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HOMELESS MEN:
EXPLORING THE EXPERIENCE OF SHAME

by

Kevin L. Fall

A thesis submitted in partial fulfillment
of the requirements for the
Doctor of Philosophy degree in
Psychological and Quantitative Foundations in the
Graduate College of
The University of Iowa

December 2014

Thesis Supervisor: Professor William Ming Liu

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CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph.D. thesis of

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ABSTRACT

Research literature on homelessness makes frequent reference to shame, but with little inquiry into the role shame may play in the lives of homeless men. This study used Consensual Qualitative Research methodology (Hill, Thompson, & Williams, 1997) to interview 24 men in a small Midwestern city to explore how homeless men experience shame. The results from this study indicate that shame is experienced as a "painful sense of worthlessness and failure" whereby men attribute their homelessness to their own perceived characterological flaws. To avoid the painful experience of shame and stigma, homeless men appear to develop and use defense strategies. While the defense strategies may help alleviate the effects of shame and stigma in the immediate, the strategies appear to negatively affect opportunities that facilitate an exodus from homelessness. This study also found that despite living in a transitional shelter, rare mention was made of plans to exit homelessness. Presented too are the limitations and implications of this research.

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CHAPTER 1: INTRODUCTION

The deleterious effects of homelessness have been well documented. Homelessness negatively affects physical health, mental health, relationships, substance abuse, and other dynamics that hinder individual functioning. Often the negative factors associated with homelessness do not occur in isolation, but rather they are experienced simultaneously (e.g. Greenberg & Rosenheck, 2010). For example, homeless individuals with a mental illness may also abuse substances. Causation studies on homelessness are rare leaving many unanswered questions. For instance, are mental illness, substance abuse, and loneliness causes of homelessness, a result thereof, or are they reciprocal in their exacerbation?

Muñoz, Crespo, and Perez-Santos (2005) compared the health status of homeless men to a sample of males at risk of becoming homeless and found those who were homeless to have inferior overall physical health. In a three-year study, Nielsen, Hjorthoj, Erlangsen, and Nordentoft (2011) found the mortality rate of homeless men to be higher than the general population. They postulated that homeless men ranging from 15 to 24 years of age can expect to live an average of 21.6 years less than non-homeless males.

There are numerous published studies on the prevalence of mental illness in homeless populations. In a review of data from the National Comorbidity Survey, Greenberg and Rosenheck (2010) found homeless individuals to have higher rates of reported severe mental illness when compared to the general population, particularly when the reported mental illness was comorbid with substance abuse. In another sample, Bassuk, Rubin, and Lauriat (1984) reported that 30.3% of their subjects had diagnosable schizophrenia. Fischer and Breakley (1991) reported a much more conservative finding where 3% of their homeless sample had diagnosable schizophrenia, still at least two to six times higher than the 0.5 to 1.5% prevalence range reported for the general population (American Psychiatric Association, 2000). Finally, Rouff (2000) reported that 77% of

their homeless sample had at least one schizoid trait. Literature is replete with evidence of the accentuated prevalence of mental illness among homeless individuals.

Homeless men in particular have been found to have significantly higher rates of mental illness than homeless women (Nielsen et al., 2011) or other men at risk of becoming homeless (Muñoz et al., 2005). Whitbeck, Johnson, Hoyt, and Cauce (2004) conducted structured interviews with 187 homeless males to determine the pervasiveness of mental illness. They found lifetime prevalence rates of Major Depressive Episode (26.2%), Conduct Disorder (82.89%), Posttraumatic Stress Disorder (23.53%), Alcohol Abuse (48.66%), and drug abuse (47.06%). These rates are substantially higher than the lifetime prevalence rates reported in the general population for Conduct Disorder (1 - 10%) and Posttraumatic Stress Disorder (8%) (American Psychiatric Association, 2000). The DSM-IV-TR does not publish prevalence rates for Major Depressive Episodes or substance abuse.

Research indicates that men also make up the largest percentage of the homeless population. The U.S. Department of Housing and Urban Development (2009) reported that men comprise 61% of those living in shelters. Other studies measuring the homeless gender gap have found that men constitute over 70% of the homeless population (Nielsen et al., 2011). Similarly, Greenberg and Rosenheck (2010) reported that men are about 50% more likely than women to experience homelessness.

In addition to the perils of homelessness, men also face a continuous discrepancy between their homeless social status and gender-based social expectations of what it means to be a man. In Western cultures where individualism, self-sufficiency, and capitalistic progression are implied social expectations, homeless men, who struggle to meet their basic needs, find themselves falling far short of masculine social standards. Pleck (1995) used the term Gender Role Strain to describe the tension experienced when men realize that their actual achievements fail to meet internalized social expectations.

Pleck suggests that gender role strain results in a number of negative psychological consequences. According to Krugman (1995), men who fail to live up to the traditional male cultural standards experience shame that leads to an internal sense of inadequacy. The painful emotion of shame resulting from the gender role strain lead men to isolate and/or act out in traditionally masculine ways, for example, through compulsive work, substance abuse, or aggression. These maladaptive coping strategies create difficulties in relationships that can further intensify men's feelings of shame and reinforce their sense of inadequacy. For homeless men, the gap between their social status and social expectations is even more pronounced than the general male population, creating the potential for a greater gender role strain and experience of shame.

Literature on homelessness, however, rarely makes mention of shame. When shame is referenced, it is treated peripherally. For example, Farkas and Yorker (1993) used bibliotherapy with homeless children to study coping. They reported that children often cope by attempting to avoid violence, shame, and stigma, with no references to the implications of shame. Stodulka (2009) examined strategies that homeless male youths used to overcome shame in developing an identity; however, they offered no rationale as to why shame would be important to overcome. Polakow (1998) investigated strategies used with homeless school children to overcome their experience of shame, stigma, and discrimination. In such sparse references, shame is treated as a mere generic byproduct of homelessness, rather than a psychological construct that is potentially central to phenomenon of homelessness.

Research on homelessness does reference shame tangentially, alluding to the nature or aspects of shame. Shier, Jones and Graham (2011) indicated in their qualitative study that subjects would not access friends and family support "because they were too embarrassed about being homeless" (p. 461). According to shame research, embarrassment is a distinct construct, but related to shame (Tangney, Miller, Flicker, &

Barlow, 1996). Farkas and Yorker's (1993) research found that children attempted to conceal that they lived in a shelter. Withdrawal and concealing are documented strategies of shame-avoidance (Lewis, 1971). Russo, Cecero, and Bornstein (2001) demonstrated that homeless individuals tend to become anxious when required to function independently, particularly when their performance was evaluated by others. Shame research has emphasized public exposure as a precipitator of shame (Lewis, 1971; Tangney & Dearing, 2002). As a final example, Sumerlin (1995) investigated how individuals adapt to homelessness. Sumerlin found that those with higher scores on loneliness and depression demonstrated a propensity to detach and live in solitude. In developing the first version of the Test of Self-Conscious Affect-3 (TOSCA-3), Tangney's (1990) qualitative study found detachment to be a primary subcomponent of shame. While homeless research makes occasional references to shame-related constructs, research explicitly exploring shame in homelessness is rare.

When shame is cited in homeless literature, it is referred to generically, leaving the implications of shame unclear. As such, research on homelessness lacks a lucid and empirically supported theoretical context from which to investigate and understand shame as it pertains to homeless men. Additionally, shame is not a well understood phenomenon. It is frequently conflated with guilt in literature and by psychologists and laypersons (Tangney & Dearing, 2002). Further, it is a defined from a number of theoretical perspectives.

There are several psychological theories and discipline-based viewpoints on shame. Some of the more predominate psychological theories on shame include Lewis' (1971) psychoanalytic approach, Erikson's (1959) developmental theory, as well as Tomkins' (1963) and Gilbert's (2003) evolutionary-based perspective, each of which have different theoretical perspectives and practical repercussions. Also confusing are the number of perspectives on shame set forth by disciplines such as sociology (e.g. Lynd,

1958), philosophy (e.g. Hutchinson, 2008), anthropology (e.g. Malina, 2001), and law (e.g. Nussbaum, 2004). Without a clear theoretical context, the implications of shame on homelessness are left for the reader to interpret—likely as something vaguely bad.

Shame is a painful emotional experience that arises when one recognizes that they have failed to meet an expectation or have violated an important social standard (Tangney & Dearning, 2002). Lewis (1971) conceptualized shame as a stable affective trait that governs one's attributional reaction to negative events. Though the constructs shame and guilt are often confused (Tangney & Dearing, 2002), they are distinct (Lewis, 1971; Tangney et al., 1996). Research on shame and guilt has demonstrated that guilt is the more reparative and adaptive emotion, predominately unrelated to mental illness. Shame, however, is an emotion whose maladaptive nature correlates significantly with numerous mental illnesses.

Little research has investigated beyond the symptoms and correlates of homelessness to a potential underlying psychological phenomenon that may be foundational to the formulation and perpetuation of homelessness. In homeless literature, shame is only peripherally mentioned as a byproduct of homelessness, with no theoretical or empirical reference to shame's potential psychological implications. The literature on shame, while making no references to homelessness, provides empirically-based links to physical and mental illness, relational problems, self-esteem, and maladaptive coping skills—factors also linked with homelessness. To address this gap in literature, this research examined how homeless men experience shame. In addition, this study explored whether shame has a prohibiting attribute that precludes men from developing helpful positive relationships or taking advantage of opportunities that might facilitate their transition out of homelessness.

Understanding the implications of shame could be instrumental to developing effective interventions for shame-associated problems found in homeless men including

low self-esteem, substance abuse, suicidal ideation, interpersonal conflicts, withdrawal and detachment, hostility, and hopelessness. Fischer and Breakley (1991) called for research that brings together substance abuse treatment and mental illness treatment to provide effective collaborative intervention programs for the homeless. With shame as a common denominator of both substance use and mental illness, an examination of shame as it is experienced by homeless men appears warranted.

If shame is found to be a prevalent negative factor for homeless men, interventions could be modified to include shame-focused components. Dearing and Tangney (2011) stated that if the implications of shame continue to go unrecognized and untreated, shame-related problems will likely persist. Potter-Efron (2011) presented an example of how shame is linked to addiction and is present throughout treatment and recovery. He suggested that individuals in recovery scored higher in shame-proneness and he conceptually linked addiction to shame via: an escape from the pain of shame, a substitute for interpersonal relationships, and a distraction from core shame issues. Potter-Efron recommended developing a clinical awareness of shame and its role in recovery. He stated that shame manifests in recovery through defense mechanisms, indirectly through subtle signs, and family systems. He further suggested that clinicians integrate shame-based strategies. Such strategies could include accepting a client's shame, rather than normalizing it or dismissing it, and helping shame-prone families communicate in non-shaming ways. If shame is found to have a significant and adverse effect on homeless men, this study could prompt a therapeutic emphasis on shame as well as an integration of shame-targeted strategies in homeless treatment and other intervention programs.

This study explored the role shame plays in the lives of homeless men. Specifically, the research question was, "How do homeless men experience shame?" Within the context of the research question, this study used follow-up questions to

explore how shame affects homeless men's relationships, sense of masculinity, trust, and willingness to seek help. Finally, this research examined whether shame inhibits men from transitioning out of homelessness.

CHAPTER 2: LITERATURE REVIEW

In Western cultures, shame is a painful emotion experienced by individuals who attribute moral transgressions or performance failures to a defective self. One who experiences shame attributes the cause of a negative event internally to the global self in a way that is permanent and unlikely to change. Guilt, however, attributes transgressions and failures to external, specific, and temporary factors. For example, one who feels guilty about a failure would attribute the failure to behavior that can be changed. The trait-like disposition to respond with a shame reaction has been termed shame-proneness (Lewis, 1971). While the level of one's shame-proneness varies some throughout the lifespan, the trait itself persists. Shame not only causes emotional pain, it also negatively affects mental and physical health when continuously endured. Given the significant role shame plays in our psychological and physical lives, it seems appropriate to explore how shame may affect the psychological functioning of homeless men, a population that frequently experiences stigmatization and is often viewed as the outcasts of society.

Presented in Chapter Two is literature to substantiate the exploration of shame in homeless men. To date shame has only been peripherally addressed in homeless literature. Lacking are qualitative or quantitative investigations examining the implications shame may have on homeless males. Presented first in this chapter is an empirically supported theory of shame that will serve as a reference point for this research. Outlined next is a review of research that underscores the negative effects of shame. Then presented is literature on the early life experiences of shame and homelessness. Concluding this chapter is a review of research that suggests a cycle of homelessness is perpetuated by the homeless lifestyle, shame, stigma, and masculine behaviors.

The Experience of Shame

The experience of shame was well documented in Lewis' (1971) qualitative research. Lewis reviewed psychoanalytic transcripts in which clients described instances of shame by way of self-loathing, self-disgust, and self-blame. Those experiencing shame described feelings of pain, powerlessness, anger, and a desire to withdraw. Lewis found some clients experienced shame and described it as feeling out of control, overwhelmed, and paralyzed. Others described the powerless experience as feeling helpless or childish. Of those who expressed feelings of anger, some described the anger as directed inward toward themselves while others indicated that the "hostility [was directed] toward the rejecting other" (p. 41). Lewis' patients who indicated a desire to withdraw and hide expressed wanting to "crawl through a hole," "sink through the floor," or "die" (p. 41).

According to Lewis (1971), shame may not always be recognized by those who experience it. Lewis suggested that shame is often described as "feeling depressed, tense, lousy or blank" (p. 53). The confusion related to the feeling of shame may be due to the significant relationship between shame-proneness and psychological maladjustment (Tangney & Dearing, 2002; Tangney, Wagner, & Gramzow, 1992). According to Lewis (1971), when individuals experience shame, they are not always aware it is shame that is being experienced. For example, feelings of shame are often conflated with depression. Lewis emphasized this point to highlight the contrast between shame's elusive and vague nature as experienced and its severe implications.

History

In the 1950's, Helen B. Lewis was involved with field differentiation research involving psychoanalysis clients. Through her research she found that individuals who were field-dependent (experienced themselves as part of the environment) also attributed the cause of negative life events to themselves. For example, a field-dependent individual who performed poorly on an exam would attribute the cause of their performance to a

personal defect, implying perhaps that they are stupid or incapable. Contrarily, subjects who were field-independent (experienced themselves as separate and apart from their environment) tended to attribute the cause of negative outcomes to their behavior. For instance, if the subject performed poorly on an exam, they would tend to attribute the cause to their behavior, for example, “I did not study enough” or “I did not pay attention in class.” In 1971, Lewis published *Shame and Guilt in Neurosis*, a synthesis of her research. Her book provided the first empirically supported theory on shame and guilt (Tangney & Dearing, 2002).

Until Lewis’ (1971) work, the terms shame and guilt were used interchangeably and without delineation by researchers and mental health professionals. With Lewis’ *Shame and Guilt in Neurosis*, a clear distinction between shame and guilt began to emerge. Lewis demonstrated that shame and guilt, though closely related, were distinct emotions. Subsequent to Lewis’ publication, research on shame and guilt began to burgeon.

While most research on shame is based on Lewis’ theory, other theories on shame have been proposed. In the field of Evolutionary Psychology is the scholarship of Silvan S. Tomkins. Tomkins’ (1963) conceptualization is based on affect theory that posited shame is a primitive innate emotion integrated as part of the fight or flight response. According to Tomkins, shame is an instinctive automatic response of submission used for survival. Nathanson (1992) extended Tomkins’ affect-based theory with a more elaborate shame response schema. Nathanson’s schema, known as the Compass of Shame, provides a categorization of shame-based responses. Nathanson’s Compass of Shame has a measurement called the Compass of Shame Scale (Elison, Lennon, & Pulos, 2006), that has been demonstrated as a reliable instrument. Elison et al. also found the Compass of Shame to have construct validity through convergent validity testing. Cook (1987)

developed the Internalized Shame Scale (ISS) based on Tomkins' theory. Rybak and Brown's (1996) research suggested that the ISS is a valid and reliable measure of shame.

Shame Conceptualization and Empirical Support

While other theories on shame have emerged, Lewis' (1971) theory remains predominate with much published empirical support. Accordingly, the current review of literature will draw from Lewis' psychoanalytic-based theory. One of the primary contributions of Lewis' scholarship was distinguishing shame from guilt. Lewis proposed two primary differences between shame and guilt. First is the target of evaluation. Second is the reaction to the evaluation. Lewis suggested that the focus of guilt is the *behavior* whereas the focus of shame is the *self*. Tangney and Dearing (2002) expanded on Lewis' theory and posited three dimensions of causal attributions that distinguish shame from guilt. The dimensions of attributional cause include: internal or external, global or specific, and temporal or permanent. According to this model, one who experiences guilt attributes the cause to behavior that is external to the self, specific to its cause, and temporal in nature. For the student who performed poorly on the exam, a guilt response would attribute the cause of the failure to behavior (external to the self) in which they did not study adequately (specific to cause), that could be rectified next time by studying more diligently (temporary in nature). Since the cause of failure is attributed to the student's behavior, the guilt response focuses on remediating behavior, perhaps by spending additional time studying.

Guilt emotions, with the target of assessment being that of behavior, lead to a cognitive and behavioral response that is both productive and reparative (Tangney & Dearing, 2002). The pain involved in a guilt reaction evokes self-evaluative considerations focused on the behavioral failure. Because the focus is on behavior, cognitions are specific and with a reparative emphasis (Tangney, 1991). For students who feel guilty for failing to study for a test, they can focus on changing behavior by

increasing study efforts to achieve a better grade on the next exam. Research has shown guilt to be reparative in intimate relationships when one has transgressed against another. The transgressor who experiences guilt focuses on contributory behavior and takes steps to repair the relationship (Covert, Tangney, Maddux, & Heleno, 2003). With guilt, one attributes the cause of transgressions and failures to factors that are external to the self, specific to behavior, and of a temporary nature thus making guilt an adaptive response (Tangney & Dearing, 2002).

In contrast, shame attributes the cause of failure or wrong-doing internally, globally to the entire self, and to a self whose nature is stable and not likely to change (Tangney & Dearing, 2002). For the student who fails an exam and experiences shame, he or she might attribute the failure to "being stupid" (internal), the target of which is the entire self as "stupid" (global), and doomed to always perform poorly on exams (permanent). In other words, shame attributes cause to the entire self that is defective and cannot change. The shame response is different from that of guilt. With an internal, global, and permanent attribution to the self, one experiences significant agony with shame and responds by either withdrawing and hiding or by retaliating with rage (Lewis, 1971) thus making shame a counterproductive response where self-reflective consideration for change is overridden by the painful need to escape and hide.

Evidence has shown shame and guilt to be similar in a number of ways as well. First, shame and guilt are both painful and intense emotions (Lewis, 1971; Tangney, Miller, et al., 1996) that arise when one's behavior falls short or violates internalized expectations or social standards (Tangney, Miller, et al., 1996; Tangney, Stuewig, & Mashek, 2007). Second, both shame and guilt evoke feelings of a significant regret for wrongdoing (Tangney, Miller, et al., 1996). For guilt and shame, feelings of wrongdoing are related to moral transgressions. Unique to shame however, is its response to non-moral failures. For example, shame could be experienced if one's self-presentation does

not measure up to public expectations whereas guilt would not be experienced for non-moral shortcomings (Tangney et al., 2007). According to Tangney et al., (2007), both guilt and shame involve an assessment of what the behavior reveals about the self, character, talent or worth. Finally, evidence shows that both shame and guilt can arise during similar events (Tangney, 1992), meaning that events that elicit shame in one person may evoke feelings of guilt in another.

Self-conscious Emotions

Tracy and Robins (2007) conceptualized self-conscious emotions (SCEs) as an internal feedback mechanism that facilitates an individual's negotiation of behavior or performance and society's complex changing rules and standards. SCEs help to increase the stability of social hierarchies and affirm an individual's status. SCEs require self-awareness and a self-image that acts as a representation of how we see ourselves through the eyes of society (Tangney & Dearing, 2002). According to Tracy and Robins (2007), SCEs require the ability to form stable self-representations and consciously reflect on one's self-representation in light of social expectations. Tangney et al. (2007) posited that SCEs are evoked by way of self-reflection and self-evaluation. By reflecting and evaluating behavior or performance in light of social standards and internal expectations, SCEs serve to provide feedback in the form of punishment or reinforcement in reference to the evaluated behavior or performance.

Tangney et al. (2007) delineated SCEs into positive and negative feedback mechanisms. The positive emotional feedback mechanism of successful experiences has been operationalized and termed *pride*. Pride serves as motivation and confirmation that one's behavior is consistent with internal self-representations and social standards. Juxtaposed, when performance falls short of social expectations or is incongruent with one's self-representation, the negative emotional feedback experienced can be in the form of shame, guilt, or embarrassment.

Tangney, Miller, et al. (1996) referred to shame, guilt, and embarrassment as a family of emotions. Qualitative research has found shame, guilt, and embarrassment to be related in that they can be elicited by way of public exposure (Miller & Tangney, 1994) in which behavior is inconsistent with social expectation (Tangney et al., 2007; Tangney, Miller, et al., 1996). While shame, guilt, and embarrassment have been conceptualized as representing similar emotions of different intensity, Tangney, Miller, et al. (1996) concluded that embarrassment was qualitatively different from shame and guilt in terms of audience exposure and affective response. Where embarrassment was found to occur predominantly in the presence of an audience, shame and guilt can manifest in both public and private situations. Tangney, Miller, et al., demonstrated that embarrassment elicits a much milder emotional response than do shame or guilt. Embarrassment stems from “surprising, relatively trivial accidents” (Miller & Tangney, 1994, p. 273) and elicits, for instance, humor, smiles, jokes and other minor responses. Conversely, shame and guilt result from a much more intense self-reflective evaluation that results in painful feelings of failure. Although embarrassment has been shown to be part of the family of SCEs, it elicits a much milder and fleeting experience than do the more closely associated shame and guilt (Miller & Tangney, 1994).

