OPPORTUNITIES FOR HUMANIZATION IN THE RELATIONSHIP BETWEEN SERVICE PROVIDERS AND THEIR HOMELESS CLIENTS

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DISSERTATION

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ABSTRACT

The goal of this study was to uncover examples of and possibilities for humanization in the relationship between service providers and their homeless clients. Humanization, simply defined in this study, is the process through which a person stands in relation to another person in a way that affirms her or his humanity and human potential. This concept of humanization is further delineated through the construction of an initial theoretical definition borrowing from the theories of Carl Rogers, Martin Buber, and Paolo Freire.

The initial conceptualization of humanization led me to look for evidence of specific phenomena in each of three dimensions: (1) space for a client or guest to freely move in a way consistent with her or his own meaning making system, (2) a provider or volunteer who not only did not reduce the other, but was open to be changed by her or him, and (3) the ability of the client or guest to engage in critical reflection and action on the structural circumstances that presently defined her or his life.

An interpretive epistemological framework was adopted for the study. Fifteen providers of service and care to homeless populations were interviewed across three sites in the local community. Data analysis occurred at two levels. One analysis explored themes related to the basic shape of the relationships and the ways in which the providers constructed them. A second analysis explored, more directly, themes related to each of these three dimensions.

Initial analysis revealed themes related to the basic construction of the relationship between providers and their guests and clients they serve as, well as the role of humanization in these relationships. Along the three dimensions of the construct, it was found that

relationships were largely humanizing along dimensions one and two, with some important exceptions related to program model and provider mental health. There was evidence that the relationships were humanizing in a way that only partially met the criteria for dimension three.

A set of eight findings was subsequently developed through further analysis and interpretation of the initial results. (1) Clients set the goals in the relationship but little else. (2) Despite language of client-centered responses to homelessness, it might be organization meaning-making systems and not the person who is homeless that is at the center of these relationships. (3) People who were homeless were seen as fully agentic in regard to service-seeking. (4) Service providers intervened to correct perceived client resource-deficiency in a way that possibly denies clients the power to operate on the world according to their own meaning making systems. (5) Participants largely operated on an individual level of ecological analysis. (6) For the most part, participants saw the people they served as irreducible. (7) Participants failed to demonstrate a fundamental openness to self-transformation based on encounters with their homeless clients and guests. (8) There was little evidence of space for action-reflection from clients.

Two of these eight findings contributed to an examination of possible qualifications to the conceptualization of humanization when applied to these specific relationship contexts. These two provider truths: (1) that clients/guests have agency when entering the relationships and (2) that practical limitations arise from setting characteristics and preservation of the psychological well-being of providers, challenge the original construction of humanization. A consideration of these truths, as subjectively experienced by the providers, allowed for a discussion suggesting a possible pathway for arriving at a new understanding of the term

humanization. This new understanding would be constructed jointly out of provider interpretive frameworks, as future community partners in collaborative efforts in promoting humanization, and my own interpretive framework, as a community researcher.

Strategies for promoting humanization in these relationships are considered based on the findings. These include (1) increasing critical awareness and multi-level analysis in developing solutions on the part of providers, (2) emphasizing care for the care givers in order to free up emotional capital so that providers can more fully engage people who are homeless, and (3) including the voices of people who are homeless into fundamental design and implementation decisions around an organization's response to homelessness. Finally, more aggressive methods for promoting humanization are examined including (1) a fundamental restructuring of the mission of organizations responding to homelessness such that humanization is seen as a primary outcome goal and (2) the fundamental restructuring of the relationship between providers and people who are homeless such that people who are homeless are equal or senior partners in designing the response to homelessness and enlist the services of providers on terms dictated by their own, natively developed, response strategies.

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INTRODUCTION

This was a project about humanization. Humanization, simply defined in this study, is the process through which a person stands in relation to another person in a way that affirms her or his humanity and human potential. Humanization is a function of interpersonal relationships and this study examined the subjective experience of being in relationship in order to develop a deeper understanding of the humanization construct. The project aimed to develop this understanding into actionable knowledge by exploring the possibilities of providers of care and service[1]adopting a humanizing approach to being in relationship with people who are homeless.

More specifically, this was a project about developing a theory for humanization in relationships in which one of the participants in that relationship occupies a marginalized social location and the relationship itself is based on addressing the conditions of that marginalization. In this case, I examined the relationship between providers of care and service and their homeless clients/guests. In this context, then, a theory of humanization is a theory of liberatory praxis. It asks, what can we understand about how these relationships look, and how they facilitate the ability of people who are homeless to become more fully human[2]?

This study was exploratory in nature. It started with what was, essentially, a theoretically derived operationalization of humanization and examined providers' perceptions

[1] Because of the term's association with institutionalized social services, not all people who respond to homelessness identify as service providers. The term providers of care and service (or alternatively, 'provider') is used to be inclusive of this wider response. Where the term "service provider" is used, it specifically refers to people operating out of intervention-oriented social services settings.

[2] I do not mean to suggest by this language that people who are homeless are somehow less than human and need to be fixed. Rather, it is my assertion that all human beings can be engaged in a process that promotes authentic humanity and that the service relationship serves as one possible site to examine this process.

of their relationships with their homeless clients to (1) find out if and how humanization manifested in these relationships and (2) to develop a more nuanced picture of how humanization could potentially be promoted in these relationships. It is important, at this point, to locate this study in reference to traditional approaches to social inquiry. This was not hypothesis testing in which I tested for the presence or absence of humanization in service provider relationships. Neither was it grounded theory through which the definition of my theoretical construct, humanization, emerged from and was primarily faithful to the data. Instead this was a project whose methodology involved a process of knowledge co-construction between myself (and the theoretical construct I brought with me) on one hand and the participants and their data on the other. This process was intended to develop a nuanced construction of humanization whose "trueness" was significantly influenced by the people to whom the construction applies.

This introduction is divided into three sections. The first section examines the provider-client/guest relationship as a possible site for social action. This includes a review of the literatures regarding the experience of participating in this relationship, and of the structures of the relationships. It ends with arguments for introducing an examination of humanization in these relationship contexts. The second section examines conceptualizations of humanization in the theories of Carl Rogers, Martin Buber, and Paolo Freire.

A Question of Impact

This dissertation is grounded in the fields of homelessness and humanism. There are many general ways in which this study might contribute to our understanding of these two fields and to carry out research and intervention within them.

- Compared to the overwhelming preponderance of research on traditional outcomes such as number of days spent homeless or service utilization (e.g. Wolff, Helminiak, Thomas, Morse, Calsyn, Klinkenber, Dean, & Trusty, 1997; Clinman, Rosenheck, Lam, 2000; Sumerlin, 1997), it introduces an alternate (or additional) set of criteria for evaluating the success or failure of service provider relationships. These include the ability of a client to act according to her or his own meaning system, and the right of client to be treated with dignity and respect, and the ability of a client to operate on those external, structural, dynamics in the client's life that influence the client. This study demonstrates, and qualifies, the viability of this alternate set of outcomes as an interpretive framework for evaluating the success of the relationship.
- It invites providers of service and care to assist in making sense of and refining a construct having to with homelessness. While many ethnographies focus primarily or exclusively on the subjective experience of people who are homeless (e.g. Duneier, 1995; Shpungin, 2003; Desjarlais, 1997)this study introduces the voice of the staff, at an early stage, in making meaning out of a theoretical approach to understanding their relationships with their clients and guests. As humanization continues to develop finer

definition in this specific relational context, the definition will be one that partially derives from participants in the relationship.

- It adds to the strengths promotion literature by focusing on promoting possibilities for humanization instead of directly on other deficit-based goals such as fighting oppression (e.g. Miller & Keys, 2001) or reduction of days spent homeless (e.g. Rog, Holupka, McCombs-Thornton, Brito, Hambrick, 1997). While an awareness of both of these social pathologies is necessary in order to locate this study in the complex social reality of homelessness, consideration of these deficits did not drive this study as it did most of the studies reviewed for this proposal.
- It introduces an explicit consideration of power and social justice into humanistic theory. Theorized processes of humanization are traditionally discussed at the level of individuals freely operating on their worlds, learning, and growing (e.g. Rogers, 1960, and self-actualization or Buber, 1923, and speaking the basic word *I-You* and achieving personal authenticity for you and thereby confirming the humanity of others). In studying provider relationships with homeless populations, this project offers a distinct argument: That when conducting humanistic research concerning people occupying marginalized social locations, a dimension that examines resource allocation and oppression should be integrated as a fundamental component of the processes in play.
- This project makes the theoretical concrete. It starts with an idealized theoretical construct, itself constructed of interpretations of three theories that make strong, idealized statement about how the world should work. It examines how this construct

takes on meaning in a specific relationship context in a way that makes the abstract and ideal, useful and relevant.

A Note on Meaning Making

The concept of meaning making was central, at a basic level, to the development of this project. Language referring to this process of making meaning appears throughout the paper. In general, meaning making systems are the interpretive frameworks through which we perceive and act in the world. However, meaning making systems are more narrowly defined, in this project, as those interpretive systems that reflect, in a deep sense, *who* we feel we are and how we feel we should function in the world. In this study how providers interpreted and reported acting in the world was directly examined. However of primary concern was the space that providers created for (1) a client/guest's interpretation of her or his own world and (2) that client/guest to act in that world in a way that was consistent with the client/guest's sense of authentic self. This space, for clients and guests to operate according to their own meaning making systems, was examined indirectly using the self-report data from the providers. What follows is an explicit definition of how meaning making is proposed to function.

Meaning Making in Psychology.

Meaning making is a universal human experience that is documented in different ways for different purposes. Meaning making, in the clinical psychology literature, is most often studied in its role in the process of coping (for example see Mattis, 2002; Solomon (2004). This approach contends that a person experiences a distressing life event or circumstance then engages in an act of cognitive re-appraisal in order to survive the experience or possibly even

thrive. In this case, the process of meaning making can involve a reinterpretation of a stressor and its larger meaning in the world of the experiencer in order to remove or minimize its negative valence. It can also involve a less direct response to the stressor. In this case, re-assessment of one's life circumstance after a stressful event has occurred leads to a new understanding or framework within which the experiencer can locate her or himself.

A second way that meaning making is presented in the psychological literature is in terms of its role in developing identity. This approach has been traditionally most popular in developmental, personality, and cognitive fields. It argues that one's sense of self is the direct output of meaning making mechanisms that help us to interpret our existence in relation to the other people, ourselves (including ourselves as we develop over time), and life experiences in general. One method gaining increased acceptance among psychologists is narrative identity research. Narrative identity research explores the sense of personal unity that people develop through the processing of narratives (Singer, 2004; Gone, Miller, Rappaport, 1999). A person's identity is often located in the intersection of personal life story and dominant social or local community narratives (Rappaport, 1993, 1995). The narrative approach suggests that the meaning making structure for a person is generated through the interplay of these individual and social narratives. As a person actively locates her or himself in a larger community or social world, the process by which she or he reconciles his or her life with that her or his social placement is the same process that generates the guidelines and structure for making meaning out of life experience.

Because I am concerned with the space created to accommodate the meaning systems of people who are homeless within care and service settings, through this project, like coping and meaning making researchers, I explore the topic of meaning making for a population of people who can be seen as undergoing traumatic or difficult experiences in their lives. However, meaning making was not approached in this study, as is so often encountered in the clinical literature, using the rubric of a coping mechanism to avoid suffering. Compared to this clinical approach, the present research makes the a priori assumption that the process of making and negotiating meaning in a person's life is a more fundamental part of the construction of self in relation to internal and external worlds. That this process is activated during times of distress and suffering is not assumed to indicate that it only functions during times of maladjustment; although meaning making during such life episodes is certainly rich with data. The traditional clinical model that focuses solely on the experience and resolution of pathology would be methodologically confining as the observer would be reduced, for example, to a focus on how "those poor homeless ever deal with their horrible lives." This approach robs the subject of full humanity and instead considers her or him only in terms of a pathology or abnormality to be resolved. I consider this pathologizing approach to the human condition to be, at best, inadequate.

Similarly, a study of identity, as it is determined by the meaning making process, is limited in its ability to account for the influence on meaning making in people's lives. It is, of course, essential to appreciate a person's sense of self in the world if we are to speak to her or his life experience. However, I propose that attention to the process of meaning making must

move beyond the subject's sense of who she or he is. It must also focus on how that person behaves in the world. While identity is arguably the construct that subjectively locates the person in the world, meaning making is the process by which that person actively engages in the world. The two concepts are closely related, and likely inseparable, but a meaning-making approach offers a more comprehensive framework for developing ways for social scientists to interact with their research participants.

In this project, not only was meaning making seen as a multi-faceted life process, of which coping and identity formation are integral parts, but serious consideration was given to the possibility that fairly developed and complex ontological mechanisms exist in this population and can be studied. The present project aimed to deal with the participants in this research as whole human beings. This is in contrast to a traditional reading of Maslow (1968) and the transpersonal schools of thought that followed him (Walsh and Vaughan, 1993; Fischer, 1977; Wilber, 1975) that would suggest that a person must move through a hierarchy of stages in order to eventually gain access to an existential life framework. This research is grounded in the assumption that every person works within an ontological framework. The primary challenges in a person's life might indeed prioritize her or his active attention toward a mostly pragmatic reality and it is those pragmatic concerns that will be most consciously available.[3] However to assume that existential self-analysis and complex meaning construction are only a

[3] As a counter argument, many stage theorists would suggest that cognitive development to higher, or more evolved, ways of processing life experiences occurs only as a result of a crisis-resolution-growth mechanism. A person with a certain set of tools for processing life experience is faced with a life experience that cannot be processed with the existing representational structures. This produces a cognitive crisis that must be resolved through the development of a new apparatus for processing life information. This development leads to the resolution of the crisis, advancement to a new cognitive stage, and a more profound outlook on life. (Erikson, 1950; Kohlberg, 1977; Fowler, 1991, Helms, 1990)

luxury for the enlightened is to again commit the fallacy of dehumanizing the person being studied.

A Definition for this Project

For this study, I borrowed from the framework of the above literature as well as from Frankl (1959) and Bruner (1990) and defines meaning making as the process of developing a conceptual framework through which a person can orient her or himself in her or his life experience. Meaning making is necessarily established by a person in relation to her or his interactions with other people, life circumstances, and dominant social narratives.

As a definition of humanization is constructed, it will be argued that at the very center of this process for any person are three essential meaning making questions: "Who am I, really? "How does the world work?" and, most central, "What space and power do I have to act in the world in accordance with who I am and how I understand the world?" One way of reading this study is as an examination of the ways that providers might relate to a clients or guest in a way that helps the client/guest to operate in the world in accordance with his or her own sense of self and interpretation of the world. This study does not assume that *all* behavior that humans engage in is necessarily mediated through our conscious understanding of ourselves and ways of being in the world. However, in light of the theories of Carl Rogers (1961) and Paolo Freire (1968), it will be argued that the freedom and power to act on the world in a way consistent with our conscious meaning making system is central to the process of humanization.

Service Provider – Client/Guest Relationships as Sites for Social Change

Before outlining the construct of humanization it will be helpful to describe the relationship context within which humanization was examined in this study. This section on service provider – client relationships as sites for social change first describes what we know about the people who participate in the relationships and how their meaning making systems interact. It then goes on to describe what we know about the structure of the service relationships.

In homeless services settings, there exist a variety of relationships between service providers and their homeless clients. These relationships include ones in which the provider might serve in various roles such as case manager, outreach worker, therapist, educator, public advocate, food server, or even volunteer providing child care for a homeless family. People who are homeless, likewise, enter into these relationships in a variety of roles characterized by their presenting needs including needs for such things as long or short term shelter, treatment for substance abuse or mental illness, escape from intimate partner violence, or job training. Some people who are homeless access formal services for no more than immediate needs such as lunch, a shower, and during cold nights, indoor shelter. Each of the roles described above results from a different set of conditions leading up to it (i.e. training or life story), each combination of these provider-client roles (e.g. outreach to people who are homeless with substance abuse needs) yields a unique set of demand characteristics for that relationship, and each relationship is subjectively experienced and narrated uniquely by its participants regardless of surface similarities to other relationships.

One thing that is common across all of these relationships is that they are settings for individual and community change. This project is predicated on the assumption that the relationship between service providers and their homeless clients is a critical site of analysis in the effort to understand how people gain access to resources to survive homelessness. People who are homeless face an often overwhelming set of life conditions and personal needs that are unmet (e.g. Duneier, 1995; McNaughton, 2008; Hudson, 1998; Shinn, 2000). Access to the community services to address these unmet needs is necessarily mediated by the agents of those services (i.e. providers). Providers develop relationships with their homeless clients and guests in order to help them gain access to services at the providers' organizations (e.g. food, shelter, counseling) and navigate complicated service delivery bureaucracies for services not offered at the providers' organizations (e.g. for jobs, housing, waiting lists for treatments, government benefits, training) (e.g. Oakley & Dennis, 1996; Morse, 1998; McNaughton, 2008). The ability of an individual to survive homelessness, either by "re-entry" to mainstream society or simply staying alive in the face of multiple hardships, is partially mediated by their relationships with service providers. Similarly, addressing homelessness as a public epidemic requires attention to the front-line change agents who come into the most contact with people who are homeless and attempt to address the multi-level problem at the individual level. Finally, to the extent that people who are homeless rely on these relationships to assist them in negotiating crises and challenges related to homelessness, the relationships act as a key site for influencing psychological well-being.

Cultures and meaning making systems present in the relationship.

Because this dissertation aims to partially deconstruct the relationship between service providers and people who are homeless it is first helpful to have a general background of the participants in this relationship

The experience of homelessness.

A relatively large academic and training/intervention literature discusses the experience of homelessness. These perspectives on what it is to be homeless primarily arise from three perspectives: (1) the perspective of people who are homeless, (2) the perspective of experts who assess the direct experience of people who homelessness, interpret it, then filter it into a pre-existing academic or intervention oriented model, and (3) a policy perspective that defines homelessness through regulation, and funding. All of these perspectives, of course inform each other[4]. The following review includes all of these perspectives in describing the experience of homelessness.

Homelessness: Definitions and etiology.

The United States Federal Code (McKinney-Vento Homeless Assistance Act, 1987) defines homelessness specifically as

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is -

[4] For example, a researcher conducting an ethnography that demonstrates a liberatory model of community action borrows from the voices of people who are homeless to make her point as does the clinical social worker who develops a unique set of diagnostic criteria for trauma in women who are homeless due to intimate partner violence. Policy makers, while accountable to many agendas, also filter these experiences.

A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

This definition is a key framing of the experience as it is tied to the release of federal dollars for responding to homelessness.

Carol McNaughton (2008) provides a more nuanced definition involving four overlapping but unique domains:

1) Absolute homelessness: having no shelter at all. These are people who sleep on the street out in the open.
2) Homelessness related to the nature or quality of a person's housing: this includes people who literally have shelter from the elements but would the shelter is temporary (like a hotel room) or considered by some to be inadequate (like a car)
3) Subjective homelessness: a person's own perception of whether or not where she or he lives is considered a home. One person could be staying on the couch of a friend and consider himself to have a home while another person might see the same situation as being homeless
4) Homelessness as defined by statute and welfare response: Governmental definitions that define who is homeless and who is eligible for support related to being homeless have a big impact on how we, as a society, understand who counts as being homeless.

While categorization of the types of homelessness is relatively straightforward (in that the categories are seldom disputed, it is somewhat more complicated to answer the question of why people become and stay homeless. This answer partially depends on the definition of homelessness but also depends on one's level of analysis. While most people will readily acknowledge a mixture of socio-structural factors and individual factors, academics and

national advocacy groups will often emphasize socio-structural levels of analysis while interventionists working one-on-one with the population, such as the participants in the present study, and people who are themselves homeless will often emphasize individual factors (McNaughton, 2008). A compilation of framings of homelessness reveals the following factors as being in play: poverty, home foreclosure, lack of employment opportunities, lack of affordable housing, reductions of public assistance, lack of affordable health care, mental illness, substance abuse, domestic violence, breakdown of relationships with family and friends (Shinn, 2000, National Coalition for the Homeless, 2009; McNaughton, 2008; Toro, Trickett, Wall, Salem, 1991).

The needs of people who are homeless.

People who are homeless have unique pathways into their relationships with service providers and the needs that they present with can vary widely from person to person. These needs can involve very basic survival demands such as housing, shelter, food, clothing, money, and physical safety. People who are homeless also enter these relationships seeking less immediate demands such as social support networks, employment training, education, and transportation. They also present with a variety of needs for service support such as mental health and substance abuse treatment, and access to physical and dental care (Acosta & Toro, 2000; Drury, 2008; Herman, Struneing, & Barrow, 1994; Health Care for the Homeless Clinicians' Network, 2004; McNaughton, 2008; North, 1993; Thrasher, 1995; Susnick, 1993). In addition to these needs, some ethnographic and open-ended survey researchers have also identified more complex needs, as expressed directly be people who are homeless, such as the

need to successfully navigate confusing social service systems (e.g. Drury, 2008; Herman et al., 1994) or the need for dignity and respect (e.g. Hoffman et al., 2008; Shpungin, 2003).

Meaning making by people who are homeless.

What is it like to be homeless? How do people who are homeless interpret the world and act in it? ? Because of the variety of definitions of and pathways to homelessness as well as the uniqueness of individuals, people who are homeless have no one, universal, culture or way of making meaning out of the world. While certain socio-economic groups are at increased risk for homelessness, ideologically, politically, religiously, and so on, people who are homeless can be as diverse as the general population. However, a number of ethnographies share both first-hand accounts of what it is like to be homeless as well as ethnographer representations of this lived experience. Common across most of these ethnographies were (1) threats experienced both external and internal to one's sense of dignity, self-hood, and humanity, (2) a narration of one's problems at the individual or interpersonal level (with an inevitable interpretation by the ethnographer of structural contextualization of those individual-level experiences), (3) distrust of and resistance to shelters and the staff there, (4) desperation and extreme stress, (5) engagement in marginal activities in order to survive such as substance use, theft, sex work, and other money making and coping behavior that either skirted the boundary of legal or was illegal, (6) both strong (among other people who are homeless) and weak (among family and old friends) social networks, (7) strong attachment to a future-self who had higher well-being and independence, (8) self-consciousness about how one presents oneself to the non-homeless public (along with carefully developed strategies for doing so), (9) for women with Children, concerns about raising children in shelter settings and on the street, and (10) a desire for security and stability (Boydell, Goering, Morrell-Bellai, 2000; Drury, 2008; McNaughton, 2008; Duneier, 1995; Desjarlais, 1997; Shpungin, 2003; Gilkey, 2009; Deward & Moe, 2010; Gramlich, 2009; Thrasher & Mowbray, 1995). These descriptions of the

lived experience of being homeless provide at least some insight into how guest and clients who enter these relationships see themselves and how they act in the world.

The experience of being a provider.

People who provide care and service to homeless populations vary in their roles, including in the present study. Providers might include clinicians, case managers, social workers, soup kitchen volunteers, baby sitters, educators, and many other roles. Very little research has been conducted on the lived experience of being a provider for homeless populations. In the absence of this literature, this section will briefly review the training and institutional contexts that shape the provider role as well as documented provider perceptions of homelessness.

Training and institutional context.

Training providers of care and service almost certainly varies from site-to-site in practice. Like many aspects of non-profit work, level, quality, and specific nature of training likely depends on available resources. However, a review of manualized approaches to training as well as best practices reveals that service providers who work with people who are homeless (as well as others who work in institutional settings) often receive specific training around the individual causes of homelessness (mental illness, substance abuse, domestic violence, etc.) as well as the structural factors that exacerbate those individual causes (poverty, lack of housing, lack of jobs, etc.). They are trained to be consistent, predictable, and aware. (Rife, First, Greenlee, Miller, & Feichter, 1991; Morse, 1998). Descriptions of the relationship, and

especially case management relationships, are presented in an upcoming section on what the relationships look like.

There was little research on the lived experience of the provider or on other direct descriptions of the provider in the context of the service relationship. Critical social work is a field that provides a clear look at the experience in working in social service setting. It offers a critique of these settings by suggesting that increased managerialism and top-down control remove opportunities for dialogue in the setting and with clients. Critical social work researchers such as Fook, (2003; Fook & Askeland, 2007); Ife, (1997), and Zuffrey, (2008) demonstrate that service providers are increasingly not interested in engaging clients in dialogue. They attribute this lack of client-engagement at a personal, respectful and educational level to (1) the therapeutic top-down model encouraging listening to just as much from a client to fix a problem and nothing more (they argue that this model does not encourage dialogue and teaching) and (2) to an increasingly present business model that rewards efficiency and outcomes and actively restricts politicized action.

Perceptions of homelessness and the response to homelessness.

When people who are homeless seek support from providers of care and service, the literature shows that the providers enter those relationships, with specific perceptions of homelessness. While still being able to acknowledge structural contributions to homelessness, providers tend to construct the solution to homelessness as an individual level concern (Lyndsey, 1998; Susnick, 1993; Tracey & Stoeker, 1993). This section will review what we know

from the literature about how providers perceive their clients and guests. This general review allows a baseline against which to compare the results from the current study.

Factors influencing homelessness

Elizabeth Lyndsey (1998) conducted a study of service providers' perceptions of factors that facilitated and inhibited homelessness. Providers in this study identified scarce housing as being the most significant community barrier to housing. However, she found that providers believed that client attitude and motivation, individual level factors, were the most important factors in achieving permanent housing. Participants felt that lack of social support and relationship difficulties were the most significant barriers to stabilizing and exiting homelessness.

Service priorities and difficulties

Lydia Susnick (1993), conducted a qualitative study of homeless service providers to assess the services they offered, their perceptions of service priorities, and their perceptions of what needed to be improved. Respondents saw lack of housing as the primary concern with people who were homeless. Access to housing of any almost any sort would be the most important service response to ending homelessness. This was followed by a need for a safe environment, psychiatric and social services, day programs for personal development and education, and healthcare. Providers often felt frustrated in their response as they felt burdened by a difficult job, and lack of adequate resources, cooperation from the local

government, or training. They felt that an increase in capacity and number of service settings was needed to adequately address homelessness.

