having a "poor fit" with the mechanistic structure

of the shelter (e.g., found the multiple shelter rules overbearing), and/or a poor fit with

the shelter culture of self-sufficiency (e.g., reported that they needed more direct staff

assistance in meeting their goals), were more likely to report staff denials of their human

dignity, and less likely to report staff recognition of their human dignity. In addition,

these clients were more likely to report an overall negative shelter experience, based both

on the interaction with the shelter system, and their direct experience of human dignity

denial from staff.

Detailed Model Description

Macro level factors. As a number of studies have documented, funding for

homeless family services (e.g., shelter facilities) has not kept up with the rapidly

increasing number of homeless families (e.g., McChesney, 1990; Metraux & Culhane,

1999; Rossi, 1994). In addition, the current political climate supports the belief that

homeless families are victims of their own laziness, incompetency and immorality, rather

than victims of structural factors, such as lack of daycare, low wages, or lack of

affordable housing (e.g., Davis & Hagen, 1996). This combination of limited funding and

a victim-blaming political climate combine to create policies which pressure shelters to

quickly move families back out into the community, in what has often been called a

"band-aid" approach to family homelessness (e.g., Rossi, 1994). This pressure is no less

evident in the setting where the study was conducted. Similar to many shelters around the

country, the Center receives limited funding (distributed by the Shelter Commission to

shelters around the city), and is required by the Shelter Commission to "move" families

out of the Center in under 30 days. In order to monitor the progress and effectiveness of

the system, the Shelter Commission collects statistical data on the Center's "numbers"

and tracks outcomes regarding the speed and efficiency with which families are

reconnected to housing (or transitional housing). Inadequate shelter outcomes (e.g.,

families staying past the time limit because they have not found housing, families being

asked to leave before they find housing) may mean funding cuts for the shelter, or dire

life consequences for the families, as families exiting the shelter with no housing usually

have their children removed by Children's Protective Services (CPS). Thus, the macro-

level factors described above place great pressure on the shelter to be "efficient," or to

utilize its limited amount of financial and human resources in a way that facilitates rapid

and satisfactory outcomes for as many families as possible. The pressure to be efficient

was evident both in my observations of the shelter climate and through my interviews

with staff.

Efficiency: the pressure to produce. Efficiency is defined as "acting or producing

effectively with a minimum of waste, expense, or unnecessary effort" or "exhibiting a

high ratio of output to input" (The American Heritage Dictionary of the English

Language).

While the value placed on efficiency by the shelter staff is understandable, staff members

made it clear that the pressure for efficiency was externally generated, and that a priority on efficiency does not always create ideal circumstances in which to work with families. As mentioned previously, this supports the model's contention that the value placed on efficiency is a result of macro-level factors, rather than of individual staff preferences or a shelter-wide service-provision philosophy. This is exemplified by the following staff response to my inquiry about barriers which may get in the way of working effectively with clients:

Me:

> *What sometimes gets in the way of your goals or the families' goals for housing/jobs?*

Staff #2-02

> *I think because we're such a short-term* [facility]...*and the Shelter Commission pushes us to get them out and keep our numbers low...*

Similarly, in this interaction, a different staff person discusses the same pressure to get families rehoused without having time to offer them other resources or services:

Me:

> *What sometimes gets in the way of your goals or the families' goals for housing/jobs?*

Staff #2-09

> *As a program, I would say sometimes we can be--it could be a lot better in* [giving] *other resources to our families... Since we are 7 to 14 days, we don't have a lot of resources and things like that here... Because a lot of times families come in and out, and we don't have time. So we might make a call or whatever, but may not be able to actually get* [them] *linked* [to other resources].

Me:

> *Why do you think that's happening?*

Staff #2-09:

Time restraints and just like--we're getting them the housing, we did our job.

In the following example, a staff member also discusses the frustration of having to work within time-constraints, sometimes with the result of having to think of clients as numbers or outcomes, rather than as people.

Staff #2-13:

Yesterday [at an external meeting] ... *some other worker from another agency was saying, "Well I think 7 to 14 days is a ridiculous amount of time. People coming into your place, getting a job, getting child care, and finding a place, and you need them out in 7 to 14 days?"* [One of our staff members] *stood up with her arms crossed, and she said, "Yes, that is what I'm expecting them to do, and that is what I do. And if I do any different than that, my boss wants to know why those people are here more than 14 days." She was outright defiant about it. And I'm like--it's like she's dealing with numbers without people attached to them."*

In the following interaction, a different staff member talks about the tension between efficiency and human connection:

Me:

So how do you see the shelter balance in terms of human dignity vs. offering

services?

Staff #2-11

Getting them housed. This is where it's at, the housing part. This is the heaviest part, as long as we get them housed, nothing else matters.

Me:

Okay, so the human dignity is not as much of a priority?

Staff #2-11

I mean, it's there to a certain extent, but our initial role is to get them housed. We can't do everything in 14 days, which is true. So we're going to stick mainly on

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this here.

Differential organizational responses to efficiency pressures. As seen in the above

quotes, staff are painfully aware of the limitations of focusing solely on efficiency, while

also being aware of the importance of doing so due to external pressures. Although the

pressure to produce in an efficient manner is a common one in many professional

settings, organizations respond to this pressure differentially, by adopting different types

of "organizational structures" (the formal configuration between individuals and groups

with respect to the allocation of tasks, responsibilities, and authority within organizations)

(Galbraith, 1987). Early in the history of organizational management, an approach known

as "organizational design" was utilized by theorists, in which a particular organizational

structure was proposed, which was believed to increase the efficiency and effectiveness

of all organizations. For instance, Frederick Taylor's "scientific management" system

(Taylor, 1911) consisted of a series of principles aimed at increasing the efficiency and

output of organizations, which included an emphasis on specialized job tasks, codified

rules, and pay based on level of output. Similarly, Max Weber's well known

"bureaucratic system" was meant to increase organizational efficiency and effectiveness

through the use of written rules, a system of tasks which are related to each other, a

hierarchy of authority, and a fair system of evaluation and reward (Weber, 1921).

However, more contemporary organizational theories apply the "contingency

approach" to organizational management. This approach states that maximum efficiency

and effectiveness in organizations depends on the fit between organizational structure and

external factors (e.g., market stability) (Burns and Stalker, 1961). Thus, according to this

approach, an organization aiming to increase efficiency in a volatile, unpredictable market, would be best served by an "organic" organizational structure, where jobs are general (non-specialized), there are few rules, and decisions can be made by employees at all levels. This type of structure would allow the organization to be flexible and responsive to the changing demands of the environment in which it operates. In contrast, an organization that found itself in a highly stable and predictable market, would increase its efficiency by adopting a more "mechanistic" organizational structure, where staff perform specialized tasks, a multiplicity of rigid rules are imposed on employees, and decision-making authority is only granted to employees at the highest level of the organization. This type of structure would allow the organization to minimize inefficiency in an environment that is relatively unchanging. What is important to note about this approach is that neither type of organizational structure is considered to be ideal by default; rather, an organization must choose where on the "mechanistic vs. organic" continuum they should fall, in response to the environment in which they operate.

The contingency approach was used to examine the shelter structure because it is compatible with the ecological framework utilized in the study. According to the contingency approach, the shelter would maximize its efficiency by adopting a structure which fit the macro-level environmental factors in which it operates. The macro level environment in which this shelter, as well as most shelters in the U.S., operates is one that is relatively unstable and volatile, as funding depends on a constantly changing political climate, economy, and policy agenda. Thus, the shelter would be expected to have better

efficiency by designing a more organic organizational structure, as described previously. However, interviews with staff and families, as well as my observations, showed that the shelter's current structure is best characterized as a "mechanistic" one, as will be described below.

Mechanistic culture. As mentioned previously, a mechanistic organization operates with a high level of task specialization, multiple non-negotiable rules, and a top-down decision making process, in which authority is vested in employees at the highest levels of the organization. As will be described below, these factors are all present in the shelter structure. Although these factors are presented separately for purposes of clarification, it is important to note that, within the shelter structure, they operate in an interactive way (e.g., task specialization and the presence of non-negotiable rules are affected by the top-down decision making process and vice versa). After each factor is described in detail, implications of a mechanistic organizational structure for the denial and recognition of human dignity are discussed.

One: task specialization. The Center currently operates using a hierarchy of positions in which tasks are clearly specified and highly specialized. Although staff numbers range between 15 to 20 people, there are as many as ten discernable staff positions at the shelter, including (a) front desk staff, who are responsible for greeting families, overseeing family behavior, serving meals, and maintaining Center cleanliness; (b) telephone screeners, who determine whether a family is qualified for shelter services; (c) intake workers, who conduct a detailed background and history interview with family members; (d) child specialists, who focus on children's programming and needs (e.g.,

school-related resources); (e) case workers, whose jobs involve the creation of goals with families, the tracking of family progress through weekly meetings, and the distribution of resources that are not child-related (e.g., access to special housing programs); (f) an aftercare specialist, who visits families and provides services after they are re-housed; (g) the floor manager, who is responsible for overseeing case-managers; (h) the Center manager, who oversees all previously mentioned staff; (i) the resource coordinator, who is in charge of fund raising, donations and volunteers; and (j) the Center director, who oversees budgeting, organizational policies, staff hiring/firing, and relations with relevant organizations/policymakers in the community.

Staff positions were clearly delineated not only by the above described tasks, but by their place in the organization hierarchy (in the order in which they were listed), by educational requirements (high school degrees for staff in the lower-level positions and masters degrees for higher level staff), salaries, and physical office space (from sitting behind a desk in the middle of the Center to having a cubicle to having a private office). Thus, staff positions were readily identified by both staff and families, and were described by staff as being well demarcated from each other. For instance, in this interaction between a staff person and me, the staff person talks about the lack of cohesion between staff in different positions (staff with different "descriptions"). The quote begins after the interviewee has spent quite a bit of time explaining to me how staff in one position are unlikely to help out staff in another position:

Staff #2-14

> ... *We all gotta stick together* [staff workers in different positions] *because these people come and go* [the families].

Me:

Like a team.

Staff #2-14

Right, we work together everyday. If we're going to stay on this job, we work together, and we need to be as one. So I just wasn't feeling it...

Me:

It sounds like you're describing — Okay, this is your job, and you gotta do it. This is the caseworker's job, and they do that. You're the intake person and you do this. And you're not supposed to help the intake person. The caseworker isn't supposed to help [the floor manager] *and* [the floor manager] *isn't supposed to help you, and the caseworker isn't supposed to help the intake worker. Like everybody does their little piece and—*

Staff #2-14

— it's not working.

Me:

Why do you think that is?

Staff #2-14

Because everybody don't have the same [job] *description.*

In the following quote, another staff person talks about the clear differentiation between staff tasks, and mentions the connection between staff specialization and the need for efficiency (not having time to "put it all together").

