The World of Resilience in Moving Beyond Chronic Homelessness

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Abstract

Homelessness is a significant issue facing Canada today and causes adversity for those who experience it. How does resilience contribute to an individual’s capacity to overcome the experience of chronic homelessness? The objective of this phenomenological research study was to examine how individuals have overcome their experience of chronic homelessness through the phenomenon of resilience to better understand their experiences and to propose recommendations to service providers. This study took place in Calgary, Alberta, Canada. In-depth semi-structured interviews were done with eleven individuals who have overcome chronic homelessness. Interpretive phenomenological analysis was implemented to explore the lived experiences of these individuals and themes emerged around displacement, systemic issues, internal factors of resilience, the transition to housing, social support, and supportive programming and professionals. The findings contribute to the limited literature on resilience in individuals who have experienced chronic homelessness and demonstrate that resilience is a crucial concept to consider in the experience of chronic homelessness and could be a valuable aspect for service providers to focus on in system planning and individual treatment from a strengths-based perspective.

Keywords: homelessness, resilience, poverty, social support, systemic issues
The World of Resilience in Moving Beyond Chronic Homelessness

Homelessness is one of the most significant and complex social issues that faces Canada today (Gaetz et al., 2016). Homelessness presents a significant source of adversity for individuals that have experienced it (Barile et al., 2018; Greenberg et al., 2018; Heerde & Hemhill, 2019). The majority of research about people who experience homelessness generally focus on the risk factors associated with homelessness, “but very few efforts to understand protective factors in homeless persons, such as coping abilities, positive attributes, or resilience” (Greenberg et al., 2018, p. 2). The research study aimed to address this gap in the literature by focusing on the resilience and strengths of individuals who have experienced homelessness while examining the systemic factors that impacted them, both positively and negatively. This qualitative research study uses phenomenological methodology to understand how individuals were able to overcome chronic homelessness through the phenomenon of resilience.

Review of the Literature

The Canadian Observatory on Homelessness (COH) is a collaborative research and policy making partnership that includes academics, policy makers, front-line service providers, and individuals with lived experiences of homelessness (COH, 2019e). The COH defines homelessness as “the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it” (Gaetz et al., 2012, p. 1). This study focuses on a type of homelessness called chronic homelessness. Chronic homelessness is defined as individuals who have experienced homelessness for a year or more at least (COH, 2019d). Episodic homelessness refers to individuals who move in and out of homelessness but can also be considered a type of chronic homelessness. Although chronic and episodically homeless individuals account for less than 15% of the homeless population in
Canada, they consume more than half the resources in the system of services that work with homelessness due to the severity of their struggles (COH, 2019d). This study focuses on individuals who have experienced chronic homelessness. Within chronic homelessness and episodic homelessness, an individual can experience homelessness as unsheltered, emergency sheltered, and in hidden homelessness (Gaetz et al., 2016). Unsheltered refers to individuals who are considered absolutely homeless who are living on the streets or in places considered unfit for human habitation, such as sleeping in a vehicle (Gaetz et al., 2012). Emergency sheltered includes individuals who are staying in overnight shelters meant for individuals who are homeless, including shelters for family violence (Gaetz et al., 2012). Hidden homelessness refers specifically to individuals who are provisionally accommodated or who live temporarily with others and have no guarantee of continued housing as their stay is unsuitable for the long term, often referred to as ‘couch surfing’ (Gaetz et al., 2012; Rodrigue, 2016).

Individuals who experience homelessness experience significant trauma (Heerde & Hemhill, 2019), stigma from identity (Weisz & Quinn, 2018), psychological distress (Engler et al., 2019), and vulnerability (Barile et al., 2018). Individuals who are homeless have a higher prevalence of substance abuse, physical illness, and mental illness and are more likely to be engaged in the criminal justice systems than the general population (Nelson et al., 2020).

Barile and colleagues (2018) studied individuals’ self-identified reasons for experiencing homelessness and found that people became homeless due to both macro- and micro-level factors. Macro-level factors include structural issues such as changes in social policy, reduction in affordable housing, poverty, income inequality, system and society biases, and unemployment which can lead to individuals with micro-level vulnerabilities becoming homeless. Micro-level factors include changes in the family, changes in relationship status, substance abuse, lack of
education, debt, military experience, lack of social support, and issues with mental and physical health. These macro-level and micro-level factors can interact with and exacerbate each other leading to the disenfranchisement and increased vulnerability of entire groups of individuals who then have an increased likelihood of becoming homeless (Barile et al., 2018).

There are very few studies that have focused on resilience or protective factors in individuals who have experienced homelessness, as there is a heavy focus on the risk factors associated with experiencing homelessness (Greenberg et al., 2018). Studies that have focused on resilience in youth who have experienced homelessness found that the youth noted the importance of social networks, mental well-being, self-concept, spirituality, education, and creativity (Cronley & Evans, 2017; Narayanan, 2015). Sources of resilience for adults experiencing homelessness have been identified as developing insight into their challenges, feeling hopeful and optimistic, having self-esteem and confidence, and having effective coping strategies through supportive family, friends, professionals, and peers and engaging in activities that they find meaningful (Paul et al., 2018). Previous research has demonstrated that social support is a significant factor of resilience for individuals experiencing homelessness, facing discrimination, struggling with substance use, and/or having mental health concerns (Gabrielian et al., 2018; Knight, 2017; Kondrat et al., 2018). Greenberg et al. (2018) conducted a study on veterans who had experienced homelessness and found that resilience was related to greater community involvement, positivity, gratitude, meaning and purpose, and altruism. In her study on mothers who were experiencing homelessness, Knight (2017) found that possessing a sense of connection to others, self-worth, having a realistic perception of difficult events, and cohesiveness promoted resilience. This study aims to add to the existing literature on resilience for people who have experienced homelessness.
Homelessness in Canada

The Canadian Observatory on Homelessness states that the mass homelessness we see in Canada today escalated in the 1980s when the federal government introduced cutbacks to affordable housing and social support (Gaetz et al., 2016). Until the 1980s, the federal government was greatly invested in housing for Canadians (Rech, 2019). In 1973 the National Housing Act was amended, and every year 20,000 social housing units were built annually. The Canadian Encyclopedia states before the 1980s, “many professionals involved with social and economic policy and programs in Canada—urban planners, academics, public health officials and social workers, for example—were focused on ensuring that people had access to safe, secure housing and neighbourhoods” (Rech, 2019, para 4). The federal government ended spending on affordable housing in the 1990s and transferred the responsibility for the existing federal affordable housing to the provinces (Rech, 2019). Before these changes, historically those experiencing homelessness were a small group of single and older men, but homelessness has grown dramatically to a mass problem that is more complex and diverse than in the past (Gaetz et al., 2016). In Canada, chronic homelessness has become more widespread than it was historically, and time spent in homelessness is getting longer as there seem to be more obstacles to long-term solutions (Rech, 2019).

It is difficult to assess how many people in Canada are experiencing homelessness, as they are a vulnerable and hidden population (Gaetz et al., 2016). According to point in time counts by the COH, there are now approximately an average of 235,000 people experiencing homelessness in a year across Canada and over 35,000 on any given night (Gaetz et al., 2016). There are approximately 50,000+ Canadians experience a form of hidden homelessness such as couch surfing, sleeping in a car, or other housing not fit for human habitation (Raising the Roof,
In 2018, in Canada, there were 392 emergency shelters with a total of 15,859 beds (Statistics Canada, 2019). In 2014, one in ten Canadians (approximately 2.3 million Canadians) reported that they had experienced hidden homelessness at one point in their life (Rodrigue, 2016). Based on the COH’s estimate of the total people who use shelters yearly (200,000), the COH projected that there are 4,000 to 8,000 individuals experiencing chronic homelessness and 6,000 to 22,000 individuals experiencing episodic homelessness (COH, 2019a). In Calgary, Alberta, where this study was conducted, the total number of people experiencing homelessness in 2018 was 2,911, with 68% experiencing chronic homelessness (COH, 2019c).

Today there are more women, Indigenous Peoples, newcomers, families, LGBTQ2S+ identifying individuals, and youth experiencing homelessness in Canada than in the past (Gaetz et al., 2016; Rech, 2019). The COH conducted the most recent point in time counts available in 2015, and from their data adults between the ages of 25 and 49 make up 52% of people who were homeless, and the largest age group. Youth, who are unaccompanied by adults, and between the ages of 13-24 make up 18.7% of people who were homeless in 2015, which is a decline since point in time counts in 2005 (Gaetz et al., 2016). Youth homelessness is often thought to be caused by childhood maltreatment, trauma, poverty, and mental illness (Vitopoulos et al., 2017; Williams et al., 2019). Many individuals who are homeless report that they were younger than the age of 16 when they had their first experience of homelessness (Rech, 2019). Women represented 27.3% of the overall homeless population in 2015, which has not changed since 2005 (Gaetz et al., 2016). Women’s experiences in homelessness often are different from men’s experiences in many ways as they are at higher risk of violence, abuse, and sexual exploitation (Rech, 2019). Women are often difficult to count in homelessness as they will stay in dangerous situations, such as domestic violence, as they prefer to avoid the shelters and the
streets, and are often among the hidden homeless (Rech, 2019). Women often experience more instability in the job market, are paid less, and are more likely to be single parents which impacts their housing stability (Knight, 2017; Rech, 2019). Women who are racialized, immigrants, and Indigenous often experience additional systemic barriers as well (Rech, 2019). Indigenous Peoples are significantly overrepresented amongst shelter users as they make up between 27.7% and 33.5% of the sample, while only accounting for 4.3% of the general population in Canada (Gaetz et al., 2016). The history and circumstances that lead to homelessness among Indigenous Peoples are significantly different from other populations as it is linked to the legacy of colonialism (Rech, 2019). Seniors who are 65+ were only a small percentage of shelter users, less than 4%, but they are the only demographic that has seen increased shelter use from 2005 to 2015 when the point in time count was conducted (Gaetz et al., 2016).

**Causes and Effects of Homelessness**

The causes of homelessness are based on a cumulative interaction between systems failures, structural issues, and individual circumstances (COH, 2019b). These three areas interact to lead some groups of people or individuals to become more vulnerable to homelessness (Barile et al., 2018). Acknowledging the macro factors from structural issues and systems failures is important; because attitudes towards those who experience homelessness tend to be negative and give higher attribution to the disposition of the individual than understanding the systems at play that led to that individual becoming vulnerable to becoming homelessness (Engler et al., 2019). Structural issues are macro-level factors that have been demonstrated through research to be a significant cause of homelessness (Barile et al., 2018; COH, 2019b). Structural issues can include a lack of affordable housing options, income inequality, poverty, changes in social policy about supports, and discrimination (Barile et al., 2018; COH, 2019b). Economic shifts on the
national and local scale can increase these structural challenges (COH, 2019b; Knight, 2017). Structural issues are felt strongly by groups that are more vulnerable leading them to be more likely to experience homelessness (Barile et al., 2018; Knight, 2017). In Canada, there is a significant lack of affordable housing, with millions of Canadians at risk of homelessness as they pay more than 50% of their income on their housing (COH, 2019b). Discrimination of racial and sexual minorities can interact with the lack of affordable housing and other structural issues and make it more difficult for minorities to access the services they need (COH, 2019b).