Victim blaming

Tracey and Stoeker (1993) examined service providers' perceptions of the causes and solutions to homelessness and found that providers, who are often stereotyped with victim blaming,[5] actually have a complex view of causes and solutions to homelessness. They found that providers were easily able to identify both structural and individual level factors that caused homelessness. Notwithstanding this awareness, the service providers felt that failing to address the individual factors would result in the perpetuation of homelessness..

Conflicts in meaning making systems between providers and the people they serve.

The participants in these relationships enter the relationships with their own cultures and interpretations of the world. A small number of researchers focus on the conflicts in meaning making system between people providing care and services and people who are homeless. This literature, specifically, introduces evidence that there is little space in these relationships for the meaning making systems of people who are homeless. Many providers were concerned with the marginalization and oppression of people who were homeless. However, this marginalization was seen as stemming from the confluence of presenting issues (mental illness, substance abuse, level education, etc.). The proper way to resolve this

[5] Ryan's (1971), description of a process by which people who are marginalized are seen as responsible for their own marginalization rather than assigning blame to the structural factors that facilitated the marginalization.

marginalization, therefore, was to resolve or reduce these underlying presenting issues such that people who were homeless could reenter mainstream society.

In a longitudinal ethnographic study of homeless clients with psychiatric disorders, Drury (2008) identified a strong cultural divide between providers and clients. Clients often had non-mainstream cultural values and ways of making meaning in the world and providers exerted pressure (through offering and denying services) for clients to adopt mainstream values. Furthermore as clients entered the relationship they tended to do so because of immediate needs such as housing, money, food, and clothing. Providers, on the other hand, imposed a framework of symptom reduction and compliance with system requirements as the guiding needs to be met in the relationship. Failure on the part of the client to adopt the provider framework resulted in being exited from transitional living setting.

In a survey-based study (with focus group follow-up) of relationships between providers and their client, Stanhope (2008) also found strong differences in perspectives on the relationship. Case managers tended to view the service relationship as a means to obtain traditional service goals while clients tended to place a higher value on the relationships themselves. For consumers, the quality of care, and therefore participation and compliance, were associated with the quality of the relationship and not the quality of the outcomes.

A space for the expression of one's cultural self was also seen as lacking in an ethnographic study conducted by Gilkey (2009) of residents in a homeless shelter. She found that residents, in describing their own cultures and ways of making meaning in the world primarily desired from a shelter a place of *sanctuary*. This theme of sanctuary encompassed

narratives of respite, safety, a place to decide next steps, and for some clients, a place to transition. The need was to have a stable place in which to gather one's self together and make a well-informed decision about how to proceed with one's life. The space to explore and express one's own native meaning making system was seen, by clients, as being absent from the setting. In her study, she found that client decisions therefore about how to move forward in their stays at the center were therefore less informed by their own true cultural selves and more by the dominant service model.

A more dire case is made for this crisis of disconnection between provider and client cultures by Hoffman et al. (2008). In an analysis of a large (515 participants) database of interviews of people who were homeless (and accessed or did not access services at multiple settings), the authors found a number of key themes of client interactions with service settings. The relationships were largely seen as a threat to dignity and sense of self. As clients interacted with providers they felt that providers treated them as if they were children or as objects, and furthermore that they should be grateful for the services they did receive, regardless of their treatment. People who were homeless were also found to systematically "opt-out" of services. The authors explain that people avoided relationships with providers both because of petty regulations and rules buts also because the act of entering the relationship led to a deterioration of self-esteem and dignity. Rejection of the service relationship was seen as embracing ones right to belong in society, with their own meaning making systems intact. Positive interactions with providers were conversely narrated as ones in which providers

showed they cared about clients, similar to Gilkey (2009) were given a space to rest, and were generally treated as full human beings.

What do these relationships look like?

As an initial focus, the present project focused on three settings providing shelter and transitional support to people who are homeless in the local community. In describing the relationships between service providers and people who are homeless in similar transitional living contexts, the empirical literature is split into two camps. The quantitative literature focuses almost exclusively on case management. Studies in this literature typically examine characteristics of the case management relationship that predict traditional outcomes (e.g. number of days spent homeless, symptom severity, program contact, quality of life, and intervention cost effectiveness) in experimental or quasi-experimental studies. A separate literature is ethnographic in nature. While much of this work also focuses on case management, detailed descriptions of service relationships between service providers and their homeless clients are also offered within transitional living settings.

There is a great deal of variation in service provider–client relationships depending on a large number of individual, organizational, and community factors. Developing a general model of what these relationships look like is therefore difficult. The review below is intended less to provide a picture of what I expected to find in the research settings and more to introduce a set of relevant areas of focus in the literature that overlap, to a small degree, with the areas I examined.

Quantitative insights.

There are a number of manualized case management approaches. Among the most widely used and documented are: assertive community treatment (for examples see McGrew, Bond, 1995; Wolff, Helminiak, Thomas, Morse, Calsyn, Klinkenber, Dean, & Trusty, 1997); intensive case management (for examples see Rog, Andranovich, Rosenblum, 1987; Kirby & Braucht, 1993); and broker case management (for examples see Wolff et al., 1997; Morse, Calsyn, Klinkenberg, Trusty, Gerber, Smith, Templehoff, & Ahmad, 1997). While these are the most commonly used researched approaches to case management with homeless populations (especially those with mental illnesses) there are a number of other approaches that are derived from empirically validated methods or through common practice (Morse, 1998). Most studies experimentally compare one case management model to another then attempt to identify the specific components of those models that lead to better traditional outcomes.

In his review of case management research on homeless populations, Morse (1998) cautions that there is lack of consensus as to the exact meaning of case management in the literature and that there is a large amount of variation in how manualized models are actually implemented in practice at different sites. He further complicates the idea that we can know what a typical case management relationship looks like since different strategies are employed given differing resources in organizations and different presenting problems of the clients. He reviews different permutations of the service relationship depending on whether a client presents with mental illness, substance abuse, dual diagnosis, physical health problems, or whether the clients are children and families. Rather than depend on a static picture of what a

typical case management relationship should look like, Morse suggests that those wishing to engage in research into the case management process might understand the relationship in light of the following seven process variables (p. 2-3):

- Duration of services (varying from brief, time limited, to ongoing and open-ended)
- Intensity of services (involving frequency of client contact and client-staff ratios)
- Focus of services (from narrow and targeted to comprehensive)
- Resource responsibility (from system gatekeeper responsible for limiting utilization to client advocate for accessing or utilizing multiple and frequent services)
- Availability (from scheduled office hours to 24-hour availability)
- Location of services (from all services delivered in office to all delivered in vivo)
- Staffing pattern (from individual caseloads to interdisciplinary teams with shared caseloads)

In his attempt to promote best practices in the field, Morse offers these variables as concrete mechanisms that might be involved in predicting traditional outcomes. In delineating several explicit relationship processes, they provide one set of concrete parameters that can be examined to begin to understand how these relationships function in relation to humanization. Although the present study was not immediately concerned with traditional outcome variables, having an explicit list of observable relationship parameters was helpful as a guide to some of the dynamics that were likely to be present in the relationship spaces I studied. Finally, in the current study, there was considerable variation in how services were conceptualized. This was both across and within each setting. However, all of the settings have relationships between the staff and the clients that could be characterized along each of the above seven process parameters.

Ethnographic insights.

The above description of the relationships between service providers and their homeless clients is useful in how carefully the process variables are operationalized and the fact that they are potentially replicable. Because they were developed after a careful review of the case management literature, those process variables are relatively reliable across types of settings, at least in the US, Canada, and the UK. However, as noted by Morse (1998), it is notoriously difficult to develop a universal picture of the case management relationship. These statistically inferred relationship parameters are most often discussed in the homelessness literature in ways that are only specific to certain traditional outcomes and to case management relationships. Their relevance to the lived experience of the relationship has not been heavily examined in the literature. It is furthermore the case that the public health literature favors the development of specific, actionable, knowledge to predict and affect pre-defined outcome variables over rich description of process and lived experience.

Another body of literature takes a different approach by attempting to develop a deep understanding of the lives and meaning making systems of people who are homeless and the contexts in which those lives are lived out. The following ethnographic descriptions of service provider-client relationships in homeless transitional living settings provide in-depth descriptions of what these relationships might look like. These studies alternately report on what is observed to happen in some of these relationships or the subjective experiences of the relationships.

Case management relationships.

Again focusing on the case management relationship as the primary relationship of interest in homeless services settings, some published program evaluations attempt to provide insight into what actually goes on in these interactions. This section reviews what we know about these relationships and possible approaches to studying them.

In a program evaluation that aimed to inform traditional outcomes -- program contact and quality of life -- Rife and his colleagues (Rife, First, Greenlee, Miller, & Feichter, 1991) describe, in detail, a local implementation of a specific, National Institutes of Mental Health (NIMH) sponsored, manualized mobile case management model. They were able to describe the typical day of a case manager during which the vast majority of the work hours were spent in direct contact with clients by providing screenings, monitoring and check-ins, or informal meetings and client transportation to referral agencies. They identified four broad key characteristics worth monitoring if researchers are to get a handle on the case management process: (A) *client characteristics*, (B) case *manager characteristics*, (C) *case management model*, and (D) *service network.* The present line of research adopts a similar approach, starting in the present study, by examining provider characteristics and approaches to providing service and care. Another study by Rog and colleagues (Rog, Holupka, McCombs-Thornton, Brito, Hambrick, 1997) developed qualitative descriptions of case management relationships in an evaluation of the Homeless Families Program (HFP), a modified intensive case management program implemented across nine sites in the United States. While the article presents a more comprehensive analysis of strategies to improve traditional outcomes, two qualitative findings

stand out in regard to the case management relationship. First, because of management complications and administrative inefficiency, case managers, spent three quarters of their day engaged in administrative tasks with the remainder devoted to face-to-face contact. This is in stark contrast to Rife et al.'s participants who spent most of their time in direct contact with clients. Second, Rog et al. (1997) found that not all client needs actually necessitated an intensive case management response. The authors concluded that when attempting to understand case management processes in this program, factors such as case-load might be less important to evaluate than the structure and distribution of case management tasks. Specifically they argued that administrative efficiency and creativity (things that could be solved with management improvement) potentially had a larger impact on the quality of case management than did factors such as resource availability and case manager or client backgrounds.

General relationships in service settings.

Because most homeless service delivery models borrow heavily from mental health and social work models (Morse, 1998), understanding case management relationships is an obvious vector into developing insight into interpersonal dynamics between service setting staff and their homeless clients. However, a multitude of staff who do not provide case management (or equivalent services) exist within most transitional living settings, including the ones that were included in the present study. While not discussed in great detail in the empirical literature, a consideration of general "staff" is useful to the extent that it reflects a wider variety of training levels and functions in their settings.

In her ethnography of transitional living centers in the United Kingdom, Carol McNaughton (2008) describes in detail, among other things, homeless clients' subjective experiences of living in various forms of "supported accommodation." These accommodations ranged from shelters, to group homes, to semi-independent housing with no live-in staff. Staff roles varied from formal case managers, to counselors, to staff who were formerly homeless. Rules and program structure also varied greatly across these settings but two related relationship-oriented themes were common across the residents of these settings. The first finding was that many homeless residents experienced the service relationships in supported accommodation as being useful "training" for becoming active citizens; insomuch as they were accountable to a service provider (and the program rules that this person enforced), many residents felt that they were forced to re-learn responsibility. The structure provided by these highly rule-bound settings and the enforcement of rules by service providers was experienced as a positive factor in their transition out of homelessness. This same structure, however, was narrated in a second, negative, way. Within the same sample, residents simultaneously experienced these relationships as being controlling and as robbing them of their agency and capacity to act as individuals. This second theme is one that will be revisited in more detail in the proceeding section on dehumanization in the homelessness literature.

In his 1997 ethnographic study of a men's shelter, Mark Condon described the nature of relationships between staff (case managers, administrators, volunteers, and intake workers) and men who were homeless and stayed at the shelter. Toward the end of the time that Condon was at the shelter (where he transitioned from resident, to volunteer, to paid staff, to researcher), a new director took over and greatly restricted the scope of services provided so

that staff were primarily able to directly help clients with needs immediately related to their stay at the center. Staff were instructed to not attempt to address or discuss the needs and problems faced by clients that were not related to housing at the center or to referrals with the center's community partners. In order to run a more efficient center, staff members were also instructed to make greater use of their power to ban clients who broke rules. There was a discrepancy among shelter staff in how they saw their relationships with the residents. Unpaid volunteers voiced their desire to serve "the whole man." For them, this consisted of a relationship that addressed the physical, mental, and spiritual needs of the person who is homeless. However, this was not a sentiment expressed by paid staff or by the center administration. The paid staff had a less abstracted and, they felt, less idealistic understanding of their role in the service provider-client relationship; they felt their role was simply to give shelter to men who were homeless and "help them get back on their feet." Residents overwhelmingly narrated their use of the center and expectations of the staff in ways that were highly congruent with the paid staff. Similar to McNaughton's (2008) ethnography, staff and clients at Condon's shelter both characterized the service relationship as one involving large amounts of control and rule-based structure. Staff narrated this type of highly controlling, disciplinary, relationship as one that was necessary to preserve program integrity and efficiency. Although these relationship dynamics were sometimes narrated (by staff at different levels and many clients) as interactions that trained residents to be successful citizens in conventional society, Condon's sociological analysis concluded that the objective of such controlling relationships in this setting was to "teach moral obedience for its own sake" (p. 100). Agendas of power and control in relationships and in the program structure, argued Condon, were in

direct service to an implicit agenda (on the part of the privileged staff) to replace the "corrupted" morals of the clients with their own "superior" morals.

The studies above offer insight into dynamics that were also salient in the present study. First, previous studies emphasize the variability across service contexts for these relationships. In the current study, I found unique, tailored relationship dynamics in each setting that were not necessarily likely to generalize to other settings. At the same time, a number of general relationship dimensions deserved explicit attention based on the studies above. For example, intensity of services and availability of staff, while originally conceptualized (in other studies) as variables to predict traditional service outcomes, were useful in helping to make sense out of humanization in those same relationships. Inquiry into themes of power, control, the demographics of service providers and clients, and into larger socio-structural contexts also served as effective starting points for getting a handle on this topic.

This section described the value of establishing the relationship as a site for inquiry and briefly reviewed what we know about the nature of relationships between service providers and their homeless clients. The next section outlines the benefits of inquiry into humanization and dehumanization with homeless populations in general and specifically within service provider relationships

Why humanization and homelessness?

The goal of pursuing opportunities for humanization with populations of people who are homeless is valuable from at least two perspectives. The first perspective involves the conceptualization of a response to psychological and social dysfunction. A well-documented

component of homelessness in the literature is the experience of dehumanization. This dehumanization leads both to psychological harm on the part of people who are homeless and structural dysfunction in the form of institutionalized oppression (for examples see: Hidalgo, in press; Proehl, 2007, Duneier, 1995; Shpungin, 2003; Shpungin & Lyubansky, 2006; Condon, 1997; National Coalition for the Homeless & National Law Center on Homelessness and Poverty, 2006).

A second perspective is one involving universal human values. I assert that, at an essential, existential, level, human beings ought to be free to pursue their own personal development within their own meaning making systems (for similar theories on human potential see Buber, 1923; Frankl, 1959; Rogers, 1961; Bruner, 1990). This positively framed value is a cousin to *freedom from dehumanization* but the distinction is more than semantic. This approach involves working toward an ideal for the human condition while the previous emerges only as a response to correct individual and societal pathology. [6]

Dehumanization.

Although not in the mainstream of homelessness research, much empirical work has been conducted on the experience of dehumanization by people who are homeless (e.g. Hidalgo, in press; Proehl, 2007, Duneier, 1995; Shpungin, 2003; Shpungin & Lyubansky, 2006; Condon, 1997). The value of studying what it means to become more fully human, from this perspective, lies in the potential to develop methods to resist the oppression caused by

[6] Of course work around dehumanization is important for promoting well-being. However, its conceptualization, as a specific construct worthy of inquiry and action, is inextricably tied to the alleviation of suffering and dysfunction. The approach that I propose seeks to include this motivation as well as leave open the possibility for promoting positive functioning… for its own sake.

dehumanization. Findings suggest that dehumanization it is a pervasive part of the life of a person who is homeless; in social service contexts and in general.

Empirical examples of dehumanization.

Dehumanization is pervasive in the general experience of the person who is homeless. In an examination of prejudice experienced by men who were homeless in Champaign Urbana (Hidalgo, in press), my research team and I found that, when describing the psychological harm caused by the prejudice of non-homeless community members, the vast majority of narratives were constructed around feelings of dehumanization. Participants' descriptions of feeling less than human or of feeling that they were treated as second-class citizens were abundant as they described their interactions with community members ranging from service providers, to employers, to family members and friends.

In an ethnographic analysis of people living on the streets of New York City, Mitchell Duneier (1999) provides a rich description of the challenges faced by this population in everyday situations. He describes blatant and covert efforts at social control that dehumanize people who are homeless. These efforts to counter what is perceived to be deviant social behavior is implemented by a patchwork of mechanisms by a variety of non-homeless stakeholders such as policy makers, police, business owners, and residents. Intense and sometimes arbitrary control over when and where this targeted population can sleep, use a restroom, and engage in other survival behaviors is subjectively experienced as dehumanizing and cruel.

Dehumanization is also a central experience of life in social service settings for people who are homeless. Elaine Shpungin (2003; Shpungin & Lyubansky, 2006) explored dehumanization in a shelter setting by studying the denial of dignity of homeless families (women and their children). As part of this research, she engaged in an analysis of the lived experience of the families living in the shelter. The families themselves constructed the denial or recognition of dignity in relation to three main themes. The first was the presence and quality of the respect that they received from the staff; the absence of which was construed as a threat to dignity. The second theme revolved around the distinction between nurturing and degrading treatment. Degrading treatment in this case, was separate from a simple lack of respect in that the respondents described an (a) additional cognitive devaluing of the families on the part of staff (for example blaming families who are in shelters for their situation thereby implying that their families are somehow inherently deficient) and (b) explicit degrading behavior - not just a disrespectful attitude (for example being rude and treating clients like children or animals). The third theme centered on the families' feelings that their individual differences from each other and the differences in their opinions and lifestyles were not always valued or accepted by the staff.

Miller and Keys (2001) conducted a similar ethnographic study with homeless men and women in a community food delivery setting that mixed a social service delivery and restaurant setting to serve homeless populations. Using a transactional framework for the experience of dignity, they analyzed data from 23 men and women with regards to dignity. They found eight specific ways in which dignity was violated resulting in dehumanization for the client:

1) Lack of individual identity: clients accessing services were sometimes treated like they were just a number or as if they were children, they were stereotyped, or even simply ignored
2) Poor service: clients sometimes had to wait in long lines to receive services, were given orders or yelled at, or were rushed through services
3) Unfair treatment: arbitrary enforcement of rules in society and having rights violated was also perceived as dignity violating
4) Lack of care: clients sometimes felt that staff did not care about or support them
5) Arbitrary rules: clients often felt that rules were enforced arbitrarily in the setting at the staff's discretion
6) Lack of resources for basic needs: clients felt that the lack of basic resources at the site undermined dignity
7) Negative association: clients felt that staff unfairly lumped their behavior in with those of the true troublemakers
8) Negative physical setting: some clients felt that the setting itself was dirty and unsafe.

The authors reviewed the impact of validating and denying dignity along these specific factors. They found that when dignity was validated it produced both motivation and a sense of self-worth in the clients. When dignity was violated for clients, it led to self-worth being threatened, anger, and depression.

Experiences that dehumanize are present as well with men who are homeless. Mark Condon (1997) engaged in an in depth sociological analysis of a men's shelter that examined the moral nature of the structural and interpersonal control enforced on homeless residents by the staff at the shelter. His study found that, partially by controlling every aspect of a resident's schedule, the shelter systematically infantilized homeless men and denied them authentic power to influence the services they received. He observed that the men were treated by staff (and by institutional policy) as if they were incapable of deciding what was best for them and

that they therefore needed to be controlled (i.e. be morally normalized) by the strict schedules and rules of the service setting.

Humanization.

A handful of studies contain specific service recommendations for service provider-client relationships that, if enacted, might be considered to facilitate the conditions for humanization. For example, Gary Morse (1998) identified, through a review of exemplary case management implementations, a number of fundamental principles that he felt should guide the relationships between case managers and their homeless clients. Among these were respect for client autonomy, meeting the client on her or his own home turf, and following the client's self-directed priorities. Furthermore there has been some attention to less threatening (more welcoming) relationships as operationalized by an index of therapeutic alliance (e.g. Clinman, Rosenheck, & Lam, 2000; Klinkenberg, Calsyn, & Morse; 1998). However, this body of research introduced these, arguably humanizing, process components as mechanisms to remove existing dehumanizing mechanisms. This approach to research with homeless populations argues that these mechanisms, because of their dehumanizing nature, serve as barriers to effective service buy-in by the client. This lack of client buy-in, in turn, leads to a reduction of positive outcomes (as measured by such indices as number of days spent homeless, consumer satisfaction, and global symptom severity). A literature search revealed only one researcher engaged in work related to adult homelessness that dealt directly with the pursuit of humanization, as an explicit goal, rather than the documentation, and possible remediation of, dehumanization. John Sumerlin's work (1994, 1995, 1997) is discussed in the section that

describes the first dimension of the emerging theory of humanization below. These studies, however, were based on a humanistic psychotherapy model that held that the roots of traditional psychopathologies lie in obstacles to becoming fully human. His studies too, then, focused on treatment of disorder and promotion of traditional, clinical, outcomes. Conspicuously absent from the literature is empirical inquiry into the promotion of life affirming service relationships (with homeless populations) directly and simply for their own sake.

One purpose of the present study was to fill in these gaps in the research. Inherent in this project's pursuit of opportunities for humanization were two assertions. First, we as humans ought to be free to *be* and *develop* in ways consistent with our own meaning making system; this is a universal value[7]. Second, the study of the construct of humanization is a valid pursuit for an intervention-oriented psychology. Support for these two assertions is based on precedent in the areas of ethics, existential and humanistic psychologies, and positive psychology along with other non-pathology-based approaches to inquiry and intervention.

Ethical perspectives.

The universality of the value for humanizing conditions finds partial support in ethical codes established through communitarian consensus. The United Nations Universal Declaration of Human Rights (1944) discusses many concepts that overlap with the definitions of

[7] A Standard disclaimer to an absolute statement like this is that people ought to be free to do whatever they want to do... as long as it does not negatively impact others. This is a complex ethical argument in that the definition of harm to others is open to wide interpretation. Does this mean active harm (e.g. act in accordance with your own meaning making system as long as you don't strike someone)? Indirect harm (e.g. do whatever you want as long as you don't buy diamonds that emerge from a conflict zone)? Passive harm (e.g. failing to act to prevent harm)? ... and so on. One way to fairly evaluate value-based statements such as this (and those of the theorists I introduce later) is to examine them in practical, applied, contexts. This ideal value is stated here, without qualification, because, while nuanced, it can serve as a general guiding attitude. Specific qualifications of and limitations to the applicability of this statement, in the current context, are presented in the discussion of the findings.

humanization in this project. Across the 30 articles of this document we see the declaration of universal rights to dignity, freedom, freedom from inhuman treatment, equal treatment regardless of status (ethnicity, religion, etc.), freedom of opinion and expression, and many more. Similarly, the ethics code of the American Psychological Association (2002) holds as its fifth core principle (Principle E) that "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination." Neither these ethics codes, nor others which are also held to be universal among their respective constituents, argues specifically for the right of a person to experience humanizing relationships. However, they do promote similar values and affirm the ethical necessity to identify universal values that are worthy of pursuit as professionals and as human beings.

Existential and humanistic psychology perspectives.

Both existential and humanistic psychologies address human health and well-being by establishing human potential (the ability to be fully human) as the core concern of the human condition and of the psychologists who choose to study it. Rollo May (1961) argued that the core tendency of the human being is to achieve authenticity. Authenticity, in this case, involves the strength and freedom to make decisions in one's own life. Carl Rogers (1961) similarly argued that the promotion of a person's ability to make decisions in her or his life in a way that is congruent with that person's authentic self should be one of the primary aims of psychologists. Other social theorists (e.g. Frankl, 1959; Bruner, 1990) similarly establish concepts related to humanization as essential areas of inquiry if we are to promote healthier selves and a healthier society.

Positive psychology and other non deficit-based approaches.

Positive psychology, as established by researchers such as Martin Seligman (e.g. Seligman & Csikszentmihalyi, 2000) and Ed Diener (e.g. Diener & Biswas-Diener, 2008a), is an example of social inquiry devoted to the study of positive aspects of the human experience in their own right instead of attempting to understand these phenomena solely in their relationship to pathological conditions. When the theories developed from positive psychology are applied in community, they involve sometimes fundamentally different approaches to social change than approaches based in traditional medical or public-health models. For example, while not always necessarily excluding indicators of social dysfunction, social policy from community to global levels is often made on the basis of positive social and psychological indicators such as well-being (e.g. Diener & Biswas-Diener, 2008b; Biswas-Diener & Diener, 2007; Pavot & Diener, 2004), quality of life (e.g. Johansson, 2002; Bramston, Pretty, & Chipuer; 2002), and empowerment (Berman & Phillips, 2000). Many areas of community psychology also focus on the promotion of ideal social conditions for psychological health and wellness (e.g. Zautra & Bachrach, 2000; Cowen, 2000).[8] My own interest in promoting humanization as a stand-alone value alongside offering it as a response to dehumanization stems from an acknowledgment of these existing approaches to social inquiry which, in their effort to discover

[8] For the purposes of this project, and in relation to this review of non-deficit based approaches, it important to note that definitions of optimal conditions and optimal functioning are not discussed in terms of absolute, objective, or static states. The definitions and condition of being more fully human and the contexts that facilitate the condition are inherently subjective, dynamic, and contextualized within a given person's meaning making system and culture. The purpose of this project is not to develop a universal definition of what it is to be human then to judge people as more or less human against this standard. The purpose of this project is to understand how humanization manifests in a given group of settings and to discover what it would mean to promote humanization there.

and promote more optimal conditions for human existence, stand somewhat separate from ideologies focused strictly on the resolution of existing social problems.