Staff #2-11

Because everybody doesn't have that quality time to put all that together - if you're a case manager over here, you have to work on finding this person housing. That's your primary concern, you see what I'm saying. Whereas once I've done the initial intake with you, I'm done with you. Because the case manager then takes--once I refer you to them, everything else you do is with them.

In addition to strictly defining staff tasks (i.e., who does what), staff positions also determined communication patterns among staff. That is, staff in the same positions described better communication with each other than with staff in other positions. In fact, staff members referred to themselves as being on "teams" (according to their task specialization) and described strong feelings of _within_ team affiliation and lower levels of _between_ team affiliation. This affiliation was evident in both descriptions of more positive feelings for one's team (team loyalty), and by descriptions by staff and families of smoother communication within, as opposed to between, teams. In this next quote, a staff member describes the differentiation of staff into teams, and talks about the ability of that staff person's team to work smoothly (within team communication). The staff person also shows team loyalty by discussing a preference for working on this team:

Staff #2-02:

> *See there's different - like, I'm on the Intake team, which is - Jane is our supervisor... And our team has had almost a year now to work together and to build our own rules, with input and opinions... And then there's the Front Door team, which is a very -I would never want that job. (Laughs) It's a very hard job...*

In the following quote by a staff person, both the difference in staff positions (one is supposed to greet families while the other is supposed to gather information about families) and the lack of communication between the different staff positions, is evident.

Staff #2-04

> *... I think the smoothness of the Center - the way it would run - would be a lot smoother if all the staff took initiative to communicate MUCH better. Not only about their jobs and responsibilities, but about what's going on in the Center. Like right now - I just had three days off, and when I came back there were a couple of new families. And obviously it's my job* [as a front desk staff] *to take initiative to meet those families. But still, sometimes it would be nice if I had a staff person* [from a different team] *come and say, "Hey we've got these new*

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families - this is their situation. This is what they need." Something along those lines. That way we can all stay on the up and up - as far as what's going on with the families and the Center... sometimes it would be nice to know from another staff member that has done their intake or has done their paperwork that knows [more about that family's issues]...

Finally, mothers, although not using the term "team," also showed their awareness of staff specialization, and some awareness of the lack of communication between different kinds of staff. Thus, in the following interaction between a mother and me, the mother notes her perception of the difference between front desk staff, case managers, and intake workers. She also briefly mentions a possible lack of communication between the different teams.

Mom #1-12

> *It's not the staff that's in the*[family side of the] *shelter* [that are rude], *it's just pretty much the case mangers.*

Me:

> *Oh, the back people?* [staff in the back of the shelter who have their own office cubicles]. *You think there is a difference between the up front people and --*

Mom #1-12

> *Right. They* [front desk staff] *will make the time for you if you have a problem to see what's going on and see if they can solve it. But, your case managers - they have no time for you. And they're the ones that basically know pretty much everything about you and they should make the time to help you.*

Me:

> *So you feel that they do not take the time to understand all your issues.*

Mom #1-12

> *That time has been taken* [by the intake person, previously]. *That's basically it - whoever does your intake, you tell them like half your life story and they write it in your file. That's about it.*

Me:

> *And the intake person is a different person than your case manger?*

Mom #1-12

> *Right... They* [case manager] *have the file* [from the intake worker] *in front of them. Whether they read it or not, its on them.*

Thus, the feeling of loyalty to one's team, combined with a better level of communication within, as opposed to between, teams, serves to emphasize and solidify the specialization among staff, placing the Center closer to the mechanistic end of the continuum in regards to their organizational structure. However, the presence of highly specialized tasks is only one of several factors leading to a more mechanistic organizational structure. Another factor, which will be described below, is the presence of power and decision-making differentials among staff.

Two: clear power and decision-making differentials. In a more organic organizational structure, decision making is democratic and there are fewer differences in decision-making authority between staff at different levels of the organizational hierarchy. That is, staff at different levels of the organization can make decisions about situations as they come up. In contrast, a mechanistic organizational structure relies more on a predetermined set of rules, which are created by staff at the top levels of the hierarchy and cannot be changed by staff at lower levels. Thus, staff have little decision-making power or freedom to act "spontaneously" in any given situation.

Interviews and observations in the shelter setting, once again, revealed that the decision-making aspect of the shelter structure was more mechanistic than organic. In addition, because staff in higher level positions had more education and higher salaries,

the power differential between staff persons was both exaggerated by, and confounded

with, class issues. That is, staff persons in less powerful positions often expressed

resentment about the power given to those with "degrees." For instance, in this quote, a

staff person in one of the lower levels of the hierarchy expresses resentment towards staff

people in higher levels, who "believe they know everything" because they went to

college. Again, what is being discussed here is not only a perceived attitude of

superiority, but the actual reality that more educated staff (in higher level positions) are

able to make decisions and have authority over less educated staff (in lower-level

positions).

Staff #2-06:

> *There are a couple of* [staff] *people who just believe that they know everything,
> and they feel that they're smarter than everyone because they have been to
> college. Because I've talked to people, and they just keep going to college. Like,
> 'I've been to college, I've been to college, I've been to college'. Okay, you've been
> to college. You haven't been--have you lived through it? Have you been
> homeless? Have you ever slept in a car? Have you ever slept in the street with
> children?*

In this next interaction, a staff person discusses an incident between two other staff

persons in different levels of the hierarchy, in which power was reportedly used to

discipline the lower level staff person.

Staff #2-09

> *I guess there was an incident not too long ago where this staff* [in higher level
> position] *... I guess, one day she came out and she told* [staff person in lower level
> position] *to do something... in front of all the staff, and it was totally
> unprofessional and whatever. And he said something back, like, that's not the way
> I want to do it or something. And I guess she called him in back of the office, and
> said: "Don't you ever talk to me like that again" ... because she's in a powerful
> position because everyone is afraid to confront her.*

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However, staff at lower levels are not the only ones who express resentment about the system. In this next interaction, a staff person from a higher level of the organization discusses the challenges of having to make decisions for families and for staff at lower levels:

Staff #2-09

> *And you figure 35 families and you're the caseworker, and they think, you're the caseworker and you make all the decisions. So all 35 of those people, families, mom, dad, all the kids. Other staff asks you about what is being done. So it's--it's a burnt out from dependency of staff and also families too.*

Me:

> *And you're that much higher up?* [in the organizational hieararchy]

Staff #2-09

> *Right. Making--making decisions that's going to impact a family later on down the line...*

Although families discussed the differences in staff status much less than staff members, there was some awareness by families of the differences between staff levels. This is exemplified by the following quote from a mother, who identifies a staff person as "nobody important" because he comes from the lowest level of the staff hierarchy.

Mom #1-12

> *So I went to staff and I asked about a coat. He gave me a number. And he's not even nobody important, you know what I'm saying? He's not even really a "Staff" staff.*

Me:

> *One of the Up-Front people?*

Mom #1-12

> *Yeah.*

To summarize, the third factor which makes an organizational structure mechanistic, the presence of clear differences in authority between higher level and lower level staff, was evident in the shelter. This factor seemed to create tension and negative feelings between staff persons in both the higher and lower level positions, and probably exaggerated the already strict specialization of roles that existed in the setting. Finally, a third component of a mechanistic organizational structure which was present in the shelter was the presence of multiple, rigid rules, as described below.

Three: multiple non-negotiable rules. Although staff operate under a set of rules (e.g., having to "move" families out of the Center quickly), most of the Center's numerous rules are focused on the daily routine of clients (families), parenting, and client-staff interactions. The policies and rules are mostly non-negotiable, although exceptions are made for some families in some circumstances, at the discretion of individual staff members. Staff member strategies for family adherence to rules include reminders, threats, warnings, and negative consequences consisting of Write-Ups and Actions. A Write-Up is a formal documentation of an incident where a family member breaks a rule or behaves in a disorderly fashion. An Action is either a forced termination of shelter stay, or a report to Child Protective Services (CPS), which usually results in children being removed from the family. Actions could occur as a direct result of family behavior (e.g., discovery of child abuse, a physical altercation), or as a result of an accumulated number of Write-Ups. Families are also given the opportunity to document a Write-Up on shelter staff, which could result in action against that staff member (e.g., during my time in the Center, one shelter staff was fired due to a report by a parent

regarding inappropriate physical disciplining of a child). Below is a brief description of the major categories of shelter rules for families.

Families have to adhere to a strict timed schedule in order to receive breakfast, lunch, snacks, and drinks. For instance, if a family is out of the shelter during a meal-time or snack time, the rules stipulate that they cannot get a drink or snack upon returning. The shelter also had strict "clean-up" times for families, during which all families present in the Center have to participate. Families also have to leave the shelter twice a day for 1 hour each time, at specific pre-set times (once in the morning and once in the afternoon). These are called "goal achievement times," and are meant to encourage "unmotivated" families to seek housing and jobs in the community, rather than spend all day on the premises. Families expressed strong feelings about the goal achievement time, bringing it up spontaneously in almost every interview. For instance, in this quote, a mother disagrees with having to do goal achievement time every day.

Mom #1-14

> *I can deal with some of the rules, but some of the rules that you got... some of the staff take it to an extreme... I understand the rules that they got set, BUT, sometimes, some of the times - - like they got goal achievement day every day of the week, seven days a week. Now on the seventh, the Lord says you rest on the seventh day, then why do we have to* [participate in Goal Achievement]*?*

This mother describes the way goal achievement time actually creates more chaos in her life, because she feels that families are constantly being asked to go in and out of the premises, allowing her less time to call landlords and accomplish tasks.

Mom #1-04

> *You got two goal times when they let you out as long as the temperature is over thirty five... They want you to achieve your goals - their goal is, they want you to*

achieve [your] *goal, but they don't care what the circumstances is... You can't have me here one day and take me here this day and then get mad 'cause nothing has been completed within my goal time.*

In the following quote, a staff member describes the shelter's reason for having goal achievement time, while also showing awareness that many families do not appreciate the inflexibility of having to go out at specific times of the day.

Staff #2-02

> *... Families would come up on their thirty days and haven't implemented or tried to do anything on their goal sheet... So now it's very, like, documentation is obviously very important. They have a two week follow up thing and...and if they're sitting here, they can't get anything done... But a lot of people will say, 'Well I have a child that's sleeping.' But we're trying to - we focus them on: This is short-term. This is just shelter. Nothing is going to...a job is not going to come in here to you, a house is not going to come in here to you. You need to get out.*

The shelter also had strict rules on parenting, which covers child behavior and parent behavior. For instance, parents must be with their children at all times, and parents are prevented from many ways of disciplining their children, including placing them in time-out, yelling at them, or engaging in any form of corporal punishment. In the following quote, a mother expresses understanding for having rules around parenting, but also shares the way in which this takes away choice and authority from parents.