Systems failures are when systems of support that were meant to prevent the need to use homelessness services fail and lead people into homelessness. These system failures can be from child welfare, insufficient discharge planning from hospitals, mental health facilities, addictions facilities, corrections facilities, and a lack of support for newcomers to Canada (COH, 2019b). Experiences with institutions or systems may increase stigma, which exacerbates structural issues of attaining employment and housing (Barile et al., 2018). In her study about mothers who were homeless, Knight (2017), found that many of the mothers who were homeless had been in the child welfare system themselves. Often, there is a cycle of system failures that keep people in homelessness across their lifetime and even multiple generations (Gaetz et al., 2016).

Individual circumstances are the personal factors that led a person or family to experience homelessness (COH, 2019b). Individual circumstances that can lead to vulnerability to experiencing homelessness include experiences of violence and abuse (Engler et al., 2019; Knight, 2017; Williams et al., 2019), trauma in childhood (Heerde & Hemphill, 2019; Vitopoulos et al., 2017), family conflicts (Gauvin et al., 2019), experiences in foster care (Fry et al., 2017), housing issues (Williams et al., 2019), substance use (Nelson et al., 2020; Williams et al., 2019), mental health challenges (Gabrielian et al., 2018; Gauvin et al., 2019), difficulty
finding employment (Vitopoulos et al., 2017; Williams et al., 2019) and many more factors specific to the individual. “Ultimately, individual vulnerabilities contribute to who gets housing, but systemic disenfranchisement places some individuals in the front and others in the back of the line” (Barile et al., 2019, p. 95). It is easy to attribute these experiences as more salient for an individual’s experience of homelessness, but the interactions between these micro-level individual factors and the macro-level factors listed above are what leads to an individual experiencing homelessness (Barile et al., 2019; Engler et al., 2019).

Homelessness often exacerbates the trauma that could have led an individual to experience homelessness (Heerde & Hemphill, 2020). Individuals who spend lengthy amounts of time in homelessness have increased rates of substance use and mental health concerns than individuals who are only temporarily homeless (Nelson et al., 2020). Homelessness also increases the stigma that an individual may experience, as homelessness itself is a “deeply stigmatized identity” (Weisz & Quinn, 2018, p. 229). The negative effects of stigma around being homeless may be severe for individuals due to the prejudice linked with homelessness. The stigma about homelessness can be multiplied if an individual already had a stigmatized identity, such as being a member of a racially stigmatized group, which can increase negative health outcomes in comparison to White counterparts (Weisz & Quinn, 2018). In their study about the intersections of the stigmatized identities of homelessness and race, Weisz and Quinn (2018) found that participants who experienced increased stigma due to being homeless reported increased psychological distress, decreased physical health, and avoidance of services. The stigmatized identity of homelessness also intersects with the stigma around individuals who have mental illnesses which can interfere with their chances of finding housing, employment, and creating meaningful relationships (Kondrat et al., 2018). Stigma leads to discrimination, even
from health professionals (Kondrat et al., 2018) Individuals who experience homelessness also combat issues of self-stigmatization and then do not engage in services (Klee et al., 2019).

**Resilience on Micro and Macro Scales**

Resilience has been studied extensively in many disciplines as it is a concept that aligns with the ideologies of Western culture (Shaw et al., 2016). Stories of resilience are some of the most salient in our media because society loves stories of individuals who overcome significant odds, redeeming and growing themselves in the act of overcoming (Shaw et al., 2016). Due to the interest in stories like these, resilience has been studied for disaster management, promoting organizational well being, social engineering, understanding history, examining socioecological systems, and psychology (Shaw et al., 2016). Despite all of the focus on resilience, there is no consensus among researchers on the definition or key components of resilience (Greenberg et al., 2018; McCleary & Figley, 2017; Shaw et al., 2016; Zibarras et al., 2015). A few traits that are generally considered foundational for resilience in the individual are intelligence, sociability, strength of character, self-efficacy, hardiness, and optimism (Greenberg et al., 2018; Shaw et al., 2016). Some researchers state that resilience is not a trait but a process that an individual grows within themselves through encountering adversity (Shaw et al., 2016). A sense of connection to others, social support, spirituality, and feeling that they have a meaning in life also have been demonstrated to contribute to resilience (Knight, 2017). To build resilience, however, individuals must have encountered some form of stressors or life adversity first (Crane & Searle, 2016).

A significant amount of research on resilience focuses solely on the individual factors that lead to resilience discussed above. Within the research community of resilience, many authors are advocating that when studying resilience, it is important to include the understanding of the systemic world that the individual is placed within (McCleary & Figley, 2017; Shaw et al.,
For resilience to occur there must first have been significant life adversity for the individual to overcome (Shaw et al., 2016). Often these life adversities come from system-level problems that need to be addressed (Shaw et al., 2016).

Shaw et al. (2016) argued in their study that the danger of focusing on only individual factors of resilience is that it can lead to the idea that if an individual only “works hard enough” they can overcome formidable system-level issues. This then leads to the possibility of victim-blaming for individuals who were not able to overcome their circumstances rather than advocating for systems-level change. Shaw et al. (2016) discuss this issue through their statement: “the tendency to approach systems-level problems with individual-level solutions, to teach people at risk that the only impediment to overcoming their own adversity is their limited sociability, dedication, or commitment, sets them up for additional failure” (p. 36). Using individual-level solutions to problems of such magnitude can even lead to the reinforcement of the problematic systems. All of this has led some researchers to state that the concept of resilience has lost its value, but Shaw et al. (2016) and McCleary and Figley (2017) advocate that the study of resilience is still important but that in the studying of individual resilience researchers must also include and critique the systemic problems that the individual was facing.

**Critical Theory and Defining Resilience**

To address the concerns about the macro factors of resilience, this study approached the topic of resilience in this study from a critical theory interpretive framework. Critical theory, as defined by Creswell and Poth (2017) is where the “researcher examines the study of social institutions and their transformations through interpreting the meanings of social life; the historical problems of domination, alienation, and social struggles; and a critique of society and the envisioning of new possibilities” (p. 324). Critical theory perspectives are concerned with
both empowering human beings to exceed the limitations that society places on them while also critiquing and understanding the structural and systems-level issues that exist within our world (Creswell & Poth, 2017). For individuals who have experienced chronic homelessness, there are many systemic issues such as poverty and classism that have affected them.

Including critical theory as an interpretive framework, acknowledging the systemic issues, and focusing on the commonly accepted traits and features of resilience acknowledged above are all important considerations when discussing the definition of resilience that was chosen as central for this research study. Windle (2011) created this working definition through analysis of the concepts, systematic review, and stakeholder consultation:

Resilience is the process of effectively negotiating, adapting to, or managing significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and ‘bouncing back’ in the face of adversity. Across the life course, the experiences of resilience will vary. p. 12

There are three primary conceptual components in this definition: (1) the presence of significant stress, (2) individual and environmental resources that have led to the positive adaptation, and (3) that resilience could change for an individual depending on their developmental life stage (Windle, 2011; Zibarras et al., 2015). This study adopts this definition because it describes how resilience is an interactive person-environment phenomenon and highlights the important component of adversity that leads to resilience. The experience of homelessness presents significant adversity that is strongly influenced through the prejudice of many systems for those who have experienced it. Per Windle’s (2011) definition of resilience, this also means the trauma and stress of homelessness presents an opportunity for resilience to show up in individuals who have the internal and external assets to overcome homelessness.
The Research Question

The central research question guiding this proposed study is what impact does resilience have on an individual’s ability to leave chronic homelessness? The secondary questions that were used to support the central question were: what does having experienced chronic homelessness mean to the individuals?, what external and internal factors led to resilience for these individuals?, what strengths does the individual possess?, what role did societal systems play in affecting the individual’s experience of resilience and chronic homelessness?, how was the individual able to leave homelessness?, and what role did the individual’s resilience play in helping them leave homelessness?

Research Method

This qualitative research study utilized a phenomenological methodology to gain an understanding of the lived experiences of individuals who have overcome their experience of chronic homelessness through the phenomenon of resilience. This study employed transcendental phenomenology as defined by Moustakas (1994). Moustakas’s (1994) understanding of transcendental phenomenology was to try to examine the subject without prejudgement, to look at it with an open mind, and to try to meet the challenge of describing things as they actually are which creates a greater understanding of meaning. In this process, the researcher must recognize themselves within the experience being investigated and do their best to put themselves aside to focus on the phenomenon through the subjective and objective experiences of the participants. Moustakas (1994) acknowledges that this state is difficult, if not impossible, to achieve but it is a noble aim for researchers to pursue so that they capture the “true” nature of the phenomenon from the participants. This means that the research is focused less on the interpretation by the researcher and more on the experiences of the participants.
This study determined phenomenology to be an appropriate methodology because it is helpful for exploring the lived experiences and subjective perspectives of individuals, and it is useful for developing practice and policy procedures which is a focus of this study (Creswell & Poth, 2018). The experience of individuals who overcame chronic homelessness was investigated in this research study. Every individual who experiences chronic homelessness and overcomes it has a unique experience, however, the phenomenon of resilience in the process of overcoming homelessness is comparable across cases enough to warrant that the investigation of the shared experiences was relevant and valuable.

**Sampling and Participants**

To access 11 participants purposeful sampling was used. Three community-based organizations in Calgary were engaged as locations to advertise the call for participants to post the recruitment poster (Appendix B). Organizations played no formal role in the recruitment of participants and interested participants contacted the author directly. The recruitment poster was also posted on Facebook, which was shared seven times. Snowball sampling occurred as a natural phenomenon in the study as participants referred others. Participants were provided with a $20 gift card to Walmart. This incentive was to encourage participation from a vulnerable population that is often difficult to access but was not such a significant incentive that it would lead participants to disregard anything they could see as being a risk to engaging in the study.

Eleven individuals chose to participate in this study. All participants were self-referred, the researchers had no previous relationship with them, and met these inclusion criteria: they were over the age of 18, currently living in Calgary, have experienced chronic homelessness, and had been continuously housed for at least six months at the time of the interview. Each participant was assigned a pseudonym for confidentiality. The 11 participants were between the
ages of 30 and 64 ($M$ age = 51) and six participants identified as female and five participants identified as male. Of the 11 participants six identified as White, three identified as a mix between White and Indigenous, one identified as Indigenous, and one identified as Black. Of the 11 participants, five had dropped out of school before graduating, six had completed high school or their GED and of those six, three had done some post-secondary education, with two having gotten a post-secondary diploma. Seven of the participants identified being a part of a faith community or having some spirituality, either mentioning attending church, engaging in prayer, and/or consulting with Indigenous elders. Further relevant demographic characteristics are discussed in Table 1.