Toward a Theory of Humanization

Relationships have the power to be humanizing. In this study, the relationships between providers of service and care and people who are homeless are viewed as relationships between those with power and privilege and those who occupy marginalized social locations. When attempting to understand how a relationship might be humanizing, especially given a power differential and history of marginalization, attention should be paid to (1) what we would expect from the person with the least power, (2) what we would expect from the person with the most power, and (3) what kind of mechanisms we might expect to find by which people with less power are able to leverage that power, in the relationship, in order to reach a humanizing state.

This nascent three-dimensional conceptualization of humanization was initially informed by the theories of Carl Rogers, Martin Buber, and Paulo Freire. I borrowed heavily from each scholar but this study is not directly intended as a validation or test of any of their original theories. This study involved an attempt to develop the beginning of a multi-dimensional theory on humanization. While none of the scholars discuss humanization directly in the way that I construct it, presented below are representative quotes from each scholar related to the construction of humanization in the present study.

- "The good life, from the point of view of my experience, is the process of movement in a direction which the human organism selects when it is inwardly free to move in any direction, and the

general qualities of this selected direction appear to have a certain universality"

- Carl Rogers, *On Becoming a Person,* 1961

- "The basic word I-You can be spoken only with one's whole being. The concentration and fusion into a whole being can never be accomplished by me, can never be accomplished without me. I require a You to become; becoming I, I say You"

  "In the beginning is the relation- as the category of being, as readiness, as a form that reaches out to be filled, a model of the soul; the a priori of relation; the innate You"

  - Martin Buber, *I and Thou,* 1923

- "Authentic liberation — the process of humanization — is not another deposit to be made in men. Liberation is a praxis: the action and reflection of men and women upon their world in order to transform it."

  - Paulo Freire, *Pedagogy of the Oppressed,* 1968

Without providing a rigid structure for the study interviews, the operationalization of humanization below guided my exploration of this construct in the context of the three specific settings recruited for this study. I went into the study with a firm grounding in what I suspected humanization would look like but I expected that, through conversation and analysis, my ideas would take on added depth and complexity.

While there are substantive differences between the theories discussed below, these three viewpoints have two things in common. First, they each represent a positive, universal,

ideal of what it is to be fully human. Second, this ideal refers less to some ultimate end-state, and more subtly, to an ongoing process.[9]

A three dimensional conceptualization of Humanization

This is a conceptualization that starts with fundamental expectations of behavior and cognition. The aim of this project was to develop an increasingly nuanced formulation of the conceptualization as it is examined in a specific community context.

The conceptualization, at its very core, is essentially Rogerian. The first dimension which derives from Carl Roger's (1961) formulation of the fully functioning person, explicates the fundamental psychological processes that we expect to observe in the person of interest when humanization has been successful. The aim, therefore, was to work up from this fundamental formulation toward a specific conceptualization of what this might look like with people who are homeless.

While Rogers and other humanistic psychotherapists outline a set of manualizable therapist behaviors designed to elicit humanization, Martin Buber's approach to being-in-relation (1923) was incorporated into the conceptualization, in dimension two, in order to introduce a set of more fundamental, irreducible, principles that guide what we expect to

[9] The risk in explicating a universalistic value or direction for humanity, rather than simply articulating acts of resistance to oppression, is that well-intentioned actors (social engineers/scholars/social scientists) can very easily fall into replacing one system that, because of its absolutism and accountability to principle rather than people, denies human agency and self-determination with their own. Freire (1973) in delineating the difference between humanitarianism and humanism argues that the desire to create concrete models of the good life is fundamentally oppressive in that it denies the lived-experience-in-context (or, in his words, the "*men-in-a-situation"*) to which such models would be applied. I attempt to avoid falling into this trap by making the universal explicit in practice and reflection in these local contexts. Part of this process will be to continue my ongoing research and activist/intervention work with homeless populations and the people that serve them. Through dialogue and collaboration, I hope to establish a practical theory of humanization whose validity is determined by its meaningfulness and utility to my community partners.

observe from a relationship partner that will lead to humanization in the primary person of interest. The aim in the project for this dimension was to develop a more specific picture of what these principles might look like when examined in the context of providers of care and service who work with homeless populations.

Philosophers and existential psychologists discuss these principles in abstracted ways and psychotherapists suggest inter- and intrapersonal dynamics that might facilitate fidelity to these principles in helping relationships. However, absent from the formulations in dimensions one and two is, at a fundamental theoretical level, a consideration of power and social marginalization. Arguably, a central defining characteristic of homelessness is oppression and marginalization. Instead of relying solely on dimensions one and two to identify mechanisms by which a person might experience humanization, the conceptualization of humanization developed in this study draws heavily on Paolo Freire (1968) to describe the fundamental process of power negotiation that must occur in relationship in order to achieve this process. Again, this fundamental set of principles is made specific through examination in this particular context.

Each of these dimensions, by itself, speaks to humanization and a review is offered of researchers who have further developed these fundamental theories in caregiving contexts and, where available, with marginalized or homeless populations. However, the purpose of studying these three dimensions together, as an emerging theory, was to begin to develop an understanding of how they might hold together in a description of real-world relationships and to see if, as they are unified into one theory, this new theory might ultimately have any utility in promoting humanization.

Dimension 1 -- The state of becoming fully human.

For this dimension, I draw primarily on the humanistic theory of Carl Rogers (1958, 1961, 1980). He defines being more fully human as the process by which humans are able to live the good life. Being more able to live fully is a fundamentally psychological process for Rogers in which a person has fuller access to her or his feelings and reactions and is increasingly able to make use of "organic equipment" to sense her or his internal and external existential situation. The individual who is living the good life is able to let her or his person (total organism) *function freely*, when exposed to a multitude of possibilities for action. People who are more fully human are free to select from these possibilities and subsequently be satisfied by their choice. This satisfaction is derived not from some sort of perfect functioning but from a personal psychological stability that allows them to (1) be open to negative consequences of the decisions and (2) feel free to correct less than satisfying decisions. Central to this definition is an internal psychological freedom to act in the world in a way that, as optimally as possible, meets an individual's psychological needs. Roger's fundamental definition of being more fully human is essentially individualistic and somewhat existential in nature. It is a theory of self, not a theory of self-in-relation. That is, it does not explicitly describe the individual as he or she is, in relationship to others.

Person-centered theory, homelessness, and service delivery.

While the essential definition of an actualized human being (one who is *becoming* more fully human) is not defined in relational terms, the method by which a service provider can help a client to become more fully human is, of necessity, relational. Although research on Rogerian

therapy is plentiful in the psychological literature, I was able to find only one researcher who applied this theory of humanization to work with homeless clients.

John Sumerlin (Sumerlin & Privette, 1994; Sumerlin, 1996; Sumerlin, 1997), working with men who were homeless in New York City and Florida, examined levels of self-actualization as defined by Rogers (1959, 1961, 1980) and developed a counseling model to promote, in part, a Rogerian construction of the fully functioning human with homeless psychotherapy clients. Sumerlin discusses humanizing therapy with homeless populations at the theoretical level. His early work (Sumerlin & Privette, 1994) proposes that, because of the transient nature of homeless clients, strong initial contact from the therapist is essential in order to build trust and service participation. He saw this initial contact as central to creating the relationship conditions necessary for self-actualization. Sumerlin's later work (1996, 1997) includes a fuller theoretical model of counseling with homeless populations, based on Roger's (1959) description of a humanizing therapeutic relationship. The model includes six major theoretical components that result in specific suggestions or guidelines to Rogerian therapists working with homeless clients:

- Contact: in which the counselor overcomes the barriers to regular interaction with transient populations and builds trust with the client
- Incongruence: an awareness that, for a person who is used to being homeless or the lifestyle associated with it, the imposition of mandated treatment goals could cause psychological distress by introducing a lack of congruence with the clients current self-state
- Congruence: the therapist must feel comfortable with the client despite the wide variety of physical and psychological presentations of homeless clients.
- Empathy: the therapist should engage the homeless clients outside of the service setting in order to gain a more contextual perspective on their experience.

- Unconditional positive regard: That the homeless client not be able to identify any of his or her goals as being more or less valued by the therapist. This is related to the sixth guideline.
- Internal frame of reference: A therapist attempting to develop a humanizing relationship with a homeless client according to Rogerian theory should respect the worldview of the client and focus on treatment goals that emerge from the client's frame of reference.

When working with people to create the conditions under which they can become authentically human, non-directivity has also been highlighted as an important Rogerian contribution to treatment (e.g. Kahn, 1999; Cain 1990, Merry & Brodley, 1999). That is, therapists who wish to facilitate a state of authentic humanity in their psychotherapy clients must allow the client to have control over key aspects of the therapeutic relationship. In a humanistic challenge to mainstream healthcare, Pete Sanders (2009) offers the following two (of many) insights into what we would hope to find if this fundamental theory were adapted: (1) that service providers acknowledge that the only important expertise involved in counseling is expertise in "getting out of the way" of the client's natural healing process. Therapists should see clients as the experts. (2) That a client be able to choose her or his treatment and healing process with the therapist serving the role of non-judgmental facilitator of that choice process.

The service providers of interest in the present study were not therapists. The majority were most similar to case managers in their positions, with bachelor level training. However, previous research and theory-development in this area are useful beyond their specific relevance to reduction in psychopathology as they speak, fundamentally, to the conditions that must be present to facilitate authentic humanity in the person accessing services. During analysis, I was therefore on the lookout for the following potential components of a humanizing

relationship in the current study: descriptions of strong initial contact and regular follow-up contact, self-reported evidence of empathy, discussion of client-driven treatment goals and treatment strategies, and narratives of client/guest empowerment.

Dimension 2 -- The state of accepting someone as fully human.

The first dimension of this conceptualization offers insight into what we would hope to find in people who are homeless in these relationships. Extrapolation of this conceptualization into actual service delivery scenarios offers a set of guidelines necessary to facilitate this state. A complementary theory developed by Martin Buber (1923) explicitly starts in the relationship. He describes a process of being fully human that is inherently based in standing in relation to the other[10]. He makes a fundamental distinction between a subject (the *I*) seeing the other as an *It* or as a *You* (*Thou* in the original translation). This theory, while ostensibly a theory about the subject (i.e. the provider and not the person who is homeless), is useful because it explicitly describes a way of relating to an other that, will be argued, is fundamentally humanizing to that other. Although this theory includes a strong absolute statement about how people ought to stand in relation to one another, it is an abstracted theory that is difficult to apply in practice. One aim of the present study was to examine how this dimension of humanization might play out practically in the specific context of relationships between providers and people who are homeless.

The human is defined fundamentally by his or her relationship with the world around him or her. When speaking of a human individual we consider that person, in a given

[10] The "other" is an object in the philosophical sense that it can be an inanimate object, a text, a human, or even a concept. Because this was not a study specifically concerning Martin Buber, I restrict my consideration here to a *human* "other".

interaction in time, as being in relationship with a *You* or an *It.* In fact, he argues that there are two basic "words" in human existence: *I-It* and *I-You*. We cannot speak about our own *I* in any given instance without situating ourselves in one of these basic words. When we consider another person in functional ways, as a collection of data points, as a temporary tool to accomplish a larger goal, we deny the full humanity of that other being and thus deny our own. This is the *I-It* relationship.

The full humanity of that other being is only accomplished by speaking the other basic word *I-You*. By being the *I* in this way of being in the world, we enter into relation with another person in a way that considers that person in a holistic way, in a way that is not limited by functional utility or quantification but allows that person to act upon us with his or her whole being. *This relationship requires the full presence of the I and requires that this person be open to the transformation that occurs from encountering another person who is similarly allowed to be fully present*. We become more fully human when we stand in relation to another human being in a way that does not minimize her or his humanity but, instead, provides a space for the other person's humanity to engage every level of our own being. Being fully human, then, is being fully open to the world and people around us. We only become fully human during those instances when we exist as the *I* in an *I-You* relationship.

Two things are important to note here. First, an I-You relationship does not require the "You" to be fully present or even a conscious participant in the transformative process. This philosophy is based fundamentally in a perceptual shift in the I. It is based on perceiving another person as fully human instead of a collection of deconstructed, atomized, or functional parts. Therefore, the narrowest application of this theory to the current study would speak

most directly to the humanization of the service provider. However, a careful reading of Buber clearly offers a set of conditions that, when put into place by the provider, also create a humanizing context for the person he or she is helping. While Buber argues for an ideal humanizing state for the *I,* this theory was adopted in the present study primarily because of its utility, through extrapolation, in fundamentally describing a relationship state that is humanizing for a human *You.* The conditions of this way of being, for the provider, that are humanizing for the client/guest, are twofold. They essentially provide conditions that are opposite to those found by researchers who uncover dehumanization (e.g. Miller & Keys, 2001; Proehl, 2007, Duneier, 1995; Shpungin, 2003). First, contrary to being treated like an object, the client/guest is treated as a full, complex, and unique, human being. Second, rather than a relationship where information, care, energy, and influence all flow one way (as with a child, or a charity case), the provider is also open to being transformed, personally, by the client/guest.

Second, Buber does not imagine a person, an *I*, as going through life in a constant state of openness to every person and object that he or she encounters. Such relationships are, more practically, characterized by moments of *I-You* exchange and by relationships that more or less easily cycle into *I-You* status.

I-Thou relationships, psychology, and service delivery.

In the world of social sciences, dominated by social exchange theories that posit that all human relationships are fundamentally defined by a calculation of functional benefit, it is perhaps too mystical to consider that non-quantifiable perspectives of being-in-relation exist. Perhaps the only relationships that *might*, subjectively, reach the level of *I-You* are abstracted

relationships with a higher power. Even more cynically, perhaps there is no such thing as a relationship in which we, as human organisms, are not governed by a rational, functional, calculus of cost and benefit. Gestalt therapists (e.g. Purcell-Lee, 1999; Jacobs, 1999) point out these I-You moments are not seen as continual states but are instead experienced as interjected moments in a more common continuum of I-it relationships with the clients. Although many existential, gestalt, and psychodynamic therapists have made attempts, the theological abstraction of the *I-You* relationship has proven notoriously difficult for psychologists to operationalize and manualize (Purcell-Lee, 1999). I did not begin with an assumption that, social service relationships (defined, at least partially, by a paid contractual obligation to provide structured intervention to a given client base) can, or even should, *fundamentally* be characterized by the degree to which they achieve *I-You* relationships. Yet, Buber's conceptualization of the I-Thou relationship remains relevant for two reasons.

1) In my experience in social service around homelessness, I know people who would claim that some interactions they have with their clients are occasionally characterized by an *I-You* relationship. While such conceptualizations are largely absent from the community psychology and social work literature, they are certainly present in the psychotherapy literature (e.g. Nanda, 2006; Tubert-Oklander, 2006; Hycner, 1990; Slier, 1986; Jourard, 1959).Given the central place of relationships within community functioning, I feel that this conceptualization of relationships might also prove to be a useful tool (or at least framework) in community intervention research and action.
2) The purpose of this project was not to push social service providers until they operated at some gold standard of humanizing relationships. The goal was to empirically examine

the ways in which relationships unfold, then to imagine the possibilities for humanizing relationships given those starting points. In this way, the I-You relationship served not, necessarily, as a universal goal for social services around homelessness, but as one of many references points with which I could orient any questions and findings.

Buber's work has at least two relevant intersections with this study. I expected to see evidence that providers were engaged in relationships in which the people they served were not reduced to a set of symptoms or statistics but were, instead, viewed as a full people. I also wanted to understand if and how providers remain open to be acted upon by the people they are serving. A fundamental condition for humanization in the relationship for the person who is homeless is that the provider be open to being transformed, as a person, from the impact of the person who is homeless. While this fundamentally speaks to the humanization of the provider, this provider humanization has, as a prerequisite, a receptive humanizing stance toward the person who is homeless.

When considering humanization as a liberatory method for disrupting oppression (that is a remedy for dehumanization), the *I-You* relationship provides us with the contrast of an ideal relationship that, in an idealistic world inherently humanizes the provider and the person who is homeless, simultaneously. It does this by offering a picture of what it might look like for the provider to enter into a relationship with a client or guest that has the potential to be mutually transformative. Second, it allows that provider, through his or her consideration of the person sitting across from him or her, to promote the relational conditions for that person to be more fully human and express that humanity. Buber does not offer specific mechanisms by which a service provider (such as a case manager in a homeless services setting) would construct a

relationship space that allows for a client to be fully human. In fact, some psychotherapists (e.g. Purcell-Lee, 1999; Jacobs, 1999) suggest that a true *I-You* relationship cannot be willed or brought about through the agency of either the therapist or the client; instead, it unfolds more organically in moments throughout the relationship. However, Yontef (1999) suggests that therapists can at least maintain a commitment to genuineness and openness. In the purely psychotherapeutic relationship, this might manifest as a commitment to being fully present and to engaging in dialogue. However, an explicit mechanism must be explored that addresses liberatory mechanisms of humanization given the first dimension's condition that the person being served be free to insert his or her meaning making system into the relationship and the reality that people who occupy marginalized social locations are regularly silenced and robbed of control by those in power (such as service providers). Paulo Freire begins to offer some general mechanisms to move toward *humanization-in-relationship* for oppressed peoples.

Dimension 3 -- Mechanisms to achieve authentic humanity for the oppressed.

A person who has been systematically marginalized and oppressed in society achieves authentic humanity by gaining the power to operate on the world. For every person, but especially for those consistently denied access to resources, the ability to understand and operate on the structures (relationships, systems, institutions) in which we are embedded, rather than simply being operated upon by them, is a pathway to humanization.

Paulo Freire (1968), while avoiding a universalistic, positive[11], definition of what it is to be human, explicitly describes the process by which people become more fully human. Humanization occurs both through consciousness transformation and active transformation of the structures and situations that oppress people. Conscientização, a methodology for people to develop a critical consciousness about their specific worlds in a way that allows them to engage in structural change, is introduced as a concrete path toward liberation and being more fully human. The process of developing knowledge that allows us to engage in the type of structural change that disrupts oppressive conditions is the path to humanization. This process is fundamentally a relational one in which people who are oppressed have (or claim by force) the space to engage in dialogue about the structural conditions influencing their lives and contributing to their oppression. While focusing most explicitly on the process of education, Freire's conceptualizations of oppression, humanization, and conscientização have far reaching relevance in any situation in which people with power reach out to be of service to people without power or, indeed, in any situation where one human being encounters and considers another human being.

Dimension 3 in light of Dimension 1 and Dimension 2.

Freire's (1968) conceptualization of what it means to become more fully human contains a certain amount of overlap with Rogers and Buber. In considering human agency as essential to becoming fully human, Freire echoes Carl Rogers by noting that "The means are not important; to alienate human beings from their own decision-making is to change them into

[11]Positive in the sense of being defined by the presence of inherent qualities instead of by the absences of certain negative qualities. Instead of describing a state of being fully human, Freire defines a process of humanization that is fundamentally a process of moving away from dehumanizing oppression.

objects" (p. 73). We find intersections between Freire and Buber in multiple locations. Similar to Buber, Freire sees the fully functioning human as one who is in active relation to the world. We cannot define a person, nor can she or he authentically reflect, learn, or be free outside of a consideration of self-in-relation-to-the-world. Freire asserts that "No one can be authentically human while he prevents others from being so. Attempting to be *more* human, individualistically, leads to *having more,* egotistically, a form of dehumanization" (p. 73). While Buber, at a spiritual or existential level, posits that an individual cannot be fully human without regarding the other, also, as fully human, Freire speaks to practical mechanisms of control over resources. Like Buber, Freire also speaks of a fundamental word in human existence. It is a word characterized by two dimensions: reflection and action. In short, he labels this as praxis. The process of transforming the world and therefore creating the conditions for personal transformation is central to Freire's conceptualization of becoming fully human. "Human beings are not built in silence, but in word, in work, in action-reflection" (p. 76). When we, as people, speak this fundamental word of *action-reflection,* we become human. Similar to Buber, however, we can only speak this true word in relationship. Freire continues that "...consequently, no one can say a true word alone – nor can she say it *for* another, in a prescriptive act which robs others of their words" (p. 76). Where Freire diverges from Buber is in his explicit requirement for the other (Buber's *You*) to be an active and present participant in reflection and transformation. This in contrast to Buber's argument, at an existential level, that humanization only requires the *I* to perceive the *You* as fully human (regardless of the actual voice or contribution of the *You).* In going this extra step Freire identifies specific mechanisms of oppression and liberation. *Humanization is not possible without transforming power and*

oppression. Essential to the process of humanization (for both oppressor and oppressed) is the active participation of the other in speaking the true word. In fact, it cannot genuinely be spoken outside of the participation of both groups. One mechanism of oppression (referred to as "dehumanizing aggression"), is found in denying a person from a marginalized location the fundamental right to speak the true word (*action-reflection)*. Liberation occurs in active and deliberate dialogue with each other. "If it is in speaking their word that people, by naming the world, transform it, dialogue imposes itself as the way by which they achieve significance as human beings. Dialogue is thus an existential necessity" (p. 76).

Liberation theory, service delivery, and homelessness.

The bulk of the empirical literature on Freire is related to the creation of liberatory approaches to education. There is an emerging exploration of conscientization as a legitimate approach in psychotherapy and community intervention given alternative problem definitions of psychopathology in terms of social injustice and oppression. Newer case studies reflect on the need to, for example, place emphasis on the social and personal dynamics that perpetuate suffering and oppression rather than focusing on the sufferer's victimization and treatment (Almeida, Dolan-Del Veccio, & Parker, 2007) or to create dialogical conditions between abusers and survivors of domestic violence to address the systematic conditions that facilitate the intimate partner violence rather than simply trying to treat the immediate behavior (Perilla, Lavizzo, & Ibanez, 2007). Much of the liberatory work with homeless populations focuses on engaging youth in educational programs as a form of youth empowerment (e.g. Fishman,

Nowell, Deacon, Nievar, & McCann, 2005; Rindner, 2004)**.** Also included are discussions of curriculum development for service providers (e.g. Steel 2008; Hage & Kenny, 2009).

A consideration of Freire's work is virtually absent from documented community intervention with homeless adults. One such explicit discussion, however, is found in a piece by Jerome Sachs (1991) reflecting on his process of engaging men and women who were homeless in rural Massachusetts. Sachs, as a social worker, directed his insights to other academic social workers who work with homeless populations and who have a progressive activist agenda. Sachs' process discussion offers valuable insight into potential strategies to assist service providers in creating the conditions for humanizing relationships with their homeless clients. He first identified the ease with which social workers can be caught up into and co-opted by systems of power and privilege. He pointed out the dilemma, for example, of attempting to leverage one's power and privilege to "advocate and intervene on the side of social justice." This speaking for the oppressed can result in its own dehumanization as well as in "ego tripping" by the service provider. Speaking for the oppressed, even in an attempt to help or save them, robs them of the power to reflect on, then operate on, their own worlds. The dilemma, therefore, arises, from an attempt to promote liberation while one's method for doing so perpetuates oppression He suggested as a way to address this that activist social workers stay in constant partnership with other activists of diverse social backgrounds. This networking with other activists allows for a liberatory grounding such that social workers do not become co-opted by a service model that, from a liberatory perspective, can be disempowering rather than helpful. Otherwise it is easy to lose perspective on one's progressive goals and liberatory foundation. Other dilemmas weren't so easily resolved. For example, he described the tension

in attempting to fully engage with a population of people who were homeless and living in the woods during the winter. The question came up about whether or not he and other providers should invite their clients into their warm homes and how to discuss this topic with them. There was no resolution to this tension other than to acknowledge the reality that social workers are embedded in a certain top-down power structure that keeps them in fear of the marginalized other and hesitant to engage in genuine dialogue to resist oppression. A final relevant tension that he highlighted is related to praxis. To the extent that progressive service providers are embedded within larger organizations and institutions, it becomes difficult to engage in action and reflection with people who are homeless in such a way that shares or relinquishes institutional power. However well intentioned, service providers exist as extensions of larger service settings that determine the amount of control and power they have (and can voluntarily give up) in a given interaction.

Notwithstanding the problems inherent in attempting to generate liberatory relationships by working directly with service providers, Freire's theory offered insight into several possible scenarios for the existing service provider-client relationships. First, it was important to attend to construction of identity and role in these relationships. In order to assess the readiness for the type of liberatory praxis advocated by Freire, I looked for evidence that providers saw themselves as magnanimous liberal do-gooders with the mission of reaching down to the less fortunate to save them (e.g. Cwikel, 1994; Mercier & Racine, 1995; Condon, 1997). Did considering the client as a fully human being, rather than just a case, ever occur (e.g. Proehl, 2007; Barrow, McMullin, Tripp, & Tsemberis, 2007)? Under what conditions? To the limited extent that it was possible, talking only to providers, I also attempted to understand the

readiness for change in the homeless population and psychological freedom experienced by the homeless population. What was the nature of the dialogue and praxis (in collaboration) between service providers and their homeless clients? Finally, and more broadly, what were some of the barriers and facilitators to possible humanization at both the psychological/personal level (i.e. attitudes, beliefs, cognitions, behaviors) and at the structural level (e.g. funding and policy parameters)? If a provider expressed a sincere desire to engage in a liberatory or humanizing relationship with her or his clients, how were personal and structural barriers to this narrated?

METHOD

The aim of this project was to develop an initial understanding of the construct of humanization within the context of service and support relationships between people who are homeless and providers of care and service to this population. In interviewing specific members in the community who professionally respond to homelessness, I was able to begin to define the parameters, limitations, and promise of the concept of humanization in this specific community context. This study was the first part of part of a two-stage project. In the second study, similar data will be gathered from people who are homeless and participate in relationships with the providers in the present study.

Sampling Method and Procedure

Study Sites[12].