Mom #1-08

> *Well, the discipline thing - I understand, because like* [the director] *said, what one person may think of as discipline, may be* [child] *abuse... But not giving the parents that option...I think that's taking away from them being an adult and being able to choose what's appropriate and what's not appropriate.*

This next quote illustrates a staff person's frustration with parents who do not follow the shelter parenting rules, and describes the staff person's determination to follow through with a write-up when parents break rules.

Staff #2-03

I feel like, you know, when you give somebody the rules and you tell them the situation... 'You can't whip your kids here. The hollering and stuff, that's out." I ran into a situation where a woman took her little girl into the bathroom and was just screaming at the top of her lungs... And I was there - back there, by the bathroom - and I just said, 'I understand that you have to chastize her, just keep your voice down.' ... You know, I did what I had to do and then if it got out of hand I have, and WILL, write you up. But I felt like I warned her the first time.

Although some parents felt that the parenting rules were unfair or unrealistic, a number of

parents felt that the rules themselves were reasonable, but disagreed with the shelter

policy of sharing the rules with children. For instance, in this interaction, a mother begins

by talking about a rule being unrealistic, and goes on to emphasize that what she really

dislikes is her child's awareness of the "discipline rule."

Mom #1-04

... their rules here, it stinks. Like, "Sit your children down while you clean." While the cleaning is going on. But, my thing is, you can't sit a one year old down. And you can't expect them to sit down and shut up, they're not going to do it. It's impossible!

Me:

So unrealistic rules.

Mom #1-04

Yeah. It is. If you could get your one year old - a one year old - to sit down? Come on, you can't. It's impossible for me to get mine to sit down. Then another thing I think is wrong for them to do is when they tell the children you cannot spank them. If you spank them: "Let me know, and I'll call Children's Services." You don't tell that to no children. You could tell it to the adults, but don't tell it to the children. Because the kids are using that here, 'cause I could tell you for a FACT I know about it because my son has been doing it. And the first thing he do - I don't be wanting to hit him - but the first thing he'd yell when I said, "Come here" is "No mommy, don't hit me!" That's because they said, "Don't beat the children in this facility, not in front of staff."

Me:

So you think the rule is ok, but they should just -

Mom #1-04

- DON'T let the children know that rule.

Me:

But the rule is OK?

Mom #1-04

Yeah, the rule, I mean - some parents it should be obeyed because a lot of parents, they do abuse their children, you know. It's a difference between ABUSE and DISCIPLINE. There is a fine line between that. But, when you got intelligent children around you, you don't let them know things like that because they will use that against the parent...

Other parents expressed similar sentiments, as seen in this quote:

Mom #1-07

I don't agree with telling the kids in front of the parents - I don't agree in the staff telling the kids, in front of the parents, that the parents can't discipline you. They can back talk you, you can't do anything to your kids. You cannot do nothing. You're supposed to pacify your kids and give them whatever they want. I don't agree with that. Because a lot of them kids take it and run with it. You know, I just don't agree with that.

The difficulty of parenting children under strict shelter rules is also described in other literature (Hausman & Hammen, 1993), and highlights the fine line shelters have to walk between protecting children from abuse and being "paternalistic" with the children's parents. Thus, although families in this study did not describe it as such, Seltser and Miller (1993) contend that having their parental authority removed (as described in the above quotes), is a type of human dignity denial in and of itself.

The shelter also has rules about client-staff interactions, which govern meetings

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with case-workers and resource distribution. For instance, before families can meet with

their caseworkers, they have to call their case-workers (located in cubicles on the 'office"

side of the facility) from the "family phone" (located on the "family" side of the facility),

and be invited into the meeting. In the following quote, a mother describes her frustration

with this rule, as she explains it to me:

Mom #1-06

> *... You know, you got an emergency: 'Look, I got to go pick up my kid from school, he's real, real sick. I need a bus ticket.' I'm supposed to go out there on the phone...call you, wait for you to call me back?*

Me:

> *From the bus stop?*

Mom #1-06

> *No, from the phone out in the lobby to the office right there where the case managers are. I'm supposed to go down there, dial [the number] and [her extension]: "Hello, this is* [Jane Doe] *- little* [Bobby] *is really sick at school today - I need a ticket to go pick him up."*

Me:

> *So you're calling from the shelter -*

Mom #1-06

> *TO the shelter.*

In this next quote, a staff person agrees with the previous interviewee about the negative

message this rule sends to families:

Staff #2-01

> *It's just crazy.... Say that you're appointment is at 1:20. If it's 1:18, 1:19 - 'Well, you got two more minutes. Just go out there and call me on the phone. And I'll tell you to come back.' ... The message is: 'I'm the big willy around here.' That's*

why they talk to them like that and that's why they make them go back to the phone and dial their extension.

Culture of self-sufficiency. In addition to having a pretty clear mechanistic structure, as described above, one other factor exacerbated the tension among staff and between staff and families, interacting in a negative way with the mechanistic nature of the shelter. This was the strong value that the shelter culture placed on self-sufficiency. The value of self-sufficiency was evident in several ways, for both staff and clients. First, staff described receiving minimum or inadequate training for their positions, creating a feeling of having to "make it on their own." For instance, in this quote, a staff member describes the lack of training given to new staff persons when they arrive:

Staff #2-05

> *When I first got hired over here, I would just go and ask [questions] a lot of times. But that was kind of getting on [their] nerves, but--and it was, it was like a big thing. All three of us [new people]... we were asking them all the time because there was like no real training. It really wasn't... You kind of just got through with it... So I missed out a lot, and I felt like--and [they] apologized like I'm sorry that we haven't been—you can do it. Whatever. But I needed that something, I needed a little bit of training or something.*

This quote from another staff person echoes the same sentiment:

Staff #2-02

> *And then there's Front Door people... And that position's been in limbo for so many months that their staff is inadequately trained. So they're just thrown in the position because it's a warm body and we need someone out there - for crowd control. And I hate to say it, but it is.*

Similarly, families are often expected to work autonomously on their job and housing search, without a lot of support or assistance from staff persons. For instance, in this quote, a staff person talks about the tension between "empowering" and "enabling"

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families, and describes how families sometimes do not receive the support they need because staff value family independence.

Staff #2-09

> ... I think sometimes I can be very inpatient with them. A lot of times I just expect families to be able to do this, this and this. And I'm so for being empowering and not enabling. Sometimes I think that I can hurt them by not wanting to enable them. But it's a thin line between enabling and empowering. I think a lot of times I get stuck, and I think sometimes I hurt my families by not advocating for them when I could have... Like say a family might have applied for their benefits - and they're waiting to hear back, and they say to me, I can't get in touch with my [welfare] caseworker. And I'm like, "Well, you need to call and leave a message." And they say, "I have." "Well, you need to call the supervisor." Well, I can step in [instead of telling them to do it] - I know the reputation at the welfare agency. And I know there are a lot of times we have problems with it. I know if me as a fellow professional have problems with it--I can step in and call... And sometimes I do it, sometimes I don't. When I do do it, I tell my families that I want you to do it first. Because it's not always good to have somebody else doing something for you... [but] at times I know that people -- some of our families just can't articulate their needs...

Similarly, many staff members discussed their fear of having clients become "dependant" on the system if they were given too much help from the staff, as described by this staff person:

Staff #2-12

> I think some families are so used to having [assistance] and being in the system so long and dependent on others and not themselves, I think we see a lot of those families come back. I think, I hope they don't become too dependent on me. I really like this family, and they're really in need... but I just hope they don't become dependent on the system... That is something I struggle with. Sometimes I think, oh, this family, they have four kids. How are they supposed to get to the health department. I'll take those families to the health department because I really--I know this single parent is struggling... [But then] I just worry about them [becoming dependent, so I say]: "You're independent - come on, you can go and do this."

In the following quote, a staff person echoes the same tension between providing so much assistance that it causes dependency, and setting such high goals for families that families

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cannot accomplish them without assistance.

Staff #2-10

> [There is a fine line] *between helping and creating dependency. It's hard, and sometimes when they— We've had--we had a staff member here who went really amuck - just had a real heart toward situations , and would do things like drive them to the grocery store. [But] I think that sometimes staff will set goal plans with families that are over ambitious. Because as they're talking through with the family, they don't realize what count as baby steps for those people, and what count as big steps...*

In addition, families sometimes received a minimum of explanations regarding shelter

rules and policies, creating misunderstandings and resentment between families and staff.

For instance, in this next set of quotes, mothers and staff persons talk about

misunderstandings between staff and families around the free bus pass policy. According

to the staff person in the first quote, free bus passes are reserved for families who have no

other means of paying for transportation. However, this does not seem to be clearly

explained to families, resulting in misunderstandings and resentful feelings on both sides

(from families for not being assisted and from staff for being taken advantage of):

Staff #2-07

> *... I just think it* [bus pass policy] *should be told to families right off the bat... Explain it* [to families] *in a nice way or explain it period. I don't know. I'm just now thinking about it.*

Me:

> *So, you think it has not been explained to families?*

Staff #2-07

> *I don't know. I'm* [back] *here now - I don't know what they discuss back there* [up front]. *I've never even thought about it. But I've had a woman come to me and ask for a bus pass and I didn't have any. I said "I'm sorry, I don't have any." And she*

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said, "Well, I got a few dollars - I can buy my own." And then I said, "Well, you should - you shouldn't rely on the Center for that if you have money."

The following quote by a mother echoes the staff person's observation. In the quote, she describes her resentment in not being given a free bus pass after her partner earns some money on an odd job, because she feels that her family needs the money for other purposes and deserves a free bus pass.

Mom #1-04

You know, we had just a couple dollars. So we was going to try to hold on to that. So we went down there, asked her [staff person]: "Well, can you give us a bus pass to go continue to look for housing?" "No. You got the hundred dollars [from the job last week]." How long do you think a hundred dollars [lasts]? I mean, I could say, it lasted us a good three days. But with two kids, how long do you think a hundred dollars is going to last? "Oh, we can't help you - you got that hundred dollars."

The next quote by a mother expresses the same confusion and frustration regarding bus pass policy:

Mom #1-16

Like I've asked for a bus pass so I can go out and try to accomplish things, and she said she won't give me a bus pass because we have a car. But my husband has the car at work all day, so what am I supposed to do? He can't take off work and miss work for me to have the car - just so we can find places to live, its just crazy.

Descriptions of these kinds of misunderstandings abound at the shelter, as seen in the previously presented quotes regarding parenting rules and goal achievement time, which staff consider to be necessary, but families often resent and do not understand (see section on shelter rules).

Finally, as mentioned previously, each staff "team" seemed to work independently, without having a good feel for the overall functioning of the shelter.