Table 1

Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Age at First Experience of Homelessness</th>
<th>Estimated Total Years Without Housing</th>
<th>Approx. Years Housed at Time of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annabelle</td>
<td>8</td>
<td>20+</td>
<td>3+</td>
</tr>
<tr>
<td>Evan</td>
<td>12</td>
<td>30+ (on and off)</td>
<td>4+</td>
</tr>
<tr>
<td>Owen</td>
<td>Adult, age not specified</td>
<td>2</td>
<td>3+</td>
</tr>
<tr>
<td>Giselle</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>James</td>
<td>61</td>
<td>1</td>
<td>1+</td>
</tr>
<tr>
<td>Petunia</td>
<td>Adult, age not specified</td>
<td>20+ (on and off)</td>
<td>9 months</td>
</tr>
<tr>
<td>Sarah</td>
<td>14</td>
<td>40+ (on and off)</td>
<td>5</td>
</tr>
<tr>
<td>Isaac</td>
<td>Adult, age not specified</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Katherine</td>
<td>13</td>
<td>20+ (on and off)</td>
<td>1+</td>
</tr>
<tr>
<td>Naomi</td>
<td>47</td>
<td>2+</td>
<td>2</td>
</tr>
<tr>
<td>Benjamin</td>
<td>Adult, age not specified</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>
Data Collection

All data were collected through the phenomenological interview (Creswell & Poth, 2018; Moustakas, 1994). These interviews were face-to-face, with one conducted in a participant’s home and the rest of the interviews conducted in a secure and confidential space that the participant and researcher arranged. The interviews were semi-structured through a series of broad open-ended questions about the individual’s experience of the phenomenon of resilience. Appendix A summarizes the sample interview questions. These broad open-ended questions gave the participants freedom to answer a question however they wanted and tell an answer that was meaningful and true for them. The freedom to answer questions however they wanted was important because it would have been difficult to account for all the possible life experiences that individuals have with chronic homelessness and resilience; thus, the open-ended format allowed for unaccounted themes to arise. The final question of the interview asked the participants if the researcher had missed anything or if there was anything else the participant would like to add. Using an interview approach for data collection yielded in-depth data that allowed for understanding of the experiences and perspectives of the participants as much was possible.

All participants provided informed consent. All interviews in this study were digitally recorded and transcribed verbatim by the author and research assistants, who signed confidentiality agreements. The author ensured accuracy in the verbatim transcripts by listening to the digital recordings and following the transcripts word-for-word. All interviews were between 30 and 150 minutes.

Data Analysis

The data analysis process started once the transcripts were verified to be verbatim accounts of the interviews. The analytic process was focused on what the phenomenon was like for each participant and how they subjectively made sense of their own experience. As the
transcripts were read and re-read, the transcripts were coded through incident-by-incident coding as any significant phrases, reflections, segments, and quotes related to the phenomenon under study were highlighted (Charmaz, 2006). General impressions and emerging themes were identified in the corresponding table for each transcript using a process of horizontalization where significant statements that provide information on how the participants experienced resilience within their experiences of homelessness were given equal value (Creswell & Poth, 2018; Moustakas, 1994).

From clustering these statements based on their meanings, themes were developed that reflected the essence of the phenomenon (Creswell & Poth, 2018). A master table of the significant statements from all the participants was created as the themes emerged, and the master table was edited as the themes and subthemes were developed. These significant statements and themes were then used to describe the essence of what the participants experienced in a textural description (Creswell & Poth, 2018). The analytic process was a repetitive cycle and required repeated returns to the transcripts to check meanings of significant statements, understand the context of the statement as the themes were edited and adjusted, and to assure that the themes accurately represented the meaning of what the participants said and to distinguish between the interpretation in the textural descriptions of the themes (Creswell & Poth, 2018). The second author engaged with the first author in critical discussions and exploration of the central themes throughout the analytic process.

**Ethical Considerations**

This study was approved by City University of Seattle’s Institutional Review Board. Guidelines from the Institutional Review Board and the Canadian Psychological Association’s (CPA, 2017) *Code of Ethics for Psychologists* were followed. There are a number of ethical risks
to this study, especially because this study is focusing on a vulnerable population. The first important ethical considerations are around the issue of informed consent. Participants were made aware of what the purpose of the study was and how data was to be collected and used. The consent form (Appendix C) details all aspects of the project and what consent means which was also explained verbally to the participants. All participants agreed to the informed consent and signed the consent form. Participants were also made aware that they could choose to discontinue their participation in the project and revoke their informed consent at any time.

The second important ethical consideration is confidentiality. Throughout consent procedures, clarification was given about who would have access to their information in the research process, how their information would be presented, and their rights to privacy and confidentiality. All participants have been assigned pseudonyms, as previously discussed, to protect their identity. All written material was always kept in locked storage and all electronic information was password protected. Access to the data by anyone other than the primary researcher was only rewarded to the research supervisor and research assistants. Each participant was provided the full information detailed above on how their information was kept safe. Following the completion of this thesis, all data will be permanently destroyed after five years by having all printed data shredded and all electronic data will be deleted in accordance with CPA guidelines (2017).

Another ethical risk that was possible was that individuals could have disclosed illegal activity in the course of the interview. To preserve the sanctity of this research project and to encourage answers from the participants all information gathered was kept confidential. The limits to this confidentiality was explained to each participant in accordance with CPA guidelines (CPA, 2017).
The third primary ethical consideration for this study was the risk/benefit analysis for the individuals participating. The interviewing process can be intense, and participants were made aware of any possible harm they could experience through the study and provided with resources they could contact for support, shown on the consent form in Appendix C, if they feel re-traumatized through the interview process. Another possible issue with the study was that an incentive was offered for participants to increase the likelihood of individuals agreeing to participate. The incentive of a $20 gift card to Walmart, however, was not so large that it could lead the individuals to disregard anything they could see as being a risk to engaging in the study. At the start of the interview, and throughout the interview, participants were advised that they could take breaks if they needed to.

The interviewer remained alert to all verbal and non-verbal cues throughout the interview for signs of emotional distress and gave participants space when they needed it. The researcher engaged in active listening skills and empathy through the interview. The reporting of the results below has been completed ethically and honestly. The participants will be provided with copies of the final report.

**Personal Statement**

It is important within transcendental phenomenology for the researcher to bracket their experiences to ensure accurate data recording (Creswell & Poth, 2018; Moustakas, 1994). As the primary researcher, I must engage in phenomenological reflection by discussing personal experiences and biases that relate to the study, to set them aside so that I can focus on the participants’ experiences (Creswell & Poth, 2018). My personal experience led me to this research, guided me in forming my research questions, and helped me gain the trust of participants (Creswell & Poth, 2018).
I have been working and volunteering with people who have experienced homelessness for over five years. My experiences with this population have made me passionate about the issues that this community faces and, in turn, means that I have biases that could influence the research. My experiences with this population have led me to believe that many individuals have experienced a history of trauma, mental health issues, racism, sexism, heterosexism, transphobia, and other systemic-level issues that have kept them in poverty. I am biased in that I do not think these individuals have chosen homelessness, are inherently lazy, or are all substance abusers as they are often stigmatized (Weisz & Quinn, 2018). My biases have led me to want to see change in the way that society views and treats this vulnerable population. Throughout the research process, where appropriate and possible, I clarified points with the participants and summarized their perspectives with them to ensure that I had accurately understood their experiences. Consultation with my supervisor, who does not have prior experience with this population, also aided in putting aside my personal experience when interpreting the results. Further efforts to ensure accuracy in reporting were discussed in the Data Analysis section.

**Results**

From the data analysis process, there were six emergent themes: (a) displacement, (b) systemic issues, (c) internal factors of strength, (d) transition to housing, (e) social support, and (f) supportive programming and professionals. Each theme will be discussed individually with their subthemes and are represented in Table 2.

**Table 2**

*Emergent Themes and Subthemes from Interviews with Participants*

<table>
<thead>
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<th>Displacement</th>
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<td>Traumatic Experiences of Interpersonal Violence</td>
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Instability and Lacking Safety

**Systemic Issues**
- Treated as Less Than Human
- Experiences of Judgment or Stigma
- Staff Without Enough Experience
- Having to Fit into Programming ‘Boxes’
- Not Having a Voice
- Lack of Consistency

**Internal Factors of Resilience**
- Refusal to Give Up
- Holding Onto Hope and Faith
- Self-Worth
- Making Meaning Out of Their Story

**Transition to Housing**
- Improvements in Health
- Experiencing Safety
- Learning How to be Housed

**Social Support**
- Natural Support Based Advocacy
- Belonging
- Giving Back

**Supportive Programming and Services**
- Dedicated Professionals
- Flexibility and Choice
- Professionals who Supported Empowerment and Resilience

**Displacement**

All eleven participants spoke about the triggering event(s) that displaced them and led to their experience of chronic homelessness. Many of the participants spent a significant amount of time in the interviews speaking about the negative experiences that displaced them from being
housed initially or continued to keep them from being able to be housed. These experiences varied from significant traumatic experiences of interpersonal violence, a variety of losses, and a general lack of permanency that led to their experience of chronic homelessness. These subthemes interacted together for many of the participants in negative ways that led to their experience of homelessness and exacerbated their negative experiences while homeless.

**Traumatic Experiences of Interpersonal Violence**

Trauma and chronic homelessness are inextricably linked. Participants spoke about traumatic instances that led to their experience of chronic homelessness, and every participant spoke about how traumatic the experience of homelessness is and this trauma often made it more difficult for them to find sustainable housing. The trauma centered on interpersonal violence and abuse that often started for these participants while they were children.

I first ran away from home at about 13 years old. With my mom there was a lot of physical, emotional, mental, and verbal abuse... I was never good enough or wanted. I got on a bus and decided I would be a lot better off downtown. And then I was on the streets for about a year or so. Long story short, after being assaulted by three men for three days straight, held in a room for three days... I ran away and tried to go home but a lot of abuse started happening again... I have so many questions I still want to ask [my mom]. Like, why could you never love me? Why was I never good enough? (Katherine)

I was a runaway. I was an abandoned orphan and then I went to foster care and then I went to the streets... I was eight years old the first time I slept under the bridge... Oh I was scared, I was really scared but then I knew that the bridge kept me safe. Nobody knew I was under there. (Annabelle)
I suffered a lot of abuse growing up when I was younger. I lived in group homes. I suffered a lot of abuse and I was always talked down to I was always bullied. I suffered. (Benjamin)

I was terrified to be sitting on the street with great big luggage bags and people just walking by when internally I’m wondering where to go or what to do with my luggage. I just felt really helpless… I showed up on the doorstep of one of my ex-boyfriend’s a few blocks away, but I felt I was obligated to [silence]… I had no money to give him… Even little events or things like that takes away, takes away a lot from a person. (Petunia)

I mean growing up as a kid, I was beaten by my father. I left home at 15 years old, I’ve been on my own since I was 15. (Owen)

**Loss**

Loss was prominent within the majority of the participant’s interviews. There are a few specific types of losses that the participants discussed as significant: the death of family members, being given up as children, loss of physical ability to work, and loss of identity. These losses were experienced as factors that contributed to the initial experience of homelessness and kept them in homelessness as they lost their social network and support.