As a SCE, shame is a painful internal signal that one’s behavior or performance is inadequate given the social or internal standards to which it is compared. While guilt is similarly painful, it is considered the more adaptive SCE as it prompts the experiencer to change behavior or performance to meet such expectations (Tangney & Dearing, 2002). Shame, however, is a maladaptive SEC. Instead of prompting corrective behavior, shame elicits defenses that protect the experiencer from the pain of shame by way of externalization, avoidance, or withdrawal (Tangney et al., 2007).

Shame-proneness

One does not experience shame or guilt in a random manner. Rather, individuals develop consistent tendencies or traits of responding with shame or guilt-based emotions (Lewis, 1971; Tangney, 1991). Lewis coined the trait *shame-proneness* by which one consistently reacts to a negative event with a shame response. Lewis used the term *guilt-proneness* for the trait in which individuals consistently respond to negative events with a guilt reaction. Like shame and guilt, shame-proneness and guilt-proneness are similar in that they have a significant positive correlation due to their self-evaluative nature (Tangney, 1991).

The Negative Effects of Shame

If experienced long-term, shame can have a number of aversive mental and physical health implications. For example, prolonged shame-responses increase one's vulnerability to depression and anxiety (Tangney & Dearing, 2002). From a physical health standpoint, the long-term effects of shame increase the risk of metabolic syndrome, diabetes, and cardiovascular disease, which are more common in low socioeconomic status populations (Gruenewald, Dickerson, & Kemeny, 2007). As the more maladaptive self-conscious emotion however, there is limited research suggesting that shame plays a prohibitive role or prevents individuals from setting and accomplishing goals. For example, there is limited evidence suggesting that shame might prevent an unemployed individual from seeking an education because he or she believes that they are incompetent or stupid.

Shame and Mental Health

The direct association between shame and psychopathology is well established in literature. The association between guilt-proneness and psychopathology, however, has been found to be due entirely to the shared variance between guilt-proneness and shame-proneness (Tangney, Wagner, & Gramzow, 1992). Shame-proneness has been found to

be strongly associated with psychological maladjustment in general (Tangney & Dearing, 2002; Tangney Wagner, & Gramzow, 1992). Specifically, shame-proneness has been associated with splitting (Gramzow & Tangney, 1992), a trait of borderline and narcissistic personality disorder, depression (Iqbal, Birchwood, Chadwick, & Trower, 2000; Lewis, 1971; Tangney Wagner, & Gramzow, 1992), anxiety (Birchwood et al., 2007; Rüsch et al., 2009), eating disorders, sociopathy, low self-esteem (Dickerson, Gruenewald, & Kemeny, 2009; Rüsch et al., 2009; Tangney Wagner, & Gramzow, 1992), alcoholism (Lewis, 1971), Post-Traumatic Stress Disorder (Harman & Lee, 2010), self-harm (Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996), hostility, obsession, paranoia, phobia, psychosis, somatization (Ang & Khoo, 2004), and hopelessness (Rüsch et al., 2009). Ang and Khoo (2004) also found that levels of shame-proneness were higher in subjects who reported comorbid symptoms of anxiety, depression, and aggression. While this is not an exhaustive list of pathologies empirically associated with shame, it provides a sample, thus supporting the maladaptive psychological nature of shame.

Shame and Physical Health

The chronic threat of social-evaluation and shame-related cognitive and affective response can also negatively affect disease-relevant immunological health (Dickerson, Gruenewald, et al., 2009). The continued concern with social evaluation has been associated with self-oriented distress (Rüsch et al., 2009; Tangney, 1991) as well as a number of other biological implications. Dickerson, Gruenewald, et al., (2009) conducted a study on social-evaluative threat and proinflammatory cytokine regulation and found that when subjects were under the threat of social evaluation, the production of proinflammatory cytokine tumor necrosis increased. Further, the ability of glucocorticoids to inhibit the inflammatory production and expression of proinflammatory cytokines diminished (Dickerson, Gruenewald, et al., 2009). The

production of proinflammatory cytokine and inhibition of glucocorticoids are immune-system responses used for fighting infection and healing wound injuries. Dickerson, Gruenewald et al., (2009) suggested that prolonged shame-responses through the threat of self-evaluation and over-exposure to stress-relevant physiological responses create a cumulative toll on the body resulting from over-activation of the stress-responsive systems.

The Prohibiting Effects of Shame

Lewis' (1971) psychoanalytically-based conceptualization and research on shame is based in part on qualitative studies of behavior and free association in therapy sessions. Many of the therapeutic shame instances Lewis encountered involved negative childhood events that seemingly triggered shame responses. Lewis described shame as the result of a "malfunctioning superego in the production of neurotic symptoms out of ordinary misery" (p. 18). From a psychoanalytical perspective, the superego is a construct designed to help understand how human beings regulate self-evaluation. Shame is thus conceptualized by Lewis as a failure to live up to the ego-ideal where the superego becomes "overly punitive" (p. 13). By this conceptualization, shame is an "evoked state" (p. 12) resulting from moral transgressions or failures in performance to a standard or expectation. In essence, Lewis conceptualized shame as a reaction whereby a negative event occurs and one attributes the cause to a defective self.

Lewis (1971) made little reference to the inhibiting potential of shame, alluding only to Freud's suggestion that shame may play an inhibiting role as an "obstacle set up by a sense of shame" (Freud, 1949, p. 58) in scopophilia (voyeurism) and exhibitionism. Even in Freud's reference to shame and its inhibiting effect on sexual activity, he seemed to dismiss shame as a related manifestation of modesty (Lewis, 1971). Lewis did make another passing reference to shame as an inhibitor of pride, but fails to develop the idea that shame may play an inhibitive role.

Subsequent to Lewis' (1971) conceptualization, research on shame predominantly focused on its reactionary nature. For example, Tangney (1992) examined situational determinates that evoked shame and guilt. To differentiate shame, guilt, and embarrassment, subjects were asked to describe "emotion-eliciting behavior or situations" that they attributed to shame, guilt, and embarrassment (Tangney, Miller et al., 1996, p. 1264). Shame and guilt have also been examined in terms of their responses to anger (Tangney, Wagner et al., 1996). The Test of Self-Conscious Affect-3 (Tangney & Dearing, 2002), one of the most widely used assessments of shame and guilt-proneness, was developed from subject's descriptions of shame and guilt reactions (Tangney & Dearing, 2002).

Tangney et al. (2007) makes brief reference to a phenomenon they call "anticipatory shame" (p. 347). They suggested that when one experiences shame, the shame is connected to the particular situation. In the future, when faced with a similar situation, one expects that shame will again be experienced. Beyond the reference of anticipatory shame, Tangney et al. (2007) do not develop the construct further.

Shame as a potential inhibiting factor is referred to rarely in homeless literature, and then only tangentially and without exploration. For instance, Shier, Jones and Graham (2011) found in their study that homeless individuals would sometimes not access social support due to being embarrassed about being homeless. Shame has been found to correlate with a fear of negative evaluation by others that can lead to social avoidance (Lutwak & Ferrari, 1997). Rokach (2004) suggested that the homeless may experience loneliness due to antecedent feelings of personal inadequacies, low self-esteem, fear of intimacy, and fear of being socially ill-at-ease. While the above examples suggest a potential prohibitive effect of shame, research has not specifically examined a prohibitive facet for shame.

Specific to homeless men, shame could conceptually prevent men from seeking education, developing relationships, or even imagining life in mainstream society. For instance, the shame-based cognition, “I am stupid,” could detour men from seeking educational opportunities. Opportunities to create helpful relationships by exchanging personal information with others could be thwarted by the cognition, “If I let you know what a terrible person I am, you will reject me.” Finally, shame-based cognition, “I will always be homeless because I am a worthless loser,” could present an obstacle to imagining or hoping to transcend homelessness. While shame may possess a prohibitive aspect, neither shame nor homeless literature offers supporting evidence.

Impact of Early Life Experiences on Shame and Homelessness

Research has yet to produce consensus regarding the cause of homelessness. There does appear to be, however, a number of factors that contribute, exacerbate, and perpetuate the homeless lifestyle. While shame has predominately been referred to in the literature as a byproduct of homelessness, it has been empirically associated with many of the factors believed to contribute to and perpetuate homelessness. The following section presents literature supporting shame as a potential underlying maladaptive factor in homelessness across the lifespan.

Shame and the Family of Origin

Shame and guilt are self-conscious emotions that develop in our earliest interpersonal experience (Tangney & Dearing, 2002). Bowlby (1978) proposed that shame originates in the family of origin and Herman (2012) surmised that our earliest relationships with our attachment figure become the basis for our internal working models of the self. At an early age, children assume that caregivers, who set social standards and expectations, are infallible or perfect (Bowlby, 1978; Ericson, 1959). If an attachment figure is responsive and offers the child love and attentive care, the child will likely develop a secure attachment, be more trusting of others, and see oneself as valuable

and lovable. To the contrary, if the parent is non-responsive, responds to the child in an inconsistent way, or attempts to control the child with humiliation, the child will likely develop a maladaptive attachment style with an unfavorable view of oneself. Children with negligent or abusive caregivers tend to internalize neglect, rejection, and humiliation from the caregiver by means of shame, one of the primary regulators of social interaction (Herman, 2012).

Tangney (2003) identified the self as the psychological mechanism that allows an individual to think consciously about him or herself as a person. When shame is used to correct a child, repairs can be made to the relationship to compensate for the shaming experience. For instance, if a child is caught stealing, the child may experience shame by having to return the stolen item, but the parent can later offer a corrective experience of love and approval. In such an example, the shaming experience can be compensated by the attachment figure. In such cases, the shame state does not disrupt the attachment bond (Herman, 2012) or dictate a defective internal working model of the self.

Herman (2012) suggested that when no reparative process takes place during childhood, pathological attachment systems can develop. Lewis (1971) proposed that in a shame experience, the child's ability to externalize shame is blocked by guilt or love for the other (e.g. parent or caregiver) and the feelings of shame are thus turned toward the self. In terms of the child's self-view, a neglected or abused child begins to look at him or herself as unlovable and unworthy. When disharmony and substance abuse exist in a family of origin, Rafferty and Hartley (2006) found that chaotic family environments are strongly associated with increased levels of shame in adults. According to Lewis (1971), once individuals develop the trait of shame-proneness, they tend to see themselves as defective and flawed. Further, shame-prone children usually perceive personal failures as "*I am* something wrong" juxtaposed to a guilt response of "I have *done* something wrong."

Shame and Childhood Abuse

The links between childhood abuse and shame are well-documented in literature. Feiring, Taska, and Chen (2002) evaluated 80 children and 57 adolescents at two times, once within eight weeks and a second time within one year of the discovery of sexual abuse. The children were assessed as to how they made attributions for the abuse. Those children who had abuse-specific internal attributions reported higher level of psychopathology. Cause attributed internally is associated with shame (Lewis, 1971; Tangney & Dearing, 2002), indicating the children seem to think, to some degree, that the abuse was their fault. Feiring et al. (2002) found these results after controlling for age, gender, and general attributional style. They also found that abuse intensity and shame accounted for the additional variance in the victim's adjustment one year following the discovery of abuse. Andrews, Brewin, Rose, and Kirk (2000) reported that for victims of childhood sexual abuse, shame and anger were the only independent predictors of PTSD symptoms one month after discovery of the abuse. Most notably, at six months, shame was the only remaining predictor of PTSD symptoms after controlling for one-month symptoms.

Shame has been consistently shown to be associated with PTSD symptoms in victims of sexual abuse (Bögner, Herlihy, & Brewin, 2007; Feiring et al., 2002; Ginzburg et al., 2009; Uji, Shikai, Shono, & Kitamura, 2007). Further, Feiring et al. (2002) found that insight into the cause of the abuse and shame were factors that led to victims' improvement in their level of psychopathology. When sexual abuse does occur, disclosure is often an obstacle to reparation (Uji et al., 2007). Left untreated, childhood sexual abuse has been associated with HIV, sexual risky behavior, substance use (Sikkema, Hansen, Meade, Kochman, & Fox, 2009), and posttraumatic anger (Amstadter & Vernon, 2008). Childhood sexual abuse victims who attributed abuse cause internally

also tend to have depressive symptoms, lower self-esteem, and PTSD symptoms after one year of discovery (Feiring et al., 2002).

Budden (2009) has proposed that the American Psychiatric Association reconsider the emotional foundations of PTSD for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Budden suggested a model of PTSD where shame is the genesis of peri-traumatic and posttraumatic experiences that offer threat to the social self. In his model, shame serves as the mechanism underlying PTSD where one fails to conform to normative expectations. In line with Lewis (1971), Budden (2009) conceptualizes shame as “the rejection of a perceived external critical audience and it also manifests in reflexive self-criticism based on internalized ideals” (p. 1033). Budden’s model, along with other theorists that propose shame as the underlying mechanism of PTSD (DePrince, Chu, & Pineda, 2011; Dyer et al., 2009; Lee, Scragg, & Turner, 2001; Stone, 1992; Wilson, Droždek, & Turkovic, 2006), serve as mounting evidence that links shame to PTSD where “the posttraumatic patient, while the posttraumatic state endures (that is to say, while suffering from PTSD), lives in a state of constant precariousness of personal integrity and cohesion and continually faces potential disruption of integrity, self-respect, and self-sufficiency, which accompany disorganization, neediness, intense fear, and shame” (Lansky, 2000, p. 136).

Childhood abuse can also come in the form of neglect and physical abuse. Research on shame and neglect appears to be limited and with mixed results. Lutwak and Ferrari (1997) found that shame was negatively related to participant’s recall of parental care in childhood. Bennett, Sullivan, and Lewis (2005) conducted research on 177 children ages 3 to 7 and their mothers, 90 of the mothers whom had a history of perpetrating negligence and physical abuse. They found physical abuse, but not negligence, was related to increased shame.

Shame Across the Life-span

Children begin to experience shame during early childhood (Ericson, 1959; Herman, 2012). Due to individual differences, the age at which the experience begins to occur varies by child, but it may begin as early as from 15 to 24 months (Tangney, 1999). As children mature, they develop a tendency of attributing the cause of negative events. For children who tend to attribute the cause of negative outcomes to internal, global, and permanent factors pertaining to the self, they become shame-prone (Lewis, 1971; Tangney & Dearing, 2002), a trait that appears to solidify around middle childhood (Tangney, 1999). Orth, Robins, and Sota (2010) examined the level of shame-proneness in 2,611 individuals ranging in age from 13 to 89. They found that the level of shame-proneness experienced by the subjects varied across the lifespan. According to their research, the level of shame-proneness peaks in adolescence and then begins to decline until around the age of 50. At about the age of 50, the level of individual's shame-proneness appears to reach a low point. The level of shame-proneness then begins to increase from age 50 through the end of life.

Homelessness and the Family of Origin

Grunberg (1998) concluded in his qualitative research that homelessness "…does not deal with those rendered homeless by the clenched fist of a sudden tragedy or the well-functioning adult, or family, suddenly hurled into temporary disaster. Instead, it shows lives which seem to have been aimed toward the streets all along" (p. 243). Grunberg's statement seems to suggest that the roots of homelessness begin in childhood with a chaotic family environment where emotional support is lacking and the child is abused and/or neglected. Research appears to support Grunberg's statement.

Shelton, Taylor, Bonner, and van den Bree (2009) investigated risk factors associated with homelessness in a nationally representative sample of 14,888 young adults, 682 (4.6%) of whom had experienced homelessness. Their research found three

factors independently associated with being homeless: childhood experiences of poor family functioning, financial distress, and separation from parents or caregivers. They found that young homeless adults identified significant childhood factors related to poor family functioning, for instance, parent-caregiver sexual abuse, neglect, and physical aggression. Separation from parents was found to consist of being kicked out of the house or the biological father being incarcerated. Shelton et al. (2009) concluded that abuse and the lack of parental emotional support were associated with homelessness.

Shelton et al.'s (2009) research appears consistent with other studies concluding that the course of homelessness begins in early childhood with maladaptive familial patterns (e.g. Koegel, Melamid, & Burnam, 1995). Herman, Susser, Struening, and Link (1997) reported that the level of parental care during childhood is associated with subsequent homelessness. They found in a sample of homeless subjects that 18.4% experienced negligence, 27.8% physical abuse, 6.4% sexual abuse, 33.3% negligence plus either physical or sexual of abuse, and 12.5% reported some other kind of childhood adversity. The rate of reported sexual abuse varies across studies. In one study involving a sample of 96 homeless youths, 60% of the subjects reported childhood sexual abuse (Rew, 2002). Of the 212 homeless men studied by Ryan, Kilmer, Cauce, Watanabe, and Hoyt (2000), 36.8% had experienced physical abuse, 10.8% sexual abuse, 19.3% both physical and sexual abuse, and only 33% experienced no abuse.

Males, to the same extent as females, have been found to attribute the cause of childhood abuse to internal attributes, finding to some extent, themselves at least partially responsible for the abuse (Feiring et al., 2002). In a qualitative study, Tsui, Cheung, and Leung (2010) found that male victims of abuse attributed the abuse to continued perceptions of needing help as well as feelings of shame, embarrassment, denial, and stigmatization. Left untreated, childhood sexual and physical abuse has been shown to

lead to persistent problems with substance abuse in adult males (Benda, BiBlasio, and Pope, 2006).

Cycle of Homelessness

Shame appears to be a dominate theme in homelessness. Beginning in early childhood, shame seems to play a contributory role that directs children toward a path of homelessness. As male youths begin living on the streets, they use distancing strategies to differentiate themselves from other homeless people by attempting to align with mainstream culture. When they fall short of mainstream social expectations, their shame intensifies and reinforces a sense of personal inadequacy. To cope with the pain of shame and homelessness, males often engage in risk-taking strategies that negatively affect an already deteriorating situation, creating a cycle of destructive behavior that perpetuates homelessness.

Entering Homelessness

Youths from dysfunctional families of origin may be left with few options but running away from home. One study reported a mean age of 13.4 years for leaving home for the first time (Johnson, Whitbeck, & Hoyt, 2005). Homeless adolescents and young adults attribute the cause of their homelessness to a number of factors including: feeling disconnected from others, sexual abuse (Johnson et al., 2005; Rew, 2002), lack of parental support (Grunberg, 1998; Shelton et al., 2009), being kicked out of the house, parental incarceration, and school expulsion (Shelton et al., 2009). An early entrance into homelessness often means forgone education that in turn has been associated with potential developmental and skill deficits. For instance, Rokach (2005) found that homeless individuals scored lower on growth and development assessments than did the general population. Together, childhood abuse and neglect, lack of education, and early entrance into homelessness places young males in a situation that is difficult to overcome. Though the deficits young homeless males face upon entering homelessness appear

insurmountable, the number of deficits continues to increase as homelessness persists. As men continue into homelessness, they begin to experience a myriad physical health problems (Nyamathi et al., 2012) and mental health problems (Nyamathi et al., 2012). Those physical and mental health problems can then lead to negative coping, for example, substance abuse (Nettleton, Neale, & Stevenson, 2012). Further, they may believe that they do not possess the capability to solve their problems, have negative attitudes towards seeking help, and experience higher psychological distress (Nguyen, Liu, Hernandes, & Stenson, 2012). Forced to focus on survival, homeless males are left with little hope for transcending homelessness, perhaps leaving them chronically homeless.

The Stigma of Homelessness

Goffman (1963) suggested that society develops a categorization process that facilitates social interaction. Categories are constructed groups of social members believed to possess certain ascribed attributes. Social categories or groupings of social members enable members of society to take efficient mental shortcuts when interacting with others. For example, one walking on 5th Avenue in Manhattan dressed in a business suit and holding a leather bag may be classified as a professional and assumed to be employed, have permanent housing, and financial means that make them self-sufficient. This image might be considered consistent with Western capitalistic values that espouse upward mobility and financial self-sufficiency. Such a categorization allows others in society to make assumptions based on the outward appearance. If approached by this professional-appearing person, the assumption may be that they mean no harm and are not going to request anything of you other than perhaps directions. The category and assumptions might change however, if the person walking on 5th Avenue was dressed in worn and dirty clothing, un-kept hair, and pushing a shopping cart filled with the appearance of junk. The categorization and accompanying assumptions for this person

may change as they appear inconsistent with Western capitalistic values. One might consider this person to bear the mark or stigma of homelessness. If approached by this person, perhaps the expectations of the interaction would change to, “They are going to ask me for money,” perhaps garnering a more guarded or defensive interaction. Goffman’s theory proposed that one marked with a stigma does not possess the necessary characteristics required, and is precluded from, an acceptable or desired social category. According to Lewis (1998), stigma is a visual public mark noticed by others that spoils one’s identity. A stigmatized individual possesses characteristics that preclude one from a main stream group and assigns them to a group of reduced standing. In essence, they are discredited by way of a stigma.