This work took place wholly within the local community. In an attempt to maximize diversity of the sample, I selected the two largest transitional living centers (one serving men, one serving women and children). In addition a third, smaller, site was selected that was originally chosen because, at the time this project was designed, it typically worked with people who were homeless who had been forced by staff to exit , chose not to access, or did not qualify for either of these two main transitional living centers. Because of their size, the two large sites had a relatively large number and wide range of service providers in order to meet the volume and diverse needs of their clients. The smaller site had a set of care providers who labeled themselves as volunteers because they operated outside of a traditional social service model.

[12] All names are fictitious

They were relatively homogenous ideologically as well as ideologically distinct from the staff at the other two settings.

- Men in Emergency and Transition (MET) Center: The primary center for housing men who are homeless in the local community. The setting housed up to 70 men with more being housed during the winter in an offsite overflow shelter. As a transitional living center, rather than a shelter, it allowed residents to stay for up to two years and required that they adhere to a plan to transition out of homelessness into sustainable independent living. These plans, which were individualized to a degree, involved a large number of components including saving money; searching for jobs; attending intervention groups at the center on such topics as life skills, health, finances, and personal responsibility; and accessing outside services, such as counseling, substance abuse treatment, and G.E.D. classes.
- The Center for Women Emerging from Homelessness (CWEH): The primary center for housing women who are homeless in the local community. This setting housed up to 48 women and children with more being housed during the winter in overflow shelters. Similar to the MET Center, CWEH was a transitional center where women and their children can stay for up to two years while requiring concrete progress on a "recovery plan." Like the MET Center, the goal for this setting was to transition its clients into sustained independent living.
- Community for Christian Mercy and Justice (CCMJ): The CCMJ was a setting that worked with many people in the local homeless population who were not served by the MET Center, CWEH, or other mainstream centers. When the present project was designed

and pilot interviews were collected, it served as a soup kitchen and, intermittently, as a shelter. By the time the project was done, it had undergone a number of major transitions and at the time housed women (and occasionally their children) in an official capacity, while occasionally housing men in an unofficial capacity (e.g. men sometimes sleeping on the porch and accessing house resources but not having full access to the site). The center had a dynamic way of working with these populations that they defined more as building a community than providing services. Depending on conditions (local politics, season of the year, disposition of the cohort of volunteers at a given time, expressed need) the setting had housed anywhere from 0-35 people who are homeless. The CCMJ placed very few restrictions on the people it invited into the community. Like the MET Center and the CWEH, it catered to a diverse group of people who were homeless, however, included in this group were people who had been barred from access to the mainstream service institutions (for lack of progress toward "recovery" or for rules violations) or who chose to not access those settings because of the large number of restrictions placed on their lives (e.g. drug and alcohol policies, "recovery" plans, daily schedules for eating and sleeping, being controlled by the institution). The CCMJ was also unique in its program model in that it was entirely run and staffed by volunteers. Volunteers were usually students and young adults who had taken a vow of poverty and formed an intentional community in a cooperative house attached to the shelter as a deliberate religious, spiritual, or political practice. The number of "live ins" typically ranged from four to seven. The number had historically varied from month to month (because the group of volunteers was highly transitory). However, during the

time the present study was finished, it had recently established that new volunteers would, after a trial period, commit to a two year stay in the house in order to improve house stability. The goals of the homelessness response at the CCMJ were (1) to create an intentional community and invite people who are homeless in their community as guests and (2) to respond in a personal and direct way with each person who enters the setting. The was no explicit drive to move people toward independent living nor to work on any of the other traditional outcomes pursued in traditional social service settings with homeless populations such as job attainment, mental health services, etc. If a guest chose to pursue specific these goals, the volunteers were willing to assist them. If a guest chose to remain homeless or not pursue traditional goals, they were also supported in this.

While there were at least 17 settings that serve or somehow provide a response to homelessness in the local community[13], the above settings were selected for two reasons. First, they allowed for the broadest sampling of people who are homeless in the community while avoiding visits (and the need to gain entry) to a large number of much smaller sites. Second, I already had extensive relationships with each of these settings or the people who staffed them.

Limitations in selection.

Because future research will interview homeless clients and guests in these same settings to develop a fuller picture of these relationships, the settings chosen for this study

[13] Taken from a count of the official membership list of the Continuum of Care – a coalition of local service providers and civic representatives engaged in coordinated action to seek funds and allocate resources around homelessness.

were selected because they serve a fair representation of the local homeless population. However, there were two small but significant types of settings that were excluded by this selection. Inclusion of the following settings would have added increased dimensionality to the analysis but they were excluded for methodological reasons. These two settings were those that serve homeless youth and those with a conservative religious mission

Settings that serve youth were excluded from this study because this was a relatively small population in the community. They were also excluded because the complexity added when considering humanization and dehumanization with youth (a population who are, almost by definition, infantilized and legally denied power) would have detracted from the development of a clear initial picture of humanization among adults.

Conservative religious settings were excluded because they were harder to access as they were largely isolated in the local community response to homelessness. They rarely participated in larger coordinated action, rarely showed up to community meetings, and had few substantive interagency interactions. Gaining entry into these settings, for this type of study, would have been more difficult for me. Also, these settings house a population of people that overlaps significantly with a sub-population of people at MET and CWEH: those who are employed and who abstain from drug and alcohol use. Theoretically, little value would have been gained from the inclusion of the voices of the *clients* of these settings when added to the voices of the homeless populations from the other settings. However, from anecdotal stories of people who have accessed services in these settings it is a worthwhile question to consider the degree to which the *staff and directors* of these settings might substantially differ in attitude, behavior, and philosophy from the staff at the MET Center, CWEH, and the CCMJ.

Work with conservative religious settings and those that serve youth will form an important of my future research plans along with other specialized service settings, not found locally, such as veteran's administrations and outreach teams.

Participants.

Fifteen people participated across the three sites: seven from the MET Center, five from the CWEH, and three from the CCMJ. This was the majority of staff at the two transitional living centers while it was half of the staff at the CCMJ. All program and management staff with direct relationships with clients and residents were recruited. Everyone who agreed to participate was included in the study. While most participants were staff or volunteers whose roles primarily consisted of direct services or contact, program directors, managers, and a clinical director were also interviewed.

Of the 15 participants, eight were women. Three were African American participants and the rest were Caucasian. The mean age was 38 years old with a range from 22-52. Nine participants had a bachelor's level education with no specific training in social work or homelessness. Two participants had some college education, and four had masters-level degrees related to their current work.

Procedure

Between August 2008 and May 2010, 15 participants were interviewed for this study. Interviews, which more closely resemble guided conversations, lasted between 45 to 150 minutes. The conversations with service providers followed the general interview structure

found in Appendix B. Interviews took place at location of the participant's choosing on the condition that choice did not compromise the ability to maintain confidentiality. Most interviews took place at the participants' places of work. Participants were entered into a raffle with a 1/5 chance of winning a $20 gift certificate to the store of their choice. No significant risks above and beyond those faced in everyday life were anticipated as a result of participation in this study. Immediately prior to beginning the interview, informed consent was obtained from each participant and explicit permission was also given to audio record the interview.

Materials

A paper and pencil demographic questionnaire was offered that asked for age, gender, and ethnicity. An interview protocol for providers was also developed that probed for general approaches to work, constructions of homelessness, self-perceptions, perceptions of the clients/guests, understanding of how the relationship functioned, reflections on how power worked in the relationship, reflections on what could be done better in providing service and care, and explicit thoughts on meaning negotiation. Please see appendices A and B for the demographic questionnaire and interview protocol.

Data Analytic Strategy

Analysis in this study involved an iterative process. An analysis of the basic structure of the relationship between provider and client/guest yielded its own findings as well as facilitated a second analysis of how humanization plays out in these relationships. These two analyses and their constituent themes are presented in the results section. The discussion then presents a

set of refined findings that emerge from additional analysis and advanced interpretation and aggregation of the themes presented in the results.

I collected self-report (interview) data from providers about their perceptions of their relationships with the people they serve. Axial coding (Strauss and Corbin, 1990) to identify codes and the relationships between quotes in the data was conducted with the qualitative analysis software package, ATLAS.ti 5.1. A two-step analysis sought to answer the basic question of how humanization functioned in my sample and examined the nature of the relationships (1) in ways that described the basic structure (e.g. how providers saw themselves, how they saw their clients/guests) of the relationships and (2) in ways that were related to my current theory-based formulation of humanization.

An iterative process of interview coding took place that first developed codes for the basic structure of the relationship, then uncovered themes related to the basic components of humanization. Using selective coding, themes were generated in each of these areas of analysis.

Two step analysis

Axial coding revealed some initial themes during preliminary passes through the data. Selective coding was used to refine these initial codes into presentable themes related to each of the primary analyses (the basic structure of the relationship and the nature of humanization).

Analysis area 1: What was the nature and structure of the relationships?

Themes were developed from quotes and codes in the data that provided deeper insight into who the participants were, how they perceived the people they served, and how they functioned in the relationship.

Analysis area 2: What was the nature and structure of humanization?

After uncovering themes for the basic structure of the relationship, themes were developed that consistently and centrally portrayed nuance, contradictions, and specificities related to the three dimensions of the construct. Themes also spoke to humanization as it was parameterized by specifics of the relationships uncovered in the first analysis on the basic structure of humanization. Illustrative quotes were chosen as exemplars for each theme.

Finally, while data were gathered across three distinct settings, no specific efforts to compare and contrast were planned. There were no specific expectations of difference. I wanted a diverse sample and the ability to assess differences if they emerged from the analysis of other areas. Accordingly, comparisons were made but are only reported when they add to the overall story of the study.

RESULTS

I attempted to answer the question, in what ways are relationships between service providers and their homeless clients humanizing? I examined provider reports of these relationships for evidence of humanization and constructions of the provider-client/guest relationship.

After coding, two basic analyses took place. The results of these analyses are presented here. The first half of this results section provides an analysis of the basic nature and structure of the relationships. The second half provides an analysis of the basic nature and structure of humanization as it plays out in these specific relationships. More detailed analysis and interpretation of these results is presented in the findings introduced in the discussion.

Summary of Major Themes Which Emerged in Initial Analysis

Relationship structure.

Initial themes related to the structure of the relationship fell into three broad categories. First, *Constructions of self,* outlines the pathways that providers took to entering their current work, their reasons for doing the work, and their personal values. The theme of values had two subthemes relating to origination toward religion and social justice. Second, themes related to the providers' *perceptions of the clients and guests* are presented. Three themes emerged here, the idea that clients and guests were all unique, the theme that homelessness is primarily an phenomenon existing at the individual level of analysis, and a theme related to the agency that clients and guests possess when choosing to engage services or not. Third, one theme

consistently emerged from the participants' constructions of the relationship structure: in this section the providers' perceptions of how they function in the relationship.

Structure of humanization.

Initial themes related to the structure of humanization were assessed along the three dimensions of the construct.

In the first dimension, three themes emerged related to the extent to which clients and guests are able to function and grown according to their own meaning making system: (a) goals in the relationships were client/guest-directed, (b) considerations at the level of the provider and program limited the extent to which clients and guests were able to operate according to their own meaning making systems, and (c) some providers sought to displace their client/guest meaning making systems with better ones.

In the second dimension, two themes emerged related to the capacity of the provider to view the client/guest in irreducible ways and to remain open to personal transformation by the client/guest: (a) There were practical barriers to the concepts of irreducibility and openness and (b) the providers at the CCMJ introduce a theme of personalism as an alternative response that would allow any provider of care to see a client/guest as a full person.

In the third dimension, two themes emerged related to the concept that participants should be able to develop critical consciousness of the structures that affect their lives and they should have the space to act on these structures: (a) where clients or guests had power to influence the structures that affected their lives (in this case the service and care relationship)

was in the definition of goals during the initiation of the relationship, (b) where clients or guests were seen as having power to act in response to the larger social structures that mediated their oppression was by choosing to either drop out of these mainstream systems or to engage them.

Relationship Structure

Humanization is contextualized and given definition by the relationships in which it unfolds. The first part of this results section is dedicated to illuminating the nature of relationships between service providers and their homeless clients through an analysis of interview data gathered from providers. The ultimate purpose of this study was to provide knowledge that will allow me to meet the participants in these relationships, where they are (given their own interpretations of the relationship dynamics), and work with them to achieve a more humanizing relationship dynamic. Because of this, a particular approach to examining relationships was used that focused on provider constructions of the relationship. Specifically I borrowed an approach to relationship analysis informed by Wilmott (1995) that involves an assessment of three components: both people and the relationship as whole. Therefore, I was interested in how the providers constructed (1) themselves, (2) their clients/guests, and the (3) overall relationship. Because they determine how a relationship plays out, insights into these constructions will assisted in the analysis of humanization.

Constructions of self.

In order to develop insight into the providers and how they fit as participants in humanizing relationships, it was important to first explore some basic characteristics about who they were in these relationships. Here I describe prevalent themes based on what my

participants shared with me about themselves at a personal and professional level. Included is an examination of certain aspects of my participants' meaning making systems that have a bearing on how they construct their identities as responders and how they carry out this response. Understanding these self-descriptions and social constructions of self allowed for a more nuanced understanding of (1) one of the actors in a potentially humanizing relationship and (2) how she or he chose to act. In this section I describe the following themes: pathways to service, reasons for engaging in the work they do, and value systems. Literature on the lived experience of providers of care and service is scarce therefore these results to the basic question, "who are the providers?" will ultimately deepen our understanding of the people who assume this role.

Pathways to service.

There was no universal pathway that the providers in this study took to enter their work. The stories about how they ended up as responders to homelessness were diverse. There were varying levels of a priori commitment to homelessness. In general, participants fell along a continuum between two poles: those who constructed their entry and participation into their position as purpose-driven and those who either described it as accidental (e.g. through circumstances and, given my experience, this is just where I ended up) or who attached no special personal significance to their entry in the field.

Blair, from the MET Center, had perhaps the most intentional entry into her professional settings. Having passed through homelessness and substance abuse herself, part of her own healing process involved reaching back to help others who were experiencing

similar challenges. Her recovery and her faith were inseparable for her and, throughout her interview, the theme of living out her faith to help other people heal framed her experience of her work.

> Um, the classes that I went to at [a local Christian based transitional living program] helped me to put my priorities together, and I decided to let others know I continue to do my walk. Everyone don't make it out of [the program]. And if the one thing I like to do is practice what I preach. So, I'm telling my people in the class, you know this is a nine-month program, get the tools that were teaching you and go back out and walk with God. So one of the clients asked me, "So how long you've been here now?" And I said, a little over two years. And he was like, "Well why are you still here?" I'm like, "hold that thought". So that's how I'm like that's how I got here. Because if you're gonna do it, do it right. If I'm telling them to get the tools, and come back out here, I need to do the same thing, and everyone doesn't make it out to [the program], so I've decided to come over here.

This purpose-driven entry into a setting, for some participants, tended to suggest a deeply personal need that was being met. They came into their positions with a way of seeing homelessness that was fixed and informed by personal experience and deliberation. This work was a way to establish a fit between their choice of work and the way they already understood the world to work.

No participants casually entered the setting but, compared to participants who were committed to acting according to a specific relationship with homelessness, some identified more with a process of entering the field that was based on meeting more general personal needs or a more abstracted value of wanting to do good in the world.

Freddy, from the MET Center started in the field of social services out of a sense that people in need should be helped and that helping them was personally rewarding for him. However he had no particular attachment , initially, to homelessness

> For me, homelessness is, it's a social concern just like mental illness was. So for me, I don't rank it any differently as I did when I was working at the group homes, or, with adults in mental illness or anything like that. The move for me was a personal one as far as taking a promotion and moving up to a new management level.

Participants without a strong personal or ideological tie to homelessness when they entered the field were more likely to be able to "leave work at work". Entry into these positions was narrated as resulting from a more calculated choice among a variety of options, of which working with homeless populations was only one. Unlike participants who were personally committed to this specific field before they even entered it, the ones who chose their current positions as the best out of a number of available options conceivably could have ended up in a number of other fields were other options available to them.

Overall there was little difference, in motivations for entering the setting, between the participants from the MET Center and those from the CWEH. That is, there was a range from seeing the work as an opportunity to fulfill a deep purpose to seeing it as a logical next step given a range of available opportunities. However, while not all of the providers at the CCMJ entered the setting specifically to address homelessness and related issues such as poverty, all the CCMJ volunteers made deliberate ideological decisions to be a part of an intentional community. This decision, for them, was further a response to a personal search for meaning and purpose in life. Also, while it is certainly possible that participants had a range of divergent

possibilities before entering their professional settings (e.g. they could have applied to and been accepted to different types of jobs), none of the participants across the three site framed their entry into their settings as just taking another job or as being something to simply "pay the bills." In all cases, entry into the setting was framed as a decision that either met an important personal need or that was a strong match for a participant's experience or personality.

Reasons for doing the work

Similar to, but divergent from, the question of how people ended up doing this work, is the question of why they were doing it. That is, once they got into the field, what was it about their work that motivated them to continue? What personal needs were met that kept them involved? In most cases, the reasons for staying were the same as those that originally drove them to do the work. In other cases, however, a new, or more nuanced sense of purpose or motivation arises after engaging the population for a while.

Denise from the CWEH started the position as a logical next step in her work. However, she stayed because it met a deeper psychological need in her current stage in life to give back to the world.

> It's really been great for me to be able to do a lot of different things. You know, I'm really free here. Which is great. I can be really creative. Because it's a small organization. There's not a lot of bureaucracy. You know it's right here to there and that's great because I can kind of mold this position. And I really enjoy it. I feel like I'm at a point in my life where I can give back and it's all inside and it can come out. While I am learning, and I always see myself as a lifelong learner, I can also give back what I've learned to other people.... you know, they saw that this would really… that this would have been

> the fit for me although nobody knew that this was here then because the position hadn't been created. It was so bizarre. So, you know just me ending up here was just like a personal journey to where I'm supposed to be.

Jenna, from the MET Center, when asked to describe why she was doing her work and what she got out of it explains that her work with people who are homeless has ignited a passion to reduce stereotypes. She went on to describe her work as occurring at the individual level of analysis (she isn't trying to do advocacy or critical consciousness raising but helping clients present themselves correctly in the world). This is a view that is more evolved from her initial motivations for entering the setting (wanting to help out somehow because of her faith). Below, she describes this current passion and shares an illustrative story.

> I guess the social services aspect of it. You know, being able to help somebody else. Being able to figure out ways that we can work with those people who are in this situation because there are so many different reasons. Because the stereotype is what I have such a difficult time with. Because most people decide right off the bat, why a person is homeless. They have no idea, the wide variety, and especially in today's economy, you know, most people are a paycheck away from being on the street. But they choose to ignore that.... That's probably the hardest thing for me to swallow is the stereotypes and the attitudes. And so I really have, for lack of a better word, a passion to try and change that. Because it's unfair. You know, yeah some of those views are well deserved but it's not fair to… and society does that with everything. You know, they decide one thing and that's it so you know, that's probably the hardest thing. But that's one of the things I'd like to do is to work on that…

There was little difference in how people talked about motivations to do their work between the CWEH and MET Center. All CCMJ volunteers stayed for the same reasons that they entered. The CCMJ volunteers did not narrate their continued engagement distinctly from how they narrated their entry.

Values

A number of values centrally defined providers as they did their work. These provide both the motivation and the guiding framework for their work. Themes revolving around two specific values were expressed frequently (and centrally) in the conversations with participants: religion and social justice.

Religion.

Most of the participants either talked directly of the central role of religious and spiritual faith in their lives or discussed association with religion that helped define their engagement in their work. Of the participants who saw religion and spirituality as a key factor in their response to homelessness, many brought it up repeatedly and in different contexts. People who were themselves religious were easily able to tie their work to their faith by describing how it, for example, provided a framework of hope to help people recover from homelessness or dictated a merciful response to the poor. Some participants who were not particularly religious nonetheless acknowledged religion and spirituality as a central framing factor in their relationships with the people they served. This happened in two ways. Because the people they served were religious, they found it advantageous to acknowledge and make use of that framework to provide support. It was also the case that some non-religious participants found religious ways of interpreting the world and acting on it to be useful in responding to homelessness.

Blair, from the MET Center, in discussing how she approaches her job made multiple mentions to her faith. She stressed that, because she worked in a secular setting (the MET Center), she could not overtly provide service in a religious manner but she nonetheless wanted to live out Christ's example through her work. Here Blair describes her goal in work:

> I was blessed, I love what I do. I love what I do, and I want people someday to see Jesus in me. So that's my goal.

Later she described a mechanism for recovery framed through her faith. She knew, from her own experience, that this mechanism was effective and she could, in indirect ways, share it with her clients. Here she describes a process of coming-to-terms-with-self with the aid of God:

> We're so busy trying to make sure what somebody else to know what they need, we neglected to know what we need. I'm learning that, and through God I'm learning that. It feels so good to love myself. I didn't think I was worthy of it. I am. I am cause he loves me, God loves me. If he loves me then I'm okay, I'm okay. He didn't say it was gonna be an easy walk but I'm not alone in this walk. These people are going through the same thing. We can't, ya know, put that out there about them. But I can say this is what happened, it worked for me. It gets me up every day. It makes me do what I do. And I feel good.

Risa, from the MET Center, similarly discusses her faith. Her interview was replete with religious references both spiritual and cultural. With training in ministry, her spiritual and ethical framing of the world is central to how she engages in any work and why she has chosen to be a healer.

> You know in Maslow's hierarchy of needs I'm more in the spiritual now so I can help people with the physical

Allen, from the CCMJ, describes finding wisdom and guidance from Christianity as he carries out his work

> I'm not a Christian, I still find a lot of wisdom amongst the CCMJ quotations from the Bible, and that's like forgive him seven times seven um and treat another person as you'd like to be treated.

He later goes on to reflect on his satisfaction in finally being able to be associated with a religiously inspired response to the world that is authentic.

> I was pretty dissatisfied with Christianity in general, and you know, really angry and ah, bunch of hypocrites. And I was a hypocrite and all that. It's been really refreshing to be amongst CCMJ members, who are like 'this is what we ought to do, this is what Jesus said we ought to do, so we're going to do it.' And at least, kinda the attempt whereas people who say 'Christianity is all about serving the poor and loving your neighbor' how does that actually affect how I live my life. Um, yeah, there's bitterness in my voice, I can hear it.

There is evidence that religion and spirituality play a central role in the relationships at all three sites. Questions on religion were not included in the interview protocol as the literature and my previous experiences in these setting failed to suggest that this was an important dimension to consider. However faith, spirituality, and religious context were frequently discussed and, for some providers, were at the very core of how they saw themselves in the relationship.

Social Justice.

There was also diversity in the conversations around social justice. This diversity included a range from narrating their work as explicitly being a social justice response to it not being one. There was also variability in the depth of the response with some being more nuanced and reflecting a wider consideration of structural oppression. This diversity in response is important because the third dimension of the present conceptualization of humanization explicitly operates out of consideration for social justice and liberation.

The majority of respondents did not construct their work as resistance to social injustice. This was often coupled with a desire to respond more fully to a real human being and less to an abstract scenario at the structural level.

Freddy, from the MET Center, did not frame his approach as social justice and saw a distinction between what he did and activism.

> I'm the field 'cause I like to help people and I think that it's a talent that I have, you know. I'm going to get a job where I feel like I'm using what skills that I have and where I'm going to feel comfortable, so I don't come at it from a, you know, homelessness is this horrible social injustice and I must correct it. There is that aspect certainly but that's not a major driving force, um, I'm not an activist in that regard. I do activist work by working in social services, but that's not my motivation.

Allen, from the CCMJ, demonstrated throughout our conversation a critical awareness of injustice and oppression. However, he saw himself operating on those not at a structural level but at a very personal level; in the ways his daily relationships played out.

> So, uh, got involved with that, but I don't think I really got involved politically or at the time, I didn't consider myself like an activist in the political realm. Um, but in some ways, an activist in how I talk with people, um, and different ways of talking about the problem, you know, even beginning to describe the problem.

Clark, from the CCMJ, unlike Freddy and Allen, directly attributed his engagement in his work to his passion for social justice. When asked how he got involved in working with homeless populations, he described being driven by a desire to respond to injustice

> I guess just out of desire, I mean I living in an urban context in [my home town], that I was living there and just kind meeting certain kind of people. Just curiosity just started becoming aware of the social marginalization of like homeless people or low-income people and the south is kinda historically racist and also how that is related to class issues. I started thinking about that when I was 18 but then just kind of made choices to live in community

> and respond to what I saw was a general social imbalance. But then I was familiar with the Christian Mercy and Justice movement and decided to come down here and live in the house just kind of based on those four years of seeking out community and the response to you and the injustices that I saw.

Overall, there was little evidence from the MET Center and the CWEH that social justice was a guiding force in the lives of the providers. In fact, providers were sometimes careful to explicitly define themselves as not being activists. People at these two sites were more likely to discuss their work and the framing of the issues at the level of individual relationships without a critical examination of socio-structural oppression. However, surprisingly, those at the CCMJ, a setting explicitly defined by an ideological mission, also had mixed approaches to social justice. Even when developing an articulated critical consciousness to the social condition of people who were homeless their response to structural oppression was decidedly at a non-structural level. Rather than a response that sought to alter existing social systems to make them more just, their approach to disrupting oppression around homelessness was transformation at personal intimate interpersonal levels such that people, building community, learned to have compassion for one another.

Constructions of client/guest

Providers had many different ways of seeing the clients. Here I present data on constructions of the clients and subsequent expectations that providers have of them. In most cases, both of these are inextricably linked to the providers' social construction of homelessness. One unexpected result is a near unanimous discussion of agency. Nearly all the participants characterized the people they help as having the power to make choices. While I,

personally, expected more participants to talk about victimization and socio-structural pre-determination, the providers all had, to some degree or another, a decidedly individual level of analysis when it came to understanding why people are homeless and how people who were homeless could deal with that reality.

Social constructions of the client

No typical client.

Most participants' narrations of homelessness in general and in their work specifically, portrayed the people they helped as being a diverse group. That is, there were no typical clients or guests but a collection of unique individuals and stories. Participants easily identified common, predictable, pathways to homelessness. These are discussed in an upcoming section. However they were resistant to using these categories or any others to identify types of clients or guests. Instead they described as central to how they worked with them, the need to take time to really understand where a client or guest was coming from and what combination of factors, particular to that person, needed to be acted upon to best serve her or him.