I guess part of my difficulty throughout this being homelessness is that I also have lost my identity as worker and helper and as a wife as a contributing member of society and I also lost my identity as being a physically independent individual… I know one of the reasons that my homelessness and the mental health issues like losing the identity stuff wouldn't have been as severe if I would have had a good social network. (Naomi)
My mom gave me up for adoption… Right after my mom had given me up to child services, like I said, I kept running away. And I was just young I didn’t know what to do when I was out on the street, but I met a group of guys that kind of watched over me and I started selling drugs when I was 13… The reason I was drawn to gangs was because my own family gave, like my mother gave me up for adoption. And you know, I’m out on the streets when I’m twelve years old, selling drugs, carrying a gun on my waist, and it’s because I’m trying to act like I belong… Abandonment is one of the most awful things anybody can deal with. Even you know it was when I was 12 years old and now I’m 37 and I’m still dealing with that abandonment. (Evan)

Just I mean, I've been through everything. Like I've lost my son, he died, I lost my daughter. My grandson died in a car crash. My ex-wife’s gone my sister's gone my brother's gone… My daughter and grandson died got killed by a drunk driver… Just I've been through everything you know. (Isaac)

The last thing I remember saying to my grandma was, ‘I’m gonna go down for a smoke.’ I said, ‘Just hold on. Fight!’ And she’s like, ‘Have one for me too, kiddo.’ And she goes, ‘Always remember, I love you and you’ll be a good person one day. You just need someone to give you a chance and to always love you unconditionally.’ And I was like, ‘But that’s you!’ And I went down for a smoke and I came back up… And she was gone… I didn’t want to fall through the cracks… I had nothing. My grandma was gone. My mom was gone. Like, everything was gone. Like, I couldn’t ever have anything to do with my kids, I didn’t know what my son looks like anymore… I need something. I need to live. (Katherine)
Instability and Lacking Safety

Experiencing instability and lacking safety was significant within the participant’s interviews as the majority of them expressed never having a secure place where they lived, with a few of them stating that they moved across the country while they were homeless. Many of the participants mentioned that their first experience of homelessness occurred before they reached adulthood as they were escaping abusive situations and/or were put into foster care or group homes and moved around a lot. Instability was more than simply the location where they lived to some of the participants, but represented a lack of permanency emotionally, psychologically, and socially that held them back as well. The instability and lacking safety continued while they were homeless, preventing them from being able to attain resources to get stable housing.

Well I grew up in foster care, I was in 66 foster homes. My mom died when I was eleven months old… I’ve been in the system my whole life from eleven months old to going to an orphanage to foster care to jail… I know I was bad when I was young. I thought by the time I was twelve or thirteen I would just accept foster care and just kind of be a normal kid but I just never would let it go. I just would always act out, like I don't think I stayed anywhere longer than 6 months. (Isaac)

Most of my adult life I struggled with homelessness… I do see folks that are homeless, I’ve spoken to a few other ladies and just being caught up in a system where it’s really a struggle to step out of because it’s similar to a cyclone. It’s hard to even really feel confident and say ‘I got this’. (Petunia)

You don't feel you have anywhere safe to show your emotions or feel them even. So I was either completely an emotional wreck and... very unstable that way or I would be like shoving everything down and going through a complete emotional breakdown
cyclically every three to six months, like complete utter breakdown. I just, I didn't feel like I had anywhere safe to go I didn't feel like I had anywhere to call home. Even since my childhood, even growing up in group homes and treatment centres I was shipped around so I just I never felt like I had somewhere to call home before moving in here. (Giselle)

I explain that to people, I say ‘if you can’t find your fricken food, how the hell do you expect someone to pull them up by their boot straps? And go out and get a job right?’... So there’s a vicious circle… If you don’t have Maslow’s Hierarchy of Needs, if you don’t have food, clothing, and shelter, how the hell are you gonna get actualization? (James)

I was always in and out of remand centres and psych wards and institutions. It was all due to not just homelessness, but my drug addiction… Like I was addicted to crystal meth off and on for 20 years. (Evan)

**Systemic Issues**

As discussed in the literature review, systemic issues are important to acknowledge in any conversation about resilience to advocate for systems-level change. All the participants emphasized specific systemic issues that they faced while homeless or while they were trying to get into housing like being treated as less than human, staff that have no experience or not enough knowledge with homelessness and addiction, programming that is too specific, lack of consistency from programs, and judgment and stigma. These systemic issues mentioned by the participants point to greater structural issues in our society about the way individuals who experience chronic homelessness are viewed and treated.
Treated as Less Than Human

Many of the participants poignantly emphasized their experience of feeling invisible to society, feeling as if they are only seen as a case file number, and treated as less than human. Participants discussed feeling as though they were not being treated as an individual by programs, the foster care system, the health care system, and the legal system.

I was invisible, I was pretty invisible. I didn’t talk to people… Yeah like I wasn’t part of society… I didn’t know what it meant to belong or to socialize… No, I didn’t [feel human] I just thought we were just another case file number just in the foster care system they failed us you know. They just put us in another home another home another home you know back to the orphanage back to another home… Well, the active listening would be better [from programs], more focus on the individualities that we’re individuals we’re not a label we’re not just a case file number the labels take off the stigmas you know we all have purpose and we all have gifts and talents and different strengths. (Annabelle)

On the streets you are invisible and I hate it… That’s the thing they [service providers] should know, that we’re human too. Just because you may have a higher education does not mean you’re brighter than me, you might actually be dumber than I am… We’re the same… Like there’s people who will literally cross the street or who purposefully, like you see that they’re doing everything they can to avoid your gaze. (Giselle)

They [service providers] really need to start more looking at the individual and not the bed that they’re filling. (Naomi)
Experiences of Judgment and Stigma

Experiencing judgment and stigma for being homeless was a major theme. Participants even talked about experiencing stigma if they “looked” homeless or were associated with agencies that serve individuals experiencing homelessness, even if they were currently housed.

The experience of judgment and stigma also led to a decrease in trust in the health system. A few participants mentioned feeling judgmental towards themselves and internalizing the stigma.

Oh, there's that stigma, ‘oh you're homeless you must be a bad guy, oh we can't talk to you, you're homeless or you know it's your choice that you're homeless.’ Like people don't understand that it's not our choice. Maybe sit down with us and find out…You know, but people put that stigma on people that are homeless you know that we're bad people but we're not. We're just everyday people, like you working in a bank or you as a lawyer we're just everyday people. (Owen)

My experience is that you’re looked down on when you’re homeless… Being judged and being homeless lowers your self-esteem… I felt victimized, like the one time I went to McDonald’s it was pretty cold out and the police came along and told me to move along. (Benjamin)

If I say I’m from the [housing agency] or have no fixed address, so many times I see them roll their eyes, or I’ve heard nurses talk to EMS, they’re like ‘oh I picked him up down at the [agency name]’, ‘oh he was outside he is homeless’. Like, don’t assume just because you hear [agency name] that I’m homeless you know what I mean… And if I am don’t roll your eyes anyways. Like who are you to judge me, like if I’m here for medical doesn’t matter where I’m from or if I sleep under a tree… If you go in any medical place you should be treated with respect as long as you’re giving respect… I always felt like I
was as good as anybody, but I also knew that they didn’t think I was… Homelessness is a
tough one because it’s not just hard on your mind and your body but it’s hard [because
of] the stigma… I used to judge people like that too before I became homeless. I thought
everybody was a drunk or drug addict… I’ve met so many people it was divorce, it was
mental illness, it was gambling, some people just choose to be out there, some people
don’t want to work they’re lazy, and some people just don’t want any part of society…
Don’t assume we’re all drunks. I met great guitarists, I met artists, I met people that had
million dollar homes, and it’s not all from drugs and alcohol so I learned that it was
wrong for me to put people in that category. (Isaac)

I deal with a lot of stigma for my mental illness… In the health care system I’ve
actually heard nurses say ‘ugh it’s her again, she’s here all the time.’ A curtain is not a
wall and you hear that, and they meant for me to hear that and it hurt, it was like a slap to
the face. (Giselle)

I remember sitting across the street sending people over to go and get me a plate
of lunch. ‘Cause, I just you know, I couldn’t go there and say, I messed up again. I’m a
failure… I was embarrassed, I was ashamed, I didn’t want to be looked at… Society’s
eyes, I mean, sometimes as soon as they hear that you’ve had a criminal history or that
you’ve come from the streets, or that you’ve had addictions you’d be shunned.

(Katherine)

**Staff Without Enough Experience**

Being misunderstood by staff who did not have real-life experience of homelessness or
addiction or did not have enough education about resources available in Calgary was a common
theme with many participants emphasizing it particularly. The participants shared feelings of
frustration with not having their knowledge and experience recognized and being told what to do by staff who relied solely on their education without understanding what it was like to have an addiction or be chronically homeless.

Get some staff that has done life on the street, that have lived on the street that have possibly had an addiction… They know what it's like coming off the addiction they can talk a little bit better with knowing what it's like. Because right, knowing what it's like coming off... the trials and the feelings that you feel inside when you're coming off of the streets is you can't really mention you can't there's just not a word for it. It's there but it's not there because, it's magnetism it's a life. (Sarah)

You can’t study it all in books and papers and computers and stuff like this. You know, if you really wanna help people that are out there you gotta put in the footwork. You gotta do the face to face, you gotta go out there and see it for your own eyes. (Evan)

I think they should learn more from the people they talk to. Like I’ve been in rehabs and I’ve had people read out of a book that never took a drink in their life, never stuck a needle in their arm. You read what’s in front of you… but you’ll never learn more than you will from actually talking to an addict or an alcoholic or whatever it is you’re trying to talk about. (Isaac)

I wish they’d hire me. Just even for a couple hours. Just even for a day. I said, ‘Use me as a resource person’, you know? (Katherine)

**Having to Fit into Programming ‘Boxes’**

A theme clearly discussed by many participants was that the process of accessing housing was made more difficult because they found programs had specific criteria that they had to meet to get into programs. Often, participants spoke about not seeming or being complex enough to
receive program support as they did not have significant mental health issues, addictions, and/or disabilities or one participant emphasized being too complex to get into programming.