Again, although presented separately, this culture of self-sufficiency obviously interacted

with the strict task specialization described previously as part of the mechanistic shelter

structure. This is exemplified by the following interaction:

Staff #2-04

> *... I would sort of like to see there be more communication between all of the staff members, no matter what their position is, no matter where they're located in the center. I would sort of like to see more meetings or such with everyone. One, I think it would make me - people in my position - a lot more aware of the program as a whole, and how it works, how it runs. And things to, you know, expect as far as - say, if we're getting new families in. Or say, new donations... If we have like a meeting or an after work function - anything like that. It would be good to see it and hear about it from all sides, you know, of the spectrum. 'Cause sometimes the division gets a little bit limited. Or sometimes maybe even a little bit cloudy as to how the whole things works, when you're focused on just one area.*

Me:

> *What's the big picture.*

Staff #2-04

> *Yeah, definitely. It would be a lot better for everybody if we all kind of had a constant eye on the big picture, as well as our own personal responsibilities within our positions. And so that's why I said, you know, like maybe larger staff meetings. Once a week or once every two weeks or something would be very effective, but we have not had one of those yet.*

Me:

> *Ok. So when there's a meeting it's usually two or three teams meeting together?*

Staff #2-04

> *So far I've only seen meetings that are, like, one team... But I've yet to see a meeting where it's all of us - You know, coming together and just talking about issues or, you know, problems, concerns - what's good, what's bad, things like that. I think that would be a lot more effective for everybody. I think that could make the whole thing run smoother.*

To summarize, the shelter's response to external pressure for efficiency has been

to adopt a mechanistic organizational structure, which is characterized by clear staff specialization, multiple non-negotiable rules, and a top-down decision making process. In addition, the shelter has taken on a cultural value of self-sufficiency, which is reflected in a lack of training and assistance both between staff, and between staff and clients. Unfortunately, these two facets of the shelter system (mechanistic organizational structure and culture of self-sufficiency) are not compatible with each other, as self-sufficiency requires freedom for exploration, a democratic decision making process, flexible roles, and negotiable rules. In addition, as mentioned previously, a mechanistic shelter structure may not be the best choice for an organization embedded in a constantly changing system, and working with clients whose needs and issues are diverse, and whose backgrounds are dissimilar.

Based on the description above, it is tempting to make a direct link between the mechanistic, self-sufficient shelter system and client denial of human dignity by staff, as this system seems to (a) encourage staff to treat clients in a similar manner (minimize their individuality); (b) create tension among staff that could lead them to be impatient with clients; and (c) provide little training for staff, which could lead to poor handling of challenging interactions. Similarly, it may be assumed that the mechanistic, self-sufficient shelter system may directly lead to negative family experiences in the shelter, as (a) the multiple, rigid rules may seem disrespectful to families; (b) the high level of task specialization may lead families to feel as though they are not being treated as a "whole" person; and (c) the emphasis on self-sufficiency may feel to families as though they are being abandoned to navigate a difficult system on their own. This direct link was, in fact,

suggested by some clients and staff in their interviews.

However, client interview data suggest that the relationship between a mechanistic, self-sufficient system and (a) staff denial of client dignity, and (b) overall client experiences in the system, are more complex than a simple direct link. That is, the data suggest that for many families, the relationship between the system and both human dignity denial/recognition, and overall shelter experience, was moderated by the family's "fit" to the system, as will also be described below. In other words, for a subgroup of families, a mechanistic, self-sufficient system did not automatically lead to the experience of dignity denial from staff, or a negative overall shelter experience, because these families reported experiencing a good fit with a mechanistic, self-sufficient approach. This moderating interaction will be described in more detail below.

Person-Environment Fit

Person-environment fit (P-E fit) refers to the ecological concept that individual-level outcomes result from an interaction between a person and his or her environmental context (Lewin, 1951; Murray, 1938; Pervin, 1989). That is, people with the same characteristics are understood to have different outcomes depending on the characteristics of the environment they are in, and vice-versa. Furthermore, certain characteristics are believed to have a better match (or fit) with certain kinds of environments (e.g., highly organized people may be better matched to highly structured environments while highly creative people may be better matched to relatively unstructured environments). A further assumption of the P-E fit construct is that higher levels of this fit between person and environment are related to better outcomes (e.g.,

satisfaction, productivity, faster recovery), while lower levels are associated with poorer outcomes (e.g., dissatisfaction, unproductivity, slower recovery). Indeed, the P-E fit concept has been applied extensively to organizational, educational, and health settings, where it has been shown to be related to psychological adjustment, success, and satisfaction (e.g., Conway, Vickers & French, 1992; Edwards & Rothbard, 1999; Fenzel, Magaletta, & Peyrot,1997; Ryan & Schmit, 1996; Wallace & Bergeman, 1997).

When applied to the current study, the P-E fit concept helps explain the differential experiences and staff treatment reported by families in the shelter system. That is, mothers who reported more experiences of dignity recognition from staff and described their overall shelter experiences as being positive, were more likely to provide qualitative descriptions which implied a "good fit" with either the mechanistic shelter structure, the self-sufficient culture, or both. In contrast, women whose descriptions implied a "poor fit" with either the mechanistic structure, the self-sufficient culture, or both, were more likely to report experiences of dignity denial from staff and to report an overall negative shelter experience. Examples of women's descriptions of fit will be provided below, followed by a description of how family fit interacted with the shelter system to affect staff behavior and family shelter experiences.

Poor fit with the mechanistic structure. The shelter system, as described previously, consisted of a mechanistic organizational structure and a self-sufficient culture. The mechanistic structure involved a strict hierarchy of delineated staff roles and a numerous amount of relatively rigid rules. Women whose qualitative descriptions of their philosophies and reactions to the shelter suggested a poor fit with the mechanistic

shelter structure were usually focused on the "rule" portion of the structure, as this had the most direct affect on families. These women were more likely to (a) criticize and question the usefulness of shelter rules; (b) find shelter policies to be offensive; and/or (c) ignore or refuse to follow certain shelter rules. This is illustrated in the following quote, where a woman describes her response to one of the Center rules (having to leave the premises for goal achievement time). She explains that this rule seems to imply that she would not be motivated to seek housing and jobs unless she was forcibly removed from the premises (which is, indeed, one of the staff reasons for having goal achievement time). She goes on to explain what an insulting assumption this is, since being homeless (and staying in a shelter setting she finds "unacceptable") is enough motivation for anyone to search for a better situation for oneself and one's children. Thus, she questions the rule and finds it offensive:

Mom #1-06

> *First of all, I don't need no one to tell me to go out and do my goal planning. I mean, damn, I'm homeless. You know what I'm saying? I'm going to do whatever I can to get out of this situation. I mean, you're homeless, the place is DIRTY, it's nasty. The food - lunch and breakfast - is just unacceptable to me. 'Course I'm going to try to get out of here. My babies don't need to be here. This is not the way that I wanted it.*

In the next quote, the same mother also describes her criticism of the non-disciplining rule for parents. Although she does not explicitly state it, she also implies that she may not always follow this particular shelter rule:

Mom #1-06

> *See, my kids have gotten way out of control. And see - my kids are bad - I'll be the first one to admit it. I don't whoop my kids for everything they do - but I can't raise my voice to get their attention? I can't do nothing, you know... I'm not going*

to hurt my kids. I mean, yeah, spanking does hurt. I'm not saying it's supposed to feel good. But at the same time, when we leave here they still got to mind me...

In the following quote, a different mother describes how she does not always follow shelter rules, but sometimes does things her own way:

Mom #1-01

Well you know, you really have to like, when they send you out, they give you a goal plan. And sometimes, I don't even go by their goal plan... I mean there's nothing wrong with a goal plan, but personally, I don't even go by their goal plan, I go by my pace of what I can do.

In the next quote, the same mother describes how she defies shelter rules about child-discipline, going instead by the county law:

Mom #1-01

Like the County police, they'll tell you, you have the right to whip your child. But, long as it's not with a closed fist or with an object. But as long as it's like, on the buttocks, or the thigh, that's the only areas you're allowed to hit your children. They told me that and the County Children's Services told me I could whip my children - so I smack my son on the hand... See, I did it in front of the staff and they was like, "Well that's not allowed because we could call [Children's Services] on you." Go ahead and call on me. Because I know for a fact, the County Police has told me, and the County Children's Services has told me, if I do that, as long as they don't see no bruises on my children, there's nothing they can do. And I don't bruise my kids.

Other women in this subsample describe more subtle ways of questioning or not following rules. For instance, in this next quote, a mother describes that she would not bring proof of her job application process to her meetings with her caseworkers:

Mom #1-04

Then they [case managers] talk about like "Have you found a job?" I was like "No, I haven't. I'm looking." I put in five applications a day - the people I put applications in with, the first thing they say "Ok, we ain't got no openings right now, but soon as we get a slot open I'll give you a call." That's all I could take. I can't make them hire me. "Do you got proof of that?" No I don't. But if you feel

> *like you want to call everywhere I put an application in, you're welcome to do that.*

This mother, like the previous women quoted, also tells me that she does not follow the shelter rules regarding corporal punishment of children:

Mom #1-04

> *I'm not going to let my son walk on top of me. I'm not going to let him be my father - he's not my father or my husband. He's my son. And there are only certain things that could come out of his mouth to say to me, only certain things he can do to me. Other than that, if I don't like it, I'm going to discipline. Whether you like it, he like it, or anybody else around me DON'T like it, but that's the way... It's just crazy how they* [staff] *say* [to the children] *"Oh, if ya'll parents hit ya'll, you come and tell me." Well, it don't make me feel no difference - 'cause I still spank mine.*

Thus, to summarize, some mothers in the sample described having multiple philosophical differences with shelter rules, found the shelter policies disrespectful, and/or described instances of ignoring certain shelter rules. Using the P-E fit framework, these mothers are considered to have a poorer fit with the mechanistic shelter structure than a different subsample of women, as described below.

Good fit with the mechanistic structure. Other women described an overall acceptance of the mechanistic shelter culture, again focusing mostly on shelter rules and policies. In contrast to the women described previously, these women were more likely to (a) describe a philosophical agreement with having multiple rules; (b) express that the rules were not only inoffensive, but sometimes helpful; and/or (c) follow most of the shelter rules and policies. This is illustrated in the following quote, where a mother describes both her tendency to follow shelter rules, and her general feeling that it is reasonable for staff to correct her about minding her child better.