There appears to be a commonality and a relationship between stigma and shame. Lewis (1998) identified three commonalities between stigma and shame. First, stigma and shame both pertain to a deviation from acceptable standards. In the above example, the person pushing the cart did not meet the social standards of a Western capitalistic culture. Likewise shame occurs when one falls short of social expectations. Second, both stigma and shame reference a global and damaged self when failing to meet expected standards. Third, when one fails to meet expected standards, the responsibility for the failure results in self-blame. Lewis further suggested a relationship between shame and stigma in that stigma elicits shame. Lewis proposed that the degree to which a stigmatized person can blame themselves or are blamed by others reflects the extent of the shame experience. Goffman (1963) explained the relationship between shame and stigma differently. He suggested that a stigmatized individual experiences shame when they acknowledge the stigma and that they fall short of a standard that makes them a member of a stigmatized group. Goffman’s description of the shame experience is feeling as if one is flawed or unacceptable according to prevailing social standards.

One of the most common stigmas in Western culture is that of homelessness. The homeless stigma carries with it a number of discrediting characteristics, for instance, lazy, mentally ill, or substance addiction (Kidd, 2007). These stigmatizing labels bring additional stress and shame to those in precarious positions. For instance, Kidd (2007) found in a sample of homeless youths that the homeless stigma was associated with low self-esteem, suicidal ideation, loneliness, and feeling trapped. Kidd also found that youths often internalize stigma with self-blame, shame, and guilt. Belcher and DeForge (2012) suggested that stigma occurs not only when one carries a stigmatized mark, but also where there is a power differential. For instance, a prospective employer might stigmatize a homeless individual and exclude them from employment consideration due to assumptions that the homeless applicant may not have a car and thus will not be able to arrive at work on time.

Risk-taking Behaviors

Homeless men have been found to engage in significantly more risk-taking behaviors than the general population (Fischer & Beakley, 1991) or men at risk of being homeless (Muñoz et al., 2005). Much research has linked homelessness with drug and alcohol use with estimates of alcohol use disorder in homeless men ranging from 58 to 68% (Fischer & Breakley, 1991). Research suggests that alcohol use does not begin without antecedent, but rather is precipitated by such factors as a lack of a social support system (Burkey, Kim, & Breakley, 2011), loneliness (Åkerlind & Hörnquist, 1992), low self-esteem (Malcolm, 2004), mental illness, and victimization (Stein & Gelberg, 1995).

Long-term alcohol use comes with a cost to the individual. Teesson and Buhrich (1993) posited that alcohol use can be a contributing factor in cognitive impairment. In their study they found 18 of 65 homeless men had a severe cognitive impairment and 10 of the 65 were found to have a mild cognitive or memory impairment believed to be linked to alcohol use. Alcohol and drug use, when coupled with poor health, has been

related to higher mortality rates (Beijer, Andreasson, Ågren, & Fugelstad, 2011) and suicide (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). As homeless individuals work to survive and cope, they often turn to alcohol, drugs, and criminal activities that can intensify symptoms of mental illness (Stein & Gelberg, 1995) and can further perpetuate homelessness (Greenberg & Rosenheck, 2010).

Homeless men have a significantly higher rate of incarceration than the general population (Stein & Gelberg, 1995). In comparison to non-homeless individuals, Greenberg and Rosenheck (2010) found that those who had been incarcerated from one to 26 days were 3.0 times more likely to have been homeless and those who had been incarcerated for 27 or more days were 11.5 times more likely to have experienced homelessness. Further, research indicates that legal problems have been associated with mental health problems. Nyamathi et al. (2011) found that in a group of recently paroled homeless men, 40% reported they experienced high levels of depressive symptoms.

Risk-taking strategies used by homeless men to cope may offer temporary relief from their circumstances, but often serve to exacerbate and perpetuate their symptoms and further entrench them into homelessness. The story of homelessness seems to be a downward spiral in which efforts to cope and alleviate pain result in a repeating cycle of destructive behavior. Roschelle and Kaufman (2004) examined how homeless male youths managed the stigma of being homeless. They found that youths engaged in strategies to distinguish themselves from others, enhance their self-esteem, and align themselves with mainstream society. Their research showed that the exaggerated masculine strategies most used by homeless males include physical posturing, verbal denigration of others, sexual posturing, and exploitation of others. The researchers remarked "…the irony for homeless kids is that their behavior (and society's interpretations of it) often marks them as worthy of their discredited social face even when they embrace and mimic mainstream actions" (p. 41). In other words, when society

observes homeless men using exaggerated masculine strategies, they believe that the homeless males are getting what their behavior deserves.

Risk-taking behaviors have also been associated with shame. Dearing, Stuewig, and Tangney (2005) found a significant relationship between shame-proneness, problem drinking and drug use in undergraduate and inmate samples. Reid (2010) studied emotions in men with hypersexual behavior and found that self-hostility was a significant predictor of hypersexual behavior. Reid also suggested that shame, as a self-critical affect, may contribute to hypersexual behavior. In a study of 5,396 15 to 18-year-olds, Åslund, Starrin, Leppert, and Nilsson (2009) found that the shaming experiences of being ridiculed or humiliated by others were strongly related to aggressive behavior. They also found that social status and shame predicted aggressive behavior, suggesting that a person's social status may influence risk-taking behaviors.

Relational Behavior

The positive effects of relationships and social support have been demonstrated repeatedly in homeless literature. Social and emotional support is positively related to a sense of well-being (Usborne, Lydon, & Taylor, 2009), improved self-esteem (MacKnee & Mervyn, 2002), and self-worth (Thompson, Pollio, Eyrich, Bradbury, & North, 2004). Social support has also been shown to help in transitioning out of homelessness and substance recovery. MacKnee and Mervyn's (2002) qualitative study found that establishing supportive relationships was an essential part of transitioning out of homelessness. Individuals remarked that having someone to reach out to, having others reach out to them, and creating new relationships were critical to their transition to mainstream society. For individuals who had maintained stable housing for 24 months subsequent to homelessness, relationships with family and service providers were found to be the most helpful category identified in helping homeless individuals achieve stable housing (Thompson et al., 2004). Social ties also seem to play an important role in

substance use recovery. Burkey, Kim, and Breakey (2011) found that having others to relate to as a source of strength, emotional support, and motivation was important in recovery.

Paradoxically, rather than seeking out, developing, and nurturing relationships that are supportive and helpful, homeless men tend to have relational behaviors that distance them from supportive social relationships. Distrust is a relational theme that is pervasive with the homeless (Padgett, Henwood, Abrams, & Drake, 2008; Thompson, Kim, McManus, Flynn, & Kim, 2007) and may be the result of an accumulation of experiences. Mounier and Adjujo (2003) suggested that homeless individuals often develop defensive mechanisms from cumulative childhood and victimization experiences. For example, Rew (2002) found childhood abuse to be significantly related to loneliness and inversely related to connectedness and well-being. In a study examining the antecedents of loneliness in a homeless sample, Rokach (2004) found feelings of personal inadequacies, low self-esteem, mistrust, fear of intimacy, and feelings of being socially ill-at-ease to predicate loneliness. As such, the homeless have a perception of the self as relatively powerless and ineffectual, and others as powerful and in control (Russo et al., 2001). Accordingly, homeless individuals seem to adopt relational strategies that serve to protect them from vulnerability that can in turn distance them from social support.

One protective strategy that homeless individuals use is withdrawal. In a study on help-seeking and cognitive appraisal, Brewin, MacCarthy, and Furnham (1989) discovered that the more subjects attributed negative events to internal and global factors, the less likely they were to seek emotional support and the more likely they were to withdraw. Brewin et al. found that cognitive appraisal accounted for 61% of the variance in social withdrawal. Variables that uniquely contributed to social withdrawal included internal and global attributional tendencies whereby they blamed negative outcomes on

personal inadequacy. As discussed above, this attributional pattern has been associated with shame (Tangney & Dearing, 2002).

The homeless also use unique conflict resolution strategies. Relationships of the homeless are often filled with conflict due to competition for limited resources and a pervasive distrust of others (Thompson et al., 2007). Baron, Forde, and Kennedy (2001) found that homeless male youths appeared to use different conflict management styles when compared to males in the general population. They found that in resolving conflict, homeless males: demanded more reparation when they perceived harm; were more willing to use aggression; became more upset and used aggression more in interpersonal disputes; and were more sensitive to attacks than non-homeless males.

Conflict resolution strategies used by homeless males can be conceptually related to shame. Shame-proneness has been demonstrated to have a negative effect on interpersonal relationships. Dickerson, Gruenewald, et al., (2009) theorized that shame-proneness threatens social bonds and group cohesion, resulting in an increased risk of conflict and aggression. Evidence seems to support this assertion. Shame-proneness has been shown to be negatively associated with other-oriented empathy (Tangney, 1991) and positively linked to anger, arousal, suspiciousness, resentment, irritability, a tendency to blame others for negative events, and indirect expression of hostility toward others (Tangney, Wagner, Fletcher, & Gramzom,1992). Across the life-span, shame-proneness has been shown to be strongly related to: unproductive responses to anger; direct, indirect, and displaced aggression; and self-directed hostility, all of which have negative long-term consequences on interpersonal relationships (Tangney, Wagner, Fletcher, et al., 1996). Shame-proneness is also negatively correlated with the quality of self-generated solutions to interpersonal problems, confidence in using the developed solution, and the expectation that the solutions will be effective (Covert, Tangney, Maddux, & Heleno, 2003). Where no interpersonal problems exist, Dickerson, Gruenewald, et al., (2009)

suggested that shame-prone individuals can perceive social threat in ambiguous or non-threatening circumstances thereby creating unwarranted interpersonal conflict.

As homelessness becomes a lifestyle, Grunberg (1998) found that transiency, distrust of others, disaffiliation, impulsiveness, clusters of unsolved problems, and lack of social support lead to a maladaptive relational style. According to Grunberg, homeless men often use pseudonyms, “interpersonal deception” (p. 260), and other distancing strategies that undermine relational connectedness. Based on a history of relational experiences, homeless men learn to listen to themselves rather than others and to embrace aloneness (Sumerlin, 1996) as they have historically found support to be “weak, conditional, negative or absent” (p. 887) thus reinforcing their behaviors of distrust.

The absence of relational support from friends and family has been found to contribute to older homeless men’s sense of hopelessness (Vance, 1995). As homelessness becomes chronic, the cycle becomes more difficult to break as many men engage in long-term self-soothing through substance use that can negatively affect mental and physical health, entrenching men further into homelessness. As homelessness becomes a life-style, men begin underestimating their problems due to time spent with other homeless people and friends who have similar or more severe problems (Osborne, Karline, Baumann, Osborne, & Nelms, 1993).

Intersection of Shame, Homelessness, and Other Domains of Oppression

While it is known that homelessness itself negatively affects individuals, the intersectionality of oppression creates increased vulnerability for certain individuals. Within the United States, race/ethnicity, poverty, age, ability status, social support, and educational status all intersect with homelessness to exacerbate the impact. In considering the intersectionality of shame and homelessness with other domains of oppression, it is essential to consider that the majority of homeless individuals are members of one, if not many oppressed groups.

Homelessness and Cultural Norms

Scholarship on homelessness in the United States suggests that homeless individuals appear to share many common characteristics. For example, Fellin (1996) posited that homeless individuals in the US share a common lifestyle marked by extreme poverty, lack of adequate housing, unemployment, difficulty with tasks of daily living, vulnerability to stress, poor physical health, substance use, and criminal activities as a way of survival. Fellin also suggested that homeless individuals tend to share common social bonds and paths into homelessness, for example, displacement, a lack of social support, detachment from society, and isolation. According to Fellin, homeless individuals share common ways of thinking that include a lack of trust, desire for independence, and resistance to treatment and social services. This appears to support the conceptualization of homelessness as an oppressed category in and of itself.

Other literature suggests there is a great heterogeneity in homelessness (Flaskerud & Strehlow, 2008). Penuel and Davey (1999) found that one's identity is influenced by the type of shelter in which a child is raised. Their research indicated that children raised in emergency shelters were more ambivalent to the family comprised of shelter residents, were more transient, poverty stricken, and were more isolated. However, children who were raised in small family shelters experienced a more intimate family feel to the shelter that was associated with feelings of familiarity, support, and personal relationships (Penuel & Davey, 1999).

Homelessness can also vary depending on ethnicity, cultural context, and developmental context. For instance, Hickler and Auerswald (2009) conducted a cultural comparison between homeless White and African American youths in Western United States using observation and ethnographic interviews. While they found that both groups shared some similarities, for example, a history of family dysfunction, the groups were found to have many differences. One notable difference was that of identity. Whites

identified with the stigmatized identity of homeless and perceived themselves as outsiders, whereas African Americans did not perceive themselves as homeless; rather, African Americans identified as “players” or “hustlers” (p. 830) and rejected the label of “homeless.” For African Americans, these self-applied identities served to claim their status as ones who are successful at raising money on the streets, not as a way of survival, but rather as a way of a legitimate way of life. White youths however, were found to be more reliant on social services than African Americans. African American youths were found in general to have fewer family resources to rely on than did their White counterparts. Though Whites had more family resources, they believed that the physical and emotional cost of accessing those resources were too high. It is suggested that African Americans may elect to identify with the label of “player” or “hustler” as a protective factor of sorts. For example, it may protect them from the shame of identifying as “homeless.” Additionally, Johnson (2010) posited that the African American view of homelessness may be a unique reflection of the long history of black homelessness in the United States that has persisted since the end of the Civil War as a result of oppression and is a history that has been largely left out, under-reported, and misinterpreted by mainstream culture.

Notably, the culture of homelessness can also vary depending on the context in which it occurs. Flaskerud and Strehlow (2008) proposed homelessness may be more accepted in the United States given the cultural emphasis on free will, individual responsibility, and self-determination. In essence, predominate American culture may view homelessness as a choice and as such, view it fundamentally differently. Okamoto (2007) compared the effects of cultural context on homelessness in England and Japan. Okamoto found several distinct differences in the homeless culture between these two countries. For instance, begging is common in England juxtaposed to Japan where it is rare. Okamoto attributed this difference to cultural expectations, suggesting that in

England, the burden of care falls on society where the burden of care is expected to fall on family/relatives in Japan. Okamoto also suggested that homelessness varies from country to country and is dependent on the dominant social structure, economic system, and social policy. For example, Okamoto found that the homeless population in England was predominantly in their 40's and younger whereas the homeless population in Japan were over 50. Okamoto speculated that this difference may indicate more severe family displacement in the United Kingdom compared to Japan's homeless population demographics that may be a result of employment difficulties for individuals between the ages of 50 and 64.

Shame and Cultural Norms

Lewis' (1971) work became the foundation of what would become the predominate model of shame. Imbedded in this model of shame are cultural assumptions such as: a stable self that is differentiated from momentary actions, shame is an external orientation, the self is distinct from others, and being negatively evaluated by others is a negative experience that should be avoided. Wong and Tsai (2007) suggested that these basic assumptions are based on Western samples and reflect cultural beliefs and values.

These assumptions have guided research on gender and ethnic differences in the experience of shame. Research is mixed regarding gender and shame-proneness. Some research suggests that women tend to experience shame more than men (Lewis, 1971; Orth et al., 2010). Other research indicates that men and women are equivalent in terms of shame-proneness, but may vary in their response to shame (Tangney & Dearing, 2002). Shame research on ethnicity within Western cultures is more limited. However, Orth et al. (2010) reported that Whites experience higher average levels of shame than do Asians and Blacks. They also found that low social economic status individuals have a higher average level of shame than do higher social economic status individuals.

Wong and Tsai (2007) further suggest that the majority of mainstream research on self-conscious emotion lacks consideration of the cultural differences. For instance, the dominate models carry with it individualistic assumptions that do not consider collectivists world views. Research on shame across individualistic and collectivist cultures reveal a number of distinct differences. For example, Zhong, et al. (2008) explored the cross-cultural differences in the effects of shame and personality on social anxiety. They found shame to be a mediator between personality and social anxiety in their sample of Chinese subjects. In contrast, shame was not found to mediate personality and social anxiety in the American sample. The American sample, however, was found to have higher levels of shame and lower experiences of social anxiety. Zhong et al. (2008) suggested that their results were attributed to the salience of shame in Chinese education and its cultural importance in face-saving and preserving honor. Concerns about losing face pertain to fears of failing to live up to one's internalized expectations of self and society's confidence placed on those expectations. Failure to live up to internalized and social expectations are a reflection on one's integrity and character; furthermore, it negatively reflects on one's ancestry, family, friends, and community (Li, Wang, & Fisher, 2004). This collectivist experience of shame reveals concerns about both internal and social ramifications for failing to live up to expectations juxtaposed to shame as experienced in Western culture that focuses primarily on reflections upon the self (Tangney & Dearing, 2002). Unlike Western cultures, in collectivist culture, guilt and shame are not distinct constructs, rather, guilt is considered as a component of shame (Li, Wang, & Fisher, 2004). While Western cultures view shame as a maladaptive emotion to be avoided (Tangney & Dearing, 2002), Chinese cultures integrate shame into the education of its youth as a mechanism of control that is used in socialization throughout lifespan (Zhong et al., 2008). According to Zhong et al., shamelessness is less socially desired than shame. Whereas shame is a negative personal experience used to encourage

socially desirable behavior, shamelessness is an indication that one is not affected social expectations. Accordingly, one who is shameless is therefore considered "hopeless and disgusting" (p. 790) by society.

Research on the cultural experience of shame does indicate some similarities across collectivist and individualistic cultures. For instance, Wang, Zhang, Gao, & Qian (2009) found that both American and Chinese students experienced shame with similar intensity when it comes to academic, relational, body image, and group situations. Both groups also reported similar sources of shame, for example, self, peers, parents, teachers, and supervisors. Wang et al. (2009) also found that both groups attempted to avoid the experience of shame through withdrawal and both groups viewed shame as positive in its influence on inappropriate behavior.

Goetz and Keltner (2007) examined the question: Do self-conscious emotions vary across cultures? Their results were mixed. From an evolutionary perspective, core elements of self-conscious emotions are biological and are thus universal across cultures and mammal species. For instance, the physiological components of self-conscious emotions prepare the individual for action. Tompkins (1962) suggested that the physiological response to the discomfort of shame is submission that prompts one to withdraw and retreat. This has been found across species (Tompkins, 1962) and cultures (Wang et al., 2009). Self-conscious emotions have also been found to be means of communication across cultures through facial, vocal, and posturing expressions (Goetz & Keltner, 2007). However, across cultures, self-conscious emotions are defined and valued differently in terms of subjective experience, role in self-evaluation, and self-representation. Goetz and Keltner (2007) argued that the biological and culture influences that govern self-conscious emotions are complementary in that they facilitate social living by regulating cooperative alliances and group organization. On one hand, guilt helps promote other-oriented behavior that maintains and promotes group cooperation.

On the other hand, shame and pride serve to establish social hierarchies by establishing dominance and weakness whereby shame serves to decrease one's social status and pride increases social regard. Goetz and Keltner (2007) suggested that the influences of biology on self-conscious emotions, which are common across cultures, manifest at the individual level through experience, cognition, and physiology as well as through interpersonal communication using facial expressions and posture. Self-conscious emotions subject to cultural influences, however, occur at the group or cultural levels where interactions of individuals serve to meet shared cultural goals and establish roles.

Li and Fischer (2007) call for a more expansive research on self-conscious emotions including the cultural implications and positive aspects of emotions (i.e. the role of shame in Eastern cultures). Li and Fisher also suggest that emotion is infused with cultural meaning. By investigating self-conscious emotions across cultures, a more complete understanding of the similarity and differences can be developed.

Gender Role Strain

As Western culture continues to uphold traditional masculine and capitalistic values, homeless men find themselves at the bottom of the social-economic hierarchy. Research suggests that traditional masculine attitudes and men who present themselves with an idealized male stature tend to value success, power, and competition (Adams & Govender, 2008; McCreary, Saucier & Courtenay, 2005). Traditional masculinity also holds work-related values that emphasize the importance of economic returns (Babladelis, Deaux, Helmreich, & Spence, 1983; Richins & Rudmin, 1994). Dittmar and Pepper (1994) found that more rather than less material possessions leave more favorable impressions on others. Similarly, Richins and Pudmin (1994) posited that capitalistic values are related to beliefs that consumption and spending increased satisfaction and improved quality of life, despite evidence to the contrary. Richins and Pudmin (1994) also found that consumption was linked to identity and that the symbolic meaning of

possessions represented success. Accordingly, the Protestant work ethic is associated with vocational interests that are focused on profitability and self-sufficiency (Mirels & Garrett, 1971).

Given Western capitalistic and traditional masculine values, homeless men potentially may perceive themselves as falling short of social, economic, and masculine standards. However, research exploring the impact of this gap on homeless men's perceptions of their own masculinity is sparse. In one qualitative study, Liu, Stinson, Hernandez, Shepard, and Haag (2009) found that homeless men's views of their masculinity did not change as a result of their homelessness. Liu et al. (2009) speculated that reflection on one's masculinity may be a privileged question of contemplation not afforded homeless men whose focus may be predominately on survival. Other research does appear to indirectly suggest that the gap between Western capitalistic and masculine standards and homeless men's ability to achieve those standards may be, at least to a certain degree, a consideration for homeless men. For instance, in their cross-cultural study on materialism, Ger and Belk (1995) found that materialism is not solely a Western phenomenon or one reserved solely for the affluent, but rather materialism is a pervasive construct and highly valued in poor cultures, for example, Romania. Similarly, studies on the homeless and identity construction appear to be developed on the premise that homeless individuals perceive themselves as falling short of social expectations and values (e.g. Snow and Anderson, 1997; Stodulka, 2009). It is notable that individuals with limited access or inadequate means to access the standards outlined by dominant culture are subjected to the consequences of their inability, both in stigma (external response) and shame (internal response).