Well, I don't drink or do drugs or anything so it was tough for me to get a fit you know. I really didn't have no mental health issues, I mean I had issues don't get me wrong, but it was tough for me to get a fit. (Owen)

Not making people have to fit in a box. If you're not dealing with alcoholism or you're not dealing with drug addiction you can't go here or they specialize so much … And then if you like fit that requirement there's only one place that you fit that requirement and there's like a waitlist a mile long. Do you know what I'm saying? … I like that there's places that specialize, but we've almost specialized so much that we're excluding people. (Giselle)

It was clarified directly to me when the question was put to them [housing workers], that I was too White, not old enough, my mental health was not severe enough, nor was my handicap to meet any of the thresholds for any of the housing programs that were in Calgary… Which had been traumatizing in lots of ways, having to ask for help and you come from a background where you’ve been abused… and then I had my injury. Perfect storm came along and then you’re asking for help and people aren’t, because you’re a high functioning educated individual who has been self-supporting your whole life… People don’t really take you as seriously… I tried to get assistance through different agencies before I became homeless… I think just as some of the individuals, the professionals, who have helped me said, ‘You didn’t just find cracks in the system, you found huge gaps and fell through.’ And I don’t think I might have become homeless or been homeless as long if there were systems in place for people who didn’t have some of
the challenges… and if you fit those check boxes I found people were getting housed much faster or having much more support from agencies… There wasn’t the help that I could’ve used from the system and organizations. (Naomi)

I guess a lot of the services should be easily accessible, instead of having to jump through so many hoops. (Petunia)

*Not Having a Voice*

Feeling silenced or feeling like they do not have a voice even in making decisions for their own lives was a common theme among the participants. Participants talked about times when professionals would make decisions for their lives that they did not agree with, and the feelings that came up were anger and sadness. Participants talked about not being able to give feedback on the services they were receiving and feeling as though they could be mistreated and their voices did not matter. Many participants cited their reason for participating in this study was because they wanted their voices to be heard.

I was having monthly case conferences at the [hospital], but I wasn't allowed to be part of that so they were planning my life. I was twenty at that point and they were planning what was gonna happen to me, where I was gonna live and what my life was gonna be like. I had no part in that planning or no say and that felt awful… If someone has status and you don’t have status as a person, but they’re planning your life and you can’t sit on that meeting because of their status. Well, I’m human, you’re human, what gives you the right to say I can’t sit in on a meeting about my life? (Giselle)

There’s no method really, as somebody receiving services of giving feedback whether it’s positive or negative or you know, personal. And I think that agencies can really learn from you know. There’s always going to be the gripes and I think the
complainers in life. But whether it’s a sharing circle meeting or something like that or an opportunity to give feedback… I think they need to open the door and make that. (Naomi)

I don’t know how many times I sat across at different tables in my life and there’s people with recommendations of what they think is gonna help me or what they think is gonna make me better. Well I know that’s your opinion, that’s not my opinion. (Evan)

I would like it, it would be nice if someone heard my voice in regards to this subject [homelessness]… I just want to say I really do appreciate someone in Calgary to you know, even listen to a small voice. (Petunia)

**Lack of Consistency**

Participants discussed that within programs that they felt there was a lack of consistency in that there was a lot of staff turnover, that the programs were not providing the services that they had promised they would, and that individuals did not get consistent treatment in comparison with their peers.

People gotta have a sense of like they’re being love and nurtured and that people are there to support them… People that are damaged need to see consistency otherwise they’re not gonna win with them… Broken people are really hard to help. (Evan)

It is confusing when your contracts say they're going to help you overcome homelessness and help you find housing, and this is your case manager that you can meet with as many times as you want, and then there is no help in finding housing. And the subject, although driven by the client, when there's no response from your case manager, you begin to feel like you're in the same abusive situation or unhealthy situation that led you to become homeless so it was a frustrating wheel hamster wheel at times to be on. (Naomi)
Like two months after I moved in, 90% of the staff left and switched over... It's just the continuity wasn’t there. It’s like everybody who had worked on planning on moving me into the housing, they weren’t there. (Giselle)

**Internal Factors of Resilience**

All the participants spent a significant amount of time in the interview talking about their strengths and how they were able to overcome homelessness based on their own refusal to give up, holding on to hope/faith, belief in their worthiness, and making meaning out of their own story. The obstacles and trauma that they encountered in their lives were significant, but all of them identified how there was something within them that continued to propel them forward despite their difficulties.

**Refusal to Give Up**

The majority of the participants talked about how they refused to give up and used words like stubbornness, persistence, determination, and tenaciousness to described what continued to push them forward despite their obstacles. They referred to “bouncing back” as not letting events get them down and not giving up on getting what they knew they needed.

So resilience I think it just comes down to you’ve got to believe you’re worth it and you’ve gotta be stubborn as hell, because you’ll get a lot of ‘no’s’ you’ll get a lot of ‘oh we can’t help you right now.’ (Isaac)

I’m very tenacious... I’m very determined and just like I’m gonna do this, I can do this, I will do this... It’s my determination to keep moving forward (Annabelle)

[On what has helped him keep moving forward] Determination… willingness… I refuse to fall to my feet... I haven’t had my piece of the pie yet and I’m gonna get it before I die. (Evan)
[On what resilience means to her] Being able to bounce back. Not letting things keep you down, it doesn’t mean you don’t let things get you down at all, that’s not it at all… It’s you don’t let them keep you consistently down. (Giselle)

I just came out fighting, I just wanted to live… I had nobody… Crying and wishing in the morning I had somebody to call or to go home to or something, right? But I didn’t. So I told myself ‘I’m gonna get out of here and make that one day for myself.’ (Katherine)

**Holding Onto Hope and Faith**

Hope and faith were intertwined as a significant theme. The participants stated that they had to have hope for a better future to keep moving forward. For many of them, their faith in a higher power helped them know that they would be okay and gave them something to hold onto while they were experiencing difficulties.

Resilience is actually waking up and knowing that there is still hope. (Benjamin)

Because of my faith I could know that it was going to be alright… I know that it’ll get better, that’s my faith there that helps me get through it. (James)

One step at a time, one day at a time… I kept hoping and hoping and hoping until finally the door opened… I’ve got my strong faith, I have my prayers. [They] always give me hope for a better day. Everyday is a new day, that’s how I look at it. (Annabelle)

The hope and faith… having my faith, that is when I noticed I became psychologically stronger and more stable is when I connected more with God. (Giselle).

Just the want to keep living… I knew there was a light at the end of the tunnel… There is going to be a better time in the future. Look to the future. (Sarah)
**Self-Worth**

Believing in themselves and that they had self-worth was important to the participants. Many participants were able to pinpoint moments when they realized that they mattered and had a place in the world. This belief in their worthiness had an impact on their view of self and their view of others and motivated them to work to get housing despite their difficulties.

I never had the word worthy in my vocabulary at all just until about a year ago where I learned about it in therapy. It's like I've heard the word a few times but it never really it triggered something finally to say I am worthy … it is it's like coming out of the dark. That one word changed a lot for me it's kind of like, okay if I was homeless there in the corner outside I would just downsize my luggage [to] what I can carry and then just move on to getting to other resources that can help me. So the word worthy is just it gives me more confidence to say, ‘okay I am in a situation but I can help myself.’ (Petunia)

I always tell people you know, I ain’t better than anybody, but I’m as good as anybody… You have to believe you’re worth it, you’re not gonna do it [get housing] if you don’t think you’re worth it… Resiliency, I think it just comes down to, yeah you got to believe you’re worth it. (Isaac)

Remember the world is a better place because you’re in it. Being a part of it. Like everybody has something to contribute, no matter what it is cause we’re all different. I like the differentness of people… We all come from different places and different backgrounds and stuff like that. We can all learn from each other. Everybody has something to teach us or we can teach them something, so that’s why I like people. (Annabelle)
Making Meaning Out of Their Story

A major theme that came out of the interviews was that the participants felt that sharing their story allowed them to make meaning out of their story and that they hoped to change things from sharing their story, which was also a major reason that the participants provided as to why they wanted to participate in this study. Some participants talked about sharing their stories whenever they can with the hope of making a difference in someone’s life and that this helped them find meaning in the difficulties they have had to overcome.

All this built up stuff inside of me, I try to use it to push myself further in life… It’s like I use it as stepping stones I guess… I would love to be able to inspire at least one person, you know, that’s in high school or junior high to pick up whatever I’m laying down and they’ll say ‘hey, I don’t want to be that guy.’ (Evan)

I like to give back to my community and I share my story with everybody already… I really want to use my life history and everything that I’ve been through to change the system’s failures and fall backs and cracks… Also, just change people’s perspectives on homelessness in general on drug addiction on resilience on, you know, just humanity… Finding purpose in my life helped me deal with the stress of my past as well. So being able to give back to my community and find purpose helped me to heal. (Giselle)

One of the things I started to do for myself when I was in Vancouver was to start to write hip hop lyrics and sing… I would stand on the street corner and sing… Its therapy, art too. (Benjamin)
And what I’ve come to realize and accept in my life is sometimes maybe… we need to lose things, or people we love, or go through the trauma… in order to get through it and be something on the other side. (Katherine)

**Transition to Housing**

Most of the participants spoke about the process of transitioning to housing and what being housed means to them in the interview. These participants spoke about the increase in their health and safety in attaining housing, but also the complications of learning to be housed after being without housing for many years.

**Improvements in Health**

Participants talked about how their health improved significantly once they were housed and commented on it being a significant reason for why they choose to continue to be housed. Aspects of health they talked about were their sobriety, sleeping, eating healthier, and coping with physical ailments. Attaining housing also helped a few of the participants focus on some of the medical issues they were dealing with.

[While homeless] I don’t think I really slept for about 20 years. I barely ate and I barely slept, I was always on edge looking over my shoulder, always worried and being under stress all the time… My doctor told me that when you rest it heals your bones and heals your body, so when you sleep you heal. I said, ‘okay that’s true’, now that I’ve been sleeping for the last few years, my body is healed. (Annabelle)

I’m very lucky I got housed when I did, I don’t think I would’ve lasted a lot longer emotionally or physically… I’ve actually gotten a lot more medically stable since moving in. (Giselle)

My health is better here… I like to live a healthy clean lifestyle. (Benjamin)
Experiencing Safety

Safety was a major theme of the participants’ experience of transitioning to housing. Safety included personal physical safety, privacy, as well as safety for their belongings. Participants talked about not having to be in a state of vigilance and alertness and being able to relax once they understood that they were safe where they lived.

I can actually be like I'm home and understand the sense of the word. A home to me is more than just a roof over my head it's somewhere where I feel safe it’s somewhere I have people that I feel support me around me... It's somewhere where I can have my belongings and know that they're gonna be there when I come back… Not just my physical belongings, but feel like I belong somewhere. (Giselle)

You don’t get told when to wake up, you get your own space, you get to shower in a clean place. You get to feel safe and secure and no one knows where you are unless you want them to know. Your privacy, your identity, is protected when you’re living here, and stuff like that. (Benjamin)

For the first time in my life, I feel really safe. Like I’m okay and nobody is gonna hurt me… Now I’m more calm and relaxed… I have my humour and my smile again, you know, and it’s safe and clean and quiet. (Annabelle)

I wanna be in a place where I feel safe, I wanna be in a place where I get along with the people around me. (Evan)

You know, you go from living on a mat to a place where you can get a locked door… Your bedroom was your sanctuary, you had your own key to your door. (Owen)

I’m careful about who I invited into my home, you know, I try and find it so that it is safe. It’s my own little lamb. (Petunia)
Learning to be Housed

The process of learning to be housed was discussed with varying levels of difficulty amongst the participants for whom this was a significant component of their experiences. Learning how to sleep in a bed was difficult for many participants with a few saying that it took them six months to a year of being housed to be able to sleep in their bed as they were not used to it from their years of sleeping in shelters, outside, or on couches. Others spoke about having to learn how to cook and do laundry. The feelings of freedom and independence were significant as participants spoke about being able to do housing activities whenever they wanted to. These experiences were especially relevant for individuals who had been experiencing homelessness since childhood.