Angelo, from the MET Center, in preparing his clients to interact with other clients stressed the uniqueness of each client's background. He also raised a theme that ended up being relevant at each site. To promote the safety of other residents, Angelo suggested that limits must be placed on an individual's ability to freely express himself; not all "natural directions" for a person to move in can be acceptable in a group living situation.

> I say if anyone ever gives you a weird look or seems like they're having a weird day, just remember nobody in the fourth grade raises their hand and said I want to be in the MET Center when I grow up, you're all here for different reasons and you all need to do something completely different to succeed in your own way and move yourself towards independent living, so if a guy's having a bad day, just say to yourself, oh, maybe something bad happened to him today, I'm going to leave him alone, as long as he's not stepping over the line and threatening you or, or breaking a rule, an actual rule, then you know, just give a guy his space if he needs it, and um, I try to really encourage the guys to understand that everyone comes from different places and needs to do different things and has different problems

He goes on to describe the futility of developing a single approach to a typical client given their uniqueness:

> There's just too many factors and again, it's human beings we're dealing with, not televisions, not some sort of, not, not a, not a, I mean, it's a human. That's really in the end. That would be my other point besides consistency is this is, you are working with humans. You know, and that's it. When working with a human being, there's just, there's so many, there's not, a manual....Too many different clients from too many different backgrounds who need too many different things to be able to be just X, Y and Z to be that clear cut, to be black and white, to be just yes and no. There's way too much, from just a statistical standpoint, there's a million variables in there, it's like you're trying to solve whatever crazy math problem is unsolvable, I mean, it's just, there's too much going on and you have to look at an individual basis, you have to look at the person and what the person's needs are and not forget that it's again, that you're working with humans

Level of analysis.

In ways that were closely related to the idea that clients and guests are all unique human beings, a variety of attributions were made for homelessness. These attributions varied but most could be placed along a continuum of level of analysis: from the structural (e.g. poverty, and discrimination) to the relational (e.g. lack of support systems) to the individual (e.g. poor decision making... or good decision making depending on one's value judgment) to the

biological (e.g. mental illness). When describing the people they serve and why these people were homeless, participants shared a range of responses with most focused on individual level decisions or a mix of structural circumstances and individual level decisions. Only one participant, Paul, had a construction of clients that was almost exclusively as products of systemic conditions.

Paul, from the CWEH, probably went the furthest in describing clients as victims of social conditions. When asked about how to solve homelessness he said,

> My kind of basic sentence in what I do is anti-discriminatory practice and the discrimination inherent in society against minority people, people with disabilities, people with illnesses.

Denise, from the CWEH, constructed her clients as victims of system-level phenomena but also, throughout her interview, consistently described them as fully capable of making choices to resist and overcome this victimization:

> I think the bottom line is poverty. Um. I think that's the cause of homelessness. I think you can become impoverished for many reasons. Um, you can have mental illnesses that preclude you from getting any kind of help. Um you could have substance abuse issues that affect your ability to work and interact with other people. Umm, you could be in a family situation. Where the breadwinner has lost their ability to earn money. I think poverty is the very basis for homelessness.

Clark, from the CCMJ who had, perhaps, of the most explicit and ultimately far-reaching social justice-oriented framings of himself and his decision to enter the setting, nonetheless had a mixed perception of the people he served. When asked why people become homeless, he described his guests as being both victims and people with low personal responsibility:

> I guess I wouldn't be the first to say that it's like personal responsibility and wouldn't say that it's just systematic. I think that it's both of them together. You know whether it's someone's personal responsibility that made choices that might have affected their lives in a negative way or for some other situations where they don't have a support network in place, whether it's family or friends. Then also systematically I mean how wealth and resources are distributed on a societal level. I think also plays a huge role in it too. So I guess some sort of merging of those two. Personal responsibility and society's responsibility.

Freddy, from the MET Center, describes his clients as people who make bad choices or who have substance abuse and mental health problems. He does not see homelessness, itself as being a central defining feature of the people he serves:

> The individuals out here who are just simply making bad choices, you know, those are the people this program is designed to help no problem but the two best issues for being homeless outside of just you know, being stupid and making bad choices, is substance abuse and mental illness.... And, so you know, I see homelessness as a result of substance abuse and not a prob... homelessness as not really a problem in and of itself, and it's the same with mental illness.

Participants at the CWEH and the CCMJ were more likely to cite systemic victimization as a major factor in causing homelessness than were participants from the MET Center. However, all groups were similarly likely to discuss solutions at the level of the individual. This near universal construction of solutions to homelessness at the level of the individual despite an explicit acknowledgement, on the part of many, of structural factors, mirrors findings by Lyndsy (1998) and Tracey and Stoeker (1993). It also becomes a key issue later in the analysis during an examination of the third dimension of the construct.

Choice.

Closely related to the participants' level of analysis when constructing the client/guest, was the theme of choice. There was almost unanimous discussion of the person who is homeless as someone with the agency and power to make decisions in his or her own life. Furthermore, it was these decisions, more than anything else that providers believed determined if a person remained homeless. This choice was not *just* a decision that a person simply wants to be homeless it was, specifically that, should a person choose to not follow the rules and requirements of established social services, (1) this person was therefore choosing to be homeless and (2) that the majority of responsibility for remaining homeless remained with that person. Although it was expressed in diverse and nuanced ways, the near universality of this narrative was, perhaps, my most unexpected result.

Freddy, from the MET Center, ties the idea of choice to personal responsibility and rights to access services.

> People have the rights to do whatever they want to with their life. They absolutely, I think, you see that. I think most people would agree, people have the right to fuck up their life however they want. But as a result, they do not have a right to you know, all and any services.

Jenna, from the MET Center, has a similar construction to Freddy. She sees it as a person's right to make choices in life.

> Some folks wanna live in denial and they like how they're living. They're ok with either going from one place to another or staying out in a park. You know, they're ok with that. Until the situations are so reversed that they can't do it anymore. Such as, if they enjoy staying outside, you know camping or they're sleeping under a viaduct or on park bench.

> You know during those warm months that's not really such a bad gig, you don't have to answer to anybody, you can do your own thing. Winter months you have to come inside. You have to find someplace warm. So, I think we're always going to have those folks who like the way they live.

Later, she discusses that with this choice comes the power, within the client, to improve his own life.

> You have the choice, you have the power, you can stay and do what you need to do but you're choosing not to do that. So no, you are removing yourself from this position. So, I think the clients know, I'll work with them every step of the way. I'll give them as many chances as I possibly can. But, ultimately, the ball is in their court.

Lisa, from the CWEH, had a similar construction to those of Freddy and Jenna. She provided further evidence of an overall sense that part of a client's choice to engage services is a choice to submit to new rules that structure their lives. These rules were not seen by service providers as being an imposition or as a way of taking away power from their clients. Instead they were seen as something that clients chose to agree to when they entered the setting. The implication, occasionally made explicit was that clients could choose to not take advantage of services and that this ability to choose was where power could be truly found in the relationship.

> You know, some things we won't bend on. Especially if it's in the handbook, we go according to the handbook.... So um, yeah if their values are different and they really don't wanna follow the handbook, then you know this wouldn't be the right place for 'em.

The description of client agency and power was not solely narrated as the client making bad decisions. Similarly, corollary narrations attributed success directly to the client. That is, no

one said “if the person stays homeless it’s his own fault but if the client achieves independent living it’s because of me.”

Angelo, from the MET Center, described the power his clients had by attributing their success to them. When challenged to think about the influence that policy makers have on people remaining homeless he responded that people who are homeless are ultimately responsible for escaping homelessness:

> That’s hard because again, you know, it, as far as politicians or people up high, we’re going to end homelessness in this many years or we’re going to end homelessness. You can say that all you want but the population itself has to want that too.

As a provider he saw himself as a tool that someone could choose to use.

> I put a lot of pride, when a guy moves out but I don’t ever, I never would say that it’s to our credit, I would never try to take that credit, because it’s the guy and his work that ultimately leads to his moving out and being in independent living, it’s never you know, again, we’re it’s like saying that the wrench, this wrench was so miraculous that it saved my car, well not really, whoever used the wrench is the one who made the, who made it work and did it and so I mean, that’s, I don’t think that we as workers, I mean we should take pride in our work and what we do and try to discern and give out the information that we can to help the guys but at the same time, they’re going to be the ones that make themselves a success story or they’re going to be the ones that don’t succeed due to that.

Freddy, from the MET Center, in addition to describing why people might fail, also saw the client as being the one who had the power to change, even if the client needed assistance doing so.

> We don’t cure them of, you know, their personal difficulties that lead to them being homeless. We’re here to support people if they’re coming in here. We’re working on the assumption that they’re committed to changing this aspect of their life. Um, and as such,

> we're in a supportive role. We'll do the education if they don't know what resources they have available to them. We'll assist them in getting access to those things, but we don't do it for people.

He went on to say:

> There is no magic wand for us to wave over a client and you know, make their life better. We, if the person doesn't want to get better or does not have the mental capability to choose some of these things, then there's only so much we can do. It will fail.

A few participants introduced a more nuanced narration of choice; namely that a choice to not follow the rules of the social services system or of society, even if it leads to choosing to be homeless, was not automatically a bad or pathological choice.

Denise, from the CWEH describes her experience with people who are actively choosing to stay homeless and discusses it in a way that does not pass judgment on them:

> I've come to know people who um, have kind of stepped out of society and kind of said "you know what?" I'm happy just hanging out here or there. You know riding my bike um hanging out at the food shelters. You know, getting my needs. Because if you give me a voucher for an apartment or whatever, a home, now I have to report to you and I have to be responsible and I kinda like this place of not being responsible. And so yeah, I think in some ways people do choose to be homeless.... And they choose to be homeless because it's a freedom thing as well. So yeah, I think people do choose to be homeless because of our society, uh structure. Yeah.

It is important to note that once service providers constructed the people they serve as being able to choose whether or not they are homeless, they were then able to justify imposing strict rules. If a client chose to enter the setting and had all the power in controlling whether or not she or he remained there, then restrictions, punishments, and rewards were a function of the client's efforts and not the bureaucratic or arbitrary will of the setting. Likewise, this

perception frames the relationship between the participant and the person she or he is trying to serve as one where the client is calling the shots.

In this discussion of choice, there was little difference between participants at CWEH and the MET Center while participants at the CCMJ were universal in framing the choice as not necessarily being a pathological one. This question of client/guest agency, in upcoming analysis, introduces significant added complexity to the construct of humanization.

Constructions of the relationship

There was one consistent result from analysis of provider perceptions of the relationship. Providers had a variety of explicit ideas about how they contributed to the relationship in order to benefit the client or guest. Table 1 briefly outlines how participants saw themselves working with the people they served. Each proposed transaction was assessed in relation to its level of analysis (LOA) and its potential connection to the different dimensions (DIM) of the humanization construct. All participants primarily proposed solutions at the individual level, however some exhibited more awareness, throughout their entire interview, of the interaction between individual and structural levels in the development of solutions. If I were to promote humanization with this sample, the LOA column suggests which levels of analysis each participant might be engaged based on their interviews. Similarly, most proposed strategies of engagement could be easily mapped onto dimension one. If I were to promote humanization in these settings, the values in the DIM column suggest the dimensions I might initially engage with each participant. The DIM column was generated, through a review of how each participant saw her or himself acting in the relationship and whether or not that particular

way of interacting with the client or guest mapped on, or potentially mapped on, to any of the humanization dimensions. In the discussion section, implications for this distribution of potential engagement strategies are offered.

Table 1

Provider	Setting	Proposed transaction with client/guest	LOA	Dim
Denise	CWEH	Help clients (the working poor) to gain access to resources and help them learn how to live simply	Individual + structural	1
Blair and Charlotte	MET	Help clients find Christ or their spiritual destiny	Individual	1
Jenna	MET	Help clients believe in themselves	Individual	1
Freddy and Angelo	MET	Help people to work hard and take personal responsibility	Individual	1
Jamie	CWEH	Tough love, serve as vehicle for client directed goals	Individual	1
Clark, Daniel, and Allen	CCMJ	Help guests through love and community building, and personal and authentic engagement	Individual + structural	1,2
Risa	MET	Help clients develop psycho-social-spiritual well-being and engage in harm reduction	Individual	1,3
Billie	CWEH	Provide resources and sense of ownership	Individual + structural	1
John	MET	Help clients by providing hope	Individual	1
Lisa	CWEH	Help client by educating them and promoting education	Individual + structural	1
Paul	CWEH	Build self-reliance and self-efficacy to be able to compete	Individual + structural	1,3

Humanization

I set out to discover if humanization was present in these relationships and what it looked like. In this section I review some of the evidence I found for humanization. I also examine major themes that emerged in each dimension of the emerging theory.

I had an initial conceptualization of humanization. Based on my theory driven construct, I was looking for the following in the relationships as evidence of humanization:

1) That the client/guest is free to move and grow in directions that are congruent with the client's/guest's way of making meaning in the world or true self.
2) That the client/guest is seen as a full and complex person, not atomized or reduced to symptoms, statistics, or objectives. That the provider is open to being personally transformed by the client/guest.
3) That the client/guest has the space to develop in critical consciousness about the structural constraints that define her or his life and that she or he has the space, through action-reflection, to act upon the relationships and social structures in which she or he is embedded.

Dimension 1

Three themes emerged during analysis related to the first dimension of the construct. The first (1-A) demonstrated that providers universally endorsed client and guest-directed goals in their relationships. In theme 1-B participants reveal practical restrictions to the concept of a client or guest being able to operate in the relationship according to the client/guest's own

meaning making system. In theme 1-C participants discuss conflicts between the clients/guests' meaning making systems and the providers' own personal meaning making systems or the ones they represent as agents of their organizations.

There was support for the idea that clients and guests should have a say in how the relationship played out. A stated reliance on client or guest-directed goals was predominant across all sites. However, there was also evidence for resistance to the idea that the clients and guests should be free to operate in a manner completely congruent with their meaning making system in the transitional living centers. In some cases this was because of practical restrictions above the level of the relationship with the provider. These included factors such as restrictions imposed by the presence of other clients or parameters for responding to homelessness that were imposed by the overall program model that superseded the client/guests ability to act in congruence with her or his meaning making system.

At the two transitional living centers, the fact that people came to the centers and asked for help was viewed by some providers as evidence that clients needed to make radical and fundamental changes in how they approached their lives. Furthermore, clients tacitly acknowledged these deficiencies their approach to life when they chose to enter social service relationships. Again, the narration of choice was essential here. While entering into a social service relationship was often seen as a recognition of the client's failed meaning making systems (or a faulty self), it was also the case that participation in the relationship was occasionally seen, less drastically, as the client needing to gain education and resources (such

as education or employment) in order to more effectively operate within the same meaning making system and lead a more satisfying life.

Theme 1-A: They set the goals, we help them

Lisa, from the CWEH, discussed an advocacy model for working with clients in which goals were mutually set but that depended on education and training from the staff.

> Um…I hope, well our goal is to try to give the clients here, the residents here, the knowledge and just the education, and the life-skills. Um, so that they can be successful, and not become homeless in the future.

Jamie, from the CWEH, had a similar description of her work. She saw the clients as the "doers" and her role as assisting the clients in implementation.

> If the client needs something, she's going to use her skills to do it. But I'm the vehicle that gets her there. In a lot of ways I just facilitate what's already happening.

Angelo, from the MET center, discussed his reluctance to impose his own worldview and values on others when setting the strategies for reaching the clients' goals.

> I'm always willing to try whatever it is that they're talking about first.

He went on to discuss his approach to being open to the direction that clients want to go in and not being forceful in directing the conversation.

> It's dependent upon the person, their needs are, or what they want to work on.... I mean, if a guy completely shuts me out, I don't try to force my way in if I, uh, you know, at all.

As discussed below, in these cases he will go on to articulate professional models and funding parameters that restrict his ability to just take what the clients direction at face value.

Clark, from the CCMJ, discussed his view that because he was not an actual service provider with a professional agenda, he was able to accept his guests as they were and help them when they asked.

> I share the house with the guests that live with us too so I guess it's more of like trying to see ourselves as equals.... so I guess more caring on a personal level. Not to say that that might not exist and different models but that the primary … just have in a relationship with the person and willing to help them with the goals that they want to meet and not project necessarily what I think would be best for them…

At the transitional living centers, participants saw themselves as advocates who took the clients' worldviews into account in order to help them achieve what were usually narrated as client-directed goals. Participants from the CCMJ tended to see themselves as accepting people as they came with no initial desire to alter their behavior. As would become apparent in interviews at that site, however, human responses such as anger, frustration, and sorrow were seen as natural and authentic responses when the participant loves and cares for a guest and the guest emotionally hurts the participant or hurts her or himself. Given Sumerlin's (2000) work around self-actualization with homeless populations, this evidence of client-directed goals is an important contribution to humanization as it is conceptualized in the present study.

Because clients and guests, operating out of the meaning making structure they bring in with them to the relationship, are able to set goals in the relationships, Theme 1-A provides evidence that the relationships do, indeed, provide a space for them to grow and develop in ways congruent with their own meaning making system.

Theme 1-B: We want them to go in their own natural direction but sometimes there is a clash with obligations at the program level

However, there were some practical limitations discussed to purely client/guest directed behavior in these settings. Occasionally openness to the clients' movement in a direction congruent with his or her own meaning making system was seen as justifiable in the abstract but untenable, or even incorrect, given program restrictions. Unlike the one-on-one psychotherapy relationships in which humanistic researchers such as Sander's (2000) challenge providers to learn to get out of the way of the client's own process, the relationships in the present study were embedded in particular contexts that placed limitations on how clients and guest could behave. These restrictions, rather than being a direct response to a client or guest's own way of making meaning were seen as necessary based on consideration of the safety or treatment goals of other clients/guests or based on compliance with policy directives.

Freddy, from the MET Center, discussed the limits placed on clients' freedoms by their need to maintain safety. He did not see these issues as limited to social service settings. In invoking the US constitution, he framed this as a concern fundamental to people living together in society.

> My soup kitchen is open, lunch and dinner, 365 days a year and it's open to anybody, the exceptions come very quickly when you come in here with a weapon; you've lost that right. You come in here and cause problems for whatever reason, you've lost those rights.... Everybody's guaranteed the right to pursuit of happiness as long as you don't, you know, piss on other people's happiness. They didn't put that piss part in the Constitution but it's there. Um, it's there in all of our lives. Free speech, just don't yell fire in a crowded theatre or use hate speech.

Denise, from the CWEH, discussed overriding a client's culture and meaning-making system in order to correct maladaptive behavior. In this personal theme that was consistent throughout her interview (and mirrored by others) she consistently explained that a large degree of trust must be built up between provider and client in order for the client to be able to suspend resistance to having her meaning making system denied long enough to realize that this is going to help and that it is in her own best interest.

> So we're just a diverse population and we're learning how to live with one another and communicate with one another while respecting one another. That can be difficult because we have some policies here that a lot of the folks don't agree with necessarily. Like, how you supervise your children.... There was a woman who's not here any longer who was yelling at her child to the point of scaring this little person. And that's not acceptable. And again it's the modeling; again it's teaching them. This really is not what you want to do and so we work with women who are very challenged in that way. A lot of them didn't learn it and so we have to help them learn it.

Later, she further discussed this issue of trust as being central to how they built relationships with clients at her agency. Here she discusses how this works in relation to client fears of being excluded from the setting by the staff.

> So, it's very challenging and there's this whole issue of trust here. You know we're asking women, "let me help you, tell me what's on your mind so I can help you." But, at the same time "I got your housing". Right? So we don't want them to feel like their housing is being held over their heads. We want them to feel like they're a partner with us, that they're collaborating with us. So we ask them to collaborate and tell us what goals they want to reach and we're going to help you get there. I'm not going to do the goal for you but I'm going to give you the resources and everything I can possibly do to help you reach this goal. Because at the end of 2 years, I want you to be successful.

Lisa, from the CWEH, echoed this sentiment.

> So, the beginning of the relationship, you just have to build trust and rapport before you can really jump into those services and those goals. If they don't trust ya, ya 'know, then nothing's gonna work. (laughter)

Blair, from the MET Center, expanded on this discussion of trust by noting that in order to build the kind of trust that ensures compliance, providers must take the time to patiently explain their reasoning for their service plans. Here she invoked the example of a doctor-client relationship to discuss the general service relationship with homeless clients.

> Okay they givin' you some type of guidance. That also needs to be done [here]. Don't just give me the pills and say okay take this here, I'll see you in 3 months. Okay, what did I say that made me get this pill? I might be able to pronounce it, but what am I supposed to do to help this do what I'm supposed to do? What am I looking for it to do? How I know if I be getting side effects from this or not? Talk to me. Don't just pass me on like a drive by... You are the only person, that's supposed to understand what going on with me. I'm trusting you to give me this pill to make me better.

A common theme emerged of limiting one guest's or client's behavior out of respect for the struggle that other clients and guests were engaged in for their own sobriety. Whether or not it was in a client's or guest's best interest to abstain from alcohol and drugs (even if the client/guest saw this, and associated behavior, as an appropriate way to operate in the world given her or his interpretive framework) was frequently debated in these settings among staff as well as in my interviews. However, in addition to decisions being made about whether to limit a client/guest's consumption behavior for her or his own good, decisions also had to be made about restricting this behavior for the sake of others. Even if a client or guest was allowed to drink it was imperative for that person to not come in drunk enough to threaten the recovery process of other clients/guests s who were trying to stay sober. So, while a person's

freedom to include alcohol as part of her or his life was not automatically restricted, her or his freedom to do so in a way that would harm others was.

Jenna, from the MET Center described this tension.

> Because we cannot, on the alcohol issue, you know we have someone who comes in sloppy drunk uh, they have a choice go over there and sleep it off and don't bother anybody or you're out for 24 hours. Or, we up their AA meetings. We've had guys who've said "well I don't think that's fair" I don't think we should." Ok, well here's the story. We have people who are working on their sobriety. And so, you come in loaded. It's not going to *force* them to go out and drink but at the same time, we're sending a mixed message. You do it again and again and again. Pretty soon they're going hmmm maybe one drink won't hurt maybe 2 drinks won't hurt, I've had a bad day I can go down and pretty soon they're off the wagon. So we have to have those set rules not only for their well-being but the well being of other clients. So whether or not they choose to look at those situations and say, "yeah I do have a problem" or that's on them, essentially.

Allen, from the CCMJ, after telling a story of excluding someone from the setting for repeatedly being violently drunk, described how much he wrestled with having to kick someone out or having to threaten to do so given his understanding that this damaging interpersonal behavior was a predictable response, on the part of the guest, to an unhealthy society.

> That's something I'm thinking about too. The, the retracting the offer, the somebody is extremely hurtful to you, and this applies to what's said about the reason for homelessness is that people don't have friends or family that are willing to take them in, um, and I had at the end of that, or that, one of the reasons they're not taking them in is because they can't handle it, because of that person.

Theme 1-C: Molding clients and guests into the providers' view of a fully functioning human.

Participants often had a sense, ahead of time, of what was a healthy human existence for their clients. Some even saw themselves as engaged in a loving and compassionate response to help the client achieve a more fully human existence. In these cases, there was a more explicit understanding, on the part of the provider, that a client or guest's meaning making system was in some way faulty and needed to be replaced. Rather than encourage the client/guest to operate out of her or his existing way of navigating the world, it was seen as necessary to supersede it.

Denise, from the CWEH, and I explored the idea of correcting parenting style. In this exchange, Denise again highlighted this explicit example of overriding a person's own meaning making system with a "more correct" meaning making system, while, at the same time acknowledging the resulting tension of cultural imposition.

> Ben: I understand the need for it but I could just imagine how some of my friends would react if someone said "you can't raise your kid that way."
>
> Woman: well you can't say it like that.
>
> Ben: Oh, no of course…
>
> Denise: But, yeah there' a no corporal punishment policy. So it's conscious discipline. It's behavior modification, it's rewards and time out, and it's not yelling. You know, I sit here and the kitchen is right above me so when I hear it I walk up the stair and I go "you know what, we're not yelling here" and they get it. It's just that kind of thing you gotta just keep saying. Then you model it with the way that you talk and interact, and they see that. And then you praise them when you see them doing what's expected or being an effective parent. You know, you keep praising that. There are some cultures, you know,

> where they think it's ok to physically discipline your children. So, it's a fine line between… I don't want to dismiss your culture in any shape or form but if you want to stay here, this is the expectation. And I know that this isn't the way you're going to do it when you leave but this is the way we have to have it while you're here. 'Cause, this is the right thing to do

Angelo, from the MET Center, was asked directly about the space the center provides for clients to operate within their own meaning making systems. Given that a client might have an interpretation of his life that does not pathologize certain behaviors (for example seeing a behavior as valid lifestyle choices or part of "who I am" rather than addiction or inappropriate violent behavior), Angelo discussed the conflicts raised when forcing a client to attend a group that imposes an incongruent life interpretation and way of acting in the world onto that client.

> That's why I think that our policy of level 1 guys being mandated to go to a lot of the groups is important because even if it's not forcing them directly into the conversation, it's at least putting them in a position where they're around others and to try to get that to be a comfort zone.... You'll see this, guys in the wintertime who will sit out in the freezing cold on a bench rather than sitting in a group for one hour that's on anything. Me, personally, if I'm, if I'm living here and I can either be out in the snow and cold or I can be sitting in that room, I don't care what they're talking about, I can tune them out, at least I'm warm, at least I'm inside and warm so there's something going on with those people that are sitting out there where they're saying hah, I'm bucking the system, either they're that against the idea of going to a group or else there's something else going on there that needs to be looked out,

It is possible that clients in these cases would choose to comply with these impositions not out of a genuine adoption of their agency's meaning making system (and displacement of the clients own) but out of a desire to survive homelessness and retain services. This potential decision to comply rather than risk exclusion from the setting would, of course, also be mediated through the client's meaning making system as it would reflect a an assessment of

her life circumstance, as filtered through a set of values and priorities, that would then lead to a certain way of responding to those circumstances. However, it was clear in many service provider narratives of educating clients that the behavior modification approach (either choose to adopt this behavior or choose to leave the setting) is intended to provide what is seen as a healthier, alternative way of interpreting the world and acting in it.