Research posits that failing to achieve traditional masculine standards creates a sense of failure and inadequacy for men. Pleck (1995) coined the tension that coincides with this gap the Gender Role Strain. Krugman (1995) proposed that "normative male

socialization relies heavily on the aversive power of shame to shape acceptable male behavior and attitudes that leaves many boys extremely shame-sensitive" (p. 93). Krugman posited that traditional male roles shape the young men's expectations regarding what it means to be a man. These roles have historically promoted behaviors like aggression and competition that encourage men to conceal any internal incongruities that contrast with the standard male image. According to Krugman's theory, men who fail to live up to the traditional male cultural standards, either in performance or by feeling internally weak or inadequate, experience shame due to the contrast between who *one is supposed to be* and *one's reality*. According to Krugman, this internal conflict or Gender Role Strain (Pleck, 1995) between what men should be and what they actually are creates a sense of failure and shame, leading to an internal sense of inferiority and inadequacy. Painful shame feelings lead to one of two coping strategies. Men may either isolate (i.e. social withdrawal or avoidance) or act out in masculine ways that can include compulsive work, substance abuse, or aggression. When men adopt maladaptive coping strategies, they encounter difficulties in interpersonal and emotional conflict that further intensify feelings of shame and reinforce one's sense of inadequacy, thus contributing to the aversive cycle.

Krugman's (1995) conceptual link between masculinity and shame appears to be supported by research. For instance, Thompkins and Rando (2003) found that in a population of male college students, gender role conflict scales of restrictive emotionality and conflict were predictive of self-reported shame. Jakupcak, Tull, and Roemer (2005) found that in male college students, masculinity, proneness to shame, and fear of emotions predicted 19% of the variance of overt hostility. However, when isolated, fear of emotions was shown to be a small but significant factor predicting hostility, whereas shame and masculinity were not. The researchers concluded that their findings were congruent with other research suggesting that gender role socialization contributes to

male aggression by limiting emotional expression and interfering with men's ability to tolerate vulnerable emotions.

Krugman's (1995) conceptualization of masculinity and shame appears to be supported by Lewis' (1971) theory on shame. Lewis theorized that a shame-response to self-evaluative failures leads to cognitive inhibition where the global self becomes the center of focus with perceptions of a loss of dignity, failure of functioning, and feelings of disappointment and frustration. Lewis suggested that in the experience of shame, one becomes preoccupied and split into both the "evaluated self" and the "perceiving other" (p. 88) causing one to cognitively function ineffectively. Shame carries with it a paralyzing helplessness and passive feeling that prevents reparative action, and since the source of failure is the defective self, a specific and productive solution is not readily apparent (Lewis, 1971).

Conceptually, as young men leave abusive and chaotic homes and become homeless, shame serves as a consistent and pervasive theme. During a turbulent childhood, abuse and neglect become internalized and attributed to a global self that is defective. As abuse and neglect persist, the child thus develops the trait shame-proneness. As men are acculturated to social male expectations, failure to reach social standards is further attributed internally to a defective self. The course of homelessness and shame appear to serve as a downward spiral where shame begets more shame that in turn prompts continued maladaptive functioning.

Protective Factors Related to Shame and Homelessness

As men find themselves homeless, they often begin to experience feelings of failure and shame (Farrugia, 2011) and may question their own masculinity for failing to meet social and internalized standards of what it means to be a man (Pleck, 1995). These feelings of shame and failure are compounded by the stigma of being homeless (Lankenau, 1999). According to Farrugia (2011) homeless individuals take responsibility

for their situation and attribute their homelessness to personal flaws. For example, a man may attribute his homelessness to being "pathetic" (p. 768).

However, literature suggests that individuals who are homeless sometimes demonstrate remarkable resilience. Resiliency has been conceptualized as a set of protective factors that enable people to bounce back from psychological risks associated with adversity (Rutter, 1987). One protective factor Rutter presented was the ability to establish more positive self-concepts and feelings about themselves. Rutter suggested, "…it is protective to have a well-established feeling of one's own worth as a person together with a confidence and conviction that one can cope successfully with life's challenges" (p. 327). Research investigating resiliency and homelessness have conceptualized resiliency in two ways: stigma management and identity creation.

Stigma Management

In a four-year ethnographic study, Roschelle and Kaufman (2004) found that homeless youths used two strategies to manage stigma vis-à-vis gaining social acceptance. The first strategy aims to accomplish mainstream inclusion by conforming to the dominate culture's norms and by playing a role in building a "harmonious environment" (p. 31). The homeless youths in this study sought to achieve a sense of inclusion by developing relationships with both peers and strangers, by "passing" (Goffman, 1963) as non-homeless or by hiding their homelessness, and covering or lessening the appearance of the homeless stigma. The homeless youths in Roschelle and Kaufman's (2004) study however, also used an exclusion strategy whereby they attempted to distinguish themselves from other homeless individuals by accentuating their homeless identity, demonstrating themselves as street savvy, tougher, more mature, and better than others. They sought to accomplish this through denigrating other stigmatized groups (e.g. homosexuals), and through physical and sexual posturing. Similarly, Barker (2013) posited that in order to avoid feeling marginalized, homeless

youths engaged in “acts of defiant independence” (p. 358) as a way to accumulate “negative social capital” (p. 358). Negative social capital is an earned reputation of being able to take control through antisocial or illegal behavior that is viewed by other homeless individuals as a “legitimate claim to power” (p. 359) due to its value in terms of survival on the streets. Also, as discussed above, an individual’s reactions to oppression (i.e., avoidance, denial, aggression, re-labeling) may in some ways be protective and serve to manage the damaging stigma associated with homelessness and other domains of oppression.

Identity Creation

Research demonstrates that homeless individuals also use various strategies to create an identity that helps establish and maintain a personal sense of dignity and self-worth (Rayburn & Guittar, 2013; Snow & Anderson, 1987; Stodulka, 2009). For instance, Snow and Anderson (1987) found that homeless individuals used three strategies to create an identity that fosters a sense of self-worth. The strategies used to create an identity included distancing, embracing, and storytelling. They found that some homeless individuals used distancing strategies to enact roles or maintain a distance from services associated with homelessness. They also differentiated themselves from other homeless individuals as if to say, “I am different from the rest.” They also found that homeless individuals used strategies in which they embrace their homelessness. Snow and Anderson (1987) found that some homeless individuals embraced their homelessness through identification with the labels *tramp* or *bum,* and through the use of language that established a principle-based rational for their position. For instance, a principle-based rational for one’s homelessness might be, “I am true to my people.” Homeless individuals were also found to create identity through storytelling, for example, “when I win the lottery.” Rayburn and Guittar’s (2013) research on homeless persons and coping with stigma found that homeless individuals who interacted with members of the dominate

culture used comparable strategies in order to save character. Similar to the findings of Snow and Anderson (1987), Rayburn and Guitter (2013) found that homeless individuals used the strategies distancing, storytelling, and embracement to retain and establish a sense of self-worth. Additionally, Stodulka (2009) found that homeless Indonesian youths demonstrated resiliency through identity creation whereby they identified with "*tekyan*," a form of pride based on their ability to survive on "a little but enough" (p. 329).

Given that individuals have been shown to experience feelings of failure and shame (Farrugia, 2011) as a result of their homelessness, the use of identity creation as a means to assert a sense of self-worth and dignity raises a couple of questions. First, to what extent, if any, do homeless individuals believe that their created identity truly represents them? Schlenker (2012) suggested that self-presentation involves both gamesmanship and authenticity in that self-presentation seeks to create a favorable impression, but the presentation also attempts to convey an accurate image of the self. According to Schlenker (2012), self-presentation reflects a "slightly polished and glorified conception of self, but one that is genuinely believed by the actor to be true" (p. 493). Schlenker (2012) further suggested that self-presentation reflects a transaction between the self and audience where one presents the self as "an integration of what people want to be and think they can be in a given social context" (p. 499).

An additional question is whether homeless individuals see themselves as shameful failures (Farrugia, 2011), while at the same time, genuinely present themselves in a positive light with self-worth and dignity (e.g. Snow & Anderson, 1987). According to research, there may be a couple of explanations for this apparent conflict in self-perception. Research suggests that the identity created by homeless individuals can be strategic (Parsell, 2011) and fluid (Parsell, 2011; Roschelle & Kaufman 2004), depending on the circumstantial need at the time. The results from Parsell's (2011) ethnographic study indicated that the use of various identities sometimes help homeless individuals

without shelter survive. Parsell (2011) found that homeless individuals who accessed homeless services presented with a homeless identity along with gratitude, submission, and absence of assertiveness. However, Parsell (2011) also found that identity creation also involved shedding the homeless identity and presenting as assertive and empowered customers when in the role of consumers who purchased goods and services with confidence. In their qualitative study, Wasserman, Clair, and Platt (2012) found that homeless individuals can also present conflicting identities. For example, they found that while homeless individuals felt that they were neglected and forgotten by society, they also expressed that they felt proud to be Americans. Wasserman et al. offered a rationale for the conflicting identities, speculating that homeless persons felt that they existed "as a problem" (p. 331), which may affect them at a deeper self-consciousness level, yet they also worked to manage their identity within in a broader social context. The research of Zaharna (1989) and Hermans (1996) both offer support for holding multiple and conflicting identities. Zaharna (1989) introduced the idea of self-shock whereby individuals have difficulty maintaining a consistent self-identity. Zaharna (1989) suggested that this occurs when the meaning of behaviors is altered in varying contexts. For a homeless male, physical and sexual posturing may be a way of earning credibility with other homeless individuals; however, such behavior may be viewed by greater society as an indication that one deserves their homeless situation (Roschelle & Kaufman, 2004).

Summary

The repercussion shame has in the lives of homeless men remains relatively unexplored. Literature on homelessness alludes to the phenomenon of shame, but only peripherally and with little scientific inquiry into the role shame may play in homelessness. Yet, a review of homeless and shame literature presents a conceptual interaction that suggests shame plays a salient role for homeless men. To gain an

empirical understanding of the intersection of shame and homelessness, this study proposed the research question, “How do homeless men experience shame?” Within the context of this research question, this study explores how shame affects homeless men’s relationships, sense of masculinity, trust, and willingness to seek help.

CHAPTER 3: METHODOLOGY

The methodology chosen for this study was Consensual Qualitative Research (CQR). This chapter is used to describe the rationale for selecting CQR and to detail the procedures used to ensure the trustworthiness of the research process and findings. After first detailing the purpose and rationale for selecting CQR, the selection of participants, sample size, and recruiting process are then outlined. Presented next is the structure of the research team, the team's expectations and biases pertaining to this study, and the methods used to manage the identified expectations and biases. Explanations are then provided for the protocol and method of collecting data. Then presented are the data analysis procedures. Finally, this chapter concludes with the Safety Protocol used to ensure the well-being of the participants.

Selection of Methodology

Qualitative research offers an alternative to quantitative research, allowing for the investigation of complex internal phenomena. Qualitative methods allow researchers to gain deep and rich descriptions of a phenomenon, thus providing data that may not be easily accessible with a quantitative approach (Hill, Thompson, & Williams, 1997). The experiential descriptions of complex constructs derived from qualitative research are particularly useful in exploring previously unexplored phenomenon and relationships between constructs in unique populations (Hill et al., 1997).

Hill et al. (1997) noted that CQR enables researchers to access rich, experienced-based accounts of phenomenon that can be assimilated into an accumulated and coherent understanding. CQR seeks data in natural settings, through the eyes of the participants who can offer personal descriptions of the phenomenon. CQR uses an inductive approach to research, developing an understanding from personal experiences rather than a more presumptive, deductive approach that begins with a hypothesis and then constructs research based on that hypothesis.

Shame is a complex internal affect that is difficult to access, assess, and analyze (Tangney & Dearing, 2002). Research on the experience of shame in homeless men is rare. Accordingly, CQR is an appropriate method from which to seek an understanding of how shame is experienced in a homeless male sample. CQR also offers a method by which to understand the experience of shame as it pertains to homelessness, trust, help-seeking, and relationships.

Qualitative studies have previously been used to explore shame. Lewis (1971) reviewed therapy manuscripts to understand client-therapist accounts and interactions pertaining to shame. Qualitative methods have been employed to assess the experience of shame and guilt reactions in developing the Test of Self-Conscious Affect-3 (TOSCA-3) (Tangney, 2000), a widely-used measure of guilt and shame-proneness. Finally, qualitative research has been used to understand the unique experience of a number of phenomenon experienced in homeless populations including social relationships (Padgett et al., 2008), exiting strategies (Thompson, Pollio, Eyrich, Bradbury, & North, 2004), peer relationships (Thompson, Kim, McManus, Flynn, & Kim, 2007), and stigma management (Roschelle & Kaufman, 2004). Accordingly, CQR is an appropriate method for exploring the experience of shame in a homeless male population.

Participants

The population of interest for this study is homeless men. One of the critical requirements of CQR, given the small sample size used in qualitative studies, is selecting a sample that is familiar with the subject being studied (Hill et al., 1997). Homelessness has been shown to be associated with self-esteem (Kidd, 2007), and self-esteem in turn has been shown to be directly related to shame-proneness (Tangney & Dearing, 2002). More directly, homeless individuals have revealed feelings of shame (Farkas & Yorker, 1993) or subcomponents thereof, for instance, worthlessness (Kidd, 2007), personal

inadequacies (Rokach, 2004), withdrawal (Rokach, 2005), and detachment (Sumerlin, 1995).

A homeless male population was also chosen due to the scarcity of research on the subject of shame with this population. Participants were selected from a population of male residents at the Iowa City Shelter House. The Iowa City Shelter House provides transitional housing and services designed to help homeless individuals save money, gain job-skills training, seek employment, and obtain independent housing.

Face-to-face interviews were selected as the mode of data collection as it allows the interviewer to establish rapport, trust, and it “produces the most authentic and deep descriptions” (Hill et al., 1997, p. 536). The interviews lasted from 10 to 115 minutes. In return for their time, participants were compensated $20 for their participation. The participants in this study were compensated prior to the interview and were informed that they could terminate the interview at any time, for any reason. The interviews were conducted in a private office located at the Shelter House.

Recruiting

Given the small sample size and the intensive, time-consuming nature of a qualitative interview, Hill et al. (1997) recommended that participants be chosen carefully from a criterion designed to identify appropriate subjects prior to recruitment. Accordingly, participants for this study were selected, with the assistance of the Shelter House staff, based on a number of screening criteria. The individuals were required to be male and at least 18 years of age. The participants were also required to be willing to self-reflect and capable of articulating their beliefs about shame and homelessness. The participants were also required to be residents of the Shelter House and thus homeless (Liu et al., 2009).

Participants were recruited in consultation with the Shelter House staff. To initiate the recruiting process, the research team contacted the Shelter House Case Managers by

way of email and requested their assistance recruiting participants for this study. The correspondence outlined the nature and purpose of the study along with the aforementioned selection criteria for the participants. Upon meeting the screening criteria, Shelter House residents were selected and referred to the research team for interviews. The interviewer then met with the potential participants, ensured they met the screening criteria, and scheduled the interview.

Sample Size

While there is no definitive sample size for CQR, Hill et al. (1997) provided guidelines that help with deriving sample sizes. To gain an in-depth understanding of the experience of shame, the sample size must be small enough to allow for an in-depth probe of participants' experiences, yet large enough to accommodate for variability of responses so that a group-based analysis can be conducted. The sample size and number of questions must also be balanced so that the study is still feasible. In other words, CQR requires a diverse sample, but the tasks of interviewing, transcribing, and data analysis must still be manageable. Accordingly, Hill et al. recommended a sample size ranging from 8 to 15 participants. The proposal for this study indicated a sample size of 15 based on previous CQR studies with homeless populations (Liu et al., 2009). Funding for this study, however, provided for 25 participants due to the research team's biases and the expectation of a potentially high dropout rate. At the completion of the first 15 interviews, no participants had withdrawn from the study. Given the availability of the funds and the number of remaining volunteers who had expressed an interest in participating, the research team, along with the approval of the Principal Investigator's advisor and the University of Iowa's Institutional Review Board, decided to expend the remaining funds to interview additional participants, making the total number of participants 25.

Twenty-five participants were interviewed for this study. However, the recording failed on one interview, leaving the data available for analysis at 24 (See Table 1). Of the 24 participants analyzed in this study, nine of the participants identified as Black; nine identified as White; three were Latino; one identified as Asian; one was Bi-racial; and one identified as Pacific Islander. The participants' ages ranged from 29 to 80 years (M = 48, SD = 11.08). Table 1 presents the demographic characteristics of the participants along with assigned pseudonyms.

Table 1: Participant Demographic Information (N = 24)

Pseudonym	Age	Ethnicity	Highest level of Education	Primary life occupation
Donnie	51	Latino	GED	Disability
Ezra	48	Pacific Islander	GED	Truck driver
Raymond	42	African-American	HS diploma	Construction
David	49	African-American	Assoc. degree	Maintenance tech
Larry	63	White	HS diploma	Construction
Theodor	34	White	GED	Laborer
Zachary	53	African-American	11th grade	Assembly line
Tyler	32	Latino	High School	Factory worker
Alex	50	African-American	10th grade	Carwash
Monte	51	White	GED	Iron worker
Arnold	56	White	1 yr. graduate sch.	Cardiac perfusionist
August	53	African-American	10th grade	Various
Kress	36	African-American	11th grade	Janitorial
Wayne	40	Asian-American	11th grade	Machine operator
Jacob	55	White	HS diploma	Factory worker
Thomas	50	White	Some graduate school	Unemployed
Joshua	48	African-American	HS diploma	Warehouse
Christopher	55	Bi-racial	2 years college	Construction
Floyd	80	White	7th grade	Cabinet maker
Austin	48	White	8th grade	Carnival worker
Gerald	53	Latino	College graduate	Researcher
Gary	54	White	HS diploma	Construction
Ryan	29	African-American	11th grade	Disability
Daniel	33	African American	9th grade	Construction

Research Team

The core research team consisted of two individuals. One of the individuals, the Principle Investigator, conducted the interviews and, along with another individual, preformed the data analysis. The team also included one auditor who was not part of the data analysis. Also on the team was a transcriptionist who typed the recorded interviews into verbatim transcripts.

Interviewer

Hill et al. (1997) asserted that conducting CQR interviews requires clinical experience that enables the interviewer to know when to probe, support, and encourage the participants. They stated that the interviewer also needs to know how to set appropriate boundaries to weigh personal privacy and intrusiveness against appropriate probing of personal questions to gain adequate descriptive responses. In this study there was one interviewer. The interviewer was a White, male, nontraditional student in his forties who was enrolled in the Counseling Psychology Doctoral Program at the University of Iowa. At the commencement of this study, the interviewer had accumulated over 500 hours of clinical experience of which approximately 188 hours were with a homeless population. Hill et al. suggested that using one interviewer helps to ensure a level of consistency across the interviews. Using one interviewer has its limitations however, as the interviewer likely possesses certain style and bias regarding the research subject and population.

Analysis Team

A set team format was used to derive the domains, core ideas, and cross analysis (Hill, Knox, Thompson, Williams, Hess & Ladany, 2005). In a set team format, all of the team members participate in the process of developing domains and core ideas for all of the cases. A benefit of the set team format is that both of the set team members review and are immersed in all of the data. One limitation of the set team format, however, is the

repetitive nature of creating domains and core ideas after the first couple of transcripts are reviewed (Hill et al., 2005). The primary analysis team was comprised of two members who were graduate students enrolled in the Counseling Psychology Doctoral Program at the University of Iowa. One of the members was the Principle Investigator described above. The second member of the analysis team was a White female in her twenties.

Auditor

The auditor's role was to serve as a check on the analysis team's work, to safeguard the integrity of the data, and ensure that the analysis accurately reflected the raw data (Hill et al., 1997). The auditor served to protect the integrity of the analysis results in several ways. First, the auditor served as a hedge against the effects of a power differential within the group where one team member may have a differing interpretation of the data, yet surrendered her or his position without being given due consideration. The auditor also served as a check where a lapse in attention to detail may have resulted in omitting data from the analysis. Finally, the auditor served to provide another perspective, thus keeping the analysis team on task to ensure that they captured the full essence of the data. To safeguard the integrity of the data and ensure that the analysis reflected the transcripts, the auditor was unassociated with the study and served to ensure that the analysis accurately and comprehensively reflected the data gathered in the interviews. The auditor was a graduate student enrolled in the Counseling Psychology Program at the University of Iowa. She was a White female in her twenties.

Transcriptionist

The role of the transcriptionist was to listen to the recorded interviews and transcribe the interviews verbatim to a document file that was then be used in the data analysis. One transcriptionist was recruited. The transcriptionist was trained in the transcription process. The transcriptionist was unfamiliar with the literature, the population, and the participants.

Expectations and Bias

Tangney and Dearing (2002) referred to shame as an “elastic construct,” alluding to its expansive nature as a powerful and ubiquitous construct that can manifest in most important areas of life. They warned their readers of the “danger in overgeneralizing” (p. 8) where shame is perceived as the root of all negative experience. Given the expansive nature of shame and that the Principle Investigator’s primary research interest was in the area of shame; the research team recognized that expectations could interfere with the objectivity of the study. Further, the Principle Investigator had spent approximately three years providing psychological services through his practicum at the local homeless shelter, potentially increasing the likelihood that biases also posed a threat to the objectivity of this study.