I remember at the shelter, when I was there, the big thing for me was when I get a place of my own the first thing I'm gonna do is have a bath. And that’s what I did. The first night I remember lying in bed, thinking ‘I've got to go to the bathroom’ and realizing I got my own place and I could just, well get up and go... It was all significant everything, everything!... The fact that I had my own fridge and I could eat when I wanted to, sleep when I wanted to, do laundry when I wanted to, and stuff like that. (Sarah)

I [slept] on the couch with the TV on because I didn’t know how to sleep in a bed… Nobody taught me these things, ‘go to bed’, what does go to bed mean or stay in bed… I wasn’t used to quiet. I wasn’t used to being safe and being allowed to go to bed and sleep without any chaos… Daily I learned to sleep in the bed. I learned to go shopping for groceries, you know, to budget… [Doing laundry] was very strange, but I thought I had to do that because nobody’s doing it for me you know, so I learned how to do it after I ruined my clothes… I found structure and routine. (Annabelle)
I used to sleep on the couch because I was so used to sleeping on couches, I just didn’t feel comfortable sleeping in a bed alone. (Evan)

Just having chronic homelessness I guess, or instability, I just felt out of place even though it was my own place... But also to learn how to cook, yeah so they [workers] helped connect me to resources. They helped me budget. (Giselle)

I have a bed to sleep in every day. And I can cook, and I can shower whenever I want, and just clothes I can put on. That I don’t need to break into apartment buildings to try and get a shower that day or steal, like, somebody’s underwear out of the dryer because I just want some clean panties on that day. Like, you know? I can go once in a while and buy some new ones and things like that. (Katherine)

It’s nice not to share a room or kitchen facilities. It’s just nice to be in my own little space and do what I need to do in order to get ready for my day. It’s just like now I have my own paintings up or you know I make time to enjoy the sunlight in the morning.

It’s my own space, I can turn on the radio or watch TV. (Petunia)

Social Support

Social support was a major theme for all the participants as they talked about the ways that they connect with others and how these connections contributed to their resilience and strength. The variety of this social support ranged from how peers went out of their way to advocate for them for services, to belonging to groups and others, and to the ways they gave back to their communities.

Natural Support Based Advocacy

Advocacy was a significant theme in the interviews as many participants spoke at length about individuals in their lives from their communities who advocated for them. These advocates
were peers and family members who provided valuable information, practical support, and concrete advice on resources in the city and advocated for the participants when programs were not providing sufficient support for the participants.

People drove me to some of my appointments, like my buddy gave me bus tickets like so I can't always forget even something as simple as ‘here's two bus tickets’ because if I don't have it how do I get there… I mean they were feeding me, you know, letting me use their shower. You don't really realize how many people help you till you, even till we just started talking I didn't realize like how many people helped me. Actually even giving me bus tickets or ‘here's a bagged lunch cuz you're gonna be at your meeting all day’ or something like it kind of just made me think how many people actually helped me along the way so that was that was cool. (Isaac)

I am very blessed to have her [her mom]. I think that’s where a lot of my resiliency comes from and my strength actually is my mom… My mom, she’s been the constant, the only constant. She has followed me everywhere, fought to get me everything I’ve needed. If it weren’t for her I wouldn’t have had the professional, social supports that I needed. (Giselle)

The people that helped me were the people at the church, oh and my best friend… He’s the one, he’s the one that came to the church with me and said that [I] needed help… Cause I really hadn’t told anybody about it. (James)

I was quite lucky, and um the ladies on the floor were introducing themselves… they became really strong friends and advocates… There certainly was a lot of help from my peers and it was wonderful learning, I guess, the first steps of opening up… If it
wasn’t for my peers teaching me I wouldn’t have learned how to [advocate for myself].

(Naomi)

Belonging

The concept of belonging to a group, to be part of something, was a significant theme for participants being discussed by most of the participants. Being a part of a group and feeling like they belong was something that these participants talked about missing out on and searching for when they were children and/or in their experience of homelessness, but that they found through their experiences on the streets and in their subsequent experiences in housing.

This summer, my church, they all go on this big retreat and they arranged for a ride for me. They covered the lodge. I was assigned a different family for each meal, and things like that… And I’ll tell you, when I went out in that retreat, I’ve never felt so alive and like a human in a long, long, long time. I was at first, shy and reserved about going to some of these families to eat, but for some reason, in the church, everybody, kids and, everybody loves me. I’m just a little church mom to like, the kids and everything… I didn’t have to talk about being an addict or didn’t have to whatever. I was just, like them, I was just, I was a human for once. (Katherine)

Being around other people and learning to trust and open up… You know and to be a group… I was the only homeless person in the group, so she [life skills coach] just helped me to feel normal, the sense of belonging to just fit in… Right now. its people that I’m able to play cards with or go to Bible study to be around other people so I’m not so lonely and isolated anymore. (Annabelle)
Well, I have become resilient because I just know that there’s somebody watching out for me and that I have got a support group, a support system is there if I need it. (James)

My floor roommates next door to me, they were great. They did the check ins. I think it was very healthy being able to admit to people, other than professionals that I wasn’t doing okay. I think that’s where the resiliency came from, that it wasn’t somebody being paid to care. (Naomi)

**Giving Back**

A significant component of the participants’ connection was through how they gave back through volunteering, through support groups, and to others in their communities in practical ways who struggled. Giving back was mentioned by most of the participants as providing them connection while they were experiencing homelessness and/or while they were housed. Giving back created feelings of purpose, camaraderie, and accomplishment in the participants.

[While living in a centre for women escaping interpersonal violence] When somebody arrives and you can go ‘Oh it's winter, you don't have gloves I have extra.’ Or, ‘You don't have dish soap I know what that's like when you arrive and you have no soap to do your dishes, so we'll give you some dish soap’ and the next person would say ‘I know you got a box of kraft dinner in your welcome basket but I know you didn't get any salt or butter or milk so here help yourself’… I'd make the brownies and everybody would smell them, ‘Oh my god I smell brownies’ it's like, ‘Yeah and I made a double batch so everybody is expected to come and eat in a half an hour’… And I think that's part of resilience and a healthy life. you know to you take the focus off yourself and give back even in the
slightest way, whether its picking up litter on Earth Day or getting involved in a soup kitchen, whatever works for you. (Naomi)

[While homeless] Well I spent most of my time at the Calgary Zoo feeding the animals, I volunteered there… the animals were my comfort… It gave me a change in focus and [helped me] not be scared of the streets or my foster homes or my domestic violence, it made me not worry about the night times. (Annabelle)

Just these little things that I can do to [give back] for some reason it gives me… Like you know, like giving back is just it’s something that you’ve gotta have. (Evan)

Residents want to give back to their community, saying ‘Thank you for giving us a chance to have a home.’ (Katherine)

I always think of a positive way of, you know, I volunteered lots when I was in the shelter and stuff like that. So I always think you can make, you do the best with what you got as far as I’m concerned anyways. (Owen)

Supportive Programs and Professionals

Although participants spoke of areas within service and programs that did not work well for them, many of them also spoke of the was that programs were helpful and of specific counsellors, psychiatrists, police officers, social workers, and other professionals who were integral parts of their journeys. These stories shared some common characteristics where the participants felt these professionals were dedicated, where the participants were given flexibility and choice, and where the participants felt empowered and their resilience was supported.

Dedicated Professionals

A significant theme was about dedicated professionals whose support made a difference in the lives of the participants. Some of these professionals were workers, police officers, mental
health professionals, and medical professionals who, in the participants’ estimation, went above and beyond their job to care for the participants and help them access mental health support, housing, legal support, and other resources.

I had a couple of certain cops that went out of their way every time they heard of me getting jacked up somewhere. There was one in specific… And he told me, “You know why I keep bugging you? ‘Cause one day you’re gonna want to just completely die, and give everything in. And he goes, “I think you’re gonna go, ‘I can’t, because there’s that one asshole that’s gonna notice me gone.’” He goes, “Cause I see the potential in you, and I never want to have to walk into work to find out that you’re dead”… He goes, “I just wish I knew a way I could help you.” He goes, “But I don’t.” He goes, “So, that’s why I come check on you every time I hear your name get ran.” You know, one day I’ll find him I’ll be able to track him down again and say thank you. Because I think there was many times over the years out there, that constable gave me a reason to live.

(Katherine).

I have a psychiatrist, I have a counsellor that I’ve been dealing with for even before I went into treatment here… I got her on speed dial like if I need her just you know we talk to each other like we’re friends not like we’re, you know, she’s great.

(Evan)

[Speaking about her case manager] She was wonderful. Like she’s always said like if I need a ride to physio, cause she knows my social anxiety getting on the bus going somewhere I’m not familiar with can be difficult… She’ll come by every week if I want her. (Naomi)
I have that very dedicated team which is what has made this housing successful…
I’ve made those deep connections with a lot of professionals… I still keep in touch, sorry
this is gonna make me cry in a good way, the doctor who took care of me for four
years… she and I keep in touch through my family doctor… I was so touched that she
thought about me as much as I thought about her. (Giselle)

Camaraderie. How can I explain that? The togetherness. They [the workers at the
shelter] back then, they tried their darndest. They would jump through hoops to try to get
you everything and anything for you in those days. (Sarah)

**Flexibility and Choice**

Being provided with flexibility and choice was important for many of the participants,
mentioning that having flexibility with their workers and getting to have choices in the programs
they were a part of was important to them. Participants talked about times when case managers
gave them options for apartments, rather than telling them the first one they saw was their only
option. Times when police officers chose to not arrest them and gave them a break instead.
Getting a choice in the chores that they had to do while in different centres was also important,
rather than being forced to take chores. Having options and flexibility was a significant theme
that participants talked about being part of successful programming for them.

I got stopped, by the police I was walking down the street and I was, all from what they
say, I was right out of it… I was really in a dark place and they stopped me… They
actually said to me, ‘Well if you agree to go to drug treatment right now we’ll drop you at
the detox’ and I agreed to go. And I remember they didn’t charge me with the drugs or
anything like that just because they knew I was in a bad place so they just said ‘Okay,
we’re gonna take you to detox’ and they took me there and they just said, ‘Remember that you agreed to do this.’ (Evan)

I remember fighting with the prison to make sure they’d gave me an extra $100… Cause I just needed to make sure I could pay that $100 [for the damage deposit], ‘cause I couldn’t have nothing… I had a chance to be in a home… And she [the housing worker] goes, ‘I didn’t even see this till now. I guess it just got dropped off.’ It was an envelope and it said, ‘This is for the girl that’s gonna get out of jail today that just might make it.’ And there was $100 bill in there. (Katherine)

[The housing worker] told me that I wasn’t obliged to say yes or no [to the apartment], that I didn’t have to move immediately, if even moving right now was too soon for me, she gave me [that option]. (Naomi)

**Professionals Who Supported Empowerment and Resilience**

One of the significant themes was when participants felt empowered to recognize their strengths, take the lead, or work through their trauma by the professionals in their lives. Psychologists, counsellors, coaches, and case managers were mentioned as professionals who empowered them and supported their resilience in these ways. Participants spoke about when they were recognized as individuals with all their strengths and weaknesses, that it helped them to change their outlook on themselves.