Mom #1-08

> *So they* [staff] *don't - you know, they ask me one time. - I'll do it. It doesn't take twenty, thirty times to tell me, you know, my child is doing so-and-so and I act like I don't hear or don't care OR get an attitude with them for correcting something that's - that was my fault - not really my fault, but it's something that I should be doing anyway.*

It is important to point out that these women did not unconditionally agree with, or

accept, all shelter policies. However, they were more likely to be understanding or

approving of shelter rules than women who did not fit the structure as well. Thus, when

asked what she thinks of shelter policies, the mother above describes one policy with

which she does not agree: telling children that their parents are not allowed to physically

discipline them. However, this mother goes out of her way to explain that she does not

disagree with the overall policy, and that this is the only thing she would change about

this policy:

Mom #1-08

> *Well, the discipline thing in there - I mean - I understand that* [rule]*... I mean, and believe me, I keep saying I'm going back to school to become a social worker, I do not believe in abusing children. In a lot a ways - the way some of these parents speak to their children, I think it's completely crazy. BUT, if you have a child touching an outlet, okay, that's something that's dangerous to this child. You may need to spank that hand to, you know, let them - to indicate, "Hey, you cannot do that." I understand that here "We discipline with love" and "No, you will not spank" Okay, that's fine... But don't put it out there for the child... The parents have to sign the rules and regulations - so they* [parents] *know about it. Just don't incorporate it* [for the child]. *I don't think that - it's one of the things I think they should reconsider.*

In the following quote, another mother describes a similar sentiment when she talks about

disagreeing with telling children about the discipline rule, but also expresses an opinion

that most rules are reasonable and easy to follow. The quote begins after I ask the mother

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what she thinks of Center policies and rules:

Mom #1-07

> *They're ok. I don't agree with telling the kids in front of the parents - I don't agree in the staff telling the kids, in front of the parents, that the parents can't discipline you. They can't back talk you, you can't do anything to your kids... You know, I just don't agree with that. But - you know, the rules are the rules. And that's what, to me - that's what makes the place run smooth... They're fair rules, you know. Clean up time - get up and clean up. Ok, goal achievement time - even if you ain't got anything to do, you can walk to the riverfront - which is right up here - and you can go underneath there and sit and take a bag of Cheerio's and sit for an hour and feed the ducks. You know, you can do something. Get off the property, that's the rule.*

The same mother describes participating in Center clean-up consistently, whether or not

she and her family were there to make a mess:

Mom #1-07

> *I clean every cleanup, I clean every cleanup. Whether I'm here during the daytime - I can be gone all day long and the four thirty cleanup comes and we* [my family] *not touched nothing up in this place and I'll have to come in here and clean. And I'll come in here and clean.*

In the following interaction between me and a mother, she echoes some of the sentiments

of the previous participant. In the quote, the mother expresses that not only are the shelter

rules easy to follow and reasonable, but that they are helpful to families. The quote begins

after I ask the mother to describe her feelings about shelter rules and policies:

Mom #1-19

> *Well, rules - you have chores, you have curfew time wherever you go. All they ask that you do is try to help keep the place clean - and, abide by the rules, which aren't really hard. If you're not looking for a job or you don't have a job* [or you're] *looking for a place to stay - they are trying to better you. In other words, they don't want you to just sit and do nothing - and be here for so long, and do nothing. You know what I'm saying?*

Me:

> *You feel like the rules are there to help you.*

Mom #1-19

> *Oh, yeah - oh yeah. Like I say, it is looking for a job, finding housing and trying to better yourself.*

Poor fit with the culture of self-sufficiency. Many women in the sample noted the need for self-sufficiency in the shelter. However, for a subsample of women, this seemed to present some practical or philosophical difficulties. These women were more likely to describe the shelter as providing inadequate assistance or help in their search for housing or jobs. For instance, this mother describes her frustration with staff expectations of getting a job and housing in a short time without assistance:

Mom #1-04

> *We have to do it on our own, and I don't think that's fair...* [The program] *is only seven to fourteen days. That's only two weeks. Who could find a job, who could find a house, who could find an income within seven to fourteen days?*

In the following quote, another mother also describes her frustration over not getting more assistance from staff. For this mother, the lack of assistance was a prevalent theme throughout the interview. Thus, her statements from several parts of the interview were compiled in this quote:

Mom #1-12

> *There hasn't been anything for me* [in the program] - *they not helping me! They have not helped me, I've done everything on my own... They haven't assisted me to do anything - other than tell me what I need to do... I been having to find it on my own 'cause it's like nobody wants to help me. And I'm not from here so I don't KNOW. I don't know all the things that's out there or the things that's available to me, unless someone helps me out a little... I haven't gotten any kind of assistance other than the fact that they putting a roof over my head. They have not assisted me with NOTHING. I expected, you know, especially 'cause I'm from out of town, I don't know where everything is and how to get around and stuff - and I've been getting lost... They're supposed to help you. That's what really, really, REALLY stuns me. It's like, "What in the world is going on?"... They have all*

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> *these resources at their hand, a touch of a phone. And they don't want to pick it up to help you.*

In the following quote, a mother states that her ideal program would have more assistance in it, even though she has said earlier in the interview that she, herself, is dealing with her housing and job search without staff assistance:

Mom #1-10

> *They make - the rules* [are] *that you go do* [the housing and job search] *on your own. Whereas, if I'm running this place, I'm going to help you do better. I'm going to HELP you. I'm going profit you. I'm not just going to tell you to go do it...*

To summarize, a subsample of women described their personal philosophies and/or abilities to be a poor fit for the shelter culture of self-sufficiency. These women were more likely to express the sentiment that getting referral information and goal planning from the shelter was not adequate in helping homeless families successfully exit the shelter in a short amount of time.

Good fit with culture of self-sufficiency. However, for another subsample of women, the culture of self-sufficiency seemed to fit their philosophies, abilities, or situations well. These women, while noting the same phenomenon as the previously described women, related being pleased with having information and referral sources from the shelter, and seemed comfortable with the lack of direct assistance from staff. This is illustrated by the following quote, where a mother describes her philosophy regarding the shelter:

Mom #1-08

> *It's a very good program. I mean, they provide you with your information, you know, resources. It's up to you to do the leg work. And if you don't want anything, then you're not going to get anything.*

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In the following quote, another mother expresses pride in her self-sufficient attitude,

saying that she uses the contacts and information given to her by the staff to achieve her

goals:

Mom #1-18

> *I'm out here everyday hitting this pavement. I'm constantly bugging people, can*
> *you help me, can you do this? I'm trying to get out of here, I'm not trying to make*
> *a shelter my home. So, a lot of people are making the shelter their home, and*
> *that's their problem. I'm - the contacts that they [staff] give us - the resource*
> *people - if they say they will help us, I'm not going to let them forget. I follow up,*
> *I follow up a lot - out there on the streets, job places - I follow up with them a lot.*

In addition, some of the families in this subsample came into the shelter with either

housing or jobs already arranged, therefore needing less assistance from the staff than

other families. This is illustrated by the following quote from a mother who is waiting for

a house to be finished so her family can move in. The quote begins after I ask her what

has been helpful about the program:

Mom #1-13

> *The caseworkers that gave* [us] *instructions* [where] *to get furniture for the house;*
> *I hadn't been able to do that yet...*

Me:

> *So, them giving you, so just giving where to go - numbers and –*

Mom #1-13

> *And giving me advice on how to get it and where to go, that's been real*
> *helpful...*[because] *I have got all my goals completed from the day I have been*
> *here.*

To summarize, a subsample of women described being satisfied with the resources given

to them by the shelter, either because they felt that they needed less assistance in meeting

their goals, or because some (or all) of their goals had already been met when they

entered the shelter. Thus, some women in the sample describe experiencing a good fit

with either the mechanistic shelter structure or the self-sufficient shelter climate, or both,

while other women describe experiencing a poor fit with the system.

As a result of their goodness of fit with the system, women described differing

treatment from shelter staff. Staff working in a mechanistic, self-sufficient environment

are probably appreciative of families who follow rules and require less assistance (i.e., are

a good fit with the system), and are therefore less likely to deny the human dignity of

these families. Similarly, when women experience a better fit with the system, they are

more likely to perceive their overall shelter experience as being positive. Finally, not

surprisingly, women's overall shelter experience was also found to be directly affected by

the extent to which their human dignity was recognized by staff.

<u>Denial and recognition of client dignity by staff as a result of P-E interaction.</u>

Although most staff members and mothers did not express awareness of the complex

interaction between the shelter system, family fit, and staff behavior, a number of

participants noted components of this interaction during their interview. For instance, in

the following quote, a staff person describes how families who are self-motivated and

able to achieve their goals with a minimum of help make their jobs as staff people much

easier. In other words, this staff person is describing the experience of working with a

family who fits in well with the self-sufficient culture of the shelter.

Staff #2-12

> *Some families are very -- like I had one family this week... I met with them on
> Monday. They came back on Friday - they already had their kids enrolled in
> school, and they didn't have to be told where to go. They already had the youngest
> son in a daycare. They had their jobs lined up and who was picking up who. So*

that was like really easy, and I was--that makes my day go so much smoother.

In the following interaction with me, a staff member describes that families who do not

fit into the system as well (e.g., question the rules and policies; question staff authority)

can make staff people's job more difficult and "lower morale."

Staff #2-02

> *... They* [clients] *put up a wall and it's kind of like an attitude - and they think they're protecting themselves. That makes it harder to serve that family and to get them what they need.*

Me:

> *What kind of attitude do you mean?*

Staff #2-02

> *Like, "This is my life - why do I need to do a goal plan with you? This is none of your business. This is just shelter." ... "Who are you to tell me that if I don't do this, this, and this, I can't stay in your program?"*

Me:

> *How does that affect staff?*

Staff #2-02

> *Sometimes we get very frustrated and morale goes down.*

In this quote, a staff person describes frustration following an unpleasant interaction with

a family. According to the staff member, the family missed snack-time because they were

resting outside in their car, and then became upset with the staff member for not

providing them a snack during non-snack time. The staff person expresses his feeling that

families who do not "participate" in the program (fit into the system well) cannot expect

to get all the benefits of the program. The main component of the complaint seems to be,

however, the fact that such families require more work and ask staff to go out of their

way in order to help meet individual family needs:

Staff #2-04

> *If they want to be in the program and if they want the benefits of the program,
> they need to participate in the program. They can't sit outside in their truck all
> day. They need to come in and take initiative on their own, you know? I'm here
> to help everyone, but all those people that are here to be helped need to, on some
> level, help themselves. And I can't help somebody if they're not willing to help
> themselves.* [They] *know the rules;* [they] *signed the rule paper just like
> everybody else.*

While staff focused on the way family fit made their job easier or more difficult (the

interaction between a mechanistic, self-sufficient system and family fit), mothers showed

awareness of the interaction between family fit and staff treatment of families. For

instance, in the following quote, a mother states that staff treatment of families can be

differentiated according to how much they "kiss up" to staff. At the same time, she admits

that she is not good at controlling her temper or "biting her tongue," aspects that I believe

make her a poorer fit for a mechanistic system:

Mom #1-06

> *I do know that they treat different people different ways... I mean, as long as you
> kiss butt, you alright. But I don't like the way booty tastes, so I ain't kissing
> none... But I'm almost ready to go to the street. Because I know I'm going to end
> up getting in trouble 'cause I'm going end up cussing on the matter* [of how I feel
> about this shelter] *or saying something they don't like... I'm not going to keep
> putting up with the bullshit. I mean, eventually I'm going to tell one of them to
> kiss my ass and they're going to write me up. And then I'm going to tell whoever
> answers that grievance to kiss my ass also. Because - like I said, you want me to
> kiss yours, and booty don't taste good to me. Maybe it taste good to the next man,
> I don't know. I just can't. I'm not good at this. And I'm not good about biting my
> tongue.*

In the next quote, a mother describes the change in staff attitude after she obtained

housing through an outside agency (displayed self-sufficiency):

Mom #1-01

> *Well, right now I feel like I got more respect from my casemanager - since I been out here busting my tail, getting my place, going to these other caseworkers for help and - I mean, basically everything is happening the way it needs to happen. I feel like I got more respect from them now...* [Before] *I went at the angle I wanted to go. I didn't go at their angle, I didn't follow... and I felt like I was getting treated wrong. Like disrespected... But, that's it. Since I went to* [the outside housing agency] *and got all the help I needed, took care of the business I had to take care of, I feel like I got more respect* [from shelter caseworker].