Early in this study, the influence of expectations and biases was apparent. For example, the original proposed protocol included the inquiry, “Tell me about a time you felt ashamed.” The team determined that this prompt held the expectation that all homeless men experience shame, when potentially they may not. To remove the expectation that all homeless men experience shame, this protocol query was revised to, “Talk about your beliefs about shame.” This revision invited participants to talk about their feelings and beliefs regarding shame without imposing the expectation that they do in fact experience shame.

To manage expectations and biases in this study, the research team incorporated CQR procedures recommended by Hill et al. (1997) designed to minimize the effects expectations and biases might have on the outcome of an investigation. The first step Hill et al. recommended was to develop a list of expectations and biases that the team held as a result of personal experiences with homeless individuals, beliefs, and research. This exercise allowed the team to become alert to potential problems that could hinder objectivity throughout the research process. Sim, Huang, and Hill (2012) recommended

adding to the limitations section of the discussion, a comparison of the pre-data collection expectations and biases and the research outcome. They suggested a comparison of expectations and biases to outcomes would allow readers to assess the extent to which expectations and biases may have inhibited the objectivity of the study. The following section outlines the expectations and biases identified by the team prior to the commencement of data collection.

Identified Expectations and Biases

Expectations are "beliefs that researchers have formed based on reading the literature and thinking about and developing the questions" (Hill et al., 1997, p. 538). Hill et al. defined biases as "personal issues that make it difficult for researchers to respond objectively to the data" (p. 539). Prior to the commencement of data collection, the research team developed a list of their expectations and biases so that the list could then be compared to the results of the study in order to give readers a gauge as to the extent to which expectations and biases influenced the data collection, analysis, and interpretation of the data. The research team identified three expectations and five biases (see Table 2).

Table 2: Expectations and Biases

Expectation/Biases
Expectations: 1. Homeless men want to be part of mainstream society. 2. Homeless men experience shame as a painful emotion. 3. The participants will emphasize their childhood and its effect on their homelessness. Biases: 1. Shame adversely affects all homeless men. 2. Most participants will indicate that they do not have feelings of shame. 3. Most of the men will allude to their homeless status as a temporary setback. 4. Some participants will drop out of the study. 5. Shame plays a prohibitive role in men transitioning out of homelessness.

The first expectation identified was, “Homeless men desire to be part of mainstream society.” This reflects the expectation formed through research, specifically, literature on Gender Role Strain (Pleck, 1995) that suggested that social values, for example, upward mobility and material possessions, are internalized as symbols of masculinity. “Homeless men experience shame as a painful emotion” was the second expectation identified. This was primarily informed through the literature of Lewis (1971) whose therapy transcripts and analysis purported that shame is a painful experience. The third expectation identified was, “The participants will emphasize their childhood and its effect on their homelessness.” This expectation was informed by the Principle Investigator’s psychodynamic theoretical orientation as well as literature suggesting that childhood is the genesis of homelessness (e.g. Grunberg, 1998).

The first bias identified was, “Shame adversely affects all homeless men.” This expectation was developed through the literature of Pleck (1995) suggesting that when men fall short of internalized standards, they experience shame. The next bias, “Most participants will indicate that they do not have feelings of shame,” was informed by both literature and experience working with homeless populations. The research of Lewis (1971) suggested that individuals, who experience shame, are ashamed of feeling shame. It was also informed by the Principle Investigator’s experience working with the homeless, namely, the traditional masculine gestures demonstrating strength that were observed in the shelter house coupled with the biased belief that those gestures of strength served to compensate for feelings of shame. Closely related was the bias, “Most of the men will allude to their homeless status as a temporary setback.” This was influenced by the biased belief that most homeless men would not want to be associated with long- term homelessness, but rather would indicate plans to transition out of homelessness. This bias was also informed by research that found similar homeless populations indicated a desire for a non-homeless future (e.g. Liu et al., 2009). “Some

participants will drop out of the study" was the fourth bias. It was derived from the bias that homeless men would not be able to tolerate discussing their experience of shame and would drop out of the study. Finally, the last bias identified was, "Shame plays a prohibitive role in men transitioning out of homelessness." This bias was formed through literature that has demonstrated an inverse relationship between shame and self-efficacy (Baldwin, Baldwin, & Ewald, 2006). It was also informed by the Principle Investigator's biased belief that one's sense of shame and worthlessness would thwart motivation to set, and work to achieve, new goals.

Procedures to Minimize the Effects of Expectations and Biases

As discussed above, the first step Hill et al. (1997) recommended was to develop a list of expectations and biases that the team believed may interfere with their objectively. Second, during the interviews, the interviewer was mindful of biases and took measures to guard against the influence thereof. Hill et al. (2005) recommend that "researchers should attend to situations in which interviewers accept what participants say at face value without further questioning" (p. 198). Additionally, the interviewer guarded against follow-up questions that could lead the participants in a biased direction. The language in the protocol and follow-up questions were open-ended, for example, "Can you explain what you mean by that?" or, "Can you talk a little more about that?" rather than, "Don't you mean…" or, "Do you mean…" where the interviewer might have prompted with a biased interpretation.

Third, consistent with Hill et al. (1997), researchers worked to prevent their biases from entering into the analysis and results interpretation. To keep the results consistent with the data, the researchers used the words of the participants to support conclusions. This helped ensure that the researchers stayed as close to the data as possible, thus hedging against the unintended influence of expectations and biases. The documentation

of participants' statements also helped provide an audit trail from which to verify the integrity of the results with the raw interview data.

Measure

Hill et al. (2005) recommended that researchers provide a rationale for the protocol questions. The protocol used to collect data for this study was comprised of two sections. The first section consisted of a set of demographics questions. The second section of the protocol contained open-ended questions designed to explore the research question, "How do homeless men experience shame?" The protocol for this study can be found in Appendix A.

Hill et al. (1997) recommended that the demographic questions be placed at the beginning of the protocol. They suggested that the demographics questions would allow the interviewer to establish rapport with the participants, provide some context for the participants' responses, and serve as warm-up questions that would facilitate the presentation of more difficult questions pertaining to personal experiences of shame. There were six demographic questions including: the length of time residing at the shelter, events/decisions that brought them to the shelter, age, ethnicity, level of education, and primary occupation.

The second section of the protocol was comprised of 13 interview questions. The interview questions were designed to gain a qualitative understanding of shame as it is experienced by homeless men. The interview questions for this study were developed with reference to empirical literature on homelessness and shame. The rationale was to develop the protocol based on literature and the gaps in that literature (Hill et al., 1997). Hill et al. suggested that knowledge of the literature helps prevent mistakes made in previous research and assists in the construction of effective questions that have not yet been addressed. To avoid the effects of expectations and biases, questions were designed

to be open, thus allowing the participants to elaborate on their beliefs about topics related to shame as identified in the literature review.

The first question explored homeless men's beliefs about shame by requesting participants to, "Talk about your beliefs about shame." Rather than allowing literature to impose a view of shame on the participants (e.g. Lewis, 1971), this question allowed the subjects to offer their own perspectives on shame without a literature-framed context. The second inquiry requested that participants, "Tell me what 'being homeless' means to you." This inquiry was not framed in the context of stigma (e.g. Kidd, 2007), but rather allowed the participants to expound on their beliefs and experiences about homelessness. The third question asked, "How has being homeless impacted the way you see yourself?" The intent of this question was to glean the participants' perspective on the impact homelessness has had on their view of self, allowing them to reflect on feelings consistent with that of stigma (e.g. Kidd, 2007) or that of pride as a survivor (e.g. Stodulka, 2009). The fourth question was influenced by the research of Pleck (1995) and the Gender Role Paradigm. However, instead of imposing a view of masculinity on the participants, the question, "What are your beliefs about 'being a man'?" allowed the men in this study to offer their own ideas and beliefs about masculinity, and then subsequently, how homelessness may have impacted those beliefs. Question five solicited responses pertaining to relationships and how homelessness may have affected them. This inquiry was prompted by the positive role relationships may play in helping individuals transition out of homelessness (e.g. MacKnee & Mervyn, 2002). Item number six on the protocol requested participants to, "Explain what 'being disrespected' means to you." This item was developed based on the experience of the Principal Investigator working with homeless men. The term *respect* and *disrespect* are references to honor or dishonor. This inquiry sought to understand how homeless men define "disrespect" and how it may relate to shame. The seventh protocol item asked participants to, "Tell me

your beliefs about trust." This prompt was designed to understand homeless men's beliefs about trust and the extent to which distrust may negatively impact homeless men's efforts to develop relationships (e.g. Padgett, et al., 2008). Item eight on the protocol was, "How may have others contributed to your being homeless?" This item sought to understand the extent to which one's relationships or families of origin may have contributed to their homelessness (Grunberg, 1998). Inquiry nine requested the participants to, "Give me your thoughts on 'seeking help'." This item prompted the subjects to explain their views on help-seeking and was drawn from research that has shown help-seeking to be perceived as shameful (e.g. Brewin et al., 1989). Item ten requested the men to, "Tell me your beliefs about pride." This question explored how homeless men perceived pride and areas where homeless men may have experienced pride (e.g. Stodulk, 2007). Protocol item number 11 requested participants to, "Talk about situations when someone might want to hide that they are homeless." This item stemmed from research on shame that suggested that individuals who experience shame often withdraw, isolate, or hide (Lewis, 1971). The twelfth item on the protocol asked, "What advice would you give another man who might be experiencing homelessness for the first time?" This open-ended question sought to ascertain information regarding the participants' reflection on their homelessness and lessons learned as a result thereof. Finally, the last question on the protocol invited participants to reflect on their experience of the interview so the interviewer could assess any negative effects the interview may have had on the participant.

Procedures

This section outlines the procedures used in the data collection and analysis. Presented here are the data collection procedures that include the method of data collection, participant compensation, and transcription of the interviews. Also included

are the analysis procedures that include domain coding, abstracting core ideas, cross analysis, auditing, development of frequencies, stability checks, and charting.

Data Collection

Data were collected by way of semi-structured interviews. According to Hill et al. (1997), interviews serve several advantages. One advantage is that they allow the interviewer to establish rapport with the participant and facilitate the discussion of difficult shame experiences. Hill et al.'s research suggested that interviews tend to solicit more complete and robust responses when compared to questionnaires. Interviews also allow for needed explanations, clarifications, and prompts that would otherwise not be available when collecting data via distributed questionnaires.

The interviews followed the process detailed in the protocol. The interviews took place in a private office at the Shelter House. The interviewer had verbally reviewed the informed consent form with the participants. The informed consent form explicitly stated that the interview would be audio taped and subsequently transcribed verbatim by a transcriptionist. The participants were assured that their names would be replaced during the transcription process with pseudonyms to ensure anonymity. All participants were asked to confirm their understanding and were given opportunities to ask questions about the informed consent, purpose of the study, and their right to review the outcome summary. After verbally expressing an understanding of the study and the contents of the informed consent, they were asked to sign the informed consent form. Subjects were then presented $20 for their time prior to the interview and reminded that they were free to terminate their participation at any time.

The recorded interviews were transcribed verbatim, changing only the participant's names to pre-assigned pseudonyms to ensure anonymity. Subsequent to the interviews, one of the researchers performed random quality control checks, comparing

the recordings to the transcriptions to ensure transcription quality and thoroughness so to maintain the integrity of the data.

Analysis

After all interviews were conducted and transcribed into transcripts, the data were analyzed using CQR methodology (Hill et al., 2005; Hill et al., 1997). The CQR methodology involved developing and coding data into domains, identifying core ideas within domains, conducting cross-analysis, auditing domains and cross-analysis, and ascertaining theme frequency. These steps were followed and documented to ensure the trustworthiness of the process and research findings.

Domain Coding

Domains comprise a conceptual framework used to help manage and organize large amounts of data typically collected in qualitative studies. CQR uses domains to categorize data according to themes by way of team deliberation and external audits. In this study, the primary team, comprised of two members, independently analyzed three transcripts by identifying the predominate themes. Both of the team members then modified the identified themes into an initial set of domains. The two primary team members then met to discuss their list of domains. They presented their proposed domains and supporting excerpts from transcripts. The team then derived at a consensus list of domains and then independently reviewed the three transcripts again to verify the quality of the domains. The team presented their findings in a second deliberation to arrive at a revised list of the domains.

After the domains were identified, the primary team members independently read the remainder of the transcripts and assigned each block of data to a domain. Hill et al. (1997) defined a block of data as "everything ranging from a phrase to several sentences all related to the same topic" (p. 544). Assignment of data to domains then occurred by each reviewer writing the domain name next to the applicable section of the transcript.

Team members used judgment to determine which parts of a response would go into specific domains. In some cases, data were "double coded" (p. 544), when it applied to multiple domains. Since double coding often is required, the team found that some domains needed to be combined while others needed to be split into multiple domains.

Once each team member independently coded all data from the manuscripts, the primary team arrived at a consensus coding for each transcript. A final version of the transcripts was then developed consisting of the domain names and all data categorized by domain. Peripheral data not germane to the study, for example, greetings and debriefings, were edited out, resulting in a clean document of domain-categorized data for each participant. An original copy of all transcripts was retained for auditing purposes.

Abstracting Core Ideas

After the domain-categorized transcripts for each participant had been developed, the primary team members independently reviewed the raw data from three participants and abstracted or summarized them into core ideas within the respective domains. Core ideas are a summarization of participant data into concise and clear prose. Core ideas were summarized without reference to interpretation or inference. Instead, the summarizations were based on transcript evidence and the context of the given domain. The primary team members arrived at a consensus of the core ideas for the first three participant cases. As the core ideas for these three participants were reviewed and discussed, they were recategorized to different domains as the consensus determined it necessary. Once a common understanding of the core idea process was established, one team member reviewed the remaining domain categorized transcripts and identified core ideas. A second team member then reviewed the first team member's core idea summarizations. The team then discussed and resolved all discrepancies, arriving at a final list of core ideas for each domain.

Cross-analysis

Cross-analysis is a synthesis of similar core ideas for each domain for all participant data sets. Cross-analysis was accomplished by first copying all core ideas for each domain across cases into a new document. The new document consisted of domains and the associated core ideas. The primary team then analyzed the core ideas within each domain to determine how they grouped together into categories. Consensus for the categories was achieved via the primary team brainstorming to create possible categories, using data for evidence when group impasses occurred. The goal of creating categories by way of team consensus was to derive the essence of the phenomenon based on the data. The team collaborated to agree on the wording of the categories and placement of core ideas. The end artifact was common categories into which all of the core ideas were classified. In the case of a core idea that was not clear at this point, the team returned to the transcribed data to ascertain and clarify the meaning so that it could be classified. Changes to core ideas at this point required team consensus. Modification to categories as a result of the cross-analysis also required team consensus.

External Audit of Domains, Core Ideas, and Cross Analysis

This study employed an external auditor to help achieve a high quality of data analysis by checking the primary team's creation of domains, core ideas, and cross analysis. The auditor provided a fresh and valuable perspective, unbiased by the consensus discussions. The auditor completed several tasks in her assessment of the domains and core ideas. The auditor first reviewed the raw data to determine whether the data had been classified into the reasonable domains. Next, that auditor reviewed the primary team's work to ensure that the team's consensus included consideration of every team member's assessment. She also reviewed the abstracts to ensure that all important data had been abstracted. The auditor then reviewed the core ideas to make sure that they accurately reflected the raw data. The auditor also recommended changes to the domain

titles. Finally, the auditor compared her assessment of the raw data to that of the consensus data.

The auditor then reviewed the quality of the cross analysis. To assess the cross analysis, the auditor reviewed the fit of the core ideas and the categories in which they were placed. The auditor reviewed the categories to ensure that they reflected the data.

One of the primary purposes of the auditor was to provide feedback to the primary team at each stage of the project. Feedback was submitted to the primary team in writing. The team then reviewed the auditor's notes and deliberated on whether to accept or reject the auditor's recommendations. In this study, all recommendations were accepted. The team replied to all of the auditor's comments with a consensus response.

Frequency

To enhance the communication of study results and to better allow for comparisons across studies, frequency labels for the occurrence of categories were applied in accordance with labels outlined by Ladany, Thompson, and Hill (2012). Ladany et al. suggested that frequency labels describing data with 15 or more subjects should include general, typical, variant, and rare. The *general* label was used to describe categories that included all but one of the participants (23-24). The *typical* data label referred to categories that included greater than one-half of the cases, but ended at the general category threshold (13-22). The *variant* label was used to describe categories referred to in at least four cases, up to the typical threshold (4-12). The rare label was used to describe categories referred to in two to three cases (2 – 3).

Stability

In accordance with Hill et al. (2005), the proposed study did not employ the use of a stability check. A stability check involves withholding two cases from the cross-analysis process to serve as a check to determine whether all of the data in the two withheld cases appropriately fit into the defined categories. The stability check also

verifies whether the frequency categories of general, typical, variant, and rare changed substantially when considering the additional two previously withheld cases. Hill et al. (2005) suggested that the stability check first recommended in Hill et al. (1997) is no longer necessary. Hill et al.'s (2005) updated recommendations do, however, recommend that researchers rely on and present adequate evidence of supporting data when conducting and supporting their analysis in the final write-up. This step will allow readers to reference support for their findings thus lending credibility to the research and findings.

Charting Results

Hill et al. (1997) recommended using at least three cases to establish relationships of categories across domains via a visual representation in order to resolve any misunderstandings and to develop pathways and connections among categories across domains. This process is seldom completed in CQR studies as researchers have not found it a relevant or valuable exercise (Hill et al., 2005). Accordingly, this study did not chart its results.

Safety Protocol

Above all research goals, doing no harm (American Psychiatric Association, 2000) to participants was the top priority for the Principle Investigator, research team, Auditor, Dissertation Committee, and Institutional Review Board. This ethical principle was particularly salient given that participants responded to interview questions pertaining to their experience of shame that, at a minimum, could have caused discomfort, and in some cases could result in decomposition, dissociation, and/or severe emotional distress. As discussed in the Review of Literature, the experience of homelessness is often synonymous with trauma. Further, many individuals experienced trauma prior to their homelessness by way of childhood emotional, physical, and/or sexual abuse, leaving this population vulnerable to retraumatization. While the informed

consent reviewed with each participant explicitly stated that they could withdraw from the study at any time and without reason, the research team and the Dissertation Committee deemed it appropriate to develop a Safety Protocol to ensure that none of the participants were harmed in the interview process. The purpose of the Safety Protocol was to enable the Interviewer to take a more active role in monitoring the well-being of the participants throughout the interview process. Additionally, the protocol served as an override mechanism for the participants' judgment that may be influenced by a power differential whereby the participant might place a higher priority on pleasing the interviewer or earning the participation fee than on their own well-being. The Safety Protocol used in this study can be found in Appendix B.

CHAPTER 4: RESULTS

The result of the analysis indicates that five domains emerged from the data. The first domain, *Beliefs about Shame,* yielded one category: *Shame is a painful sense of worthlessness and failure.* The domain *Beliefs about Shame* primarily arose from the protocol question, "Talk about your beliefs about shame." Responses pertaining to shame also surfaced in participants' responses throughout the interview. The second emerging domain, *Experience of Homelessness,* developed from responses to specific protocol questions pertaining to homelessness, as well as reflections expressed throughout the interview to questions that were not specific to homelessness. The categories within the *Experience of Homelessness* domain included: a) *homeless stigma*, b) *negative psychological consequences*, c) *recurring homelessness* and, d) *hiding homelessness*. The third domain was labeled *Perceptions of Masculinity.* It stemmed from protocol questions pertaining to beliefs about being a man and the impact homelessness has on one's sense of masculinity. One category emerged from this domain: *A man is a responsible provider*. From the fourth domain, *Relationships*, emerged the category *Homelessness negatively impacts my relationships*. Finally, the fifth domain was *Trust*, from which emerged the category *Trust is risky and must be earned.* A summary of results can be found in Table 3.

Beliefs about Shame

This study asked the question, "How do homeless men experience shame?" To elicit an open response, unbiased by theory, the protocol included a question requesting the participants to, "Talk about your beliefs about shame." When asked to explain their beliefs about shame, 19 of 24 participants, a typical response, indicated that s*hame is a painful sense of worthlessness and failure*. For example, Gerald said, "Shame is either being in a situation or doing something that makes you feel like unworthy or that you failed; it's like a failure." Similarly, Larry explained, "…if you would have asked me… a

Table 3: Domains, Categories, Frequencies, and Illustrative Core Ideas

Domain/category	Illustrative core ideas	Frequency
1) Beliefs about shame a) Shame is a painful sense of worthlessness and failure	Homelessness, lack material possessions, unemployed, hurt others, break the law	Typical
2) The experience of homelessness		
a) The homeless stigma	Lower level of society, worthless, flawed character traits, resented, addiction, mental illness, self-inflicted, name calling, lazy	Typical
b) Negative psychological consequences	Shame, depressed, worthlessness, addiction, anxiety, dissatisfaction, suicidal thoughts, lack of direction	Typical
c) Recurring homelessness	Chronic and recurring homelessness	Typical
d) Hiding homelessness	To avoid: being looked down upon, being treated differently, feeling shame, vulnerability, trouble, becoming resigned to homelessness; to secure employment	Typical
3) Perceptions of masculinity a) A man is a responsible provider	Provide for family, self-sufficient, take care of self, maintain a job, helps friends and family, responsible, strong, supportive, honest/law abiding, self-determination, independent	Typical
4) Relationships a) Homelessness negatively impacts relationships	Isolation, need to leave old friends to create new positive social support, no supportive relationships, loneliness, feel judged, friends and family distance themselves, avoid relationships, lose contact, abandoned, I have nothing to offer	Typical
5) Trust a) Trust is risky and must be earned.	Trust is dangerous, safer not to trust, I can only trust myself, others are not trust-worthy, others hurt you	Typical

couple of years ago, I would have thought, ‘Why should I have to take care of you?’ I don’t know now because I am the one you’re taking care of. I guess that’s shame.” Monte’s response alluded to the painful nature of shame.