[The life skills course] changed my whole life really it did. It gave me more faith in myself and made me more determined more tenacious. I learned positive self-talk, “remember the world is a better place because you’re in it” that is what I learned from there… It gave me more belief in myself to say how strong I am and courageous I am. (Annabelle)
And the longer I work with the therapist, she was so good. Every week I would have a session with her it got me to realize that just having some time to let out a lot of emotions or conflicts or you know, things I need to set out on the table so I could walk out of the door feeling ‘Okay, this is a good day now’ or ‘You know I’ve dropped a few tear drops back there, but now I feel better. (Petunia)

[Getting GED in jail] Everything else, I was really good at for most parts, but my math… Like, I kept struggling. Then one day the teacher came in and she’s like, ‘I know how I’m going to get you to do your times tables’… And she dumped a box of lego on my desk. And I was like, ‘What the heck?’ And she goes, ‘Just work with me on this. I might set something up.’ She goes, ‘one times one is what?’ And I’m like, ‘Well, one.’ And she goes, ‘one times two is what?’ I’m like, ‘Two!’ She goes, ‘You’re a tactile learner’… Next thing I know I went from a Grade 7 to all of a sudden I was at a Grade 10 within three months in my math. Like, she just sat down and she worked with me.
(Katherine)

I met a psychologist… She was amazing… You know we were able to identify the patterns of my codependency and helping others and ignoring my own needs started when I was two years old. She was just really good at saying, ‘You know, you’ve got to take time to not put any expectations… just look at self-care.’ (Naomi)

**Discussion**

The results and themes of this research study resonate with the limited previous research on resilience and homelessness, although the depth of content provided through the phenomenological method expands on content previously identified. Systemic and structural issues that affect people who experience homelessness are well-documented (Barile et al., 2018;
Gaetz et al., 2016; Nelson et al., 2020) and are important to discuss in any research study about resilience (McCleary & Figley, 2017; Shaw et al., 2016; Windle, 2011; Zibarras et al., 2015). Resilience is a process that is based on a complex interaction between internal and external factors in the face of significant challenges (Windle, 2011; Zibarras et al., 2015), which the results of this study concur with. In the face of significant adversity on both systems- and individual- levels, the participants in this study demonstrated significant resilience that came from a dynamic interaction between internal strengths and external influences.

**Adversity and Challenges**

There are a variety of factors that the participants identified that lead them to become homeless, stay homeless, and exacerbate the structural issues associated with homelessness. The trauma associated with homelessness is well-documented (Greenberg et al., 2018; Heerde & Hemphill, 2019; Knight, 2017; Vitopoulos et al., 2017). Participants identified how traumatic experiences of interpersonal violence led to their experience of homelessness, often beginning before adulthood. There is a significant connection between interpersonal violence and homelessness (COH, 2019b), it is estimated by Statistics Canada that it affects 237 people per 100,000 people in Canada (Burczycka, 2016). Participants talking about losses in their lives that led to or lengthened their experience of homelessness is representative of previous research about homelessness as well (COH, 2019b). Instability and lacking safety that participants felt in their lives, often beginning in childhood, continued throughout their lifespan even within the services that they utilized, which is often not talked about in the research.

The systemic issues that the participants identified showed the difficulty that participants experienced from general society and service providers. The way the participants discussed these issues revealed deeper truths about how homelessness is perceived and treated in Canada. The
participants’ experiences of judgment and stigma are representative of previous research (Barile et al., 2018; Engler et al., 2019), especially in the context of health care settings (Weisz & Quinn, 2018). The desire to be seen and treated as fellow “humans” by society and by the systems they interacted with was stated clearly by participants as important to them and is representative of the process of dehumanization in the research by Weisz & Quinn (2018). The experience of not having staff with enough experience or training also echoes previous research (Engler et al., 2019; Klee et al., 2019). Some novel data about systemic issues were also discovered in this study. Participants identified how they felt they did not have a voice in situations that pertained to their own life situations, they did not have autonomy. Wanting programming that was more flexible in their admission criteria to help people get out of homelessness was another concept that is not well represented in the research, but that the participants emphasized in the interviews. The lack of consistency in programming led to feelings of powerlessness with participants. These systemic issues are important to acknowledge as they highlight the privilege and power that communities have where this research was conducted and needs to be considered for conceptualizing the construct of resilience within its context for such a vulnerable group (Shaw et al., 2016).

**Internal and External Factors of Resilience**

Participants’ resilience was a dynamic process that ebbed and flowed as they met the challenges and traumas that occurred throughout their lives. The results identified significant internal factors of resilience that resonate and add to previous research on resilience. The refusal to give up, the “stubbornness” that participants mentioned, is a novel concept brought forward by this data. This “stubbornness” suggests that when faced with significant adversity, such as chronic homelessness, the participants made choices to keep going—to become resilient.
Participants’ talking about how hope and faith gave them something to hold onto despite adversity resonates with the research around the relationship of spirituality to resilience (Greenberg et al., 2018; Shaw et al., 2016). Having a sense of their self-worth as a factor of resilience is also supported by previous research (Greenberg et al., 2018; Knight, 2017), but its link to the refusal to give up is important because participants stated that if they had no self-worth they may have chosen to give up. The desire to make meaning out of their story, to use it to propel them forward, is also new data for the realm of resilience and it is important to consider how participants frame their adverse experiences for themselves as it is what influenced many participants to become involved in the research study.

Social support is a well-documented significant factor of resilience (Barile et al., 2018; Gabrielian et al., 2018; Greenberg et al., 2018; Knight, 2017; Zibarras et al., 2015). This study adds to this established existing literature by providing additional depth to the understanding of social support. Often, social support is lacking for individuals who struggle with chronic homelessness from a young age (Gabrielian et al., 2018; Gauvin et al., 2019). Having people to rely on for support is a significant buffer for stress, trauma, and stigmatization (Gabrielian et al., 2018; Kondrat et al., 2018). Natural supports are important to mental health and for preventing homelessness and leaving homelessness (Gabrielian et al., 2018). The natural supports of participants played integral roles in helping them get housed through practical support and added to their mental health. The subtheme of belonging adds additional clarity to the concept of social support, as participants spoke about what it meant to them to be a part of a group and treated as a human, which was an antithesis to the adversity of being treated as sub-human. Participants also spoke about giving back within the context of their communities which corroborates previous research that demonstrates that altruism may help increase resilience (Greenberg et al., 2018).
Programs and staff played an important role for participants as well, and support from professionals has been shown to improve health and reduce stress (Gabrielian et al., 2018). Professionals who showed that they cared for participants through being dedicated and empowering participants offered instrumental and emotional support. The flexibility participants experienced was also important and was an antithesis to the challenges that participants felt in programming restrictions and in not having a voice. The way programs were supportive of participants will be discussed further in the recommendations section.

Transitioning to housing is the bridge that shows how participants used their external and internal factors of resilience to help them get housing. Much research focuses on statistics around the lack of affordable and permanent housing (Barile et al., 2018; Knight, 2017; Rodrigue, 2016; Vitopoulos et al., 2017), and it is important to examine the participants’ experience of transitioning to housing to aid in understanding what is important to people leaving chronic homelessness when it comes to housing and what areas of difficulty there may be. The transition to housing was not something that the researcher set out to understand, but it was a theme that came out through the interviews as significant for the participants. Learning to be housed, the experience of safety, and the improvements in health showed the impact of the participants’ internal factors of resilience and their natural and professional support and showed what was important for participants in attaining housing.

Strengths and Limitations

This study contributes to the limited previous research on resilience in individuals who have experienced chronic homelessness. The small sample allowed for a detailed and vivid exploration of each participants’ experience of resilience through the phenomenological analysis process, which suggests recommendations for future research and for service providers in the
field of homelessness. The small sample is also a limitation of this study, and the results of this study cannot be assumed to apply to the experience of the majority of individuals who have overcome chronic homelessness. This study focused on the experiences of individuals within one city in one province. Therefore, this study is not useful for making broad assumptions that can be applied across provinces and countries. Instead, this study gave a helpful look into the lived experiences of individuals who have overcome chronic homelessness to help researchers, mental health workers, service providers, and system planners broaden their perspective on homelessness and understand areas to focus on when working with individuals who have experienced chronic homelessness.

Another limitation of this study is cultural diversity, as all the participants had English as their first language, six of the eleven were White, and many ethnic, racial, and sexually diverse groups were not represented. As such, generalizations cannot be made regarding other groups. There are some cultural groups who were underrepresented or some who were not at all represented in this study.

Although the researcher made every effort to address and complete bracketing, it has been posited that someone cannot stop knowing what they have already known (Creswell & Poth, 2018). However, significant effort was taken in considering the perspectives of the participants as they subjectively understood and described their experiences. The efforts taken were discussed in the methodology section, along with discussions with the research supervisor who had no prior experience with this population.

**Recommendations and Implications**

The phenomenological approach utilized in this study showcased the resilience of individuals who have overcome chronic homelessness. The themes that emerged through the
interview process and data analysis are worthy of additional academic study and the attention of mental health professionals, service providers, and system planners within the area of homelessness. Further research into the transition to housing and what this means for individuals overcoming chronic homelessness is recommended. There is a lack of research into the strengths and resilience of individuals who experience chronic homelessness (Greenberg et al., 2018) and further research across Canada and the diverse populations that experience chronic homelessness about resilience would be helpful to add to the findings of this study.

There are a few key recommendations from this study for professionals who work in the field of homelessness. Individuals who are homeless or have experienced homelessness face a significant amount of adversity, as shown in this study and previous research and mental health professionals have a key role to play in advocating for their clients (Engler et al., 2019). Professionals who work in this field need to advocate for their clients individually and be dedicated, supportive, and empowering but also advocate for change on structural and systemic levels as well. Homelessness is an incredibly stigmatized identity (Weisz & Quinn, 2018). Educating the public to reduce the stigma around homelessness through public speaking, research, and advocacy work is important to increase the visibility of people who experience homelessness and show that they are human too—like the participants asked for repeatedly. Within the field, there needs to be increased training around poverty as even professionals can hold stigma around poverty and homelessness (Engler et al., 2019), as demonstrated through the interviews. Professionals should seek appropriate education, training, and supervision in the areas of trauma, poverty, and addictions. Professionals who work in this field need to examine their own beliefs around homelessness and poverty and recognize that their views may be shaped
by their own position of socioeconomic privilege so that they can serve clients to the best of their ability (Engler et al., 2019).