Charlotte, from the MET center, like Blair discussed her belief that personal faith is the only true way to recover and be healthy. While not imposing it, she nonetheless attempted to passively model this truth so that clients could abandon their faulty reliance on their own plans and put their faith in God. This theme was threaded throughout our conversation as exemplified here.

> I don't want them to ever feel that I'm trying to be better than them. Because I try to encourage them to... you know, I believe that I've been destined to do this. There's some destiny that they have. I try to let them know this -- that I'm no better than you. That God has something great for you also.

Daniel, from the CCMJ, while repeatedly emphasizing that guests were accepted as they are with no social-service-type need to fix or mainstream them, also acknowledged that the worldviews of the live-in volunteers at CCMJ could unconsciously be forced onto the guests. He saw this as a natural occurrence of people living together. The live-in volunteers had a number of strongly held values and ways of being in the world that weren't usually shared by the guests. However, because the guests usually did not stay for years at a time, their input into the community was not as influential. He told two stories about the cultural conflicts in the house surrounding television and food. Guests wanted to watch television all day every day. This

desire produced a conflict with the providers, who also lived in the home and did not see this as a good way to build community (given their own culture). Similarly, conflicts arose with how to select and prepare communal meals. The providers were vegetarians and vegans and saw themselves as ecologically conscious; therefore how to share food with people who do not share this way of being in the world often produced conflict. In neither case did the volunteers directly impose their values on their guests but a tension arose in that the space is shared. After telling these stories he described this tension and how they navigate it.

> How do we work things out? I mean I don't have the freedom just to up and do whatever the hell I want at the house. The way we function is that we make decisions together. I have the same openness to take initiative at the house and do chores and engage in things. But the decision making process, the way power functions amongst us is through, is as a collective consensus basis. So with guests there is an openness to engage us and talk through things if there's a desire to do something or change something. That same way with anyone of us...

When examining data related to the first dimension of the humanization construct, that a client or guest be free to move in ways congruent with her or his meaning making system, providers were seen to create a space for this movement through allowing clients and guests to direct the goals of the relationship. However, key restrictions were present for this dimension of humanization based on provider consideration of larger organizational contexts or based on the meaning making systems providers brought in with them to the relationship.

Dimension 2

For the most part providers at each site made efforts to see the people they served as full people and not reduce them to simple cases. All participants endorsed the idea that clients

and guests should be treated as full people. In addition to the majority of participants describing the lack of typicality across clients and guests (i.e. that each person had to be taken on an individual basis) there were also a number of participants who saw people who were homeless as being just like them with all the associated complexities and challenges. Special, explicit, steps were often taken to increase the ability of the responder to not reduce the person being served in this way, such as taking the time to listen to a person's story or, in the case of the transitional living centers, using volunteers to take care of time consuming tasks such as answering phones or baby-sitting.

However, there was no strong evidence for providers in the two transitional living centers being so open to their clients that they found themselves being transformed by interactions with the clients (outside of the occasional narration of becoming a tougher person after being emotionally worn down by clients). At the CCMJ, the participants saw themselves as being open to being impacted deeply at a personal level, as they would with a family member, but even though they discussed many personal transformations in their work, they similarly failed to discuss any personal transformation, growth, or insight brought about by interactions with the guests. What exact behavior I would have found if providers were open to being transformed by their clients and guests is unknown. My analysis examined how providers narrated their relationship and if this included a sense of being personally impacted by the people they helped. In the absence of such narration, a more detailed categorization of the ways in which providers are fully open to being transformed was not possible. In all settings,

participants were able to discuss realistic structural limitations on considering the people they serve in their full(er) humanity.

When examining the themes related to level of analysis, ideal solutions to homelessness, and their own relationships with their clients/guests, providers frequently and consistently mentioned the threats posed to providing effective care to an individual using non-locally developed responses. Government agencies, policy makers, and administrators often set the definitions and standards for such phenomena as homelessness, child abuse, or a policy on adequate progress in a program. The majority of respondents felt that constraints set on their work by people or systems that had no direct contact with an individual client/guest curtailed the ability of a provider to deal with the guest given his or her unique issues. Across all three sites, most providers resisted larger scale solutions, which required such standardization, in favor of responses to homelessness that were as individualized as resources would allow. The question of resources, however, presented another challenge to irreducibility. Limits to seeing the client/guest as a complex person and engaging him or her fully were seen as coming from limited psychological and emotional resources and the sheer size of a caseload. Especially with larger case loads, as were found at the MET Center, participants tended to establish firmer and more explicit boundaries to prevent burnout. At the CCMJ, participants felt that the drastically reduced ratio of providers to guests allowed them to develop highly personal and intimate encounters with each guest.

Using an analysis at the exosystem level (Bronfenbrenner, 1977), we are able to recognize that the issue raised by providers around accountability to external entities, like

funders, are mostly relevant to the present study because of their effect on the provider, not because of their direct impact on the clients/guests. The descriptions of this accountability, while not including the client/guest in the interaction, nevertheless have the potential, at least theoretically, to impact the relationship with the client/guest by the way in which they require a process of abstracting the client/guest. Based on this analysis, we cannot evaluate, directly, the impact of this accountability on the relationship with clients/guests. However, provider self-report as well as a conflict, at the theoretical level, with the second dimension of the humanization construct, provides an initial case that this accountability, however necessary to the function of the organization, threatens humanization.

Theme 2-A: Barriers to irreducibility (at the transitional living centers)

That feeling that clients and guests shouldn't be reduced to simplistic categories or statistics was limited in a number of ways specifically related to compliance with funding and policy requirements, treatment models that required personal boundaries between provider and client to be therapeutically effective, and the need to set healthy boundaries to prevent burnout in, or otherwise protect the well-being of, providers.

Freddy, from the MET Center talked about the reality that funding determines the structure of services. He discussed the financial situation of the center to explain why they have to commodify the clients, to a certain extent, devote energy to tending to the business aspects of the organization instead of giving a 100% to clients as people. While not explicitly stating, in this passage, that he was attempting to see the client as fully human, he revealed the reality

that all the people at the center must complete paperwork that essentially reduces clients to statistics. He also noted that he uses volunteers to mitigate this reality.

> Unfortunately, we can't separate out from bureaucracy 'cause just like everything else, we need money to run.... the further we go up in that chain, the more they're going to want proof that their money is being spent well because locally, you can come in and see. Well, higher level, you gotta be able to prove it, you've got to prove it by turning real life into something you can put on paper or into numbers and as we've obviously discussed, that's very challenging to do and you lose a lot when you do that. And you really just kinda throw it out the window when you do that and so, I, you know, no judgments on either end of this, that's just the conflict we run into.

He later described the danger of developing universal solutions as ultimately ineffective the farther abstracted they are. For him, effective service delivery was local, individualized, and personal. This was a sentiment that was heavily echoed by participants at the CCMJ:

> I do believe these problems are best solved on an, as close to an individual level as possible but even now, I still have to deal with state funding, you know.

The scale of the response to homelessness went on to be a recurring theme for Freddy and introduces another key challenge to the idea of humanization in large service-oriented contexts. Freddy and a few others felt that large-scale responses to homelessness are increasingly ineffective the further they move away from the immediate organizational or individual response. Responses that are defined, driven, and funded at the level of state and national policy makers (such as granting agencies or governments) greatly reduce the ability to deal with a person who is homeless in a way that fully respects that person's personal lived experience. A few respondents felt that large scale responses with generalized definitions, metrics, and inclusion/exclusion criteria for accessing services reduced the ability of a provider to develop

the kind of personal relationship with clients that allowed for a tailored response to that person as an individual.

Angelo, from the MET Center discussed the need to separate himself from the clients in order to protect his own mental health and also to provide better services.

> I tell everybody else that's worked here in the time I've worked here, which there's been a lot of employees because again, it's social services, there's a lot of turnover, is that I've always told them you have to leave your work at work. You have to, I mean, when I pull out of this parking lot, I try not to, I try not to think about work at all, so much as far as this is gonna sound a little crazy, on my days off, I won't even drive this street, if I have to drive three blocks around, I will, just so I don't even see work.... I'm 100% committed to doing everything I can to you know, move people towards independent living and work with the guys uh but as soon as I leave here, I try to leave it at that. I've seen over the years a lot of people get really emotionally attached to certain individuals and, and its making them have, non-judgmental opinions of things a bit harder. So um, so that's my one thing that I've kept to and it seems to work.

He went on to repeat the theme that the sheer size and client-to-staff ratio in an organization can be a problem in trying to respond to a person in his full complexity.

> I'm guilty of saying the line, um, our green awning out front says MET Center not Holiday Inn. I'm guilty of that because there are sometimes guys who come in and expect the world from us, you know and they need to know that we can only provide what we can provide or we can when there's one worker out on front to serve 70 guys.... you know, it's like a drive-through window compared to sitting down in a nice restaurant and eating, essentially, when there's a zillion people and one person there's just trying to provide what they can and that's it, there's limits and there's also reasons why there's such a quick burnout rate in social services and this is a huge reason why is because it's an overload …

Jenna, from the MET Center, described how important it was for her to see clients as individuals instead of reducing them to the labels associated with homelessness. She also

appreciated that her clients seem to perceive this about her approach. At the same time, she talked about how she'd been transformed by these interactions and has had to, like Angelo, develop a thicker shell.

> When I came in to the job, I think I had a tendency to be, I don't know, most of the guys out there will tell ya, nice. It was just I wouldn't take any stuff from them but I was more out to... but I approached things in a "soo, how you doin'?" I didn't have that drill sergeant, if you will, attitude.

Theme 2-B: Personalism

Participants at the CCMJ employed a uniform language of personalism that they drew on from their shared mission statement. **Clark** describes this as

> The Christian Mercy and Justice movement is kind of a philosophy that's developed around this idea. It's called personalism. It's taking personal responsibility for people in your community – in your immediate community that you experience. Taking that on as "that's my responsibility to take care of this person." But in different contexts that means different things: the actual meeting of the other person, being present, and listening, caring, just responding.

This value calls for participants at this site to meet a person in need where he or she is and to respond to that person authentically and intimately. There is substantial overlap between this philosophy and how it was narrated, on one hand, and Buber's *I-You* theology on the other.

Allen, had many insights into the nature of being fully present with guests at the house and appreciating them in their full complexity. He frequently invoked the framing of family and treating someone in need as someone you love.

> That's kinda, somebody said about a recent meeting, um, in which there's uh, worker house, so we were talking about, should we help in this way, kinda looking more at the

> vision of the house and some people were kinda getting angry and being like people are drug addicts and um, somebody said that uh, the idea of the CCMJ member and what oughta be the idea of this house is that we offer the hospitality and mercy that we would offer to a beloved friend or family member, um and so the forgiveness we offer to you know, a sister, she goes out and does some drugs and she like you know, is mean and cruel and all that kinda stuff, and you know, you're like anybody else, you know, I wouldn't want to talk to you anymore, but you know, my sister. And so comes out in forgiveness, and offering that forgiveness to people that don't have anybody to you know, forgive them at all.

He also provided his own assessment of the limitations to considering a person in her or his full humanity. Like Freddy, above, he felt that it is the scale of response that reduces the ability to perceive a person in need in this way.

> That's the thing with the MET Center. You're trying to find a place to stay for 70 people and as soon as you get more people, the more people you have, the less you can listen to individuals. Um, and that's where my view on society edges away from thinking we're going to have a democracy or a society that's justifiable and fair to everybody. That is, spanning such a huge country and where I really think now about locality. If you have four places that are offering places to stay, MET center, different places. Maybe you could, if you're only doing it for 20 people, and um, you could definitely, like there would be no need to ban somebody for forever, for trivial rules, like if you don't get along with somebody, man, there's 3 other places that offer shelter, like, you just go there 'cause this just isn't working for me.... And that's when it gets oppressive and so I think, the root of that, kinda oppressiveness in that system is the size and the concentration of all these people that needed one place, um, and served by one group of people. So yeah, you need to spread out. [This part of the community] needs to have a couple soup kitchens, [That part], another one, not all in one spot.

Clark, described his basic approach to personalism and tied it to a desire for empowerment.

> I guess simply all I want to do is create a space where they can be recognized as humans. So that's the basic thing obviously there's probably more other personal things I'd like to see and have better living situations and be educated about these issues and for people

to hear their voice and then to be empowered to share their side of this experience of homelessness or destitution.

Participants across all sits saw practical limitations to perceiving the client or guest in his or her humanity. Because of program requirements or for personal protection, they failed to consistently engage clients/guests in fully personal ways and participants in the transitional living centers established barriers to engaging in relationships with clients/guests beyond the professional level. These practical and personal descriptions of how participants limited their interactions present some potential challenges to a dimension of humanization that calls for not reducing a client/guest and being open to being transformed by him or her. The introduction of the theme of personalism at the CCMJ along with concerns for scale-of-response expressed at all three sites introduces another challenge, posed directly by participants, to the implementation of humanization within large-scale responses to homelessness. Further analysis of these challenges is presented in the discussion.

Dimension 3

In these relationships was there an opportunity for people who were homeless to exercise power over the structure of the services they received? Was an atmosphere created that allowed people who were homeless to develop a critical consciousness of their social condition and that, furthermore, encouraged them to address structural change related to their oppression beyond the level of the immediate service or care organization? These questions were partially answered by questions posed to the participants about collaboration, level of analysis when discussing causes and solutions related to homelessness, clashing worldviews between responders and the people they serve, how power generally operated in the

relationship, and specifically client's power to insert his or her own meaning making system into the relationship's agenda.

The prevalent theme of choice emerged again in these conversations: What does it mean for fully agentic adults to make an informed decision and seek help from an organization with a pre-defined structure? Does it make sense to talk about the power to create structural change at the level of an organization when people are making a choice to engage a partner (i.e. the MET Center, CWEH, or CCMJ) that already has its own agenda? Or is this just an example of empowerment in which the potential client/guest is actively choosing to engage those resources in the community that he or she feels can best be exploited to help him or her? What does it mean for people who are homeless to have agency if they are desperate, cold, or in some other type of crisis? These questions were addressed as participants described their understanding of if and how to respond to the reality of structural oppression and what the role of guests/clients should or should not be in this structural response.

At none of the sites was the fundamental structure of the program or the recovery model driven or influenced by people who were currently homeless. To varying degrees clients/guests had input, as directed and allowed by the people who ran the organization, in some details and procedures. Where people who were homeless did have power, as narrated by providers, was in choosing how best to make use of available resources in order to meet mutually agreed upon goals. In no cases were people who were homeless seen as potential actors in creating systems change in the larger structural factors that contributed to their oppression.

Theme 3-A: Where should client power lie? Goal setting

People who were homeless were seen as having the power to seek help and to work on themselves. In none of the three sites was it seen as appropriate or as an explicit part of the agenda for people who are homeless to create socio-structural change. In all three sites, client/guest power was specifically narrated as the client setting the goals for her or his own personal life then accessing resources available at the setting. There was some evidence for the active inclusion of people who were homeless or formerly homeless into some aspects of program/setting design.

Freddy, from the MET Center, discussed a largely defunct advisory board that had a role for a client or former client:

> I will say that MET has an advisory board which insists on having a current or former resident on it, um, in the interest of full disclosure, it's been poorly run for a long time and we're trying to get it back up off the ground, um but that matters to us. Um, I think that there's legitimacy in the people who run the program coming from a perspective of 'we do know how a lot of this works best'.

Denise, from the CWEH, explained that former clients assisted in the development of the rules book:

> Interestingly, the client handbook was put together. It was a collaboration by staff and women who used to live here. And I found this out from a woman who used to live here. So, I do know that there is input in the expectation rules that come from clients themselves, just based on their experiences of living here. So it isn't just the management just saying 'this', its people together, living, saying this is what we need to be successful in this community living situation.

Daniel, from the CCMJ, as quoted above, saw the guests as members of the community and therefore entitled to enter the consensus making process to settle on community-level decisions. These daily living arrangement decisions (e.g. how much television to watch or how much meat to serve during dinner in a community where most of the providers had strong vegetarian or vegan values), however, were not fundamental structural decisions about the program (e.g. what populations to serve, how to relate to other community agencies, what philosophical approach should be taken to provide care).

Theme 3-B: True client power to address structural issues? Choose to adapt or drop out of the structure.

At all three sites, participants almost exclusively saw people who were currently homeless as people in need with no explicit narrative of having power or need to act beyond their own immediate crisis. Even with input, for example, on introducing a TV into the house, input into fundamental program structure was not available to guests. Where people who were homeless did have power in relation to larger socio-structural issues (from the program level on up) was in the capacity (and choice) to integrate into the mainstream structure and follow society's rules or to not choose to participate in mainstream society. Structural change, when mentioned was either the purview of people who were not homeless or of policy makers.

Denise, from the CWEH, saw poverty as the primary structural concern for people who were homeless. She acknowledged that this isn't just a random force but is the result of oppression and that it disproportionately affects certain populations. Providers could respond to this structural reality by being advocates for their clients. Whereas clients, with support and

encouragement from the provider, could respond by simply doing a good job in their recovery and employment and thereby change fundamentally social attitudes. The ultimate response to this structural reality was for the client to gain wealth and, therefore, self-sufficiency.

Denise was convinced that homelessness is the result of structural causes. In a quote above she discusses the reality of poverty as being a force that determines if a person initially becomes homeless. She also acknowledges that it affects some groups more than others.

Later, I challenged her to talk about solutions to homelessness in which the client can act on the systems that caused homelessness. Here she offered a success story about how to address the reality of structural oppression in light of her, heretofore, individual-level responses. She shared a story about an older woman who because of oppression due to gender, age, poverty, and social class was marginalized in society. She described a pathway to empowerment, which leads to wealth, which leads to self-sufficiency. She defined self-sufficiency as the ability to navigate and survive according to the rules of mainstream society. She saw the power of the service setting to help client achieve this. The success of the clients is its own type of social change.

> So it's advocating to the larger society, I think, is how you help empower them in a larger way. It's showing them that they do have some influence over the larger society. You know, they're not this little person. You deserve to have these resources in this society. Just like anybody else, you know? So it's advocacy… is really the big answer to your question. Money, you know, helping them see that… money to some degree is power. It's going to buy you freedom. It's a conversation about money that's not just how do I live from paycheck to paycheck but how do I build wealth. Because wealth is freedom.

Freddy, from the MET Center, was asked directly about the client's ability to provide more direction to services. He did not see this as appropriate because there are larger restrictions. However, rather than seeing this as having less power he narrated this as the client having all the power in this situation. Here is asked if there is a role for clients to become key decision makes in the setting.

> I honestly think we already do that as much as is reasonable, um, I mean, do we have to insist on certain things? Yeah, quite a bit because our funders of which this particular building has, you know, literally dozens all have their own rules and requirements, um and so, they, you know, so we're. Anyone coming in here has to agree to those things, you know.... we're very clear up front about what this program is, what it's designed to be and it's totally and utterly voluntary and you agree to sign up to it and as soon as you don't want to be part of the program anymore, you discharge yourself. Um, so in that regard, you know, every guy that is here has had it very clearly explained to him what this is and they've agreed to it. So I mean, they have complete and utter control as it is.

He further went on to frame this as the human condition. That we don't always get the perfect world and, as people, regardless of housing status, we are responsible for doing what we can to survive, even if it isn't our ideal scenario.

> I'd like to live my life where I don't have to be here every morning at 8:00 but that's part of the requirement of the job, not mine anymore, but it is an example. If I didn't want that, I'd have the choice to seek employment elsewhere. How successful I would be, I dunno, it's a pretty common expectation for work, that they're on time, you're there every day, um, but and a lot of these guys are going to have, they're going to have two choices, here or the streets, it's still a choice, um, and I mean, anyone who we're faced with all sorts of rock and a hard place choices, everybody, all day.

For some participants, and for all of the CCMJ providers, the power to participate or not in the mainstream was seen as the method by which a person who was homeless could respond to structural oppression. However, this narration of empowerment, while using similar

language to Freddy's was subtly different in that it saw rejection of re-entry into the mainstream as a potentially empowering alternative.

Clark, from the CCMJ, described the choice to participate or abstain from the system as empowering and locates the power of the client/guest to respond to structural oppression within this decision.

> One of the annoying questions is that… process of re-integration, in that situation, is they chose not to follow the rules they chose not to integrate themselves back into, there's kind of these codes in society and in some ways they're displaced from that. What it means to be some sort of normative on a scale of society. So maybe the decision is not to be that and then the idea is to re-integrate them back into normal civilized society but I guess I just have a hard time… (1) because of my own critique of what that society is producing. The society itself is lending to this economic injustice that leads people to homelessness. So telling people who are homeless "make the decision to join back into society again" and maybe it's getting piss-poor job working at a factory or working at a fast food chain where you actually can't still make enough to pay for an apartment and take care of your kids and receive health care and feed yourself. But somehow that's viewed as more successful. Just because they're at least re-integrated back into society. And I know some people who chose to be homeless because they just want to live in the woods and they don't want anyone in society telling them what to do. And in some ways I can respect that. If people don't want to be part of this society, maybe they want to be part of a different society.

For the most part, there was a lack of evidence to support the presence of key components in the third humanization dimension. Participants discussed their views on the proper role of their clients/guests in the relationship, the degree to which participants should be able to insert their own ways of making meaning into the relationship and its fundamental structure, and how best to respond to homelessness at a its structural roots. No one described opportunities for clients to develop critical consciousness of these structural realities at the

organization level or higher, let alone opportunities to act upon these aspects of their worlds. Even when probed for, such a description was absent from participants' perceptions of (1) the proper care or service relationship with a person who is homeless and (2) the proper response to homelessness as a social phenomenon. In the discussion, further analysis is offered concerning this considerable lack of congruence between the structures of the relationships as they were observed in the data and what would have been expected in a humanizing relationship along the third dimension of the construct.

DISCUSSION

Summary

This was a study that set out to understand the nature of humanization in the relationship between people who respond to homelessness and people who are, themselves, homeless. In this project I introduced the building blocks for a new theory of humanization-in-relationship that is comprised of three basic dimensions: (1) the desired state of the person with less power, (2) the desired state of the person with more power, (3) the desired mechanisms of action that will facilitate humanization in the person with less power.

This initial construction of humanization led me to look for evidence of specific phenomena in each of these dimensions: (1) A client or guest who was free to move in a way consistent with her or his own meaning making system, (2) a provider who not only did not reduce the client/guest but was open to being changed by her or him, and (3) space for the client or guest to engage in critical reflection and action on the structural circumstances that presently defined her or his life.

Summary of initial results.

With important caveats, I found at least partial evidence for humanization across all three of these dimensions. There was evidence that people who were homeless were free to use these relationships to move toward self-directed goals but the nature of the strategies for moving toward these goals introduced by the settings might not be congruent with the clients' or guests' initial meaning making system or sense of needs. Providers and volunteers were strongly resistant to reducing the people they served to symptoms, statistics, or other

generalizations, however, the demand characteristics of the settings, in the social service institutions often required abstracting from the client-as-fully human to the clients as data points or as recipients of a manualized response. Similarly, the ability of providers and volunteers to remain fully open to providers was kept in check by a need for providers to protect themselves emotionally and psychologically as well as by the dictates of treatment models. Finally, little evidence was found for a relationship that promoted the development of critical consciousness through action-reflection at a socio-structural or institutional level. However, providers did feel that their clients and guests had the power to shape the initial relationship goal, and to a more limited extent, the structure of the immediate relationship with the provider.

Key Findings

A closer examination of the results and interpretation of the themes in relation to each other reveals eight key findings. These refined and expanded interpretations of the data were developed through a process of aggregation and comparison of conclusions from each of the thematic areas of analysis found in the results (basic relationship structure and each of three humanization dimensions). These advanced findings allow for a deeper understanding of the presence or absence of humanization in these relationships as well as for how this phenomenon played out.

1) Clients/guests set the goals in the relationship but little else.

2) Despite language of client/guest-centered responses to homelessness, it might be organization meaning-making systems and not the person who is homeless that is at the center of these relationships.
3) People who were homeless were seen as fully agentic in regard to seeking care.
4) Service providers intervened to correct perceived client resource-deficiency in a way that possibly denied clients the power to operate on the world according to their own meaning making systems.
5) Participants largely operated on an individual level of analysis.
6) For the most part, participants saw the people they served as irreducible.
7) Participants failed to demonstrate a fundamental openness to personal transformation based on encounters.
8) There was little evidence of space for action-reflection from clients.

(1) Clients set the goals in the relationship but little else.

At all three sites there was strong evidence that people who were homeless and seeking help, were encouraged to enter the setting and express their own goals to be addressed by the people working there. The first dimension of the emerging theory of humanization holds that a person is more authentically human when her or his own actions are deeply congruent with her or his own needs and way of making meaning in the world. To have a self whose actions are dictated by a false persona (created to survive in a world that does not accept one as one is) or in reaction to another person's directives, compromises one's ability to be fully human. The third dimension of the conceptualization of humanization further suggests that a person from a

marginalized social location should have the power to act, out of her or his own native meaning making system and in dialogical reflection with others, on the relationships and structures that affect her or his life. In the emerging theory of humanization that was proposed in this study, we are denied an opportunity to be fully human when we are denied the opportunity to act upon the world in a way that is consistent with our own meaning making system. This denial of opportunity to influence the fundamental parameters of their relationships and the multiple social structure in which they are embedded is particularly of concern for people in marginalized social locations as, arguably, their very marginalization is specifically enacted by the mechanisms by which their opportunity to act upon their worlds, is restricted.