> Shame is painful. It’s a hell of a battle to fight through inside yourself, and the hardest thing a person could do is to be truly honest with themselves, ya know, look back at themselves… the biggest shame I got is I ain’t seen my little girl

> since she was four, so that's kinda hard on your heart… I've hurt people and done damage in ways that I am so ashamed of that I feel like I ought to be punished at times. It's hard to look people in the eyes because of the shame and the regrets that you carry, especially when they come up and hand you a twenty. It makes you cry because there's such good hearted people out in this world…Things like that can really, really shame ya when you sit there and look at yourself and this guy's clean-cut, good guy, knows that you're down; he gives ya a $20 bill. That can bring a lot of shame into you, man. Here you are trying to forget things, and that guy sets triggers off in ya, in your mind, and one of the big ones is shame.

Similarly, Donnie provided an example of shame with his experience. He said,

> Just like getting off the bus. I could be sitting on the bus and somebody that really don't know me sitting all the way on the bus ride here. We're talkin', and I know they not in the homeless shelter because I never seen them in here before and when my stop come up, if they still on the bus that sense of shame come back over me again. Everybody in town know when you get off at this bus stop right here, they know you gettin' off at the homeless shelter.

Five participants' responses did not describe their beliefs about shame as *a painful sense of worthlessness and failure*. Rather, they offered other unique and noteworthy perspectives on their beliefs about shame. Arnold explained, "Since I am in an environment where none of my family is around, I think it is a matter of survival. We're beyond shame… people are just trying to survive, whether it's free sweaters or anything like that." Daniel described his beliefs about shame, "…they grow immune to it and instead of trying to adjust and trying to apply themselves to focus on doing better, they actually get comfortable with being, feeling shameful…" Thomas expressed, "Shame is something I bring on myself, usually about some behavior, and as far as housing goes, I don't think there's any shame in being at the shelter." Joshua stated, "Shame is something I don't like to deal with. I don't like to be shame-based. …so I try not to think about being ashamed about my situation, so I don't use that word." One participant said that he did not understand shame or its meaning.

The Homeless Experience

The homeless stigma. In responding to the protocol question, "How do you think the general public understands homelessness?" of the 24 participants, 19 expressed feeling stigmatized for being homeless, yielding a typical response. For example, Gary said, "…I run into people that will call ya, 'You don't want to work? You're a bum'." David indicated, "They don't. They view homeless people as drug addicts, alcoholics, people who don't want to work and they want to live off of someone's taxes, or they want to live off of somebody else payin' the bills…" Similarly, Raymond responded,

> I think they [the general public] understand homelessness as being a choice where… people just choose to be homeless, I think that's how the majority of society looks at it, not as if a guy just wants a job or things like that and then all of a sudden your savings is gone and things like that, and everything that you could ever sell or pawn is gone and it's now I am homeless. I don't think people realize that side either, so I think society looks at it like, 'Well, this guy's homeless because he wants to be, or he's lazy, or he's an addict' or something like that, ya know?

Finally, Arnold responded, "I think a lot of them will see someone who's homeless and think that person wants to be that way, which is not true, that that person may be mentally ill."

Negative psychological consequences. Out of 24 participants, 15 indicated that homelessness had negative psychological consequences. This was a typical response. While participants were not prompted with a specific protocol question, they described a number of negative psychological ramifications associated with homelessness. In talking about his domicile status, Wayne stated, "The first time when I became homeless I was very nervous, embarrassed, nervous inside. Unhappy. Depression." Likewise, Arnold remarked about his homelessness, "Well, it's been pretty depressing." Ezra expounded on the stress he experienced when he became homeless.

> For a minute there, especially at the beginning it meant hitting rock bottom. I just got out of jail and I am in a new place and I have no direction. It almost meant to

> me like I had nowhere else to go other than to be homeless now. Like I won't even be able to get a job now because I am homeless or of course, ya know, the way people look at ya if they knew you were homeless and this is it; this is almost as good as it gets, but that was initially after being released from jail, and the first few days was pretty depressing, so there for a while, being homeless was very depressing.

Finally, when asked how homelessness impacts the way he sees himself, Donnie responded, "The way I see myself… I would say if you put it on a scale from 1-10, it has impacted me at probably the top of the scale, the 10. It's draining, it takes motivation from you, from me it does."

Recurring homelessness. One of the demographic questions inquired as to the number of times participants had been homeless. Fifty-one year old Donnie's response reflects chronic homelessness.

> I'm going to really have to count now. I lived in a shelter twice, but being homeless, I can't really put a number on how many times I've been homeless, because I've lived in my car before, did that for two years before, and I've been over at a friend's house before, anyone who would let me stay with them. I am sure that is considered as being homeless too, so I can't really put a number on how many times I've been like that. It's probably been, I would say I've lived the last 15 to maybe 20 years… I can't put a number on it. But, it's been on and off in the last 15-20 years. I would actually really say since I was a teenager it's been on and off I've been homeless.

This direct question yielded a typical response where 15 participants indicated that they had been homeless either multiple times or for multiple years. For example, Christopher stated, "I've been homeless at least 22 times in my life." Jacob counted his homelessness in years, "Technically, I've been homeless for close to 10 years, just this one 10 year period."

Hiding homelessness. One of the protocol items requested participants to, "Talk about situations where someone might want to hide that they are homeless." This resulted in a typical response where 15 participants indicated they had hidden that they were homeless at one time. Larry stated, "… it's not something to be proud of…if all my

relatives…were still alive, I wouldn’t want them to know that I was staying in a homeless shelter.” Monte offered two different rationales for hiding his homelessness.

> Cuz if someone sneaks up on your camp, you’re going to hurt them; you don’t know them, startled. You don’t know if they gonna hurt you, so you wake up swinging. Ok, put guilt on top of it. You just really ain’t got the balls to do it. You’re not being a man. You’re not standing up to, owning up to your own problems, and that’s a big one to get to. I can’t say I haven’t done it [hidden homelessness] myself a bunch of times...That’s how I learned it, and being a man is standing up to what you did wrong and making amends. That’s part of being a man, not hiding, not running from it, which is your first instinct when you’re down.

Finally, Gary offered an explanation for why he hides his homelessness from others. “Actually being at the hospital, nobody actually looked down on me there, but I just didn’t want people to know... You don’t want nobody to know you’re homeless… They look pretty down on that too.”

To the contrary, five participants indicated that they do not attempt to hide their homelessness. This resulted in a variant response. For instance, Floyd responded,

> I can’t see too many people around here wanting to hide it. They just don’t seem to care at the shelter house, and in my present environment I’d say nobody really cares, and they show it, so there’s not much respect coming from those people. It’s just get what you can and get out… I don’t have any association with those who are not homeless.

Similarly, Tyler stated, “I think they care a bit much about what people think… It’s like hiding that you’re sick or hiding that you’ve made a mistake. It doesn’t really make sense to me.” Lastly, Joshua explained, “I just have to know where I am and where I want to get, so there’s no shame in being homeless, but I’m not flaunting it, but it’s nothing to be ashamed of.”

Perceptions of Masculinity

All participants were asked, “What are your beliefs about ‘being a man’?” Out of 24 participants, 22 indicated that *a man is a responsible provider*, yielding a typical

response. For example, Austin indicated his beliefs about being a man were, “To have a job, a home, a place to live.” Thomas responded, “I am a husband and father, and there are responsibilities in those areas, and I’ve had a difficult time just taking care of myself. …being a father and a husband had kind of been put on hold right now...” Donnie provided a vivid response to the protocol question:

> If you mean like the physical part, I am that, but if takin’ on the duties of a man, I feel like I fell real short of that, fell very short.…I talked about my father and the things he said and done to me as a child… At the time, what he was doin’ to me I had no love for him…What he did was make sure I could eat three times a day or more. He kept a roof over my head and clothes on my back, ya know, the basic things that you needed, and then some more...So I tell myself and I tell everybody that asks me about what do I think of my father, I wish I was just half of the man, if I was just half the man that he was I would feel better about being a man. I didn’t, ya know cuz, I got seven kids, ya know temporarily, ya know, shelter for them was temporary while I’m off goin’ to prison or somewhere, but whatever it was it was just temporary. My father was not a temporary shelter and food provider, ya know he provided until you went off on your own, you left. So, I don’t even think I’m nowhere close to that and my father, according to society, my father was really like a bastard, I mean, ya know, he was like abusive, ya know, he beat us, he beat my mother, but I wish I was half of that. If I could be half that I would feel better about being a man because at least even if I was beating my kids more, at least I would have provided for them. That’s how I feel about it.

The typical response to this protocol question was consistent, yet sometimes included variations on the theme. For example, Theodor spoke about the role of emotions, “Ya gotta be able to support yourself, but being a male ya know, you have to be on the stronger side of the situation. Ya gotta be the one that don’t let your emotions take over.” Ezra alluded to the importance of adhering to the law: “Being a man to me was working hard, providing, ya know, being a good provider for your family and of course being law abiding, a couple of those things I kinda missed a little bit.” Finally, Larry talked about being a veteran and his evolving perspective on masculinity:

> Yeah, I was always taught to take care of yourself, but I don’t know now, it’s uh… I think you should strive to not have other people take care of you, but I

> don't know. It's just so easy to get caught up in the thing about well, "You're a veteran and you deserve this and that." It's easy to get caught up in that belief.

Of 24 participants, 11 indicated that *a man possesses positive character traits,* yielding a variant response. For instance, Zachary explained, "…even though you might be down and out or whatever may be the case, but you still have to be a man or you respect yourself as a man, and carry yourself as a man." Christopher stated:

> Well, I think being a man is something about being truthful. If you are sitting back and telling somebody that you can do this, you should be able to do it. If you tell a person that I am going to be at such and such a time, you should be there. If I say that I really care about somebody, I really care about somebody. If I live up to my word, but if you're not living to your word or not going to be honest, then you can't look at yourself and say, "I am a man," because I wasn't there to be a man.

Relationships

The protocol directly asked participants to, "Talk about how being homeless has effected your relationships." This inquiry resulted in a typical theme where 21 of 24 participants responded with a variety of reasons homelessness had negatively impacted their relationships. Eight of the participants indicated that they had no social support system. For example, Austin responded, "My relationship, it was, my girlfriend, she left me and stuff because I didn't have a home to go to, and… So, it really affected it. …Well, I ain't really got no support system." Floyd responded to the prompt:

> Immensely. I don't have any contact with the people that evicted me. They act like they hate me. They had no reason to kick me out in the first place, none at all. They just all of a sudden, "You've got to be out of here; thank you very much." No information. What they told me were lies. They were going to sell the shop, "So you have to be out of here. We can't accept any renters." I was in the back of an automotive shop. I was just acting night fire marshal, not getting paid for it because I was paying rent all the way. I don't have much. I don't have any support now other than the [shelter] house.

Five of the participants talked about the negative impact homelessness had on their romantic relationships. For instance, David said, "I am not out there lookin' for

anybody because I have nothing to offer them… I am jobless and homeless...”

Christopher explained:

> Sometimes you just can’t have relationships because you are homeless. Ya know, you just don’t have nothing to offer. You don’t have the ability to offer people security when you are not secure. I mean, what are you giving them? It is like a sliding scale. You’re going down and you’re taking somebody with you. It is like you are lowering your esteem by lowering their esteem. Then you don’t have no esteem. There is just no sense of pride.

Six of the participants talked about the strain homelessness places on relationships. August explained, “It affected them a lot because being homeless, people look at you a different way.” Similarly, Daniel said, “It has affected my relationships with some of my immediate family. It caused me to be kind of distant from them because I didn’t want to have to depend on nobody and become a burden to them.” Jacob offered a vivid response:

> Prior to losing my job it was nothing to take my wife and daughter out to dinner, drop a hundred bucks on dinner or go to the mall, drop a hundred bucks shopping with my daughter, or going on a weekend excursion and spend as much money or stay in a hotel, and then like I said, when you get the rug jerked out from under ya and along with losing your job then your marriage and family, there’s some of the inadequacy that can make you look at yourself and think, “Man you’re a total screw up.” It puts strain on a relationship. I used to do those things with my family, and after losing my job, losing my marriage and slipping away from my daughter more and more, not because she cared any less about me, and I know that wasn’t the case, but the feeling of inadequacy, not being able to do the things that you did before, something as simple as going to McDonald’s. Dropping 10 bucks at McDonald’s was a strain, or being able to do something entertaining was a great strain on a relationship. Therefore, you drift farther and farther apart, and then your kid ends up thinking it’s their fault, I think.

Two men expressed additional reasons why homelessness has negatively impacted their relationships. Thomas talked about withdrawing, “I haven’t been going to church since moving into the shelter… It’s not that I’m not invited. I’m still in a growth stage where church is difficult for me. That’s probably the major impact, church

attendance." Finally, Gerald explained the logistical impact homelessness has on his relationships:

> I don't have a place to take my children, so in that way it's been kind of deceitful [hiding his homelessness], but I think it's deceitful for their own good. I don't need my children to have whatever shame might be attached to me or perceived to be attached to me, I don't need to pass on to my children. I know that my older children would worry. My younger children, I don't need them to go to school and be thinking, "My dad's homeless." As far as other relationships, there's all these rules here, so I can't go out and drink, and I can't stay out past a certain time without permission, so some of the girls that I hang out with, or some of the friends, I have to kind of find a way to [say]... "I can't go out tonight," or "I can't do this or that."

Also emerging from the protocol prompt, "Talk about how being homeless has effected your relationships," was a variant (nine participants) response, *Shame and embarrassment limit my relationships*. Ezra explained:

> I have a really good friend who is a driver too… We're always checking up on each other over the phone, "Where you at, how you doing, are you sick?" and everything. Since I was released from jail, it was hard for me. I mean, she called and she filled up my voicemail actually as well as my other friends… It was really hard for me when she called to pick up the phone and say, "hi". Since I've been out [of jail], I did not actually pick up the phone and attempt to call her; I was too ashamed to say that I am out here and the reason why.

Similarly, Larry responded, "I don't let anybody know I'm homeless, so I guess maybe it would be shame." Theodor replied, "I am too embarrassed to talk to anybody or meet anybody new. It embarrasses me… I don't talk to my family members unless I'm doing well."

Trust

In direct response to the protocol prompt, "Tell me your beliefs about trust," 13 participants yielded a typical theme that, "Trust is risky and must be earned." For instance, Ryan responded, "But besides him [father], there has never been anyone I could

really trust because 99% of the people let you down eventually, so you really can't trust them or anybody." Similarly, Monte provided a robust response on his beliefs about trust:

> Trust can get you hurt real bad in many different ways, man. You really got to believe in somebody to trust and open up. Like here, I'm surrounded by strangers. At the hospital they're offering to give me help, so I gotta trust them, and that's not easy. I mean, I don't know these people, and they want me to tell them some of my deepest darkest secrets. They say you've got to get it out of you. It's the first time in my life I've opened up. They say that's the avenue of healing, so I've gotta trust. I'm real leery, but I'm getting there, and I've got to give it to these people. They've earned their status, and that's what they're there to do is help...

Lastly, Donnie and Theodor provided two in-the-moment examples of trust pertaining to this research interview. Donnie talked about a miscommunication regarding the scheduled time for his interview:

> It's very hard for me to trust, very hard. If somebody tell me something, I'm gonna be thinkin' it's not gonna happen until I actually see it happen. I really had a hang up at three o'clock. I was like, "Damn he's on some bullshit," anyway that's the whole trust, and you probably just honestly forgot about it or just were runnin' late or whatever… With me it's like you can't trust no motherfucker, you cannot trust no motherfucker. That's always how it's been with me. It's just always been like that for me a long time. I tell you I can go back to my childhood when my father would say when I got sick from a beating I got or something, "I will never do you like that again." And then he got angry enough to where it happened again, so if I can't trust him, then who can I trust? There's nobody else to trust.

Theodor expressed his belief of the protocol question was other than its stated query:

> Trust? It's a double edged sword. Ya get ripped off or ya work out, ya know…. Ya gotta be careful with trust. Trust is black and white, but it is and it isn't… It's hard to explain. That's a trick question [laughter]! You guys are sittin' there trying to find variables or something or psychological variations of the word… Trust is something that you gotta earn. Well, you always have to earn it.

CHAPTER 5: DISCUSSION

The research question for this study was, "How do homeless men experience shame?" To date, research on homelessness has eluded to shame as a mere byproduct of homelessness, with little scholarly attention directed at understanding the role shame may play in the lives of homeless men. Similarly, scholarly work on shame has been predominately conducted with college populations (e.g. Tangney, 1991) or on White, upper-middle class individuals (e.g. Lewis, 1971), with little investigative attention to homeless populations. This study interviewed 24 homeless men using Consensual Qualitative Research (CQR) methodology (Hill et al., 1997) to explore homeless men's experience of shame.

Presented in this chapter is a discussion of the results from this study along with the limitations and implications of this research. Presented first is rationale supporting the finding that men tend to attribute their homelessness to perceived characterological deficits. Next is a discussion of the finding that the fear of having their characterological flaws exposed serves as an organizing factor that lead them to employ defense strategies to protect against the experience of further shame and stigma. Paradoxically, while the defense strategies may serve to protect homeless men against shame and stigma in the immediate; these strategies may also serve as barriers that perpetuate homelessness. Presented next are possible rationale for the finding that none of the men in this study made mention of a plan to transition out of, or to the temporary nature of their homelessness. This chapter concludes with the limitations and implications for this study.

Attributing Homelessness to Perceived Characterological Deficits

A predominate theme emerging from this study was that participants believed homelessness was a reflection of their own perceived characterological flaws. For instance, 21 of the 24 participants interviewed defined a man as a *responsible provider* capable of self-sufficiency and meeting the needs their families. As residents of a

transition shelter, their perspective of masculinity appears to be at odds with the situation in which they find themselves, seemingly imputing that they viewed themselves as *less than men*. Donnie illustrated this finding when he talked about his abusive father, who provided food, clothing, and shelter by stating, "If I could be half that [what his father was] I would feel better about being a man…" Similarly, 18 of the 24 participants indicated that they felt shame for being homeless, unemployed, and lacking material possessions, leaving them feeling as *worthless failures*. Why did these men believe that their homelessness was a reflection of characterological flaws and not, at least partially, due to life-circumstances, bad luck, and/or a lack of education? There may be several complementary explanations.

Shame-proneness

One possible explanation for why these men may have attributed their homelessness to perceived characterological flaws is shame-proneness. Shame-proneness is a trait whereby the cause of negative events is attributed to a global and defective self rather than behaviors or circumstances (Lewis, 1971; Tangney, 1991). For instance, when the men in this study encountered homelessness, instead of attributing the cause to a lack of education, unemployment, or extreme poverty, most of the participants attributed the cause to themselves as *worthless failures* who are *less than men*. While there is limited research linking homelessness to shame-proneness, it appears that such an association is consistent with literature. Lutwak, Panish, and Farrari (2003) found that shame-prone individuals were linked with characterological self-blame. Shame-proneness is a trait that is developed early in childhood and remains relatively stable across the lifespan (Tangney & Dearing, 2002). Children from chaotic and dysfunctional home environments are particularly vulnerable to developing this trait (Herman, 2012). Grunberg (1998) posited that dysfunctional home environments are also the genesis of homelessness. As a child endures a dysfunctional and chaotic home life, they may attribute the family dysfunction

to themselves rather than to those responsible for their well-being (Herman, 2012). Likewise, problems with education may be attributed to the self as being stupid. Difficulties maintaining employment may be attributed to the self being lazy or inept. Similarly, abandonment by parental figures may be internalized by the child as "I am unlovable." In discussing homelessness with this sample, the men appeared to attribute the cause of their homelessness to perceived characterological flaws in a way that is consistent with the trait shame-proneness.

Gender Role Strain

A second possible explanation this sample attributed homelessness to characterological flaws may be that they perceived themselves as falling short of their own internalized ideals of masculinity. The results from this study indicate that 21 of 24 men believe that a man *is a responsible provider.* These participants described a responsible provider as one who provides for their family, is self-sufficient, holds stable employment, is responsible, strong, and helps friends and family. The ideals of masculinity expressed by this sample appear to exceed the current capability of homeless men residing in a transitional shelter to receive assistance with food, shelter, and clothing. As such, these men appear to perceive themselves as falling short of their standards for being a man. According to the results of this study, the participants attributed their homelessness to perceived characterological deficits, which in this case, is being *less than a man*. This is consistent with the research of Pleck (1995) and the Gender Role Strain paradigm that suggests that when men fall short of internalized social standards of masculinity, they experience feelings of shame that manifest as a belief that one is inadequate as a man.

Stigma

The results from this study indicate that 19 of the 24 men interviewed had experienced various forms of stigma. Five of the 19 men cited personal examples of overt

stigmatization including name calling and being accused of panhandling for money used for drugs and alcohol. Eleven of the 19 men indicated a keen awareness of the public's perceptions of homeless people as lazy, substance users, mentally ill, and responsible for their own plight. These personal accounts of stigma appear to be consistent with the research of Lankenau (1999) who found that individuals whose homeless status were made known by panhandling were highly stigmatized and humiliated by passersby's. The results are also consistent with literature suggesting that stigmatized individuals are aware of and understand that mainstream society places them in a lower class for failing to meet social expectations (Goffman, 1963).