Another mother also notes the connection between not being "picked on" or disrespected

by staff people and following shelter rules:

Mom #1-07

> *When [a staff person] tells you to do something, do what [that staff person] told [you] and that's it, you know? The policy is keep your kids with you. When you go to the bathroom, your daughter goes to the bathroom - you go to the bathroom with your child. Just DO the rules. Just follow the rules. And a lot of people be like, "She [staff person] ain't done nothing but pick on me all day." Well - you know, if you follow the rules you wouldn't hear nothing. I never hear nothing. I'm never hearing my name being called. They have yet to call my name.*

This link is also echoed in the following quote by a mother who states that following

rules and being self-motivated prevents her from being treated poorly by staff:

Mom #1-08

> *Like I said, my thing is, I don't put myself in a situation WHERE they - or I try not to - where they can, you know, treat me any differently. They see me get my kids off to school. If I need to, I change clothes, do my hair, you know, what-have-you and I'm gone. I don't have to sit around until ten o'clock when they say, "It's goal achievement time." I'm gone already.*

The same mother notes, again, that, as a consequence of her better fit with the system, she has noticed a difference in staff attitude towards herself, as opposed to families who are not "with the program."

Mom #1-08

> *I've never had any problems with them* [staff]. *Even when they speak to me: 'Ms.*

___, your son is doing something...' (because he's a child and I turn my back he's flipping over the furniture). Whereas someone else, it comes out completely different: 'You need to get your child!" ... [because] *they're not with the program...*

Thus, to summarize, both mothers and staff described awareness of different aspects of the model's interaction around family fit and staff behavior. Staff members were more likely to focus on the way a family's fit to the mechanistic, self-sufficient system made their jobs easier. Meanwhile, mothers were more likely to note that the extent to which a family fit the system was related to that family's treatment by staff.

Overall family shelter experience as a result of P-E interaction. As mentioned previously, women whose descriptions of their philosophy towards the shelter system suggested a poorer fit with the system were more likely to express that their overall shelter experience was mostly, or all, negative. In contrast, women whose descriptions suggested a better fit with the system tended to describe their overall shelter experience as mostly, or all, positive. Since all the women in the sample received services from the same shelter system, this discrepancy is also considered to be a result of an interaction between person and environment. That is, women were more likely to report enjoying the system when they fit the system. These contradictory experiences are illustrated in the following quotes. The first set of quotes are from mothers who generally described their fit to the system to be poor. In the first quote, I ask a mother what she thinks the shelter does well to help families:

Mom #1-01

Well - I mean, the only thing I say they do well is put you somewhere to sleep... it gets to the point where... I try not to even be here. I'm the type of person, I can't deal with this stress. So I try to find things that need to be done outside of here.

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*And I leave, and usually I don't make it back here until after two or after three...
and they wonder why the families or the parents have their attitudes.*

The next quote describes a mother's overall shelter experience, in response to my

question of "how has it been?"

Mom #1-06

*Number one, the staff here - you know, I'd hate for them to be treated like this
because they wouldn't be able to take it. I mean, if they got treated the way we get
treated - no respect, no kind words - you know, it's constant just, you know, put
downs... They're just RUDE, they talk down to you. They treat you like kids... It's
hard for me to sit in here because I hate it. I hate it that much, I hate it, I hate it, I
hate it. I can't stress it* [enough], *you know.*

The following quote from a mother is in response to the same question from me (how has

it been so far?):

Mom #1-12

[It has been] *hectic - and very, very stressful. Yes. This is RIDICULOUS. I
wouldn't advise anybody to come stay at the shelter. I don't like it here. I think
it's messed up the way they treat people in here! I think it's really, really not
right. I think it's not right. They do a lot of stuff that ain't right. They do A LOT
of stuff that ain't right. But - what does my opinion count? My opinion don't
count. I'm just somebody else in here, know what I'm saying, that's trying to get
out.*

The next set of quotes is from mothers whose general descriptions suggested a better fit

with the shelter system. Again, this first quote is in response to my question regarding the

overall family stay in the shelter:

Mom #1-13

... Generally, it has been pretty good. They [staff] *don't treat you like you're the
scum of the earth. They treat you like human beings... they treat everyone equal...
And they are not, they don't look upon or judge you. They really try to help you,
and they help with the kids, A LOT...*

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The next quote is from a mother summing up her stay in the program. In the quote, she notes that the program is not perfect, but that she expects that any environment would have its problems. She then adds that the staff really seem to care about the clients.

Mom #1-17

> *It's a good program... It's like a new job or anything else, there's going to be some flaws. There's always going to be something or somebody that you like or you dislike. And I think they [staff] do care. I think they do really care - because the way they sometimes - the way they kid around with the children and stuff. Or they pick up the babies and they hold 'em... and [this one staff person] really goes out of her way for us. That makes me feel like somebody cares. Somebody knows what it feels like, and they really want to see you get out of your homeless situation and into your own housing. That's what she really wants you to do.*

The following mother expresses a similar sentiment when asked the same question:

Mom #1-18

> *I don't know what I expected, but I didn't expect this, it's nice people, nice staff. You get them to take care a lot of your business, and they try to help you find nice places. They give you lists of stuff, places to go. If you have any questions, you can ask about any time. It's really nice... A lot of the staff are great, they're excellent... They're there when you need them. If you have any questions, anything, if you need anything, if they don't have it, they'll try to get it for you. If you need to know something and they don't know, they'll find out for you. They go out of their way...*

To summarize, women staying in the same shelter described their overall shelter experience in very different ways. These experiences were related to the extent to which mothers describe a philosophy and style that was compatible, or was a good fit, with the mechanistic, self-sufficient shelter system.

Thus, the data revealed that goodness of fit was an important factor at several levels of family experience within the shelter system. First, it appears that the type of organizational structure and culture adopted by a shelter can have a better (or worse)

degree of fit to the external environment within which the shelter exists. In this case, the data suggested that a more rigid, mechanical organizational structure and a strong emphasis on self-sufficiency may not be the best fit for the fluctuating funding and political environment of the city and government in which the shelter operates. This relatively poor fit to its environment may be the first step in creating a situation in which a portion of shelter clients do not receive satisfactory service. In addition, the level of fit of each mother (and/or family) to the shelter structure and culture was also shown to be a significant factor in the family experiences in the shelter system. These findings are not surprising, given the large body of literature on person-environment interactions and person-environment fit, which has consistently shown fit to be a key factor in the satisfaction, well-being, and success of individuals in settings ranging from educational to employment (e.g., Conway, Vickers & French, 1992; Edwards & Rothbard, 1999; Fenzel, Magaletta, & Peyrot,1997; Kelly, 1979; Ryan & Schmit, 1996; Wallace & Bergeman, 1997).

Overall family shelter experience as a result of human dignity recognition. In addition to having an overall family shelter experience that was a result of family P-E fit, women also described a direct relationship between human dignity denial and recognition, and their shelter experiences. That is, women reported that the experience of having their human dignity denied or recognized had a direct negative (or positive) impact on the way they felt during their shelter stay, aside from the way they experienced the shelter structure or climate. For instance, in the following quote, a mother describes how the denial of her human dignity contributed to a negative attitude, which then

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transferred to potential landlords, in a domino effect:

Mom #1-06

> *It's like a great big put down. Because you're homeless, you're supposed to deal with their shit.... I already feel bad enough, I don't need you to make me feel any worse...Then you go talk to a landlord and your attitude's all messy... He's looking at you, "Damn, she's a bitch. I don't want to rent to her." It's like dominoes...*

Another mother describes the hurt and humiliation she felt as a result of an incident

which denied her human dignity:

Mom #1-16

> *The way they talk to me it was like, I was nothing but a maid to them. That's when it really hurt and I started crying. It was like you need to do this, this, and this. I'm like, if you ask me, I don't mind but when you tell me I have to do something - that's when it really bugs me. I'm not a prisoner, I'm not a maid... They basically said it really loud in front of everybody. It's like being back in school again, you know getting into trouble in front of everyone - it's embarrassing.*

In the following quote, a mother also describes negative consequences of having her

dignity denied:

Mom #1-15

> *It pisses me off, stresses me out. It lowers my self-esteem... People deserve to be treated with dignity, regardless - and should not be treated worse just 'cause they're homeless...*

In the following interaction, a staff person exhibits awareness of the possible negative

consequences of client human dignity denial:

Me:

> *So you feel like if you're have an accusing, belittling tone --*

Staff #2-11:

... It just confirms what they already think about themselves... that they're worthless. They're already feeling that when they walk through the door. And to belittle them or to tell them "You'll be back" or that kind of stuff - (I have heard that before) - that's just not professional. And I just feel like the more laughter I bring to a person, to sit down and talk to them, and to see them get up and know they're feeling better about themselves -- and they got that "I can" attitude. "I can do anything because this lady just told me that I am capable of this, capable of that." And that's what makes the person feel whole about themselves... [The effect is that] *they can find jobs faster, want to be a better productive citizen in society. What we say means a lot.*

Thus, women's descriptions of negative experiences they have had in the shelter

(e.g.,crying, hating the shelter) suggest a direct link between their human dignity denials

and these experiences. In contrast, the following set of quotes reflects maternal

descriptions of the direct benefits of having their dignity recognized. In the first

interaction, a mother describes how a recognition of her uniqueness (and human dignity)

has boosted her confidence, making her feel that she is different, despite being in a

homeless shelter (i.e., that staff do not look down upon her or feel that she is less than

human, just because she is homeless):

Mom #1-08

From the point of me walking in the door. And even so much to where [my intake worker] *- and it was maybe the third day, she came up to me and she said, you know, "Ms. _____, I heard you got approved for Direct Housing."* [a program that pays a family's first three months of rent] *And I told her yes. She said, you know, "Since I've been here I've never seen anyone do that so fast. Two days. I told them, 'She* [mom in question] *came in on her toes.'" So, I mean, yes. I was treated separate - you know what I mean (Laughs).*

Me:

How did that make you feel?