Sumerlin's (1996, 1997) guide for humanistic psychotherapists suggests that the imposition of mandated treatment goals would introduce a lack of congruence with a client's self-state. These forced recovery goals would not only *not* lead to humanization but they would lead to psychological distress in the client. On the other hand, a healthy psychotherapy relationship that is humanizing in Sumerlin's humanistic framework would allow treatment goals that emerge from the client's own *internal frame of reference*. In this study, to an almost universal extent, providers saw themselves as creating a space where the work they did with their clients and guests was directed by goals introduced by the people they served. In a couple of cases this was taken a step further such that not only were client goals respected, but the providers were also, at least initially, open to the specific ways in which a client chose to arrive at the goals. Sumerlin (1994) found that this strong initial openness and this type of empowerment, were strong predictors of successful outcomes using the traditional indicators. So these approaches

by some of the providers in the present study are possibly humanizing and potentially lead to increased therapeutic alliance and more successful attainment of independent living. At the CCMJ, the live-in volunteers also respected client directed goals but took this a step further and respected a guest's goal to choose to not work toward independent living or any of the other traditional desired outcomes for working with homeless populations. While all purporting to start with client-directed goals, this variation among providers suggests two initial areas for ongoing analysis around humanization. First, even if a person who is homeless ought to be free to develop goals consistent with her or his own meaning making system, should that person also be free to develop a strategy for obtaining those goals that is also consistent with that meaning making system? Does a person who approaches these organizations for help, even have sufficient psychological capacity to competently direct these strategies? Second, what do we make of the reality that people seeking services are engaging entities with their own pre-existing meaning making systems, expertise, and toolboxes for creating change?

What is the capacity of a person in crisis?

Sanders (2009) suggests that a well-trained service provider is one who knows "how to get out of the way" of a client's natural healing process and that a client is the best informed in selecting the appropriate healing process. However, how do we assess the capacity of a client for directing the healing process? Rogers (1960) does not claim that a person is more fully human when she or he is free to act in the word in whatever way is impulsively pleasing. Rogers's vision of a fully functioning human being is predicated on intimate insight into one's own true self, an awareness of needs and emotions, and having available a range of reactions

to respond to the world. These resources provide one with the internal psychological freedom to move in self-directed ways that the person determines is healthy for her or himself. By and large, participants at the two transitional living centers did not feel that their clients, entered into the service relationships with the capacity (requisite skills, knowledge, or access to external resources) to direct their own treatment plans. This was evident in their construction of the proposed approaches to service (in Table 1) at the individual level of analysis and their desire to provide resources and skills necessary for clients to exit homelessness. In fact, this lack of strategic capacity, they felt, is the reason the clients approached the settings and requested help in the first place. People came in to be fixed, at the personal level, so that they could return to mainstream society and thrive. With this understanding of client level of preparedness to direct her or his own life, the service providers who endorsed this narrative saw it as their job to use a variety of strategies to increase the capacity of clients to successfully make good decisions and to move in ways that were healthy and sustainable.

Furthermore, at the transitional living centers, the imposition of a recovery strategy, even in those cases where it was perceived, by the service provider, as being uncomfortable to and inconsistent with how the client made sense of her or himself and the world, was viewed to be in the client's best interest. In fact, a client's willingness to ask for help and risk a new survival strategy was often narrated by providers as an expression of client power. It indicated to service providers that their clients had summoned the strength to take a serious and difficult step toward recovery and healthy living. This was evident, for example, as providers at the CWEH talked about child rearing, as providers at the MET Center discussed enforced drug and

alcohol abstinence and attendance at recovery meetings, and in the general belief, at both sites, that the strategy for achieving the client-established goals should be dictated by the service provider since the provider had the expertise and experience to help the client uncover new strategies and resources. The implication here, occasionally made explicit, that once the client learned to trust the providers, they would recognize that these new ways of operating in the world were indeed in their own best interest; that these foreign strategies, which were initially inconsistent with their original meaning making systems, would ultimately lead to physical and psychological well-being. It was assumed that successful clients would come around to a provider's way of thinking about how to reach goals and that they would, ultimately, be thankful for (or at least recognize the value of) these alternative, imposed, meaning making systems. This assumption on the part or providers, however, does not account for the possibility that clients are strategically submitting to an imposed treatment plan in order to obtain the rewards of program participation. For example a client's participation might never change that client's meaning making system but appearing to "buy in" to the program might be a successful strategy for securing free shelter. Future research with clients is needed here.

At one level, this presumption to correct faulty meaning making systems could be seen as dehumanizing. After all one could make an argument that it is actually agency-denying for a provider to tell a client that she or he must adopt for example, an abstinence-based religious model for a drug problem (that the client doesn't perceive as problematic in the same way) or to establish a rule that sets a mother's allegiance to her culture and upbringing around child-rearing against her ability to continue to access service. While not necessarily a Rogerian

argument, another interpretation logically follows. At another level, this might be interpreted as the introduction of cognitive, emotional, social, and material resources that would be prerequisite to the client truly having the internal freedom to act in a way that will most successfully meet her or his needs. A client might not be seen as having true choice to select a life path unless she or he has the resources to select from a wider set of paths in life. In either case the client is coming into contact with the meaning making system of the provider and must negotiate it.

What are the natural limits placed on congruence with one's own meaning making system when one chooses to work with others who also have their own meaning systems?

The fact that goals are often client-directed does not negate the fact there are multiple agendas and meaning making systems in play in the relationship. In a critique of standard interpretations of person-center approaches, Kahn (1999) suggests that it is never possible to engage in a truly nondirective relationship with a client. He argues that the person-centered approach dealing primarily with the "self" of the client can only do so at the expense of fundamentally denying the presence or "self" of the therapist. The fact that another person (a provider) is present in the relationship, regardless of desire or training to reduce the imposition of her or his meaning making system cannot help but introduce directivity in the relationship simply by that person being an actor in that relationship. The very act of being present, let alone communicating with another person carries with it the transmission of culture and expectations. Directives, implied or explicit, are a fundamental property of human encounters,

especially in relationships with power differentials such as are present with a person seeking help from a person who is able to offer it.

While often purporting to be advocacy driven, client/guest-centered, and client/guest-directed, the providers or volunteers within each of these three sites come with their own organizational culture, personal beliefs, and explicit model for responding to homelessness. Even at the CCMJ, where resident goals and desires were narrated as more paramount (in that guests could even choose to not make progress on a plan), it was still the case that the presence of many agendas and meaning making systems in the same community introduced some restrictions on the guests' own ability to freely move in directions that were consistent with their own internal meaning making systems. No researchers studying humanistic theory, claim to identify perfect relationships for self-actualization just as the present study did not seek to uncover a perfectly humanizing relationship as measured against the humanization construct proposed at the start of the project. This first finding adds insight to existing humanistic theories by identifying specific places, in the present context of homelessness service and care delivery, in which the relationships are not directed by the client/guest's meaning making system. The findings that follow identify other context-driven parameters to humanization.

(2) Despite language of client-centered responses to homelessness, it might be organization meaning-making systems and not the person who is homeless that is at the center of these relationships

Related to the first finding is the finding that at each organization, there were established ways of seeing the world that were present and, in the cases of the transitional living centers, imposed on people who were homeless. The goal of the transitional living centers was not to increase humanization; it was to move their clients toward sustained independent living. Even the CCMJ, which had a goal to simply be present with people who are in need, was not necessarily aiming to help their guests become more fully human.[14] So, while I find evidence for humanization in that people who were homeless were able to make a significant contribution to what they wanted to work toward, I do not take it for granted that local responders to homelessness are intentionally working toward an outcome of humanization.

Gilkey (2009) describes a space for one to reflect on and express one's own meaning making system as being an essential need for people who receive services and care. Researchers in the field of critical social work explore this lack of space for client meaning making systems and interpret it to be a function of increasing top-down *managerialism* in which social workers run their agencies using for-profit models with specific, quantifiable, service outcomes dictating all institutional policy and training decisions (e.g. Fook & Askeland, 2007; Zuffery, 2008). Fook et al. (2007) see this as resulting from a model in which therapeutic value, defined by symptom reduction, takes precedence over educational dialogue that leads to empowerment and personally meaningful transformation on the part of the client.

(3) People who were homeless were seen as fully agentic in regard to service-seeking

[14] Although, they are, arguably, engaged in an intentional exercise to make themselves more fully human.

Participants tended to feel that the people they served had made active and informed choices that brought them into the relationship.[15] How one treats another arguably depends on whether the other is seen as having made a deliberate choice to participate in the relationship, in the relationship of interest here, whether the provider perceives the power to participate (or not) in a service or support relationship to lie primarily with the person seeking help.

If it is true that a person who is homeless actively chooses into a relationship (rather than being forced or coerced into one) then, perhaps, it becomes easier for providers to impose their own meaning making system or agenda onto the person seeking help; since after all, the providers reason, the clients/guests knew what they were basically signing up for when the initiated contact. The presence of client or guest agency in such relationship constructions therefore allows the provider to frame the person in need as the determining force in interactions that (1) might ultimately deny his or her native meaning system or (2) might deny him or her power in addressing issues beyond his or her individual case. These realities and parameters were never misrepresented to people seeking help; so, the argument goes, the ultimate limiting factor in what unfolds in the relationships is the person seeking help.

Sossin and Grossman (2003) explored this question of choice by developing a socio-rational choice model to explain participation in homeless services programs. They describe the following decision making factors that demonstrate the presence and operation of client choice.

[15] This is not to say that participants saw the decision-making capacity of the people they served as being healthy or intact. Just that they were not forced into relationships with providers.

- “Clients weigh the costs and benefits of participating in services against alternative uses of their time and resources.
- The clients’ weighing procedures reflect their personal situations and perceptions of the treatment environment.
- The perceptions of their personal situations and perceptions of the treatment environment are affected by the manner in which clients react to representatives of service systems, members of their social network including both housed and homeless persons, and other individuals.” (page 504)

Through a review of 25 studies on potential participation by people who were homeless in substance abuse treatment programs they found that, these dynamics, as well as personal previous experience in the systems largely determined participation. Their study, while representing a groundbreaking reframing of client participation in the homeless services literature, does include a dimension of social marginalization and oppression that might influence how choices and resources are assessed by people who are homeless. More specifically, they also fail to consider situations in which providers with power and resources might potentially coerce marginalized people into certain behaviors by offering or withholding desperately needed resources. For example, how do we think about the fundamental the ethical issue of being forced to choose between service participation and sleeping outside under freezing conditions? Notwithstanding ethical considerations for offering or denying services in a way that might perpetuate marginalization, Sossin and Grossman offer empirical support for the assertion, by my participants’ narrations of choice in this study, that people who

are homeless are agentic consumers who make informed choices about their real world alternatives.

(4) Service providers intervened to correct perceived client resource-deficiency in a way that possibly denies clients the power to operate on the world according to their own meaning making systems

Related to the findings that most participants felt that people seeking help were fully (or mostly) agentic individuals and that client/guest meaning making systems did not dominate the relationship, is the finding, at the transitional living centers, that participants saw clients as resource deficient. This narrative suggests that, upon realizing that they were lacking in cognitive, emotional, social, informational, and material resources, clients entered the settings asking for help in developing these resources. It suggests that it is in securing these resources that a client can move from homelessness to the ultimate goal of sustainable independent living. Within this internal logic, it follows that it is the role of the service provider to provide, through various mechanisms (advocacy, modeling, training, reward, punishment, etc.), support to access needed resources. Without this support, the client will be unable to access the resources needed to make healthy decisions. Implicit in this realization for some providers is that these resources needed to be introduced into the clients' lives regardless of whether the client initially recognized these resources (or resource attainment strategies) as being useful or appropriate. A certain degree of trust is necessary from the client in order for her or him to be open to ways of being that don't feel right but will ultimately prove to be in her or his best

interest. Finally the service providers felt that what gives the provider permission to create this imposition on the client is the client's fully informed self-selection into the relationship.

Freire (1968) and others (Cwikel, 1994; Mercier & Racine, 1995; Condon, 1997) caution against a relationship in which a liberal attitude of wanting to save the oppressed from themselves robs people who are oppressed of the power to initiate their own reflection and action on the world. From this perspective one can examine what it means for those with expert power to introduce, through persuasion, coercion, or other techniques of behavior modification, a model for surviving homelessness to their clients that does not seem to respect the clients' native ways of making meaning out the world, denies clients a space to reflect critically on the structural oppressions that led to their situation, and, furthermore, reserves the power to determine the appropriateness of mechanisms of change for the experts in power. On the surface, this contradicts dimensions one and three of the emerging theory. However, what should we make of the service provider propositions that (1) if the clients were experts enough in how to survive homelessness (i.e. they had the psychological, social, and material resources) they would have done so on their own with no need to seek expert help and (2) that once clients have secured access to key resources (even if the strategies for doing so are initially outside of the meaning making system they brought with them to the relationship) they will be truly free and empowered to act in a way that fundamentally meets their true needs in a way that is sustainable and satisfying? If we take these provider constructions at face value then top down power is especially appropriate here in spite of the warnings from the liberationists. Here the providers, in essence, introduce a critique to liberationist theory as they justify behavior

that clients in other studies (e.g. Hoffman et al., 2008; Gilkey, 2007; Miller et al., 2001) describe as dehumanizing. After all, if a client is resource deficient and ignorant of ways to improve his or her own life (like a child or ignorant student), perhaps it is appropriate to employ behavior modification in order to educate and protect the person... for that person's own good. The perception that a client's strategies for surviving homelessness are based in a faulty meaning-making system or result from inadequate resources, precludes the necessity to engage the client in dialogue about transforming the service relationship and the oppressive structures in which the client and relationship are embedded. Instead, it is the client who needs to be acted upon until he or she has adopted the correct strategies and/or meaning making systems introduced by the providers. It is then that dialogue is possible; once the client or former client is equipped with the proper interpretive framework.[16]

This finding that service providers largely saw the client as needing to have their resource deficiencies corrected is possibly due, at least partially, to the next finding of providers operating at the individual level of analysis.

(5) Participants largely operated on an individual level of analysis

Most participants saw their work as occurring on a person-by-person basis. This is not surprising since most of their roles were principally defined by their response to individual people in crisis. Participants tended to define change as occurring at the level of the

[16] In the few cases in which providers discussed client input into the settings (e.g. advisory board, rule books) implicit in the invitation to the table was the client be a "successful" client or former client according to the meaning making system of the program.

relationship with the individual and to resist structural definitions of solutions. Even the participants at the CCMJ who suggested that society needed to change, saw the solution as being a change in the hearts and minds of individuals in local communities rather than systemic or institutional reform.[17] And, while many participants offered, or, with prodding, acknowledged oppressive structural antecedents to homelessness, most of them constructed the reason that a person would remain homeless as a matter of *individual* choice.

Participants, especially at the transitional living centers, felt that addressing homelessness needed to start within the individuals who were homeless. Service providers and live-in volunteers came into the picture as resources to help these individuals make changes in their lives when asked. Interactions with structures beyond the individual or relationship were principally discussed in terms of whether or not the person who was homeless was successfully able to access resources in society or was able to successfully re-integrate. When such integration was deemed as the goal, the service relationship was framed as advocacy to assist individual clients to successfully develop skills in navigating institutions and systems. In fact, many respondents felt that extrapolating cases to universal ideologies or manuals was, in fact, harmful to people who were homeless. They felt that moving beyond the individual level threatened the providers' ability to understand the people they served in their full complexity. Some providers cautioned against reducing people and their stories to data points in an aggregated response. It was argued that, this would not respect people who were homeless as

[17] Although, it is arguably an extreme form of institutional reform to dismantle institution-centered responses and replace them with an anarchistic decentralized responses involving shifts in community values and priorities.

individuals and, given the complexity of individual circumstances, it would not lead to successful outcomes.

Similar to findings from Lyndsey (1998) and Tracey and Stoeker (1993) participants in the present study, while acknowledging structural factors that influenced homelessness saw the solution as being mediated through individual effort. This insight, perhaps, suggests a conflict (or a need for further refinement) in a construction of humanization that includes components that attempt both to not abstract people past their immediate humanity (Dimension 2) but also to encourage operation within a constant awareness of structural oppression and transformation (Dimension 3). These ideas are not mutually exclusive but the ability to seamlessly shift between levels of analysis can be difficult for anyone and therefore any suggestions on promoting humanization might need to take this into account.

(6) For the most part, participants saw the people they served as irreducible

Participants universally offered social constructions of the people they served that saw them as complex, "real," people and not just cases. While being talked down to and treated like a child were seen as dehumanizing in several studies (e.g. Shpungin, 2003; Duneier, 1995; Condon, 1997), Hoffman (2008) also found the converse to be true; that being accepted as fully human was highly valued by participants. In the present study, the result that clients and guests were not reduced to simply cases and symptoms was qualified, however, by program parameters, personal (responder) well-being, and the size of the client populations.

At the transitional living centers, there was a sense that some degree of operating above the level of individual person-to-person intimate response was necessary. This was both because it was necessary to develop a strategic response to homelessness, as a community issue (not just a problem that one individual has outside of any larger context), and because of the need to partner with, and be accountable to, funders and governmental agencies. These external funders and policy makers require that the work occurring at these sites be reduced to and reported in terms of statistics related to key indicators and outcomes.

Participants at these two sites also described a need to set personal boundaries. For example, developing a tough outer shell, in the case of Jenna or avoiding thoughts about work or even driving the work site, in the case of Angelo. As service providers, there was evidence that participants were not available at all hours for their clients and were able to successfully establish limits to how much emotional access clients had to them as well as unilaterally limiting the intensity of encounters with them.

Finally, there were restrictions based on the size of each site. The MET Center had the most clients. Participants there were most likely to use language of having to make extra efforts to see their clients as fully human. The CWEH had many fewer clients and around the same number of staff and were more likely to talk about in-depth personal relationships they had with clients and their children that extended beyond weekly meetings to assess compliance with a service plan (which was the dominant interaction described at the MET Center). Providers at the CCMJ, which has only a handful of guests at a time (as well as a different

program philosophy and no accountability to external funders), tended to more consistently narrate the relationships as accepting guests in their full complexity.

(7) Participants failed to demonstrate a fundamental openness to transformation based on encounters

At none of the three sites were stories about self, other, relationship, or mission narrated as being personally transformative. That is, when responders encountered people who were homeless, they went in to the encounter and came out the same person. Participants were asked to describe their relationships with their clients/guests, to describe how they had grown in their work, and what space they provided for the clients/guests to introduce their own meaning making system into the relationship. I found no strong evidence that responders were fundamentally transformed by individual people they served. They failed to talk about learning anything about themselves from their clients/guests or engaging in perspective shifting dialogue with clients/guests. Providers often talked about being deeply impacted by their work . Encounters were described as personally rewarding to the extent that providers were able to engage in work that was congruent with their own meaning making systems and previously held perceptions of what it meant to do “good” work. In this study, this deeply personal impact was limited to feelings of satisfaction (or the lack thereof when encountering disappointment) and did not extend to impactful personal change along the lines of dimension two. Even though clients and guests were able to introduce goals into the relationship, for the most part, the interviews revealed that clients and guests were acted upon by providers, and not the other way around.

Providers did, in fact, describe changing professionally as a result of these relationships but in a very specific way. Participants often felt that they developed a more nuanced understanding of homelessness after examining the many people they helped over the years. This personal growth was less a result of one-on-one dialogue with a *You* and more due to reflection on cases and challenges faced by the provider.

Paradoxically, there was evidence that exposure, at a personal dialogical level with the client/guest as a *You* led to personal transformation in the provider. However, this personal transformation, when discussed was actually comprised of the strengthening and clearer demarcation of personal boundaries in order to prevent the kind of full openness to the client/guest in way that would lead to burnout and psychological distress. Some participants actively attempted to separate (or at least create a buffer between) their work and their own personal lives such that their work was a job that could be left at work and was segmented from other aspects of their *selves* This is not conclusive evidence that such personal transformation did not occur at all but it is evidence that some participants attempted to restrict the personal impact from the people they helped and that there are compelling reasons for doing so. The establishment of professional and personal boundaries, especially for self-care, does not necessarily preclude personal transformation by a client/guest. However, this study failed to find any evidence, beyond this creation of psychological boundaries, that providers had been changed in deeply personal ways.

Dimension two of the construct of humanization, as originally posed, describes what we would expect to see from the provider if the relationship was humanizing for the client or guest.

Buber's (1923) original formulation of this basic word *I-You* describes what it is like for the subject to be more authentically human. It could be applied in the present context, strictly as a description of the humanization of the provider who is the subject, or *I,* in the relationship in which the client/guest is an object. However, its utility to the present study is narrower and is based on two inherent characteristics of the *I* in relation to the *You.* When we perceive someone as a *You* instead of as an *It*, we do not reduce that person to an object and we are open to being fundamentally transformed by that person. The creation of this humanizing space (for the client/object), if we were to rely solely on Buber, does not require the active participation or even awareness of the *You*, in this case client/guest, it only requires a specific orientation on the part of the *I.* Borrowing from Buber's theory, we can therefore make at least a partial assessment of the potential for humanization for the client/guest solely through an evaluation of the provider. While it is an indirect measure of humanization in the client/guest, it allows for a direct assessment of the provider as partner in a potentially humanizing relationship. According to this approach to assessing the humanizing potential of the relationship, little evidence was found for humanization. If one were to remain faithful to an ideal interpretation of this component of the original humanization construct, these relationships would have been seen as humanizing to the extent that the service providers narrated them as personally transformative and, specifically, saw that as a central characteristic of the relationship. While Buber's original idea speaks to the humanization of the *I* (that is, *I* become more fully human when *I* look upon you as a *You* and not an *It*) we can use that formulation to ask a complementary/obverse question, If I do not narrate my experience with

You as one in which *I* am not only open to being transformed but am constantly being transformed by, am *I* really perceiving you as a full *You*?

That we ought not reduce people to *Its* is a somewhat prescriptive argument however this issue is not necessarily a moralistic one. The question of if we should do this and how is a one that invites a consideration of the real-world parameters that define our relationships and strategies for maintaining psychological health. William Kir-Stimon (1986) reviewed personal psychotherapy cases in relation to therapeutic boundaries from a Buberian perspective. While arguing the necessity of boundary-flexibility, he nonetheless recognizes that boundaries are necessary for the well-being of the provider and for positive therapeutic outcomes with the client. As a cognitive-emotional survival strategy, there is real value to setting up boundaries that limit the degree to which our lives are radically uprooted and altered by everyone we come into contact with. This is especially the case when we face a large number of people who are in need, have intensely emotional stories, and are coming from desperate situations.

(8) There was little evidence of space for *action-reflection* from clients

Freire (1968) argues that "to alienate human beings from their own decision-making is to change them into objects" (page 73). For Freire, the process of becoming more fully human occurs when people are increasingly able to engage in reflection and action on the structures that shape their lives. The third dimension of the construct of humanization complements the requirements for humanization given in the first two dimensions by specifically addressing the clients' or guests' power to actively assert that meaning making system into the relationship such that it alters the service agenda as well creates structural change above and beyond the

immediate relationship. Accordingly, I was looking for evidence in the following three areas to assess humanization in the relationships.

1) Did people who were homeless have the power to insert their own agendas into the services they received?
2) Did they have impact on the overall program structure?
3) Did they have the space to engage in action-reflection in order to develop a critical consciousness of the larger community and social structures that served to oppress them and that they had space to act on them (within the relationships at the setting)?

The first two dimensions of the construct of humanization focus simply on the space for an individual to live according to her or his meaning making system (Dimension One) and simply requiring the person responding to homelessness to perceive the person she or he is helping as fully and irreducibly human and to be passively open to being transformed by this person (Dimension Two). According to this third component of the construct, the relationship is evaluated not in terms of life congruence and irreducibility but in terms of an active reflection and action on the world that would propose to shape this congruence and irreducibility. Because the current study examined only people who respond to homelessness, this evaluation was carried out at a specific level; that is the space for humanization that these responders created or failed to create (through their strategies and in their personal attitudes). Without a complementary study that also directly examines the critical action-reflection of people who are homeless, the assessment of humanization in this third dimension, in the present study is necessarily a partial one. As, with other components of this study, I was limited in my ability to

directly assess humanization and, instead, was, more modestly, only able to address evidence of space created by providers in the relationship that represent the conditions necessary for humanization.

According to providers, people who were currently residents in these settings, by and large, had little to no power to affect structural change or to direct the fundamental response to their individual case (e.g. the service model, modality, or philosophy that drove the response). These structural components to each organization's response to homelessness were pre-established by mission statement, philosophy, and objective. They were spoken of as if they followed clearly and logically from observations of the social issue of homelessness and were never narrated as being fundamentally accountable to the worldviews of the people being served.

Evidence for power was seen for clients in the immediate relationships: in introducing goals (and occasionally preferred strategies for reaching them) into the relationships that both provider and the client/guest could work on together. In the transitional living centers, explicit mechanisms were identified that allowed for input from clients into more fundamental structural decisions related to the organizational response. These mechanisms were either narrated as being broken or restricted to former clients who had already successfully adopted the meaning making system of the setting. Participants at the CCMJ described a consensus process in regular house meetings where everyday house issues (e.g. how chores as assigned or whether to have a TV in common areas) were deliberated upon with current residents. However, in none of these cases was there evidence that these mechanisms led to people who were homeless having any say in how the organization fundamentally chose to respond to

homelessness nor was there evidence that providers provided a space for people who were homeless to act at structural levels, that is at levels above and beyond their own immediate condition. In fact, how the organizations and the individual providers chose to respond to homelessness seemed fixed and the MET Center and CWEH clients were actively discouraged from focusing on anything but their own, personal, recovery.

Challenging and Revising the Conceptualization of Humanization: Ongoing Negotiation

In suggesting possible refinement of the initial theory-driven construct of humanization into a theory of humanization-in-action, a strategy of integrating the interpretive framing of my participant's played a role. Because the participants in this study are the likely partners for future collaboration in order to promote intervention, it was important that they be able to have space to negotiate with me on my definition of humanization so that it was also true according to their own ways of making sense out of themselves and their work. Participants were engaged with my own construction as manifested in the questions and structure of the interview protocol. As I introduced my own interpretation of humanization they consistently, and resiliently, countered with two qualifications that they knew, from their direct subjective experience, to be true. These qualifications were (1) that client/guest agency is central to conceptualization of service and care relationships and (2) that boundaries and setting characteristics play a significant role in how relationships play out in way that speaks beyond the intention to perceive clients/guests as fully human. Because the knowledge generated in this study is intended to inform collaborative community action with myself and these same community partners, an arrived upon truth about what humanization "really" looks like must

include a consideration of, or at least ongoing conversation about, these two provider-generated interpretations.