It may be that the stigma experienced by these participants had been internalized as character flaws. For example, when homeless men experience prolonged exposure to stigma including name calling or through an awareness of commonly held social conceptions of them, they may internalize the stigmatizing themes as consistent with preconceived self-conceptions of homeless men as *worthless failures* who are *less than men*. The mechanism by which stigma may be internalized could be explained by shame-proneness. However, literature on stigma suggests that stigmatization has its own internalization process. Goffman (1963) suggested that stigmatized individuals experience shame when they acknowledge that they meet the criteria that define the stigma. As homeless men, this sample may have perceived that their situation leaves them falling short of Western capitalistic standards and expectations of upward mobility, or at a minimum, self-sufficiency. Shame may be experienced with the realization they do not meet these social expectations. In other words, some homeless men may believe that "I am a worthless failure because I am homeless." This is consistent with research (Kidd, 2007) that suggested homeless individuals often internalize stigma by way of self-blame and shame. Likewise, Tangney and Dearing (2002) suggested that a non-moral

failure that violates social standards is more likely to elicit a shame response than a violation of a moral standard, for example, breaking the law.

Conflating Stigma and Shame

Interestingly, as the men in this study experienced shame and stigma, they may have conflated the two experiences. For instance, a homeless man who is in public and hiding his homelessness may believe he is experiencing stigma, when in fact the public may be unaware of his homelessness and may not be projecting a stigma upon him. Instead of experiencing stigma, they could be experiencing shame. This could occur through the mechanism of shame. Research suggests that shame involves ones' private thoughts inferring other's thoughts onto the self (Leary, 2007). Similarly, Lewis (1971) found shame to occur when the self split into two parts: the self as the object or performer and the self as the audience who observes the defective self. While there is no evidence from this study to suggest that felt stigma is the result of self-reflective shame, research on shame appears to support a potential conflation. For example, the participants in this study frequently made statements to the effect of, "They think" or "They know that I am homeless." This suggests that the men in this study were projecting the thought of others whereby the other was thought to be stigmatizing them.

A predominate theme in this study was that the participants attributed their homelessness to perceived characterological flaws. A number of possible additive and complementary explanations may account for this negative self-attribution. The men in this study may have a shame-prone trait whereby they tend to attribute negative life events internally, to a stable and global self that is defective. They may also experience shame by failing to meet their own internalized masculine standards. Stigma may also play a role in this sample's negative self-attribution of homelessness.

Shame and Stigma as Organizing Behavioral Factors

If shame and stigma were felt experiences of this sample, what are those experiences? The results from this study indicate that homeless men experience shame as a *painful sense of worthlessness and failure*. As one participant explicitly described, "I am so ashamed… I feel like I ought to be punished at times." Likewise, 19 of the 24 participants described the negative experience of being stigmatized as homeless. While it may appear common sense that shame and stigma are a painful phenomenon to be avoided, research offers specific psychological explanations for the negative effects of shame and stigma that this sample of homeless men reportedly experienced.

Literature suggests that the pain of the phenomenon of shame may manifest in a number of ways. Lewis' (1971) research found that shame is an acutely painful "reduction of the self… which it feels as if one could die or crawl through a hole" (p. 198) leaving one feeling helpless, powerless, and with no control (Lewis, 1971). Gruenewald, et al. (2007) posited that shame, as a self-conscious emotion, is the uncomfortable feeling that motivates people to regulate their behavior to meet social expectations. Consistent with the Gender Role Strain paradigm (Pleck, 1995), shame was described as the residual effect of realizing that one has fallen short of achieving internalized ideals of masculinity. From an evolutionary perspective, shame has been described as aversive internal experience that prompts and motivates behavioral change so to prove oneself as acceptable to the group or pack in order to better one's odds of survival (Gilbert, 2003) or to increase one's social attractiveness for reproductive purposes (Gruenewald, et al., 2007).

Similarly, literature suggests that stigma too, is a painful experience. Goffman (1963) posited that stigmatized individuals experience the pain of being labeled adversely different and worthy of separation from mainstream society. Subsequent to Goffman's seminal work, Cacioppo and Patrick (2008) described loneliness as a feeling of social

pain and isolation experienced when separated from others. Beyond isolation, Goffman (1963) proposed that stigma leaves one with a feeling of failure, or as though they are "not quite human" (p. 5) for falling short of an idealized social identity.

Defense Strategies

The results from this study indicate that homeless men employ strategies to prevent or minimize the painful effects of shame and stigma. Tangney, Stuewig, and Mashek (2007) used the term *anticipatory shame* to describe the phenomenon whereby the experience of shame is expected when a shaming or stigmatizing stimulus is encountered. For example, a homeless man may have experienced shame by way of ridicule from his family. Therefore, this individual may anticipate experiencing shame in future encounters with those family members. According to the findings in this study, homeless men use the defense strategies of hiding, avoidance, withdrawal, and isolation to prevent the anticipated experience of shame and stigma related to their homelessness.

Hiding

Of the 24 participants interviewed, 15 stated that they attempted to hide their homelessness. Hiding homelessness may serve a couple of purposes. Hiding appears to help men avoid the direct experience of shame and stigma that occurs through, for example, name calling and ridicule. Hiding also appears to alleviate the negative effects of stigma that may occur in the employment application process.

Shame and Stigma

The men in this study indicated that they hid their homelessness from the public in order to prevent feeling shame and stigma. For example, one individual stated that when he went out into public, he made specific efforts to appear as if he were not homeless. He said that he would not leave the shelter unless he was well-groomed, he would leave his back pack at the shelter, and consistently rotate his clothing so to present with varying wardrobes. Other men indicated that they hid their homelessness by using

alley-way entrances to establishments offering free daily meals. Seven of the 15 men who indicated that they hid their homelessness from others explained that they did so in order to prevent experiencing shame and embarrassment. These men may have believed that by exposing their homelessness to others, they were also exposing their perceived characterological flaws. In others words, if others see them as homeless, they might also perceive them as *worthless failures* that are *less than men*. This appears to be consistent with the research of Lewis (1971) who found that individuals avoided having their defects exposed to others due for fear of becoming the object of scorn, contempt, and ridicule. These men may have also hid their homelessness in order to prevent being stigmatized by the general public. This is consistent with literature that suggests that stigmatized individuals may hide their stigma in order to "pass" (Goffman, 1963, p. 42) as non-stigmatized members of society in order to avoid the pain experienced with stigmatization and its accompanying shame.

Employment

The results of this study indicate that 5 of the 15 participants concealed their homelessness when applying for employment. These men expressed concerns about the effect homeless stigma may have on their employment search. Perhaps through the job application experience or job training, homeless men have developed awareness that the employment application process is a competitive process whereby each applicant is best served by presenting the best representation of themselves to prospective employers. Given that homeless men believe that their homelessness is a reflection of characterological flaws, they may conceal their domicile status when submitting employment applications as they may fear that the homeless stigma might be used as an elimination factor by prospective employers. The participants in this study indicated that they were aware of the public's perceptions of the homeless and the negative attributes often assigned to them, for instance, lazy, mentally ill, poor hygiene, and substance

addiction. The men in this study stated they hid their homeless status when submitting employment applications. Their intention in doing so was to prevent potential employers from eliminating them as prospective employees given commonly held negative beliefs about homeless people. One participant said that he concealed his homelessness on employment applications by submitting his counselor's contact information instead of the shelter house's address for fear of being eliminated from consideration due to employers' potential negative beliefs about the homeless. This is consistent with literature that suggests stigmatized individuals limit interactions with non-stigmatized others due to uncertainty about how "normals" will perceive them in light of their stigma (Goffman, 1963).

Avoidance

The results from this study indicate that homeless men may avoid situations they fear will cause them to experience shame. For instance, the threat of shame appears to affect whether, or the extent to which, homeless men seek help. Shame also seems to negatively affect homeless men's willingness to develop relationships. To manage the risk of experiencing shame, homeless men appear to avoid, at least to a certain degree, seeking help and developing relationships.

Help-seeking

The results from study indicate that participants were split on the extent to which shame served as a barrier to help-seeking. While 11 of the participants indicated that shame did serve as a barrier to help-seeking, 11 expressed that they were not ashamed to ask for help. There may be a couple of explanations that shame did serve as a barrier to seeking help for some of the participants. One explanation may be that as men, they believed they should be competent to handle problems on their own and without assistance. In talking about their beliefs about being a man, the participants indicated that a man is a *responsible provider* who is *independent, strong, and self-sufficient.* These

participants may view asking for help as a shaming experience whereby they are exposing their inability to be self-sufficient. This appears to be consistent with the research of Nguyen, Liu, Hernandes, and Stinson (2012) who found higher levels of gender role conflict, or beliefs that they fall short of internalized standards of being a man, to be associated with negative attitudes about help-seeking.

Interestingly, this study found that 11 of the participants were not ashamed to ask for help. However, the results did not indicate the degree to which they were willing to seek services. There are a several scenarios worthy of exploration. It may be that these individuals do not associate shame with seeking help of any type. For example, these men may not experience shame when applying for assistance related to survival including food, shelter, and clothing as well as services related to mental health. Alternatively, it may be that homeless men do not experience shame when seeking help for certain types of services, yet they may not seek help for other types of services that may invoke the experience of shame. For instance, these men may not experience shame when seeking help from services associated with survival since they already bear the stigma of homelessness. However, they may believe that seeking help for mental health would be shameful since it is associated with an additional stigma, namely, that of mental illness. While there appears to be no research directly supporting this explanation, research does suggest that homeless individuals view certain types of services as helpful while others services are considered not as helpful. For example, Acosta and Toro (2000) found that homeless individuals rated services related to finding affordable housing, safety, education, transportation, medical/dental treatment, and job training/placement as important while rating services related to mental health and substance abuse as relatively unimportant. Amato and MacDonald (2011) also found that homeless men were less likely to seek psychological services than other types of services. Neither of these studies however, suggested an association between services and shame.

Relationships

Twenty-one of the 24 participants interviewed indicated that homelessness adversely affected their relationships. This is of particular interest given the positive role social support can serve in the lives of homeless individuals (e.g. Reirzes, Crimmins, Yarbrough, & Parker, 2011). While a multitude of factors can impact personal relationships, shame and stigma appear to be factors that negatively impacted this samples' willingness to develop and maintain relationships.

According to research, homeless men value intimate relationships (Brown, Kennedy, Tucker, Golinelli, & Wenzel, 2013; Rayburn & Corzine, 2010); however, of the eight participants in this study who indicated that homelessness had a negative impact on their romantic relationships, five of the men expressed that they avoided initiating romantic relationships citing that they had *nothing to offer* a partner. This rationale may be attributable to the role they perceive men should play in such relationships. The results of this study indicate that homeless men believed that a man is a responsible provider. Research supports this finding and further suggests that men may also perceive their role in romantic relationships as that of a provider/protector (Brown et al., 2013). Given that homeless men believe their role in intimate relationships is that of provider and protector, they may perceive that they fall short of these expectations and thus avoid pursuing romantic relationships. Interestingly, these men's perception that they fail to possess the necessary criteria for a romantic partner may be shameful and reinforce beliefs that they are fundamentally flawed. This appears to be consistent with the Gender Role Strain paradigm (Pleck, 1995) that suggests men who fail to meet social or internalized masculine standards experience shame and feel inadequate as men.

Of the 24 men interviewed, 11 stated that they experienced positive social support. Of these 11, eight of the men expressed that they feel supported by their friends and family. This finding appears to be consistent with the research of Johnson, Whitbeck,

and Hoyt (2005) who found that homeless individuals are not completely cut off from support from friends at home (66.4%) and family (30.6%). The current study found however, that eight of the 24 participants reported having no social support and four subjects indicated that they avoided interactions with their social support due to shame and embarrassment related to their homelessness. These four participants indicated that they avoided friends and family in order to prevent feeling judged or being treated differently as a result of their homelessness. This finding is consistent with the research of Shier, Jones, and Graham (2011) who found that homeless individuals may avoid friends and family due to feeling ashamed for being homeless and to preserve a sense of dignity.

These results raise a question. Why do not all homeless men feel supported by friends and family? It appears that shame may offer an explanation. According to the research of Padgett, Henwood, Drake, and Abrams (2008), positive support from the families is not always available to homeless individuals. Padgett el al. found that families sometimes offer condemnation and rejection that stigmatize homeless kin. Given Padgett el al.'s results, avoidance of family members who offer shame by way of stigmatization and rejection would appear to be an appropriate shame-avoidant response. To achieve a sense of support, Reirzes, Crimmins, Yarbrough, and Parker (2011) found that homeless individuals may seek belongingness and support through other homeless individuals. Seeking out other homeless individuals for support may be a way of reducing this risk of shame and embarrassment since those from whom they seek support are also homeless. This explanation appears to be consistent with the research of Reitze et al. (2011) who suggested that developing support with other homeless individuals may serve to maintain a level of dignity.

Withdrawal

The results from this study indicate that nine of the 24 participants withdrew from their social support system after feeling shame and embarrassment for their homeless situation. These participants indicated that they withdrew from friends and family due to experiencing judgment or being treated differently due to homelessness. This is consistent with literature that suggests withdrawal is an affect response to a shaming experience (Nathanson, 1992). Lewis (1971) also found that individuals who experienced shame expressed a desire to withdraw and hide. While the results from this study indicate that homeless men withdrew from social support after experiencing shame, the withdrawal defense strategy could conceivably be generalized to other situations. For example, one belittled by a boss or co-worker could potentially withdraw by quitting a job. Likewise, a homeless man on the street may leave or withdraw from a situation after being ridiculed.

Isolation

The results from this study suggest that eight of the 21 participants who stated that homelessness negatively impacted their relationships, also indicated that they isolate and have no identifiable social support. While there are a number of potential explanations for homeless men isolating, for example, mental illness (e.g. Rouff, 2000), another possible explanation may be that isolation serves as a defense strategy against shame and stigma. For instance, the nine participants that withdrew from social support due to experiencing perceived judgment may have isolated after they withdrew to prevent future shame experiences. This explanation appears to be consistent with research that suggests prior experiences of shame and stigma via personal rejection and criticism may lead to poor social connectedness and isolation (Lee, Draper, & Lee, 2001). Goffman (1963) suggested that stigmatized individuals use avoidance strategies to eliminate potential social interactions with non-stigmatized others. Goffman also suggested that when such

interactions occur, stigmatized individuals are not sure how “normals” will react to them, creating a fear of exposure that often results in isolation. This is consistent with the research of Rokach (2006) who found that homeless individuals often suffered from loneliness due to feelings of social inadequacy and alienation. Finally, Padgett et al. (2008) found that homeless individuals experience rejection from society and family and thus withdraw and isolate.

Paradoxical Effect of Defense Strategies

While the defense strategies employed by this sample may serve the immediate objective of protecting them from shame and stigma, these strategies may also have unintended negative consequences. The defense strategies of hiding, avoidance, withdrawal, and isolation may serve as barriers that prevent homeless men from fully utilizing resources that could facilitate a transition out of homelessness. These defense strategies could also lead to negative psychological consequences. This section outlines some of the unintended negative effects these defense strategies may have on homeless men.

Social Support

Of the 24 men interviewed, 21 stated that homelessness negatively impacted their relationships. Nine of the 21 men indicated that they withdrew from social support due to feelings of shame or embarrassment about their homelessness. Five of the 21 men interviewed indicated that they avoided relationships due to feelings of inadequacy. Eight participants indicated that they isolate and have no identifiable social support. While the defense strategies of hiding, avoidance, withdrawal, and isolation may prevent or minimize the immediate experience of shame and stigma, is there a cost associated with these strategies? Research suggests that social support is an important factor that helps individuals transition out of homelessness. McKnee and Mervyn (2002) posited that social support was a central factor in helping homeless individuals transition into

permanent housing and maintain that housing for a period of more than two years. Social support has also been found to help the homeless ameliorate feelings of low self-worth (Thompson et al., 2004). Usborne et al. (2009) found that the size of social support networks were associated with the subjective well-being of street youths. Rayburn and Corzine (2010) also found that homeless individuals found romantic relationships to be an important source of social and emotional support. Conversely, the absence of social support has been found to lead to hopelessness and an adaptation or acceptance of a life of homelessness (Vance, 1995).

Help-seeking

The results from this study indicate that this sample was split on help-seeking attitudes.

While 11 of the men indicated that they ask for help when they need it, 11 of the participants expressed that shame and embarrassment were barriers to seeking-help. Although appearing self-sufficient and not seeking-help when in need may allow homeless men to retain a sense of self-worth and dignity, this face-saving strategy also carries with it detrimental effects that could hinder efforts to transition out of homelessness. For instance, homeless individuals who had transitioned out of homelessness and maintained their residence for more than two years found services related to substance abuse treatment, and employment and training services critical to achieving stable housing (Thompson, et al., 2004).

Loneliness and Isolation

The shame and stigma avoidant strategies employed by this sample may also have some unintended negative psychological consequences. Homeless men who withdraw, isolate, or avoid connections with social support may find themselves experiencing loneliness. Literature on loneliness describes it as an evolutionary mechanism that prompts one who is isolated to rejoin the pack to better ensure survival (Cacioppo &

Patrick, 2008). When this painful social prompt persists, loneliness can lead to a plethora of negative mental and physical health symptoms. From a psychological standpoint, loneliness has been associated with depression (Cacioppo, Hawkley & Thisted, 2010), cognitive distortions, and impaired social functioning (Cacioppo & Patrick, 2008). Loneliness has also been associated with cardiovascular function, sleep disruption, and a weakened immune system (Cacioppo & Patrick, 2008). Likewise, the physical effects of isolation have been found to have similar effects as high blood pressure, obesity, lack of exercise, or smoking (House, Landis, & Unbertson, 2003).

Plans of Transitioning out of Homelessness

One surprising result from this study was that participants made rare mention of intentions to transition out of homelessness. For example, in discussing their beliefs about pride, only four of the 24 participants indicated that pride is a feeling one gets from improving his situation. This result is also surprising given that all of the participants were currently living in a transition shelter designed to assist them with obtaining employment and permanent housing. Further, this result contradicts other studies on homelessness. One qualitative study with homeless men found an emerging theme of “aspirations for a better, nonhomeless future” (Liu et al., 2009, p. 131). Another study found that the majority of their sample viewed their homelessness as transitory (Leonori et al., 2000). Perhaps one explanation the men in this study did not allude to plans to transition out of homelessness or make reference to the temporary nature of their homelessness was that the protocol did not contain a question that specifically inquired about plans to transition from homelessness. In contrast, Liu et al.’s (2009) protocol queried their sample on changes they would like to make now and in the future. While the absence of a specific protocol inquiry may partially explain why transitioning out of homelessness was not a theme in this study, there may be additional explanations.

Barriers to Self-improvement

One explanation this sample made few references to a non-homeless future may relate to their experience of shame. Given that recurrent and chronic homelessness was a typical theme in this study, the participants may not develop and pursue goals directed at transitioning out of homelessness. Tangney, Stuewig, and Mashek (2007) suggested that shame resulting from past failures along with emotional predispositions including shame-proneness influence our consideration of future behavioral alternatives and intentions. For example, Christopher, who estimated that he had been homeless 22 times, may have perceived his past attempts of attaining permanent housing as failures that resulted in feelings of shame. The results of his past attempts may have left him with the expectation that future attempts of exiting homelessness will likely too, result in experiences of failure and shame; hence, the shame he might anticipate may negatively influence his future goal setting and behaviors pertaining to exiting homelessness. Instead of setting goals and attempting to exit homelessness, he may believe that his resources are better directed at immediate survival and temporary housing rather than setting and working toward a non-homeless future. Complementary to the literature of Tangney, Stuewig, and Mashek (2007), research suggests that shame attributes failure to the global self (Lewis, 1971) for which rectifying solutions are not readily available (Tangney & Dearing, 2002). For instance, if one's homelessness is a result of characterological flaws, developing a solution to repair a defective self may be perceived as an overwhelming or impossible task (Tangney & Dearing, 2002).

Another explanation for why men in this study did not make reference to goals of transcending homelessness may be attributed to their experience of stigma. The men in this study spoke of being unfairly judged by society for their homelessness. According to research, the homeless stigma can disrupt one's ability to independently evaluate the self, limiting free choice, and preventing one from developing a personal valuation system

(Beck & Nuehring, 2011). The homeless stigma has also been found to negatively affect one's sense of self that can lead to feelings of being trapped in homelessness as well as feelings of helplessness and hopelessness (Kidd, 2007).

Another explanation the men in this study did not speak of transitioning out of homelessness may pertain to their sense of self-efficacy. The men in this study may doubt their ability to marshal the necessary resources to transition out of homelessness. They may believe they lack the skills and knowledge to accomplish goals, for example, permanent employment and housing. Contributing to a low sense of self-efficacy may be previous unsuccessful attempts to transition out of homelessness. This explanation appears to be consistent with the research of Bandura (1997). Further, low self-efficacy can negatively affect goal setting activity, which in this case could be setting goals to achieve a non-homeless future. If the men in this study did not believe that they could transition out of homelessness, they would not develop goals to accomplish the outcome. The self-evaluative process of assessing progress toward or away from a goal impacts one's emotional reaction to goal-setting activities (Maddux & Gosselin, 2003). If the men in this study did not believe that they were making progress toward transitioning out of homelessness, it may disrupt their self-regulatory behavior including goal development and working toward established goals.