Hiring individuals with life experience of addiction and homelessness to be peer specialists is also a recommendation of this study. Peer specialists can offer practical advice, serve as role models, reduce stigma, and show to clients that change is possible (Klee et al., 2019). Allowing people with life experience ways to use their stories to benefit their communities is paramount, as it allows for altruism, them to have a voice, and for them to make meaning out of their story—all significant themes from this study.

Enhancing social support wherever possible is important for professionals to focus on. Whether that support is from professional or natural resources, social support was demonstrated to be a key aspect of resilience. The interviews showed that for these participants, vulnerability to becoming homeless was often due to the lack of positive social support and the breakdown of natural supports in early life, which is supportive of previous research (Gabrielian et al., 2018). Building up trust and positive social support for participants is recommended to be a focus of mental health professionals and system planners in the field of homelessness.

Offering flexibility rather than restrictions in programming also was a recommendation of the participants. Creating opportunity within the systems to treat individuals as individuals, is key to this change. Having patience for individuals who are struggling, as the dedicated professionals that participants spoke about did, and seeing the individual made such a difference to these participants. As one participant said, “broken people are hard to help” and professionals need to be mindful of the significant trauma and adversity that people who have experienced homelessness may have faced and be patient and consistent. Focusing on empowerment and strengths-based interventions were also key for fostering resilience for these participants and is
supported by previous research (Nelson et al., 2020). Through recognizing privilege, reducing stigma, enhancing social support, hiring peer specialists, focusing on empowerment, and being flexible—the systems can change, and resilience can be fostered.

**Conclusion**

This phenomenological study provided an in-depth analysis of the lived experience of eleven people who had experienced chronic homelessness and demonstrated resilience. Chronic homelessness is caused by and exacerbates significant trauma and adversity, and the participants demonstrated incredible resilience in how they “bounced back” through the utilization of internal and external factors. The themes of displacement, systemic issues, internal factors of resilience, transition to housing, social support, and supportive programming and services backed previous research and offered new insight. Mental health professionals play a key role in advocating for the individuals they work for and for systemic and structural level change.
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Appendix A

Sample Interview Questions

1. How old are you?
2. How long have you been housed?
3. For how long/how often in your life were you experiencing homelessness?
4. Tell me about your overall experience of living without a home?
5. Tell me about your process of accessing housing?
6. What, if any, programs or individuals in your life helped you find housing? If you accessed any program or individual support, what did they do that was helpful for you?
7. What characteristics do you think you have that have helped you find housing?
8. What has your overall experience of living in housing been like for you?
9. What has helped you maintain your housing?
10. What factors in your life have made you resilient?
11. How do you manage stress in your life?
12. What are your strengths?
13. What factor(s) in your life (physical, psychological, social) provide you the most benefit, and in which way(s)?
14. Based on your experience, what should programs who work with individuals who experience homelessness know?
15. Were there any questions that I should have asked? If so, what am I missing?
Appendix B

Poster Advertising Study

Looking for participants for a research study about resilience and overcoming homelessness!

This study seeks to understand the experiences of individuals who have overcome homelessness. 
Results from this study will be used to inform service providers about the lived experience of individuals who have overcome chronic homelessness through resiliency.

If you are interested in participating, you will be interviewed for one to two hours on your experiences.

Participants must:
- Be over the age of 18;
- Have experienced homelessness
- Currently be continuously housed for at least six months

My name is Sydney McKenzie-Hougestol. I am a student studying to complete the Master of Counselling degree from City University of Seattle in Canada. This study forms part of my degree requirements. All participation and information is confidential. Participation is completely voluntary, and you have the right to withdraw at any point without negative consequences. For your participation you will receive a $20 gift card to Walmart.

Please contact me if you are interested and would like to find out more about participating in this study: mckenziehougestolsy@cityuniversity.edu or 403-614-0216.
Appendix C

Participant Consent Form

School/Division of Graduate Program in Counselling Psychology

CITYU RESEARCH PARTICIPANT INFORMED CONSENT

Title of Study:
The World of Resiliency in Moving Beyond Chronic Homelessness

Name and Title of Researcher(s):
Sydney McKenzie-Hougestol, Dr. Robert Roughley, Dr. Heather Macdonald

For Faculty Researcher(s): Dr. Robert Roughley, Dr. Heather Macdonald
Department: Graduate Programs in Counselling Psychology, Calgary, AB
Telephone: 587-880-4143
City U Email: robbier1@cityu.edu
Immediate Supervisor: Dr. Robert Roughley

For Student Researcher(s): Sydney McKenzie-Hougestol
Faculty Supervisor: Dr. Robert Roughley
Department: Director of Graduate Programs in Counselling Psychology, Calgary, AB
Telephone: 403-614-0216
City U E-mail: mckenziehougestolsy@cityuniversity.edu

Program Coordinator (or Program Director):
Dr. Robert Roughley

Key Information about this Research Study

You are being invited to participate in a research study.

The researcher will explain this research study to you before you will be asked to participate in the study and before you sign this consent form.

- You do not have to participate in this research.
- It is your choice whether or not you want to participate in this research.
- Your participation is voluntary and you can decide not to participate or withdraw your participation at any time without penalty or negative consequences.
- You should talk to the researcher(s) about the study and ask them as many questions you need to help you make your decision.

What should I know about being a participant in this research study?
This form contains important information that will help you decide whether to join the study. Take the time to carefully review this information.

You are eligible to participate in this study because you are an adult, have experienced chronic homelessness, and have currently been continuously housed for at least six months.

You will be in this research study for approximately eleven months. The estimated termination date of this study is September 2020.

About 10-12 individuals will participate in this study.

To make your decision, you must consider all the information below:

- The purpose of the research
- The procedures of the research. That is, what you will be asked to do and how much of your time will be required.
- The risks of participating in the research.
- The benefits of participating in the research and whether participation is worth the risk.

If you decide to join the study, you will be asked to sign this form before you can start study-related activities.

**Why is this research being done?**

**Purpose of Study:**
The objective of this research study is to examine how individuals have overcome their experience of chronic homelessness through the phenomenon of resilience.

**Research Participation.**
You will be asked to participate in the following procedures:

I understand I am being asked to participate in this study in one or more of the following ways (initial options below that apply):

- [ ] Respond to in-person and/or telephone Interview questions; Approximate time 1-2 hours
- [ ] Answer written questionnaire(s); Approximate time _____
- [ ] Participate in other data gathering activities, specifically, _____; Approximate time _____
- [ ] Other, specifically, _____. Approximate time _____

A digital recording device will be used to ensure accurate reporting of the interviews for transcription and for coding the interview for themes. The digital recorder will be kept in a locked briefcase in transit and a locked filing cabinet in my home. Electronic data will be permanently deleted from my computer after five years of thesis completion.
You may refuse to answer any question or any item in verbal interviews, written questionnaires or surveys, and, you can stop or withdraw from any audio or visual recording at any time without any penalty or negative consequences.

Are there any risks, stress or discomforts that I will experience as a result of being a participant in this study?

Taking part in this research involves certain risks: This could include:
- If you disclose information that indicates that yourself or others are at imminent risk of physical harm, I will have a duty to report to the relevant authorities and/or individuals who are being threatened.
- If you disclose that a child is being neglected I will have to report that to the relevant authorities.
- The emotional risks of participating in this study include feelings of sadness, anxiety, fear, depression, re-traumatization, loss of privacy, or embarrassment.

Will being a participant in this study benefit me in any way?

We cannot promise any benefits to you or others from your participation in this research. However, possible benefits may include the indirect benefit of reflecting on your experiences that may lead to a better understanding of oneself. The expected benefits to society are to reduce stigmatization around individuals who experience homelessness, to inform the system providers in Calgary who support individuals who experience homelessness on what can be improved, and to share the stories of individuals who have overcome their experience(s) of chronic homelessness.

You will receive a $20 Walmart gift card for compensation for your participation in this research.

Confidentiality

I understand that participation is confidential to the limits of applicable privacy laws. No one except the faculty researcher or student researcher, his/her supervisor and Program Coordinator (or Program Director) will be allowed to view any information or data collected whether by questionnaire, interview and/or other means.

If the student researcher’s cooperating classroom teacher will also have access to raw data, the following box will be initialed by the researcher.

Steps will be taken to protect your identity, however, information collected about you can never be 100% secure. Your name and any other identifying information that can directly identify you will be stored separately from data collected as part of the research study. The results of this study will be published as a thesis and potentially published in an academic book or journal, or presented at a academic conference. To protect your privacy no information that could directly identify you will be included.

All data (the questionnaires, audio/video tapes, typed records of the interview, interview notes, informed consent forms, computer discs, any backup of computer discs and any other storage devices) are kept locked and computer files will be encrypted and password protected by the researcher. The research data will be stored for 5 years. At the end of that time all data of
whatever nature will be permanently destroyed. The published results of the study will contain data from which no individual participant can be identified.

Signatures

I have carefully reviewed and understand this consent form. I understand the description of the research protocol and consent process provided to me by the researcher. My signature on this form indicates that I understand to my satisfaction the information provided to me about my participation in this research project. My signature also indicates that I have been apprised of the potential risks involved in my participation. Lastly, my signature indicates that I agree to participate as a research subject.

My consent to participate does not waive my legal rights nor release the researchers, sponsors, and/or City University of Seattle from their legal and professional responsibilities with respect to this research. I understand I am free to withdraw from this research study at any time. I further understand that I may ask for clarification or new information throughout my participation at any time during this research.

I have been advised that I may request a copy of the final research study report. Should I request a copy, I understand that I will be asked to pay the costs of photocopy and mailing.

Participant’s Name: ______
Please Print

Participant’s Signature: ______________________________ Date: ___________

Researcher’s Name: _____
Please Print

Researcher’s Signature: ______________________________ Date: ___________

If I have any questions about this research, I have been advised to contact the researcher and/or his/her supervisor, as listed on page one of this consent form.

Should I have any concerns about the way I have been treated or think that I have been harmed as a research participant, I may contact the following individual(s):

Dr. Robert Roughley, Program Director, City University of Seattle, at Suite 120, 1040 – 7Ave SW Calgary, Alberta, Canada, T2P 3G9 Phone: 587-88—4143 Robbier1@CityU.edu

This study has been reviewed and has been approved by the Institutional Review Board (IRB) of City University of Seattle. If you have questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the IRB at:

City University of Seattle
Calgary Counselling Resources

- Calgary Family Services – 403-269-9888 (sliding scale)
- Catholic Family Services – 403-233-2360 (sliding scale)
- Distress Centre – 403-266-1605 (counselling and a 24 hour telephone crisis line, both free)
- Eastside Family Centre – 403-299-9696 (free)
- Jewish Family Services – 403-287-3510 (sliding scale)
- The Calgary Counselling Centre – 403-265-4980 (sliding scale)
- Westside Family Centre – 403-288-3313 (free)