Choice

The emerging theory of humanization, as proposed in the present study will possibly need to be revised to include a component of choice. In this case an evaluation of humanization or the conditions for humanization would not only include the original three dimensions but would include an assessment of client/guest agency.

Perhaps the single biggest challenge to my original formulation of humanization was the narration of choice. While Clark, from the CCMJ, made a point of questioning the nature of choice present for a person who is homeless who has to decide between sleeping outside in below-freezing temperatures and entering a program, he, along with other respondents saw people who were homeless as having the capacity to make a choice as to whether or not to buy in to mainstream recovery models.

It is not assumed that all seekers of service and care have meaning making systems that are inconsistent with those of the providers and their organizations. There is clear evidence from the literature and this study that the ways of interpreting and acting in the world that people who are homeless employ often come into conflict with the cultures and expectations of the service and care settings they engage. However, it is certainly possible for a client or guest to approach a setting with identical, or at least similar values, interpretive stances, and ways of acting in the world to those prevalent in the settings. It is similarly not a conclusion of

this study that each relationship is characterized by an imposition of provider values and strategies for goal attainment onto the client/guest. A client or guest might have limited need for a service plan because she or he might simply need a place to stay for a few days while waiting for a new job. What is primarily challenging to the original construction of humanization, as it relates to client/guest choice, is how we ought to think about the process by which meaning making systems are negotiated as the relationship is defined and carried out. If the client or guest has given consent to enter into a relationship in which her or his meaning making system is partially suppressed in favor of the provider's set of interpretations of the world, is the resulting denial of ability to act according to her or his own meaning making system still dehumanizing for the client/guest?

An outside observer might see as dehumanizing a relationship in which a person who is homeless has decisions made for her or him under the assumption that the decisions are in that person's "own best interest." However it is plausible that a person, who has run out of options and ideas, might choose to reach out to someone for direction in how to reach desired goals. Does the presence of choice mitigate what, at first glance, appear to be dehumanizing conditions? How do we know that true choice really exists? That is, is client choice as described in provider narratives really a reflection of desperation on the part of the client (I'm against the wall and I'll do whatever you make me do to not starve) or of coercion (I'll do whatever you tell me to do, not because I fundamentally acknowledge your expertise but because, if I don't, I know you'll kick me out on the street).

Boundaries and setting characteristics

A second possible revision to the emerging theory of humanization relates to practical limitations to its abstract principles as they are applied in the specific context of relationships between providers and people who are homeless. These concerns for provider boundaries and setting characteristics point to the upper limit of what we might realistically expect in terms of humanization in these settings as the settings are currently designed. Alternatively, these issues of boundaries and setting characteristics point to possible areas of intervention that might possibly lead to the relaxation of these limits to humanization.

A theory of humanization, put into action in a particular community context is subject to being shaped by conditions on the ground. Perhaps some of the most clearly documented factors in this study that shape how humanization played out were those related to the responders and the settings themselves. The MET Center and CWEH, as the primary transitional living centers in the community, were designed to offer a scalable response (i.e. one that could meet whatever community need presented itself at a given time or season). In order to meet a large and varying need, organizations like this must partner with external funders and partners who can provide the resources needed; albeit with strings attached. In order for this type of response to work efficiently and to be sustainable, past any individual members of the setting, it must be, to some degree, manualized and measurable. Organizational accountability to multiple partners (and even to itself at the level of an institution), instead of simply to individual clients, requires a willingness to abstract from real people to relevant facts and statistics that can serve as a common language across stakeholders.

I also would consider it unrealistic and undesirable to encounter a responder to homelessness who was so open to *Yous* that he or she was in a constant state of "becoming" and was frequently experiencing radical redefinitions of self based on interactions with new people. Furthermore, I would also be suspicious of a service provider who is constantly open to a *You* such that the provider is open to the clients non-stop emotional drama and therefore not attending to his or her own psychological health. Such providers might prove to not be very consistent or reliable.

The CCMJ participants, however, did not accept this reality as a given necessity if we are to effectively respond to homelessness. They argued that the failure to appreciate a person who is homeless in his or her full complexity and being able to meet that person where he or she is, is a direct results of the scale at which we try to apply this philosophy/approach. If we, that is every individual in a community (by our own choice), have a personal and immediate response to people in crisis, perhaps Buber's approach would work to create humanizing relationships... whether it will also make a significant dent in homelessness, in our society, would be a separate empirical question.

Promoting Humanization: Recommendations for Policy and Intervention

What might these relationships look like if I were to promote this theory in these settings? There are real restrictions based on promoting the idea of humanization. In addition to the practical limitations listed above, none of the settings that I visited were primarily interested in my construct of humanization as a key outcome for their work. However, each site exhibited components of my initial construct of humanization and introduced new parameters

to assist me in understanding the true complexities involved in promoting such a construct. This section offers suggestions of what these settings might look like with more humanizing relationships.

Working at multiple ecological levels of analysis to transform individuals and structures: promoting dimension 3.

Participants almost exclusively focused on the individual relationship and individual goals as sites for action. To abstract beyond the person sitting in front of you (for example to lump a client in with other typical clients in a category or to respond to a guest with a felony record by engaging in prison reform activism) was argued by my participants as ineffective for and, occasionally, when the borrowed from my own language, dehumanizing to, that single individual. At the same time, humanization, as originally presented in this study, involves the ability of a person to gain critical awareness of and act on the structures that affect her or his life. Otherwise, that person is simply an object being acted upon by outside influences.

What might it look like to have a response that simultaneously focuses on an individual and his or her immediate crises but also creates the conditions for that person to act structurally? Researchers in the field of critical social work (e.g. Fook 2007, Zuffrey, 2008) suggest that dialogue is key. They call for the replacement of the therapeutic model (in which client are simply patients with symptoms to be quantitatively reduced) with an educational dialogical model in which meaning making systems are negotiated and information and culture flow both ways in the relationship. The introduction of this educational approach allows for a provider to not only listen for evidence of symptoms but to open him or herself up to the

client/guest's experience of the world. Consequently, this restructuring of the relationship into one characterized by dialogue would also increases the chance for humanization along the second dimension in that it would provide conditions for the provider to being transformed by the guest/client rather than just treating the client/guest. In this process of negotiating meaning making, two factors requiring higher levels of ecological analysis, cultural assumptions and questions of power, can be engaged. These researchers suggest a specific training curriculum for providers related to critical inquiry and dialogue that encourages self-reflection and strategies for encouraging client voice. In considering possible dialogue with my current participants around operating at multiple level of analysis, Table 1 (above in results) demonstrates that some participants are already primed to approach solutions which involve the individual acting on the structural level. The availability of such multi-level thinking presents a possible point of entry into these settings around promoting this dimension.

Case studies that offer initial guidance.

Recent research in liberatory approaches to psychotherapy (e.g. Almeida, Dolan-Del Veccio, Parker, 2007; Perilla, Lavizzo, Ibanez, 2007) attempts to integrate these levels of analysis by engaging clients in dialogue about the structural realities that lie at the root of their situations and helping them to develop an awareness of how these structural dynamics play a role in their lives. The power to operate on structures above and beyond their immediate condition comes from a new awareness of structural realities and a resulting empowerment to engage in healthier social and community relationships based in conscientization. Jerome Sachs (1991) provides a specific case study with homeless adults and sees the attention to structural

dynamics coming in as a way to engage in a reflection on the behavior of the social workers. In this case, moving up to a higher level of ecological analysis allowed for an examination of the structural oppression that was reflected in the therapeutic encounter.

Very little liberatory work has been documented in the literature with homeless adults. Brubaker, Garret, Rivera, and Tate (2010) outline a method for increasing critical consciousness and disrupting oppressive structures through a process of emancipatory-communitarianism. This approach calls both for the presence of action-reflection, as outlined in dimension three of the emerging theory, as well as for contributions of critically conscious individuals to the common good. The authors, borrowing from experiences in their own group work around social justice with people who homeless, outline a three-step process to individual and community empowerment. First, clients and guests empower themselves through deconstructing their personal histories. Having a space in which to confront and come to terms with one's own identity and life trajectory, and experiences of oppression is seen as key here. Providers who facilitate the groups are also expected to enter into this self-examination in partnership with group members. Second, empowerment occurs through group members taking responsibility for choices in the present. This requires the development of a critical awareness of the structures that determine one's social reality and the *problematization* of these structural realities. This process of problematization involves generating a process of dialogue and reflection using a series of questions and probes such as:

1) What did I learn from the group today?
2) What did I teach others in group today
3) How are we oppressed by society and others?

4) How do we oppress each other?
5) How do we allow ourselves to be oppressed?
6) How did the group help me re-enforce or liberate the oppression I experience? (page 128)

Third, community empowerment occurs as group members begin to act in altruistic ways now that they have reduced the misconceptions about their own history, equipped themselves with new, critical knowledge of society, and increasingly bonded and become empathic with other group members. Community change at the immediate group level is therefore possible

The present study introduced a tension between providers who provide service and care on an individual level of analysis and a definition of humanization that calls for clients/guests to operate at multiple levels (and for providers to create, or at least, sanction space for this). A review of these cases from the liberation psychology literature provides concrete suggestions and specific techniques for addressing this tension. However, while these case studies demonstrate a noticeable increase in critical consciousness, they fail to provide evidence or explicit mechanisms for (1) substantial and systematic, real-world, reduction in the clients' presenting factors or (2) substantial, organized, community change spearheaded by clients.

An approach to humanization that is liberatory in its application then fails to explicitly address the traditional concerns of social service settings (such as reduction in the number of days spent homeless) is an approach that is not likely to be attractive to traditional settings. If humanization, as a component of social service relationships, is to be promoted, an empirically supported argument must be made that a multi-level approach is not only feasible in these

settings but adds value to their existing response. Such added value might include evidence of measurable reductions in homelessness or symptoms related to it like substance abuse. Demonstrating value might also include an educational component that develops critical consciousness with providers and policy makers such that the definition of homelessness is fundamentally amended to include a recognition of oppression. This revised definition would present homelessness as a function of a person's lack of capacity to act on the oppressive structures that affect her or his life. Eliminating homelessness, in such a case, would require that providers operate at the level of oppression and liberation rather than just treating the "symptoms" such as being unhoused or substance abuse. Finally, such an approach might prove valuable to a traditional social service setting if the clients in these settings organized and demanded humanizing relationships. The literature is replete with examples of clients feeling dehumanized by their relationships with service providers (e.g. Proehl, 2007, Duneier, 1995; Shpungin, 2003; Shpungin & Lyubansky, 2006; Condon, 1997, McNaughton, 2008). It is, therefore, not unreasonable to suspect that people who are homeless might be drawn to an opportunity to work toward disrupting perceived dehumanization in order to replace it with humanizing interactions. If clients in these relationships began to engage in dialogue with each other and those in solidarity to develop a critical consciousness about these relationships, the organizations, and their larger social structures that oppress them, they might begin to act on all of these levels in order to transform them. If such a process of reflection-action were well organized and forceful enough, it would perhaps be in the best interest of the social service setting to respond by entering into dialogue with the clients in order to actively facilitate humanization.

A review of these cases from the literature also fails to uncover a strategic plan for disrupting oppressive systems at the structural level. There are arguably many ways to engage in liberatory praxis. For example, Perilla et al. (2007) worked with survivors and perpetrators of intimate partner violence and, in helping them to develop a critical consciousness of the systems of oppression operating within their relationships, gradually introduced a shift in consciousness around relationship violence in the larger community. What would it look like for people who are homeless to not only develop critical consciousness of their life experience and alter their immediate relationships but to act to disrupt larger systems of oppression like, for example, acting to reduce prejudice and discrimination faced by people who are homeless in the community? A way would have to be found to engage providers of care and service in such larger scale responses to homelessness. Alternatively, people who were homeless might simply decide that the experience of humanization that results from being able to act out of one's own meaning making system to change the world around her or him cannot be accomplished in relationship with providers. The question of opting out of relationships in order to better achieve humanization is discussed in an upcoming section.

Care for the caregiver: promoting dimension 2.

Some participants found that they were unable to remain fully engaged with clients (dimension two) out of a sense of self-preservation. It is arguably less personally taxing when a provider leans toward a detached, manualized, relationship and away from a relationship characterized by dialogue and personal vulnerability to having one's meaning making system constantly challenged. Boundaries protecting provider resources are undoubtedly healthy.

However, a consideration of steps we might take to promote humanization leads to the question of what can be done in the service setting to respect and promote caregiver well-being while also increasing the capacity for humanization in the relationship. Are there organizational changes that could be introduced that would prevent provider and volunteer burnout thereby increasing their emotional availability to people who are homeless and increasing their openness to transformation?

In a literature review of burnout prevention research, Yi-Chuan Cheng (2005) identified multiple specific factors that need to be attended to in order to maintain well-being in social service settings. Among these are the following.

1) Caregiver gender: female social workers were more likely to burnout.
2) Young caregivers: youth simultaneously contributed to burnout because of higher levels of stress while also serving as a protective factor because of enthusiasm and commitment to achieving higher professional status.
3) Caregiver coping strategies and social support: Cheng recommends that all burnout prevention programs specifically focus on developing these factors.
4) Relationships with care recipients: a high degree of stress arises from the interaction with people receiving services. Cheng suggests burnout prevention training involve relationship management skills.
5) Understanding of care recipients: Not understanding the background and presenting factors was also shown to lead to burnout.
6) The embeddedness of the professional caregiver in a symbiotic relationship with informal caregivers, the care recipient, and the service organization: she points out that the professional caregivers well-being cannot be understood and addressed outside of understanding how all of these relationships influence each other.

Responses to homelessness increasingly directed by people who are homeless: promoting dimension 1 and 3.

The data revealed that there was little space in their relationships with providers for people who were currently homeless to design and direct the organizational response to homelessness. What might it look like if they had a greater, or even primary, role in determining the community response to homelessness? The overwhelming majority of the literature on responding to homelessness employs an expert-driven medical model. The research focuses on homelessness and related symptoms and discusses methods to help experts reduce these symptoms. An emerging literature, however, focuses on greater participation of people who are homeless in the social responses that impact their lives. This literature can roughly be divided into two categories: the inclusion of homeless voices at the decision making table of traditional social services and the replacement of traditional social services relationships with responses to homelessness that are designed by people who are homeless.

Advisory boards.

In order to maximize the effectiveness of dissemination of innovation and community buy-in (especially in marginalized communities), community advisory boards have often been used to increase the fit between a given public health response and the community in which it will be applied (Conway, Hu, & Harrington, 1997). Buck, Rochon, Davidson, and McCurdy (2004) examined the creation of a community advisory board of people who were homeless in order to improve service delivery by a consortium of 26 organizations and health care providers. This strategy of including homeless voices in community-level strategic planning not only led to demonstrably improved service delivery and coordination but it was also associated with higher self-esteem and self-efficacy in the homeless contributors.

Independent communities.

There is a small but notable literature on people who are homeless selecting out of traditional social service settings as a way to promote their own humanization. In these cases, people who are homeless form their own autonomous, often anarchistic, living communities (through squatting, homesteading, or creating tent cities). The relationships with responders to homelessness, in these cases, are radically altered. Instead of the response being defined and implemented by experts and providers, it is established by people who are homeless. This reimagined relationship between providers of care and service and people who are homeless involves calling on outside helpers (providers) for specific resources whenever those resources are deemed necessary according to the community's overall response strategy.

In a study of Dignity Village in Portland Oregon, Susan Finley (2003) identified a self-organized community of people who were homeless as an experiment in democratic self-governance and independent living. She argued that this village was a model of liberatory praxis as its members engaged in dialogical reflection on their social condition and action to create a just community in spite of the oppression they experienced. The role of experts and service providers in this setting was not to guide the response but to be called upon as resources to be leveraged in the further evolution of the independent community. Finley and other experts who engaged the setting, further saw themselves as learning as much from the community members as they were teaching them.

Rivlin and Imbimbo (1989) described a similar study in which self-organized squatter communities in New York City used a mutual support model to assist each other by teaching

skills, sharing information, and sharing physical resources. Like Dignity Village, relationships with experts and traditional service providers were established inasmuch as they could introduce specific resources required by the community's native development strategy.

In each case, communities formed because community members felt that the conditions for humanization were not present in traditional shelter and transitional living settings. People who were homeless and sought to live under humanizing conditions decided that the most appropriate response to their own homelessness was one that they directed themselves. These authors as well as Wagner and Cohen (1991) see these communities as simultaneously addressing the immediate crises of homelessness as well as creating structural community change that results from a critical consciousness of the marginalization and oppression faced by the members of these communities. Both by creating radical alternative settings to the traditional service response and by creating political and social movement in challenging zoning and housing laws, they were attempting to change some of the basic structures that they perceived to be oppressing them.

For whom would these communities work?

It is not clear from these studies that these independent communities would be appropriate for all people who are homeless. While clearly presenting the narration of dehumanizing conditions in the traditional social service response, these authors do not address any possible self-selection criteria in how people arrive in these alternative settings. Do all people who are homeless see transitional shelters and transitional living centers as dehumanizing and/or ineffective? Is the fact that many people select traditional services and

re-entry into mainstream society simply a reflection of their oppression or is there room to call both types of responses humanizing? These questions are simultaneously philosophical and empirical. Proponents of the self-sustaining communities might argue that relationships in transitional living centers are inescapably dehumanizing because they do not allow space for people who are homeless to determine the conditions of their own lives. Marxist, anarchist, and liberationist scholars, as well some of the participants in the present study, would argue that a response to homelessness is inherently dehumanizing if such a response primarily functions by encouraging people who are homeless to successfully integrate into an exploitative racist, sexist, capitalist system (which was arguable responsible for the homelessness in the first place). Proponents of the transitional living center approach might argue that, for many people who are homeless, the relationships within transitional living centers are inherently humanizing because (1) people actively choose to engage these settings and (2) people who choose to engage these services are actually empowering themselves as they have identified and learned to make use of the resources present at the settings to reach their goals. At a simple level, then, this question might addressed empirically through careful population sampling that led to a predictive model of which types of people who are homeless do well in which types of responses. This is not an easy question to answer, however, at a universal level. As it stands, the construct of humanization as it was proposed in this study and revised in the discussion, could easily play out differently given different starting points. The answer to what specific approach is most humanizing to which populations would require that the inquirer first start from an interpretive stance and measure the success of humanization against a metric defined by that interpretive stance.

Study Limitations

This study was part of a larger research agenda and, as such, has a number of limitations when taken by itself.

One important limitation to the present study was that it did not include the voice of people who are homeless in these settings. This immediate study was intended to understand the nature of service providers and to introduce change at that level in the response to homelessness. An exploration of provider attitudes, expectations, and orientations provides partial evidence to understand humanization of the people they serve. However, it is obviously impossible to establish a complete picture of the humanization of people who are homeless in the relationships without also assessing this construct in people who are homeless.

The data here were all self-report. There were important reasons for not engaging in direct observation of the relationships as they occurred in each setting. Chief among these was a desire to minimize intrusion and discomfort with community partners with whom I have multiple other relationships. However, a third-party assessment of relationship dynamics would have contributed greatly to a picture of how humanization played out here.

Finally, this was a study intended to generate localized knowledge for social transformation in the immediate community. In this sense the data were adequate for informing intervention. However, the local community is not typical of the urban settings where the majority of homeless populations live in the United States and a community sample of 15 most likely does not generate an exhaustive picture of the range of possible service provider meaning making systems. Therefore, generalization (of the conceptualization of humanization

or of the specific findings) to larger homelessness contexts, while still possible, was compromised.

Conclusion

The possibility of promoting humanization in service and care relationships with homeless populations was explored in this study. Because humanization, as I proposed it here, is not a traditional goal of the relationships in service and care settings for homeless populations, there were no immediately obvious points of overlap in these relationships and my construct. I first sought to understand the nature of the relationships in the settings so that I could outline possible ways that humanization as a process might and might not fit within those specific relationships.

A number of key findings emerged in this study. The originally proposed construct of humanization partially mapped on to the relationships in these settings, especially in dimensions one (that the client/guest is free to operate in a way consistent with her or his meaning making system) and two (that the provider views the client/guest as irreducible and is open to being personally transformed by the client/guest). While there was partial overlap with these first two dimensions, there was much less overlap with the third dimension (that the client/guest has and makes use of the space to reflect and act on the structures that affect her or his life).

Reflection on and interpretation of these initial findings led to eight advanced findings. (1) Clients set the goals in the relationship but little else. (2) Despite language of client-centered responses to homelessness, it might be organization meaning-making systems and not the

person who is homeless that is at the center of these relationships. (3) People who were homeless were seen as fully agentic in regard to service-seeking. (4) Service providers intervened to correct perceived client resource-deficiency in a way that possibly denies clients the power to operate on the world according to their own meaning making systems. (5) Participants largely operated on an individual level of ecological analysis. (6) For the most part, participants saw the people they served as irreducible. (7) Participants failed to demonstrate a fundamental openness to self-transformation based on encounters with their homeless clients and guests. (8) There was little evidence of space for action-reflection from clients.

Participants had divergent understandings of some of the fundamental principles of the original construction of humanization. Two of the advanced findings reflect this: the finding on choice and the finding on limitations introduced by personal boundaries and setting characteristics on dimension two. These were included as participant-introduced qualifications to the theory of humanization as I attempt to arrive at a working definition of the term for future engagements with the population.

I found places that the emerging theory easily reached in this real-world context and places where I had to stretch and modify it in order to apply it. Of central concern here, then, is what do I now know about how to promote this construct? An assessment of the structural capacity of these organizational settings (based on an analysis of existing provider attitudes about how to respond to homelessness and their reports of the available resource staff and psychological resources) leads me to an initial possible conclusion: there are many spaces within which to promote small aspects of humanization in incremental ways within these

settings. Such work will be valuable especially if we are to respect the traditional outcome goals of these settings and might include interventions such as increasing critical awareness and multi-level analysis in developing solutions on the part of providers, emphasizing care for the caregivers in order to free up emotional capital so that providers can more fully engage people who are homeless, and including the voices of people who are homeless into fundamental design and implementation decisions around an organization's response to homelessness.

However, to optimally promote humanization for people who are homeless, either significant restructuring of service and care organizations must occur so that organizations focus primarily on the dimensions of humanization as outcome metrics or people who are homeless must opt out of these settings in order to redefine their relationship with providers of care and service on their own terms.

Future directions

There are a number of future directions for this research agenda.

First, a client study, using a similar interview protocol will be conducted to develop a multi-sided understanding of the conditions for humanization. A definition of humanization in the context of provider-client/guest relationships, while useful in some regards, is essentially incomplete without the perspective of the people in whom humanization is being promoted. This study will provide a counterpoint to many provider claims about the nature of the relationship as they relate to humanization. For example, do clients/guests in these settings feel that they are treated as full human beings? How do they narrate the amount of agency they

possess? A second perspective on how this theory plays out in a specific community context will provide a more rigorous and reliable construction of humanization both through direct validations and contradictions of claims made by each side as well as, more basically, evaluating the each of the aspects of the theory twice but from different vantage points.

Second, I will develop targeted reports for the three settings in this study and engage in conversations with providers at each site about the meaning and potential utility of the findings for future collaboration and promotion of humanization. This study was always conceptualized as a project that could be leveraged into concrete suggestions to my community partners. I engaged providers in a conversation about humanization and took their interpretations seriously both during the interviews and during analysis as I arrived at a truth about humanization that I felt could be used to inform local action. Therefore a critical follow-up step in this process is to engage each setting in dialogue about humanization as it was found in the present study in order to further negotiate how the findings presented in this study prove meaningful to them.

The construct of humanization contains much unexplored potential. There are many other populations and community relationships to which this framework can be applied. Future research might examine similar relationships with members of other marginalized populations in order to develop universal, empirically driven, dimensions of humanization as mediated through relationships. It is also the case that, as presented throughout this study, humanization was invoked primarily as an evaluation criterion. That is, it was suggested as a tool against which to measure existing service and care relationships. With a firmer operational definition of

the construct, it can be used as an intervention tool by action researchers to study the creation of increasingly humanizing relationships through the deliberate introduction of experimental design or empirically supported education and training curricula.

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APPENDIX A

Demographics for everyone:

Please fill in the following information:

1) Ethnicity/ Race _____
2) Gender:_____
3) Age: _____

APPENDIX B

(Interview protocol for non-homeless participants. This is a rough guide to a more organic conversation, however, it will be shared with respondent beforehand)

Part 1 - background information

1. Can you tell me your level of training and # of years working with this population?
2. Can you tell me how you came to work with homeless populations? Or, why are you doing the work you're doing?

Part 2 - Homelessness:

3. Why are people homeless?
    - What are the key problems?
    - Key Solutions?
4. Who are the key decision makers around homelessness and the response to it? (Can you point to specific people in society/the community who are key people in the causes and potential solutions)?
5. What do you, personally, hope to accomplish in your work?

Part 3 - Relationships

6. How would you describe your role in this setting?
7. What is the role of your homeless clients in this setting? If there are multiple roles please describe them briefly.

8. Could you briefly describe the nature of your relationship with your clients (if not covered in 6 & 7)
9. Do you ever collaborate with people who are homeless in your work?
    - What does that look like?
    - Can you tell me a story as an example?

Part 4 - Power

10. How does power work in this relationship and this setting?
    - What power do you have?
    - What power do they have

Part 5 - New Ideas

11. How have you grown in this work?
    - Prompt: Can you tell me what you've learned about yourself and how? Maybe a story?
12. Do you have an ideal scenario for working with people who are homeless (in terms of you job, organizational structure, etc.)?
    - What would facilitate this?
    - What are some of the barriers to this?
13. Is there more room for people who are homeless to have influence over the decisions that affect their lives?
    - In general

- In this setting?
- What would that look like?