Mom #1-08:

> *Great - because - someone had recognized that, you know, I am unique - just because I'm in this situation doesn't mean that, you know, I'm going to become a chameleon and blend in with whatever else is going on. I'm still going to continue to be me and - it was recognized, it was noticed and it was spoken upon. Obviously the staff has been talking about us, right? So that's a positive thing.*

Another mother describes how having her human dignity recognized helps her keep up

her spirits and continue with her housing and job search:

Mom #1-03

> *It* [having your human dignity recognized] *just makes me feel - instead of being mad about how my situation is going, you know, they talk to you so that my spirits be lifted up so I won't be coming in here sad every day. Or mad every day. Because being mad and sad ain't going to get you nowhere. [Otherwise] I'd probably just slump and just want to sit here all day and not take care of nothing.*

In the following interaction, a staff person also shows awareness of the possible positive

benefits of human dignity recognition:

Me:

> *So what do you think happens when you have a good day, and you're able to get past that cynicism, and to really connect with people?*

Staff #2-12:

> *I think sometimes the better you* [the client] *feel about yourself, the more you are going to do for yourself. The more that you think you can do for yourself, I think there's a tendency to display that energy and think, yeah,* [my caseworker] *said I can do this. I know I can. I think the better you think about yourself, the more you're going to go out and do during the day.*

Thus, women's descriptions also suggest a direct link between their human dignity

recognition and positive shelter experiences, such as increased confidence and

motivation.

To summarize, women's descriptions of positive and negative shelter experiences

suggest that, not only were these a result of the women's fit into the shelter environment,

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but also a direct result of some experiences of human dignity denial and recognition. These results support similar findings in the literature, where homeless individuals described the direct impact of human dignity denials and recognitions on their psychological well-being and overall homeless experience (e.g., Miller & Keys, 2001).

Conclusion

Summary of results. A phenomenological, grounded theory methodology was utilized in the current study in order to examine (a) experiences which constituted human dignity denial and recognition from the perspective of homeless families and service providers in a shelter; and (b) the process which leads to the denial and recognition of client human dignity within the shelter setting. Observations and qualitative interviews with 17 mothers and 14 staff in a homeless family shelter revealed that both families and staff defined human dignity recognition as being treated with respect (or having respect for oneself), being approached in non-degrading ways, and having one's individuality recognized. These definitions of human dignity recognition (and denial) reflect those commonly discussed in the scholarly literature (e.g., Gewirth, 1992; Spiegelberg, 1970), as well as in previous studies of human dignity in the lives of homeless families and individuals (e.g., Miller & Keys, 2001; Seltser & Miller, 1993), suggesting that the experience and meaning of having one's human dignity recognized may be universal. The study also found that clients and staff considered human dignity recognition to be as important to homeless families as receipt of services, and that recognition of client dignity may improve client self-esteem and motivation to search for housing and employment. In addition, while not addressed by the study, data revealed that participants

(particularly staff) believed that recognition of client human dignity was more likely to lead to positive future outcomes for families (e.g., prevent some families from becoming homeless again).

In addition, the study found that the extent to which client human dignity was recognized or denied by shelter staff depended on a complex interaction of multi-level variables. Specifically, it was found that in response to pressure for maximum efficiency, which came from the external environment (e.g., lack of government funding, victim-blaming political climate), the shelter adopted a mechanistic organizational structure with highly specialized staff roles, multiple rigid rules, and a hierarchical decision-making process. In addition, the shelter culture placed a high value on the self-sufficiency of both clients and staff, which was reflected in a lack of training and support for both. It was then found that the extent to which the human dignity of clients was recognized within this mechanistic, self-sufficient environment was at least partly due to the goodness of fit that families experienced within the shelter system. That is, families who experienced a poor fit with the shelter system were more likely to report denials of their human dignity from staff. Data suggested that this was at least partly due to the fact that families experiencing a better fit in the system made it easier for staff to do their job within the demands of the system. It was also found that family fit to the system moderated family experiences within the system. That is, families who experienced a better fit with the system were more likely to report more positive overall shelter experiences. Finally, it was found that family shelter experiences were also directly influenced by family experiences of human dignity denial and recognition.

Limitations. The current study was limited in several ways, which can be addressed by future research. First, the study results are limited by the cross-sectional nature of the research. That is, the study was not able to examine long-term family outcomes, such as housing and employment stability, as they relate to the study questions. Future studies can expand upon our understanding of the role of human dignity recognition and denial in clients by following families after they exit the shelter setting.

In addition, the findings are somewhat limited by the case-study design of the research. That is, the study results are based on one homeless shelter in a particular macro-environment. Thus, generalization of study findings may be limited to other homeless shelters, or service delivery organizations, with similar structures and environmental constraints. Future studies can utilize quantitative measures of human dignity recognition and denial to study multiple settings which assist homeless families and individuals, and to study the role of human dignity denial and recognition in other service delivery settings.

Finally, study results cannot be generalized to families utilizing shelter services for less than 10 days, as these families may have left the setting sooner due to rapid re-housing, or, conversely, due to a very poor fit with the system. Future studies can examine the differences between these families and those staying at the shelter for longer periods of time.

Implications of findings. Finally, the study results have several implications for scholars conducting research with homeless families. First, the results suggest that researchers need to expand their focus from simply looking at service outcomes, to

examining the effect of how services are delivered to families. In addition, researchers should begin viewing homeless families as part of a larger ecological structure which is influenced by the interaction of external factors, organizational factors, and personal factors.

The study findings also bring to attention several questions that should be examined in future research. For instance, what variables cause families to experience differential levels of fit to the shelter system? One study conducted by Fogel (1997) suggests that the previous housing experiences of single homeless women may contribute to their interaction within service delivery agencies. That is, women who had more positive housing experiences in the past, were more likely to follow rules at a transitional shelter, while women who had negative, or unsafe housing experiences, were more likely to resist shelter rules, resulting in differential shelter experience for the women. In addition, demographic analyses for the current study revealed that families with previous homeless experiences were more likely to report poor fit with the shelter system than families experiencing homelessness for the first time. It will be important for future research to address this question in order to determine how the system can best provide for more families with different backgrounds. In addition, research should examine the effect of organizational structures that are not mechanistic (e.g., that are organic) on the process of client human dignity recognition and denial.

The study findings also have some implications for practitioners working with homeless families. First, it is important for service delivery settings to examine whether their organizational structures contribute to the success of staff and clients, or whether the

structure is a poor fit for the goals of the organization (e.g., efficiency). In addition, the results suggest that the way homeless families are treated within the service delivery system is very important to clients, and has a substantial psychological impact on them. This is supported by other research in the service delivery arena, which shows that offering services within a framework that supports client dignity has better psychological and service outcomes than services offered in traditional ways (without attention to client human dignity) (e.g., Sullivan & Bybee, 1999; Yoe, Santaarcangelo, Atkins, & Burchard, 1996). Thus, service providers working with homeless families may want to consider expanding their service delivery focus to include client human dignity recognition.

Overall, despite several limitations, the current study contributes to our understanding of the experiences of homeless families within shelters, to the interactional process of client treatment within service delivery organizations, and to our understanding of the role of human dignity recognition and denial in the lives of homeless families.

APPENDICES

Appendix A

Introduction to Study for Families

Hi, my name is Elaine and I am a graduate student and volunteer at this shelter. I am interviewing families living in the shelter about their homelessness experience - for a study I am doing. Do you have a few minutes to talk to me about this study?

[If yes] Thanks. What I'd like to do is talk to the mothers in families living in this shelter about their experiences here since becoming homeless. If you agree to talk to me, I would like to interview you about what it's been like to stay here in this shelter. This information will be kept completely confidential - no one will know who said what to me. After I finish interviewing lots of families, I will write a report about what they said - but the names of families will NOT be in the report. I would like to give this report to the director of this shelter and also to the director of the Shelter Comission which helps all the shelters in the city. I am hoping that the things families tell me will help other families get better services after they become homeless. That's why it is very important that I get to hear from as many families as possible. If you agree to do the interview I think you can make an important difference and maybe even change the way services are done in this city.

Also, I just want to mention that if you agree to talk to me, I would like to tape record the interview so I can go back later if I missed something. But, I would turn off the taperecorder whenever you didn't feel comfortable, and no one would get to hear the tape except me and my research helpers. The interview will take about one to one and a half hours and I will be able to give you $10.00 at the end to show appreciation for your help and time.

Do you have any questions? Would you like to talk to me about your experiences of being homeless in this shelter?

[If yes] Great. Is right now a good time for you, or should we set up a time for later?

Appendix B

Informed Consent for Families

The reason for this interview is to talk about the experiences you and your family have had since you became homeless. The things you tell me in this interview are private and confidential. Your name or other personal information that could identify you will not be on your interview. The people at the shelter will not see the interviews and will not know who said what to me. People at other places that we will talk about, like other agencies where you get help, will not know what you said about them either.

After I finish all the interviews with all the families I will write a report from the interviews - but only things that were said by more than one person will be put in the report, so no one can ever identify you. I will give this report to the shelter and to the Shelter Comission - because they are interested in making their services better for the families they work with. But they will not know who said what in the report. I am hoping that this report will help shelters and organizations in this city to improve their services for families that are homeless.

You do not have to do this interview with me and you do not have to answer any questions you do not want to. We can stop at any time you want to for any reason. Just let me know if you want to stop or you do not want to answer any questions. You can also ask me to turn off the tape recorder at any time during the interview. The services you get from this shelter - or from any other place in the community - will not change in any way because of the things you tell me or if you decide to stop or not do the interview.

I would like to tape-record this interview - but only the people who help me with my research and myself will be allowed to listen to these tapes or look at any notes I take. All the tapes and notes from the interviews will be locked in a drawer and the tapes will be erased after the study is over. The interview will take about 1 to 1 ½ hours.

Do you have any questions?

Please sign below if your agree to be interviewed.

Name   _____
                    (Please Print)

Signature   _____

Date   _____

Appendix C

Family Interview Protocol

PART ONE: GENERAL SHELTER EXPERIENCES

1.   I'll begin is by asking you how long you have been here, and how you found yourself at the center.

2.   How has it been?

3.   What has been helpful?

4.   What would you change?

5.   [added] There is a lot of talk at the shelter about goals and goal achievement. What do you think helps families accomplish their goals?

6.   [added] What gets in the way of families accomplishing their goals?

7.   [added] What do you think of the shelter rules? How have they been for you?

8.   What is the relationship between families and staff?

PART TWO: HUMAN DIGNITY EXPERIENCES

1.   The next thing I want to talk to you about is human dignity. Before I ask that set of questions, maybe you and I can agree on a definition so we're talking about the same thing. So what does human dignity mean to you? How do you define it? What does it mean when someone recognizes that you have human dignity?

2.   Since you have been here, have you had any experiences where you felt your human dignity was being supported, being recognized? [If yes] Can you give me an example?