Finally, McKenzie-Mohr, Coates, and McLeod (2012) offer yet another explanation as to why the men in this study may not have alluded to plans for transcending homelessness. McKenzie-Mohr et al. (2012) posited a trauma-centered conceptualization of homelessness where trauma is a both a precursor to homelessness as well as a phenomenon experienced throughout homelessness. They posited that trauma negatively affects a number of factors for homeless persons including the ability to self-regulate, sense of self, perception of control, and self-efficacy. McKenzie-Mohr et al. (2012) also purported that a constrained sense of self-efficacy obstructs one's ability to

strategize and escape homelessness. While trauma was not included in the scope of this study, research supporting trauma as a shared experience of homeless individuals is common in literature (e.g. Coate & McKenzie-Mohr, 2010; Vance, 1995) and appears to be a supported explanation as to why individuals in the study did not talk about plans to transition out of homelessness.

Acceptance and Identity Creation

It is important to note however, that not all participants in this study attempted to conceal their homelessness. Six of the 24 participants indicated that they did not make attempts to hide their homelessness citing rationale including an indifference to other's perceptions, being unashamed of their homelessness, and limiting social interactions to other homeless individuals. Five of the 24 participants also indicated that they did not experience shame as a result of their homelessness. There are a couple of explanations why these participants do not attempt to hide their homelessness or feel shame as a result thereof. First, some homeless men may have adapted to a lifestyle of homelessness. This is consistent with literature from Goffman (1963) who suggested that stigmatized individuals may use their discrediting feature, in this case homelessness, as a basis for organizing their life by resigning themselves to a lifestyle consistent with the stigma. Another explanation may be that these individuals have learned to embrace their role as homeless men as a means of identity creation or through associational embracement whereby they assert a sense of self-worth and dignity for being part of a homeless group in which they take pride (Snow & Anderson, 1987). Interestingly, Osborne (2002) found that individuals who embraced the identity of *homeless* had higher self-esteem than those who did not have their identity invested in homelessness. Additionally, higher self-esteem has been associated with lower levels of shame (Tangney & Dearing, 2002) that may be reflected in the finding that five of the 24 participants did not experience shame as a result of their homelessness. Accordingly, it may be that some of the men in this

study who did not make inference to plans to exit homelessness either have adapted to their role as homeless or have created an identity that embraces homelessness.

Limitations

There are a number of limitations readers should consider when evaluating the results of this study. First, due to the difficulty of recruiting homeless individuals for research (Hough, Tarke, Renker, Shields, & Glatstein, 1996), this study was based on a convenience sample. The men selected for this study were residents at a local homeless shelter designed to provide services for job placement, housings, and psychological services, in addition to shelter, food, and clothing. Accordingly, the men comprising the sample may not be representative of the greater population of homeless men that include those living with friends, in cars, under bridges, or in tents. According to the 2009 Annual Homeless Report to Congress, 21% of homeless families were unsheltered while nearly half of all homeless individuals were unsheltered. Further, this sample was taken from a small Midwestern city and may not represent the experiences of homeless men from major metropolitan areas or smaller rural settings. Given the diversity of the greater homeless population, this study may not be generalizable to homeless men in other settings. Additionally, because this sample was derived from a convenience sample and was not randomly selected, it may reflect a sampling bias that would otherwise not be reflected if the participants were randomly selected from the total homeless population. For example, if the sample used in this study would have included more men who were living in the streets or under bridges, the results may have reflected less shame and more of an acclimation to homelessness or adoption of an identity as a “bum” or “tramp.”

Priming Affect

The results of this study may also reflect a priming effect. Prior to the administering the Interview Protocol, the men in this study were provided a copy of the Informed Consent form and the interviewer reviewed the form in detail with each

participant. The informed consent contained statements including, "*The purpose of this research study is to gain an understanding as to how homeless men experience shame*." In addition, and according to recommended Consensual Qualitative Research methodology (Hill et al., 1997), the interview protocol was prefaced with demographic questions, for example, "How long have you resided at the Shelter House? What brought you to the Shelter House?" and "How long/many times have you been homeless during your life?" Together, the informed consent and demographic questions may have had a priming effect on the interviewee's responses. For instance, the results of this study may have been influenced by direct priming (e.g. Forster, Davis & Carter, 1987) whereby the participants were led to discuss their homeless experience as if it is supposed to be a shaming experience.

Social Desirability

The use of interviews for collecting data in Consensual Qualitative Research has shown to have a social desirability effect (Hill et al., 1997) whereby socially desirable responses are over-reported and socially undesirable responses are under-reported. This has been found to be true particularly in the case of face-to-face interviews (Hill et al., 2005). Given the negatively held social perceptions of homelessness as represented by the homeless stigma, it may have been perceived that homeless men should feel shame and therefore may have over-reported their experience of shame in the interviews.

Interviewer-Participant Familiarity

Another factor that should be considered when interpreting the results of this study is the level of familiarity some of the participants may have had with the interviewer. The interviewer had spent between two and three years serving his counseling psychology practicum at the shelter from which participants were selected. During his practicum, the interviewer spent a significant amount of time associating with the residents of the shelter, allowing them to develop a level of familiarity with him. The

familiarity may have allowed the shelter residents to develop a level of trust and increased their willingness to seek psychological services. While none of the participants in this study were individual therapy clients of the interviewer, an estimated 25-50% of the participants had spent time in the lobby of the shelter engaging in conversation with the interviewer prior to the commencement of the study. Due to a level of familiarity and trust with the interviewer, some of the residents may have been more open and vulnerable during their interviews than perhaps they would have been had they not been familiar with the interviewer. Accordingly, the results of this study may reflect a level of trust and disclosure that may not be generalizable to similar studies in which some level of familiarity with the interviewer has not been established. This may be particularly germane in a study of shame where the ones experiencing shame are often ashamed of being ashamed (Lewis, 1971; Tangney & Dearing, 2002).

Heterogeneity of Research Team

The three individuals comprising this research team represented homogeneous ethnic, cultural, and socioeconomic backgrounds. The three researchers were Caucasian middle class graduate students who had not experienced homelessness. Readers may want to consider the limited diversity represented by this team and the impact that limitation may have had on the interpretation of the data. Readers may want to consider that this research team may have contributed to the results of this study in a way that would not be reflected had a more culturally diverse team conducted the research. For example, this team may have inadvertently over-interpreted the role shame played in the lives of the participants whereas a more culturally diverse team may have interpreted the interviews with slightly different results (Knox, Lewis, Schlosser, & Hill, 2012).

Expectations/biases

To assist the reader in evaluating the role expectations and biases may have played in the collection and interpretation of the data, the research team developed a list

of expectations and biases prior to the commencement of interviews. Hill et al. (1997) suggested that the expectations and biases be revisited in the Limitations section of the Discussion chapter to better assist the readers in determining the extent to which expectations and biases may have influenced the results of the study. The research team identified three expectations and five biases at the beginning of this study. Upon review of the expectations, two came to fruition and are represented in the results while one is not represented in the results of this study. Of the five biases identified prior to the commencement of the study, none were found in the results of this study (See Table 4).

Table 4: Comparison of Expectations and Biases with Study's Results

Expectation/Biases	Reflected in Results?
Expectations:	
1. Homeless men want to be part of mainstream society.	Yes
2. Homeless men experience shame as a painful emotion.	Yes
3. The participants will emphasize their childhood and its effect on their homelessness.	No
Biases:	
1. Shame adversely affects all homeless men.	No
2. Most participants will indicate that they do not have feelings of shame.	No
3. Most of the men will allude to their homeless status as a temporary setback.	No
4. Some participants will drop out of the study.	No
5. Shame plays a prohibitive role in men transitioning out of homelessness.	No

The first expectation was, "Homeless men want to be part of mainstream society." This expectation appears to be reflected in the results from this study. For instance, the core ideas reflected in the typical response *shame is a painful sense of worthlessness and failure* indicate that the participants felt shame for their homelessness, lacking material

possessions, unemployment, hurting others, and breaking the law, all of which are broadly espoused values held in Western culture. As noted earlier, this finding is consistent with shame as experienced in the General Role Strain (Pleck, 1995) model as well as in the work of Goffman (1963) on stigma. The second expectation/bias, "Homeless men experience shame as a painful emotion," is reflected in the results from this study and indicated that homeless men experience shame as a *painful sense of worthlessness as failure*. This expressed experience of shame was identified by 18 of the 24 participants and is consistent with research on shame (e.g. Lewis, 1971).

One expectation not found in the results of this study was, "The participants will emphasize their childhood and the effect it had their homelessness." While this expectation is supported by research (e.g. Grunberg, 1998), only one of 24 participants indicated that his childhood had an influence on his homelessness. This may be due to the absence of protocol inquiry related to perceptions of the origin of their homelessness.

The research team also identified five biases prior to the collection of data. In comparing the identified biases to the results of this study, none of the five identified biases were reflected in the results of this study. The first bias identified was, "Shame adversely affects all homeless men." This bias was not found in the results of this study. While 18 of the 24 men interviewed indicated that they believed shame was a *painful sense of worthlessness as failure*, yielding a typical response, four participants indicated they were not ashamed of being homelessness and four participants explained that they did not take steps to hide their homelessness. According to this sample, the majority, or 75% of homeless men experience shame and nearly 25% do not experience shame as a result of their homelessness. This may reflect a resiliency to shame found among some homeless samples (e.g. Snow & Anderson, 1987). The second bias identified was, "Most participants will indicate that they do not have feelings of shame." This bias was not found in the results of this study. To the contrary, 18 of the 24 men interviewed indicated

that they believed shame was a *painful sense of worthlessness and failure* and identified feeling shame as a result of their homelessness. The third identified bias anticipated was, "Most of the men will allude to their homeless status as temporary a set-back." This bias was not reflected in the results of this study. Instead, the absence of such discussions was an emerging theme in this study. The forth bias was, "Some participants will drop out of the study." To the contrary, none of the participants dropped out of the study. Further, the homeless men in this study were relatively open in discussing their experience of shame. Finally, the fifth bias identified by the team was, "Shame plays a prohibitive role in men transitioning out of homelessness." This study found no evidence that shame plays a direct prohibiting role in the lives of homeless men that prevent them from transitioning out of homelessness.

Summary of Limitations

The results from this study suggest that homeless men as a group tend to perceive others as untrustworthy. They also believe that trust is dangerous and must be earned. Yet the results of this study indicate a deeply personal revelation—that participant's believe their homelessness is a result of characterological flaws. What allowed the men in this study to overcome their distrust of others and offer this personal disclosure? Perhaps the most significant limitation of this study, at face value, was the level of familiarity and trust the participants had with the interviewer. This is particularly salient given that research indicates that individuals are ashamed of being ashamed (e.g. Lewis, 1971) and this study's finding that homeless men find trust dangerous and take steps to hide their homelessness. However, the level of familiarity and trust the participants developed with the interviewer appears to have enabled the participants to be more forthright in their self-disclosure than they may have been otherwise, had the participants not been familiar with the interviewer. In light of the findings in this study, future research on homeless populations, or in the area of shame, may elicit more introspective responses if the

participants are allowed to develop a level of familiarity and trust with the interviewer(s) prior to data collection.

Implications

The results of this study hold a number of implications in the areas of theory, research, and practice. As an exploratory study, no definitive conclusions can be made insofar as empirical support for a theoretical change in the construct of shame. However, this study does invite further research on shame and homeless males that could lead to changes in shame theory. The findings in this study also support changes in psychological services offered to homeless men.

Implications for Research and Theory

The results from this study suggest that men attribute their homelessness to perceived characterological flaws rather than, at least partially, to other factors that could include a maladaptive home of origin, lack of education, or mental illness. The results from this study suggest that men internalize their homelessness in a way that may neutralize their resiliency to shame and override other psychological prompts that may mitigate the effects of shame. For example, the men in this study demonstrated limited perspective-taking pertaining to the cause of their homelessness. They attributed the cause of their homelessness to their own defectiveness and did not direct any causation to others despite the protocol question, “How may have others contributed to your being homeless?”

The men in this study indicated that they had little resiliency to shame. For instance, none of the participants demonstrated the use of the fundamental attribution error whereby they might have attributed their homelessness to a lapse in their own behavior (a guilt response) while attributing other men’s homelessness to characterological flaws (a shame response). Instead, the primary theme from this study was a shame-response where men internalized the cause of homelessness. While the

fundamental attribution error is typically perceived as a maladaptive psychological response, it may also serve the adaptive purpose of diffusing shame. As a whole, the men in this study were either unable or unwilling to deflect any shame associated with their homelessness.

While the men in this study attributed their homelessness internally, other studies indicate that homeless individuals develop a resiliency to shame. For example, Snow and Anderson (1987) found that homeless individuals attempt to retain a sense of self-worth and dignity through identity creation. Could it be that shame is processed at two levels? The research indicating that homeless individuals develop a resiliency to shame may be the result of face-saving strategies intended to publically create an identity preferred to that of homeless. Snow and Anderson's (1987) ethnographic research was based the public behavior of homeless individuals. It may be that the strategies identified by Snow and Anderson were a form of saving face, or publicly projecting a more favorable identity.

In contrast, it is possible that the participants' familiarity and trust with the interviewer in this study resulted in responses that bypassed the primary shame defenses externalization, withdrawal, and avoidance (Tangney & Dearing, 2002; Nathanson, 1992) and allowed the men to genuinely reflect on their internal experience of homelessness and shame. Given the differing results of these studies, it is conceivable that homeless men process shame at two different levels: (a) at a public level where shame defenses, reactions, and face-saving strategies are used to maintain a sense of dignity and self-worth, and (b) at a private level where negative events are processed internally in an overly self-punitive way. Additional research may be helpful in further exploring the relevance of a theory related to this public and private level of shame expression.

An additional theme emerging from this study was that homeless men use defense strategies to avoid experiencing the pain of shame and stigma in public. These strategies,

however, also serve as barriers that prevent homeless men from fully utilizing resources that could facilitate their transition out of homelessness. Given these results, it appears that the conceptualization of shame could be expanded to include its role in oppression. In the case of homeless men, shame appears to be a psychological force that perpetuates the oppression and self-defeating, help-avoidance behaviors. As such, it may be helpful to modify existing service delivery modalities to incorporate understanding of the impact of shame avoidance and barriers to resource utilization.

Notably, this study found that nearly one-quarter of the 24 participants did not experience shame as a result of their homelessness. While other research suggests that homeless individuals develop a resiliency to shame, little is known about the factors that influence resiliency. Given the negative implications shame has on both physical and mental health, it seems that resiliency to shame is a rich area for future research. For example, “What factors contribute to one’s resiliency to shame?” Given that homeless men appear to have divergent perspectives on homelessness and shame, research aimed at understanding the perceived service needs of each group may help providers develop and offer more appropriate services.

The results from the current study suggest that defensive strategies that protect homeless men from experiencing further shame and stigma appear to have unintended negative consequences. While some research has investigated the negative effects of shame reactions (e.g. Nathenson, 1992), little research has been conducted on defenses against anticipated shame. The identified bias, “Shame [directly] has a prohibitive effect on transitioning out of homelessness” did not emerge as a theme in this study. However, the defense strategies used to prevent anticipated shame appear to have played a prohibiting role in men transitioning out of homelessness. For example, men who are too ashamed and embarrassed to ask for help may be limiting opportunities for assistance that would help them improve their domicile status. In essence, shame may indirectly serve as

a prohibitive factor in homeless men transitioning out of homelessness. Research is needed, however, before a definitive statement of the indirect prohibitive effects of shame can be made.

Implications for Practice

The results from this study suggest that homeless men attribute the cause of their homelessness to perceived characterological flaws, do not trust others, and resist seeking help. These men may be highly sensitive to shame and react negatively to persons or situations perceived to hold the threat of shame. Given what we know about shame defenses, these men may be viewed as "difficult" or "problem clients" by service providers who work with homeless men and attempt to enforce boundaries and organizational policies. Research indicates that shame-prone individuals often have interpersonal difficulties, may tend to externalize blame, and are often unable to effectively resolve interpersonal problems. Given the dynamic factors associated shame-prone individuals, clinicians may be able to enhance the effectiveness of organizations that provide services to homeless men by addressing these factors in treatment design and staff training.

Clinicians providing consulting services to organizations serving the homeless may be in a position to enhance the quality of those services by providing education and skills training to staff who works with homeless men on a daily basis. For example, clinicians may be able to provide education to staff regarding the implications of shame as well as the prevalence of shame defense strategies that often underlie "difficult" and "challenging" behaviors that may occur in homeless shelters. Education on homeless men and shame may not only increase staff's tolerance and patients with difficult individuals, but also reduce the number of shame-eliciting incidents when interacting with homeless men. Clinicians providing services and/or consultation can also work with staff on rapport building with "challenging clients" by helping them conceptualize the behavior in

new ways to increase empathic responses as well as teach them how to develop trust, thereby enhancing staffs effectiveness in day to day service and shelter activities designed for homeless men. Clinicians with an understanding of shame research might explore the benefits of certain approaches (i.e., motivational interviewing) in order to decrease help-avoidance behavior and increase treatment engagement. The results of this study suggest that psychological services provided to homeless men could be enhanced by increasing shame resiliency through perspective taking that may assist men in diffusing shame related to homelessness. Psychotherapy might also be enhanced by assisting and supporting individuals in creating an alternative identity with less reliance on shame dynamics and supporting the integration of an alternative identity.

It appears that for most homeless men, shame plays a salient role whereby they attribute the cause of their homelessness to perceived characterological flaws. For other homeless men, shame appears to a negligible factor as they are not ashamed of their homelessness and do not attempt to hide their homelessness from others. Given these results, psychologists and service providers should consider diversifying service offerings to homeless men based on their perspective on homelessness. For instance, men who attribute their homelessness to characterological flaws may benefit from services that challenge their conceptions of self and masculinity. Service advertising and education could help individuals reframe their ideals of masculinity from *a man is a responsible provide*r to *a man is able to face and overcome difficult challenges.* This could help shame-prone men challenge the barrage of self-deprecating perceptions, begin to avoid defense strategies that appear to undermine efforts to transition out of homelessness, and decrease their resistance to taking advantage of services that may help them achieve their goals.

Conclusion

Wasserman, Clair, and Platt (2012) referred to the complexity of homelessness when they remarked, “As odd as it sounds, addressing homelessness would be comparatively easy if it were only a feature of structural and material inequality operating over and against those who are homeless.” This study explored how homeless men experience shame. The results from this study suggest that shames play a salient role in the lives of homeless men as most men were found to attribute their homelessness to their own characterological flaws. The results of this study also suggest that shame plays a role in perpetuating the oppression of homelessness as it serves to undermine potential service offerings and other resources that are known to facilitate the transition out of homelessness. Also emerging as a theme from this study was the absence of participant desires or plans to transition out of homelessness. The results from this study warrant further research on the role shame plays in homelessness and the perpetuation of its oppression.

APPENDIX A: PROTOCOL

[After informed consent is signed and money is given to the participant]
Thank you for agreeing to be part of this study. This interview is about how men living in the Shelter House experience shame. Throughout this interview, please feel free to ask questions if you do not understand my questions, or if you would like me to clarify anything. We will begin with some general questions that will help me know a little more about you.

1. How long have you resided at the Shelter House?
2. What brought you to the Shelter House?
   P – Is it okay if I refer to your current living situation as homeless?
   P – How long/many times have you been homeless during your life?
3. What is your age?
4. How would you describe your ethnicity?
5. What is the last grade you completed in school?
6. What is your occupation?

Now we will begin with the interview questions.

1. Talk about your beliefs about shame.
2. Tell me what "being homeless" means to you.
   P - How do you think the general public understands homelessness?
3. How has being homeless impacted the way you see yourself?
4. What are your beliefs about "being a man"?
   P – How as homelessness impact those beliefs?
5. Talk about how being homeless has effected your relationships.
   P – Describe your social support system.
6. Explain what "being disrespected" means to you.
7. Tell me your beliefs about trust.
8. How may have others contributed to your being homeless?
9. Give me your thoughts on "seeking help".
10. Tell me your beliefs about pride.
11. Talk about situations when someone might want to hide that they are homeless.
12. What advice would you give another man who might be experiencing homelessness for the first time?
13. How has talking about homelessness and shame made you feel?

APPENDEX B: SAFETY PROTOCOL

If the participant displays signs of affect change during the interview, the following decision process and follow-up procedure will be activated.

1. Participant shows a slight change in affect (i.e. staring and strong reflection, increased water in eyes, noticeable swallowing, clinching jaw, grimacing facial expression) but continues to talk, the interviewer will interrupt participant and take the following action:
    a. Ask participant if they are okay to continue
    b. Remind participant that they may stop the interview at any time, for any reason.
    c. If the interview continues:
        i. Follow-up with participant after the interview:
            1. Assess participant's emotional well-being
            2. Offer therapy to the participant (either in-house or referral)
            3. Consult if necessary
            4. Suicide/homicide assessment
        ii. Follow-up with participant the next day, inquiring: participant's emotional status, interest in therapy, consult if necessary
2. Participant shows moderate to severe change in affect (i.e. crying, signs of dissociation, decompensation), the following steps will be followed:
    a. Discontinue the interview
    b. Assess resident's well being
    c. Suicide/homicide assessment
    d. Consult
    e. Offer therapy or referral
    f. Request staff to observe resident
    g. Follow-up with resident the next day, following steps 2b – 2e.

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