3.   What about that [example] was a recognition of your human dignity? [or] Why was that a recognition of your human dignity?

4.   How did that make you feel? How does being treated that way affect you? Does it make any difference in your goals? In your search for housing/jobs?

5.   Is there anything else that has happened to you where you really felt your human dignity was being recognized since you have been here? [if yes, repeat

questions 3 and 4]

6. So let's look at the opposite side now. Have you had an experience since you have been here where your human dignity was being denied, not being supported? [If yes] Can you please describe it [or give an example]?

7. What about that [example] was a denial of your human dignity? [or] Why was that a denial of your human dignity?

8. How did that make you feel? How does being treated that way affect you? Does it make any difference in your goals? In your search for housing/jobs?

9. Is there anything else that has happened to you where you felt your human dignity was being denied since you have been here? [if yes, repeat questions 7 and 8]

10. Families staying in this shelter need many different things. They need jobs, housing, stuff. I'd like you to compare that to the other thing we talked about: having your human dignity recognized or denied.

How would you compare how important each is to you - and to homeless families staying in this shelter?

[another variation]: If I had a scale with stuff, resources on this side, and having your human dignity recognized on this side, how would you weigh them? How do you think it should be?

11. Why?

12. If I wind up doing interviews again in the future, would it be OK to call you to find out if you want to do another interview?

Appendix D

Introduction to Study for Service Providers

Hi, my name is Elaine and I am a doctoral student in psychology. I am conducting a dissertation study of the experiences of families in this shelter. Do you have a few minutes to talk to me about this study?

[If yes] Thanks. What I'd like to do is talk to you and other staff members about your impressions of the experiences of families staying in this shelter - and about what it is like for staff people to work here. The information you give me will be kept completely confidential. Your name and any other identifiable data will not be on your interview. Data from multiple interviews at multiple sites will be combined and analyzed together. Because many of the shelter staff I have talked to have expressed interest in these findings, I might create a report summarizing the data and distribute it to interested shelters and to the Shelter Comission.

I am hoping that the things I learn in these interviews will help both clients and shelter staff. I have found from working with homeless shelters in Michigan that staff often find it helpful to talk about their jobs and to get feedback about the shelter they work in. At the same time, this data may help improve services to clients by showing service strengths and noting areas that could use some improvements. Finally, it could be a good way to communicate some information to the Shelter Comission that they would not normally hear. That is why I am hoping to talk to as many staff members as possible - I think you can make a valuable contribution by sharing your thoughts with me.

Also, I just want to mention that if you agree to talk to me, I would like to audio tape the interview, just for my own records. Again, this data would be kept completely confidential and only things that were said by multiple people would be presented in the report. The interview will take about one to one and a half hours and I will be able to give you $10.00 at the end to show appreciation for your help and time.

Do you have any questions? Would you like to talk to me about your job and about your impressions of client experiences in this shelter?

[If yes] Great. Is right now a good time for you, or should we set up a time for later?

Appendix E

Informed Consent for Service Providers

The reason I would like to talk to you today is to get your impressions of what it is like to work here and what it is like to stay here for clients. The things you tell me in this interview will be kept completely confidential. Your name or other identifying information will not be on your interview. Your answers will not be seen or heard by ANYONE except members of my research team.

After all the interviews are completed, I plan to create report of the general findings. However, only things that were said by more than one person will be included in the report, so you will not be identified by your responses. At this point, I plan to share this report with those shelters that are interested in the information, as well as the Shelter Comission. I am hoping that this information will help to improve those aspects of services that seem to not be working well and reinforce aspects of services which seem to be very effective. In addition, because this interview will be part of my dissertation project, the findings will be presented to the members of my university and will be available at the university library. Finally, if the information I find can help other people who care about family homelessness, I may try to get the data published in a journal article. Do you have any questions about that?

Your participation in this interview is completely voluntary We can stop any time you want to for any reason. Just let me know if you want to stop or you do not want to answer a question. You can also ask me to turn off the tape recorder at any time during the interview. Your answers and participation will not in any way affect your position here at the shelter.

I would like to tape-record this interview - but again - only members of my research team and I will have access to these tapes or any notes I take. To assure your confidentiality, all tapes and notes from the interviews will be locked in a drawer and the tapes will be erased after the study is over. The interview will take about 1 to 1 ½ hours.

Do you have any questions?

Please sign below if your agree to be interviewed.

Name _____
            (Please Print)

Signature _____

Date _____

Appendix F

Service Provider Interview Protocol

PART ONE: GENERAL SHELTER EXPERIENCE

1.   First, I'd like to find out how long you have been working here, and what your job entails.

2.   What attracted you to this job? [or] How did you choose to get a job here?

3.   How has it been working here so far?

4.   What are some of the things you think that you do well as a Center? What helps you in accomplishing family goals of rehousing and jobs?

5.   What are some of the things you would change to improve services for clients? What gets in the way of you helping families with their goals of housing and jobs?

6.   What is the relationship like between the different staff people?

7.   What is the relationship like between staff people and clients?

8.   [added] Can you talk a little about communication between staff and between staff and client? Like how do things get communicated - rules, policies, or if someone is not happy?

9.   Do you think these things [discussed as a result of questions 6,7, and 8] affect staff?

        [If yes] How?

10.   Do you think these things [discussed as a result of questions 6,7, and 8] affect families?

        [If yes] How?

PART TWO: HUMAN DIGNITY EXPERIENCES

1.   The next thing I want to talk to you about is human dignity. Before I ask that set of questions, maybe you and I can agree on a definition so we're talking about the same thing. So what does human dignity mean to you? How do you define it? What does it mean when someone recognizes that you have

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human dignity?

2.   Have you had any experience here, or observed any, where client human dignity was being recognized? [If yes] Can you please give me an example?

3.   What about that [example] was a recognition of client human dignity? [or] Why was that a recognition of client human dignity?

4.   How do you think that affected (affects) the client? Does it make any difference in client achievement of shelter goals? Like their search for housing or jobs?

5.   Is there anything else that you have observed or been a part of that you think was a good example of client human dignity being recognized? [if yes, repeat questions 3 and 4]

6.   So let's look at the opposite side now. Have you observed, or been a part of, an experience where client human dignity was being denied, not being supported? [If yes] Can you please describe it [or give an example]?

7.   What about that [example] was a denial of client human dignity? [or] Why was that a denial of client human dignity?

8.   How do you think that affected the client? Do you think it made any difference in their achievement of goals? Like their search for housing/jobs?

9.   Is there anything else that you have observed, or been a part of, where client human dignity was being denied? [if yes, repeat questions 7 and 8]

10.   Families staying in this shelter need many different things. They need jobs, housing, stuff. I'd like you to compare that to the other thing we talked about: having their human dignity recognized or denied.
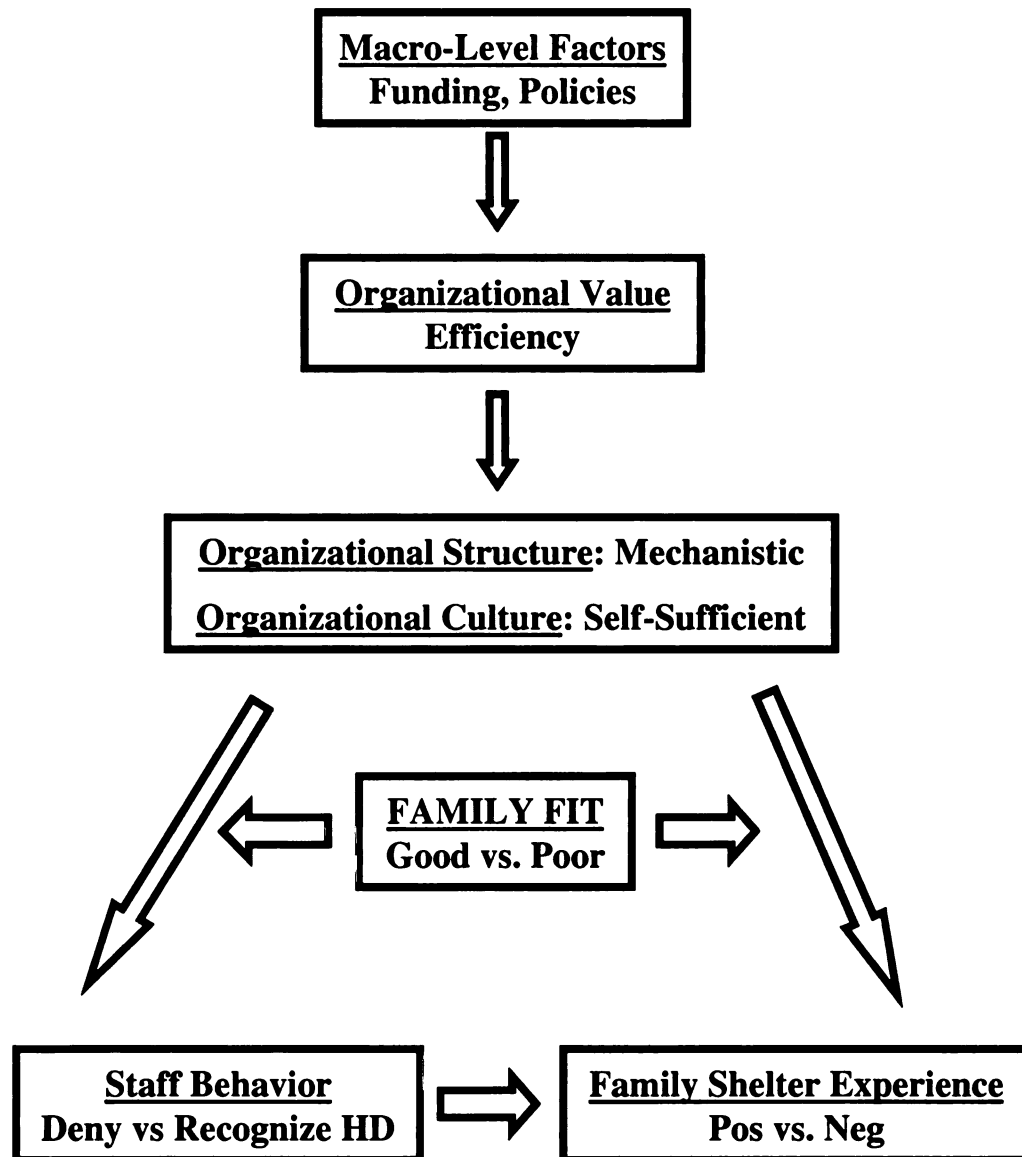
How would you compare how important each is to clients?

[another variation]: If I had a scale with giving clients resources on this side, and having their human dignity recognized on this side, how would you weigh these things? How do you think it should be?

11.   Why?

Figure 1. Conceptual Model of Human Dignity Denial and Recognition in Homeless Shelter

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